

Gender-Based Analysis of Suicide Cases In Cagayan De Oro City

FRANCIS THAISE A. CIMENE, PHD

Senior Researcher, Center for Inclusive Development Studies
University of Science and Technology of Southern Philippines
09176262203

BILLY JOEL B. RAMOS, MAIO PSYCH

Associate Professor
University of Science and Technology of Southern Philippines

Abstract

In 2016, the World Health Organization declared that suicide is the fifteenth leading cause of death worldwide. Locally, it was reported on February 12, 2020, that at least 23 people committed suicide in the city recently and have caused alarm to the Committee on Women and Family Relations. This study aimed to determine the profile of suicide cases in Cagayan de Oro City with gender-based analysis (GBA). GBA is a tool to understand the local context and to support gender equality. As used in the study, it examined the relationships between men and women, girls and boys, and the constraints they face relative to each other in a particular context. Since suicide is considered as a sensitive topic for investigation, the researchers decided to use published cases. In such a way, the data gathered were already made public and would not violate data privacy provisions. The suicide cases analyzed were culled from Gold Star Daily published from 2018 to the first quarter of 2020. The findings revealed 11 published cases in 2018, 15 in 2019, and seven during the first quarter of 2020. Of the 33 total cases, men registered the most (72.7%) with age ranging from 16 to 35. Also, the prevalence of suicide cases occurred more among younger men than women while more cases among older women than men. Depression due to family and relationship problems was the leading cause of suicide (48.5%).

Keywords: *Gender-based Analysis, Suicide, Cases*

Introduction

Suicide is a staggering toll on global public health concern in many countries and continually increasing over the past years. Understanding the causes of suicide has been identified as a critical public health priority and global imperative. It is a highly complex and heterogeneous phenotype with numerous underlying psychological, environmental, neurological and closely associated gender, age, ethnicity, employment status, mental health issues, seasonality,

socioeconomic status and education (Fountoulakis *et al.* 2014). As of year 2016, the World Health Organization declared that suicide is the fifteenth leading cause of death worldwide. While, the Center for Disease Control and Prevention (2013) stated that suicide is the seventh leading cause of death for males and the 14th leading cause for females.

According to the Gold Star Daily (February 12, 2020), “at least 23 people have killed themselves in the city recently, and the cases have caused alarm,” said Councilor Edna Dahino, Chairperson of the Committee on Women and Family Relations. Given the number of people who killed themselves, this can potentially affect family, friends, and any other contacts of the deceased who are affected by the loss. Additionally, death by suicide which is intrinsically tragic, produces a profound emotional impact on bereaved loved ones (Pitman *et al.*, 2014).

The Philippines has a population of 100 million, and one in five people suffers from a mental health problem (Magtubo, 2016). Mental health illnesses rank third as the most common form of morbidity, accounting for 14 % of the 1.4 million of all forms of disabilities (National Statistics Office, National Census, 2010). Suicide is becoming a problem in the Philippines, with a total of 2,558 suicide cases due to mental health problems in the country in 2012 alone (Magtubo, 2016), but the suicide rate has risen dramatically. The World Health Organization (WHO) 2017 reports stated that 33 million Filipinos are depressed and eight in every 100,000 Filipinos commit suicide. Most of those who commit suicide are in the prime of their years with ages ranging from 15-29 years old.

With these staggering statistics, the WHO (2007) reported an unduly disproportionate gap between mental health needs and available resources in the Philippines. There are 3.47 mental health resources for every 100,000 of the general population, with more than 50% of the psychiatrists working for-profit mental health facilities with a ratio of .47 psychiatrists per 100,000 of the general population in the public sector (WHO, 2007). Psychiatrists are concentrated in mental health facilities based in the largest cities which congregate a mere 11.79% of the total population leaving more than half of the 100 M with hardly any access to a psychiatrist (WHO, 2007). More than half of the psychiatrists are engaged in private practice and working for profit (Magtubo, 2016), making mental health service financially prohibitive. A significant finding of the report is the poor involvement of the primary health care providers in mental health care (WHO, 2007).

