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## **Original Article**



Suicidal Deaths by Poisoning in Muzaffargarh: Observational Study Comprising of Regional Toxicity Patterns of Acute Poisoning in Cases of Suicidal Deaths in Muzaffargarh

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## ABSTRACT

Cases of suicidal deaths are increasing day by day and one of the main reasons is acute poisoning, which is the preferred method of suicide in many areas. The increasing number of deaths led us to conduct a study on this particular aspect. **Objectives:** To determine the frequency of toxic agents used for poisoning, regional trends of availability, modes and methods of use and reasons for self-poisoning. **Methods:** In this retrospective study, dead bodies of both genders and all age groups were studied with their respective data and history, for the years of 2019 to 2023. Unidentified, burnt, putrefied and bodies of chronic narcotic abuse were excluded. All the variables were analyzed through SPSS version 27.0. **Results:** Out of 387 cases of suicidal deaths due to poisoning, 67% were females with the predominant age group of 21 to 40 years. The majority were married and belonged to rural areas of Muzaffargarh with illiteracy levels up to 75%. The widely used poisonous agents were Kala Pathar, Wheat pills and Organophosphorus. Almost 61.7% of families did not allow postmortem of the deceased. **Conclusions:** It was concluded that suicidal deaths due to poisoning are soaring day by day due to the lack of proper legislation, suicide prevention strategies and provision of health facilities for the people of district Muzaffargarh.

## INTRODUCTION

The Silent Suicide problem is happening every second of day globally and it affects mostly underdeveloped countries like Pakistan. Suicide is a phenomenon, it's not just a time act, it has a series of psychological, emotional, and physical milestones that a person encounters and surpasses to finish his /her life. In terms of Forensic Medicine, Suicide is an act of taking one's own life voluntarily and intentionally. The term Attempted Suicide is

used when a person attempts to take his/her life or has the tendency to take his/her life. Partial Suicide is another form of suicide in which a person is involved in self-mutilation. Chronic Suicide is used for habitual behaviour patterns that are injurious to life and can ultimately lead to the death of the person. There are various methods used for suicide, like hanging, intoxication, cutting of radial artery, drowning in water, and firearms, but the most common form of suicide

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prevailing in Pakistan is done by self-poisoning. Poison is a substance that can be a solid, liquid or gas, that when introduced into the body via ingestion, inhalation or dermal contact can produce harmful effects and can lead to death. Acute Poisoning is the major route of suicidal deaths in Pakistan. It is the reason for frequent emergency visits of victims and the leading cause of death across the country. World Health Organization (WHO) estimated in 2021 almost 703,000 suicidal deaths per year globally, of which 77 percent were recorded in underdeveloped countries [1]. In Pakistan, 8.9 suicides occurred per 100,000 people in 2019 [2]. It is estimated that around 20 percent of global suicides are due to pesticide self-poisoning, most of which occur in rural agricultural areas of underdeveloped countries like Pakistan. According to a study in Pakistan, from 2000 to 2021, the rate of suicide increased by 36 percent and it accounts for 48,183 deaths which is equivalent to almost 1 death every 11 minutes [3]. Suicide due to poisoning is very common all over the world and it used to be a common practice for ages. Unnatural deaths caused by poisoning ranks 2nd after Road Traffic Accidents all over the world [4]. There are a variety of chemical substances used for poisoning. An ideal suicidal poison has many qualities that make it feasible for people to go for, like; its availability, cost, tastelessness, no aroma, high toxicity, less time to act, easily mixed in food or drinks, and capability to produce painless death. It can be derived that there are many factors involved in cases of suicidal poisons. Keeping in view the fact that Pakistan is an agricultural country, the common suicidal poisons, that fulfil all criteria for being ideal suicidal poisons, are organophosphorus, black stone and wheat pill. Organophosphorus is most common in south Punjab and interior Sindh. In north Punjab, the common agent is Aluminum Sulfide, also known as a wheat pill. Another agent is Para Phenylene diamine also called Kala Pathar, which is also commonly used in south Punjab. Other agents like rat poison, kerosene oil, benzodiazepines and other household products are also used. Variation in clinical presentation in self-poisoning cases depends upon factors like; age group, gender, reason for suicide, geography and economy. The majority of cases of suicide involve the age group of 20 to 39 years. Females are affected more than males. Domestic issues like marital conflicts and depression due to economic reasons are the main factors. Rural areas have the predominance of such cases where pesticides are easily accessible [5]. In this 5 years observational study for the years 2019 to 2023, rising cases of suicide by poisoning came into the spotlight, as the district of Muzaffargarh still lacks basic health facilities, psychosocial education and rehabilitation and a lack of proper legislation about suicide. In the 2023 census, the total population of Muzaffargarh is 5,015,325 [6]. The district comprises agricultural and industrial areas with a majority of rural areas and a low literacy rate. This neglected region of the country is the major source of wheat and cotton production, still lacks advanced health facilities and is deprived of psychosocial awareness. The rationale of this study is to converge attention towards the formulation of Regional Suicide Prevention Strategy Programs and proper Suicide Legislation.

