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FIGURES & FACTS ABOUT SUICIDE

This document presents data on suicide mortality, by country, sex and age, starting in 1950, for most countries, when they started to provide mortality data to WHO.

For each country, a brief comment on trends over time and related to sex and age was obtained from experts in suicidology around the world.

This document is part of WHO's activities for the prevention of suicide and other suicidal behaviours.

KEY WORDS:

suicide / mortality / epidemiology / gender / age.



DEPARTMENT OF MENTAL HEALTH WORLD HEALTH ORGANIZATION GENEVA

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It is our hope that "Figures and Facts about Suicide" will provide the information basis for strengthening those suicide prevention programmes already existing, as well as the necessary stimulus for the establishment of such programmes where they are needed but not yet operational.

Dr J. M. Bertolote Coordinator Mental and Behavioural Disorders Department of Mental Health

FOREWORD

According to WHO estimates, in the year 2000, approximately one million people will die from suicide, and 10 to 20 times more people will attempt suicide worldwide. This represents one death every 40 seconds and one attempt every 3 seconds, on average.

This also indicates that more people are dying from suicide than in all of the several armed conflicts around the world and, in many places, about the same or more than those dying from traffic accidents. In all countries, suicide is now one of the three leading causes of death among people aged 15-35 years; until recently, suicide was predominating among the elderly, but now suicide predominates in younger people in both absolute and relative terms, in a third of all countries.

These global figures are brought to light here for the first time and as a help for appropriate action to change this picture.

Some WHO Member States have been reporting on causes of death since WHO's inception. For several countries information series are available from 1950 onwards, whereas other countries started sending this information later on. Although country data are available almost always on a yearly basis, an option was made to present it here on a five-year interval, not only in order to reduce the volume of the final document but also because it was generally felt that this time interval provided a reasonable overall picture.

Whenever figures on suicide are presented or discussed there is always someone to question their reliability, insisting that in many places - and due to several reasons - suicide is hidden and that real figures must be much higher. We acknowledge this point, which only reinforces the gravity of what is presented here. Another question frequently raised refers to the comparability of data across countries. The information on which this document is based reflects the official figures made available to WHO by its Member States or by their national officers responsible for suicide prevention; in turn, these are based upon real death certificates signed by legally authorized personnel, usually doctors and to a lesser extent police officers. We prefer to believe that they have not as a rule, misrepresented the information and that the real dimension of eventual distortions introduced by misreporting remains to be demonstrated. It is our hope that this document will be a solid ground against which corrections and improvements will be brought about.

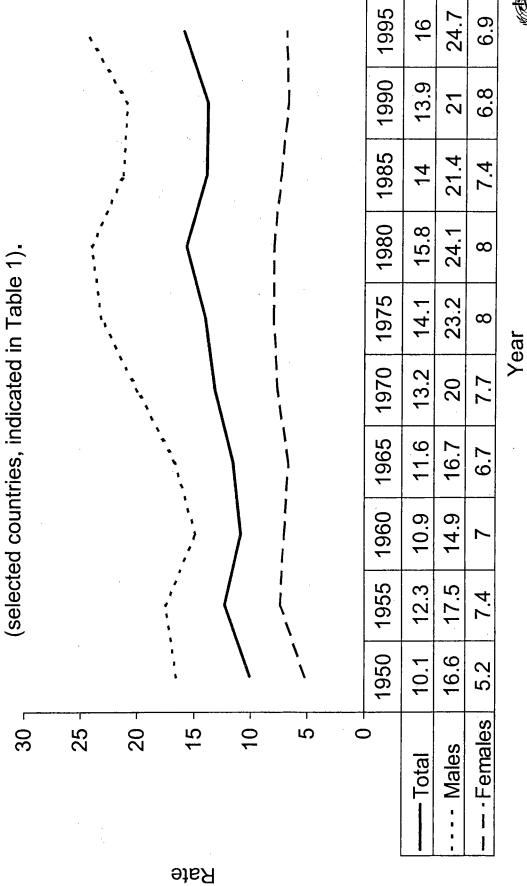
The information has been organized as follows:

Suicide rates: World, 1950-1995

A calculation of global suicide rates was obtained by adding up the absolute number of all deaths from suicide in a given year and dividing that by the existing population at risk in those countries where the information on suicide was available¹.

For all countries the basic information is the one provided to WHO by each country on mortality (regularly published in the World Health Statistics Annual), with the exception of India. The basic information on this country was obtained directly from the Ministry of Home Affairs, New Delhi, which also explains why the age distribution for this country differs from others.

Figure 1 - Global suicide rates (per 100.000), by gender, 1950-1995





An increase in suicide rates, from 10.1 per 100,000 to 16 per 100,000 (almost 60%) can be observed between 1950 and 1995 (Figure 1). This increase must be interpreted with caution. On the one hand, figures for 1950 were based on 21 countries only, and this gradually increased up to 1995 when the estimates are based on the 105 countries now reporting on causes of death, countries with higher rates and more concerned by them have a higher tendency to report on suicide mortality than countries where suicide is not perceived as a major public health problem. On the other hand, it might reflect the fact that since the end of the USSR (which had an overall rate below the average), some of its former Republics (particularly those with the highest rates in the world), started to report individually, thus inflating the global rate.

Also of interest is the predominance of the suicide rates of males over females, which has been relatively constant, with a slight increase from 3.2:1 (in 1950) to 3.6:1 (in 1995). The only exception to this finding is found in rural China, where females' rates are, on the average, 1.3 times higher than males'.

Suicide rates by gender, most recent figures available

Table 1 lists countries in alphabetical order indicating their most recent suicide rates available by gender.

The highest rates (over 30 per 100,000) are found in countries in the Baltic region, which are more than twice the global average rate of 16 per 100,000. It is also noteworthy that the highest rates in the regions of Africa, the Americas, South-East Asia and West Pacific are found in island countries, respectively Mauritius, Cuba, Sri Lanka and Japan; the exact meaning of this remains to be clarified.

If one looks at absolute figures, however, it is striking that one fourth of all world suicides are committed in two countries only: China and India, which reflects the size of their respective population. China alone accounts for 20% of all world suicides.

Although we aimed at the most recent information, for some Member States they are quite old; therefore, 11 countries whose data date back from before 1980 were not included in this table. At any rate, only information dating from 1980 onwards were considered for inclusion in Table 1.

The most recent data refer to 1997 and a word about the time to process the information is appropriate. Mortality data (due to all cases, not just suicide) in a given year are collected and processed in subsequent years at a central level in each country. Once the data have been collected, there is an internal verification; should there be any inconsistency, these are returned to where they were originated for rectification. If a single province delays sending its data, the information on the whole country will be delayed. Also, when there is a judicial procedure to define the cause of death, this may represent a certain delay in the compilation of the country's whole mortality information. Only when the country's central level is satisfied with the data set, it is sent to WHO, where it is again re-examined for internal consistency. In the best of conditions this whole process usually takes 2-4 years. This explains why, the "most recent data" refer to a few years ago, but vary from country to country.

A word of caution is needed in relation to the interpretation of rates (per 100,000) in countries with small populations: a few more - or less - suicides can greatly modify the rates, thus giving a wrong impression of important increases or decreases, respectively. This is precisely the case for many WHO Member States, and we tried to draw attention to this fact whenever appropriate.

Table 1 - Suicide Rates (per 100.000; most recent year available, as of August 1999)

Country	Year	Male	Female
Albania	1993	2.9	1.7
Argentina	1993	10.6	2.9
Armenia	1992	3.6	1.0
Australia	1995	19.0	5.1
Austria	1997	30.0	10.0
Azerbaijan	1996	1.5	0.3
Bahamas	1995	2.2	0
Bahrain	1988	4.9	0.5
Barbados	1995	9.5	3.7
Belarus	1993	48.7	9.6
Belgium	1992	26.7	11.0
Belize	1995	12.0	0.9
Brazil	1992	5.6	1.6
Bulgaria	1994	25.3	9.7
Canada	1995	21.5	5.4
Chile	1994	10.2	1.4
China (SAR Hong Kong)	1996	15.9	9.1
China (mainland)	1994	14.3	17.9
Colombia	1994	5.5	1.5
Costa Rica	1994	8.0	1.8
Croatia	1996	34.2	11.3
Cuba	1995	25.6	14.6
Czech Republic	1996	24.0	6.8
Denmark	1996	24.3	9.8
Dominican Republic	1994	0	0
Ecuador	1995	6.4	3.2
Egypt	1987	0.1	0
El Salvador	1990	15.6	7.7
Estonia	1996	64.3	14.1
Fiji	1998	12.0	10.8

Country	Year	Male	Female
Finland	1996	38.7	10.7
France	1995	30.4	10.8
Georgia	1990	5.4	2.0
Germany	1997	22.1	8.1
Greece	1996	5.7	1.2
Guatemala	1984	0.9	0.1
Guyana	1994	14.6	6.5
Honduras	1978	0	O
Hungary	1997	49.2	15.2
Iceland	1995	16.4	3.8
India	1995	11.4	8.0
Iran	1991	0.3	0.1
Ireland	1995	17.9	4.6
Israel	1996	8.2	2.6
Italy	1993	12.7	4.0
Jamaica	1985	0.5	0.2
Japan	1996	24.3	11.5
Jordan	1979	0	0
Kazakhstan	1996	51.9	9.5
Kuwait	1994	1.8	1.9
Kyrgyzstan	1996	17.6	3.8
Latvia	1998	59.5	11.8
Lithuania	1998	73.7	13.7
Luxembourg	1997	29.0	9.8
Malta	1997	5.9	2.1
Mauritius	1996	20.6	6.4
Mexico	1995	5.4	1.0
Netherlands	1995	13.1	6.5
New Zealand	1994	23.6	5.8
Nicaragua	1994	4.7	2.2
Norway	1995	19.1	6.2
Panama	1987	5.6	1.9

Country	Year	Male	Female
Paraguay	1994	3.4	1.2
Peru	1989	0.6	0.4
Philippines	1993	2.5	1.7
Poland	1996	24.1	4.6
Portugal	1996	10.3	3.1
Puerto Rico	1992	16.1	1.9
Republic of Korea	1995 ,	14.5	6.7
Republic of Moldova	1996	30.9	6.2
Romania	1996	21.1	4.3
Russian Federation	1995	72.9	13.7
Saint Kitts and Nevis	1995	0	0
Saint Lucia	1986-88	11.0	3.0
St. Vincent and the Grenadines	1982-85	2.0	0
Sao Tome and Principe	1987	0	1.8
Seychelles	1985-87	12.2	0
Singapore	1997	14.3	8.0
Slovenia	1996	48.0	13.9
Spain	1995	12.5	3.7
Sri Lanka	1991	44.6	16.8

Country	Year	Male	Female
Suriname	1992	16.6	7.2
Sweden	1996	20.0	8.5
Switzerland	1994	30.9	12.2
Syrian Arab Republic	1985	0.2	0
Tajikistan	1992	5.1	2.3
Thailand	1994	5.6	2.4
Trinidad and Tobago	1994	17.4	5.0
Turkmenistan	1994	8.1	3.4
Ukraine	1992	38.2	9.2
United Kingdom	1997	11.0	3.2
England and Wales	1997	10.3	2.9
Northern Ireland	1997	11.6	2.9
Scotland	1997	18.2	5.6
USA	1996	19.3	4.4
Uruguay	1990	16.6	4.2
Uzbekistan	1993	9.3	3.2
Venezuela	1994	8.3	1.9
Yugoslavia	1990	21.6	9.2
Zimbabwe	1990	10.6	5.2

Suicide rates by age and gender (current countries)

In this section there is one page per current country with, in the left hand column, three graphs showing suicide rates, respectively:

- (i) the modification of rates over time, between the oldest and the most recent set of data, by gender and the total mortality rate,
- (ii) the oldest set of data by 10-year age intervals and by gender, and
- (iii) the most recent set of data by 10-year age intervals and by gender 2.

At the bottom there is a table indicating, in absolute figures, the number of deaths due to suicide during the most recent year available. In some cases the total number indicated may be bigger than the

² In some cases the year of the most recent data available may differ between tables by gender and by age; this is due to the fact that in most cases we have already processed the data disaggregated by gender but not yet by age.

sum of the previous columns; this is due to a column we opted to omit, for the sake of simplicity, on people whose age was unknown. On the right hand column a brief text highlights the main features of the data presented both in the graphs and in the table.

Suicide rates by age and gender (former countries)

In this section the same data, as in the previous section, are presented, but they now refer to countries which no longer exist, such as Czechoslovakia, the Union of Soviet Socialist Republics (USSR) etc. They are included here in view of their historical interest, and in order to allow for comparisons with other countries.

NUMBER OF SUICIDES

A different picture, however, emerges when comparing the number of actual cases of suicide (indicated at the bottom of the page for each country) rather than rates. Table 2 lists, in descending order, the countries with the ten highest estimated number of cases of suicides, by the year 2000; the top ten suicide rates are indicated for comparison purposes.

Approximately 45% of all suicides worldwide are committed in those ten countries in the left hand column of Table 2; only two countries (China and India) are responsible for almost 30% of all cases of suicide committed worldwide. Conversely, the top ten countries in terms of rates (right hand part of Table 2) represent less than 8% of all completed suicides.

Only two countries - the Russian Federation and Sri Lanka - are among the top ten countries by both suicide rate and number of cases of suicide. The other eight top ten countries by number of suicides all rank below the 11th position by rate; one, namely Brazil, 9th by number of suicides, ranks 71st, by rate. Conversely, the other eight top ten by rate rank below the 14th position by number of suicides.

Table 2 - Ranking of the top ten countries by number of suicides (estimated by the year 2000) and suicide rates (most recent year available).

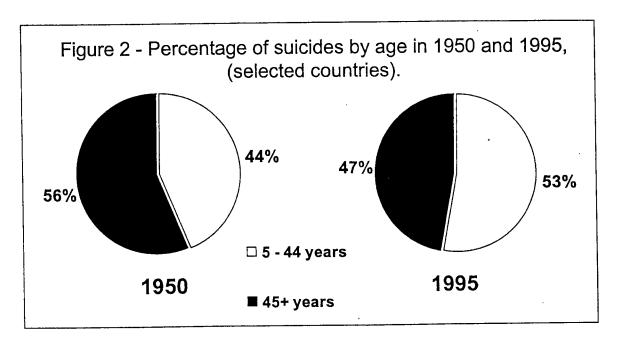
Country	Number Rate by suicide suicides 100,000 rate		Country	Number of suicides	Rate per 100,000	Ranking by number of suicides	
China	195,000	16.1	24	Lithuania	1,600	41.9	22
India	87,000	9.7	45	Estonia	600	40.1	25
Russia	52,500	41.5	3	Russia	52,500	37.6	3
USA	31,000	11.9	38	Latvia	850	33.9	23
Japan	20,000	16.8	23	Hungary	3,000	32.9	16
Germany	12,500	15.8	25	Sri Lanka	5,400	31.0	9
France	11,600	20.7	14	Kazakhstan	4,500	28.6	13
Ukraine	11,000	22.6	11	Belarus	2,800	28	17
Brazil	5,400	3.5	71	Slovenia	600	26.6	24
Sri Lanka	5,400	31.0	7	Finland	1,300	24.3	21

Table	3 - Pero	centage of most)				jender, se h country)		untries*,	
Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	To
Males	0.7	12.7	18.3	20.5	17	13.9	9.6	7.3	10

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	Total
Males	0.7	12.7	18.3	20.5	17	13.9	9.6	7.3	100
Females	0.9	13.3	15	15.4	14.7	13.9	13.7	13.1	100
Ail	8.0	12.8	17.5	19.2	16.4	13.9	10.7	8.7	100

^{*}Does not include India.

The comparative analysis of number of suicides by age also brings in a fresh view. One of the classic principles in suicidology refers to the predominance of suicide among elderly men; this is undisputable in terms of suicide rates. However, information on the number of suicides reveal a different picture: globally speaking, currently more suicides (57%) are committed by people aged 5-44 years than by people aged 45 years and more. Also the age group in which more suicides are currently completed is 35-44 years, for both males and females (Table 3).



This is quite a considerable change from the situation in 1950, when suicide predominated among the elderly, as indicated in Figure 2. This shift in the predominance of number of suicides by age groups, actually goes against demographic changes (the populational basis in the older age groups has been increasing in the last 50 years) and is not a result of a differential variation in suicide rates, since these are on the increase both in older and in younger age groups.

Obviously, the size and demography (age and gender distribution) of the population in each country have a major impact on the number of actual cases of suicides. Nevertheless, this has important implications for the selection of priority countries for suicide prevention programmes.

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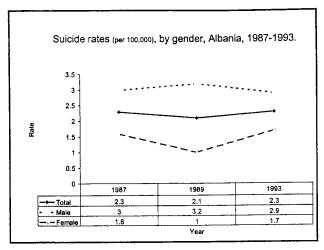
The reduction of mortality and morbidity associated with suicidal behaviours is high in WHO's agenda. Obtaining appropriate information is the first step in a public health strategy for the prevention of undesirable outcomes. Unfortunately, information about means employed for committing suicide - a fundamental information for suicide prevention programmes - is not available at the same level as the information presented here on the incidence of suicide. This is something to be rectified in the future.

Since monitoring mortality related to suicide and updating the pertinent information is an ongoing task of WHO, any additional information or comments to this document are most welcome.

Dr J. M. Bertolote Coordinator Mental and Behavioural Disorders Department of Mental Health

CURRENT MEMBER STATES





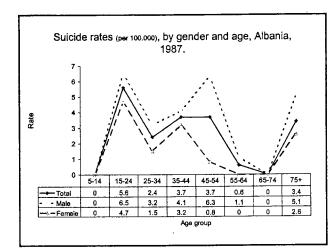
ALBANIA

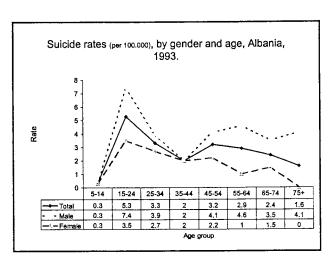
The total suicide rate stayed low (around 2.3 per 100,000) and stable from 1987 to 1993 with the males' rates being higher than the females' rates.

The highest total suicide rate in 1987 (5.6) and in 1993 (5.3) are found in the age group 15-24 years, for both males and females, with higher rates for males and the gap becoming more distinct in 1993 (7.4 and 3.5 respectively).

In 1987 two additional peaks are found, especially for males in the 75+ and the 45-54 years age groups.

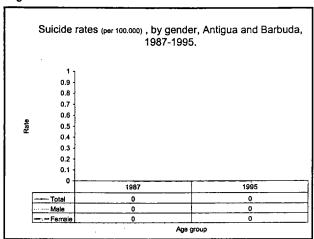
On the whole, in recent years in Albania young persons are more prone to committing suicide than the elderly.





Number of suicides by age group and gender. ALBANIA, 1993.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	1	18	9	4	6	5	2	1	46
Females	1 .	10	7	4	3	1	1	0	27
Total	2	28	16	8	9	6	3	1	73

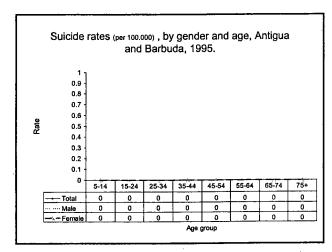


ANTIGUA and BARBUDA

	Suicide	rates		oo) , by Barbu			age, A	Antigua	ı '
Rate	1 - 0.9 - 0.8 - 0.7 - 0.6 - 0.5 - 0.4 - 0.3 - 0.2 - 0.1 -								
	. 0-	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+
•	—— Total	0	0	0	0	0	0	0	0
	······ Male	0	0	0	0	0	0	0	0
	\ Female	0	0	.0	. 0	0	0	0_	0
					Age	group			

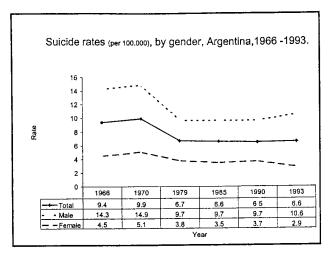
For both years reported, 1987 and 1995 suicide rates were zero.

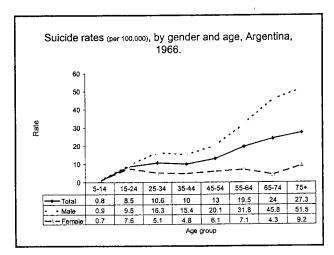
A word of caution regarding the interpretation of this rate is needed as is the case with all small population countries.

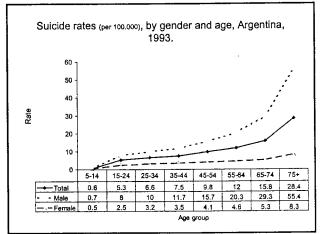


Number of suicides by age group and gender. ANTIGUA and BARBUDA, 1995.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	Ali
Males	0	0	0	0	0	0	0	0	0
Females	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0







ARGENTINA

During the 27 year period from 1966 to 1993, the suicide rate in Argentina, for the total population, fell from 9.4 deaths per 100,000 in 1966 to 6.6 per 100,000 in 1993. Suicide rates for both males and females decreased from 1970 to 1979, and, since 1979, have remained relatively stable.

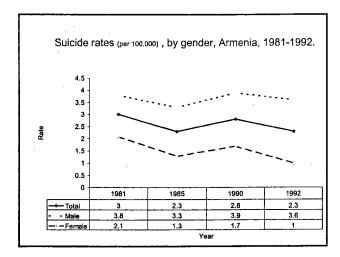
The pattern of suicide rates by age group showed little change from 1966 to 1993, for both males and females. For males, suicide rates were highest amongst older age groups, in both 1966 and 1993. In 1966, the rate of suicide amongst males aged 75 and older was 51.5 per 100,000, whereas amongst males 15 - 24 years it was 9.5 per 100,000. In 1993, a similar pattern was observed: older males (75 years and older) had rates of suicide (55.4 per 100,000) 7 times higher than the rates of suicide amongst males aged 15-24 years (8 per 100,000). Whilst, from 1966 to 1993, suicide rates remained high and stable amongst males aged 75 years and older, they declined amongst all other age groups.

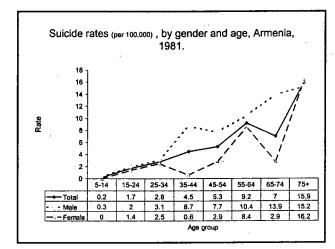
Suicide rates amongst females were similar, in 1966, for all age groups, and ranged from a low 4.3 per 100,000 for females aged 65-74 years, to 9.2 per 100,000 for females aged 75 years and older. By 1993, suicide rates had decreased for all female age groups, with the most substantial decrements occurring amongst younger females: the suicide rate amongst females aged 15-24 years declined from 7.6 per 100,000 in 1966 to 2.5 per 100,000 in 1993.

In summary, the suicide rate in Argentina declined from 1966 to 1993, with decreases being recorded for all age groups except the elderly, amongst whom suicide rates remain substantially higher than amongst younger age groups.

Number of suicides by age group and gender. ARGENTINA, 1993.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	25	235	233	240	255	261	259	229	1755
Females	16	73	76	74	70	66	60	58	494
Total	41	308	309	314	325	327	319	287	2249

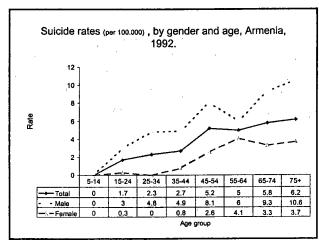




From 1981 to 1992 the total suicide rate decreased from 3 to 2.3 per 100,000. The rates for males and females show parallel patterns with the males' rates being higher than the females': 3.6 and 1.0 respectively in 1992.

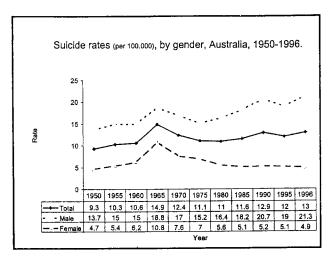
The distribution of suicides according to age groups gives evidence that the age group 75+ years had the highest suicide rates: in 1981 the total suicide rate in this age group was 15.9; the rate for females was 16.2, and this is the only case where males have lower rates (15.2). Females had a second peak in their suicide rates in the age group 55-64 both in 1981 and 1992. In 1992 the highest total rate (6.2) was found in the age group 75+ years; the rate for males was 10.6.

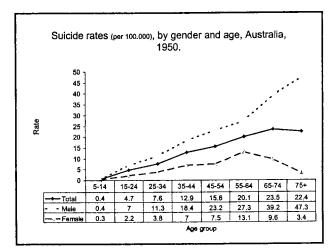
Although there was a general downward trend in the suicide rates in 1992, the suicide rate among the young males between the age of 15-34 years showed an increase.

