

## Chapter 62

# Geography of Female Suicide: For Suicide Prevention Policy (Case of Turkey, in 2002–2011 Period)

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### ABSTRACT

*Suicide is a complex structure and also affects the families whose members commit suicide, health care professionals and society. Suicide is accepted as a form of death of external causes. It can be predicted and majority of suicides can be prevented. Suicide shows a big amount of differences depending on time, region, age level, gender and race. In order to understand and prevent suicide, several geographical, medical, psychosocial, cultural and socioeconomic factors have been studied. A tiny disorder in one of these factors may cause a significant change that results in severe outcomes. In preventing suicide, it is important to determine the subgroups that have high risk. Strategies to prevent suicide can be developed through searching and understanding the suicide geography. In this study, the spatial pattern of female suicide is examined with suicide maps. With suicide maps, it is aimed to clarify the spatial alteration of the deaths caused by female suicide, to help in focusing on female suicide, to increase the awareness of the specific regions and groups that have a high risk and to guide those who are dealing with decreasing the death ratios, public health experts and decision makers. In Turkey, according to the suicide rate averages of ten years (2002-2011), mostly the young age groups are at risk among women. The ratio of suicides caused by family incompatibility, educational failure and emotional relationship and not forced marriage is higher in females than in males. Turkey is a northern hemisphere country and features subtropical climate types, where females mostly commit suicide in summer and spring seasons. It is observed that there is no peak period in female suicide in Turkey. When the distribution of suicide based death ratios are examined, it is seen that the highest ratios are in the eastern and western parts of Turkey. It is seen that suicide occurs in the provinces with low socioeconomic status as well as the provinces with high*

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*socioeconomic status and in provinces with both a large population and a small population. And also it is determined that for those provinces, detailed studies should immediately be started. It is seen that the ratio of female suicide is getting higher and approaching to the ratio of male suicide from western parts to eastern parts of Turkey. Between these years, 75% of the suicides were committed by means of violent methods and 25% of them were committed by means of nonviolent methods. The provinces where the ratio of using violent suicide methods is higher than the standard deviation are located in the eastern part of the country. It is noteworthy that the ratio of female suicide victims who are single is close to the ratio of those who are married. The suicide ratio of married women is decreasing from west to east.*

## INTRODUCTION

Suicides have jarring effect as causing premature death. The results of suicide are not just about the person who committed suicide. Suicide is a complex structure and also affects the families who commit suicide, health care professionals and society.

According to the Sawhney (2012), suicides are chaotic events and affect society. Because of a wide variety of complex interactions between variables including the vulnerability of biological, psychological stress, substance abuse, problem-solving and coping skills, the presence and accessibility of psycho-social support and psychosocial services may influence suicidal behavior. A little confusion on one of each these factors may cause a significant change that leads to severe consequences. Chaos theorists believe that the first step to deal with chaos is to understand it. Chaos theorists try to understand the complexity of the individual's world as specified by a numerous of nonlinear dynamic variables. Reflection of the infinite effects of all the variables in this system forms an entire system (Brack, Brack, & Zucker, 1995). Therefore, it is essential that to prevent suicide should be understood in detail all aspects and ascertained subgroups which have high risk of suicide. Suicide varies according to regions and cultures (Cutright & Fernquist, 2000). The changes of female suicide rates may arise from cultural and religious attitudes, social status of women in society and marriage life and then these variables varies spatially even for a country. Thus, suicide prevention strategies can be developed with investigates and understands of the geography of suicide.

Between the years of 2002-2011, 3560 people per year committed suicide and their 2651 men and 909 women in Turkey. Female suicide rate is less than men; this condition should not overshadow the importance of the issue of women's suicide. Female suicide is discussed by provinces, months, by age groups, sex ratio, and the cause of suicide, suicide method, business/professional group and marital status in this study. Suicide data of Turkey is provided from Turkish Statistical Institute (TUIK).

Spatial pattern of female suicide of Turkey and temporal changes in this spatial structure are examined by suicide maps (Suicide maps the first time were used to show the suicide of European countries by Morselli in 1881 and Durkheim in 1952 (Patel, Wallace and Paulozzi 2005)). It is intended to make deaths due to suicide in women in Turkey understandable visual spatial variation, to help focus on the topic of women suicide, to raise awareness for specific areas or high risk groups, and thus to guide the people who are interested in reduce the mortality rate, public health experts and decision-makers with suicide maps.

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