

U Kapaypadiman nu Ivatan: Suicide Cases in the Province of Batanes

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ABSTRACT

Suicide has received attention in the global public health arena and its effect has a prolonged-lasting psychological trauma on friends and relatives. This prompted the researchers to systematically analyze the possible underreporting of suicide cases, particularly in the province of Batanes. There are no studies of trends in the incidence of suicide that have been undertaken in the province. Thus, it aimed to provide a complete picture of the problem's size and facilitate better-informed decisions concerning prevention priorities such as high-risk age or sex groups and the most common suicide methods. The study used a descriptive research design and inventory questionnaires to gather data from six (6) municipal civil registrars from the different municipalities in the province of Batanes. Based on the results, causes of death are asphyxiation, gunshot, and alcohol intoxication, and the municipality with the highest committed cases is Basco, Batanes. Additionally, males are more inclined to commit suicide than females, and young and middle-aged individuals have more committed self-inflicted cases than older people. It has also been found that suicide cases have risen from 2010 to the present.

Keywords — Social Science, Suicide Ideation, Suicide Behavior, Descriptive Research, Basco, Mahatao, Ivana, Uyugan, Sabtang, Itbayat, Batanes, Philippines

INTRODUCTION

Suicide is a serious global public health issue. It is a fatal self-injurious act with some evidence of death (Bilsen, 2018). People tend to feel difficulty facing emotional situations that lead to a mental breakdown, which is one of the main reasons people intentionally end their lives. The idea of being helpless and pressured by society triggers overthinking, which develops mental health problems such as anxiety or depression and makes our mental health unstable. Because of the issue's sensitivity, it has received attention in the global public health arena in recent years. In addition to the loss of life and economic productivity for society, it has a long-lasting psychological trauma on friends and relatives.

Suicide rates are high amongst vulnerable groups who experience conflict, disaster, violence, abuse, or loss, and a sense of isolation is strongly associated with suicidal behavior. Those who experience discrimination, such as refugees

and migrants; indigenous peoples; lesbian, gay, bisexual, transgender, intersex (LGBTI) persons; and prisoners, are also vulnerable. The most potent risk factor for suicide is a previous suicide attempt (World Health Organization, 2021).

According to the World Health Organization (2019), 703,000 people die globally by suicide every year. It is among the leading causes of death worldwide, with more deaths due to suicide than malaria, HIV/AIDS, breast cancer, or war. More than one in every 100 deaths in 2019 resulted from suicide.

Suicide accounts for 1.4% of all deaths and is considered the 15th leading cause of death globally, and many more men than women die by suicide (World Health Organization 2017). However, the male to female ratio varies between 4 to 1 (Europe and America) and 1.5 to 1 (Eastern Mediterranean and Western Pacific Region) and is higher in wealthier countries.

Additionally, suicide rates differ substantially between regions. About 80% of all suicides occur in low and middle-income countries. Suicide mortality rates differ from 15.6 per 100,000 inhabitants in Southeast Asia to 5.6 per 100,000 in the Eastern Mediterranean region. On the other hand, Europe has an average suicide mortality rate of 14.1 per 100,000. This is above the global average of 10.7 per 100,000 (World Health Organization, 2018).

Moreover, Southeast Asia reports an increase in suicide cases by 10%. In 2012, the national suicide rates in the region per 100,00 population ranged from the lowest value of 4.3 in Indonesia to the highest value of 38.5 in the Republic of Korea. However, most countries do not have a comprehensive vital registration system. Thus, data are best estimates, and actual figures may be higher (Vijayakumar, 2017). In the same study by Vijayakumar, women in this region, particularly those in low- and middle-income countries, are especially vulnerable to suicide. The male to female ratio for completed suicides is much narrower in these countries. An estimated 124,282 women died by suicide in the countries in Southeast Asia, which means that a little less than half of the global suicides in women occurred in this region. The suicide rate for women per 100,000 women from the Southeast Asia Region was 11.9, while the next highest was 5.6 from the low- and middle-income countries of the European Region.

According to an article released by the ASEAN Post, suicides are highest in low to middle-income countries in Asia because of poor access to appropriate care, a large treatment gap, lack of appropriate services and facilities, and stigma and discrimination. The same article reports that Thailand's Mental Health Department records six attempts of suicide every hour, or about 53,000 annually. In Myanmar, the suicide rate is highest among those between 25 and 40 because mental health issues are often neglected. Pre-existing mental health conditions

and substance abuse are significant reasons for suicide. Other reasons also include marital problems, financial problems, and sexual harassment.