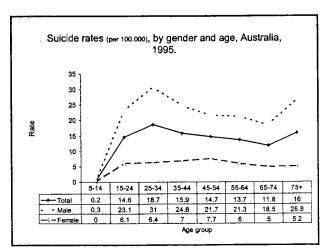


Number of suicides by age group and gender. ARMENIA, 1992.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	0	9	15	11	11	9	6	3	64
Females	0	1	0	2	4	7	3	2	19
Total	0	10	15	13	15	16	9	5	83







AUSTRALIA

Australia is in the mid range of suicide rates. There has been an overall increase since 1950, with a peak in 1965, then a reduction with a further recent slight increase. However, although there was a peak for females as well as males in 1965, the overall rate for females has not increased. The male: female ratio increased from 2.9:1 in 1950 to 4.3:1 in 1996. It is also of note that the overall rates for males and females are similar to rates of 100 years ago.

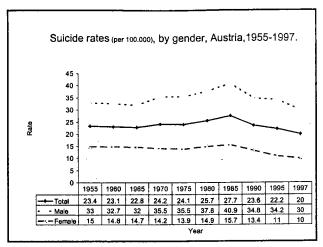
In contrast with the no overall change in the female rate, and a moderate increase in males, there have been marked changes in the suicide rates for males in different age groups. In contrast to increasing male rates with age in 1950, a peak of 30.1 per 100,000 male suicides is reached in 1995 in the 25-34 year old age range and that decreases to 23.1 in the 65-74 year old group, to be followed by another peak in those over 75 years of age.

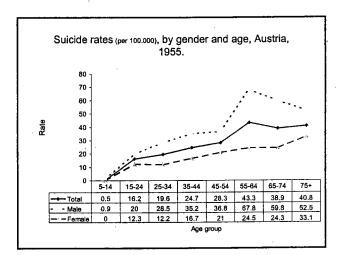
The peak of suicide rates for both males and females in 1965 is thought to be related to the prescription of barbiturates; restrictive legislation on their prescribing and the introduction of safer benzodiazepines are considered responsible for the subsequent decrease. The significant reductions in male suicide in those over the age of 55 years, and to a lesser extent in females over the age of 45, is thought to be related to better recognition and treatment of psychiatric illnesses associated with suicide, better treatment of physical illness and improved social security benefits. It is also possible that there could be a dilution effect of suicide in the elderly because of the aging of post-World War II migrants who came from areas, particularly the Mediterranean countries, where suicide rates are traditionally low. It has also been suggested that as euthanasia is tacitly accepted by many doctors, there is less reason for older persons to take their own lives, which, combined with better palliative care, may make suicide less of an option.

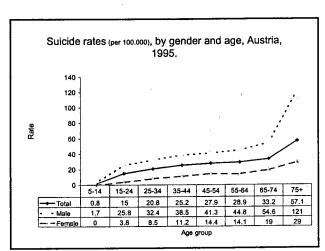
Number of suicides by age group and gender. AUSTRALIA, 1995.

				•	•				
Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	4	318	440	341	246	162	112	88	1711
Females	0	81	91	96	84	45	34	28	459
Total	4	399	531	437	330	207	146	116	2170

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In Austria the highest total suicide rate (27.7 deaths per 100,000) was reported in 1985, the rate for males was 40.9 and for females 15.7. A downward trend followed and in 1997 the lowest total rate ever was reached: 20.0. Suicides in the male population were predominant (30.0), the rate being three times higher than the females' rate (10.0).

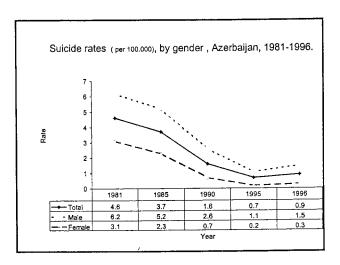
In 1955 the highest suicide rate for males was recorded in the 55-64 years age group (67.8). For females the peak rate (33.1) occurred in the 75+ years age group.

In 1995 suicide rates increased continually with higher age and the highest rates for both females and males were reached in the 75+ years age group. Especially the male population had a dramatic increase in this age group, the rate being 121.0. The most remarkable differences between the sexes occured in the 75+ and the 15-24 years age groups, since the rates for males were four and almost seven times higher than for females.

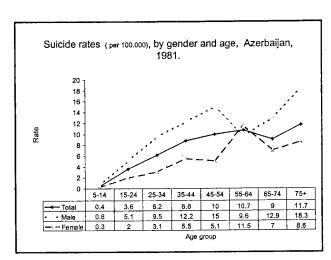
In general suicides are predominant in the male population and among the elderly, especially among elderly male Austrians.

Number of suicides by age group and gender. AUSTRIA, 1997.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	2	121	201	209	170	159	154	159	1175
Females	1	23	48	63	- 68	52	79	83	417
Total	3	144	249	272	510	211	233	242	1592



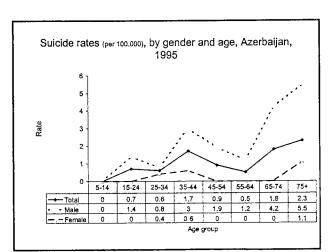
AZERBAIJAN



The total suicide rate in Azerbaijan has dropped dramatically between 1981 (4.6 per 100,000) and 1996 (0.9 per 100,000). The suicide rates for males and females show parallel patterns and in 1996 the total rate for males (1.5) is higher than for females (0.3).

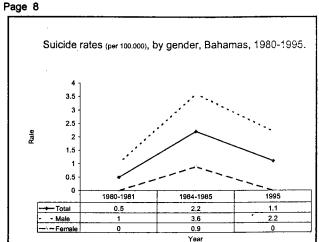
In 1981 the highest incidence of suicides for males was found in the age group 75+ years with another peak in the age group 45-54 years. By contrast, the highest suicide rate for females appeared in the age group 55-64 years with another peak among persons 75+ years old.

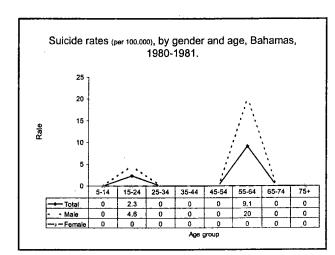
The 75+ years old population had the highest total rates both in 1981 (11.7) and in 1995 (2.3).



Number of suicides by age group and gender. AZERBAIJAN, 1996.

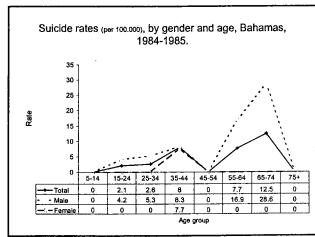
Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	0	9	13	5	9	13	6	1	56
Females	0	3	2	2	1	0	2	3	13
Total	0	12	15	7	10	13	8	4	69





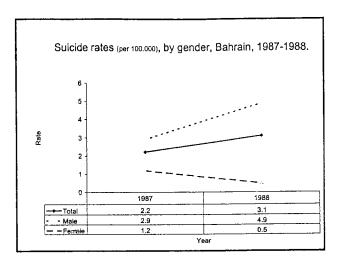
The overall suicide rate seems to have peaked in 1984-1985 with a dramatic decrease in 1995 (50% reduction overall). Compared to other nations, the suicide rate in 1995 for males is very low, as is the overall rate of 1.1 per 100,000. The gender and age distribution of suicides in 1980-1981 showed two population peaks: 15-24 and 55-64. However, the total rates are relatively low.

A word of caution regarding the interpretation of these rates is needed, as is the case with all small population countries.

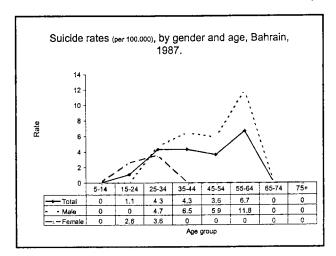


Number of suicides by age group and gender. BAHAMAS, 1995.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	0	0	1	1	0	0	0	0	2
Females	0	0	0	0	0	0	0	0	0
Total	0	0	1	1	0	0	0	0	2



BAHRAIN



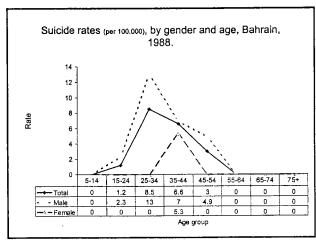
There is only very poor data on Bahrain restricted to 1987 and 1988 which makes interpretation difficult. A small increase in the total rate from 1987 to 1988 is due to an increase for the male population, but still the total rate is very low reaching 3.1 per 100,000.

Elderly people (65 years and older) and very young people (5-14 years) have rates of 0. Suicide rates for females are also mostly 0 or close to that.

Males reach peaks of suicide rates for the age group 55-64 years with 11.8 in 1987. In 1988 this peak has shifted towards younger males (25-34 years) with the rate being 13.

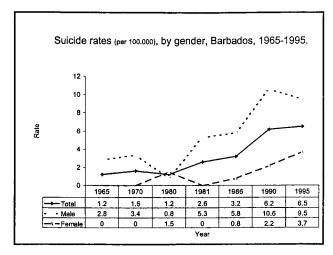
Young male persons seem to be more prone to committing suicide than elderly and female persons.

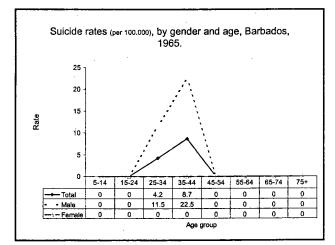
A word of caution regarding the interpretation of these rates is needed as is the case with all small population countries.

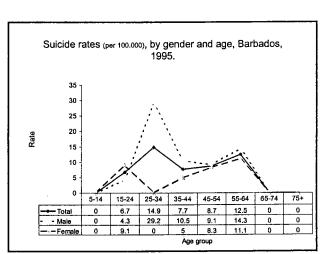


Number of suicides by age group and gender. BAHRAIN, 1988.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	0	1	8	3	1	0	0	0	13
Females	0	0	0	1	0	0	0	0	1
Total	0	1	8	4	1	0	0	0	14







Since 1965 there has been a dramatic increase in the overall suicide rate (540% increase). This increase is mostly attributable to a 330% increase in the suicide rate among males. Of note is a significant decrease in the suicide rate in 1980 for males. However, there appears to be a significant gender difference in suicide rates over 30 years.

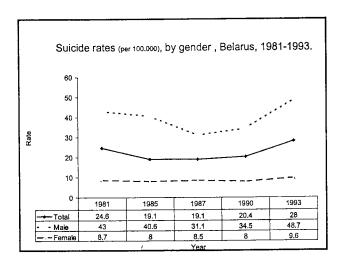
The reported rates for 1965 were limited to two age groups. The male rate is significantly higher than the overall suicide rate for the 25-34 and 35-44 age groups. The male rates in 1995 are also elevated, compared to the female rates and the total rates, except for the 15-24 year old group. It appears that the 25-34 year old male group has a significantly elevated suicide rate. The gender and age patterns are not similar for 1965 and 1995. It may be that the 25-34 year old cohort in 1965 has maintained its elevated risk for suicide in 1995 (now the 55-64 year old cohort).

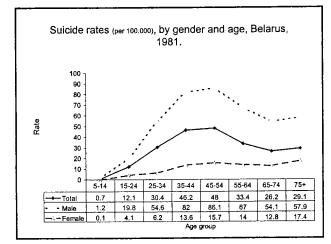
Of note is that the female suicide rates in 1995 are remarkably high for the following age groups: 15-24, 45-54, 55-64. It appears that the suicide rate is increasing as the population ages.

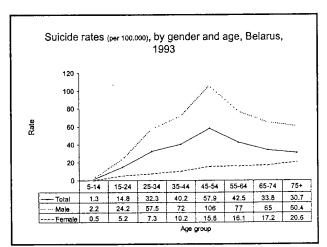
A word of caution regarding the interrelation of these rates is needed, as is the case with all small population countries.

Number of suicides by age group and gender. BARBADOS, 1995.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	0	1	7	2	1	1	0	0	12
Females	0	2	0	1	1	1	0	0	5
Total	0	3	7	3	2	2	0	0	17







BELARUS

Between 1981-1993, total suicide rates in Belarus had a U-shape pattern with an upward tendency, similar to Baltic and other Slav republics of the former USSR. The suicide rate decreased by 23% from 1981 to the mid eighties and increased by 52% to 1993.

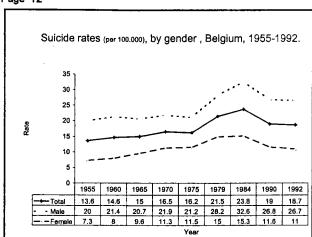
The trend of total suicides was influenced strongly by male suicides. The female trend slightly increased to the very end of the period. The male:female ratio was lowest in 1987 (3.7:1) and highest in 1985 and 1993 (5.1:1), once again, similar to other Slavic republics of the former USSR.

The age-specific distribution for total suicides was similar in 1981 and 1993: the suicide risk grew to the age 45-54 and falls thereafter. The suicide rate in this age group for males was dramatically high and rose from 86.1 to 106 per 100,000 during this period, whereas it decreased for males in the age group 35-44 years, during the same period. The age distribution of female suicides shows an increased risk to older ages in both years.

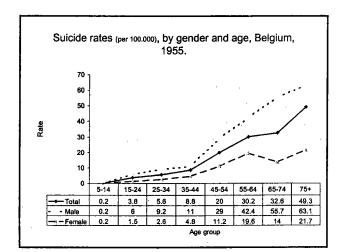
Number of suicides by age group and gender. BELARUS, 1993.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	18	175	454	554	518	397	180	64	2360
Females	4	37	58	80	84	108	90	64	525
Total	22	212	512	634	602	505	270	128	2885

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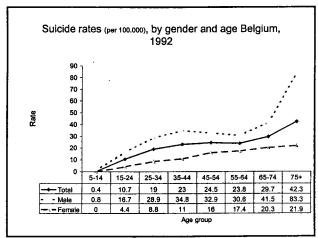
BELGIUM



The total suicide rate has been increasing continually since 1955 reaching its peak in 1984 (23.8 per 100,000) and decreasing to 18.7 until 1992. In 1992 the rate for males was 2.4 times higher than for females.

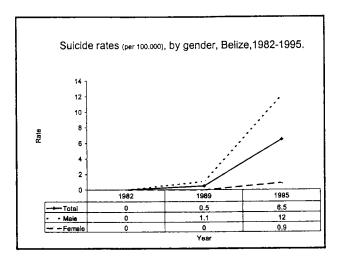
In 1955 the peak for suicide rates is found in the age group 75+ years with the males' rates being 2.9 times higher than the females'. In 1992 it is still the 75+ years age group with the highest rates. The males' rate (83.3) is even 3.8 times higher than the females'.

In contrast to 1955, when the suicide rates increased markedly after the age of 45-54 years, rates in 1992 increased already at an earlier age, in the age group 25-34 years.

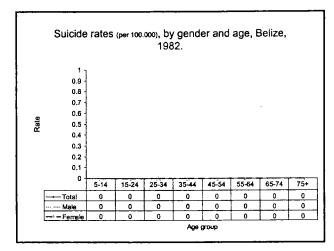


Number of suicides by age group and gender. BELGIUM, 1992.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	5	114	235	259	191	166	165	178	1313
Females	. 0	29	69	79	92	- 101	101	94	565
Total	5	143	304	338	283	267	266	272	1878

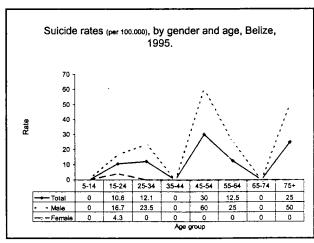


BELIZE



From a hardly credible suicide incidence of zero for both sexes in 1982, suicide rates increased to a total moderate rate of 6.5 per 100,000 in 1995. However, it is always risky to advance interpretations on rates per 100,000 when referring to small populations.

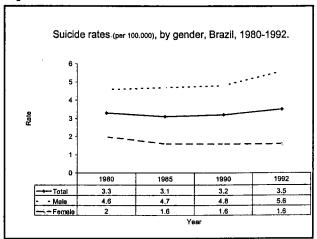
With this caveat in mind, one can nevertheless notice that despite highest rates among those aged 45-54 and 75+ years, given the age distribution in the total population, the absolute number of suicides is greater among those aged 15-34 years. In spite of the small figures the predominance of suicide among males is evident.

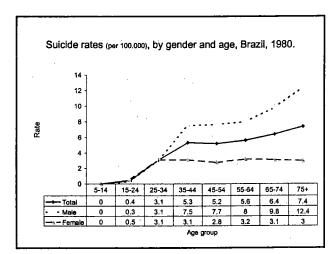


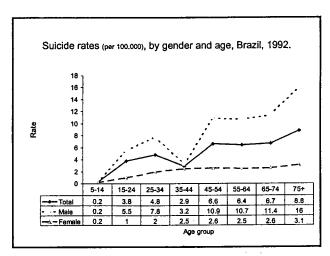
Number of suicides by age group and gender. BELIZE, 1995.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	0	4	4	0	3	1	0	1	13
Females	0	1	0	0	0	0	0	0	1
Total	0	5	4	0	3	1	0	1	14









In Brazil, suicide rates for the total population, for the period 1980-1992, remained low, in comparison with other countries, and relatively stable: the suicide rate was 3.3 deaths per 100,000 in 1980 and remained relatively unchanged at 3.5 per 100,000 in 1992. The male suicide rate increased very slightly from 4.6 per 100,000 in 1980 to 5.6 per 100,000 in 1992. For females, the suicide rate was low and stable (2 per 100,000 in 1980, compared with 1.6 per 100,000 in 1992).

Analysis of suicide rates by age group indicates that, for both males and females, suicide rates were higher amongst older, rather than younger, age groups, and, for both males and females, this difference was maintained from 1980 to 1992. For example, amongst males, in 1980, the highest rate of suicide (12.4 per 100,000) was recorded for those aged 75 years and older. This suicide rate was over 40 times higher than the suicide rate amongst young males aged 15-24 years (0.3 per 100,000), and was 4 times higher than the suicide rate for males aged 25-34 years (3.1 per 100,000). In the 12 years from 1980 to 1992, the suicide rate amongst young males aged 15-24 years increased 18-fold, from 0.3 per 100,000 in 1980 to 5.5 per 100,000 in 1992. An increase in suicide rates was also observed for young males aged 25-34 years from 3.1 per 100,000 in 1980 to 7.8 per 100,000 in 1992. By contrast, suicide rates fell amongst middle aged males (35-44 years), from 7.5 per 100,000 in 1980 to 3.2 per 100,000 in 1992.

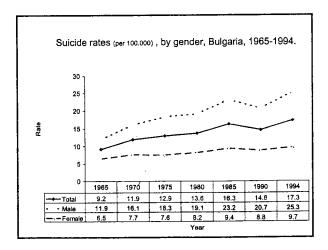
Females were characterised by relatively low suicide rates across all age groups. Suicide rates were lowest for younger age groups (0 per 100,000, for those aged 5-14 years, and 0.5 per 100,000 for 15-24 year olds). Amongst females aged over 34 years suicide rates were 3 per 100,000. This pattern remained substantially similar in 1992.

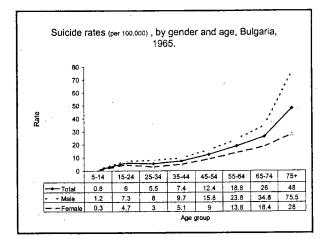
In summary, whilst total suicide rates in Brazil remained low and stable from 1980 to 1992, suicide rates increased during this time amongst males aged 15-34 years, and decreased amongst males aged 35-44 years.

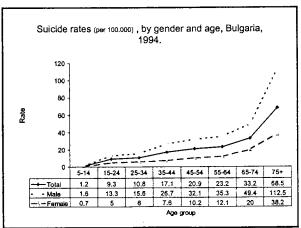
Number of suicides by age group and gender. BRAZIL, 1992.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All		
Males	39	816	981	277	620	407	236	146	4074		
Females	36	283	262	230	161	104	62	36	1178		
Total	75	1099	1243	507	781	511	298	182	5252		

BULGARIA







The total suicide rate in Bulgaria increased quite continually from 9.2 deaths per 100,000 in 1965 to 17.3 in 1994 with males' rates being higher than females'.

In 1965 suicide rates increased with age, reaching the peak rates in the 75+ years age group for both sexes: 48.0 was the total rate, 75.5 the rate for males and 28.0 for females.

In 1994 the pattern was similar to the 1965 one, showing a slightly stronger increase at an earlier age (35-44 years) and again reaching the peak rates in the 75+ years age group. The total rate was 68.5; the rate for females was 38.2, and for males, 112.5, almost three times higher than the rate for females.

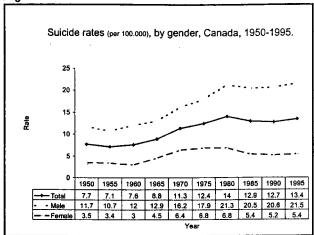
Compared to 1965 the suicide rate among the young (below 45 years) has doubled in 1994.

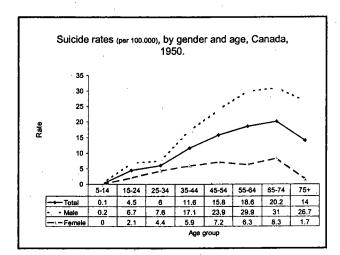
Generally speaking the elderly and especially the male elderly population are most prone to committing suicide.

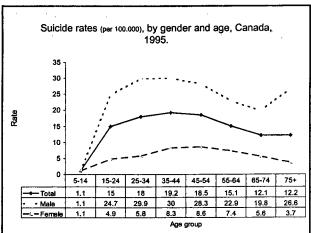
Number of suicides by age group and gender. BULGARIA, 1994.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	9	84	87	158	171	173	191	175	1048
Females	4	30	33	46	57	65	95	86	416
Total	13	114	120	204	228	238	286	261	1464







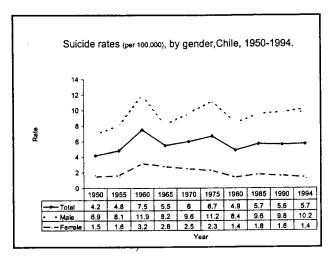


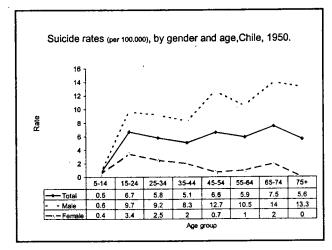
Suicide rates in Canada steadily increased to a peak in 1980. Since then there has been a pattern of stabilization. In the period 1950-1995, there was a 74% increase in the total suicide rate; 83% increase for males and 54% for females. The ratio between males and females widened over this period from a 1950 ratio of 3.3:1 to a 1995 ratio of 4:1.

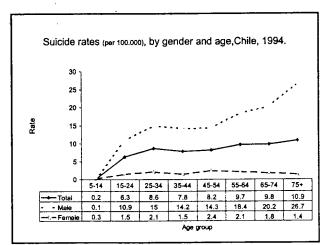
In 1950 suicide was clearly an older age group problem with the highest rates amongst the 65-74 year group for both genders. This pattern reflected the profile of males at higher risk and an increasing risk from younger to older persons. By 1995, the age and gender pattern clearly shifted in the direction of being a younger age group problem, especially among young males in the 15-34 age group. Male rates in the 15-24 age group increased 268%; the 25-34 age group increased 293%. By contrast female rates in the same age groups increased 133% and 32% respectively. Although the suicide rates in the 75+ age group dropped 13%, there is now a modest peak in the age group for males. Although there was a steep increase in the male rates in the 15-24 age group, males are at increased risk throughout their prime adult years between 25-54 years, with a modest decrease in risk between 55-74 years, and an increased risk again in their 75+ years.

Number of suicides by age group and gender. CANADA, 1995.

				,	*		,		
Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	22	507	744	742	522	284	189	146	3158
Females	21	96	141	205	158	94	63	34	812
Total	43	603	885	947	680	378	252	180	3970







CHILE

The total suicide rate increased only slightly in Chile during the 44 year period from 1950 (4.2 deaths per 100,000) to 1994 (5.7 deaths per 100,000). During this period the male suicide rate increased from 6.9 deaths per 100,000 in 1950 to 10.2 deaths per 100,000 in 1994, but the suicide rate amongst females showed no substantial change (1.5 deaths per 100,000 in 1950; 1.4 deaths per 100,000 in 1994).

