

AVRUPA'DA İNTİHAR GİRİŞİMİNDE BULUNAN TÜRK GÖÇMENLERİN SOSYO-DEMOGRAFİK ANALİZİ

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ÖZET:

Amaç: Göçmenlerin intihar davranış özelliklerinin doğdukları ülkelerdeki özelliklere benzediği ya da göç edilen ülkelerdeki özelliklere benzediğini gösteren çalışmalar yapılmıştır. Bu çalışmada Avrupa'daki göçmen Türklerin intihar davranışının özellikleri Türkiye'deki intihar davranış özellikleriyle karşılaştırılmıştır. **Yöntem:** Dünya Sağlık Örgütü'nün Avrupa Çok Merkezli İntihar Çalışması'nın verileri üzerinden Avrupa'da intihar girişiminde bulunan Türkiye doğumlu vakaların verileri Türkiye'deki intihar verileriyle karşılaştırılmıştır. **Bulgular:** Göçmen intihar girişimlerinde; kadın/erkek oranının daha düşük, eğitim seviyesinin daha düşük, evlilik oranlarının daha yüksek ve ekonomik durumun daha iyi olduğu ve psikotrop ilaçlarla yapılan girişimlerin daha yaygın olduğu gözlenmiştir. **Tartışma:** Türk göçmenlerin intihar davranış

özelliklerinin Avrupa'daki özelliklere yaklaştığı söylenebilir.

Anahtar Kelimeler: Göç ve göçmenlik, intihar girişimleri, Avrupa

A Socio-Demographic Analysis of the Suicide Attempters Among Turkish Immigrants in Europe

SUMMARY

Objective: There are studies revealing that characteristics of suicide behavior in immigrants resemble to their country of origin or are converging to their new country. This study compares the socio-demographic suicide related characteristics of Turkish immigrants in Europe to native Turkish suicide attempters. **Method:** Turkish suicide attempters in Europe were compared to native Turkish suicide attempters using the data pool of WHO/EURO Multicentre Study on Parasuicide. **Results:** Female/male rate is lower, rates for being married are higher, education levels are lower, economic state is better and psychotropic drug use is a more common suicide method in immigrant Turkish attempters. **Discussion:** The characteristics of immigrant

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Turkish suicide attempters may be converging to characteristics in Europe.

Keywords: Immigrants and Immigration, attempted suicide, Europe

INTRODUCTION

During recent decades, number of immigrants, especially from the Far and the Middle East, and Africa, has increased markedly in most European countries, and in addition, an increasing migration is taking place between the countries (1). There are several researches which examined the relationship between suicide and immigrancy (2,3,4). Results of these studies are various. Some studies point out the fact that suicide related characteristics among various groups of immigrants correlate with the rates in their home country (5,6). There are also studies indicating that characteristics of suicide among immigrants are now converging the characteristics of their new country (7,12).

Studies about the psychiatric profile and suicide characteristics of Turkish immigrants in Europe are limited. Sayil has shown that neurotic symptoms and alcohol abuse are common in Turkish labourers in Holland (8). In another study that has compared depressive symptoms in elder Turkish immigrants in Holland, prevalence of clinically significant depressive symptoms among Turkish elderly migrants were much higher than native elderly Dutch (10). In another study (11), compared with Swedes, Turkish immigrants in Sweden had an increased risk of self reported longstanding psychiatric illness and for intake of psychotropic drugs and in a previous study (9) it was shown that the characteristics of new generation Turkish immigrants in Germany are approaching that of German suicide attempters. Recently Sayil showed that the characteristics of the immigrant Turkish suicide attempters' in Germany seem like differentiating the rates in Turkey and approaching German rates(12).

The WHO/EURO Multicentre Study on Parasuicide consists of data from 21 centres across Europe. Socio-demographic and suicide related characteristics of more than 50.000 suicide attempt cases are recorded. Ankara University Crisis and Suicide Prevention Centre participated in this project with data collected from Mamak district, Ankara.

In this study we aimed to compare native Turkish suicide attempters and the immigrant Turkish suicide attempters in Europe for their socio-demographic and suicide related characteristics.

METHOD

Eighteen out of 21 centres of the WHO/EURO project that allowed us to obtain data about the migration status were utilized in this study. The monitoring form used by the Multicentre Study does not include one specific question regarding immigrant status, but by employing the following three parameters; the place (country) of the suicide attempt, the attempter's nationality and the attempter's country of birth we were able to identify immigrant and native suicide attempt cases. Turkish immigrant group consisted of attempters whose country of birth was Turkey but the suicide took place elsewhere in Europe. As the native Turkish group the data collected from Mamak, Ankara was used.

We compared the two groups for their sociodemographic variables; age, gender, previous parasuicide history, economic position, level of education, household composition, marital state and the method of the suicide attempt. We used Student's t-test for the comparison of age and chi-square test for the comparison of transient variables.

RESULTS

We have found a total of 2498 immigrants in Europe 236 of which were Turkish. We had a sum of 309 native suicide cases in Ankara regarding the native Turkish suicide attempt cases group.

