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*The analysis of the structure of suicidal behaviours in the region
of the Lublin voivodship in the years 1997-1999*

Suicide is a phenomenon that raises particularly strong emotions of the public creating a question about the sense of life and death. This phenomenon reflects customs, personal and social approach as well as it undergoes historical and cultural changes. The spread of suicides in particular countries differs significantly. The annual suicide rate ranges from 40 cases per 100 thousands in Austria, Denmark and Hungary to approximately 4 cases in Egypt, Greece and Ireland. Poland is in-between; the suicide rate is approximately 10 cases per 100 thousands people (3, 4).

OBJECTIVE

The aim of the study is to find out the factors that influence making the decision about suicide.

MATERIAL AND METHODS

The analysis was concerned with the statistical data taken from the Voivodship Police Headquarters in Lublin and with death certificates in the Lublin voivodship. The study included only the cases, in which the direct reason for decease was suicide or self-mutilation in the period of time between 1st January 1997 and 30th December 1999.

RESULTS AND DISCUSSION

THE STRUCTURE OF SUICIDES ACCORDING TO THE AGE OF THE VICTIMS

In 1997 the most frequent incidence of attempted suicides was found in the age group between 31 and 50 (42.2%). It should be added that men dominated among the persons who made away with themselves. Another age group with high prevalence of self-destructive behaviours were young people between 21 and 30 (21.2%). However, no suicidal attempt made by a woman was reported within this group. The third largest age group is 51–70 with 19% of the suicides of the whole population under analysis; in this group male population constituted 87.5% of the total. The smallest percentage was observed in the age group between 15 and 16 and the suicide was committed by male.

Similarly, in 1998 the largest group was the age group 31–50. 47.2% of demises were observed in this group, of which 90% were men. The second largest age group was between 51 and 70–22.2%, where men were also dominating. The smallest number of attempted suicides, i.e. 3.7% was observed in the age group under 14.

In comparison with the previous years under the analysis the accumulation of the phenomenon was observed in 1999. The leading age group was 31–50 with 122 registered suicidal deaths, as compared to 51 in 1998 and 54 in 1997. The number of suicides in the age group between 31–50 exceeded the results from the two previous years twice. The second largest group is the group of people between 51 and 70, i.e. 23.4% of the population under examination. The smallest group again consisted of people under 14, i.e. 1.4%. What is worth noticing is the fact of increase of the phenomenon prevalence in the particular years: in 1997, 128 cases of suicidal deaths were revealed, in the following year, 1998, there were 108 such cases, while in 1999 the number was 282.

THE STRUCTURE OF SUICIDES ACCORDING TO THE PLACE OF RESIDENCE

Permanent residence is a factor that marks the affiliation to a community, either town or country community and is regarded as a factor determining suicidal behaviours. According to the residence three categories were distinguished: village, town of the population of 5–200 thousand (Świdnik, Łęczna, Kraśnik, Stężyca, Poniadowa, Puławy, Dęblin) and a big city with the population of 200–500 thousand (Lublin).

At the end of the 90s there is a significant prevalence of suicides committed in the rural areas with a growing tendency in the years 1997–1999. In 1997 a total of 41.4% of suicides were committed in the country, in 1998 – almost 51% and in 1999 as many as 57.1%. On the other hand, the percentage of suicidal deaths in the big city was as follows: 1997 – 29.7%, 1998 – 33.3%, 1999 – 15.2%.

THE STRUCTURE OF SUICIDES ACCORDING TO EDUCATION

As results from numerous studies, in spite of the common opinion suicides are not a domain of the intellectuals, they do concern most of all people with elementary or secondary education. (3, 4). In 1997 the largest group of suicides, 32.8%, consisted of people with elementary education, while the smallest category, 4.7% were people with university education; in the following years the statistics were similar: in 1998 – 29.7% and 1.7% and in 1999 – 33.4% and 2%.

THE STRUCTURE OF SUICIDES ACCORDING TO THE METHOD OF ATTEMPTED SUICIDES

Nearly one and a half century ago the national statistical register of suicides in Poland showed that the most frequent method of suicide was by hanging (2). The research results confirm this fact. In 1997, 75.8% of suicides lost their lives by hanging themselves; the second leading method was throwing oneself from heights – 10.9%. Similarly, in 1998, 79.6% of total suicidal deaths were by hanging followed by 4.6% of suicides by throwing oneself from heights and 4.6% – by taking poison. In 1999, 81.2% suicides hanged themselves, while 6% threw themselves from heights.