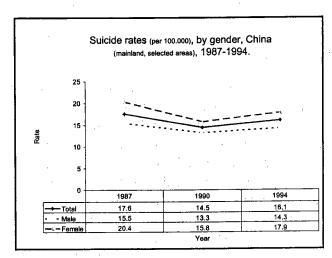
For males, analysis of suicide rates by age group, in 1950, revealed similar suicide rates for all age groups (excluding children aged under 15 years). These rates ranged from 8.3 deaths per 100,000 (for those aged 35-44 years) to 13.3 deaths per 100,000 (for those aged 75 years and older). In the intervening 44 years, suicide rates remained substantially unchanged for young males 15-24 years, but increased for males aged 35 years and older, with the most substantial increase being recorded for males aged 75 years and older, for whom the suicide rate doubled.

Females, by contrast, had substantially lower suicide rates than males, with this difference persisting throughout the four decades from 1950 to 1994. In 1950 female suicide rates were highest amongst those aged 15-24 years (3.4 deaths per 100,000), with this rate being halved by 1994 (1.5 deaths per 100,000).

In summary, suicide rates in Chile remained relatively stable during the 44 year period from 1950-1994, with suicide rates in 1994 highest amongst elderly males.

Number of suicides by age group and gender. CHILE, 1994.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	2	135	184	132	91	76	51	33	704
Females	4	18	26	14	16	10	6	3	97
Total	6	153	210	146	107	86	57	36	801



Systematic official data on suicide mortality from China is available from 1987 on, compiled on the basis of ICD-9. However, rather than a full national coverage, data was obtained on a sampling basis covering about 10% of the total population of the country, in both urban and rural areas.

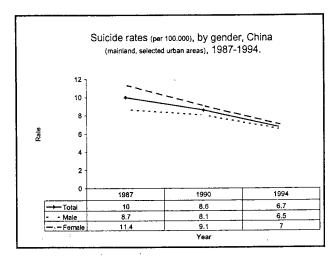
Urban areas covered are: Beijing, Shanghai, Tianjin, Harbin, Changchun, Dalian, Anshan, Nanjing, Hongzhoiu, Wuhan, Guangzhou, Chonqing, Kunming, Xian, Suzhou, Hefei, Anqing, Bengpu, Tongling, Xianmen, Fuzhou, Sanming, Yichang, Huanshi, Yichun, Fuashan, Zigong, Guilin, Wulumuqi, Shihezi and 6 cities of Hunan Province.

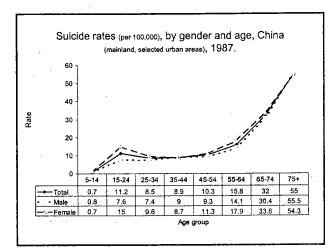
The rural areas covered include the following counties: all of Beijing, Tianjin and Shanghai municipalities, 8 in Jiangsu, 3 in Zhejiang, 3 in Hubei, 15 in Hunan, 3 in Guangdong, 5 in Sichuan, 2 in Shanxi Provinces and 6 of Tongren prefecture of Guizhou Province.

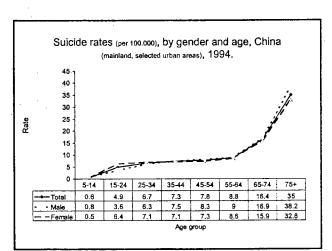
Data in this page have been calculated from those selected areas and projected to the country as a whole. In the following pages data are presented as reported, respectively, in some selected urban and rural areas and in the Special Administrative Region of Hong Kong.

Number of suicides by age group and gender. CHINA (estimated), 1995.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	1151	11159	19029	13827	11825	12648	15689	8260	93588
Females	843	20326	21017	15219	10927	10854	12554	9039	100779
Total	1994	31485	4006	29046	22752	23502	28243	17299	194367







CHINA (mainland, selected urban areas)

The suicide rates of selected urban areas comprise easily accessible cities on the eastern seaboard in the most densely populated area of China. Thirty-five cities are included, e.g. Beijing, Shanghai, Nanjing, Guangzhou, inter alia. The data collection was based on voluntary participation.

The total suicide rate decreased from 10 per 100,000 in 1987 to 6.7 in 1994. Rates of the female population are higher than males' rates, but this difference becomes smaller and is barely remarkable in 1994.

Concerning age groups, both in 1987 and in 1994 the highest rates can be found among the elderly with peaks within the 75+ age groups. In 1987 there is also a smaller peak within the 15-24 age group.

In 1987 females were especially prone to committing suicide from ages 15 to 34 and ages 45 to 74 whereas males predominated in the age group 75+.

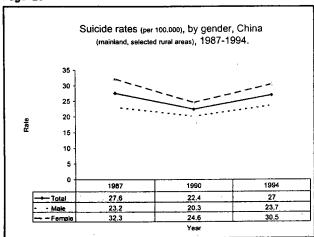
In 1994 females had higher rates than males only from ages 15 to 34.

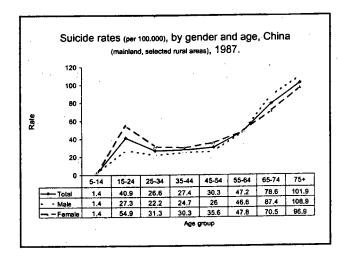
On the whole it is the young female population and the elderly male population who are most at risk for committing suicide.

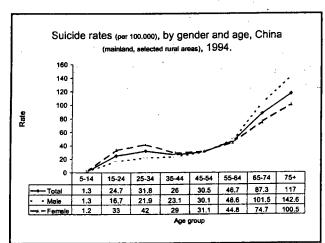
Number of suicides by age group and gender. CHINA (mainland, selected urban areas), 1994.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	33	197	404	407	259	258	257	211	2026
Females	18	314	419	362	229	240	255	261	2098
Total	51	511	823	769	488	498	512	472	4124

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CHINA (mainland, selected rural areas)

The suicide rates of selected rural areas comprise easily accessible counties on the eastern seaboard in the most densely populated area of China. Fifty-seven counties (including all the counties of Beijing, Tianjin, and Shanghai) are included. The data collection was based on voluntary participation.

After having decreased to 22.4 per 100,000 in 1990 the total suicide rate is as high as 27 again in 1994 with females' rates staying remarkably and uniquely higher than males'.

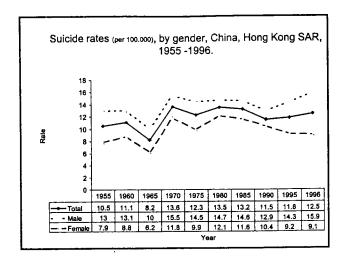
Both in 1987 and in 1994 the highest suicide rates occur within the elderly population, especially ages 75+. Another peak shows for the age groups 15-24 and 25-34 respectively.

As far as gender is concerned both in 1987 and 1994 higher rates among males are predominant within the elderly population (65 years and older) and higher rates among females are predominant within the younger population (beginning with 15 years and up to 54). Additionally there are two strong peaks for females' suicide rates: ages 15-24 in 1987 and ages 25-34 in 1994.

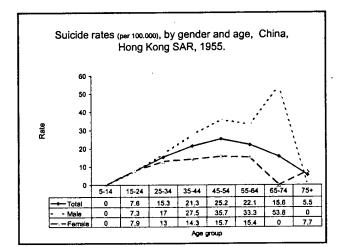
Just like in selected urban areas it is the young female population and the elderly male population who are most at risk for committing suicide.

Number of suicides by age group and gender. CHINA (mainland, selected rural areas), 1994.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	60	895	1007	870	753	943	1123	628	6279
Females	52	1701	1851	1024	711	826	929	691	7788
Total	112	2596	2858	1894	1464	1769	2052	1319	14067



CHINA HONG KONG SAR



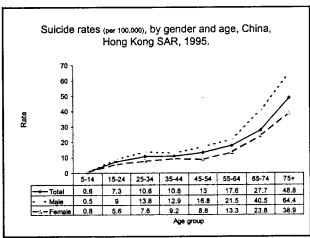
In 1965 there was a remarkable drop in suicide rates followed by a sharp increase until the highest total rate 13.6 per 100,000 was reached in 1970.

In 1996 the total rate was 12.5. Males and females didn't show parallel developments with males' rates increasing (15.9) and females' rates decreasing (9.1).

The sharpest gender difference in 1955 showed for the age group 65-74 years, where rates were 53.8 for males and 0 for females. In the same year the rate for 75+ year old males was only 0, whereas females 75+ had the rate 7.7.

In 1995 the graph showed a continuous increase of suicide rates corresponding to the increase of age, reaching its peak for 75+ year old persons with the total rate being 9 times higher for this age group than in 1955.

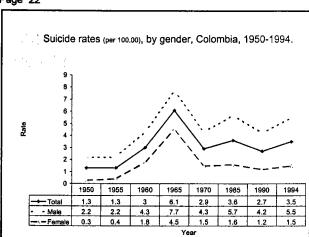
For younger people (15-64 years old) suicide rates had even decreased in this time span of 40 years.



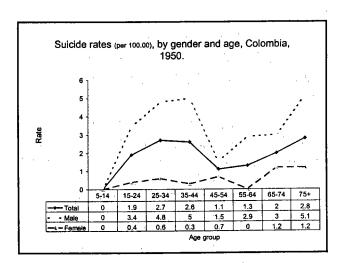
Number of suicides by age group and gender. CHINA, HONG KONG SAR, 1996.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	2	40	78	72	58	58	75	54	440
Females	3	24	48	52	26	32	32	51	284
Total	5	64	126	124	84	90	107	105	724

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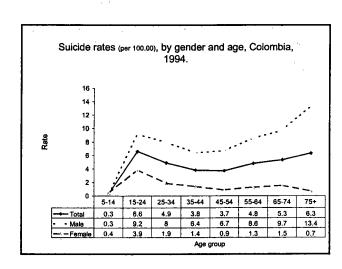






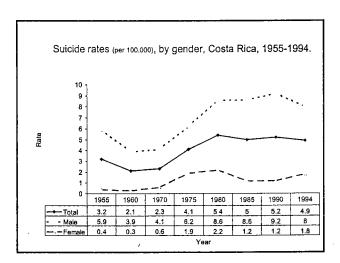
The rates overall are low, with there being a peak in 1965, probably related to the worldwide availability of barbiturates. The rate in 1994 is almost three times the rate of 1950, and that is so for both males and females.

The peak rates in 1950 were in the 25 to 44 year old range, with a subsequent decrease followed by an increase in the elderly. In 1994 there is an earlier peak, in the 15-24 year old range for both sexes, followed by a gradual reduction, but with an increase for males only after the age of 45, and no late increase for females.

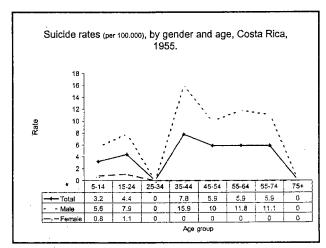


Number of suicides by age group and gender. COLOMBIA, 1994.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	13	313	247	133	83	65	45	31	952
Females	14	130	59	32	12	11	8	2	272
Total	27	443	306	165	95	76	53	33	1224



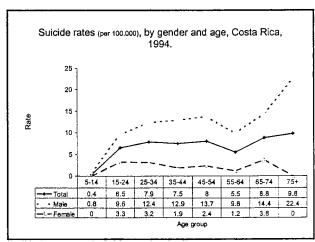
COSTA RICA



After a decrease between 1955 and 1960, total suicide rates increased steadily until 1980 when they levelled off below 6 per 100,000.

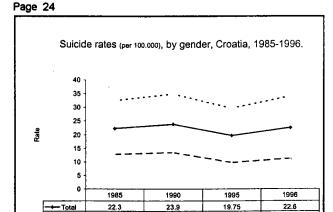
Whereas there is practically no report of suicide of females in 1955, the proportion of male:female suicides rates reached 4:1 in 1980 and remained at the level until 1994.

One has to point out that in 1955 there were zero suicides for the age-groups 25-34 and 75+, both for males and females; however, whereas males had a peak in the age-group 35-44 (with a rate of 15.9), females had a rate of zero for almost all ages. In 1994 the picture has changed considerably: rates for males and females are quite parallel with low rates for the age-group 55-64, but then, for ages 75+ males and females go in opposite directions with zero suicides among females and a rate of 22.4 among males.



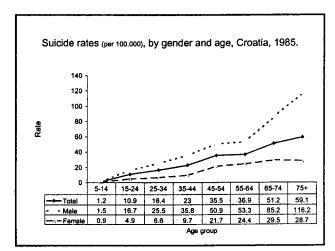
Number of suicides by age group and gender. COSTA RICA, 1994.

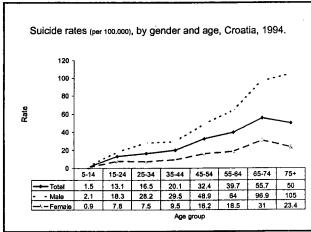
Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	3	30	36	27	17	8	7	5	135
Females	0	10	9	4	3	1	2	0	29
Total	3	40	45	31	20	9	9	5	164



34.2

29.7





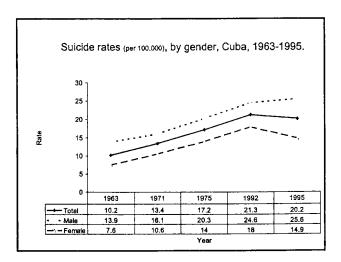
Croatia became an independent nation in 1992. Data on causes of death are available for the region since 1985. Both male and female suicide rates in Croatia were fairly stable during this relatively short period, as the first diagram illustrates. The overall Croatian suicide rate varied only slightly, between 22.3 (1985) and 22.6 (1996). Compared with the whole of ex-Yugoslavia, Croatia has had relatively high rates: in 1990 there were 35.0 suicides for every 100,000 males in Croatia (21.6 in Yugoslavia), while the rate among Croatian females was 13.5 (9.2 in Yugoslavia) in the same year. The Croatian gender ratio, at roughly 2.6, slightly exceeds the ratio for the whole of ex-Yugoslavia.

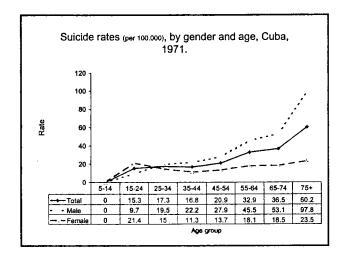
One common pattern for many countries in Central and Southern Europe is progressively higher suicide rates the older the age group studied. As the diagrams show, this pattern fits Croatian males well. Females in Croatia, however, show a slight decrease in their suicide rate if the two eldest age groups (65-74, 75 and over) are compared. During the tenyear period for which data are available, no substantial changes in this structure are evident for either males or females suicide rates. It is noteworthy that the suicide rate among the oldest males (over 65, and especially over 75) is worryingly high in Croatia. Among males over 75, there were more than 100 suicides per 100,000 in several years of the study period. Note that the last two diagrams differ in scale.

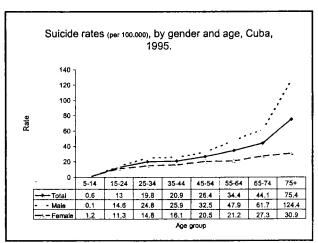
Number of suicides by age group and gender. CROATIA, 1996.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	5	80	90	104	117	141	129	72	739
Females	3	18	22	28	37	63	52	40	263
Total	8	98	112	132	154	204	181	112	1002









Although suicide rates practically doubled during the period 1963 to 1995 (from 10.2 to 20.2 deaths per 100,000), it should be noted that an steady upward trend was observed until 1992, when it peaked at 21.3 deaths per 100,000, and then started to decrease.

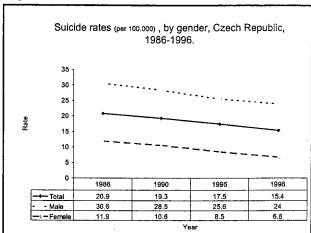
Between 1963 and 1992 rates for both males and females increased in parallel but from 1992 on female rates started to decrease whereas male suicide rates continue to climb.

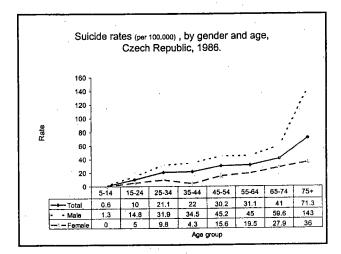
Male rates are consistently higher than female rates in all age groups except in the very young. Until 1995, female suicide rates amongst those 24 years and younger was higher than male rates in corresponding age groups. In 1995, female suicide rates continue to be higher than male suicide rates in the 5-14 year age group; still in this year, male suicide rates reached 124.4 deaths per 100,000 amongst those 75 years and older, whereas female suicide rates in that same age group was 30.9 deaths per 100,000.

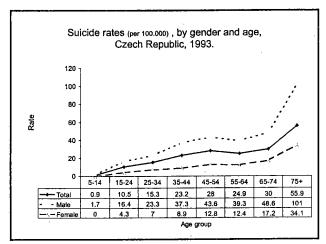
Number of suicides by age group and gender. CUBA, 1995.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	1	138	276	179	195	202	170	248	1410
Females	10	102	161	114	127	92	79	68	813
Total	11	240	437	293	322	294	249	316	2223

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CZECH REPUBLIC

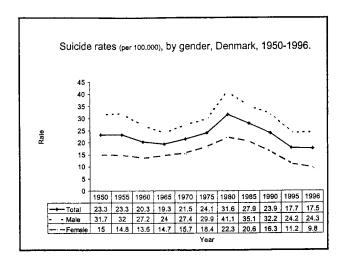
For the Czech region, which became the Czech Republic in 1993 on the disintegration of Czechoslovakia, data are available for 1986-96. Czech suicide mortality is slightly higher than the previous rate for the whole of Czechoslovakia. For example, the overall rate in what is now the Czech Republic in 1990 was 19.3 per 100,000, while the suicide rate for Czechoslovakia (i.e. the Czech Republic and Slovakia) in that year was 17.9. The overall Czechoslovak suicide rate decreased in the 1970s and '80s. This trend persisted in the Czech Republic in the 1990s, with a decrease in both male and female suicide rates. However the suicide rates for males varied fairly little from year to year, and the declining trend for male suicides appears recently to have slackened somewhat. For Czech females, however, the declining suicide trend continued: the female suicide rate in the latest year for which figures are available was the lowest in the Czech Republic's short history to date.

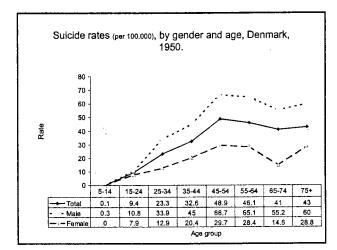
Relatively large disparities between age groups emerge from age-specific studies of suicide mortality in the Czech Republic. This is something the nation has in common with many other countries in this part of Europe. The elevated suicide rates among the oldest age group (75 and over) are striking. It is interesting that the overall decline in the period 1986–93 cannot be traced back to every age group. In the oldest population groups (65–74, 75 and over), suicide mortality fell in this period. In the youth group (15–24) and the 35–44 group, however, suicide rates basically remained unchanged throughout the period studied.

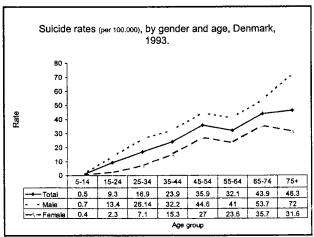
Note that the last two diagrams differ in scale.

Number of suicides by age group and gender. CZECH REPUBLIC, 1996.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	8	142	162	240	248	126	140	140	1206
Females	1	24	26	36	81	46	71	77	362
Total	9	166	188	276	329	172	211	217	1568







DENMARK

Denmark's peak suicide rate (31.6 per 100,000) during the study period (1950–96) was noted in 1980, and this was among the highest rates throughout Europe in that year. More recently, a highly positive trend - with falling rates among Danes of both sexes - was noted. The latest available annual figures, those of 1996, show the lowest Danish suicide rates for males and females alike since the early 1970s.

It is noteworthy that gender differences in suicide mortality are, by European standards, fairly small in Denmark. Despite the decrease since the early 1980s, the incidence of suicide among Danish females is relatively high. In Europe, the most recent annual figures show higher female suicide rates only in Hungary, Estonia and Lithuania. The Danish gender ratio in recent years has been around 1.9, which is considerably below most other European countries' ratios.

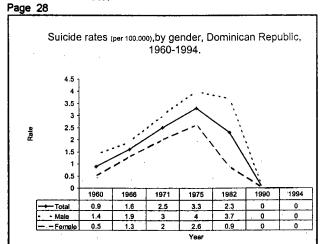
Relatively marked age disparities emerge from an analysis of suicide rates in Denmark. As the diagrams show, the incidence of suicide rises with age in the 5–54 age range. This applies to Danes of both sexes. Among the population aged 55 and over, age-specific suicide rates were relatively stable around 1950, and age-group rates diverged more in the latest available figures (for 1993).

Data on various age groups' suicide rates in Denmark in the latter 20 years studied show, however, fairly uniform suicide rates for inhabitants aged 55 and over.

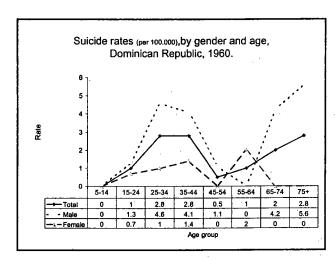
Number of suicides by age group and gender. DENMARK, 1993.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	2	49	108	122	165	101	107	95	749
Females	1	8	28	56	97	61	86	73	410
Total	3	57	136	178	262	162	193	168	1159

WHO/MNH/MBD/99.1



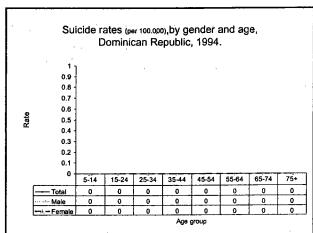
DOMINICAN REPUBLIC



Since 1960 suicide rates have been increasing continuously for both males and females. The highest total rate was reached in 1975 with 3.3 per 100,000. Until 1982 it dropped back to 2.3, with females' rates dropping more sharply than males. For 1990 and 1994 it was 0.

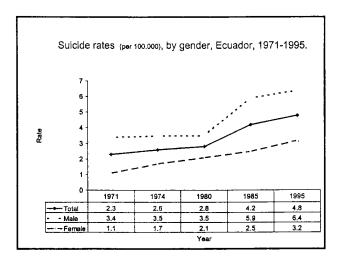
In 1960 there is a peak of suicide rates within the age group 25-34 for the male population. However, the highest rate is 5.6 for ages 75+ among males. The male age group 55-64 has zero suicides, but at the same time this age group has the highest rate for females, which is 2. In 1994 there were no suicides reported.

A word of caution regarding the interpretation of these rates is needed as is the case with all small population countries.

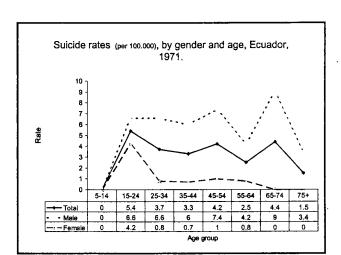


Number of suicides by age group and gender. DOMINICAN REPUBLIC, 1994.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	0	0	0	0	0	0	0	0	0
Females	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0



ECUADOR

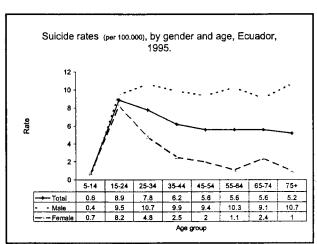


The total suicide rates, though low, have shown a near doubling from 1971 (2.3) to 1995 (4.8). The suicide pattern ran parallel for both males and females.

In 1971 there was a marked increase of suicides among the 15-24 years age group for both males (6.6) and females (4.2). There was a sharp drop in the suicide rates for females after the age of 24 and it dropped to 0 in the 65-74 years age group. For the same age groups the suicide rates for males remained high and reached a peak among the 65-74 years age group.

In 1995 the suicide rates peaked for both males (9.5) and females (8.2) among the 15-24 years age group. Subsequently, the rates for males continued to be high going to 10.7 for the 75+ age group.

In the 15-24 years age group rates peaked for males and females both in 1971 and 1995.

