

The Problem of Suicide in the Republic of Tajikistan

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Abstract: Suicide is a serious public health problem. Suicide is one of the leading causes of death in the Republic of Tajikistan. This article presents reports on suicide cases in the country, taking into account cultural and ethnic aspects, and suggests preventive approaches to improving the suicidal situation in the Republic of Tajikistan.

Keywords: suicide; case report; adults; adolescents.

1. INTRODUCTION

Suicide is a major public health concern. Suicide is among the leading causes of death in the in many countries of the world, claiming the lives of over 700,000 individuals annually [1, 2, 3]. Based on recent mortality data, suicide in some populations is on the rise [4]. Suicide is defined as death caused by self-directed injurious behavior with intent to die as a result of the behavior. A suicide attempt is a non-fatal, self-directed, potentially injurious behavior with intent to die as a result of the behavior. A suicide attempt might not result in injury. Suicidal ideation refers to thinking about, considering, or planning suicide [5].

The causes of suicides are complex and include individual factors such as genetic influences and mental disorders, contextual factors such as family influence, history of abuse, socio-economic conditions, exposure to suicidal behavior by others, access to means to commit suicide and lack of support in crisis situations [6]. Suicide is a process that a person protests against relatives, society, parents, children from the hopelessness of solving a particular problem. There are a number of reasons leading to suicide among the population of the Republic of Tajikistan - these are economic (unemployment, low social standard of living), family (relationship between generations, spouses), gender inequality, religious grounds, stress and mental illness [7].

The purpose of this case report is to analyze the problem of suicide in the Republic of Tajikistan.

2. MATERIAL AND METHODS

According to the Decree of the Government of the Republic of Tajikistan, No.304, dated 07/08/2004, "On the implementation of suicide prevention measures", as well as the Decree of the Government of the Republic of Tajikistan, dated 07/01/2014, "On measures to prevent suicide of citizens", "National Program for the Prevention of Domestic Violence of the Republic of Tajikistan, for 2014-2023" at the Ministry of Health A working group was organized. The experts of the working group analyzed the problem of suicide in the Republic of Tajikistan for the period 2015-2024. In order to strengthen preventive measures to reduce suicide attempts among the population in the Republic of Tajikistan, orders No374, Ne633 were issued by the Ministry of Health and Social Protection of the

Republic of Tajikistan and the Ministry of Internal Affairs and the Committee on Women's Affairs under the Government of the Republic of Tajikistan dated 05/18/2017.

3. RESULTS

The capital of the Republic of Tajikistan is the industrial city of Dushanbe. The population of the capital is more than 1 million. About 92% of the population has higher education. The suicide rate is the lowest here (**Table 1**). Suicides can occur in patients with mental disorders, while depression, substance use disorders, and psychosis are the most significant risk factors. However, anxiety, personality disorders, eating disorders, and trauma-related injuries, as well as organic mental disorders, also contribute [8]. These reasons prompted an analysis of the number of patients with mental disorders registered with a psychiatrist: 2015 – 5 patients; 2016 – 3 patients; 2017 – 3 patients; 2018 - 1 patient; 2019 - 2 patients; 2020 - 1 patient; 2021 – 2 patients; 2022 – 3 patients; 2023 - 1 patient.

The results of the analysis of suicide cases in the Republic of Tajikistan demonstrated that the situation in the Sughd region, which is located in the north of the republic (population 3.3 million), remains particularly sad. The level of education of the population of this region is high - about 70% have higher education. The region is the industrial center of the country, the gender policy is correct, the rights of women and children are respected. But despite this, almost 40% of suicides registered in the Republic of Tajikistan occur in this area. More than half of suicides are committed by men. Next, a report on suicide cases reported between 2015 and 2023 will be presented (**Table 2**). The number of patients with mental disorders registered by a psychiatrist: 2015 – 28 patients; 2016 – 23 patients; 2017 – 4 patients; 2018 - 13 patients; 2019 - 20 patients; 2020 - 32 patients; 2021 – 23 patients; 2022 – 45 patients; 2023 - 26 patients.

Khatlon region is the largest region in our republic. The population is 3.5 million. This area is agricultural. The population lives in rural areas. 35% of the adult population have higher education. Suicide is mainly committed by women, including among children and adolescents (**Table 3**). Methods of depriving oneself of life include: sophisticated types of suicide; self-immolation; use of 70% acetic acid solution (essence); self-hanging. During the analyzed period, patients with mental disorders were registered with a psychiatrist, including: 2015 - 20 patients; 2016 - 28 patients; 2017 - 39 patients; 2018 - 37 patients; 2019 - 22 patients; 2020 – 14 patients; 2021 - 12 patients; 2022 – 32 patients; 2023 - 3 patients.

