



Causes of Suicide and Suicide Attempt in Chipata District, Zambia

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ABSTRACT

Suicide and suicidal behaviour affects citizens of both developed and developing nations. Until contextual causes and risk factors are understood and plan drawn with targeted interventions, suicide and suicidal behaviour has potential to spiral out of control. The objective of this study was to explore causes of suicide and suicide behaviour in Chipata District, Zambia. A desk appraisal and interviews were conducted on 209 cases of suicide and attempted suicide recorded between January and September, 2023 at the largest health facility. This study found that more males than females attempted suicide. While a large proportion of single males attempted suicide, more married males recorded the highest number of suicide completers. Suicide tendencies rose sharply during and after harvest season. The theory behind this finding Chipata District is a farming district. When farmers get paid from sales of agricultural products, then domestic disputes and usually accompanied with violence triggers suicidal behaviour. This study found that domestic disputes, financial challenges and depressive incurable illnesses were the causes of suicide and suicidal behaviour. This study recommends aggressive sensitization to communities through radio, television and edutainment.

Key words: *suicide, poison, ingestion, Suicidal behaviour, suicide completer, suicide attempt*

I. INTRODUCTION

Suicide is defined as the act of deliberately killing oneself (World Health Organization, 2022). Suicide ranks second as a cause of death among individuals of 15 to 29 years of age worldwide, second only to road traffic injuries (World Health Organization, 2018). Scholars affirm that while suicide is not a disease, suicidal behaviour, is an important Public Health problem (Turecki et al., 2019: 1). Suicide deaths remain frequent across the globe as such, the phenomenon has attracted increasing attention in research and public awareness campaigns (Naghavi 2019 cited in Turecki et al., 2019:1). Each year, the World Health Organization (WHO) estimates that almost a million people die from suicide worldwide (WHO, 2004 cited in Mars et al., 2014). Suicidal behaviour has been observed to have a significant gender difference (Freeman et al., 2017) with males taking a larger proportion. While suicide is a global phenomenon, higher rates have been identified in Africa and other low resource countries. Zambia, a low resource country recorded a total of 89 (Male 72 and 17 females) cases of suicide deaths in 2021 (Masebo, 2022). A Kenyan study among university students on the causes of suicide found that intimate love triangle relationships facilitated suicidal thoughts (Kabugi, 2019). Substance abuse disorder and exposure to interpersonal violence are among the risk factors of suicidal behaviour (Miranda- Mendizabal, 2019). Suicide attempt or death by suicide also resulted from diagnosis or treatment for a severe physical health condition (Nafilyan et al. 2022: 2).

Scholars have observed that the reported causes of suicide have a Eurocentric bias therefore, most of our knowledge and understanding about suicidal behaviour is based on information from high income countries, which may not be applicable in different cultural contexts (Mars et al., 2019:1). The objective of this study was to identify contextualized causes of suicide and suicide attempts in Chipata District, Zambia. Chipata City has a population of slightly above 305,000 people. The city borders Malawi on the eastern frontier. It is surrounded by mountains forming a fortress. British colonialists relied on the range of mountains for security against their enemies. This is the reason for which Chipata was formerly known as Fort Jameson. The population in the Chipata City is chiefly composed of the Ngoni speaking people. During the last decade, after the local district infrastructure and economic boom originating from government and private sector related investments, other tribal groupings have found settlement in Chipata for employment and business pursuits. Due to increased population, a tick upwards in suicide cases is being observed. Between January and September, 2023, at the largest hospital, a total of 209 suicide cases were recorded. Out of this number, 23 were suicide completers and 186 were suicide attempters. Without any study conducted to help us understand the causes of suicides and suicide attempts, we are in danger of ascribing to non-local contextual causes.

II. Materials and Methods

Study Design: The study used explorative research design with qualitative research approach

Study Location: The study was conducted in Chipata District, Zambia.

Study Duration: It was conducted between January and September, 2023

Sample size : 209 cases of suicide and suicide attempt.

Sample size calculation: The sample consisted of all community suicide and suicide attempts recorded at the largest hospital between January and September, 2023.

Inclusion criteria

1. Only suicide and attempted suicide cases between January and September, 2023 were considered in the study

Exclusion criteria

1. Non-suicide related cases

Procedure Methodology

The study used a qualitative explorative research design. It was conducted in Chipata District, Zambia between January and September, 2023. Data collection was done through a desk appraisal of quarterly reports, patients' records and a questionnaire with mixed questions- closed and open ended questions. Only stable patients were interviewed. Those in critical condition or were Brought in Dead, their willing relatives provided information.

