

"Conversation about suicide must start in churches, mosques and temples" says Durban academic

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Suicidal behavior needs to become part of the conversation in mosques, temples and churches. So says Dr Naseema Vawda, who presented her pilot study, Suicide Attempts During Pregnancy in South Africa at the KZN Department of Health's Research Day, held at Inkosi Albert Luthuli Central Hospital on Friday.

Dr Vawda, who heads up the psychology unit at King Edward VIII Hospital, says the aim of the study was to establish what percentage of suicide attempters were pregnant, and to identify their clinical and sociodemographic characteristics.

"While doing clinical work and supervising interns, I'd notice an increasing trend over the years where women who are pregnant were coming in with suicidal trends. That worried me because it was a new thing," she said, explaining her choice of research topic.

Dr Vawda says that research on suicidal behaviour indicates that males are four times more likely to commit suicide than females, but that women are more likely to have suicidal thoughts. Whereas maternal and child health issues together with injury and violence have been identified [among] the quadruple burden of diseases facing the South African healthcare system, research on self-injury such as suicide attempts in pregnancy is limited. This, she says, is due to the belief that pregnancy is protective against suicide and suicidal behaviour.

Using a retrospective chart review over one year, she found that out of 27 attempted suicide cases, 9 women, or 33% of the sample, were pregnant at the time of the suicide attempt. Their attempts at suicide were precipitated by:

- Partner relationship problems
- Family relationship problems
- Witnessing the murder of a significant other
- Financial stress
- Past psychiatric history
- Previous suicide attempts



Dr Vawda

"The cause of suicide among pregnant women can be anything from arguments with a boyfriend, to being reprimanded by parents for falling pregnant. Having said that, there were a few of the women who had been diagnosed with Major Depressive Disorder, which could also have been a precipitative factor."

She believes the conversation on mental health and suicide in particular must be deepened, in order to kill stigma. This will encourage people to seek help. "It's like HIV or termination of pregnancy. We had those conversations, and we're moving forward. Mental health... whether it is suicide, suicidal behavior, suicidal ideation, suicidal attempts, and suicide that are carried out successfully, needs to be part of the conversation in mosques, temples and churches, in the community.

"We must create awareness of the resources available to people who feel like that. Once you start destigmatizing it, and bringing it out into the open, people will be more willing to communicate about it. That would enhance prevention efforts and increased likelihood for them to approach organisations that can help. We must remember that when people feel pressured to hide their pain, that's when they feel unsupported and go ahead and act on their feelings."

In her conclusion, Dr Vawda acknowledges that her sample size was small, but points out that the findings indicate that suicide attempts are not rare in pregnant women. She also calls for the routine monitoring of pregnant patients for stressors, mental illness and previous suicide attempts.

"When admitted, pregnant suicide attempters should be co-managed holistically by obstetricians, physicians, and mental health professionals throughout pregnancy and antenatally. The goal should be the early identification of stressors and the prevention of suicide attempts, thus ensuring viable foetal outcomes and the prevention of negative long-term outcomes such as child abuse."