Table 1. Cases of suicide in population of the Dushanbe

Year	Suicide cases (completed cases: incom- pleted cases), n	Adolescents, n	Male, n	Female, n
2015	45 (25 : 20)	5	17	28
2016	46 (20 : 26)	4	23	23
2017	37 (24 : 13)	4	22	19
2018	35 (16 : 19)	2	16	19
2019	19 (3 : 16)	2	11	8
2020	14 (7 : 7)	3	7	7
2021	18 (4 : 14)	3	9	9
2022	18 (17: 1)	2	10	8
2023	9 (7: 2)	1	4	5

Table 2. Cases of suicide in population of the Sughd region

Year	Suicide cases (completed cases: incom- pleted cases), n	Adolescents, n	Male, n	Female, n
2015	250 (52 : 198)	26	180	102
2016	266 (50 : 216)	26	156	110
2017	201 (35 : 166)	38	120	81
2018	244 (49 : 196)	33	138	106
2019	249 (42 : 207)	39	135	104
2020	200 (37 : 163)	29	108	192
2021	173 (22: 151)	19	105	68
2022	178 (152: 26)	28	89	89
2023	85 (69: 16)	15	45	8

Table 3. Cases of suicide in population of the Khatlon region

Year	Suicide cases (completed cases: incom- pleted cases), n	Adolescents, n	Male, n	Female, n
2015	203 (65 : 138)	89	89	144
2016	179 (47 : 132)	45	80	99
2017	173 (58 : 115)	27	82	91
2018	166 (41 : 115)	32	90	76
2019	145 (35 : 110)	25	66	79
2020	121 (23 : 98)	28	57	64
2021	117 (33 : 84)	38	52	65
2022	134 (114 : 20)	36	69	65
2023	55 (42 : 13)	36	22	33

Table 4. Cases of suicide in population of the Mountain-Badakhshan Autonomous Region

Year	Suicide cases (completed cases: incom- pleted cases), n	Adolescents, n	Male, n	Female, n
2015	30 (6 : 24)	1	23	7
2016	21 (1 : 20)	0	15	6
2017	19 (1 : 18)	1	13	6
2018	15 (3 : 12)	0	10	5
2019	24 (6 : 20)	3	20	4
2020	20 (8 : 12)	2	14	6
2021	15 (3 : 12)	3	10	5
2022	23 (19 : 4)	1	18	5
2023	9 (9 : 0)	0	7	9

The Mountain-Badakhshan Autonomous Region occupies about 70% of the territory of the Republic of Tajikistan. The population of this area is 220,000. This region is unique because it is the only place in Central Asia where about 150,000 Shiite Muslims live compactly. This area is agricultural, but about 94% of the population have higher education. This is the only region in our republic where men commit suicide significantly more often than women (about 80%) (**Table 4**). Persons with mental disorders were: 2015 - 1 patient; 2016 - 1 patient; 2017 - 1 patient; 2018 - 1 patient; 2019 - 1 patient; 2020 – 0 patients; 2021 - 0 patients; 2022 – 1 patient; 2023 – 1 patient.

4. DISCUSSION

The conducted research has shown the main causes and consequences leading the population of the Republic of Tajikistan to attempts of suicidal actions and completed suicides:

1. among mental patients, the main cause of suicide is the lack of dispensary supervision and receiving supportive anti-relapse treatment;
2. the use of narcotic drugs and alcoholic beverages;
3. insufficient standard of living, as well as watching films promoting violence;
4. the Internet in the modern world is the main way of working in all spheres, in most cases children and adolescents spend 18-20 hours without control in the virtual space, subsequently they cannot leave it and perform the actions that the Internet heroes perform;
5. when a girl gets married at that age, gets into a big family and her "duties" include washing, cleaning, cooking from about 4 o'clock in the morning until midnight (an unprepared girl cannot withstand such a load and see a way out of life);
6. the long-term migration of the male half of the population is a traumatic factor for the whole family, especially children, when a material disadvantage is acutely felt.

5. CONCLUSION

The case studies presented reports on investigations of the problem of suicide, taking into account cultural and ethnic aspects, and also proposed preventive approaches to improving the suicidal situation in the Republic of Tajikistan, taking into account the ethnocultural characteristics of suicides. It is necessary to develop national suicide prevention programs, coordinate the activities of health services, social protection, education, housing, and anti-criminal authorities.

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