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Psycho-Social Associates of Deliberate Self-Harm in Rural Sri Lanka

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Abstract : Introduction: Deliberate Self-harm (DSH) is a global public health problem. Since 1950, suicide rates in Sri Lanka are among the highest national rates in the world. It has become an increasingly common response to emotional distress in young adults. However, it remains unclear the reason for this occurrence. Objectives: The descriptive component of this study was conducted to identify of epidemiological pattern of DSH and suicide in Kurunegala District (KD). Assessment of association between DSH socio-cultural, economical and psychological factors were the objectives of the case control component. Methods: Prospective data collection of DSH and suicide was conducted at all (46) hospitals and all (28) police stations in the KD for thirty six months, from 1st January 2011, as the descriptive component. Case control component was conducted at T.H. Kurunegala (THK) for eighteen months duration, from 1st July 2011. Cases (n=439) were randomly selected from a block of 7 consecutively admitted consenting DSP patients using a computer program. Age, sex and residential divisional secretariat division one to one matched, individuals were randomly selected as controls from patients presented to Out Patient Department. Structured Clinical Interview for DSM-IV-TR Axis I and II Disorders was used to diagnose psychiatric disorders. Validated tools were used to measure other constructs. Results: Suicide incidences in KD were, 21.6, 20.7 and 24.3 per 100,000 population in 2011- 2013 (Male:female ratio 5.7, 4.4 and 6.4). 60% of suicides were due to poisoning. DSP incidences were 205.4, 248.3 and 202.5 per 100,000 population in 2011- 2013. Highest age standardized male DSP incidence reported in 20-24 years (769.6/100,000) and female in 15-19 years (1304.0/100,000). Bing married (age >25 years), monthly family income less than Rs.30,000, not achieving G.C.E (O/L) qualifications, a school drop-out, not in a permanent position in occupation, being a manual and an own account worker, were significantly associated with DSP. Perceiving the quality of relationship as bad or very bad with parents, spouse/ girlfriend/ boyfriend and sibling as associated with 8, 40 and 10.5 times higher risk respectively. Feeling and experiences of neglect, other emotional abuses, feeling of insecurity with the family, in child hood, and having a contact history carried an excess risk for DSP. Cases were less likely to seek help. Further, they had significantly lower scores for life skills and life skills application ability. 25.6% DSH patients had DSM TR axis-I and/or TR axis-II disorder. The presence of psychiatric disorder carried 7.7 (95% CI 4.3 – 13.8) times higher risk for DSP. Conclusion: In general, pattern of DSH and suicide is, unique, different from developed, upper and middle income and lower and middle income countries. It is a learned way of expressing emotions in difficult situations of vulnerable people.

Keywords : deliberate self-harm, help-seeking, life-skills, mental- health, psychological, social, suicide
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