In June 2018, the Philippines passed its first Mental Health Act (Republic Act no. 11036), which seeks to establish a comprehensive, accessible, and integrated mental health services. However, even with the passage of the RA11036, mental health remains a low priority in terms of resources allocation and the inordinate gap between needs and resources. Even with the passage of the Mental Health Act, only 3–5% of the total health budget is spent on mental health, and 70% of this is spent on hospital care (WHO, 2017).

Policymakers have paid increased attention to suicide cases over the past decade. In several countries, suicide prevention strategies recommend support for those families affected by suicide, including those who attempted suicide. Mental health problem is a global concern. Globally, one in every four people or 450 million people is suffering from mental disorder, making it one of the leading causes of ill health and disability. Of those afflicted, 75- 85 % do not have access to mental health services (WHO, 2001). It must be noted that mental health disorders affect both developed and developing countries.

Objectives of the Study

This study aimed to conduct a gender-based analysis of suicide cases in Cagayan de Oro City from 2018 to the first quarter of 2020 as published in the local newspaper. This is to respond to the City Social Welfare and Development call to conduct the study in order for the agency to formulate appropriate interventions.

Methodology

This study employed the Descriptive Method of Research using secondary data. The suicide cases subjected to gender-based analysis (GBA) were culled from the Gold Star Daily published from 2018 up to the first quarter of 2020. GBA is a tool to understand the local context and to support gender equality. As used in the study, it examined the relationships between men and women, girls and boys, and the constraints they face relative to each other in a particular context.

Since suicide is considered as a sensitive topic for investigation, the researchers decided to use published cases. In such a way, the data gathered were already made public and would not violate data privacy provisions. There were 33 suicide cases subjected to gender analysis and content analysis. The data on the reasons why they committed suicide were based on the published reports as alleged by their families and significant others or from the people who the victims told. Others were based on their suicide notes, text messages, or their messages in the social media.

Results and Discussion

On the Prevalence of Published Suicide Cases. Figure 1 shows the prevalence of suicide cases in Cagayan de Oro City from 2018-2020. The data revealed that in 2018, there were 11 (33.3%) published suicide cases and that is almost one case every month. However, in 2019 it rose to 15 (45.5%) and during the first two months of February 2020, there were already seven (21.2% cases). In 2018 and 2019, there were only 3 reported cases during the first quarter. This implies a

dramatic increase of cases during the first quarter of each inclusive year at the time of this study. For instance, Gold Star Daily reported on November 28, 2019 that:

An electrician and a lesbian committed suicide on separate occasions in this city on Saturday, bringing the number of self-inflicted killings here to 19 this month.

This means that the number published in the selected local newspaper is an understatement in terms of the prevalence of suicide cases. Further investigation revealed that some families of the suicide victims did not want to publicize the occurrence, particularly when they know there is no foul play. Meanwhile, other families wanted to keep the incident private. Media coverage was found to be a risk factor in suicide cases. In the study of Stack (2002), it is called a copycat effect. In the book titled *Final Exit*, the author recommended asphyxiation as a means of suicide for terminally ill persons. Within that year of publication, suicide cases by asphyxiation in New York City increased by 313% from eight to 33. It can be especially harmful when the media details how the person died like uses of dramatic images. Any characteristics of media portrayals or containing detailed suicide reports that use a very strong effect of graphic imagery of suicide can incite some people with suicidal tendencies who plan to commit suicide. Like, knowing what happened before the suicide activity (e.i, suicide note, death note, saying goodbye through text messages, etc.) they most likely imitate the suicide activity. It is the suicide contagion effect (Ortiz and KhinKhin, (2018).

Moreover, there were more reported suicide cases among women in 2018 (50.0%) while 45.8% among men in 2019. With regard to the LGBT community, it was only in 2019 that all three cases were reported and published in the local newspapers. In World Health Organization and Global Health Observatory Data Repository, the suicide mortality rate of female (per 100,000 female population) from the country of Lesotho (Southern Africa) year 2016, 24.40% of female committed suicide than men (17.80%) which has an increase of 0.95% from 2015. The Lesotho suicide rate historical data for 2015 was 17.60% (male) and 24.10% (female), a 4.48% increase from 2010. Moreover, Lesotho suicide rate for 2010 was 16.80% (male) and 23.20% (female), an 8.06% increase from 2005. Suicide rate for 2005 was 14.60% (male) and 21.20% (female), an 3.33% increase from 2000.