This study aims to determine the frequency of toxic agents used for poisoning, regional trends of availability, modes and methods of use and reasons for self-poisoning at the district level.

#### METHODS

After receiving ethical approval from the concerned authority (ref no: 437/24) study was conducted at District Headquarters Hospital (DHQ) Muzaffargarh for the years 2019 to 2023. Dead bodies of suspected acute poisoning cases for autopsy of both genders and all age groups were studied. Bodies with a chronic history of narcotic abuse, putrefied bodies or burned bodies and unidentified bodies without any hospital record were excluded. Retrospective data records were taken from the hospital and studied according to the variables required. Those variables were collected and analyzed through the latest version of SPSS 27.0. The statistical analysis of data was carried out using tables, graphs and percentages.

## RESULTS

According to this study, out of 387 suicidal cases due to poisoning, a large number of the female population is involved, almost 67% and the most affected group is from the ages of 21 to 30 years, that is 41.6%. The second most happening age group is 31 to 40 years which is 28.16%. The majority of the cases are of people who were married which is 48.3%. But there are also a considerable number of divorced people who committed suicide, which is about 12.14%. The majority of the cases are from rural areas of Muzaffargarh, almost 61.5% which includes the highest number of people that belong to the combined family system which is 74.6%. Almost 33.3% are housewives and 24.03% are domestic workers of both genders. Labourers comprise 19.89% and 19.6% are unemployed. The illiteracy level reaches the highest degree by covering about 75.2% of the population in various areas of Muzaffargarh. Out of a total of 387 cases, only 20.15% of people have education under matric. 52.97% of people committed suicide at their homes. When inquired a little further, the majority of the reasons fall under 4 major categories that have almost equal prevalence; 31.26% and 30.74% go for financial and marital issues respectively, 22.4% and 15.5% for family and relationship issues respectively. In the majority of the cases, 61.7% of families didn't allow for autopsy of dead bodies to be done (Table 1).

Table 1: Frequency and Percentage of Different Variables

Parameters	Subcategory of Parameters	Frequency (%)
Gender	Male	130 (33)
	Female	257 (67)
Age (Years)	10-20	67 (17.3)
	21-30	161 (41.6)
	31-40	109 (28.16)
	41-50	48 (12.4)
	51-60	2 (0.51)
Marital Status	Married	187 (48.3)
	Unmarried	153 (39.5)
	Divorced	47 (12.41)
Locality	Urban	149 (38.5)
	Rural	238 (61.5)
Family Setup	Single Unit	98 (25.32)
	Joint System	289 (74.6)
Occupation	Unemployed	76 (19.6)
	Housewife Domestic	129 (33.34)
	Worker Laborer	93 (24.03)
	Employed	77 (19.89)
Literacy Level	Under Matric	291(75.2)
	Undergraduate	78 (20.15)
	Graduate	11 (2.84)
	Postgraduate	5 (1.3)
Location of Consumption of Poison	Home	205 (52.97)
	Workplace	149 (38.5)
	Others	33 (8.5)
Reason of Suicide	Family Issues	87(22.4)
	Marital Problems	119 (30.74)
	Financial Issues	121 (31.26)
	Relationship Failures	60 (15.5)
Poison Used for Suicide	Organophosphorus Wheat Pill	77 (19.8)
	Kala Pathar	89 (22.9)
	Bleach/Detergent	149 (38.5)
	Rat Poison Insect	24(6.2)
	Killing	29 (7.5)
	Powder/Spray	19 (4.9)
Autopsy Done	Yes	148 (38.2)
	No	239 (61.7)

The most prevalent poison found was Kala Pathar, almost 38.5%. Other common poisons are also widely used among citizens like rat poison, bleach and insecticides, having 7.5%, 6.2% and 4.9% respectively. The second most common was Wheat Pill with a percentage of 22.9. Organophosphorus was marked to be in third place securing almost 19.8% (Figure 1).

