

ABSTRACT

Attempted suicides are emerging as an important public health issue worldwide. While incidence of completed suicides is 16 per 100,000 population globally, 10-20 times more people attempt suicides adding more burden to health care systems. It rises as a major socioeconomic problem as well. Suicide rate in Sri Lanka is higher than the global figure and is around 20 per 100,000 population. Hambantota is a known area with high number of attempted suicides. Lack of knowledge on area specific risk factors stands as a barrier to formulate effective preventive programs.

A study was conducted to determine socio-cultural, psychiatric, medical and biological risk factors of attempted suicides among patients admitting to the General Hospital Hambantota. A case control study was done recruiting 105 cases and 105 unmatched controls. An interviewer administered questionnaire was used. Principal investigator and 4 other trained research assistants collected data.

A person presented with a non fatal act of self harm undertaken with conscious self destructive intent was taken as a case of suicide attempt. Equal numbers of controls were identified for cases. The next immediate admission to a patient with attempted suicide who is physically and mentally fit enough to undergo the interview admitting to medical wards due to an illness other than attempted suicide was chosen as controls.

Odds ratio was used to determine strength of association of risk factors and 95% confidence interval was used to determine significance. Selecting unmatched controls may have given rise to confounding bias and could have prevented if multivariate analysis was used.

Past suicidal attempt (OR=17.7), below 25 years of age (OR=15), recent serious conflict with spouse (OR=10.7), history of childhood physical abuse (OR=9), recent history of stressful life events (OR=8.3), recent serious conflict in a relationship (OR=5.3), living with parents (OR=4.6), education up to grade 6 and above (OR=3.2), being not married (OR=3), no access for help (OR=2.9) and not meeting a

doctor recently (OR=19.5) showed statistically significant association with attempted suicides.

Preventive strategies should be focused on high risk groups. Provision of quality medical care including psychiatric referral and appropriate follow up for those who attempted suicides, improving life skills through school education, enhancing counseling services and strengthening family bonds are recommended as preventive strategies.

Key words: suicides, attempted suicides, risk factors, Hambantota