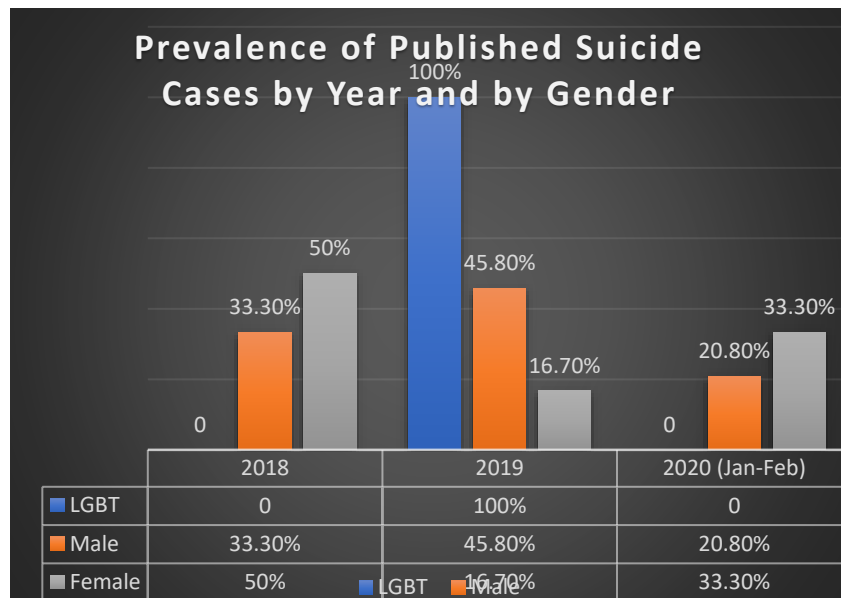


Figure 1. Prevalence of Published Cases by Year and by Gender

On the Age and Gender Profile of Suicide Cases. Table 2 presents the age and gender profile of suicide cases. As can be gleaned from the table, suicide cases among members of the LGBT community occurred between the ages 16 to 45 years old. In this study, only three published cases were reported from 2018 and the first two months of 2020. Also, 12.5% among the male cases are 15 years old and below, while none was reported in this age group among the female. As the age group goes higher, more cases were reported among the females. For instance, there were 29.2% cases among the males with age ranging from 16-25 compared to 33.3% among the females. For those between 36-45 years old, 16.7% were recorded among the males while 50.0% among the females. The same pattern is observed for those who were 46 years old and above. This is with exception to the age group 26 to 35 years old where the male cases registered 20.8% while none was recorded among the females. This implies that there are more suicide cases among younger males than the females, and this reverses as the age groups go higher.

Gender and age are related with marked differences within the occurrence and strategies of suicidal behavior. According to Hallfors, et. al., (2004), many adolescents are showing signs of depression, and suicide ranked third as the leading cause of death among 15 to 19 year olds. Meanwhile, the LGBT suicide rate cases are becoming a growing focal point of public concerns and discussions. In the recent study of Rivers et al., (2018) concerning LGBT wellbeing and mental health noted that there is limited understanding of the dimensions of sexual orientation and transgender status that are most significantly associated with suicidality. Marshal *et al.* (2016) mentioned that the existing studies continue to demonstrate that LGBT people are at increased risk of poor mental health and greater risk of suicidality than heterosexual and its gender counterparts. In contrary, understanding of sexuality in psychology and contemporary research has shown that

sexual orientation does not determine poor mental health outcomes (Meyer & frost, 2013). However, Wang et al., (2010) stated that successful suicide is more common in older LGBT age groups, which leads to the conclusion that suicide attempts are more likely to occur among young LGBT people. But, as death certificates do not record victims' sexual orientation, it is not currently possible to ascertain how many young LGBT people die by suicide (Rivers *et al.*, 2018).