Theory

Individual group members are part of the external social environment. They are part of the societal shared beliefs, norms, values and social identity. Emile Durkheim's Sociological theories of suicide explain how the external social world impact an individual's physical, emotional and mental well-being (Mueller et al., 2021). The social world has the capacity to enhance or to erode individual's physical, social and emotional health. Since society is the whole, its ills are communicated to its parts. As individuals are society's handiwork, formed currents of depression and disillusionment emanating from individuals express society's state of disintegration (Durkheim 1951). According to Durkheim, suicide cannot be explained by its individual forms alone, rather by social concomitants. This study examined social-related causes of suicide.

III Results

The sample consisted of 209 cases. The age range of suicide cases- completers and attempted suicide was between 15 and 59 years. Males constituted the larger proportion of the total suicide cases recorded at 66% (138) the smaller proportion of 34% (71) were females. The study found that among males, suicidality rose sharply in the 15-19 years band and peaked in the 25-29 years age band while females, self-destruction behaviour peaked in the 20-24 years age band. Single males engaged in self-harm behaviour more than married men, however, married men constituted a disproportionate higher number of suicide completers in comparison to single men. Ingestion of poison was the commonest method chosen to end one's life across gender. Organo-phosphates were the commonest poisons ingested presumably due to the farming occupation prevalent in Chipata. Other poisons- sulphuric acid, over dose of antiretroviral and antihypertensives formed the alternative especially among clients taking these drugs. Suicide by hanging, ingestion of the common grain fumigant -Aluminium Phosphide tablets or taking an overdose of Zinc Phosphide, produced 100% (23) suicide completers. Only males recorded suicidal death by hanging. In this study, the bulk number of suicide completers were males at 86.9% (20) and 13.1% (3) for females.

Table illustrating results.

AGE RANGE(I N YEARS)	ATTEMPTED SUICIDE		SUICIDE COMPLETER		SELF DESTRUCTION METHODS USED
	MALE	FEMALE	MALE	FEMALE	
15-19	5	4	2	1	<ul style="list-style-type: none"> Ingestion of poison- Weed killer 9.6% (20) all males Rat poison (Zinc Phosphide 51% (107) Insecticides such as karate 3.3% (13) all males, boam 3.8% (8) all males, doom 5.7% (12) and aluminium phosphide tablets 7.2% (15), Sulphuric acid 2.4% (5) Antiretroviral drugs 2.4% (5) Antihypertensive drug overdose 2.4% (5)
20-24	13	25	2	2	
25-29	37	15	5	0	
30-34	26	13	3	0	
35-39	16	8	3	0	
40-45	12	3	2	0	
46-50	6	0	2	0	
51-54	1	0	0	0	
55-59	2	0	1	0	
Sub Total	118	68	20	3	

MARITAL STATUS	Married	Single	Married	Single	Married	Single	Married	Single	Anteretroviral drug over dose 7.7% (16) all females • Hanging using a TV cable 0.5% (1) male Electric cable 0.5% (1) male Mosquito net 0.5% (1) male
	45	73	9	59	11	9	0	3	

i. Previous history of attempted suicide

This study found that 5.2% (11) of participants had previous history of attempted suicide. The cases used poisoning during their previous and current attempts to end their life as one of them reported:

'Rat poison in both attempts' (Male participant).

The other participant explained:

'It's karate a year ago and doom this time' (Male participant).

'I have always used doom' (Female participant).

From patients' records, it was revealed that doom, rat poison and weed killer were the poisons of choice for earlier suicide attempts.

ii. Causes of suicide and suicide attempt

The study found that suicide was the only recourse turned to following frosty relationships, failure to pay off debt, recurring illness, and differential power relations coupled with work related matters.

a. Frosty relationships

Disputes between spouses, siblings, parents and children and friends with friends resulted in one or both parties seeking to destroy their own lives. The first part begins with cases of spouses engaged in domestic disputes due to infidelity. Under the constituent of infidelity the following excerpt was shared by the relatives to the deceased man:

'Our brother found love messages in his wife's phone. When he asked her, she answered him carelessly claiming that he was not man enough as he failed to provide for the family therefore, he had no right to question her over the love messages. When he heard about that he felt crushed. When the wife temporarily left home, he hanged himself using an electric cable' (Male participant).

