

Suicides among Women - A Sad Reality in Nepal

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Introduction

Suicide, which is the act of deliberately taking one's own life, has become a disappointing reality across the world. Suicides have been identified as the 10th leading cause of death in the world for all ages in 2010. Suicides are considered as a distant reality by most people, who haven't experienced it in their own families, but the reality is that suicide happens with far greater frequency than anyone can ever imagine. Every 40 seconds, suicide claims a life around the world as per the statistics of the International Association for Suicide Prevention. The World Health Organization (WHO) estimates around one million people claim their lives every year worldwide, which suggests the annual global suicide mortality rate at 16 per 100,000. Suicides happen everywhere around the world with low- and middle- income countries having an estimated 75% of all suicides.

Background

In South Asia, Nepal ranks second after Sri Lanka in the suicidal rate. Such astounding figures have probably resulted due to the shattered social, economic and political fabric of the country and its implications on the Nepalese population. The rising rate of suicide in Nepal is completely disproportionate with the population growth rate unlike a normal scenario and is disappointingly alarming with 3.5 persons per 100,000 in 1987 (according to a study conducted by Dr. Nirakar Man Shrestha, a psychiatrist and former Health Secretary) to nearly 7.5 persons per 100,000 population currently. This could still be an inaccurate figure as only around 10% of all suicide cases are reported to avoid the legal issues like fines, imprisonment etc. and social consequences which includes stigma, discrimination and social exclusion. Among the most vulnerable in these numbers are the women in Nepal with women being three times more prone to attempting suicides than men. This makes Nepal's case a unique one as the suicide rate among males is higher globally.

According to study carried out by the Family Health

Division of the Department of Health Services (2009) on Maternal Mortality and Morbidity of Nepali Women of Reproductive Age (WRA) (15-49 years) in 8 districts of Nepal, the single leading cause of death among Nepali women in the age-group 15-49 years is suicide, outranking other major causes like diseases and accidents. The report also suggests that the maternal mortality rate has gone down from 539 per 100,000 live births in 1998 to 229 per 100,000 live births with substantial improvements in the availability and accessibility to services of life saving care and prevention of maternal deaths in the past 10 years. However, this is totally contradictory with the data suggesting a significant increase in the number of suicide deaths among women from 10% making it the third cause of deaths in 1998 to 16% in 2009 currently making it the single leading cause of deaths among Nepali women. Another fact that needs to be looked upon in depth is that 21% of these suicide cases were young women in the age-group 18 years. This suggests that youth could also be an important factor responsible for suicides among women, the reason being the inadequate coping mechanism when faced with hardships and situations that induce stress. Although Nepal is on its way to meet the fifth Millennium Development Goal (MDG), i.e. of improving maternal health and reducing MMR, the high rate of suicides among Nepali women is a fact that just cannot be ignored.

Understanding the Main Causes/Factors

An understanding of the interplay of complex social, cultural, political and economic dimensions needs to be developed to be able to outline the various factors that expose women to the high risk of suicides in Nepal. Women are mostly prone to greater social risk factors than men, which include gender-based violence and abuse of various forms; inequality and low status of women; early marriage and high rates of pregnancies; marriage and family issues in a rigid patriarchal setup; poverty and social exclusion; displacement, either forced or voluntary due to natural disasters, civil unrest and economic migration; limited access to health

treatment; and poorer mental health resulting from a combination of social and environmental factors.

Most of the factors responsible for suicides among women either directly or indirectly induce enormous amount of mental stress and trauma, which is often beyond their coping capacity. Women in such situations most often do not have any place women for expression or venting out, sometimes due to lack of facilities or a lack of awareness about facilities for getting their issues addressed, but in most cases, it is due to the “culture of silence” and suppression that the women are subjected to in a culturally patriarchal society like ours.

Women are constantly failed by the society, the family set-up and other institutions that are a part of their lives and are expected to live up to the pressures and expectations of the society with no space for expression of their desires, feelings and opinions. All these factors shape the way a woman is perceived and treated, which in turn decides the way she perceives herself and the kind of value she attaches to her life.

Preventing suicides: Improving the Health Status of Women

The health of the women in Nepal is already in dire state despite the existing laws, policies and schemes for the welfare and betterment of the health of women. This is mostly resulting from poor implementation of the schemes and programmes along with a complex interplay of various social, cultural and economic factors. These factors have resulted in a high rate of suicides among women, which makes the condition of women all the more worse.

A national policy along with a plan for community participation and local implementation needs to be devised to address the grave problem of suicides among women, which should be in alignment with the education, health and other systems, in order to address the various factors responsible for suicides. “Suicides are preventable. For national responses to be effective, a comprehensive multisectoral suicide prevention strategy is needed. Communities can provide social support to vulnerable individuals and engage in follow-up care. Fight stigma and support those who are bereaved by suicidal thoughts,” the recent report of the World Health Organization ‘Preventing suicide: a global imperative’ said. The report further provides a global base on suicide and suicide attempts as well as suggests actionable steps for countries based on

their available resources and context to move draw out a plan for suicide prevention. Thus, it is imperative that suicide be recognized as a major public health problem; awareness on the public health significance suicide and suicide attempts is increased and the considerable reduction of the number of suicides among women be assumed as a priority in the health agenda of the Ministry of Health. All these measures should be addressing the various means and reasons behind suicides.

Otherwise, the existing efforts of the health system to improve the dire health condition of women in the country would end up in shambles.

Conclusion

The impact of a woman who commits suicide doesn't end with her life, but it scars her entire family, the worst impact being on the vulnerable groups, i.e. the children and the elderly. Suicides are a cause for death and can definitely be prevented by taking necessary precautionary measures, strengthening the services of the health system for women in distress and most important of all, increasing the awareness of the society to make them more responsible and supportive towards their female counterparts and to be able to pick the clear signals of their suicidal tendencies so that another life is not lost.

References

1. Gvion, Y., & Apter, A. (2010). Suicide and Suicidal Behavior, *Public Health Reviews* 32 (2): 1-4
2. Karki, C. (2011). Suicide: Leading Cause of Death among Women in Nepal, *Kathmandu University Medical Journal* 9 (3): 157
3. Pradhan, A., Poudel, P., Thomas, D., & Barnett, S. A review of the evidence: suicide among women in Nepal, *National Health Sector Support Programme (NHSSP) and Ministry of Health and Population (MOHP)*
4. NEPAL: Why are so many women killing themselves? *IRIN News* (2010) <http://www.irinnews.org/report/87823/nepal-why-are-so-many-women-killing-themselves>
5. Rauniyar, I. (2010). The Story of Suicide, *Kathmandu Post* <http://www.ekantipur.com/the-kathmandu-post/2010/12/10/features/thestory-of-suicide/215892/>
6. Youth more prone to suicide, *Kathmandu Post* (2010) <http://www.ekantipur.com/the-kathmandu-post/2010/09/10/top-story/youthmore-prone-to-suicide/212596/>
7. Benson, J. & Shakya, R. (2008). Suicide prevention in Nepal: a comparison to Australia- a personal view, *Mental Health Fam Med.* 5 (3) <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2777576/>
8. Hughes, K. (2013). Female Suicides in Nepal and in the USA, *Peace-Voice, A Project of the Oregon Peace Institute* <http://www.peacevoice.info/2013/08/30/female-suicides-innepal%E2%80%95and-in-the-usa/>