#### **Chart Title**

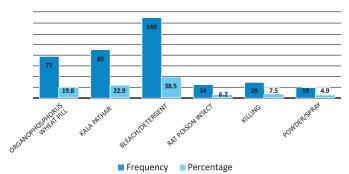


Figure 1: Poisons Used by the Suicide Victims

## DISCUSSION

In this five-year study, a total of 387 suicide cases of selfpoisoning are encountered. This is not a normal number, it's huge, and it's a huge proportion of the population of a single district that is harmed. All over Pakistan, such an issue is already under constructive work, for the benefit of the general population. Many significant studies demonstrate factual data of prime importance all over Pakistan, which supplement this particular study as a whole, like; in Bahawalpur, the most common poison is organophosphorus (20%) [7]. Another study from Sindh shows that organophosphorus is the main agent of choice for suicide and married people take the lead in that particular area [8]. According to a study conducted in Karachi, young female victims outnumbered males regarding suicide through self-poisoning [9]. Another research study concluded that wheat pills are widely used poisoning agents, especially in the agricultural lands of Pakistan [10]. Complementing the results of this research piece, another study implied that young females are mostly affected and the choice of agent was mostly kala pathar for the south Punjab areas [11]. Moving to another study, it demonstrate that suicidal deaths are rising day by day in Pakistan and the method of choice is self-poisoning for the majority of people [12, 13]. In compliance with one research study in Hyderabad reflected that kala pathar, organophosphorus and rat poison are the chief suicidal agents used by victims of suicidal deaths in cases of selfpoisoning [14]. A similar study conducted in Sindh shows that uneducated and jobless people have a greater number of cases of suicide through self-poisoning. [15]. According to research conducted in Khyber Pakhtunkhwa, the suicide death scale is on the rise and one of the main reasons is domestic violence and marital abuse [16]. Suicide is a social dilemma, it has become a sensitive and imperative anthropological, psychological and public health issue, which needs to be tackled as soon as possible [17]. Middle and Lower-Income countries like Pakistan lack a proper systematized National Suicide Prevention Program and it has to be introduced in our society to benefit the local population[18]. In conformity with another study, pesticide self-poisoning has become the second most common suicidal method in underdeveloped countries like Pakistan

[19]. Under the fact that Pakistan is the fifth most populated country globally and the second most populous country in Southeast East Asia, the most prevalent suicidal deaths are due to self-poisoning in married women, because they suffer psychological and emotional traumas in their married life [20, 21] data collected in Chitral, low socioeconomic background and burden of responsibilities for extended family setup on women leads to their death every month in last 5 years in Chitral [22]. Another common factor regarding suicidal deaths, the majority of the young women in extended family systems with high illiteracy rates, never discuss their intent to suicide, which leads to never never-ending vicious circle of mortality passed onto generations [23]. But melancholy is the fact that there are no official suicide reporting guidelines available, which leads to ignorance on the part of health care and the government [24]. The need of the hour is not only to visualize the problem but also to implement solutions in the form of generating suicide prevention strategies so that many precious lives can be saved [25].

## CONCLUSIONS

It was concluded that suicidal deaths due to poisoning are expanding day by day in many prime areas of Pakistan and Muzaffargarh is one of them, which is highly neglected in terms of proper legislation, psychosocial education programs, suicide prevention strategies, literacy level, awareness programs for the general population and advanced treatment facilities. It is highly recommended to properly plan out the structural and systematized method of suicide prevention for the benefit of the long-neglected population of Muzaffargarh.

# Authors Contribution

Conceptualization: SGS Methodology: SGS, SHN Formal analysis: HH, TM, RM

Writing review and editing: SGS, MAS

All authors have read and agreed to the published version of the manuscript.

## Conflicts of Interest

The authors declare no conflict of interest.