In the Philippines, according to Redanielet *al.*, (2011), incident of suicide cases have increased from 0.23 to 3.59 per 100 000 in males, and from 0.12 to 1.09 per 100 000 in females from 1984 to 2005. Meanwhile, Japan and South Korea have the highest suicide rates in the world (Kino *et al.*, 2019). Japan's suicide rate in the younger generation was the number one cause of death among young people aged 15-39 years old, which increased 3-4 percent per year for male teenagers and 2 percent for female teenagers. Suicide accounts for 48.1% of the total deaths from 20 to 24 years old, and 47% of 25-29 years old (Kino et al., 2019). The proportion of suicide death among all-cause mortality was the highest among men aged 25-29 (51.2%) and women aged 20-24 (41.8%) in Japan (Ministry of Health, Labor and Welfare, 2018a, b). In the recent estimated data of the WHO (2014) cited by Manalastas (2016), the suicide mortality rate for women ages 15 to 29 in the Philippines at 2.2 per 100,000, which is higher than in Malaysia, Vietnam, United States, Singapore, Japan and South Korea. The most recent data in year 2016 has identified the overall suicide rate of 3.2/100 000, with a higher rate in males (4.3/100 000) than females (2.0/100 000) (WHO, 2018).

Conwell, *et al.*, (2011) states the studies related to risk factor for late-life suicide have suggested that suicide ideation is a significant risk factor for suicide death in older adults. While, researchers Suokas, *et al.*, (2001) have found that death ideation, symptoms of depression, and hopelessness were increased risk for suicide in older adults. The Interpersonal Theory of Suicide developed by Thomas Joiner in 2005, the second variable of the theory which is burdensomeness, is the perception that a person's perception is a liability to others, which generates feelings of self-hatred (Van Orden *et al.*, 2010). An individual (*either young, adult or old ages*) may seem to feel and experience like she/he is a burden on family members due to mental illness or physical disability and could not contributing to others because of other conditions. Research studies related to older adult suicide risk support significant associations between perceived burdensomeness and suicide ideation (Cukrowicz et al., 2011; Segalet. *al.*, 2012).

Table 2.
Age and Gender Profile of Suicide Cases

Age	Gender							
	LGBT		Male		Female		Total	
	f	%	f	%	f	%	f	%
15 & below	0	0.0	3	12.5	0	0.0	3	9.1
16-25	1	33.3	7	29.2	2	33.3	9	27.3
26-35	1	33.3	5	20.8	0	0.0	6	18.2
36-45	1	33.3	4	16.7	3	50.0	7	21.2
46-55	0	0.0	3	12.5	1	16.7	4	12.1
56 & above	0	0.0	2	8.3	0	0.0	2	6.1
Total	3	100.0	24	100.0	6	100.0	33	100.0

On the Reasons for Committing Suicide. Table 3 presents the reasons why the victims committed suicide. Data show that among the LGBT community, suicide cases were mainly caused by failed relationships or break ups (100.0%). One lesbian was involved with a married woman and their break up was the trigger for him to end his life.

Almost half (45.8%) were caused by depression among the men due to family or relationship problems. One case involving a 49 year old male who suffered depression after his wife, who had been working overseas, told him that it was over between them. He was then observed to be not in normal disposition and was seen always drunk. On the other hand, among the female suicides, depression due to family or relationship problems registered the most number of cases (83.3%).

Furthermore, the second-highest cause of suicide among the males is depression due to an unknown problem (29.2%). Accordingly, the main cause cannot be determined because the victims were not vocal about their predicaments. The individuals close to them just observed that they looked depressed due to problems they harbored within them.

