

## **GENDER AND SUICIDE: WHY ARE MEN LEADING THE RISE?**

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### **ABSTRACT**

*Globally, suicide rates in males are higher than for females with a constant predominance over time. This review explores why males are more vulnerable to suicide than females. A descriptive comparative documentary review design was applied using resource material published between 1990 and 2011. A social model of male suicide was employed to assist in the analysis while triangulation was applied to cross validate findings. Key findings point to the function of traditional defined gender roles inhibiting males to express emotions and fuel adverse coping strategies by expressing their dissatisfaction with excessive masculinity in the form of aggression and suicide. Further unsuccessful suicide is considered as less acceptable for men driving them to use more lethal methods. Gender differences in suicidal behavior suggest the need to pay more attention to gender roles in suicide research. In conclusion, suicide prevention and intervention require recognition of the role of traditional masculinity, situating individual explanations within a broader social context. Better insights on why males are more vulnerable to suicide will help to design and generate effective strategies for preventing suicidal behavior among them.*

**Keywords:** depression, gender, masculinity, social change, stereotype, suicide.

### **INTRODUCTION**

Suicide rates vary sorely across global regions and countries. Despite this considerable variability in suicide rates, suicides among males are consistently higher than in females in all reporting countries except China. In contrast, females show higher rates for suicidal ideation and attempts compared to males (Bertolote & Fleischmann 2002), as well as attempted suicide which is found as a leading cause of morbidity in women (O'Loughlin & Sherwood, 2005; Zhang, Mckeown, Hussey, Thompson, & Woods, 2005). The global trend in suicide rates shows a constant predominance of males against females over time with a male-female ratio of 3.6:1 in

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1995 and according to the World Health Organization (WHO) estimation it would reach the ratio of 3.9:1 by 2020 (Bertolote & Fleischmann 2002). This points to a gender difference in suicidal behavior across the globe and this gender gap is increasing over time.

To date, several studies concentrated on explaining suicide and the economic, cultural and psycho-social factors associated with it. However, explaining the increasing gender inequality in suicides remains a challenge in suicide research (Möller-Leimkühler, 2003). Gove explored the relationship between sex, marital status, and suicidal behavior and found greater disparity between married and single men as compared to women (Gove, 1972). This was further supported by a Danish study which showed that during first year after a divorce, men committing suicide was seven times higher than in women (Qin, Agerbo, Westergaard-Nielsen, & Eriksson, 2000). This rising gender gap in suicide indicates likely differences in terms of both causal and protective factors among men and women. As Hawton explained, social factors especially gender roles could be important for clarifying suicide trends (Hawton, 2000). Gender perspectives have been used as a powerful analytical tool to explain women's health in research, but it is not yet systematically used to define men's health (Möller-Leimkühler, 2003). This paper applies a gender perspective in exploring factors associated with men's vulnerability towards suicide.

## **METHODS**

A descriptive comparative documentary review design was applied using quantitative and qualitative information produced for distribution during the period 1990-2011 as source materials such as: scientific publications, unpublished reports, and documents available from public access search engines. A Boolean search strategy comprised of key word combinations; using search engines as PubMed, Medline, ScienceDirect, and public search appliances as Google Scholar; facilitated identification of documents published in English. Data-bases of selected key and fringe documents were created using EndNote. Data served a comparative thematic content analysis by employing a social model of male suicide to assist in the analysis while triangulation was applied to cross validate findings.

## **FINDINGS**

Gender is defined as socially constructed roles for both male and female involving defined norms and expectations reproduced by social institutions. Traditional male roles are more characterized by power for dominance, aggressiveness, success and public identity whereas female roles are more diffuse and their identity is linked with social relationships and communication. Being successful may provide positive incentives with social gratification and appreciation for males, however it brings pressure and stress to meet expectations (Grossman & Wood, 1993). Furthermore, males are considered to be more responsible for economic earnings for the entire family and their identity is linked with factors such as: career, income, and public identity whereas females are more responsible to take care of the family and the children (Girard, 1993; Möller-Leimkühler, 2003). In times of difficulties, women receive social support from the family and their children whereas males receive less support because of cultural restrictions to express

their emotions (Möller-Leimkühler, 2003). In addition, a Danish study evidenced that unemployment and retirement were risk factors for male suicide. In contrast having young children was a protective factor for suicide among females. So, negative events such as loss of job or economic hardship directly hit the male identity as compared to females (Qin *et al.*, 2000).

According to the WHO, life expectancy of European males is five to fifteen years lower than for women. This widening gap between male and female life expectancy is explained by a variety of factors such as genetics, and occupational safety, in addition to increased work related stress including its effects on suicides, influencing male life expectancy. For example, Eastern European countries went through a socio-political and economic transition period showing a decrease in male life expectancy by ten years and suicide was a significant contributing factor. In contrast female mortality and morbidity patterns remained constant (Rutz & Rihmer, 2009). In India about 16, 000 farmers commit suicide every year and most of them are male as a result of economic hardship and increased indebtedness (Gruère, Sengupta, Mehta-Bhatt, & I. F. P. R Institute, 2008). These findings point to inability to meet gender role expectations as a potential precursor of higher suicide rates among males.

Traditionally male are taught to be strong and control certain emotions such as fear, anxiety, sadness, grief, or melancholy. Adolescent males may express their dissatisfaction with excessive masculinity in the form of risk taking and aggression. This threshold and restriction for expressing emotions may lead to adverse psychosomatic and psychosocial effects including suicide. Whereas female roles are constructed to maintain social relations and communication, allowing for emotional expression and help seeking behavior (Grossman & Wood, 1993). Often women through social communication and social networks derive strength to deal with problems whereas men because of emotional restrictions become isolated to deal with their problems (Murphy, 1998). Therefore, traditionally defined gender roles and social norms may put males at higher risk for suicide.

