



PULSE

UPDATING YOU ON HEALTH DEVELOPMENTS

SUICIDE AMONG WOMEN IN NEPAL

Studying a hidden health problem

- » Worldwide, nearly one million people commit suicide every year: The rate is increasing and is higher in developing countries
- » In Nepal, suicide is the leading cause of death among women of reproductive age (Maternal Mortality and Morbidity Study, 2008/09)
- » The proportion of suicides increased from 10% in the 1998 MMM Study to 16% in 2008/09
- » The situation may be even more urgent than we think, as registration systems are inaccurate and of poor quality, so suicide is often wrongly categorised and under-reported
- » Gender based violence and postnatal depression are important, but largely unrecognised, factors in suicide

FINDINGS OF THE STUDY

Suicide rates are higher in lower income countries and among women. For example a study in India found suicide rates among girls 50 to 70 times higher than in USA and UK, and among boys up to four times higher. Globally, suicide is vastly under-reported, and this is also true in Nepal. Reasons for this include poor record keeping by police and hospitals and deliberate hiding of the facts, due to the illegal status of suicide and social stigma, which may affect the whole family. Furthermore, WHO estimates that attempted suicides are up to 20 times more frequent than completed suicides. Suicide is therefore a major public health and social issue, requiring targeted interventions based on accurate information. As very little research has been carried out in Nepal, little data is available, but key points emerging from a recent study (2011) of suicides among women in Nepal are:

- » **Profile:** Suicide rates are higher among younger women, particularly age 15 to 24 years, and among women above 45 years. Chronic ill health (physical or mental) increases the risk, as women are concerned about being a burden on their families, have little access to health care and are culturally discouraged from complaining. Unmarried women and Dalits are higher risk groups.
- » The most common **means of suicide** among women in Nepal is poisoning, often by ingestion of pesticides, which are readily available in households. It appears that many victims do not realise the toxicity of these poisons, but only intend to shock their families. Delays in reaching



a health facility and the inability of facilities to provide effective treatment increase the likelihood of death.

- » **Contributing factors:** Poverty and lack of economic opportunities, often associated with social discrimination, increase the risk of suicide. Many women are driven to suicide by domestic violence and gender based discrimination, especially as their low status within the family and society makes it difficult for them to seek help. Young women in arranged marriages, widows and postnatal women are particularly vulnerable, especially in an unsupportive or violent family. Women who are exhausted by multiple childbearing or have given birth to daughters may also feel suicide is the only way out. Women who have been trafficked are a high risk group, because of the horror of their experiences and the social stigma they face on returning home.
- » **Societal changes:** Modern developments and urbanisation have mixed effects. On the positive side, there may be improved access to health care and other services, less poverty and more opportunities for independence. However, there may also be more stress due to raised lifestyle expectations, job competition, educational pressures, exposure to substance or alcohol abuse, and breakdown of family and ethnic group support mechanisms. People displaced by conflict and natural disasters are particularly vulnerable, and women left behind when husbands migrate for work face a heavy burden of responsibility.



Participants in an anti-GBV march (Credit: MITRA Samaj)

METHODOLOGY USED FOR THE STUDY

- » Review of international and national literature
- » Interviews with key informants
- » Analysis of secondary quantitative data from the 1998 and 2008/09 Maternal Mortality and Morbidity (MMM) Studies, household survey, police data and hospital records
- » Qualitative analysis of verbal autopsies of suicide cases from the MMM Study 2008/09

HOW THE STUDY WILL HELP

The findings of the 2008/09 Maternal Mortality and Morbidity Study on the high rates of suicide among women of reproductive age in Nepal shocked those engaged in maternal health care. This study has increased understanding of the issues related to these deaths, which will enable government and non-government agencies to work towards the changes in health care, social support mechanisms and media information needed to address this growing health problem.

NEXT STEPS

Key recommendations for future action are to:

- » Reduce access to poisonous chemicals, through legislation and increased public information about the danger
- » Improve the ability of hospitals to treat cases of poisoning effectively
- » Increase awareness among the public and health workers about the effects of postnatal depression and increase the focus of maternal health care on this issue
- » Provide more care and support for vulnerable women suffering from gender based violence
- » Increase public understanding of mental health issues, reduce the associated stigma and increase access to proper mental health care
- » Continue to develop legislation to improve the status of women and their access to economic opportunities, external support and services
- » Improve legislative action to address trafficking more effectively.

NHSSP (Nepal Health Sector Support Programme) is funded and managed by DFID and provides technical assistance to the Nepal Health Sector Programme (NHSP-2). Since its inception in January 2011, NHSSP has facilitated a wide variety of activities in support of the NHSP-2 objectives, covering health policy and planning; human resource management; gender equality and social inclusion (GESI); health financing; procurement and infrastructure; essential health care services (EHCS) and monitoring and evaluation. For more information visit our website www.nhssp.org.np