Food for Thought
March 2014

Theme: Suicide – When Life is Too Hard to Bear

“Every suicide is a cry for help; an unmet need for urgent intervention for a woman who is trapped in a situation where she has reached the limit of her capacity to cope with violence, abuse and discrimination. These women desperately need support.”

Kiran Bhatia
Gender Advisor, United Nations Population Fund

According to the World Health Organization, approximately 900,000 people commit suicide every year. Significant differences exist in suicide rates in the developed versus developing world. For instance, approximately 200,000 people in China and 170,000 people in India commit suicide on average per year, as compared to a little more than 38,000 suicides in the U.S. in 2010, of which 79 percent were males, as reported by the Centers for Disease Control. Although more women than men attempt suicide, men comprise the majority of suicides in every country due to the fact that in developed countries, men are more likely to use firearms, with immediate lethal consequences. Women are more likely to use poisons, making it more likely they will survive the attempt, or be rescued and resuscitated (Callanan and Davis, 2012).

In the developing world however, the demographics of suicide are changing. The number of girls and women who take their own lives is increasing. In fact, in China, females have outpaced males in suicide—the first country in which the demographic tables have officially been turned. Because of the size of its population, China holds the unenviable position of having about a quarter of all suicides in the world. Suicide is also the leading cause of death for both men and women between 15 and 34 (Chuanjiao, 2007). According to the World Health Organization, suicide is the fifth leading cause of death globally for women aged 20 to 44. More specifically, one in three suicides committed by women occurs between the ages of 25 and 44. Between 1992 and 2001, in rural southern India, individuals aged 10 to 19 accounted for about a quarter of all deaths of young men and between 50 and 75 percent of deaths of young women due to suicide (Aaron, Abraham, Geoge, Prasad, Minz, Abraham, and Bose, 2004).

The Afghanistan Ministry of Public Health reported in 2013 that 95 percent of suicides in that country are committed by women. More than 2,500 Afghan women had taken their own lives in the past year (Majidy, 2013). However, the gender-based violence database maintained by the Ministry of Women’s Affairs reported on only 37 suicides in the two years prior to 2010. These were reported cases (IRI, 2010). Few suicides are reported because violence against women carries no consequences (Donati, 2014). According to the UN Assistance Mission in Afghanistan, the country has some of the highest rates of domestic violence in the world, and cases of violence are increasing. Cases of self-immolation are also rising as women’s rights are rolled back (Donati, 2014).

(Note - Demographic statistics on suicide vary widely. Because of the nature of suicide and the reluctance of many to report it, data can at best be only approximate.)

This month, Dining for Women is supporting the BlinkNow Foundation in Nepal. BlinkNow works with both women and their children—the women to give them the skills they need to become self-sufficient, and the children to give them alternatives to repeating the lives of their mothers and especially to keep them safe from sex trafficking, which is prevalent in Nepal. The Family Health Division
of the Department of Health Services in UK did a Maternal Mortality and Morbidity Study in 2008/2009 of women of child-bearing age (15 to 49) in Nepal. Researchers were surprised to find that the number one cause of death was not maternity-related—it was suicide. Suicide, at 16 percent, was the leading cause of all deaths in the study demographic. The study found that “mental health problems, relationships, marriage and family issues were factors in suicides, as was youth, since 21 percent of the suicides were committed by young women aged 18 years and under” (IRIN, 2010, para. 10). One of the goals of BlinkNow is to reduce, and hopefully eliminate, the motivations for suicide among the population they serve.

In the developing world, there are significant regional differences in suicide. Central and Latin America have very low rates of suicide by either gender (WHO – Women and Health, 2009). Suicide is much more prevalent in Asia. Data in Africa is especially difficult to come by. In the developing world, hundreds of thousands of villages and settlements are isolated, communication with the outside world is limited or nonexistent, whole villages are illiterate, and it would be impossible to do more than sample the broader population.

Suicide is underreported, and data collection on suicide is difficult, for a variety of reasons:

- Suicide may be stigmatized by social convention, culture, and religion, so it is unlikely to be reported.
- In many countries (including most of sub-Saharan Africa), suicide is illegal, and families and villages do not want to invite investigation by the authorities.
- In remote areas, there may be no police office or official body to which to report a suicide.
- In many cultures, the suicide of a girl or woman may be of little note (few such suicides are reported in Afghanistan).
- In some countries where dowry is practiced—most notably in India, Pakistan, Nepal, and Bangladesh - young women are sometimes beaten or tortured to obtain a larger dowry from the woman’s family; and the bride may commit suicide or she may ultimately be killed. Such killings are staged as suicides (referred to as ‘dowry death’ or ‘bride burning’). In this case, the number of suicides is actually inflated.