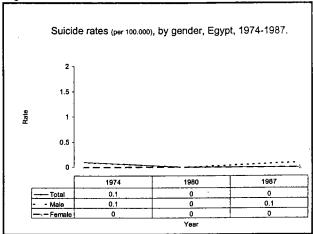


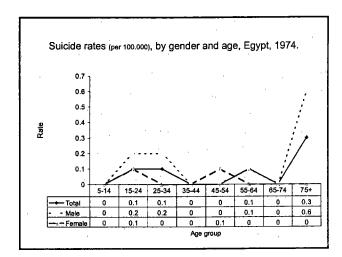
Number of suicides by age group and gender. ECUADOR, 1995.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	6	113	97	64	37	27	14	8	367
Females	10	95	43	16	8	3	4	1	180
Total	16	208	140	80	45	30	18	9	547

EGYPT



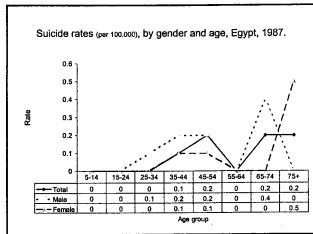




On the whole suicide reported by Egypt stayed close to zero: total suicide rates were about 0.1 deaths per 100,000 for the period between 1974 and 1987.

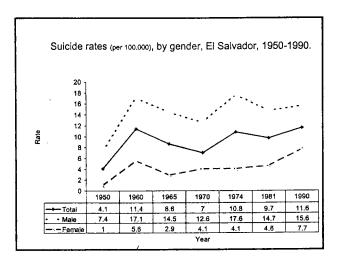
In 1974 the highest rate for males occurred in the 75+ years age group (0.6) and for females in the age groups 15-24 years (0.1) and 45-54 years (0.1).

In 1987 the highest rate for males was 0.4 in the 65-74 years age group and for females 0.5 in the 75+ years age group.

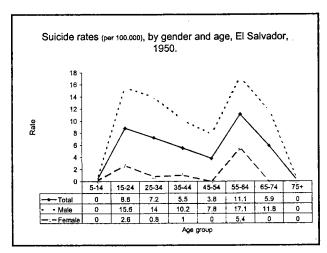


Number of suicides by age group and gender. EGYPT, 1987.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	0	1	3	4	4	0	2	0	14
Females	0	2	1	2	2	0	. 0	1	8
Total	0	3	4	6	6	0	2	1	22



EL SALVADOR

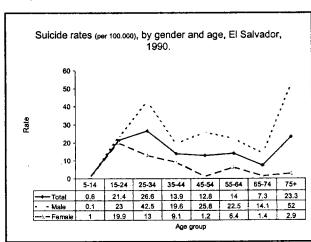


Total suicide rates have almost tripled between 1950 and 1990 (from 4.1 to 11.6 per 100,000), with two peaks in 1960 and 1974, respectively. Male suicide rates have doubled (from 7.4 to 15.6), whereas female suicide rates increased almost 8 times, from 1 to 7.7.

In 1950 suicide rates were highest in the age groups 15-24 and 55-64, whereas in 1990 the age groups 25-34 and 75+ had the highest rates. Nevertheless, the overall increase is observed in all age groups and in both sexes during the period studied.

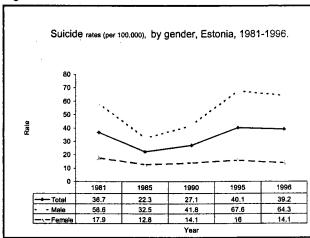
The role of the prolonged state of civil war is uncertain, since in other places war situations have resulted in a decrease in suicide rates, particularly among males; this was not the case in El Salvador.

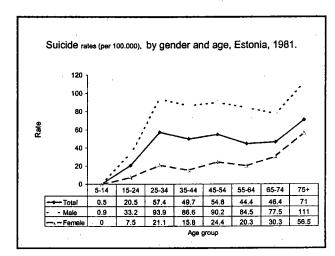
Suicide rates for 1990 rank El Salvador as the second highest among Latin American countries.

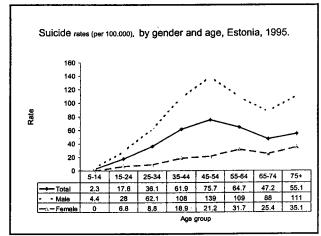


Number of suicides by age group and gender. EL SALVADOR, 1991.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	1	98	88	41	35	24	15	18	320
Females	8	97	28	12	5	2	1	1	154
Total	9	195	116	53	40	26	16	19	474







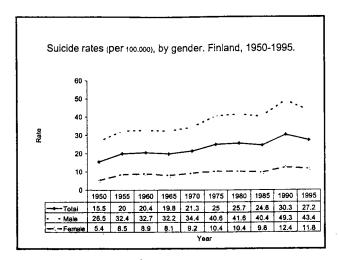
ESTONIA

After a major rise at the beginning of the 20th century, suicide rates reached a high and rather stable plateau in the 1970s. Between 1982 and 1988 there was a period represented by an U-shaped curve with a decrease from 36.6 per 100,000 to 24.5, followed by a dramatic increase to 41 per 100,000 by 1994. The reduction of suicide rates coincided with a governmental antialcohol campaign initiated in 1982, which was accompanied by democratic reforms. A sharp rise of suicide rates occurred in the period of rapid restructuring of the society, after the restoration of Estonian independence in 1990.

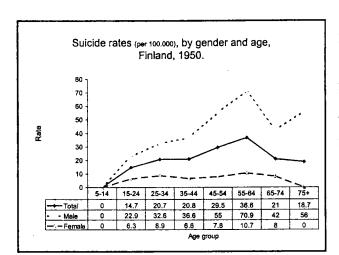
The male:female ratio settled around 4:1, except for 1990 when male rates continued to decrease and female rates already started to rise. Thus males and females had similar trends, females exceeding the changes in time. Age-specific suicide rates showed a bimodal distribution for males. In both years, 1981 and 1995, the peak in age 75+ stayed the same: 111 per 100,000, while the peak in younger age moved from 25-34 in 1981 to 45-54 in 1995 and had an alarmingly high rate: 139. It was the category of males most hurted by new values and alteration of classes in a society of transition. Suicide rates increased directly with age for females. In 1981 the increase was sharper from age 65+ reaching 56.5 in the age 75+. In 1995 the highest rate was still registered in the 75+ category, but the rate was much lower: 36.1. In the group of females around pension age, i.e. 55-64, the increase of suicide rates from 1981 to 1995 was the highest. Suicides reduced in younger ages, particularly in 25-34 year olds and for those 75+. The last mentioned group was born in 1920 and later, i.e. their youth coincided with Estonian's first independent period. Male: female ratios of suicide rates were highest in 1981 for the age group 35-44 at 5.5:1 and in 1995 for the age group 25-34 at 7.1:1. Much lower was the difference in the oldest age category both in the years 1981 (2:1) and 1995 (3.1:1).

Number of suicides by age group and gender. ESTONIA, 1996.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	4	37	53	99	119	68	32	22	440
Females	0	8	2	19	21	22	14	25	111
Total	4	45	- 55	118	140	90	46	47	551



FINLAND

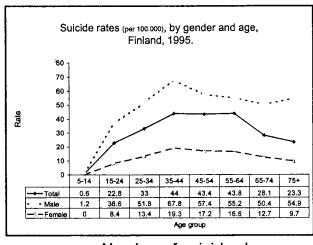


Total suicide rates have risen continually since 1950 in Finland, with a sharp increase between 1985 and 1990, when it reached 30.3 deaths per 100,000; this rate dropped to 27.2 by 1995. In 1995, the rate for the male population (43.4) was 3.7 times higher than the rate for females (11.8).

Between 1950 and 1995 a shift in suicide rates towards younger ages can be observed. In 1950 the 55-64 years age group was most afflicted by suicides: total rate 36.6, 70.9 for males and 10.7 for females. In the 75+ years age group males had another peak rate (56.0) and the rate for females was zero.

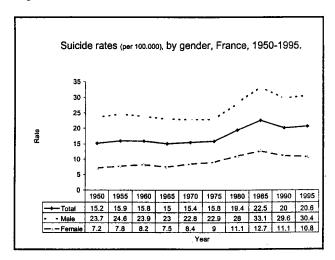
In 1995 the highest rates were recorded in the 35-44 years age group: total rate 44.0, 67.8 for males and 19.3 for females. Furthermore suicide rates were almost as high up to the age group 55-64 for both sexes. In the age group 35-44 the rate for females has even tripled.

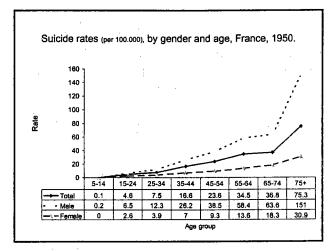
Generally speaking the highest risk for committing suicide is registered among persons aged 35-64 with a strongly higher risk for males than for females, but revealing a distinct increase for females at the same time.



Number of suicides by age group and gender. FINLAND, 1995.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	4	118	194	274	215	136	90	49	1080
Females	0	26	48	75	63	44	32	20	308
Total	4	144	242	349	278	180	122	69	1388





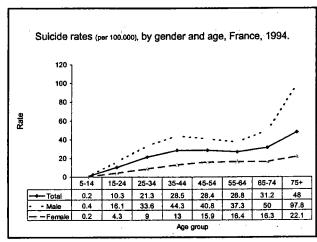


From 1950 up to 1975 the total suicide rate remained between 15 per 100,000 and 16 per 100,000. In 1985 a peak of 22.5 was reached. By 1990 the total rate was reduced to 20 and slightly increased again up to 20.6 in 1995. Males' rates were three times higher than females' rates in 1995.

Concerning age groups, suicide rates increased dramatically for the age group 75+ in 1950. In 1994 there was still the same picture: the total suicide rate for the age group 75+ was 48; 97.8 for males and 22.1 for females.

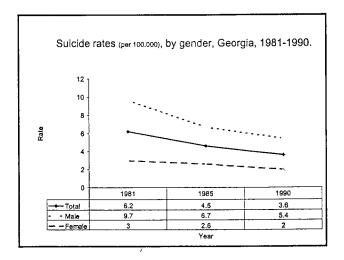
The difference between 1950 and 1994 lies in the earlier marked increase of suicide rates related to the age groups: in 1950 rates started to increase after the age of 35-44 years, whereas in 1994 they had already increased in the 15-24 years age group. The total suicide rate for the 15-24 years age group has more than doubled from 4.6 in 1950 to 10.3 in 1994 and for the 25-34 years age group it has increased threefold from 7.5 to 21.3.

Nevertheless, the highest rates of suicide are still found among the elderly.

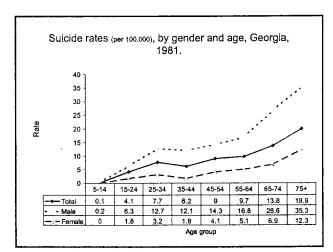


Number of suicides by age group and gender. FRANCE, 1997.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	12	534	1206	1634	1590	911	919	1293	8099
Females	11	167	362	519	618	446	404	513	3040
Total	23	701	1568	2153	2208	1357	1323	1806	11139

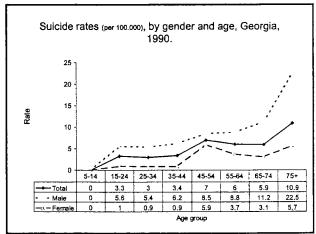


GEORGIA



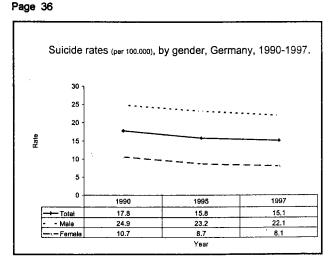
In Georgia low suicide rates and a downward trend were registered between 1981 and 1990. Georgia and other republics in the Caucasian region, Azerbaijan and Armenia, showed the lowest rates among 15 former USSR republics. Similar to other USSR republics the tendency to an U-shaped curve occurred during the period observed, but the amplitude of changes was small and rates in 1990 dropped both for males and females which coincided with carrying on the war in that district. The male: female ratio ranged between 2,6:1 and 3.2:1.

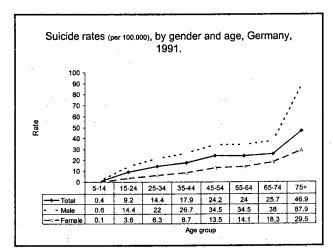
The suicide frequency increased by age for males and females in 1981 as well as in 1990. From 1981 to 1990 suicide rates diminished for males and females in all age groups, particularly in old age. An exception was the female age group 45-54 with increased suicide rates in 1990 in comparison with 1981.

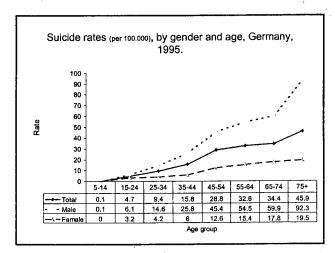


Number of suicides by age group and gender. GEORGIA, 1990.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	0	23	23	20	24	24	12	14	140
Females	0	4	4	3	19	12	6	8	56
Total	0	27	27	23	43	36	18	22	196







GERMANY

The total suicide rate in Germany shows a decreasing trend. From 1990 to 1997 it went down from 17.8 to 15.1 (per 100,000). In 1997 the rate for the male population was 2.7 times higher than the one for females: 22.1 and 8.1 respectively.

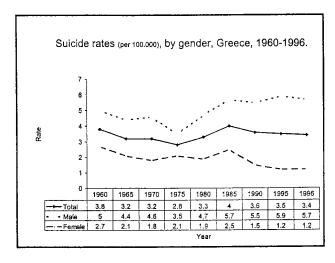
The age distribution in 1991 clearly indicated a pattern with the highest incidence of suicides for the 75+ years age group for both sexes: the total rate was 46.9, 29.5 for females and 87.9 for males.

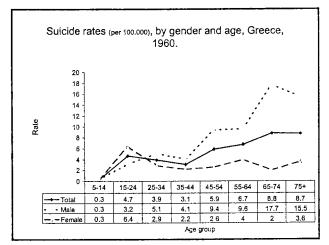
In 1995 the highest rates still occured in the 75+ years age group: the total rate was 45.9, the rate for females was 19.5 and the rate for the male population even increased to 92.3. Another aspect of the age distribution in 1995 gave evidence of an increase in the males' rates for the ages 45-74, whereas rates decreased in all other categories (except for a slight increase in the female 55-64 years age group).

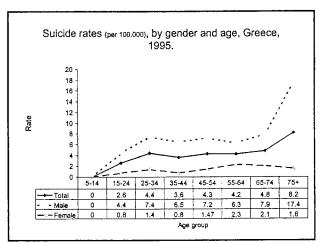
Generally speaking suicides in Germany are predominant among elderly males and females with an increasing trend for males at an earlier age, beginning with 45 years.

Number of suicides by age group and gender. GERMANY, 1997.

			, ,	,	•		•			
Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All	
Males	28	600	1345	1670	1507	1533	1017	1135	8835	
Females	8	142	363	431	500	615	560	802	3421	
Total	36	742	1708	2101	2007	2148	1577	1937	12256	







GREECE

On the whole, the trend in suicide rates appears to be stable between 1960 and 1996. The relationship between the suicide rates for the two sexes shows an inverse correlation: while males have shown an increase in suicide rates (18%, with a particularly marked rise - 68% - from 1975 onwards), female rates exhibited a fall of 125%. Owing particularly to the trend in female rates, the male/female ratio expanded from 1.8:1 in 1960 to 4.9:1 in 1996, with an average ratio of 2.7:1.

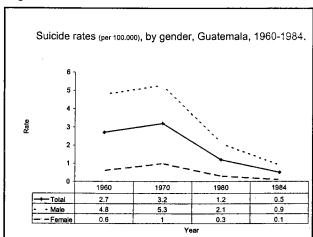
The distribution by age groups reveals an atypical peak in 1960 among young females (15-24 year olds), with a value which is 8 times greater than most recent data. Clearly, as indicated above, such marked unevenness may be accounted for by the small size of the sample. Except for the 65-74 year-olds, all other female age groups exhibited marked decreases, the most salient being in the 35-44 year group (-175%).

Conversely, there have been considerable increases in the younger male groups: +37% (15-24), +43% (25-34), +58% (35-44). A considerable fall was, by contrast, recorded in the 65-74 age group: -124%.

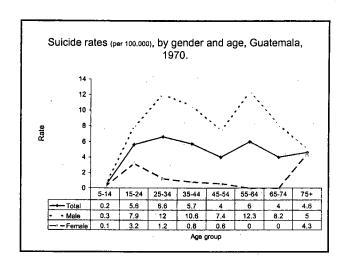
On the whole, therefore, the profile emerging from the suicide distribution curve for Greece largely overlaps, in recent years, with that of many other Western countries.

Number of suicides by age group and gender. GREECE, 1996.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	0	22	61	45	42	52	40	32	294
Females	0	5	9	4	10	9	10	15	62
Total	0	27	70	49	52	61	50	47	356





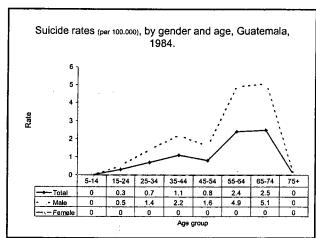


After a peak of 3.2 per 100,000 in 1970, total suicide rates have decreased to 0.5 per 100,000 in 1984, last year for which data exists.

The females' rate peaked in the age group 75+ in 1970 (4.3 per 100,000), but in 1984 there were no suicides reported for females in any age group.

For the male population rates above 12 per 100,000 were observed in 1970 for two age groups, 25-34 and 55-64 years old. In 1984 the highest suicide rate for males was 5.1 per 100,000, in the age group 65-74 years old.

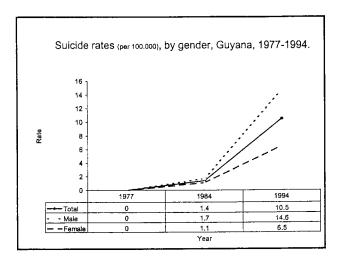
However, as it is the case with small populations the interpretation of rates per 100,000 must be made with great caution.

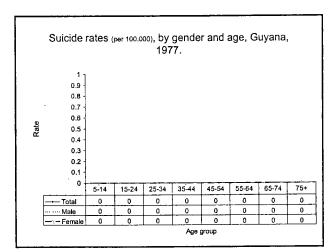


Number of suicides by age group and gender. GUATEMALA, 1984.

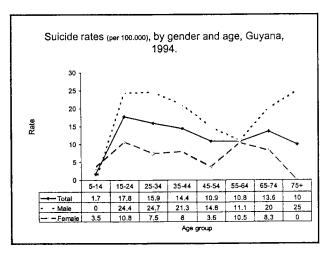
Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	0	4	8	8	4	8	4	0	36
Females	0	0	0	0	0	0	Ö	0	0
Total	0	4	8	8	4	8	4	0	36







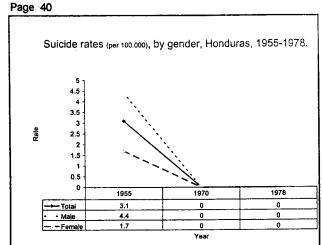
Figures of zero suicides in 1977 are given, but that is hardly credible. The rates in 1984 are exceptionally low, and the marked increase in 1994, which is eight fold overall, almost certainly reflects an artefact of inadequate early documentation, rather than there being such a marked increase. It is difficult to reconcile the overall 1994 male suicide rate of 14.6 per 100,000 with the greater rate in the majority of the different age groups, unless in fact there is a very substantial part of the overall population under 15 years of age.

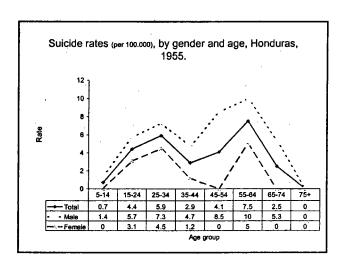


Number of suicides by age group and gender. GUYANA, 1994.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	0	21	19	10	4	2	2	1	59
Females	3	9	6	4	2	2	1	0	27
Total	3	30	25	14	6	4	3	1	86

HONDURAS

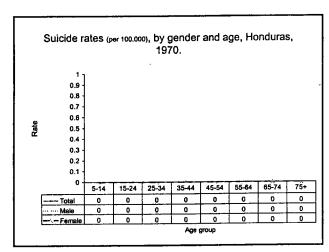




Information on suicide rates in Honduras is extremely poor. There are reports for 1955, 1970 and 1978 only. However, no suicide was reported in 1970 and 1978 respectively. Even for a small population country it is hard to take this for granted.

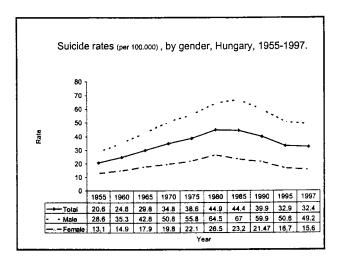
In 1955 the highest suicide rates for both males and females were found in the age group 55-64 years old. Overall, rates of male suicide were twice as high as females' rates, on the average.

A word of caution regarding the interpretation of these rates is needed as is the case with all small population countries.

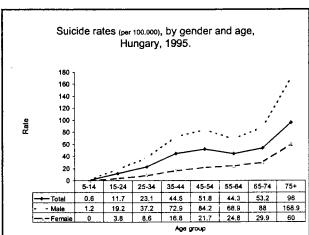


Number of suicides by age group and gender. HONDURAS, 1978.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	0	0	0	0	0	0	0	0	0
Females	: 0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0



Suicide rates (per 100.000), by gender and age, Hungary, 1955. 160 140 120 100 Rate 60 40 20 15-24 25-34 35-44 45-54 55-64 21.9 36.2 48.2 93.5 16.3 18.6 20.9 -Tolal 1.1 27.4 10.3 15.2 19.3 20.8 29.7 Age group



Number of suicides by age group and gender. HUNGARY, 1997.

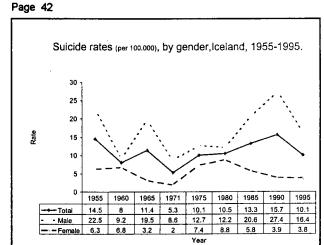
Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	5	131	255	527	512	342	315	296	2383
Females	2	32	40	121	128	134	169	199	825
Total	7	163	295	548	640	476	484	495	3208

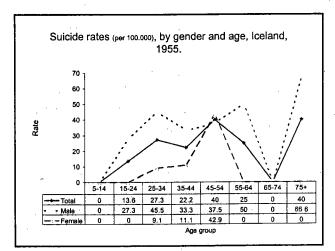
HUNGARY

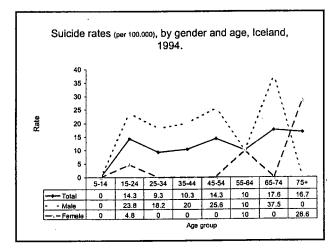
From 1955 onwards total suicide rates increased up to a peak of 44.9 per 100,000 in 1980. By 1997 the total rate dropped to 32.4. Despite this downward trend the total rate still is very high, twice as high as the global rate. The rate for males (49.2) in 1997 was especially high, being three times higher than the rate for females.

In 1955 suicide rates were highest within the elderly population, especially for the 75+ years age group. The suicide rates already show a distinct increase from the 55-64 years age group onwards.

By 1995 the situation in the 75+ years age group deteriorated: the total rate is 96, and for males an astonishing 168.9 per 100,000 in this age group. A strong increase in suicide rates can already be observed from the 45-54 years age group onwards. This calls for a particular focus on the elderly population in suicide prevention programmes.







The curve for total suicide rates in Iceland shows a strongly varying pattern between 1955 and 1995. The peak was reached in 1990 with 15.7 deaths per 100,000 and by 1995 it had come down to 10.1.

Male and female rates reached their peaks in 1990 (27.4) and 1980 (8.8) respectively. In 1994 the rates decreased for both sexes, with males having a rate (15.8) 5 times higher than females (3.0).

In 1955 both age groups the 45-54 and the 75+ years had equally high suicide rate (40.0) which can be explained by a strong peak among females in the 45-54 years age group and an even stronger peak among males in the age group 75+ years. For the age group 65-74 years there are no suicides reported at all for either sex and for females' suicides occurred only between ages 25 to 54 years.

In 1994 the picture has changed dramatically: the age group 75+ years had now the highest rates for females with no suicides reported for males. The highest rate for males can be found in the age group 65-74 years, whereas the age group 45-54 years having the second highest rate for males and a zero rate for females. The highest total rate in 1994 is marked in the 65-74 years old population.

Generally speaking suicide is a serious problem among elderly people (65+ years) for both sexes and for males also in younger ages.

