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# Attempted Suicide in Qatar

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## ABSTRACT

This is a study of 47 consecutive patients admitted to Hamad General Hospital in Doha, Qatar, because of deliberate self – harm during the period 1st July 1981 till 30th June 1982. 60% (N=28) were females and 40% (N=19) were males. 70.22% (N=33) were in the young age group. Married females attempted suicide more than the single ones, but less married males than single. The commonest method adopted by both sexes was drugs. Females who have no children attempted suicide more than those who have children. Commonest psychiatric illness was Neurotic Depression. Family conflict was the commonest leading cause.


## INTRODUCTION

Qatar is an Arabian Gulf state lying on the western coast of the Gulf. It is a peninsula with an area of approximately 4,000 square miles and a total population of 240,000, the Qataris being about 60,000.

A suicide attempt is an intentional act to harm one's self through ingestion, inhalation of noxious material, or by injury. It is an attempt if not accidental and does not result in death. Deliberate self – harm has greatly increased over the past decades and, in the form of self – poisoning, is estimated to cause about 20% of all acute admissions to hospitals in the United Kingdom (Office of Health Economics, 1981). Apart from its considerable consumption of hospital resources, the high

incidence of deliberate self – harm is of concern because a significant number of patients who show the behaviour, eventually kill themselves (Dorpat and Ripley, 1967; Barraclough et al., 1974; Ovenstone, 1973). Although most studies show that suicide and parasuicide are distinct and separate acts occurring in different populations (Stengel and Cook, 1958; Scneidman and Farberow, 1961), a sizeable proportion of attempters finally kill themselves. In England and Wales approximately 4,000 people take their lives each year. Suicide accounts for 10% of all deaths in the age group 26—45, and is the cause of 1/3 of the deaths amongst the university students. Although the recent epidemic of deliberate self – poisoning may have reached a peak (Holding et al., 1977; Gibbons et al., 1978), the incidence of self – poisoning among adolescents, particularly those in their early teens, continues to increase. In Oxford region between 1974 and 1979 rates of self – poisoning among adolescents, especially those under 16 years of age, showed a considerable increase (Hawton et al., 1982). In addition, the official rates of completed suicide among young people of both sexes have increased since the early 1950s in contrast to those for adults which has decreased between 1962 and 1967 (Office of Health Economics, 1981).

In Egypt, suicide has been usually reported as being infrequent, and this is due to the moslem religious background in which suicide is looked upon as a taboo (Shaheen and Rakhawy, 1971; Okasha, 1977).

In Sudan which is predominately a moslem country, Nadim and Abdel-Hafez (1978) reported that the calculated rates for the population of 1.2 million (1.2 million are the popualtion of Khartom province) are in 500,000 for consummated suicide and 1 in 50.000 for attempted suicide.

## MATERIAL AND METHOD

This study consisted of 47 consecutive patients aged 15 – 54, admitted to the medical wards at Hamad General Hospital in Doha, Qatar, between lst July 1981 and 30th June 1982 following deliberate self – harm. All patients admitted to the hospital after self – harm were

referred to the psychiatric department. Each patient was clinically assessed, and, then, socio – demographic information was collected using a locally structured questionnaire. These were matched for age, sex, occupation, marital status, number of children, means adopted, causes, nationality, psychiatric diagnosis, previous attempt and family history of mental illness.

## RESULTS

Data about 47 patients of deliberate self – harm (D. S. H.) were collected; of these, 39 (82.98%) were 'first – evers' (i.e. had never before attempted self – harm) and 8 (17.02%) were repeaters. 62.5% (N=5) of the repeaters had a family history of mental illness.

**Age :**

70.22% (N=33) were in the young age group 15 – 24 (Mean = 24.04, S.D.=9.25).

**Sex :**

59.58% (N=28) were females and 40.42% (N=19) were males.

**Marital Status :**

51.07% (N=24) were married and 48.93% (N=23) were single. Married females (N=18)were more than the married males (N=6).

**Nationality :**

55.32% (N=26) were Qataris, 21.28% (N=10) Asians, 23.40% (N=11) Non Qatari Arabs. Rates using estimates of numbers in the population were : for Qataris = 4.33; for Non Qataris = 1.16 per 10,000 per year.

**Occupation :**

31.9% (N = 15) students, 29.8% (N = 14) housewives, 12.7% (N=6) soldiers, 8.5% (n=4) white collar, 8.5% (N=4) labourers, 4.3% (N=2) business men and those who have no jobs are 4.3% (N=2).

**Psychiatric Diagnosis :**

48.93% ( N = 23 ) had no psychiatric illness. 42.55% ( N = 20 ) had Neurotic Depression. Each of Impotence ( N = 1 ) Schizo – affective Disorder ( N = 1 ) and Psychotic Depression ( N = 1 ) formed 2.12%.

**Relationship of Number of Children and Deliberate Self-Harm in the Married :**

Of the 47 cases 24 were married.