“People do not talk about suicide. For that matter suicide does not exist. In Africa, it is completely stigmatised like many other issues.”

David Ndetei, Nairobi Psychiatrist and founder of the Africa Mental Health Foundation (Houttuin)

Contributing Factors in the Suicide of Women and Girls

Child/Forced Marriage - In the case of Afghanistan, the Ministry of Public Health placed blame on forced marriage between pre-adolescent girls and adult men, as well as widespread illiteracy (Majidy, 2013). In all countries that practice child marriage, girls who are victims are effectively slaves to their husband and his family. They are frequently abused by both husband and in-laws, perform heavy work, are forced into sexual relationships for which they are neither physically or psychologically prepared, experience early pregnancy, and have absolutely no control over their bodies or their lives.

Domestic Violence - There is a strong correlation between domestic violence and thoughts of suicide in women. In India, for example, 64 percent of women who have experienced physical violence had significant suicidal thoughts (Vijayhakumar, 2004). The vast majority of Afghan suicides were “amongst women and young girls experiencing physical abuse”, according to the Afghan Ministry of Public Health. As noted earlier, Afghan women experience some of the highest rates of domestic violence in the world (Majid, 2013). Exposure to childhood sexual abuse and intimate partner violence increase the risk of suicide (WHO – Women and Health, 2009).
Mental Illness - Women are more susceptible to experiencing depression and anxiety, and depression is the leading cause of disease for women worldwide (WHO - Women’s Health, 2013). Throughout the world, mental illness of all kinds has been associated with suicide. The former Deputy Health Minister in Afghanistan, Faizullah Kakar, reported in 2010 that “1.8 million women and girls in the 15 to 40 age bracket have ‘severe depression’” (IRIN, 2010, para. 4). According to the Pakistan Association for Mental Health, 44 percent of people, most of them women, are depressed (IRIN, 2008).

Living in Rural Areas - In China, people are two to five times more likely to kill themselves in rural areas than in cities (WHO – Women and Suicide in Rural China, 2009). Reasons are many - poverty, lack of mental health care, heavy workloads with little support (especially for women). Often, rural life has even more deeply entrenched and outmoded cultural roles and norms. Family disputes, low educational levels, and restricted social communication may be precursors. More than 58 percent of female suicides in rural China are by ingesting of pesticides—readily available in agricultural areas (Chuanjiao, 2007).

Being Married - In the West, marriage is a protective factor against suicide, but in developing countries the reverse is true. Single men are more likely to commit suicide than married men. For women, marriage is not a protective factor (Zhang, 2010). In many developing countries, marriage is a significant source of stress for women leading to higher psychiatric morbidity and suicidal behavior. Associated factors are early marriage, arranged marriage, economic dependence, and the joint family system. Domestic violence is common (Khan, 2005). World Psychiatry made a similar statement, noting that, in the developing world, “married women are at a higher risk” for suicide (Vijayakumar, 2004). “We recorded a reduced risk of suicide versus other causes of death in women who were widowed, divorced, or separated compared with married women and men, a finding consistent with China....” (Lancet - Patel). Suicide for women is also associated in some cultures with social inequality and “tightly structure social units, especially patriarchal families” (WHO – Women and Health, 2009).

Regarding dowry death, in India most of the fire-related deaths happened to women between 15 and 34 years old. The data suggested that “these deaths share common causes, including kitchen accidents, self-immolation, and different forms of domestic violence”, the latter of which “could include dowry related harassment that leads to death”. Of the 163,000 fire-related deaths in India in 2001, 106,000 were women. “For India as a whole, 15 percent and 14 percent of all deaths in women” in the age groups of 15 to 24 and 25 to 36 respectively, were fire-related. The percentage was nearly twice as high in urban areas as in rural areas. (The total 163,000 fire-related deaths in the Lancet study is six times higher than fire-related deaths in India’s national crime statistics.) The study noted that the conditions for death by fire, including the economic dependence of women and cultural norms “make state agencies, such as the police, especially hesitant to intervene effectively in cases of domestic violence” (Lancet 2009 - Sanghavi). In the World Health Organization’s South-East Asia Region, “burns are among the top 10 leading causes of death among women 15 to 44” (WHO – Women’s Health, 2013).

For girls and women to achieve their potential and live the fulfilling lives to which they are entitled, the especially burdensome travails that are visited on women and girls—child marriage, forced marriage, domestic violence, sexual violence, back-breaking work, submission to husband and in-laws, lack of education, inability to own property, and lack of personal agency must come to an end. We all, male and female, must act together to make gender equality a reality.

“Sometimes even to live is an act of courage.”
Seneca

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Questions? Please share them with Education@DiningForWomen.org

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