One male client reported, 'I was devastated to learn that the woman I had loved so much, invested my two precious years, the same was seeing another man. I actually caught them red handed. I couldn't believe it. I felt betrayed, lonely, emotionally pulverized and lost all rationality so I reached for rat poison and took it' (Male participant).

Another male client complained, 'I trusted her so much but when she told me it's over I was shocked. A little misunderstanding we had, could not warrant a shocking statement from her- me and you it's over Martin. It's over! When I heard about that at first I thought she was joking but later I knew that she was serious and meant every word. I conducted a search for the truth. I discovered that she had another boyfriend besides me. I failed to hold my head. My world fell apart. That's how I took doom' (Male participant).

With regard to cracked relationship between siblings, one touching experience was shared by the male parent to the deceased boy aged 15 years:

'My wife had gone away leaving our two boys at home. I don't know what happened, a quarrel ensued. Our younger son clearly could not bear it. He took a cable for the decoder and hanged himself. That's how he died' (Male participant).

Allied to parent-child troubled relationship, the mother to one deceased girl reported that their daughter, aged 16 years, wanted to get married but her parents objected to her demand opting that she gets glued to education. Not yielding to her parents, she decided to take her life as narrated:

'Our daughter was 16. She was still very young to think about marriage. I and her father insisted that she gets both high school and college education first but she could not accept our offer so she took grain fumigating tablets and died' (Female participant).

Relating to failed relationship among friends, this study found that social bonds between friends got disrupted following a drinking spree leading to an altercation. Friends in their drunken state exchanged cutting words, fought and assaulted each other, rejected each other or divulged sensitive information about their friend. Here are the two excerpts from participants:

'We were four of us, 3 women and 1 man. We were drinking, to be honest, the man showed interest in me. One of my female friends, I don't know whether it's jealous or what she started assassinating my character in the presence of this man. Not choosing what to say, she verbalized that I am a prostitute because I had slept with many men. I was hurt. I never expected that from my friend. I left the drinking place confused and pained that's why I just thought of taking my life' (Female participant).

'I could not bear it when my female friend just burst out that I am taking Anteretroviral drugs. We fought. When we got separated, I felt exposed and dressed down by those I trusted so I decided it's time to go' (Female participant).

b. Failure to pay off debt

Over debt servicing failure, this study found that debt default was one of the serious causes of suicide and suicide attempt. The problem cut across genders. Men and women alike accosted local shylock money lenders from whom they got a modest loan promising to pay back with 50% or more interest but failed to honour the agreed debt servicing plan. Caught up in the debt crisis due to the growing debt they became helpless, therefore, opted to take their own lives. On the other hand, others found totally indebted due to borrowing from multiple lenders for instance from one lender- clothes, from another money, still another- beddings and became debt-plagued. One of the lender explained:

'The deceased young woman owed me K400.00 (\$16) because she got pieces of clothes, from my colleague she owed her K600.00 (\$24) for getting kitchen ware and from another person K500.00 actual cash. She promised each one of us that she would pay back in two months' time and when it was time for payment she killed herself by taking maize tablets' (Female participant).

One man, narrating how his friend took his own life: 'he got a loan which he used to finance his Soya beans farming project, however, when it was announced that the Food Reserve Agency would not buy soya beans, he was devastated. Imagine the loan of K50, 000.00 (\$2,000) which he was required to settle, the workers he had promised to pay, he knew now that it would be difficulty to sell his Soya Beans at a modest price. Really it became too much for him to handle. How I wish he could have shared we wouldn't have lost him' (Male participant).

From the patients' records, some engaged in self-destruction behaviour because they acquired a group loan, squandered the loan, failed to pay back then hanged themselves. Others borrowed money from a lender used their family house as collateral without the knowledge of their spouses who were deeply shocked to learn that lenders stood at their door step claiming that the house was theirs while holding title deed papers.

c. Recurring or chronic severe medical illness

This study found that the rudiments for self-harm arose from a recurring curable or incurable illness. For example, one young woman with recurring Urinary Tract Infection developed treatment fatigue with subsequent desire to destroy oneself.

'I was diagnosed with what doctors call UTI. I have taken all forms of medicines- tablets, capsules and injections for almost 2 years now but my condition fades for a while but relapses after treatment. It has been too much. Imagine, three to four days you are admitted in the hospital then two months you are at home and back again in the hospital. I just told myself, I will never get healed so it's better I go' (Female Participant).