29.16% (N=7) have no children

12.5 % (N=3) have one child

25% (N=6) have two children

4.17% (N=1) have three children

20.83% (N=5) have four children

4.17% (N=1) have five children

4.17% (N=1) have eight children

This shows that deliberate self – harm is high among those who have no children or only four, and least in those who have more than five children.

**Precipitating Factor :**

| | | |
|---|---|---|
| Family conflict | 42.56% | (N=20) |
| Marital disharmony | 23.41% | (N=11) |
| Mental illness | 8.52% | (N= 4) |
| Accidental | 6.39% | (N= 3) |
| Love affair | 4.25% | (N= 2) |
| Work problem | 4.25% | (N= 2) |
| Imprisonment | 4.25% | (N= 2) |
| Unknown | 4.25% | (N= 2) |
| Physical illness | 2.12% | (N= 1) |

**Method Adopted :**

| | |
|---|---|
| Females | (N=28) |
| 85.71 % | (N=24) Used drugs |
| 3.57 % | N= 1) Burning |
| 3.57 % | (N= 1) Shampoo intake |
| 3.57 % | (N= 1) Fall from height |
| 3.57 % | (N= 1) Kerosene |
| Males | (N=19) |
| 68.42 % | (N=13) Drugs |
| 21.05 % | (N= 4) Sharp tool |
| 5.26 % | (N= 1) Gun shot |
| 5.26 % | (N= 1) Broken glass. |

**Drugs :**

Of the 47 cases, 37 used drugs, the commonest drug used was Acetyl Salicylic Acid (Aspirin).

9 Patients used Aspirin

13 Used a mixture of unknown drugs

6 Used Diazepam (Vallum)

3 Antispasmodic drugs

2 Antiallergic drugs

1 Nitrazepam (Mogadon)

## DISCUSSION

In this study (N = 47), the Qataris are 55.91 % (N = 26). It is estimated that the Qataris (N = 60,000) form a quarter of the population at large (N = 240,000). With limitations, this study will be representative of the pattern of deliberate self – harm in Qatar and amongst the Qataris in particular.

70 % of the patients under study belong to the age group 15 – 24;

so, the majority of our cases are mixtures of adolescents and young adults. The females (N = 28) are more than the males (N = 19). This 3 : 2 female to male ratio is lower than that found in other studies of adolescents (Otto, 1972), and closely similar to that found in a survey of adult self – poisoners (Bancroft et al., 1977; Morgan et al., 1975; Holding et al., 1977).

In this society, like other Arab societies at large, self – poisoning is culturally not acceptable amongst males. Cultural pressures are more likely to inhibit admission of distress among men. As Mechanic (1964) found, there are clear differences between boys and girls in their willingness to report distress by the fourth grade, and this difference is even larger between older boys and girls. The differential willingness to admit distress and the reluctance to seek out a dependency relationship may explain at least part of the consistent finding that women have a higher level of medical and psychiatric utilization than men (Anderson and Anderson, 1972). Some have maintained that women tend to have greater psychophysiological responsivity, while men are more likely to express distress by acting out. They develop aggressive behaviour, resort to drinking, fast and risky driving, and the like. In this study, if we consider the married (N=24) of both sexes as a group and the single (N=23) as another group, we find no difference in their rates of deliberate self – harm. But if we classify the cases into married and single males and married and single females the position is different. There are more married females (N=18) than single (N=10), but there are less married males (N=6) than single (N=13). This shows that the married status does not lower the occurrence of deliberate self – harm amongst females but has a protective effect against it in men. The married females form the largest group of deliberate self – harm and next to them are the single males.

Housewives don't accomplish their wishes through marriage. In many cases marriage creates rivalry and hatred because of polygany. The women, in spite of being occupied in their normal social structure, running a house and mothering, they are emotionally immature or isolated. The local culture and traditions don't allow mixing of males

and females. This, probably, delays psycho – social maturation of both sexes. Here the social resources are limited; more so for females than males. Both married and single females lead a closed indoor life. Through T.V. and video they see the facinating parts of the other world. This contrast creates distress and despair which drive people to self – poisoning acts. On the other hand, the extended family life and the Islamic faith give them some protection.

In this study the Qataris are 55.31% (N=26) and the rate of deliberate self-harm is 4.33 per 10,000, and the aliens as one group are 44.69% (N = 21) and the rate of deliberate self – harm is 1.16 per 10,000 per year. Higher rates for attempted suicide among Qataris compared to non Qataris is consistent with findings of studies in Qatar of rates of first psychiatric out – patients consultations (Nadim et al., 1982) and rates of first admissions of the psychiatric in – patient unit (El-Akabawi et al., 1982). This consistent finding is probably explained by a positively selected, less vulnerable immigrant group in terms of age, traits and educational equipment.