Number of suicides by age group and gender. ICELAND, 1995.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	0	4	8	3	2	3	2	0	22
Females	. 0	0	2	0	1	0	1	1	5
Total	0	4	10	3	3	3	3	1	27

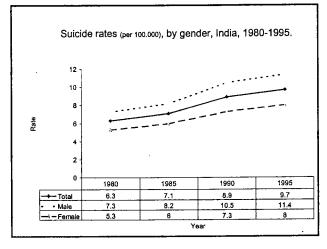
INDIA

There is a steady upward trend in the suicide rate from 1980 onwards. The rate increased by 47% from 6.3 deaths per 100,000 in 1980 to 9.7 in 1995. The consistent rise is shown by a 41% increase in the rate in the decade 1980-90 and a 39% increase in the decade 1985-95.

The suicide rate among males is higher than that of females remaining stable at around a proportion of 1.4:1 during the period under study, a small gap by comparison with mostly Western countries. The only reversal in the pattern is in the young where more girls (53%) commit suicide than boys. More or less equal number of males and females commit suicide between the age of 15-29 years. However, there has been a 62% increase in females' suicide as compared to a 56% increase in males

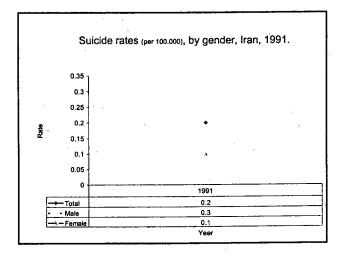
A large proportion of suicides (41%) is committed by young adults (15-29 years old). Contrary to what is most frequently seen elsewhere, only 6.2% of the suicides are committed by the elderly (60+ years). Youngsters below the age of 15 years are responsible for 3.6% of all suicides, which leaves 90% of the suicides committed by persons between 15-59 years of age.

As age advances more males commit suicide. The difference is marked from the age of 45 years where 69% of the suicides are by males. This suggests that females are more vulnerable to suicide when they are young and males more after the age of 45 years.



Number of suicides by age group and gender. INDIA, 1995.

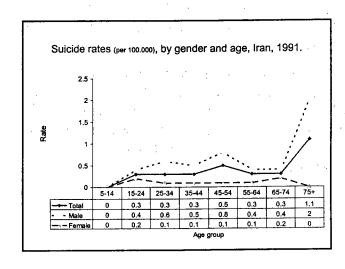
Age (years)	up to 14	15-29	30-44	45-59	60 +	All
Males	1504	18666	18201	10244	3742	52357
Females	1670	17812	10883	4699	1757	36821
Total	3174	36478	29084	14943	5499	89178



Suicide rates for Iran were only reported for 1991 so one is very restricted in making any interpretation.

The total rate of 0.2 per 100,000 can be considered as being within the lowest in the world, maybe due to the cultural background of this country.

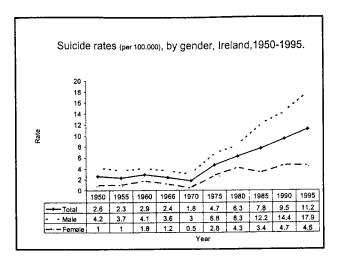
Females' rates are lower than males' rates. The highest total suicide rate was in the 75+ years age group at 1.1, the rate for males being 2.

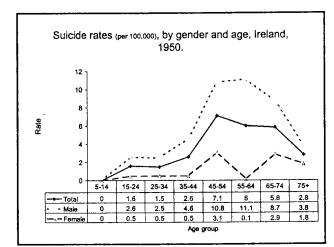


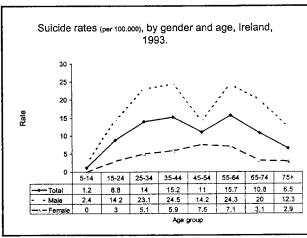
Number of suicides by age group and gender. IRAN, 1991.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	2	25	23	13	13 .	6	3	5	91
Females	2	9	3	2	2	1	1	0	20
Total	4,	34	26	15	15	7	4	5	111

IRELAND







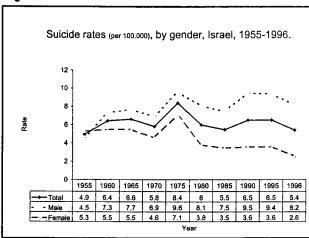
The rates of suicide were consistently low for both genders until 1975. In the period 1950-1975, there was a 80% increase in the total suicide rate; 62% increase for males and 180% for females. The male rate continued to rise quite steeply to a high of 17.9 per 100,000 in 1995. The female rates continued to rise less steeply to highs of 4.7 and 4.6 in 1990 and 1995 respectively. The ratio between males and females remained essentially the same throughout the entire period: 4.2:1 in 1950 and 4:1 in 1995.

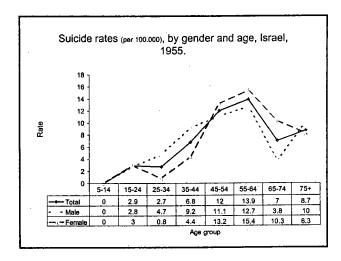
Even though the overall rates were low in 1950, suicide was clearly a middle to older age group problem, especially for males in the 45-64 age groups, with a decreasing trend in the elderly age groups. The 1950 ratio between males and females in the 55-64 age group was an incredible 111:1. By 1993, Ireland experienced the trend of increased rates in the younger age groups resulting in a bimodal pattern for the whole population with peaks in the 25-44 age groups and the 55-64 age groups. The male rates in the 35-44 age groups are close to male rates in other western countries.

Number of suicides by age group and gender. IRELAND, 1995.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	4	76	67	72	39	23	25	14	320
Females	2	11	20	18	16	10	3	3	83
Total	6	77	87	90	55	33	28	17	403

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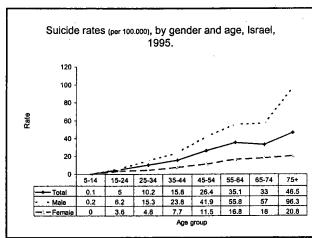




Since 1955 the curve for total suicide rates remained relatively stable with a peak in 1975 (8.4 per 100,000) and a rate of 5.4 in 1996. Back in 1955 rates for females were highest, but afterwards males always had higher rates. The male:female suicide ratio has gradually increased to 3.2:1 in 1996 from 1.3:1 in 1960.

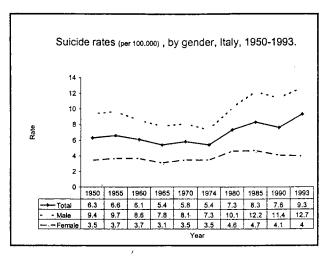
The higher suicide rates for females in 1955 are found in the age groups 15-24 and 45-74. In the age group 75+ males show higher rates. In 1995, males' rates are generally higher than females' rates with a peak rate of 96.3 for the age group 75+.

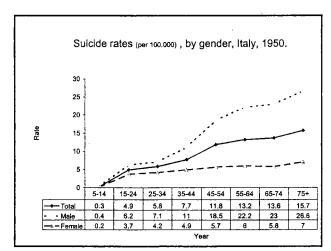
In 1995 suicide rates increased progressively with ageing.

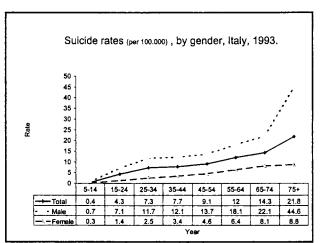


Number of suicides by age group and gender. ISRAEL, 1996.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	3	44	38	34	23	24	26	39	231
Females	0	9	9	11	10	9	7	20	75
Total	3	53	47	44	33	33	33	59	306







ITALY

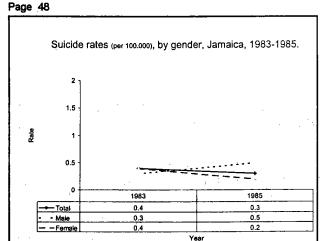
In the period under consideration (1950-1993), there was a marked rise in suicide rates. more accentuated among males (35%) than females (14%). The post-World War II period in Italy was a time of particularly positive national and social rebirth, culminating in the "economic miracle" of the 1960s. For roughly 25 years, Italy experienced stable and in some cases decreasing suicide rates, particularly among males. From the mid-1970s onwards, the economic difficulties were strongly felt, accompanied by social agitation, which brought about considerable changes in the social structure (massive entry of females into the work force, progressive replacement of the extended family model by nuclear families, fall in the birth rate, increase in couples' separations, increase in drug and alcohol consumption, rise in criminality, secularization of the church).

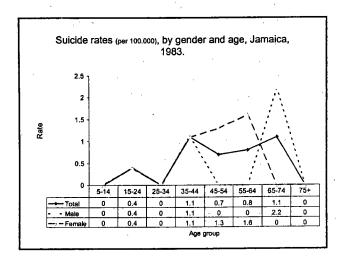
Suicide rates increased rapidly, with a rise of 72.2% in the total suicide rate in the last twenty years, almost entirely due to male contribution (+74%), whilst the increase among females was smaller (+31%), followed by a gradual decline. The male-female suicide ratio varied between 2.1:1 (1974) and 3.2:1 (1993), with and average of 2.4:1. The ratio between suicide rates for the two sexes tended to increase with age.

Age distribution showed a rather characteristic pattern, with rates progressively increasing with age, in both sexes. This variation over time is particularly noticeable among males for whom the rate rose 68% (from 26.6 per 100,000 in 1950 to 44.6 in 1993). Another important increase in percentage terms was recorded in the male 25-34 age group, for which rates also rose by 66% (from 7.1 to 11.7 in the same years). Females, by contrast, exhibited appreciable reductions between 1950 and 1993 in the younger age groups: 62% (15-24 years), 40% (25-34 years) and 31% (35-44 years).

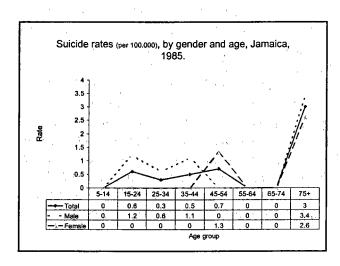
Number of suicides by age group and gender. ITALY, 1993.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	20	304	527	464	493	582	522	604	3516
Females	10	59	130	132	171	226	245	208	1181
Total	30	363	657	596	664	808	767	812	4697



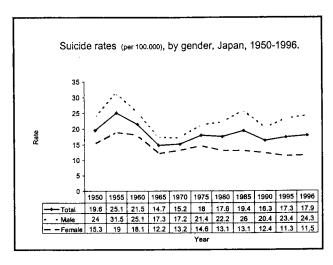


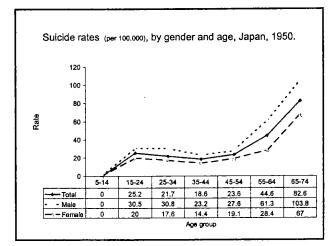
Only recently we do have access to the suicide rates for Jamaica. Presented here are data for 1983-1985. Of note is that the total numbers of suicides are very low, and hence the suicide rates are exceedingly low. Therefore, it is very difficult to derive any definitive conclusions. Nevertheless, it is clear that more males commit suicide than females (3:1) and the rates are highest among the young (age 15-24) and the very old (75+). It appears that between 1983 and 1985, the overall suicide rate and the female suicide rate decreased slightly, while the male suicide rate increased slightly. Until we have more trend data and more current data, it is very difficult to analyze suicide rates in Jamaica.

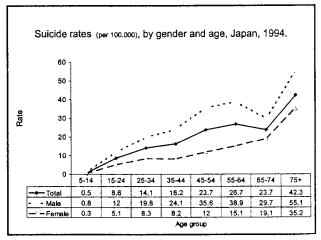


Number of suicides by age group and gender. JAMAICA, 1985.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	0	3	1	1 .	0	0 :	0	1	6
Females	0	0	0	0	1	: 0	0	1	. 2
Total	0	3	1 .	. 1	1	0	. 0	2	- 8







JAPAN

The first peak of the number of suicides has been observed again since 1992. In 1997, when the latest data was available, there were 24,391 suicides in Japan and the suicide rate was 19.3 per 100,000 (male 26.6: female 12.4).

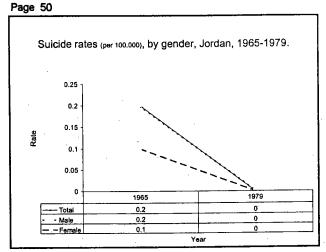
As for changes in the suicide rate according to age groups, a decrease in the rate among the youth is evident from the 1950s to the 1990s for both males and females. In the 1950s there were two peaks in the suicide curve, the young people and the elderly people. The suicide rate in the age group between 15 and 24 in 1950 was 25.2 per 100,000 (male 30.5: female 20.0) but the rate in 1994 of the same age group was 8.6 (male 12.0: female 5.1).

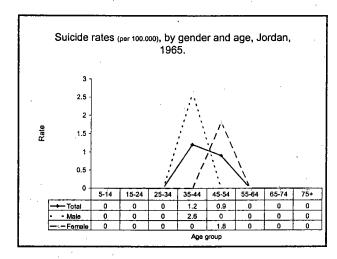
In contrast, suicide committed by senior citizens has been a grave social problem in Japan. Although the elderly suicide rate has also been decreasing from the 1950s to 1990s, it still remains high. The individuals aged 65 and older accounted for about 15% of the total population of Japan in 1997, there were 6,409 suicides in the same age group, constituting 26.3% of all suicides in the same It is one of the characteristics of recent Japanese suicide that not only males but also females show high suicide rates. The elderly suicide is more prevalent in rural than urban areas, which has resulted from the rapid changes from the traditional extended family to the nuclear family, especially in rural areas. Early recognition of psychiatric disorders in the old age, proper treatment, public education, and social support systems for the elderly with problems should be set up in the future to reduce the suicide rate of the elderly in Japan. Generally, the recent trend is that the older Japanese become, the higher the suicide rate is.

Number of suicides by age group and gender. JAPAN, 1996.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	41	1036	1690	2036	3689	3185	1682	1339	14853
Females	23	474	697	672	1271	1280	1233	1614	7285
Total	64	1510	2387	2708	4960	4465	2915	2953	25091

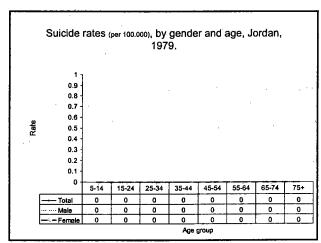
JORDAN





There is only data existing for 1965 and 1979 and one has to question if 0 suicides reported in 1979 are reliable data.

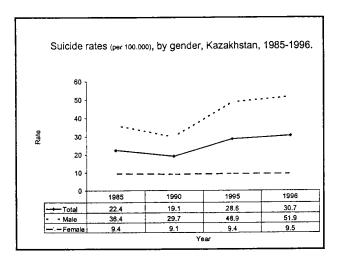
In 1965 the total rate shows 0.2 per 100,000 which can be considered as being very low. The only suicides reported in 1965 are within males in the age group 35-44 years (rate 2.6) and within females in the age group 45-54 years (rate 1.8). Interpretation with so little data is not possible. One might only take the cultural background of this country into consideration.

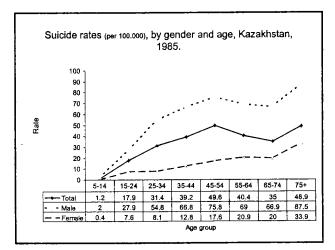


Number of suicides by age group and gender. JORDAN, 1979.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	0	. 0	0	0	0	0	0	0	0
Females	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0

KAZAKHSTAN





Suicide rates (per 100.000), by gender and age, Kazakhstan, 1995 70 60 Rate 50 40 30 35-44 15-24 25-34 45-54 65-74 26.7 39.6 49.9 52.7 49.5 39.6 45.8 90.7 79.7 14.8

From 1985 to 1996 the total suicide rate in Kazakhstan increased from 22.4 to 30.7 per 100,000 with a slight drop in between. Most significantly, the rate for males was 5.5 times higher than for females (51.9 and 9.5 respectively) in 1996.

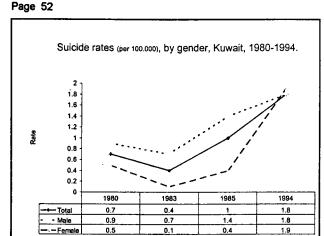
In 1985, suicide rates increased with age, with a small drop for the age group 65 -74 years, with a peak for the age group 75+ years and another peak for males in the age group 45-54 years.

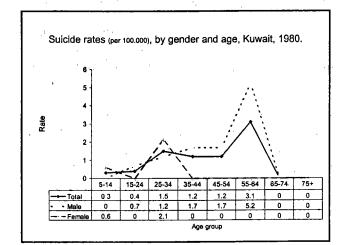
In 1995, females had the highest rate in the age group 75+ years, whereas the highest rate for males was reported in the age group 45-54 years (94.8), a result which affects the high total suicide rate in this age group. However males have also a high incidence for suicides in the age group 75+ years (88.0).

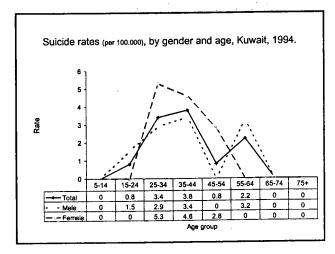
In 1995 'low' suicides rates for males are still greatly higher than females', indicating that in general suicide is a problem for males of all ages and for females at a very old age.

Number of suicides by age group and gender. KAZAKHSTAN, 1996.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	57	635	879	988	642	515	216	64	3996
Females	10	158	121	126	97	117	94	54	777
Total	67	793	1000	1114	739	632	310	118	4773







From 1980 to 1994 total and male suicide rates have doubled to 1.8 per 100,000. The rate for females has tripled to 1.9.

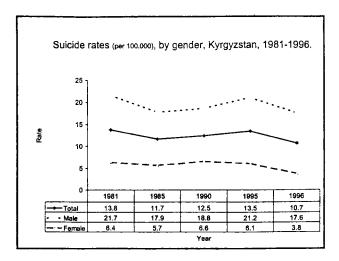
Elderly people (65 years and older) and very young people (5-14 years) have 0 rates. Suicide rates for females are also mostly 0 or close to that.

Males reach a peak in the suicide rate for the age group 55-64 years with 5.2 in 1980. In 1994 this peak has shifted towards younger females (25-34 years) with the rate being 5.3.

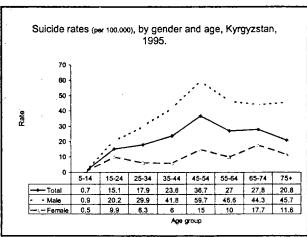
Generally speaking suicide rates have increased from 1980 to 1994, but with the highest rate of 5.3 (per 100.00) for young females they can still be considered as being quite low in comparison with other countries with different cultural backgrounds.

Number of suicides by age group and gender. KUWAIT, 1994.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	0	2	8	7	W 0	1.	. 0	0	18
Females	0	0	7	. 4	1	0	0	0	12
Total	0	2	15	11	1	1	0	, 0	30



Suicide rates (per 100.000), by gender and age, Kyrgyzstan, 60 50 40 Rate 30 20 15-24 45-54 55-64 65-74 35-44 10.5 22.8 37 29.7 25.2 18.1 0.3 26 Total 43.3 18.2 Age group



KYRGYZSTAN

The total suicide rate was rather homogeneous between 1981 and 1996, decreasing to the rate 10.7 in the most recent report. The males' rate (17.6 per 100,000) was 4.6 times higher than the females' rate in 1996.

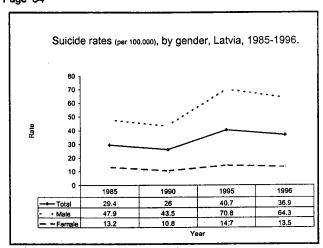
In 1981, there was a marked peak for the male population in the age group 45-54 years (64.3) with a lower rate (18.2) in the age group 75+ years. The highest rate for females (17.9) occurred in the age group 75+ years, with females' rates increasing continuously with age.

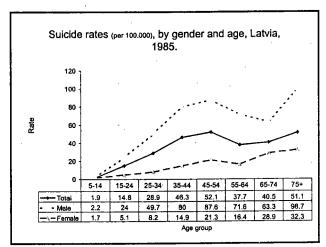
In 1995 the peak for the male population (59.7) was recorded in the age group 45-54 years with a downward trend for older ages, but with another increase in the age group 75+ years (45.7). For the females the highest rate switched to the age group 65-74 years old, with the rate staying almost as high (17.7) as in 1981.

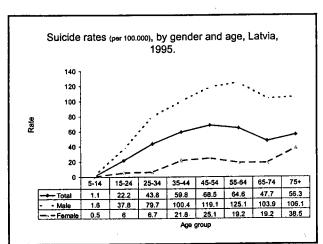
On the whole, in 1995 there is a distinct peak of suicide rates for males in the age group 45-54 years with a marked peak among elderly males and an increase for both sexes in the age group 15-24 years.

Number of suicides by age group and gender. KYRGYZSTAN, 1996.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	6	71	84	77	65	46	35	8	392
Females	3	18	21	13	4	12	5	12	88
Total	9	89	105	90	69	58	40	20	480





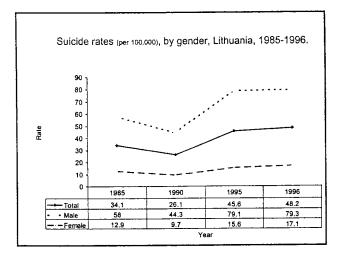


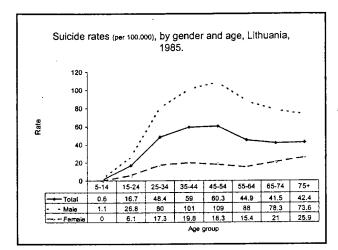
During 1970-1995 there was an upward trend of 43.8% for the whole population: 57% for males while the female trend was stable. The curve falls and rises. The total suicide rate has risen steadily by 22% during the seventies. Then a downward trend began in 1985 and lasted to the end of the eighties having the lowest value of suicide rates in 1988: 23.1 per 100,000. A sharp increase followed to the end of the period with the highest point in 1993: 42.5. A socio-politically decreasing trend coincided with democratic reforms from 1985 that included besides spiritual liberation a strict antialcohol policy all over the former USSR. An increase of the suicide trend followed in the period of rapid restructuring of the society after restoring independence in 1990. Although changes in male and female suicide rates throughout the entire period considered had the same tendency, the male:female ratio rose during the period of observation from 3.2:1 to 4.8:1 ensued by a dramatic increase for males by the end of the period that is thought to be related to males in a stronger share in turbulent social changes of society. In 1996 the total suicide rate decreased to 36.9 per 100,000.

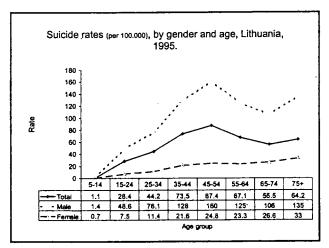
Age-specific suicide rates had a bimodal distribution for males in 1985 with peaks in the age groups 45-54 and those over 75 years of age. In 1995 the peak had moved to the 55-64 year old age range. Between 1985 to 1995 suicide rates increased in all age groups 15+. Particularly high was the increase in the age group 55-64, the group who generally lost social position in a renewed society. At the same time the pension age had risen from 60 to 65. Suicide rates increased directly with age for females. The male:female ratios of suicide rates were highest in the age group 35-44 at 6.1:1 in 1985 and in the age group 25-34 years at 11.9:1 in 1995. Lower was the difference in the oldest age category (2.8-3.1).

Number of suicides by age group and gender. LATVIA, 1998.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	5	58	107	153	157	115	57	26	678
Females	1	13	14	26	33	27	21	22	157
Total	6	71	121	179	190	142	78	126	835







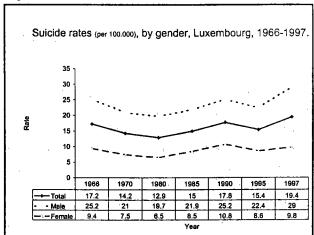
LITHUANIA

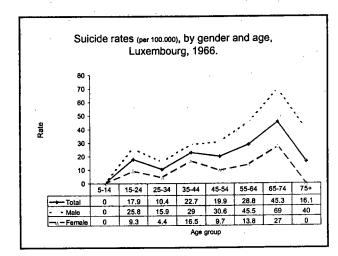
During 1970-1995 there was an upward trend of 81.6 % for the whole population: 81.8% for males and 77.3% for females. The curve has sharp falls and rises. The total suicide rate has risen in the seventies. The eighties began with a slight downward trend that coincided with a governmental antialcohol policy and continued with a sharp fall to the end of the decade at the height of democratic reforms from 1985 that included besides spiritual liberation particularly strict antialcohol policy all over the former USSR. The nineties show a dramatic increase of suicides. Socio-politically it was the period of rapid restructuring of the society to market economy, changed values and lifestyle after restoring independence in 1990. The total rate is strongly influenced by male suicides thus the male:female ratio was high - between 4.5:1 and 6.1:1 in different years. In 1996 the total suicide rate was 48.2 per 100,000. Changes in male and female suicide rates throughout the entire period had mainly the same tendency. The stronger increase for during the period of independence in comparison with other Baltic States could be explained by prolonged and uncertain reforms in Lithuania and insufficient attention to the mental health of the population. The age-specific distribution of suicide rates showed an increase with age for females and high values in the middle age for males. The highest rate - 160 per 100,000 males for the age group 45-54 was registered in 1995. It was the group that unexpectedly lost its social position in a renewed society. Male:female ratios by age groups lessened to the older age categories. From 1985 to 1995 suicide rates increased in all age groups for males and females. An exception, where a decrease had taken place was the 25-34 year old range, a socially active age and prone to changes.