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# REFERENCES

[1] Muhammad S, Ahmad R, Rajpoot PL, Tabassum R, Khaskheli MS, Abbas J et al. Threads of Vulnerability: A Cross-sectional Study on Factors Associated with Suicide and Self-harm in Pakistan. Sudan Journal of Medical Sciences. 2024 Jul; 19(2): 173-87. doi: 10.185 02/sjms.v19i2.13906.

- [2] Albano GD, Malta G, La Spina C, Rifiorito A, Provenzano V, Triolo V et al. Toxicological Findings of Self-Poisoning Suicidal Deaths: A Systematic Review by Countries. Toxics. 2022 Oct; 10(11): 654. doi: 10.339 0/toxics10110654.
- [3] Ahmad A, Chaudhry SH, Farooq U, Waheed I, Junaid A, Ali A. Pattern of Self-Poisoning and Toxicity in Suicidal Deaths Presenting for Autopsy at the Teaching Hospital of the Cosmopolitan City of Pakistan. The Journal of Allama Iqbal Medical College. 2023 Mar; 21(1): 55-60. doi: 10.59058/jaimc.v 21i1.110.
- [4] Khan MM. Suicidal Behaviours in Pakistan. in Suicidal Behavior in Muslim Majority Countries: Epidemiology, Risk Factors, and Prevention. Singapore: Springer Nature Singapore. 2024 Jun; 223-243. doi: 10.1007/978-981-97-2519-9\_15.
- [5] Rasheed A, Butt US, Farid N, Aziz I, Anwar HN, Makhdoom PA. An Autopsy Study of Cases of Death Due to Poisoning. Pakistan Journal of Medical and Health Sciences. 2022 Apr; 16(03): 780-. doi: 10.5335 0/pimhs22163780.
- [6] Hashim M, Manj YN, Shabbir SW, Rizwan M. Health Policy and Ladies Health Workers Stress During Fields Work: Case Study of District Muzaffargarh. Statistics, Computing and Interdisciplinary Research. 2019 Dec; 1(1): 41–53. doi: 10.52700/scir.v1i1.20.
- [7] Abaid T, Anjum H, Cheema TN, Khurram AR, Ali A. Analysis of Poisoning Cases at a Tertiary Care Hospital in Bahawalpur. Pakistan Journal of Medical and Health Sciences. 2022 Aug; 16(05): 1470-. doi: 10. 53350/pimhs221651470.
- [8] Riaz L, Shahid RA, Siddiqi AM, Riaz MR, Zubair MU, Shaikh AR et al. Patterns of Suicidal Poisoning Cases in Three Tertiary Care Government Hospitals in Karachi, Pakistan. Pakistan Journal of Medicine and Dentistry. 2020 Apr; 9(2): 51-7. doi: 10.36283/PJMD9-2/010.
- [9] Dabholkar S, Pirani S, Davis M, Khan M, Eddleston M. Suicides by Pesticide Ingestion in Pakistan and the Impact of Pesticide Regulation. BioMed Central Public Health. 2023 Apr; 23(1): 676. doi: 10.1186/s128 89-023-15505-1.
- [10] Safdar M, Afzal KI, Smith Z, Ali F, Zarif P, Baig ZF. Suicide by Poisoning in Pakistan: Review of Regional Trends, Toxicity and Management of Commonly Used Agents in the Past Three Decades. British Journal of Psychiatry Open. 2021 Jul; 7(4): e114. doi: 10.1192/bjo. 2021.923.
- [11] Tharani A, Farooq S, Lakhdir MP, Talib U, Khan MM. Characteristics and Patterns of Individuals Who Have Self- Harmed: A Retrospective Descriptive Study