On the other hand, many elderly suicides are observed in Singapore. Men who are 60 years or older commit suicide far more than women. Sentiments on masculinity lead to the number of male suicides double that of women. On the contrary, suicide attempts among adolescents and women who have a history of trauma and abuse are more rampant in Cambodia (Vijayakumar et al., 2020).

In the Philippines, official suicide rates are lower than in many countries in the Western Pacific Region due to under-reporting because of its non-acceptance by the Catholic church and the associated disgrace and stigma to the family (Corpuz, 2021). However, data from the Philippine Statistics Authority (2021) suggests that deaths due to intentional self-harm in 2020 increased to 25.7%, making it the 27th leading cause of death in 2020, from 31st in 2019. However, suicide prevention is not given much attention in the Philippines because of other health problems, stigma, and poor understanding of its meaning.

This prompted the researchers to systematically analyze of the possible underreporting of suicides, particularly in the province of Batanes. It is essential so its true incidence and trends can be estimated. Both the factors that contribute to suicide and suicidal behavior are complex and multifaceted. While no solution can guarantee the prevention of suicide, conducting this study can identify the most relevant current knowledge about the factors associated with suicide cases in the province of Batanes. Results can be used to highlight programs and recommendations with regard to addressing this problem. It can also help inform future policies and procedures of the local government to reduce the risk of suicide among different populations. There are no studies of trends in the incidence of suicide undertaken in the province to date. This study, then, aims to provide a complete picture of the problem's size and facilitate better-informed decisions concerning prevention priorities such as high-risk age or sex groups and the most common suicide methods. This would give information and a better understanding to the people of Batanes regarding the seriousness of suicide in the province of Batanes.

FRAMEWORK

Suicide ideation and behavior develop because of the interplay of different factors. A social phenomenon develops through an individual's interaction with his/her environment and has been applied to classify risk factors for suicide (Lee et al., 2010). Research on how suicidal ideation progresses to suicidal behavior has been gaining attention recently. The biopsychosocial context where suicidal

ideation may develop includes vulnerability, poverty, stressful life events, and early life adversity constitute the milieu where ideation may develop into suicidal behavior. Feelings of defeat, humiliation, and entrapments can also aid the development of suicidal ideation. The transition from suicidal ideation to behavior can occur in the presence of moderators like having access to means of suicide, increased capability to attempt suicide, exposure to suicide, and feelings of impulsivity (O'Connor & Kirtley, 2018).

Moreover, Joiner's (2005) well-known interpersonal theory of suicide gives some insight into how social ideation and risk factors such as mental pain motivate a person to engage in suicidal behavior. He proposed that this interpersonal theory of attempted and completed suicide must have both the desire and the capability. However, this rarely occurs as few people have the desire, and even fewer can take their own lives. It also suggests that suicide stems from a thwarted sense of belongingness and the feeling of being a burden to others. Mental pain entails the feeling of thwarted belongingness and that one's existence can become a burden to family or friends. However, the capability to engage in suicidal behavior is separated from the desire to engage in it. The capability to die by suicide is acquired through habituation that allows one to overcome the fear of suicidal behavior, and pre-existing factors can sometimes accelerate the process.

OBJECTIVES OF THE STUDY

The study aimed to determine the number of committed suicide cases in the province of Batanes, Philippines. The study will help professionals conduct interventions to decrease the number of suicide incidence around the province. Furthermore, this study will empower health care and community leaders to adopt "zero suicides" as an aspirational goal. This research will make it easier to determine which of the municipality of Batanes needs prioritization of attention on social, mental, and health programs.

METHODOLOGY

Research Design

The study utilized a quantitative research approach. It used a descriptive research design to describe the rate or prevalence of suicide cases in the province of Batanes. A descriptive research design aims to obtain data to describe a

phenomenon, situation, or population scientifically (Nassaji, 2015, as cited in Billote et al., 2021; Ponce et al., 2021).

Research Site

The study was conducted in all the municipalities in the province of Batanes, namely, Basco, Mahatao, Ivana, Uyugan, Sabtang, and Itbayat, because there is no current reported number of committed suicide incidences in these municipalities.

Respondents

The respondents were the municipal civil registrar in each municipality. A total of six (6) municipal civil registrars participated in the study.

Data Gathering Tool

The researchers utilized a one-page researcher-made questionnaire to obtain the data needed in the study. The questionnaire identified the number of committed suicide cases in each municipality and the cause of death based on age and gender.