The immigrants in Qatar are a special group who migrated for better jobs and higher income and not because of psychological instability. The stress of migration seemed fairly compensated for by material comforts, financial achievements and job satisfaction. These findings are contradictory to the results of many other socio – demographic studies and surveys. Dohrenwend and Dohrenwend (1969) explain the higher rate of mental disorders among immigrants by the hardships of immigrant life as well as by selective migration of genetically handicapped. A high rate of hospital admission for psychiatric disorder amongst immigrants was shown by Odergaard (1932) to be due to the selective migration of psychiatricly vulnerable people.

El-Akabawi et al. (1982), in a socio – demographic study of 75 1st admissions to the psychiatric hospital in Doha, found that the rate for Qataris was 6.6 and for non Qataris 6.1 per 10,00C per year. A positively selected immigrant group is suggested to be responsible for the comparatively lower rates of mental illness among immigrants in Qatar.

Students and soldiers form 44.68% (N=21) of the cases studied. These two categories utilize the services more than the rest of the population in most places. 78.72% (N=37) used drugs. Females used drugs more than males. Drugs are an easy way for deliberate self – harm. These drugs are either obtained legally on prescription or intended for someone else. The commonest drug used was Aspirin (Acetyl Salicylic Acid). 35.13% (N=13) used a mixture of unknown drugs.

Married females or males who had no children attempted deliberate self – harm more than those who had children. The higher the number of children the lower is the behaviour. Strikingly enough, both married males and females who had only four children showed the behaviour more than those who have either five or three children. The government is encouraging the families, through financial aids, to have more children. The highest number of children for a couple in this study is eight. There is a study in preparation which will match the number of children and the occurrence of deliberate self – harm.

The commonest cause leading to deliberate self – harm was family conflict; 42.5% (N=20) of cases were due to family conflicts. 23.4% (N=11) were the result of marital disharmony. Mental illness was the cause in 8.5% (N=6) of cases. So, in this study social factors whether family conflict or marital disharmony are the main precipitating cause of deliberate self – harm. This agrees with previous work by El-Islam (1976) highlighting the role of intergenerational conflict in the young Qatari neurotics. When the 47 cases were studied for the sake of psychiatric diagnostic labelling, 42.55% (N=20) were considered as cases of neurotic depression and 48.93% (N=23) had no psychiatric diagnosis. Those who were suffering from neurotic depression were basically having a personality disorder and developed depression in the presence of social distress. Kessel (1965) reported that the combination of depression and psychopathy often occurred. This conjunction seems especially prone to manifest in self – poisoning acts. Kessel (1965) also reported in the same article that those without a psychiatric illness use Aspirin rather than others and that people with organic illness use coal gas more. In our study 24.32% used Aspirin.

17.02% (N=8) of our patients gave a history of a previous suicidal attempt. Five of those patients have a positive history of mental illness. In this study, only one patient used burning as a tool for deliberate self – harm. This method in the culture of the area is considered by Nadim and Abd-Elhafez (1978) an indicator of the seriousness of the attempt.

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## الموجـــــز

## محـــاولات الانتحـــار فى قطـــر

تشـــمل هذه الدراسة ٤٧ مريضا أدخلوا مستشـــفى حماد العـــام بالدوحة ـــ قطر بسبب ايذاء النفس ( الفيزيائى ) المتعمد من ناحيتهم وذلك فى الفترة من يوليو ١٩٨١ حتى ٣٠ يونيو ١٩٨٢ . ولقد احتوت العينة على ٢٨ انثى ( ٦٠٪ ) و ١٩ ذكرا ( ٤٠٪ ) . واوضحت الدراسة ان ٣٣ مريضا

( ٧٠٪ ) كانت تتراوح أعمارهم ما بين ١٥ الى ٢٤ عاما ، كما اوضحت أن عدد الاناث المتزوجات اللاتى حاولن الانتحار قد فاق عدد مثيلاتهن من اللاتى لم يتزوجن ، ولكن فى الذكور كان العكس هو الصحيح ، كما كان عدد الاناث اللاتى لم ينجبن أطفالا أكثر من مثيلاتهن من اللاتى لم ينجبن . واكثر وسيلة استعملت فى محاولة الانتحار هى الأدوية ، وكان التشـــخيص الغالب هو « الاكتئاب العصابى » ، كما كانت الصراعات الأسرية من الأسباب الرئيسية التى ادت الى محاولة الانتحار .


## ABSTRAIT

### Tentative de Suicide à Qatar

Ceci est une étude de 47 patients admis consécutivement à l'hôpital général de Hammad à Doha. Qatar, à cause de tentative d'autodestruction délibérée, durant la période entre le premier Juillet 1981 jusqu'au 30 Juin 1982. 60% (n:28) ont été des femelles, et 40% (n:19) mâles. 70.22% ( n = 33 ) ont été du Jeune âge, les femelles mariées étaient plus nombreuses que les célibataires, mais les célibataires mâles étaient plus nombreux. La méthode la plus fréquemment adoptée par les deux sexes, a été les drogues. Les femelles sans enfants ont tenté le suicide plus que celles ayant des enfants. La maladie psychiatrique la plus fréquente était la dépression névrotique. Le conflit familial était la raison la plus aboutissante au suicide.