Mental disorders, especially depression, is strongly correlated with suicidal behavior and known to underlie more than half of the suicides in the world. Although depression is twice as common in females compared to males, completed suicides is higher among males compared to females (Gove, 1972; Möller-Leimkühler, 2003). The factor related to this gender paradox of low depression and high suicide rate in males as well as high depression and low suicide rates in females may be explained by men's reluctance to seek help. Depressive symptoms are considered as typically feminine symptoms because it is often inconsistent with the masculine stereotype. So, men tend to hide their depression and depend on socially defined behaviors for them such as aggressiveness, acting out, alcohol and drug abuse and anger attacks (Möller-Leimkühler, 2003).

Cultural values and difference in social acceptability of suicide and attempted suicide also explain why suicide and attempted suicide are different for male and female. "Suicide by females is often considered as significant more 'foolish', 'weaker', more 'wrong', and less 'permissible' than suicide by males" (Murphy, 1998). In contrast suicide by males is often considered as

significant less wrong, less foolish and less weak compared to suicide in females (Deluty, 1988). Further, surviving after a suicidal act in males is considered as inappropriate behavior (Hunt, Sweeting, Keoghan, & Platt, 2006). This cultural and social acceptance may restrain female against suicide and this acceptance might act to be protective factor for female. This acceptance could also explain why complete suicide among females is lower despite the fact that females score higher in suicidal attempts compared to males. Another viewpoint is that males tend to choose more lethal methods such as fire arms, jumping from high-rise buildings, or hanging. A study done in eight states of US showed that men are more likely to choose one of the three most lethal methods (firearms, drowning and hanging) whereas women are more likely to choose less lethal methods (e.g. drug overdose/poisoning and piercing) (Spicer & Miller, 2000). Further, revealing feelings of hopelessness to others is nearly unthinkable for males which might prevent them to express their frustration by means of suicidal attempts but failure to reduce these frustrations might drive them to the ultimate act of suicide (Murphy, 1998).

Several studies revealed that alcohol and substance abuse also increases the risk for suicidal behavior. Alcohol act as a catalyst for emotional disturbance, enhance impulsive behavior and may facilitate suicidal acts. Pompili *et al.* (2010) in his review study showed that alcohol use has consistently been implicated in the occurrence of suicidal behavior. Similarly increasing prevalence of drug abuse was found to be associated with increased suicides (Vijayakumar, Nagaraj, & John, 2004; Weiss, Stephens, & Jacobs, 1992). Alcohol and substance abuse is more common in men as well as substance abuse was more common in males committing suicide (Hawton, 2000; Möller-Leimkühler, 2003). Alcohol consumption by males is considered as acceptable behavior and it is also considered as a way to demonstrate masculinity (Möller-Leimkühler, 2003). Alcohol and drug abuse may expedite suicidal acts, as well as susceptibility to stress and might increase the risk of suicidal behavior. It can lead to the social withdrawal, breakdown of social bonds, and social marginalization due to failure in social roles. Breakdown of social bonds further leads to the reduction of self-esteem, loss of support and isolation, increase the risk of depression as well as suicide (Möller-Leimkühler, 2003; Pompili *et al.*, 2010). High prevalence of alcohol and substance abuse in men raises the question whether it could be associated with higher suicide rates among men.

Moller explained that the change in gender roles may increase the vulnerability to suicide across sexes. Nowadays, female participation in the labor market has been increasing. At the same time patriarchal power systems are eroding and declining. The traditional perceptions on the role of men have become less clearly defined and less functional. Educated and working women have become competitors for men (Möller-Leimkühler, 2003). Traditional defined roles at the one hand and increased job insecurity and competition on the other hand threaten the male identity (Vijayakumar *et al.*, 2004). This is especially seen in the developing countries where there is limited or non-existence of social security systems to support people (Vijayakumar *et al.*, 2004). Moller further stated that “significant changes in social roles for women have led to a deconstruction of traditional masculinity which has not yet been substituted by a new role model for men” (Möller-Leimkühler, 2003). Both gender roles can influence each other’s identity;

so, especially in individual crisis situations both male and female can become each other's problem which can trigger suicide.

## DISCUSSION AND CONCLUSIONS

We acknowledge that this review has its limitations such as: (a) not having accessed documents produced in other languages than English; and (b) not all concerned studies may have published papers. Documentary review is inevitably not entirely free of some degree of speculation and inference. However, this review did not aim to establish relationships but to identify key potential precursors that could help explain suicide incidence rates in males. Further study will have to establish our hypotheses.

There are considerable gender differences for both suicidal and attempted suicidal behavior. On the basis of reviewed literature, the gender defined role for males and crisis in masculinity were highlighted as potential factors associated with higher suicide rates in males. The traditional defined role for males makes them often responsible for economic earnings to maintain the family. However, patterns of participation as well as competition in the labor market is changing which increases vulnerability to long term unemployment, and economic hardship for males. Loss of job and unemployment are often attributed to personal failure rather than societal failure which directly hit the male identity. Because of existing cultural barriers for males to express their feelings of helplessness, depression as well as their emotions, males tend to respond to these negative experiences with maladaptive coping strategies such as aggression, anger, violence, alcohol and drug abuse as well as suicide.

The increasing gender differences in suicidal behavior clearly indicate need for further research and investigation in this area. Better insights on why males are more vulnerable to suicide will help to design and generate effective strategies for preventing suicidal behavior among them.

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