Number of suicides by age group and gender. LITHUANIA, 1996.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	5	147	196	331	333	236	100	40	1388
Females	1	20	27	59	70	59	59	39	334
Total	6	167	223	390	403	295	159	79	1722

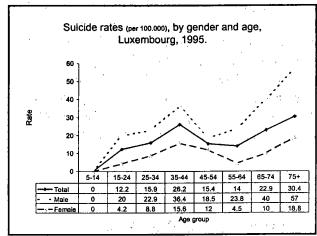
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From 1966 to 1997 males' and females' total suicide rate curves followed a parallel pattern. There was a peak in 1990, rates had decreased slightly by 1995, and in 1997 they increased to a total rate of 19.4 per 100,000. Rates for males (29.0) were higher than for females (9.8).

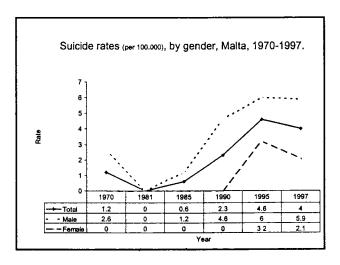
In 1966 the highest suicide rates for both males and females were found among the 65-74 years age group. In 1995 the highest rate shifted to the 75+ years age group, where the total rate was 30.4, 57.0 for males and 18.8 for females. In 1995 there was yet another peak in the suicide rate among the 35-44 years age group, where the total rate was 26.2, 36.4 for males and 15.6 for females.

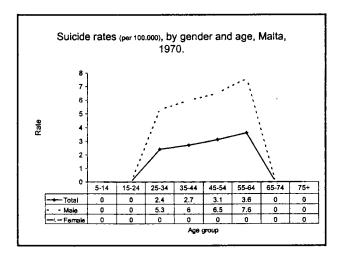


Number of suicides by age group and gender. LUXEMBOURG, 1997.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	0	7	7	15	8	10	3	10	60
Females	O.	1	6	4,	1	6	2	1	21
Total	0	7	13	19	9	16	5	11	81

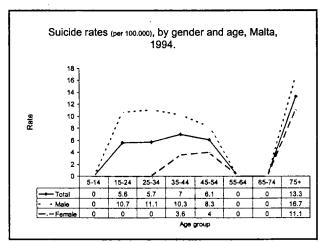






The suicide rate in Malta was only a male problem between 1970 and 1990. Overall the suicide rate was quite low. Between 1985 and 1995, the male rate increased quite steeply. The rate was increasing five times by 1995. The male-female ratio was close to 2:1 in 1995. In 1997 the total suicide rate was 4.0 per 100,000.

In 1970, suicide rates for males were primarily confined in the 25-64 age groups. By 1994, similar to trends in other countries, the rate of suicide in Malta shifted in two directions: resulting in an increasing risk for younger age groups, especially males in the 15-44 age groups, and an increasing risk for those in the 75+ age group.

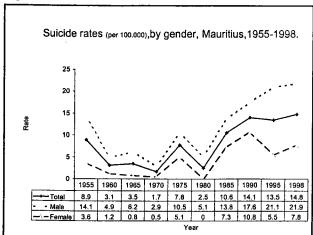


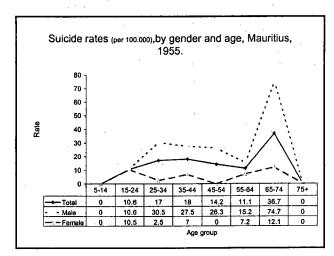
Number of suicides by age group and gender. MALTA, 1997.

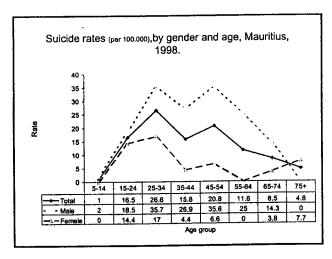
Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	0	3	2	3	1	0	0	2	11
Females	0	1	2	0	0	1	0	0	4
Total	0	4	4	3	1	1	0	2	15

MAURITIUS









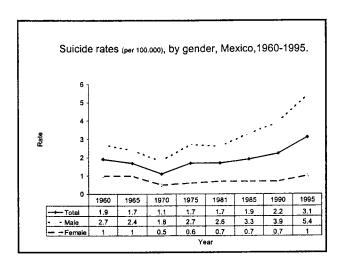
The suicide rates in Mauritius are characterized by dramatic fluctuations. They seem to have fallen dramatically from 1955 to 1970 for both males and females, increased again in 1975, dropped significantly in 1980, and then seemed to increase steadily until 1998. The low points of 1970 and 1980 are remarkable, as compared to the 1955 levels, but are in stark contrast to the 1998 levels. The 1998 total suicide rate and male suicide rate are comparable to rates in many Western industrialized countries.

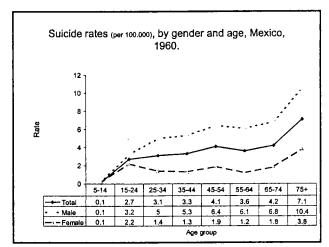
As is found globally, the suicide rate is significantly higher for males than females. In 1955 the highest suicide rate for males was among the 65-74 years age group, whereas in 1998 high rates of suicide for males were found among the middle aged population (25-54). The highest female rates are seen in the young population (15-34). The overall rate has a dramatic increase in the young adult years. It seems to decrease slightly thereafter, and then, after another peak, levels off or decreases slightly. Males, compared to females, have an elevated rate across the lifespan (except for the 75+age group), ranging from a two-fold to an eight-fold increased ratio.

Number of suicides by age group and gender. MAURITIUS, 1998.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	Ali
Males	2	20	35	25	21	8	3	0	114
Females	0	15	16	4	4	0	1	1	41
Total	2	35	51	29	25	8	4	1	155

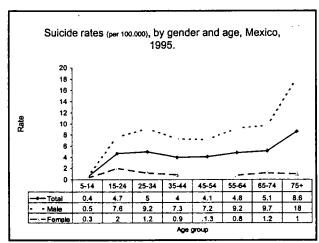






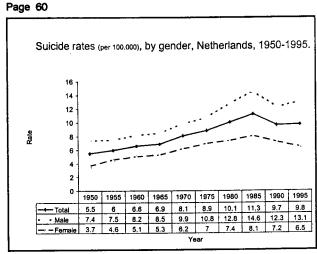
Mexico has one of the lowest recorded suicide rates in the world. The rate for the whole population showed little variance up to 1980. Between 1980 and 1995, the suicide rates almost doubled for both the whole population and males. There was little change in pattern of female suicide rates. The major difference during this period was the widening male-female ratio, which changed from 2.7:1 in 1960 to 5.4:1 in 1995.

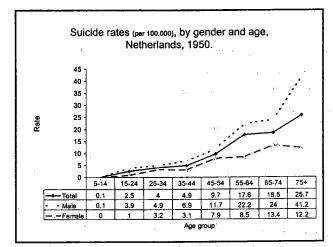
In 1960, the Mexico rate of suicide, even though it was low, reflected the common pattern of increasing risk from younger to older age groups with a marked increase for both genders in the 75+ age group. By 1995, the male rate in the 15-24 age group had more than doubled with smaller increases noted across the 25-74 age groups and a steep increase in the 75+ age group, where there was a 73% increase between 1960 and 1995.

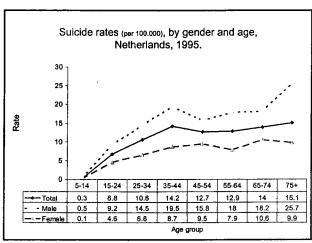


Number of suicides by age group and gender. MEXICO, 1995.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	50	755	640	354	226	185	113	111	2449
Females	27	198	87	46	43	18	16	8	443
Total	77	953	727	400	269	203	129	119	2892







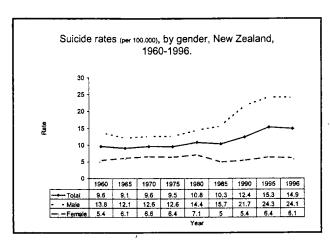
After a progressive upward development for both sexes, the total suicide rate reached a peak in 1985, with 11.3 deaths per 100,000. A short decrease was followed by another increase for the male population in 1995, whereas rates for females continue to drop. The total rate was 9.8 in 1995.

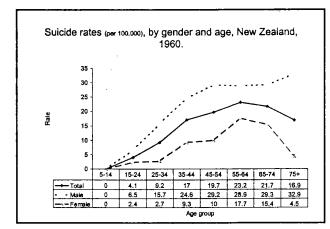
In 1950 males were at the highest risk of suicide in the 75+ years age group, females in the 65-74 years age group. The same picture appeared in 1995, but generally speaking, the strong increase in suicide rates already started in the 15-24 years age group and another peak was evidenced in the 35-44 years age group. The total suicide rates for the 15-24 and 25-34 years age groups increased by over 100% from 1950 to 1995.

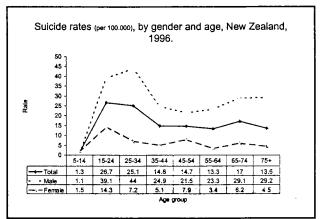
On the whole the elderly population is most prone to committing suicide with younger age groups having an increasing tendency.

Number of suicides by age group and gender. NETHERLANDS, 1995.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	5	95	194	236	168	130	96	76	:1000
Females	1	44	84	102	96	58	69	57	511
Total	6	139	278	338	264	188	165	133	1511







NEW ZEALAND

The increase in the suicide rate during the period 1960 to 1996 reflects an increase in the rate of male suicide, from 13.8 to 24.1 deaths per 100,000.

By contrast, the female suicide rate during this period remained low and stable: 5.4 and 6.1 deaths per 100,000 in both 1960 and 1996 respectively.

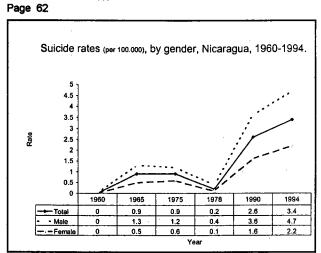
The increase in male suicide rates observed during the 36 year period from 1960 to 1996 is accounted for by a dramatic increase in the suicide rate among younger males: among males aged 15-24 years, the rate was 6.5 deaths per 100,000 in 1960 and increased 6-fold to 39.1 deaths per 100,000 in 1996. During the same period, the suicide rate amongst males aged 25-34 years almost tripled, from 15.7 deaths per 100,000 in 1960 to 44.0 deaths per 100,000 in 1996. For older males, (35 years and older), rates of suicide remained stable or declined during this period.

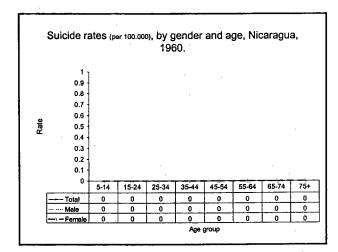
From 1960 to 1996 female suicide rates showed a similar but less dramatic pattern, with suicide rates increasing amongst younger females (15-34 years) and declining amongst females aged 35 years and older. Suicide rates amongst females aged 15-24 years, for example, increased from 2.4 deaths per 100,000 in 1960 to 14.3 deaths per 100,00 in 1996. A 2.7-fold increase in suicide rates was recorded during this period for females aged 25-34 years.

In summary, the suicide rate in New Zealand increased from 1960 to 1996, with this increase being accounted for by substantial increases in rates of suicide amongst young males.

Number of suicides by age group and gender. NEW ZEALAND, 1996.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	3	105	121	66	46	34	34	19	428
Females	4	38	21	14	17	5	8	5	112
Total	7	143	142	80	63	39	42	24	540

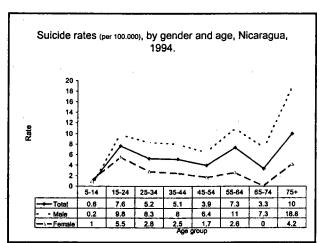




After an overall suicide rate below 1 per 100,000 until 1978, suicide rates rose 3.5 times after that date.

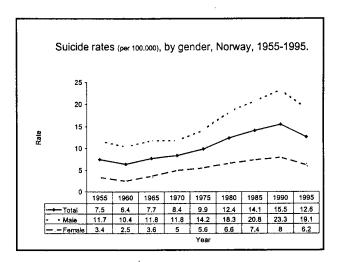
From zero suicides reported in 1960, we have 2-3 more suicides among males than among females in 1994, although overall rates can be considered quite low, in comparison with global rates.

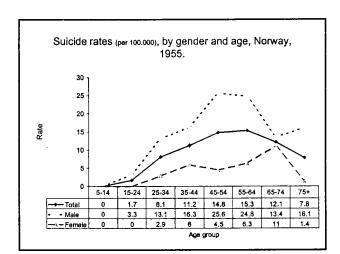
The highest suicide rates were found in the age group 75+ for males but in the age group 15-24 for females.

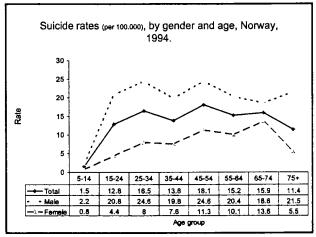


Number of suicides by age group and gender. NICARAGUA, 1994.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	1	41	20	14	7	8	3	3	98
Females	6	24	9	5	2	2	0	1	49
Total	7	65	29	19	9	10	3	4	147







NORWAY

Rising suicide rates in Norway may be noted during the period 1960-90. For example, the overall Norwegian suicide rate rose continuously between 1975 (9.9 per 100,000) and 1983 (14.6). The increase among males was particularly striking: the male rate more than doubled between 1970 (11.8) and 1988 (24.5). The female suicide rate also rose during this period, although the trend was less striking than that for males. These negative trends were reversed in the early 1990s; suicide rates began to decline in Norway, as in its Scandinavian neighbours Sweden and Denmark. The fall in the overall Norwegian suicide rate that has taken place in this decade is explained almost entirely by the lower male suicide rate during this period. The female suicide rate changed only marginally in the latter ten years of the study period.

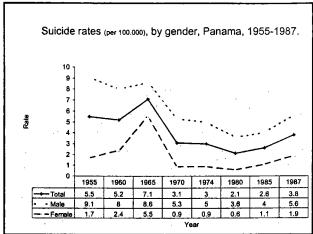
The age structure concerning suicide in the Norwegian population is somewhat unusual compared with many other European countries. As the diagram shows, in 1994 only minor differences in suicide rates between different age groups are observed. Only the youngest group, aged 5–14, deviates with its low suicide rate. Minor disparities in the incidence of suicide between different age groups also characterise other Northern European countries, such as Sweden and Finland. However, the suicide rate for Norwegians aged 75 and over is relatively low— a feature discernible in the figures for both 1955 and 1994.

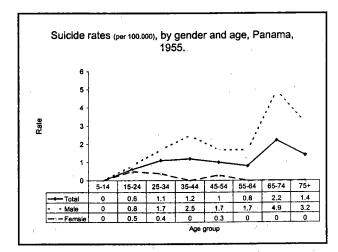
The decline in the overall suicide rate in Norway that has taken place in the 1990s characterises most age groups. However, it should be borne in mind that the Norwegian population is relatively small: thus, the number of suicides is relatively low and conclusions more uncertain than for larger nations.

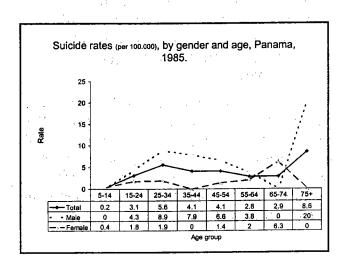
Number of suicides by age group and gender. NORWAY, 1995.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	7	68	76	70	67	40	54	29	411
Females	2	16	17	31	27	14	19	11	137
Total	9	84	93	101	94	54	73	40	548









The year 1965 represents a clear divide in suicide rates in Panama: before that date, when it peaked at 7.1 per 100,000, rates were around 5-5.5; after that peak, there was an overall reduction to levels below 4.0 per 100,000.

In 1955 the highest suicide rate for males was in the 65-74 years age group reaching a rate of 4.9. In the same year the male suicide rate saw another peak for the 35-44 years age group at 2.5 per 100,000. The suicide rate for females was consistently low around 0.5 for all age groups.

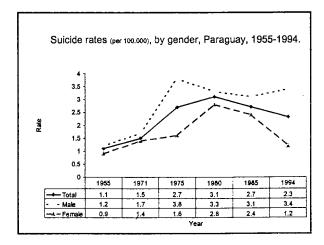
In 1985 the suicide rate for males once again saw two peaks, the highest being for the 75+ years age group at 20.0. The other peak was among the 25-34 years age group reaching 8.9. In the same year the suicide rate for females between 5-64 years stayed below 2.0 and subsequently saw a dramatic jump among the 65-74 years age group reaching the rate of 6.3 per 100,000.

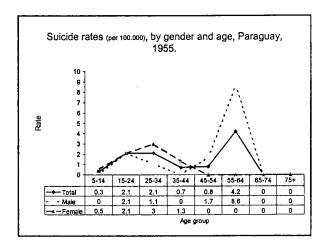
Throughout the investigated period the male female ratio has been consistently at 4:1. In view of the small numbers interpretation should be cautious.

Number of suicides by age group and gender. PANAMA, 1989.

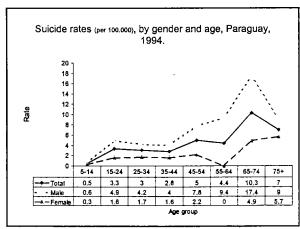
				*		*			
Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	1	17	18	7	8	4	2	4	61
Females	0	4	1	0	3	1	0	0	9
Total	1	21	19	7	11	5	2	4	70

PARAGUAY



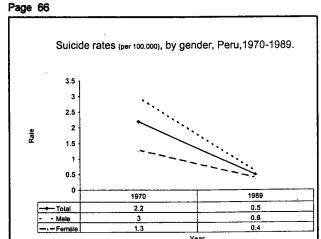


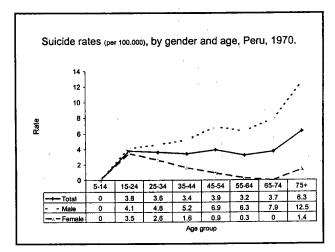
The rates are low, particularly for the period 1955 to 1971. They rise a little by 1994, but are still very low by world standards. In the 1955 data there was a peak in males 55-64 years of age, but there were no females recorded in that age group and no males or females in any older age group. One doubts the accuracy of these data, unless there were virtually no adults living beyond the age of 64 at that time. The rates are so low, and one must have reservations about the data. Therefore it is doubtful if one can assert that there has been a genuine increase in suicide from 1955 to 1994.



Number of suicides by age group and gender. PARAGUAY, 1994.

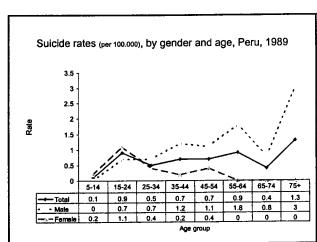
Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	4	22	15	11	11	8	8	. 2	82
Females	2	7	6	4	3	0	3	2	27
Total	6	29	21	15	14	. 8	11	4	109





The low figures of 1970 reduce to even lower rates in 1989. The figures for 1970 could reflect reality as the rates for males reach 8 and 12 per 100,000 in the age groups 65-74 and over 75 respectively, but these must be diluted by a large proportion of the population being very young to give the overall very low rate.

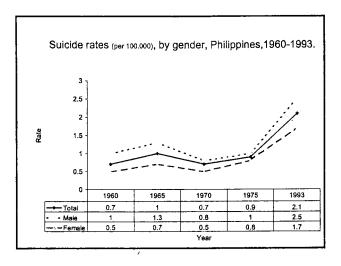
The extraordinary low rates for 1989 either lack credibility, or warrant the closest scrutiny in terms of why the suicide rate should be so low.

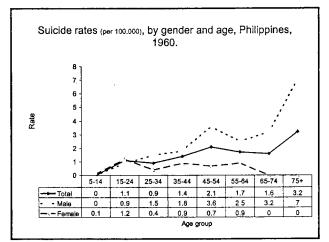


Number of suicides by age group and gender. PERU, 1989.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	1	. 16	11	13	. 8	9	2	. 3	64
Females	5	24	6	2	3	0	0	0	42
Total	6	40	17	15	11	9	2	3	106

PHILIPPINES





Between 1960 and 1975 total suicide rates were at or below 1.0 per 100,000 but had tripled by 1993.

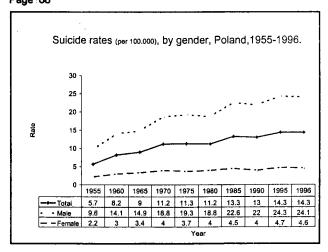
Whereas the highest suicide rates in 1960 were found among those over 75 years old for males with a gradual increase with age, in 1993 approximately the same relatively high rates (around 3.1 per 100,000) are found both at the age groups 25-34 years and 75+ years. For females, already in 1960 the highest rates were found in the age group 15-24 years, with a very slight decrease with age. In 1993 the highest rates (around 2,7 per 100,000) are to be found both in the youngest and the oldest age groups with a typical U-shaped distribution.

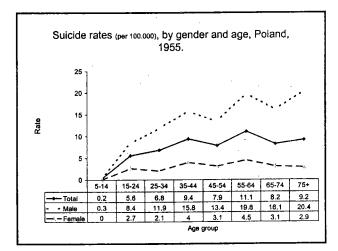
During the period under study, the gender distribution was maintained uniform, with slight variations, and showed a discrete predominance of males' suicide rates over females' with a ratio of 1.5:1, on average.

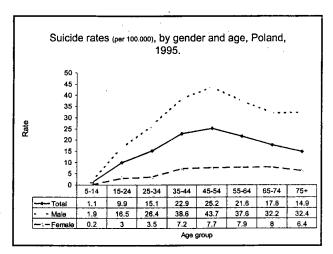
Number of suicides by age group and gender. PHILIPPINES, 1993.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	0	175	154	87	41	29	11	9	506
Females	0	169	86	34	20	14	7	10	342
Total	0	344	240	121	61	43	18	19	848









As the diagram shows, the overall Polish suicide rate rose continuously in the period 1955–96. Interestingly, however, it is males who mainly account for this rise. Accordingly, gender differences in suicide mortality in Poland are relatively marked. In recent years, the gender ratio has exceeded 5 - a figure that is, by European standards, extremely high. High gender ratios are common in large parts of Eastern Europe and the former USSR. However, it should be noted that, despite the rising suicide rates found in Poland, the country's present (1996) suicide rate ranks it roughly midway among European countries.

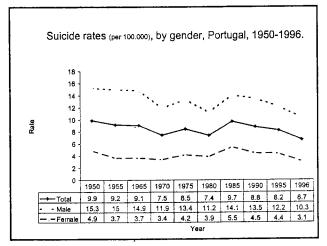
In 1955, overall age disparities were relatively low in Poland: only the two youngest age groups diverged, with lower suicide rates. Although overall rates were fairly stable there was, however, one interesting gender difference in 1955: on the whole, the suicide rate among males rose progressively with advancing age, while among elderly females (65 and over) the suicide rate was relatively low. In recent decades, the age structure concerning suicide in the Polish population has changed: nowadays, peak suicide rates in the population are in the 45-54 age group. As shown in the diagram relating to 1995, this pattern is particularly marked among Polish males. This age structure is identifiable in several other Eastern European countries. It is worth noting, too, that the rise in the overall Polish suicide rate from the mid-1980s and on was entirely attributable to the population over 35. In younger population groups, the suicide rate was stable or even declined slightly in 1985-95.

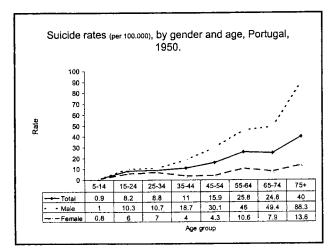
Note that the last two diagrams differ in scale.