Table 3.
Reasons for Committing Suicide

LGBT			MALE			FEMALE		
Reasons	f	%	Reasons	f	%	Reasons	f	%
Failed relationship or break up	3	100.0	Significant others could not figure out but the victim seemed to have a problem that caused depression	7	29.2	Imprisoned due to alleged stealing	1	16.7
			Suffered depression due to family/relationship problems	11	45.8	Suffered depression due to personal/family problems	5	83.3
			Suffered depression due to illness	3	12.5			
			Jealousy with the partner	1	4.2			
			Charged with rape case	2	8.3			
Total	3	100.0	Total	24	100.0	Total	6	

Moreover, some 12.5% among the males suffered depression due to illness. One case was about a 16 years old who suffered from a lung illness that eventually led to depression. A portion of chat message from the suicide’s mobile phone that he sent to his girlfriend reads:

I am so sorry, ma, don't worry because the time will always come that I will die. I have three holes in my lungs. Bye ma, may you want also to commit suicide so that we can be together.

Kim (2019) states that suicide does not have one accepted definition. Studies in suicide have continuously shown an increased rate of threatening lifestyles events, such as interpersonal problems, monetary difficulties, intellectual disorder, bodily illness, and disability within the recent records of individuals who attempt suicide or die by suicide (Burón et al., 2016). Moreover, existing literature about suicide has also found that depression and hopelessness are associated with suicide risk among older adults (Cukrowicz et al., 2011). These studies indicate that major depressive disorder is the most common psychiatric disorder in older adults who have died by suicide (Conwell et al., 1996; Conwell et al., 2002).

Conclusion

Suicide may not be avoided as a subject for discussion. However, it is a concern that must be investigated with utmost care and discernment. From the findings, this study concludes that there are more published suicide cases among the males than the females in Cagayan de Oro City from 2018 and the first two months of 2020. The prevalence of suicide cases occurred more among younger men than women while more cases among older women than men. Among the LGBT community, suicide cases were mainly caused by failed relationships while depression due to family or relationship problems in the case of male and female victims. Thus, suicide must be reported as a public health issue and must be considered as a mental health concern in the country.

Recommendation

1. This study covered only one of the 122 cities in the Philippines. Hence, there is a need to conduct a systematic gender-based analysis of suicide cases involving a nationally representative sample.
2. With media coverage being a risk factor in suicide cases, journalists recommend that journalists avoid sensationalizing the incident, such as using images of the method of death or detailing the "suicide note." What is even better is not to use the terms "suicide note."
3. There is a need for the government to strengthen mental health programs with appropriate and timely budget allocations.

References

- Burón, P., Jimenez-Trevino, L., Saiz, P. A., García-Portilla, M. P., Corcoran, P., Carli, V., ...& Sarchiapone, M. (2016). Reasons for attempted suicide in Europe: prevalence, associated factors, and risk of repetition. *Archives of Suicide Research*, 20(1), 45-58. doi:10.1080/13811118.2015.1004481
- Conwell, Y., Van Orden, K., & Caine, E. D. (2011). Suicide in older adults. *Psychiatric Clinics*, 34(2), 451-468. <https://doi.org/10.1016/j.psc.2011.02.002>
- Cukrowicz, K. C., Jahn, D. R., Graham, R. D., Poindexter, E. K., & Williams, R. B. (2013). Suicide risk in older adults: Evaluating models of risk and predicting excess zeros in a primary care

