

Suicide and Poverty in Low and Middle Income Countries: systematic review

Preliminary findings





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Background

Suicidal behaviour is considered a global public health crisis.

 Suicidal behaviour is associated with mental illness and individual personality factors.

Growing awareness that socio-cultural, economic and contextual factors also play a
role in the aetiology of suicidal behaviours.

 Growing research on the relationship between suicidal behaviour and socio-economic variables, such as poverty, financial crisis, indebtedness and unemployment.

 Understanding the nature of the relationship between economic factors and suicidal behaviour is important for suicide prevention, especially in developing countries where rates of poverty are high.



Aim

To conduct a systematic review of research conducted on the relationship between poverty and suicidal behaviour in low and middle income countries.

Methods

11 databases specialised in medical (CINHAL Plus, EMBASE, Global Health,
 PsycINFO, MEDLINE) and social sciences (EconLit, HTA Database, IBSS, NHSEED,
 PAIS International, Web of Science)

Last 10 years (January 2004 - April 2014)

In English

Poverty + suicidal behaviour + low and middle income countries

Methods (cont.)

- **Poverty:** monetary-related poverty indicators at the *individual* level (i.e. absolute poverty, relative poverty, economic status and wealth, unemployment, economic/financial problems, debt, support from the welfare system) and *country* level (economic crisis, GDP, Gini, HDI).
- Suicidal behaviour: suicidal ideation, suicidal plans, suicide gestures, self-harm, attempted suicide, completed suicide
- Low and middle income countries: World Bank Atlas method



Methods (cont.)

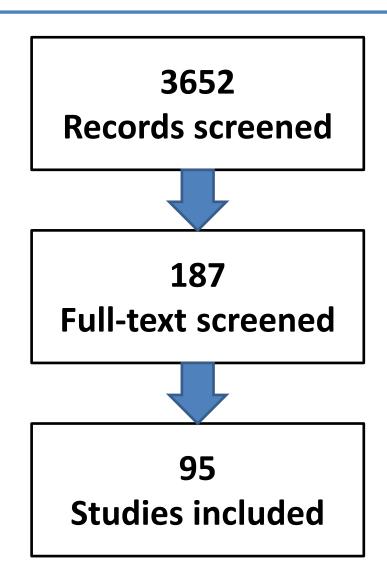
- Screening by abstract: independently by pairs of authors
 - Poverty
 - Suicidal behaviour
 - Relationship between poverty and suicidal behaviour
 - Low and middle income countries
- Screening by full-text: independently by pairs of authors
- Data extraction: by two authors
- Quality assessment: by two authors (SIGN50 checklists)
- Data analysis: descriptive statistics, narrative synthesis

Data extraction

- 1. Study characteristics (author, year, country of study, rural versus urban, community- clinic- or hospital based, main purpose of the study, design, study population, sample size and characteristics, duration of the study)
- 2. Suicide dimensions (with instruments)
- 3. Poverty dimensions (with instruments)
- **4. Relationship between suicide and poverty** (statistical methods used and nature of the association)



Results: number of studies



Results: study characteristics

World Bank region		
	n	%
East Asia and Pacific	12	14.1%
Europe and Central Asia	11	12.9%
Latin America & the Caribbean	2	2.4%
Middle East and North Africa	19	22.4%
South Asia	28	32.9%
Sub-Sanaran Africa	9	10.6%
Multiple	4	4.7%

World Bank income group						
	n	%				
Low income country	5	5.9%				
Lower middle income country	24	28.2%				
Upper middle income country	51	60.0%				
Multiple	5	5.9%				

Setting		
	n	%
Community-based	49	57.6%
Clinic-based	1	1.2%
Hospital based	28	32.9%
National/regional registers	0	0.0%
Other	5	5.9%
n/a	2	2.4%

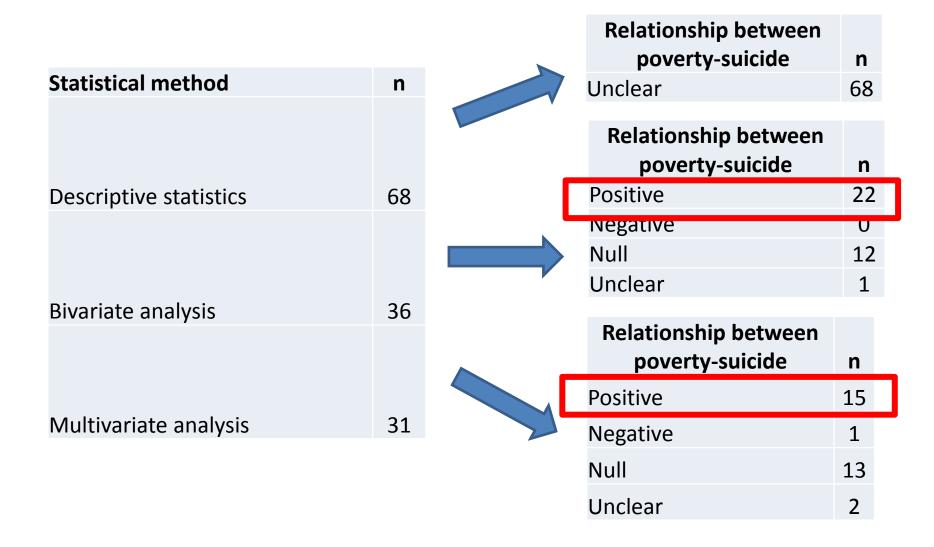
Location		
	n	%
Rural	17	20.0%
Urban	18	21.2%
Rural and Urban	31	36.5%
Other	1	1.2%
n/a	18	21.2%