Data Gathering Procedure

The researchers submitted a letter of intent to conduct the study to the municipal mayors in all the municipalities in the province of Batanes. When the researchers were permitted to conduct the study, they were referred and endorsed by the municipal mayors to the municipal civil registrars who answered the questionnaires. The respondents were given sufficient time to complete the questionnaires.

Ethical Considerations

This research has been committed to avoiding ethical dilemmas to comply with the study's ethical criteria. All study procedures involving human participants followed institutional and/or national research committee ethical standards, the 1964 Helsinki declaration and its later amendments or comparable ethical standards. This study has been reviewed and approved by a college Institutional Review Board. It is an original work, has not been submitted or published elsewhere, and complies with all ethical standards established by the American Psychological Association.

RESULTS AND DISCUSSION

The demographics of suicide cases in the province of Batanes are gathered in terms of sex, age, and year of death to determine the numbers of committed

self-inflicted deaths in the six municipalities of Batanes.

Table 1. Summary of Suicide Cases Based on Sex

Municipality	Cause of Death									Grand Total
	Asphyxiation			Gunshot			Alcoholic intoxication			
	Female	Male	Total	Female	Male	Total	Female	Male	Total	
Basco	5	25	30	0	2	2	0	1	1	33
Mahatao	0	4	4	0	0	0	0	0	0	4
Ivana	0	6	6	0	0	0	0	0	0	6
Uyugan	3	0	3	0	0	0	0	0	0	3
Itbayat	3	15	18	0	0	0	0	0	0	18
Sabtang	0	3	3	0	0	0	0	0	0	3
Grand Total	11	53	64	0	2	2	0	1	1	67

Presented in Table 1 is the summary table classified according to the six municipalities in the province of Batanes. There are sixty-seven (67) committed suicide cases around the province and three identified causes of death among males and females. In terms of the causes of death, asphyxiation is the most common cause of suicide, having sixty-four cases. Basco has the highest number of suicide deaths caused by asphyxiation followed by Itbayat, Ivana, Mahatao then Sabtang and Uyugan. The second cause, according to the table, is a gunshot, having a total of two cases in Basco. The third leading cause is alcohol intoxication, with one case in Basco.

In terms of the highest rate in municipalities, Basco has the highest number of deaths with thirty-three committed suicide cases – twenty-eight male and five female. While the municipalities of Uyugan and Sabtang have the lowest with three committed male cases each.

The table also shows that males are more inclined to commit suicide across the municipalities in the province. Basco has the highest rate of suicide cases with twenty-five males, followed by Itbayat with fifteen male cases, Ivana with six male cases, Mahatao with four male cases then Itbayat with three male cases.

The Interpersonal Model by Joiner (2005) explains that sex differences in suicide result from differences in acquired capability for suicide. Higher acquired capability for suicide among males makes it likely to end their lives when suicide is being considered.

In line with previous studies, males have a considerably higher risk of dying by suicide than females (Miranda-Mendizábal et al., 2017). This high mortality among males can be explained by using more lethal means, including but not limited to firearms and hanging methods.

Additionally, males are less predisposed to seek help from others in an attempt to exhibit masculine behaviors. At the same time, females are likely to engage in help-seeking behaviors, have a general readiness to talk about emotional problems and look for friends and professionals as sources of help. This help-seeking behavior and contact with the healthcare system may diminish the risk of suicide among females. Males have a frequent lack of awareness of available support services or a sense that the services available do not adequately cater to their needs and would not help in their situation (Wilson & Deane, 2010).

Furthermore, the association of males committing suicide may be moderated by intentionality, impulsiveness, and aggressiveness. A male's tendency to adopt avoidance strategies might make it more challenging to cope with emotional and mental problems (Miranda-Mendizabal et al., 2019). According to Amin et al. (2018), the social norms defining appropriate masculine roles and behaviors are being embedded from a young age. The pressure to conform to these norms can be immense, and males deviate from normative masculine roles and behaviors that have social consequences. Confinement with these behaviors can severely delimit healthy behaviors and emotional responses.

Table 2. Summary of Suicide Cases Based on Age

Age	Municipality						Total
	Basco	Ivana	Uyugan	Itbayat	Sabtang	Mahatao	
15-20	2	1	0	1	0	0	4
21-25	4	0	0	1	0	0	5
26-30	5	0	0	3	1	1	10
31-35	5	1	1	2	0	0	9
36-40	5	0	0	5	0	0	10
41-45	6	1	1	1	1	0	10
46-50	2	1	0	0	0	1	4
51-55	2	0	1	0	1	1	5
56-60	0	0	0	4	0	0	4
61-65	1	0	0	0	0	0	1
66-70	0	1	0	0	0	0	1
71-75	0	0	0	0	0	0	0
76-80	1	0	0	1	0	1	3
81-85	0	0	0	0	0	0	0
86-90	0	0	0	0	0	0	0

91-95	0	1	0	0	0	0	1
Total	33	6	3	18	3	4	67

Findings showed that from the suicide cases, the highest cases among the age groups are from 26-30, 36-40, and 41-45, with ten committed cases. This indicates that young and middle-aged individuals are mostly engaged in self-inflicted deaths.