THE STRUCTURE OF SUICIDES ACCORDING TO THE CAUSE

Defining the cause of any phenomenon, particularly suicide, is an extremely difficult issue. The genesis of a suicide can be concluded on the basis of farewell letters, accounts of families and relatives as well as outside witnesses or on the basis of psychological and medical reports and expertise.

In 1997 the leading cause of suicidal deaths was mental disease – 17.5%, family problems 16.8%, protracted somatic disease – 10.2%, while difficult economic conditions constituted 5.1%. The leading ascertained causes of suicides in 1998 were family problems – 17.1%, mental disease – 14.6%, somatic disease – 6.5%, poor economic conditions – 4.1%. In 1999 the most frequent cause of suicides were mental diseases – 16.9%, family problems 11%, poor economic conditions – 7.6%, while the rate of protracted somatic diseases was estimated at 5.3%.

THE STRUCTURE OF SUICIDES ACCORDING TO THE NUMBER OF PREVIOUS ATTEMPTS

The attempt at committing suicide may end in death and we call it a completion, or it may not, and in such a case we label it as an attempted suicide. The survival of such

attempt can result from the ineffectiveness of the perpetrator, from the rescue action of the outsiders, or from the conjunction of both. What should be highlighted is the fact that the majority of the rescued suicides do not reiterate their attempts. It happens due to the fact that the attempt was triggered by an impulse or during a momentary mental depression. Therefore, in most cases the would-be suicides are restored to health and cured of the intention to commit suicide (1, 4).

Statistical data for the year 1997 show that 42.2% of the suicides were committed by people who attempted it for the first time, for 10.9% it was the second attempt after they had failed to complete the first one, while 3.9% had survived 2 or more suicidal attempts. In the following year 1998, 46.3% had no suicidal attempts on their account, 7.4% with one attempted suicide in the past, while 5.6% of people had attempted to commit suicide at least twice. In 1999, 42.6% attempted suicide for the first time, 6.4% with one attempted suicide and 6.7% with at least two attempts.

THE STRUCTURE OF SUICIDES ACCORDING TO THE NUMBER OF PREVIOUS ATTEMPTS

Alcoholism and suicide are the phenomena closely connected with each other. Drinking alcohol may become a particular stylized form of suicide (4). Numerous studies concerned with this issue prove that approximately 15% of those who attempted committing suicide were addicted to alcohol, nearly a half of which committed suicide being in the state of alcohol intoxication. On the basis of the research results we can conclude that the largest group of suicides was constituted by the people whose consciousness was not determined at the moment of the attempt. In 1997, 21.1% of all suicides were committed under the influence of alcohol, while 1.6% - under the influence of psychotropic drugs. Similarly, in 1998 24.1% of the suicides were under the influence of alcohol and 1.8% - under the influence of psychotropic drugs, in 1999, 25.5% under the influence of alcohol and 1.8% - under the influence of psychotropic drugs.

CONCLUSIONS

1. The highest suicide rates were for people included in the age group between 31 and 50.
2. A significant part is played by gender. The suicides more frequently were males.
3. Residents of the country areas commit suicides more often than people from big cities.
4. Alcohol and drugs constitute the factor of an increased risk of committing a suicide.

5. The highest suicide rates are for people with elementary and secondary education.
6. The leading and the most efficient method (little chance for rescue action) of committing suicide is hanging.
7. People who once attempted suicide usually reiterate this attempt.
8. The leading causes of suicides are mental diseases and family problems.

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SUMMARY

Suicide is a phenomenon that raises particularly strong emotions of the public creating a question about the sense of life and death. The phenomenon reflects customs, personal and social approach, as well as it undergoes historical and cultural changes. The aim of the study is to find the factors that influence making the decision about suicide. The analysis was concerned with the statistical data taken from the Voivodship Police Headquarters in Lublin and with death certificates in the Lublin voivodship. The highest suicide rates were for people included in the age group between 31 and 50. The suicides more frequently were males.

Analiza struktury zachowań samobójczych w rejonie województwa lubelskiego
w latach 1997 – 1999

Samobójstwo jest zjawiskiem szczególnie poruszającym opinię publiczną, jest bowiem pytaniem o sens życia i śmierci. Zjawisko to odzwierciedla obyczaje, mentalność osobistą i społeczną, podlega również zmianom historycznym i kulturowym. Celem pracy jest poznanie szeregu czynników mających wpływ na podjęcie decyzji o samobójstwie. Analizie poddano dane statystyczne z Komendy Wojewódzkiej Policji w Lublinie oraz karty zgonów w woj. lubelskim. Samobójstwa najczęściej dokonywane są przez osoby reprezentujące przedział wiekowy 31–50 lat. Najczęściej sprawcami samobójstw są mężczyźni.