A middle aged male with a chronic medical condition decided for self-murder through self-poisoning. His wife narrated:

'My husband has Sugar Disease that often ends in admission. One day after discharge from the hospital, I mildly complained that we had little to eat as a family because of recurrent hospitalizations. I learnt that, that did not sit well with him because the next moment, I picked the smell of poison from outside where I was cooking. I rushed in and found him gulping the last contents. When I asked him why he bluntly told me that, my statement implied that I am now a nuisance to you and the family because of my illness' (Female Participant).

d. Differential power relations

Under the umbrella of differential power relations, this study found that men married to wives who 'did it all' –were major contributors of the family's economy, men in such homes sunk into helplessness. To escape masculine failure, some men became suicidal as reported:

'Our brother was not working. His wife did everything for the family. She became very controlling and began to do things without consulting him. He felt humiliated, undignified as a man and so he decided to end his life leaving a suicide note in which he complained that he felt that he was stripped of his masculinity' (Male Participant).

e. Job loss

Work-related issues such as serving a suspension or termination of work were a potential fit for suicide as reported by a male friend to the deceased:

'My colleague had been dismissed from work because something went wrong. He couldn't cope with life thereafter so he took a heavy dose of rat poison' (Male Participant).

IV. DISCUSSION

Suicide is a Public Health concern worldwide. Suicide behaviour and suicide completion not only affects the individual but the family and the wider society such as friends, the church, the school, neighbourhood etc. Global suicide estimates by the World Health Organization indicates that nearly a million people die by suicide each year globally (WHO, 2007). In Zambia, suicide cases are on the rise. In 2019 for example, Zambia recorded 91 cases of suicide while in 2020, the number of cases rose to 97 (Chomba, 2022). The objective of this study was to explore the causes of suicide tendencies and suicide completion in Chipata District of the Eastern Province of Zambia. This study found that more males demonstrated suicidal behaviour and recorded disproportionately high number of suicide completers. Freeman et al. (2017) also found that males demonstrated a higher frequency of Serious Suicide Attempts than females. To the contrary, Miranda-Mendizabal et al. (2019), from their meta-analysis found that females, among adolescents and young

adults, had almost twofold higher risk of suicide attempts than males, while males had an almost threefold higher risk of dying by suicide than females (Miranda- Mendizabal et al. 2019: 281).

This study found that interpersonal violence in relationships between spouses, family members and between friends motivated individuals to initiate activities tailored at harming themselves. Domestic disputes related to infidelity stood as the number one trigger factor for suicide tendencies in Chipata District, Zambia. Examples under this rubric, men who caught their spouses in the act of adultery or found love messages in their wives' phones were enraged, beat up their wives to death eventually took their own lives as illustrated:

'This suicide death involving our neighbour arose from a misunderstanding between the husband and the wife after the husband discovered that she was seeing someone else. So he beat her to death then hanged himself with a mosquito net' (Male participant).

In a Kenyan study among university students, Kabugi (2019) found that intimate relationships particularly love triangles where one partner invested much time, money and emotions to their partners and when they discover that they have been deceived they feel like a core part of you has been ripped out Kabugi (2019: 6) they take their own lives.

This study also found that patients diagnosed with incurable diseases or depressive recurrent curable medical conditions had a higher risk for suicide. Nafilyan et al. (2022) found that the diagnosis or first treatment of serious chronic degenerative diseases was associated with an increased risk of death by suicide (Nafilyan et al. 2022: 7).

V. CONCLUSION

Suicide and suicidal behaviour affects citizens of both developed and developing nations. Multiple studies conducted in various settings have found various causes. This study was conducted between January and September, 2023. The objective of the study was to explore causes of suicide and suicide behaviour in Chipata District, Zambia. This study found that domestic disputes, financial challenges and depressive incurable illnesses raised the risk of suicidal behaviour. More males than females demonstrated suicide behaviour. While more single males showed heightened suicidal behaviour, married males were over three times turned out to be suicide completers. Suicide tendencies rose sharply during and after harvest season. The theory behind this finding is related to the large proportion of farmers in Chipata District who presumably get paid from sales of agricultural products. Availability of money brewed disputes between spouses triggering suicidal behaviour. This study recommends aggressive sensitization to communities through radio, television and edutainment.

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