

Regions with the Highest Suicide Rates for Children and Adolescents – Some Observations

Kairi Kolves and Diego De Leo^E

CE~•c/æ/æ}ÁQ}•côc~c^Á-[íÁÚ~ã&ã^ÁÚ^•^æ/æ&@Áæ}áÁÚ!^Ç^}cá[]ÉÁPæcá[]æ/ÁÓ^}c!^Á[-ÁÓø&^/Á^}&^Áá}ÁÚ~ã&ã^ÁÚ!^Ç^}cá[]ÉÁYPUÁÓ[]æá[]æcá} *ÁÓ^}c!^Á-[íÁÚ^•^æ/æ&@Áæ}áÁV/æá}á} *Áá} Ú~ã&ã^ÁÚ!^Ç^}cá[]ÉÁÓ/á-ã@ÁW}áÇ^Á/á•c^ÉÁCE~•c/æ/æ

Corresponding author: Öi^* [Á Ö^Á S^ [ÉÁ CE~•c/æ/æ}ÁQ}•côc~c^Á-[íÁÚ~ã&ã^ÁÚ^•^æ/æ&@Áæ}áÁ Ú!^Ç^}cá[]ÉÁ Pæcá[]æ/Á Ó^}c!^Á [-Á Óø&^/Á^}&^Áá} ÁÚ~ã&ã^Á Ú!^Ç^}cá[]ÉÁ YPU Ó[]æá[]æcá} *Á Ó^}c!^Á [-íÁ Ú^•^æ/æ&@Áæ}áÁ V/æá}á} *Á á}Á Ú~ã&ã^Á Ú!^Ç^}cá[]ÉÁ Ó/á-ã@Á W}áÇ^Á/á•c^ÉÁ CE~•c/æ/æ}Á V/ÁKÁ ÍFÁ TÁ ÉHTÍÁ HHIÍLÁ ØæcKÁ ÍFÉÁ TÁ HTÍÁ HÍÍLÁ ÖÉ { æ/ÁK ÖÉÓ^S^ [O *íá-ã@É^Á~Éæ~

Received date: T æ:ÁFÍÉÁGEFÍÉÁ **Accepted date:** ÁT æ:ÁFÍÉÁGEFÍÉÁ **Published date:** ÁT æ:ÁGÍÉÁGEFÍÉÁ

Copyright: ÍÁGEFÍÁS []Ç^• SÉÁ^cáæ[ÉÁV@í•Áá•Áæ}Á []^}Éæ&^••Áæ/æcá/ÁÁá•c!áá~c^áá~}á^!Ác@^Ác^! { •Á [-Ác@^ÁÓ!^æcáç^ÁÓ [{ []•ÁcEcc!áá~cá []ÁŠ&^}•^ÉÁ , @á&@Á]! { ác^Á~ }!^•c!á&c^Á~ •^ÉÁáí•c!áá~cá []ÉÁæ}áÁ!^! [á~cá []Áá}Áæ}Á { ^áí~ { ÉÁ }! [ç!á^áá@^Á [í•á}æ/æ~c@ []Áæ}áÁ []!&^æ/æ!^Á&!^ááç^ÁÉ

Editorial Nicaragua 11.02 M 10.18

Childhood is commonly perceived as a time of innocence and happiness; unfortunately, this is not true to all children. The concept of happy childhood devastatingly overlaps with suicide in children. Indeed, research has shown that the majority of children are able to understand the meaning of psychological death from 8 years of age on [1], and are capable to engage in suicidal behaviours. Although suicide in children represents a relatively rare event, it is still one of the leading causes of death in the age group 10-14 years [2]. Suicide prevalence increases in adolescence, a phenomenon that is not unexpected, as this constitutes the time of rapid developmental changes. Similarly to adults, con

ictm M addressD g

turbulence. Limited research originating from the area has pointed out that the countries with the highest suicide rates are poor and have low GDP [9]. Other factors named in explaining the high suicide rates in young people are loss of cultural values and traditional beliefs in indigenous people [10,11]. In addition, considering that in majority of the countries hanging is still the most prevalent suicide method for young females and males, it is important to note that South American countries with the highest suicide rates have a very high prevalence of suicides by poisoning with pesticides and other chemicals (X66-X69), especially in young females. For example, the prevalence of pesticide poisoning in females in age group 10-14 years was 81% and in age group 15-19 years was 83.6% in Guyana while the corresponding percentages for Mexico were 14.2% and 20.6%, and for Canada 0% and 1.5%, respectively [3]. Although populous Asian countries such as India and China do not report their suicide data to the World Health Organization and are therefore not included into our analysis, they are widely known for the high prevalence of suicide cases involving the use of pesticides; this phenomenon is generally believed to contribute to the high suicide rates of young females in those countries [12,13]. Another important consideration while interpreting suicide rates in youth is that suicides are more likely to be underreported, especially in children. Possible factors related to the underestimation are social stigma and shame around suicide; coroner or legal system reluctance to determine a verdict of suicide in case of a child; disparities in death registration systems, and/or the misconception that children are unable to engage in suicidal behaviours due to their cognitive immaturity [14,15].