In the United Kingdom, middle-aged men commit suicide at three times the rate of women. Men of the same age and 1.5 times more than men of other ages. This is concerning because it is commonly assumed that middle-aged men do not use health or other support services and are more likely to use illicit substances. Economic adversity is likely to affect them. They sometimes report a reluctance to discuss or report mental health problems, and they may perceive more challenges and barriers to accessing services than women (Appleby et al., 2019).

According to the findings of the study by Wong et al. (2008), suicide among young to middle-aged adults occurs because of the complex interaction of (a) socioeconomic factors such as indebtedness and unemployment, (b) social factors such as never married and living alone, and (c) psychiatric factors, especially the presence of mood disorders.

The considerable impacts of unemployment and indebtedness on suicides in young and middle-aged people could be understood from the perspective and values of work and wealth. Work is often associated with one’s sense of self-worth in many societies (Lee et al., 2007). These age groups tend to define “self” primarily based on their role in social identities. Loss of job and failure to financially support oneself or others might be the failure to fulfill such responsibility.

On the other hand, Øien-Ødegaard et al. (2021) report that marital status, such as living alone or not being married, was a significant risk factor for young and middle-aged people for suicide. However, this convergence of socio-demographic effects on suicide varies across gender and cultures. For instance, a study in Japan found that suicide rates were higher in settings where marriage was more common and divorce was less common. More women in these age groups committed suicide in Pakistan than unmarried women (Wyder et al., 2009). These inconsistent findings suggest that the relationship between social factors

and suicide among young and middle-aged adults is equivocal when cultural issues are considered.

Table 3. Summary of Suicide Cases Based on Year of Death

Year of Death	Number of Suicide Cases
1993-1997	12
1998-2003	11
2004-2009	16
2010-2022	28
Total	67

Table 3 presents the year of death of the committed suicide cases. Of 67 cases, 1998-2003 had the lowest rates, having 11 cases. On the other hand, 2010-2022 has the highest number of suicide case with 28 committed self-inflicted deaths.

In an article written by Heid (2019), several factors have been considered in the rise of suicide cases over the years. One factor can be the growth of smartphones and digital media such as social media, texting, and gaming. These have impacted the social lives of both younger and older adults. There is an association between heavy technology use and poor mental health outcomes among adolescents and young adults. Another factor can be the way people communicate and spend their leisure time. It has fundamentally changed. They spend less time interacting with people in person and more time on digital media. However, in the same article, experts say that existing evidence does not support blaming social media for the rise of suicide cases recently. Indeed, other stressors, such as increased competition in school and work.

CONCLUSIONS

As this study aimed to identify the number of committed suicide cases in the province of Batanes, Philippines, results show (a) the cause of death, (b) age range, (c) gender, and (d) year of death range of each committed suicide case in every municipality in the province of Batanes. It was found out that the causes of death in the committed suicide cases are asphyxiation, gunshot, and alcohol intoxication, and the municipality with the highest committed suicide cases is Basco, Batanes. Additionally, males are more inclined to commit suicide than females, and young and middle-aged individuals have committed more self-inflicted cases than older people. Because of the traditional gender roles, men

learn early on to identify problems with themselves. It is a weakness to talk about fear or pain, and they usually get much less medical advice. Moreover, serious life challenges like relationship problems, unemployment, substance abuse, and poverty increase the suicide risk among young and middle-aged individuals. It has also been found that suicide cases have risen from 2010 to the present. Based on the results, it can be concluded that the reasons why individuals commit suicide, regardless of the demographic profile, are varied and complex. However, they often involve severe emotional or physical pain that a person finds unbearable.

TRANSLATIONAL RESEARCH

Results of the study can help professionals make an intervention or program to address the problem. However, gaps in our study are present. Hence, continuing research is still needed to know how to approach and give the help they need and achieve the zero-suicide case. The local government can also use this research to determine what kind of intervention or program should be developed in the community. This will assist medically aligned professionals in planning potential actions for the Batanes community. Furthermore, this can be used as motivation to reduce the number of suicides in the province to zero.

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