- from Karachi, Pakistan. BioMed Central Psychiatry. 2022 May; 22(1): 367. doi: 10.1186/s12888-022-04018-7
- [12] Khan MM. Suicidal Behaviours in Pakistan. In Suicidal Behavior in Muslim Majority Countries: Epidemiology, Risk Factors, and Prevention. Singapore: Springer Nature Singapore. 2024 Jun: 223-243. doi: 10.1007/978-981-97-2519-9\_15.
- [13] Aziz PA, Nasir Z, Qureshi N, Sheikh GS, Qureshi Q, Hanif A. Suicidal Tendency Through Poisoning and Its outcome Among Young Population. An Alarming Mental Health Issue. Journal of Muhammad Medical College. 2022 Jun; 12(2): 128-33. doi: 10.62118/jmmc. v12i2.242.
- [14] Shareef ML and Kumar KR. A Study Profile and Incidence of Organophosphate Poisoning at Gandhi Hospital, Hyderabad, and Telangana-A Three Year Study. Indian Journal of Forensic and Community Medicine. 2019 Oct; 6(4): 225-32. doi: 10.18231/j.ijfcm. 2019.049.
- [15] Muhammad S, Kumar N, Qureshi Y, Kumari G, Abbas J, Sultana R et al. Gravity of Poisoning Cases in Shaheed Benazirabad Sindh, Pakistan: A Prospective Study. Journal of Pharmaceutical Research International. 2020 Oct; 32(25): 89–98. doi: 10.9734/jpri/2020/v32i2 530826.
- [16] Anjum A, Saeed Ali T, Akber Pradhan N, Khan M, Karmaliani R. Perceptions of Stakeholders About the Role of Health System in Suicide Prevention in Ghizer, Gilgit-Baltistan, Pakistan. BioMed Central Public Health. 2020 Dec; 20: 1-4. doi: 10.1186/s12889-020-09081-x.
- [17] Karunarathne A, Gunnell D, Konradsen F, Eddleston M. How Many Premature Deaths from Pesticide Suicide Have Occurred Since the Agricultural Green Revolution? Clinical Toxicology. 2020 Apr; 58(4): 227-32. doi: 10.1080/15563650.2019.1662433.
- [18] Naveed S, Tahir SM, Imran N, Rafiq B, Ayub M, Haider II et al. Sociodemographic Characteristics and Patterns of Suicide in Pakistan: An Analysis of Current Trends. Community Mental Health Journal. 2023 Aug; 59(6): 1064-70. doi: 10.1007/s10597-022-01086-7.
- [19] Aslam N, Naz M, Memon MQ, Kumar P, Memon AU, Awan EA. A Medico-legal Analysis of Autopsy Cases Due to Poisoning. Pakistan Journal of Medical and Health Sciences. 2022 Dec; 16(10): 988-. doi: 10.5335 0/pjmhs221610988.
- [20] Yousuf FB, Sarker S, Ferdous T, Chowdhury SM, Quayum S. Socio-demographic Profile of Female Engaging in Self-poisoning at a Tertiary Care Hospital. Asian Journal of Medicine and Health. 2023 Jul; 21(9): 166-73. doi: 10.9734/ajmah/2023/v21i9870.

- [21] Shekhani SS, Perveen S, Hashmi DE, Akbar K, Bachani S, Khan MM. Suicide and Deliberate Self-Harm in Pakistan: A Scoping Review. BioMed Central Psychiatry. 2018 Dec; 18: 1-5. doi: 10.1186/s12888-017-1586-6.
- [22] Hussain J, Karmaliani R, Somani R, Khan K, Khan MM. A Family Ethnographic Approach to Explore the Causes of Suicide Among Married Women of 20-40 Years in Chitral, Khyber Pakhtunkhwa, Pakistan. International Journal of Scientific and Engineering Research. 2019 Jul; 10(7): 2081-7.
- [23] Husain MO, Umer M, Taylor P, Chaudhry N, Kiran T, Ansari S et al. Demographic and Psychosocial Characteristics of Self-Harm: The Pakistan Perspective. Psychiatry Research. 2019 Sep; 279: 201-6. doi: 10.1016/j.psychres.2019.02.070.
- [24] Ayub M, Rafiq B, Tahir SM, Imran N, Naveed S, Haider II. Assessing the Quality of Media Reporting of Suicide Deaths in Pakistan Against International Guidelines. International Journal of Social Psychiatry. 2023 Mar; 69(2): 406-11. doi: 10.1177/00207640221106683.
- [25] Asad N, Pirani S, Tariq S, Qureshi A, Zaman M, Aslam M et al. Patterns of Suicide and Self-Harm in Pakistan: A Retrospective Descriptive Study Protocol. British Medical Journal Open. 2022 Nov; 12(11): e064535. doi: 10.1136/bmjopen-2022-064535.