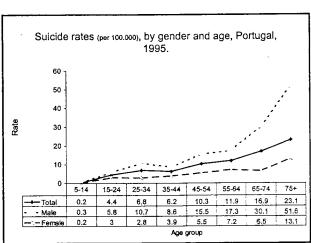
Number of suicides by age group and gender. POLAND, 1996.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	52	540	617	1211	930	677	361	149	4537
Females	12	88	79	184	178	178	129	61	909
Total	64	628	696	1395	1108	855	490	210	5446

PORTUGAL







In the period being examined (1950-1996), the suicide rates trend was rather fluctuating, though the general tendency was towards a decline (-20.7%), observed in both females (-11.4%) and, above all, males (-25.4%).

The decline in suicide rates is particularly marked in the final decade examined. The male-female suicide ratio exhibited a certain stability over time, with a mean of 3.2:1 and the most marked difference emerging in the decade 1955-1965, owing in particular to the decline in female suicide rates. Conversely, the lowest ratio (2.6:1) was recorded in 1985, owing in this case to a rise in the female suicide rate (+12%, as compared to 1950).

As mentioned above, the fall in suicide rates in Portugal has occurred particularly among males, practically throughout all age groups considered, except for the 25-34 year-olds, for whom rates remained unchanged between 1950 and 1995. There were instead marked variations in other age groups, especially among the intermediate groups: -117% (35-44), -94% (45-54), -166% (55-64). The decreases in both the youngest (-77%) and the eldest (-64% (65-74s);-71% (75 and over)) were smaller.

In relation to females, apart from the marked decline in the younger groups (15-24; -100% and 25-34: -150%), variations were far more contained, with an overall decrease of 11.4%.

Number of suicides by age group and gender. PORTUGAL, 1996.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	0	34	52	60	52	80	88	125	491
Females	1	12	13	9	23	31	34	39	162
Total	1	46	64	69	75	111	122	164	653

WHO/MNH/MND/99.1

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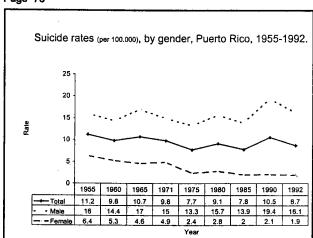
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Total

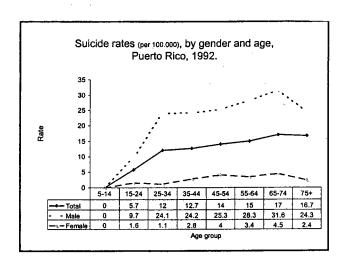
Male

Rate

Page 70



Suicide rates (per 100.000), by gender and age, Puerto Rico, 1955. 15-24 25-34 35-44 45-54 55-64 65-74 0.5 11 13.6 22.8 22.8 31.2 44.8 35.1 9.6 36.3 35.7 48.2 76.5 9.6 9



PUERTO RICO

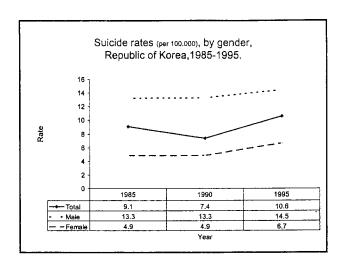
In the period 1955-1992, there was very little variance in the suicide rates, although a small downward trend had occurred. The suicide rate in the whole population decreased 22%, males had no change; females decreased 70%. The ratio of suicide rates between males and females widened dramatically over this period from 2.5:1 in 1955 to 8.5:1 in 1992.

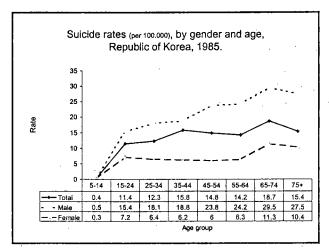
In 1955, suicide in Puerto Rico was clearly an older age group problem. The commonly assumed trend of increasing risk from younger to older age person was evident for males, but not for females. By 1992, the female rate showed little change from the 1955 pattern. Male suicide rates clearly shifted in the direction of an increasing problem for males in younger age groups. Overall, the rate of suicide was evenly spread across the 25-75+ age groups, with a slight upward trend from younger to older age groups.

Number of suicides by age group and gender. PUERTO RICO, 1992.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	0	31	61	53	45	36	30	23	279
Females	0	5	3	7	8	5	5	2	35
Total	0	36	64	60	53	41	35	25	314

REPUBLIC OF KOREA





Suicide rates (per 100.000), by gender and age, Republic of Korea, 1994. 30 Rate 25 20 15 35-44 45-54 55-64 65-74 19.1 26.7 14.1 15 16.5 20.3 22.4 28.6 46,1 8.5 | 11.3 | 18.1

Time: There has not been a strong change in suicide rates in the decade. But in 1990 there was a decrease probably related to the economic prosperity in that period.

Gender: From a male / female ratio 3:1 the female suicides have increased, in 1995 the ratio was 2:1.

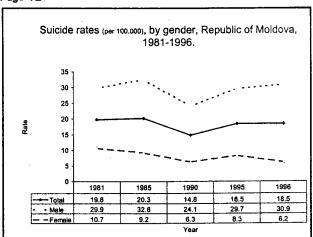
Age: In Korea the suicide rate increases with increasing age. The interesting point is that while in the neighbouring countries the adolescent suicides increased, in Korea the adolescent rate has reduced from 11.4 per 100,000 in 1985 to 8.5 in 1994. In 1985 the suicide rate was highest between 65 - 74 years for both males and females but in 1994, the rate was the highest in the elderly population (above 75).

Summary: In the period considered there has been an increase in overall suicide rates, with a particular increase amongst young females.

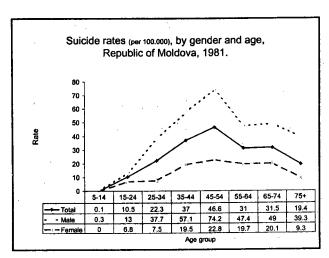
Number of suicides by age group and gender. REPUBLIC of KOREA, 1995.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	30	501	759	686	579	405	233	126	3319
Females	28	301	373	252	175	137	143	112	1521
Total	58	802	1132	938	754	542	376	238	4840

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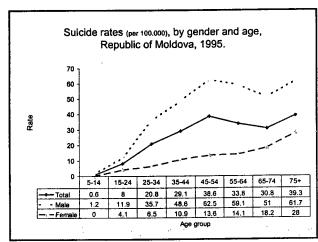


REPUBLIC OF MOLDOVA



Total suicide rates had a slight downward trend between 1981 and 1996. The rates had fallen significantly in 1990, the year of war carried on in that district. Male and female curves had similar tendencies. In 1981 the ratio male:female was 2.8:1, later in a socially more active period the difference enlarged to 3.5-3.8:1.

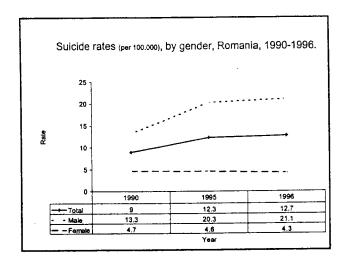
The pattern of age-specific distribution was similar for males and females for the year 1981: suicide rates increased to the age 45-54, then decreased. For males the rise and fall was sharper. In 1995 a similar increase to the age 45-54 occurred, but the difference in comparison with 1981 was the additional peak in the age 75+. Female suicide risk increased by age in 1995.

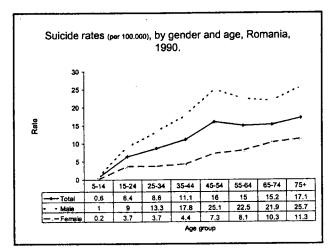


Number of suicides by age group and gender. REPUBLIC OF MOLDOVA, 1996.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	9	55	92	181	119	105	55	22	638
Females	2	9	20	21	23	27	25	12	139
Total	11	64	112	202	142	132	80	34	777

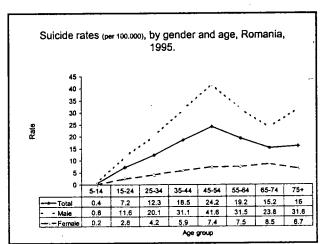
ROMANIA





Data from Romania are available only from 1990 onwards. Between 1990 and 1996, total suicide rate increased from 9 per 100,000 to 12.3. Rates for males were almost five times higher than for females in 1995.

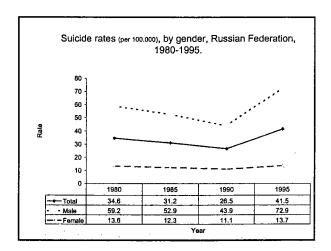
The age distribution shows the highest rates for the 75+ age group and a peak almost as high within the 45-54 years age group in 1990. Five years later, the peak for the male population in the 45-54 years age group is predominant. The suicide rate at this age is almost six times higher for males than for females. The suicide rate increased by 43% and 66% for the 15-24 years and 25-34 years age group respectively between 1990 and 1995.

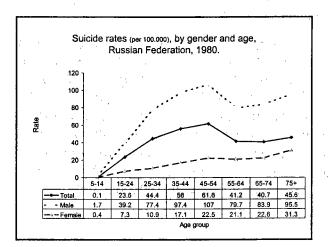


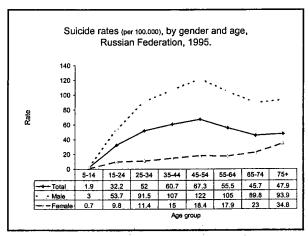
Number of suicides by age group and gender. ROMANIA, 1996.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Maies	15	234	302	521	538	361	254	110	2335
Females	2	37	42	85	92	99	97	39	493
Total	17	271	344	606	630	460	351	149	2828

RUSSIAN FEDERATION







During the first years of perestroika (1986-1987), a downturn trend reached its lowest point (23 per 100,000) since the 1970s. In the 1990s, suicide rates increased to dramatically high values: 41.5 in 1995. From a sociopolitical perspective, this was a period of reforms during which the former soviet system crumbled down and western-oriented changes caused economic and political difficulties which were morally painful for many citizens. Male and female rates showed the same trend, but the amplitude of changes was much smaller for females. The male suicide rate of 72.9 per 100,000 was among the highest in the world. The male:female ratio of total suicide rates ranged between 4:1 and 5.3:1.

The age-specific distribution of suicide rates was rather similar in 1980 and in 1995 with a peak in the age group 45-54 years. From 1980 to 1995 the highest increase was registered in the 55-64 old age group for males, i.e. around the retirement age of 60. The largest increase for female suicides was in the age group 45-54 (females retire when 55 years old). The male:female ratio was the highest in the age group 25-34 (7.1:1 and 8.0:1 in 1980 and 1995 respectively).

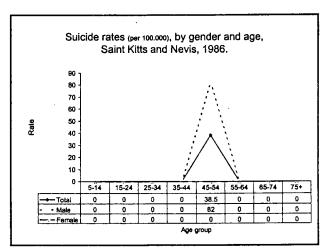
Number of suicides by age group and gender. RUSSIAN FEDERATION, 1998.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	Ali
Males	333	5729	7634	10532	7525	5767	3916	1110	42784
Females	79	927	902	1428	1287	1347	1570	1431	8985
Total	412	6656	8536	11960	8812	7114	5486	2541	51769

Suicide rates (per 100.000), by gender, Saint Kitts and Nevis, 1986-1995.

0 Year

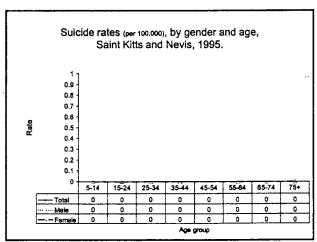
SAINT KITTS AND NEVIS



In 1986 the total suicide rate was 2.3 per 100,000 and 5.0 for the male population. Zero suicides were reported both in 1990 and in 1995.

In 1986 one male person in the age group 45-54 committed suicide, which is indicated in the suicide rate for males as 82.0.

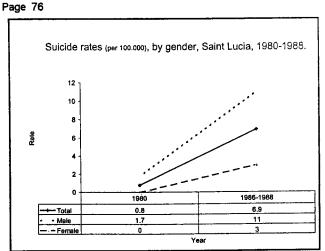
A word of caution regarding the interpretation of this rate is needed as is the case with all small population countries.

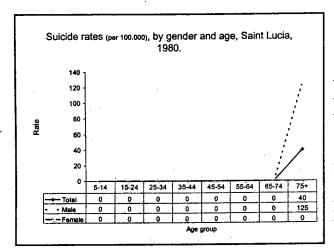


Number of suicides by age group and gender. SAINT KITTS AND NEVIS, 1995.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	0	0	0	0	0	0	0	0	0
Females	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0

SAINT LUCIA



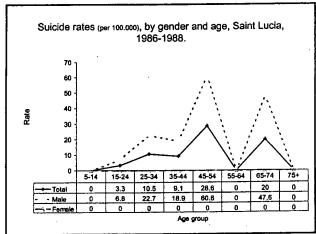


In 1980 the total suicide rate was 0.8 per 100,000 and in 1986-88 it increased to 6.9.

In 1980 there were no suicides reported for the female population, whereas for males suicides were reported in the 75+ years age group, the rate being 125.0.

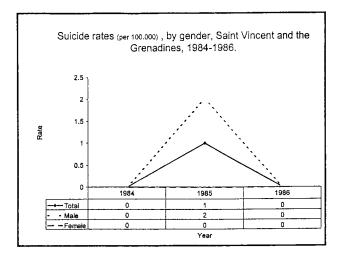
In 1986-88 there were still zero suicides for females and for males in the 75+ years age group. Suicides in the male population occured from age 15 years onwards, with peaks for the 45-54 year olds and in the age group 65-74.

A word of caution regarding the interpretation of these rates is needed as is the case with all small population countries.

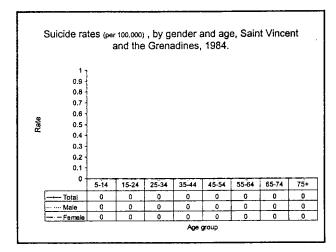


Number of suicides by age group and gender. SAINT LUCIA, 1995.

						,			
Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	. 0	2	4	3	0.	0	0	0	9
Females	0	0	0	1	0	0	0	0	1
Total	0	2	4	4	0	0	0	0	10



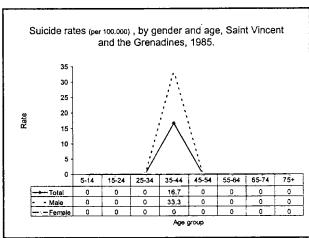
SAINT VINCENT AND THE GRENADINES



The total suicide rate in 1985 was 1.0 per 100,000 and in 1986 was zero.

In 1985 the only one suicide committed was in the age group 35-44 among the male population, which accounted for the rate 33.3.

A word of caution regarding the interpretation of these rates is needed as is the case with all small population countries.

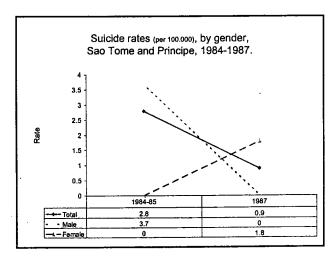


Number of suicides by age group and gender.

SAINT VINCENT AND THE GRENADINES, 1986.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	0	0	0	0	0	0	0	0	0
Females	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0

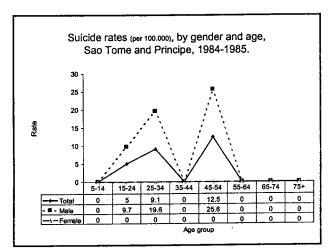
SAO TOME AND PRINCIPE



Suicides rates were only recorded for 1984-85 and 1987. The total rate was 0.9 per 100,000, zero for males, and 1.8 for females in 1987.

In 1984-85 three males in the age groups 15-24, 25-34, and 45-54 respectively committed suicide. The highest rate according to these ages was indicated in the 45-54 years age group (25.6). In 1987 one woman in the 35-44 years age group committed suicide.

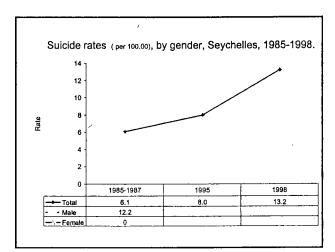
A word of caution regarding the interpretation of these rates is needed as is the case with all small population countries.



Number of suicides by age group and gender. SAO TOME AND PRINCIPE, 1987.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	0	0	0	0	0	0	0	0	0
Females	0	0	0	1	0	0	0	0	1
Total	0	0	0	0	0	0	0	0	1

SEYCHELLES



Suicide rates were only recorded for 1985-87, 1995, and 1998. The total rate was 6.1 per 100,000 in 1985-87, 12.2. for the male population, and zero for females. Until 1998 the total rate increased to 13.2 per 100,000.

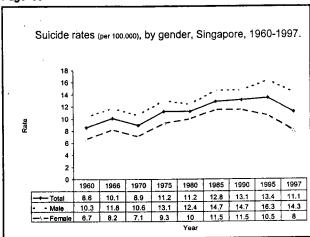
In 1985-87 three males in the age groups 15-24 (one person) and 35-44 (two persons) committed suicide. The higher rate was indicated in the 35-44 age group (83.3).

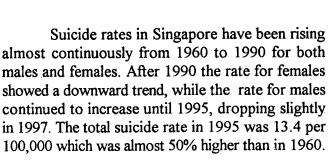
A word of caution regarding the interpretation of these rates is needed as is the case with all small population countries.

Number of suicides by age group and gender. SEYCHELLES, 1998.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	0	2	3	2	1	0	1	0	. 9
Females	0	1	0	0	0	0	0	0	1
Total	0	3	3	2	1	0	1	0	. 10

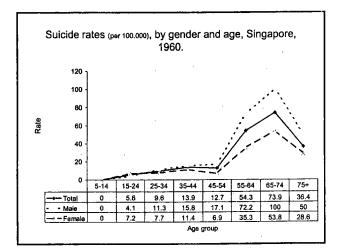
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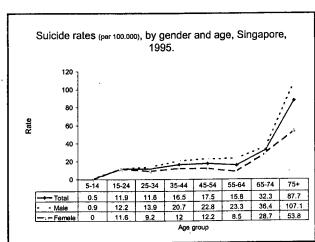




In 1960 the 65-74 years age group had the highest suicide rate, whereas in 1995 it was the 75+ years age group with the highest suicide rate. It was the older population which was most affected by suicides. Females had lower suicide rates in all age groups.

As for the distribution according to ethnicity, suicide rates are considerably higher for Chinese and Indians than for Malays.



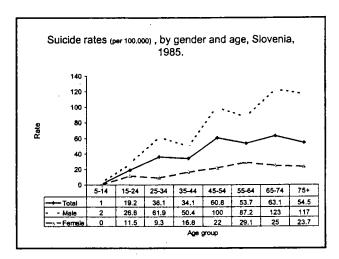


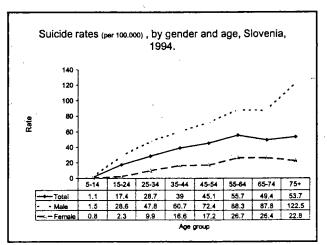
Number of suicides by age group and gender. SINGAPORE, 1997.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	3	20	58	45	34	19	19	25	223
Females	1	18	34	20	16	8	10	16	123
Total	4	38	92	65	50	27	29	41	346

SINGAPORE

Suicide rates (per 100.000), by gender, Slovenia, 1985-1996. 60 50 40 Rate 30 20 10 ٥ 1995 1996 1985 1990 27.7 28.9 30.9 Total 45.3 - Male 52.3 43.6 13.9 - Femele





SLOVENIA

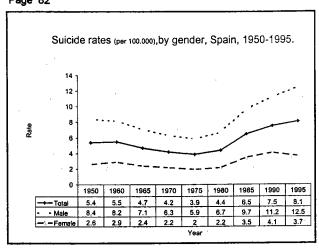
For Slovenia, which was officially declared an independent nation in 1991 after breaking away from Yugoslavia, data is available for the period 1985–96. During this relatively short period, suicide mortality in Slovenia underwent no great change: its level was relatively stable at around 30 cases per 100,000 inhabitants. Men's suicide rates varied between 43.6 (in 1990) and 53.2 (1989), and females' between 12.6 (1990) and 16.6 (1988). Interestingly, suicide rates are higher in Slovenia than in ex-Yugoslavia as a whole, and this disparity in suicide mortality is particularly striking with respect to males. In 1990, for example, the male suicide rate in Yugoslavia was 21.6, while it was twice as high among Slovenian males (43.6). The difference is considerably smaller for females: the female Slovenian suicide rate in 1990 (12.6) is only slightly higher than the Yugoslavian (9.2) in the same year. Slovenia's relatively marked gender differences concerning suicide rates make its gender ratio (3.5) higher than the figure for ex-Yugoslavia (2.4).

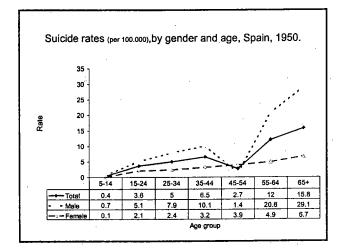
An age-group analysis of the Slovenian figures shows relatively large disparities. The lowest suicide rates in the population are found in the population aged below 25. Suicide rates in Slovenia rise with advancing age, up to the age of 64. The differences between age groups are particularly striking among Slovenian males. The male suicide rates in the last year for which figures are available show a steady rise with age.

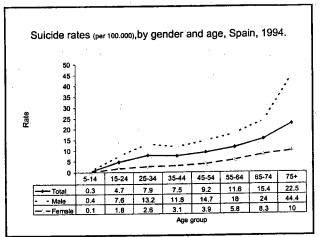
In the female population aged 55 and over, suicide rates have been relatively stable at around 25 cases per 100,000. As the diagrams show, this applies to 1985 and 1994 alike. The Slovenian population, however, is relatively small (around 2 million) and suicides are therefore fewer, permitting less reliable conclusions, than in larger nations. This is particularly important to bear in mind when the rates are calculated with respect to gender and age for a single year.

Number of suicides by age group and gender. SLOVENIA, 1996.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	Ali
Males	2	33	68	94	84	93	61	30	465
Females	2	9	10	21	33	29	22	16	142
Total	4	42	78	115	117	122	83	46	607







In the period 1950-1995 after a central downturn, there was an upward trend of 50% in population as a whole: 51.1% for males and 42.3% for females. This increase essentially occurred in the final decade and in both sexes. The ratio between males and females remained relatively stable, settling at a mean of around 2.9:1. Variations throughout the entire period considered were very contained, except for 1994, when simultaneous increases in male and decreases in female rates extended the ratio to 3.4:1.

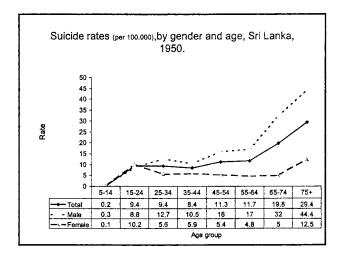
The comparison of age groups revealed important differences for male suicide rates and consequently for total rates. Since the data for 1950 have a single 65+ category, a direct comparison cannot be made with 1994 findings for individuals of the same age. The trend for female rates seems to substantially overlap for the two intervals considered, although with advancing age, the rate for 1994 seems to have generally risen in females.

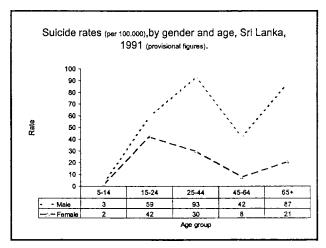
Conversely, for males, given the atypical curve for 1950 (the 1994 one showed a trend typical of western countries) any comparison is purely contingent. A very marked difference immediately emerges for the 45-54 age group, with a tenfold higher ratio for males in 1994 (it would perhaps be more appropriate to say that it was ten times lower in 1950). The fortuity of this finding is, however, supported by the fact that the rates for the closest two age groups (immediately younger and older) are coherent with more recent rates and provide the curve with a trend which entirely overlaps with the 1994 one. Apart from this important consideration, younger males exhibited increases of 30% (15-24) and 58% (25-34). Other age groups presented variations which are minimal or not comparable with available data (65+).