There were 236 Turkish immigrant suicide attempters across Europe. The distribution of the Turkish immigrants in Europe over the centres that joined the study is shown in Table 1.

When we compared the Turkish immigrant suicide attempters to the native Turkish suicide attempters for gender, we saw that there was a female predominance in both groups. The female over male ratio for the immigrants' group is 1,87 while the ratio for the native Turkish suicide attempt cases is 2,72. The difference between the groups is statistically significant (Table 2).

When compared for age; there was not a statistically significant difference between the groups for the age of suicide. Mean age is 24,1 for Turkish suicide attempters in Turkey and 27,7 for Turkish immigrant suicide attempters in Europe.

The immigrant cases significantly had a lower education level than native Turkish cases. The rates for having the highest level of education did not change significantly between the groups (Table 2).

When compared for marital state, the rates for being single are significantly higher in native Turkish cases and the rates for being married are significantly higher in Turkish immigrant cases in Europe (Table 2).

Immigrant Turkish suicide attempters seem to be economically more active and their rates for being employed are higher than native cases. The difference between the groups is statistically significant (Table 2).

The comparison of the two groups for having had a previous suicide attempt reveals that immigrant Turkish cases seem more to be repeaters than non immigrant Turkish cases (Table 3).

When we compared the two groups for method of suicide we saw that self poisoning with drugs is far the most common method for both groups but the groups were different for the type of the drugs used. While psychotropic drug use as a suicide method is higher in immigrant Turkish cases, drugs other than psychotropic ones are used more common in native Turkish cases (Table 3).

Table 1: The distribution of the Turkish immigrant suicide attempters in Europe over centres.

Centre	Country	Immigrant Turkish Suicide Cases N, (%)
Stockholm	Sweden	99 (% 49.3)
Gent	Belgium	35 (% 17.4)
Wuerzburg	Germany	22 (% 10.9)
Odense	Denmark	20 (% 10.0)
Bern	Switzerland	15 (% 7.5)
Leiden	Holland	9 (% 4.5)
Umea	Sweden	1 (% 0.5)
Total	All countries	201 (% 100)

Table 2: The comparison of native and immigrant Turkish suicide attempters for their socio-demographic variables.

Socio-demographic Variable		Immigrant Turkish suicide attempts	Native Turkish suicide attempts	
Gender	Male N (%)	70 (%34.8)	83 (%26.9)	P=0.05 X ² =7.4
	Female N (%)	131 (%65.2)	226 (%73.1)	
Level of education	Lowest level	72 (%55.0)	87 (%28.5)	P<0.005 X ² =21.7
	Middle level	51 (%38.9)	191 (%62.6)	
	Highest level	8 (%6.1)	27 (%8.9)	
Marital state	Married	95 (%52.2)	125 (%41.7)	P<0.05 X ² =19.4
	Single	52 (%28.6)	151 (%50.3)	
	Divorced/separated	35 (%19.2)	24 (%7.8)	
Economic state	Active and employed	60 (%37)	79 (%26.5)	P<0.005 X ² =14.3
	Active but unemployed	34 (%21)	47 (%15.8)	
	Inactive	68 (%42)	172 (% 52.7)	

Table 3: The comparison of native and immigrant Turkish suicide attempters for suicide related variables.

Suicide related variable		Immigrant Turkish suicide attempts	Native Turkish suicide attempts	
Having had previous suicide attempts	Attempted	67 (%40.9)	72 (%23.7)	P<0.005, X ² =16.8
	Did not attempt	97 (%59.1)	232 (%76.3)	
Method of suicide	Psychotropic drugs	92 (%39.3)	77 (%25.2)	P<0.001, X ² =22.4
	Other drugs	99 (%42.3)	200 (%65)	
	Other methods	42 (%18.4)	29 (%9.8)	

DISCUSSION

According to the comparison for gender; the difference between the male and the female suicide attempt rates is lower in the immigrant population resembling to the European statistics. The high rates for unemployment among the Turkish suicide cases may be related to occupational problems in Turkey or it may indicate that being employed loses its importance as a preventive factor for suicide in immigrants. It is a known issue that education level of Turkish immigrants in Europe is lower than Turks in Turkey. This difference seems to be preserved in our statistics. The high rates for repeating suicides among the immigrants may remind us compelling circumstances related to the immigration process. It was previously shown that psychotrop drug use is common in Turkish immigrants in Europe (11). The dominance of psychotropic drug use as a suicide method among the immigrants may indicate that

reaching professional help is easier but insufficient for European Turkish immigrants. Even not significant, the mean age of the suicide attempters in Turkey is lower than that of the immigrants. This result probably influenced the rates of civil state and thus the rates for being married among the Turkish immigrants are higher than the Turkish suicide attempters in Turkey or being married may be losing its preventive characteristic for suicide in the immigrant group.

The results of this study reveal that the socio-demographic characteristics of the Turkish immigrant suicide attempters in Europe are different from Turkish suicide attempters in Turkey and are in line with the previous studies (7,9,12) which propose that the characteristics of the immigrant suicide attempts may be differentiating from suicide characteristics of their country of origin and converging to that of their new country.

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