- sample. *Journal of Abnormal Psychology*, 122(4), 1021. <https://doi:10.1037/a0034953> sci-hub.tw/10.1037/a0034953
- Cukrowicz, K. C., Cheavens, J. S., Van Orden, K. A., Ragain, R. M., & Cook, R. L. (2011). Perceived burdensomeness and suicide ideation in older adults. *Psychology and Aging*, 26(2), 331–338. <https://doi.org/10.1037/a0021836>
- Fountoulakis, K. N., Kawohl, W., Theodorakis, P. N., Kerkhof, A. J., Navickas, A., Höschl, C., ... & Juckel, G. (2014). Relationship of suicide rates to economic variables in Europe: 2000–2011. *The British Journal of Psychiatry*, 205(6), 486–496. <https://doi.org/10.1192/bjp.bp.114.147454>
- Hallfors, D. D., Waller, M. W., Ford, C. A., Halpern, C. T., Brodish, P. H., & Iritani, B. (2004). Adolescent depression and suicide risk: association with sex and drug behavior. *American journal of preventive medicine*, 27(3), 224–231. <https://doi.org/10.1016/j.amepre.2004.06.001>
- Jacobs DG, Baldessarini RJ, Conwell Y, Fawcett JA, Horton L, Meltzer H, et al. Suicide behavior practice guidelines for assessment and treatment of patients with suicidal behavior. *Am J Psychiatry* 2003;160:3–60
- Kim, Y.-K. (Ed.). (2019). *Frontiers in Psychiatry. Advances in Experimental Medicine and Biology*. doi:10.1007/978-981-32-9721-0
- Kino, S., Jang, S. N., Gero, K., Kato, S., & Kawachi, I. (2019). Age, period, cohort trends of suicide in Japan and Korea (1986–2015): A tale of two countries. *Social Science & Medicine*, 235, 112385. <https://doi.org/10.1016/j.socscimed.2019.112385>
- Lally, J., Tully, J., & Samaniego, R. (2019). Mental health services in the Philippines. *BJPsych International*, 1–3. doi:10.1192/bji.2018.34 URL to share this paper: sci-hub.tw/10.1192/bji.2018.34
- Magtubo, C. A. (2016). Mental Health in the Philippines: By the numbers. Retrieved February, 6, 2017. <https://today.mims.com/mental-health-in-the-philippines--by-the-numbers>
- Manalastas, E. J. (2016). Suicide Ideation and Suicide Attempt Among Young Lesbian and Bisexual Filipina Women: Evidence for Disparities in the Philippines. *Asian Women*, 32(3).
- Ortiz, P., & KhinKhin, E. (2018). Traditional and new media's influence on suicidal behavior and contagion. *Behavioral sciences & the law*, 36(2), 245–256. <https://doi.org/10.1002/bsl.2338>

- Pitman, A., Osborn, D., King, M., & Erlangsen, A. (2014). Effects of suicide bereavement on mental health and suicide risk. *The Lancet Psychiatry*, *1*(1), 86-94. [https://doi.org/10.1016/S2215-0366\(14\)70224-X](https://doi.org/10.1016/S2215-0366(14)70224-X)
- Redaniel, M. T., Lebanan-Dalida, M. A., & Gunnell, D. (2011). Suicide in the Philippines: time trend analysis (1974-2005) and literature review. *BMC Public Health*, *11*(1), 536. <https://doi.org/10.1186/1471-2458-11-536>
- Rivers, I., Gonzalez, C., Nodin, N., Peel, E., & Tyler, A. (2018). LGBT people and suicidality in youth: A qualitative study of perceptions of risk and protective circumstances. *Social Science & Medicine*, *212*, 1-8. <https://doi.org/10.1016/j.socscimed.2018.06.040>
- Segal, D. L., Marty, M. A., Meyer, W. J., & Coolidge, F. L. (2012). Personality, suicidal ideation, and reasons for living among older adults. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, *67*(2), 159-166. <https://doi.org/10.1093/geronb/gbr080>
- Suokas, J., Suominen, K., Isometsä, E., Ostamo, A., & Lönnqvist, J. (2001). Long-term risk factors for suicide mortality after attempted suicide-Findings of a 14-year follow-up study. *Acta Psychiatrica Scandinavica*, *104*(2), 117-121.
- Stack, S. (2002). Media coverage as a risk factor in suicide. *Injury Prevention*, *8*(suppl 4), iv30-iv32. http://dx.doi.org/10.1136/ip.8.suppl_4.iv30
- Van Orden, K. A., Witte, T. K., Cukrowicz, K. C., Braithwaite, S. R., Selby, E. A., & Joiner Jr, T. E. (2010). The interpersonal theory of suicide. *Psychological Review*, *117*(2), 575.
- World Health Organisation. (2018). Global health estimates 2016: Deaths by cause, age, sex, by country and by region, 2000–2016. World Health Organization.
<https://www.ncbi.nlm.nih.gov/books/NBK223845/>
<https://pubmed.ncbi.nlm.nih.gov/18389644/>
<https://www.ncbi.nlm.nih.gov/books/NBK223839/>