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Predictors of non-fatal self-poisoning behaviour in rural Sri Lanka

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Objective: Deliberate self-poisoning (DSP) has become an increasingly common response to emotional distress in young adults. However, it remains unclear the reason for this occurrence. To determine association of socio-cultural, economical and psychological factors with non-fatal DSP behavior.

Methods: Case control component was conducted at T.H. Kurunegala (THK), the tertiary care centre which receives 60% of DSP cases of the district, over eighteen months, from July 2011. Cases (n=438) were randomly selected from a block of 7 consecutively admitted consenting DSP patients using a computer program. Age, sex and residential divisional secretariat division matched, individuals were randomly selected as controls (n=438) from patients presented to Out Patient Department. Structured Clinical Interview for DSM-IV-TR Axis I and II Disorders was used to diagnose psychiatric disorders. Validated tools were used to measure other constructs.

Results: Sample consisted of 207 (47.3%) males. Median age was 20 years (IQR 17-27 years). Being married (among aged >25 years), monthly family income less than Rs.30,000 poor educational attainments, a school drop-out, instability of occupation, being a manual and an own account worker, were significantly associated with DSP. Perceiving the quality of relationship as bad or very bad with parents, spouse/girlfriend/boyfriend and sibling as associated with 8, 40 and 10.5 times higher risk, respectively. Feeling and experiences of neglect, emotional abuses, feeling of insecurity with the family, in child hood, and having a contact history were predictors of DSP. Cases were less likely to seek help. They had significantly lower scores for life-skills and life-skills application ability. 25.6% DSP patients had DSM TR axis-I and/or TR axis-II disorder. Presence of psychiatric disorder carried 7.7 (95% CI 4.3–13.8) times higher risk for DSP. Majority were impulsive attempts with the motive of control and low suicidal intent.

Conclusion: DSP of rural Sri Lanka is a learned impulsive behavior of vulnerable adolescents and young adults.