Study design		
	n	%
Interrupted-time series	5	5.9%
Cohort studies	8	9.4%
Case-control studies	12	14.1%
Cross-sectional studies	44	51.8%
Case report/case series	7	8.2%
Ecological studies	6	7.1%
Economic studies	3	3.5%
Age*		
	n	%
Child (0-12 year old)	26	30.6%
Adolescent (13-18 year old)	57	67.1%
Adult (19-64 year old)	63	74.1%
Oldon popula /ayan CE yaan ald)	42	49.4%
Older people (over 65 year old)	42	43.470

Poverty dimension*		
	n	%
Absolute poverty	0	0.0%
Relative poverty	2	2.4%
Economic status and wealth assets	33	38.8%
Unemployment	48	56.5%
Economic/financial problems	19	22.4%
Debt	5	5.9%
Support from the welfare system	1	1.2%
Economic crisis	2	2.4%
National income	6	7.1%
National inequality	0	0.0%
Composite poverty measure	1	1.2%
Suicide dimension*		
	n	%
Fatal suicide	65	76.5%
Non-fatal suicide	64	75.3%

^{*}The same study may have been evaluating more than one age group and/or poverty measure and/or suicide dimension.

Results: Relationships between suicide-poverty



Results: Relationship between unemployment and suicidal behaviours

Number of studies reporting on the relationship between unemployment and fatal and non-fatal suicidal behaviours by method of statistical analysis and nature of association

		Positive	Negative	Null	Unclear	Total
Fatal suicide	Descriptive				14	14
	Bivariate	2	0	1	0	3
	Multivariate	1	0	1	1	3
Non-fatal suicide	Descriptive				17	17
	Bivariate	5	0	3	0	8
	Multivariate	2	0	4	0	6



Results: Relationship between debt and suicidal behaviours

Number of studies reporting on the relationship between debt and fatal and non fatal suicidal behaviours by method of statistical analysis and nature of association

		Positive	Negative	Null	Unclear	Total
Fatal suicide	Descriptive				2	2
	Bivariate	2	0	0	0	2
	Multivariate	0	0	1	0	1
Non-fatal suicide	Descriptive				0	0
	Bivariate	0	0	0	0	0
	Multivariate	0	0	0	0	0



Examples of country level analysis

Number of studies reporting on the relationship between national income and fatal and non fatal suicidal behaviour by method of statistical analysis and nature of association

		Positive	Negative	Null	Unclear	Total
Fatal suicide	Descriptive				1	1
	Bivariate	0	0	0	1	1
	Multivariate	2	0	1	1	4
Non-fatal suicide	Descriptive				0	0
	Bivariate	0	0	0	0	0
	Multivariate	0	0	0	0	0



Number of studies reporting on the relationship between income inequality and fatal and non-fatal suicidal behaviour by method of statistical analysis and nature of association

	Positive	Negative	Null	Unclear	Total
Descriptive				0	0
Bivariate	0	0	0	0	0
Multivariate	0	0	0	0	0
Descriptive				_	
				0	0
Bivariate	0	0	0	0	0
Multivariate	0	0	0	0	0
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Conclusion:

- Most evidence in South Asia and Middle, East and North Africa, with a relative dearth of studies from countries in Sub-Saharan Africa
- Most evidence in **upper middle income countries**, with only 6% of studies coming from low income countries.
- Most evidence on unemployment and economic status, while neglecting dimensions such as debt, relative and absolute poverty, support from welfare system or food security.

- Most descriptive studies, which makes drawing meaningful conclusions difficult.
- Most studies (55%) using bivariate and multivariate analysis suggest a
 positive association between poverty and suicide in LMICs, whilst a
 lower number (35%) suggests null association.
- More robust evidence is needed in this area, with studies which focus
 on a wider range of poverty dimensions and employ more
 sophisticated statistical methods.

Thanks for your attention!

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