Number of suicides by age group and gender. SPAIN, 1995.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	8	287	398	307	293	312	406	397	2408
Females	1	65	69	94	89	135	138	158	749
Total	9	352	467	401	382	447	544	555	3157

Suicide rates (per 100.000), by gender, Sri Lanka, 1950-1996. ?ate 30 20 10 1955 1960 1967 1980 1985 1991 16.9 31 9.9 35.8 21.6 Total 13.2 23.3 48.8 44.6 19.7 22.3 16.8 Year





SRI LANKA

Time: The first steep increase is from 1960 to 1967 when the suicide rate increased from 9.9 per 100,000 to 16.9. This was the time of agrochemical boom in Sri Lanka and the availability of pesticides and herbicides increased. Suicide by ingestion of pesticides and herbicides also increased. The second peak in the eighties (from 29 in 1980 to 35.8 in 1985) was the period of ethnic unrest. Both were periods of destabilisation. In 1991 and in 1996 the suicide rate decreased to 31.0 and 21.6 respectively.

Gender: The male female ratio of suicide has been 2:1 and it has not changed over time.

Age: In 1950 the suicide rate gradually increased with age, and reached a peak for those above 65 years. In 1991 there were clearly two peaks for males, the first between 25-44 years (93.0), the second after 65 years (87.0).

In 1950 marginally more young females committed suicide while in 1991, definitely more young males committed suicide. The younger and older males had a high suicide rate whereas the middle aged males had a lower rate. Among the females, the suicide rate is high between 15-24 years and the suicide rate decreases as they get older. The prevalence of arranged marriages, dowry, mother-in-law dominance and the lower status of young females are factors which might increase the suicide risk among young females. As females get settled in marriage, beget children and become the matriarchs of the family, their social status increases.

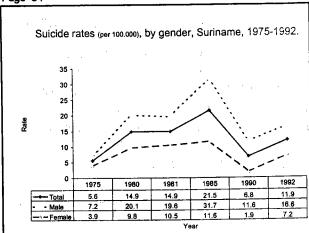
Summary

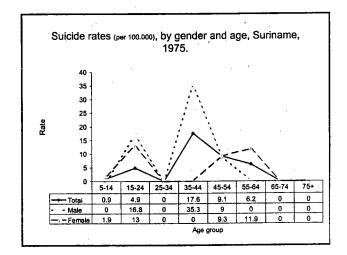
- 1) In the period considered there has been an increase in overall suicide rates up to 1985, with a particular increase for young females. But from 1991 the suicide rates showed a decline.
- 2) There was also a steep increase of suicides in the younger age groups.

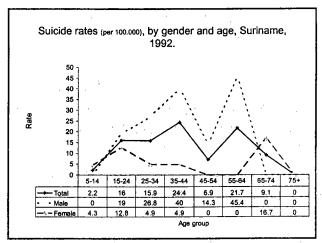
Number of suicides by age group and gender. SRI LANKA, 1986.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	48	1304	1045	509	342	262	199	145	3855
Females	35	804	365	123	70	41	31	22	1492
Total	83	2108	1410	632	412	303	230	167	5347









The suicide rates have doubled between 1975 and 1992, and Suriname's overall suicide rate is now in the mid range in comparison with other countries. In fact, there was a peak in 1985, particularly for males, where the rate of 31.7 and the overall rate of 21.5 per 100,000 were markedly greater than the 1992 male figure of 16.6 and the overall figure of 11.9.

The figures are of concern as they fluctuate considerably and in a manner which is probably artefactual. For example in 1975 there were no suicides (males or females) recorded in the age group 23-34 years, and in 1992 there were no female suicides in the 45-54 and 55-64 ranges, but 16.7 in the 65-74; and for males the rate for the 55-64 year range of 45.4 is in stark contrast to no suicides reported in the 65-74 year range.

It is possible that these figures are distorted by small numbers. Nevertheless, it is evident that suicide in Suriname is probably at the mid range level of other countries.

Number of suicides by age group and gender. SURINAME, 1992.

						,			
Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	0	9	11	8	2	5	0	0	36
Females	2	6	2	2	. 0	0	1	0	16
Total	2	15	13	10	2	5	1	0	52

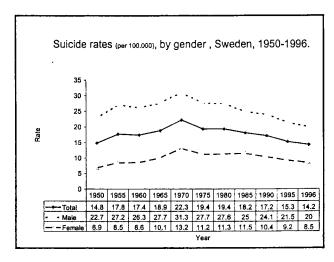
SWEDEN

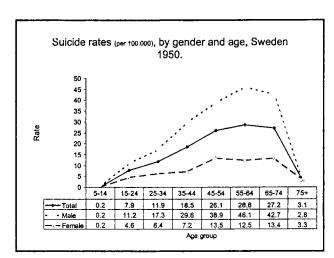
In terms of suicide, Sweden has an intermediate ranking in Europe and, like most other countries, shows a higher rate among males than females.

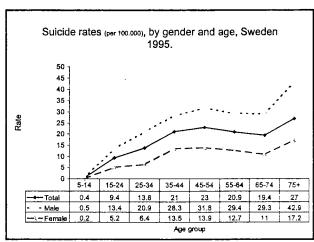
During the period 1950-96, annual suicide rates in Sweden showed relatively little variation. After a gradual rise from 1950, they peaked in 1970 and thereafter declined slowly until 1996. One explanation for the 1970 suicide peak and subsequent decrease may be the change, in 1969, in the Swedish system of classifying registered deaths (from ICD-8 to ICD-9). In that year, two categories of suicide registration were introduced: (a) E950-E959, certain suicide, and (b) E980-E989, undetermined suicide, when there is doubt as to whether death is intentional or accidental. Data on suicide is considered to be more reliable in Sweden from 1970 and on.

The male-female suicide gap narrowed in 1950-95, since suicide rates were falling more among males than females. The male-female ratio decreased from 3.3:1 in 1950 to 2.3:1 in 1995. However, in spite of falling suicide rates in both genders, suicide rates for females 35-44 years old show a statistically significant increase from 7.2/100,000 in 1950 to 13.5/100,000 in 1995.

Age-specific data for 1950 shows suicide rates increasing with age up to the age of 54, for both males and females. In the oldest age group, 75 years and over, the suicide rates were very low, among males and females alike, in 1950. In 1995, suicide rates are the highest among the oldest males and females in comparison with other age groups- a situation that calls for public-health measures.



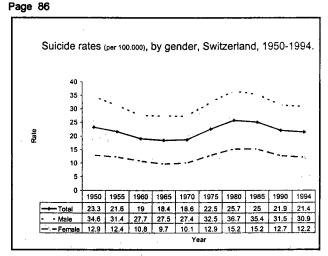


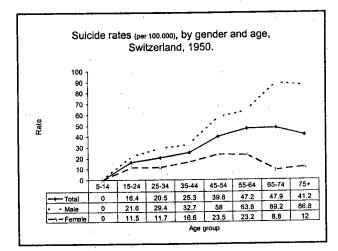


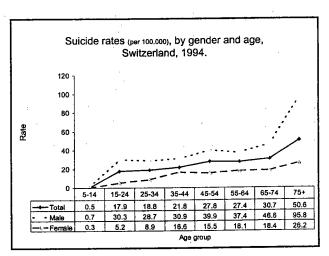
Number of suicides by age group and gender. SWEDEN, 1996.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	1	66	141	139	187	124	101	113	872
Females	2	24	45	50	96	. 52	44	68	381
Total	3	90	186	189	283	176	145	181	1253

SWITZERLAND







The total suicide rate for Switzerland followed a wave-like pattern between 1950 and 1994. The highest total rate (25.7 deaths per 100,000) was reached in 1980 and the lowest rate ever was reported in 1994: 21.4. The males' and females' rates followed parallel patterns and in 1994 the rate for the male population (30.9) was 2.5 times higher than the females' rate (12.2).

In 1950 suicide rates for males and females increased with age up to the age group 55-64 years, where they parted into opposite directions: males' rates increased strongly and females' rates decreased. The highest rate for the male population (89.2) was recorded in the 65-74 years age group, whereas for females it was 23.5 in the age group 45-54.

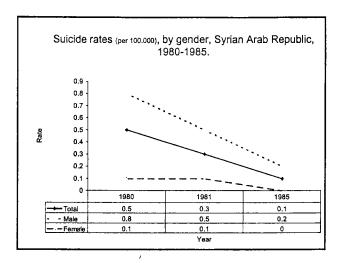
In 1994 the highest rate for both males and females occured in the age group 75+, the females' rate being 26.2 and the males' rate even 95.8. Furthermore there was evidence for a strong increase in the female 65-74 years age group and among males aged 15-24 as compared to 1950.

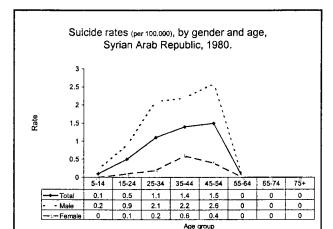
On the whole suicides are mainly being committed by males and elderly persons.

Number of suicides by age group and gender. SWITZERLAND, 1994.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	3	132	169	165	190	128	114	156	1057
Females	1	22	52	86	73	66	58	79	437
Total	4	154	221	251	263	194	172	235	1494

SYRIAN ARAB REPUBLIC





There is only very poor data on the Syrian Arab Republic restricted to 1980, 1981, and 1985 which makes interpretation difficult.

The total rate has dropped to 0.1 per 100,000 in 1985 due to a decrease in males' rates with females' rates dropping from 0.1 to 0 per 100,000.

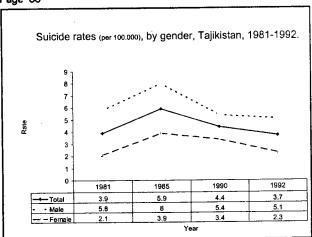
Females' rates stay low for all age groups, the highest rate ever being 0.6. Males reach the highest rate 2.6 for the age group 45-54 years in 1980. No suicides at all are reported within older age groups (55-75+ years) for both sexes.

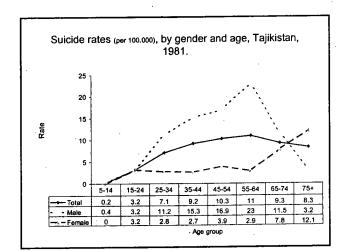
In 1981 males show the peak rate 3.3 in the age group 65-74 years. No suicides at all are reported within the age group 75+ years for both sexes.

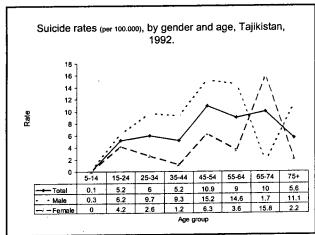
More recent data are not available for this country, but considering its cultural background the rates may still be quite low.

Number of suicides by age group and gender. SYRIAN ARAB REPUBLIC, 1985.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	0	7	2	1	0	0	0	0	10
Females	0	0	0	0	0	0	0	0	0
Total	0	7	2	1	0	0	0	0	10







TAJIKISTAN

The total suicide rate reported in 1992 was 3.7 (per 100,000), which was slightly below the rate of 1981 and since 1985 this downward trend became apparent. In 1992 the suicide rate was 2.3 times higher for males than for females: 5.1 and 2.3 respectively.

In 1981 the age group 55-64 years gave evidence of the strongest difference between the sexes: 23.0 was the rate for males and 2.9 for females. In the age group 75+ the sexes differed in the opposite direction: females (12.1) had a higher rate than males (3.2).

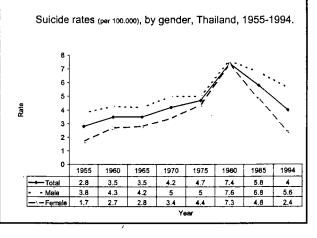
A higher rate for females (15.8) than for males (1.7) occurred again in the 65-74 years age group in 1992. Furthermore 15.8 was the highest rate recorded in 1992 generally. A second peak rate was 15.2 in the 45-54 years age group for the male population.

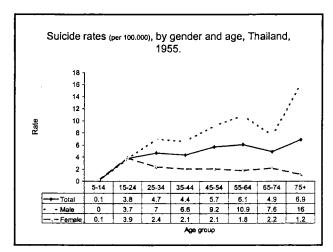
In Tajikistan one finds the rare occurrence of higher rates for females, but limited to a certain age group (65-74 years).

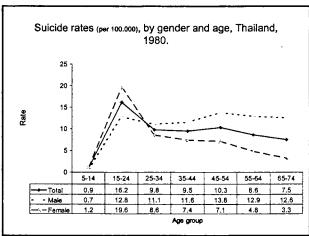
Number of suicides by age group and gender. TAJIKISTAN, 1992.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	2	33	40	22	21	19	. 1	3	142
Females	0	22	11	3	8	5	13	1	63
Total	2	55	51	25	29	24	14	4	205

THAILAND







Time: There has been a gradual increase from 1955 and a sharp increase in both male and female suicide rates from 1975 (4.7 per 100,000) to 1980 (7.4). In the 60's Thailand was the G.I.'s R&R (Rest & Recreation) place. By the middle '70s, the heroin network had been established. It is conjecture whether the steep increase in the suicide rate is related to increased substance abuse. By 1994 the total suicide rate had dropped to 4.0.

Gender: There has been a gradual increase in female suicides from 1955. From a male female ratio of 2:1 in 1955, in 1980, the ratio is almost 1:1.

Age: From a high suicide rate among the elderly in 1955, there is a huge shift and the suicide rate is the highest for the young (15-20) in 1980. In all other age groups, males have a higher suicide rate than females except between the age group 15-24 years where female suicides are more. This pattern is also seen in other countries like Singapore. Rapid socio-economic changes, decreasing social networks, and role changes probably render young females more vulnerable.

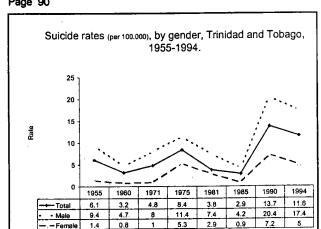
Summary:

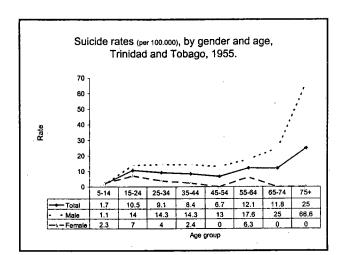
- 1) In the period considered there has been an increase in overall suicide rates, with a particular increase for young females.
- 2) There is also a steep increase in adolescent suicides.

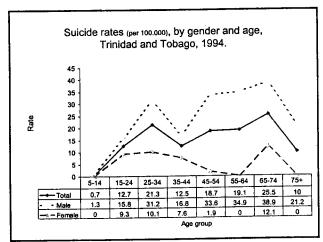
Number of suicides by age group and gender. THAILAND, 1994.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	1	483	457	261	170	143	62	35	1612
Females	1	255	152	132	72	50	22	11	695
Total	2	738	609	393	242	193	84	46	2307

WHO/MNH/MND/99.1 Page 90







TRINIDAD AND TOBAGO

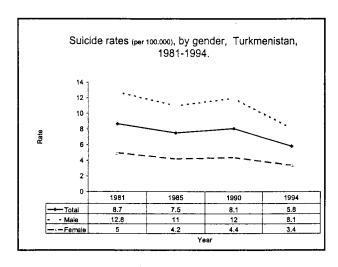
The curve for total suicide rates follows a varying pattern between 1955 and 1994: after the lowest rate in 1985 (2.9 per 100,000) a strong increase in 1990 reached the highest rate (13.7) and by 1994 it had come down to 11.6, which was almost the double total rate of 1955. Curves for the male and female population followed parallel patterns in this time span, males' rates being higher than females'.

In 1955 the highest suicide rate for males was reported in the 75+ years age group (66.6), females had zero suicides in the same age group, their highest rate being 7.0 in the 15-24 years age group.

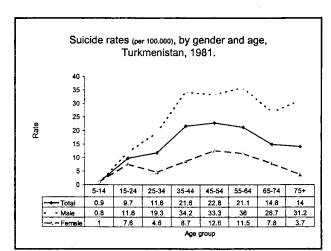
In 1994 the age group with the highest suicide rate among males was 65-74 years (rate: 38.9) and similar rates were found for the ages 45-64 and 25-34. For females the highest rate was indicated in the age group 65-74 (12.1) with another peak in the 25-34 years age group, a pattern quite similar to the male population, but with far lower rates. There is evidence of increasing suicides in young females in the age group 25-34 years. The rate has increased by 1.5 times from 4.0 in 1955 to 10.1 in 1994.

Number of suicides by age group and gender. TRINIDAD AND TOBAGO, 1994.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	2	20	35	15	20	13	10	3	118
Females	0	10	10	6	1	0	3	0	30
Total	2	30	45	21	21	13	13	3	148



TURKMENISTAN

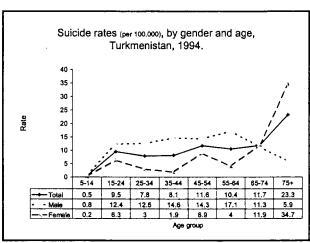


The total suicide rate decreased from 8.7 to 5.8 (per 100,000) between 1981 and 1994. With 8.1 the males' rate was 2.4 times higher than the females' (3.4) in 1994.

In 1981 the highest rate for males was recorded in the 55-64 years age group (36.0). 12.6 in the 45-54 years age group was the highest rate for females. A strong difference between the sexes was observed in the 75+ age group: 31.2 (males rate) and 3.7 (females rate).

In 1994 the highest suicide rate for males occurred again in the 55-64 years age group, but with the rate having decreased to 17.1 since 1981. The overall highest rate was reported for females in the 75+ years age group, which gave evidence again for a strong sex difference in this age group, but this time in opposite directions: 34.7 (females' rate) and 5.9 (males' rate).

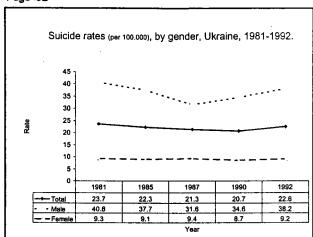
Here we find a rare case of higher suicide rates in the female population (75+ age group) as opposed to males.



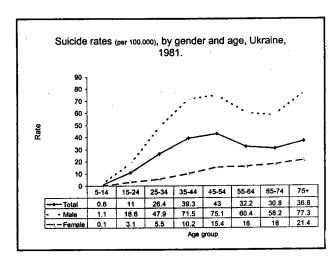
Number of suicides by age group and gender. TURKMENISTAN, 1994.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	Ali
Males	4	51	41	31	16	16	5	1	165
Females	1	24	10	4	10	4	7	9	69
Total	5	75	51	35	26	20	12	10	234

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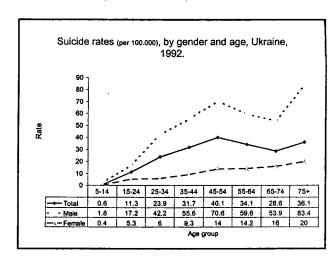






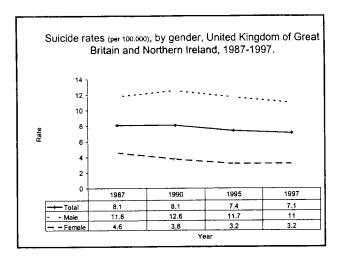
Suicide rates have been rather stable between 1981 and 1992, with the highest point in 1984 (26.5 per 100,000) and a slight fall in 1987-1990. Fluctuation of male rates ranged between 46.4 in 1984 and 29.5 in 1986. The ratio male:female was between 3.4:1 to 4.4:1. A decrease occurred simultaneously with other former USSR republics and coincided with sociopolitical reforms known as *perestroika*.

The age-specific distribution of male suicides shows a bimodal pattern with peaks in the age groups 45-54 and 75+. Female suicides increased with age in both 1981 and 1992. The highest male:female ratio (between 6:1 and 8.7:1) was observed in the age group 25-44 years. In older ages the gender difference was smaller. From 1981 to 1992 suicide rates decreased significantly in the age group 35-44. The female distribution was similar in both years under consideration.



Number of suicides by age group and gender. UKRAINE, 1996.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	76	1023	1870	2766	2437	2431	1390	502	12586
Females	12	165	248	360	423	557	522	378	2672
Total	88	1188	2118	3126	2860	2988	1912	880	15258

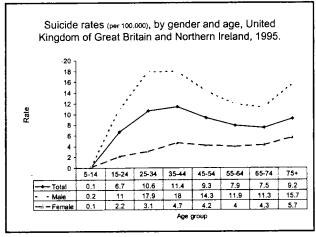


Suicide rates (per 100.000), by gender and age, United Kingdom of Great Britain and Northern Ireland, 1987. 20 15 Rate 10 55-64 65-74 75+ 45-54 15-24 25-34 35-44 11.3 11.2 10.1 11.3 12.5 15.4 19.5 15.3 0.2 9.9 14.9 Age group

UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND

There are no comparison data for the period 1950-1985. The suicide rates were static for the period 1987-1997. The ratio between males and females started to widen during this period: 2.6:1 in 1987 changed to 3.4:1 in 1997.

In 1987, there were no major differences in suicide rates across all ages. The commonly assumed trend of increasing risk from younger to older age persons was present in 1987. The highest rate was older males in the 75+ age group. By 1995, there was a marked shift in the direction of suicide becoming a younger persons problem. Male rates were highest in the 25-44 age groups. With the exception of a smaller peak in the 75+ age group, the pattern of risk was clearly shifting to a trend of decreasing risk from younger to older age groups.

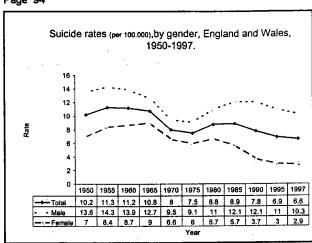


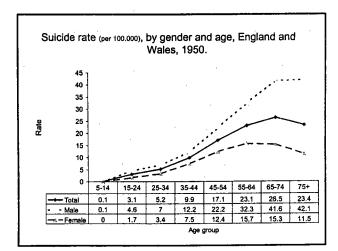
Note: On the following pages (94-96) data for England and Wales, Northern Ireland and Scotland can be found.

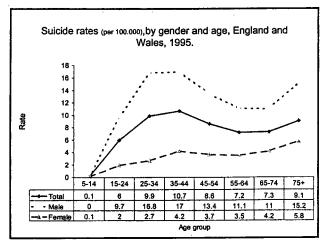
Number of suicides by age group and gender. UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, 1997.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	3	411	832	616	564	296	223	252	3197
Females	4	82	171	174	184	112	112	107	946
Total	7	493	1003	790	748	408	335	359	4143

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ENGLAND AND WALES

The overall trend for suicide rates in the period 1950 - 1997 was downward. Suicide rates in the whole population decreased 33%; males decreased 19%; females decreased 57%. The ratio between males and females widened during this period from 2:1 in 1950 to 3.6:1 in 1997.

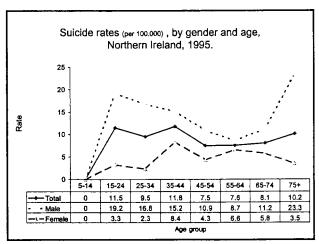
Suicide was clearly an older age group problem in 1950, rising quite steeply for males in the 45-75+ age groups. The male rates for the 65+ groups were comparable to the highest suicide rate countries in the world. By 1995, England and Wales witnessed a shift in the direction of suicide becoming a younger age group problem. The rates for young males in the 15-34 age groups had more than doubled, compared to drops of 75% and 65% in the older age groups.

Number of suicides by age group and gender. ENGLAND AND WALES, 1997.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	2	323	666	509	477	258	187	229	2651
Females	3	60	129	142	151	95	96	97	773
Total	5	383	795	651	628	353	283	326	3424

Suicide rates (per 100.000) , by gender, Northern Ireland, 1950-1997.

Suicide rates (per 100,000), by gender and age, Northern Ireland, 1950. 25 20 Rate 15 10 15-24 45-54 55-64 65-74 754 6.5 6.2 15.3 5.6 11.3 4.9 25 6.7



NORTHERN IRELAND

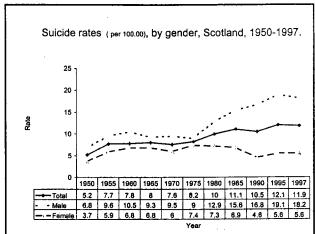
The rates of suicide were consistently low for both genders until 1975. This pattern changed with a steady rise to peak rates in 1990 followed by marked drop in the next 5 year period. In the period 1950-1995, there was a 111% increase in the total rate; 109% increase for males and 118% for females. The male rate showed a steep upward trend after 1975, peaking at 14.7 per 100,000 in 1993. The female rate followed in a similar pattern, rising to 3.7 in 1965 and then peaking at 5.3 in 1990. The ratio between males and females remained almost the same throughout the entire period: 3.2:1 in 1950 and 3.1:1 in 1995, with a slight trend in the direction of narrowing the gap between male and female rates.

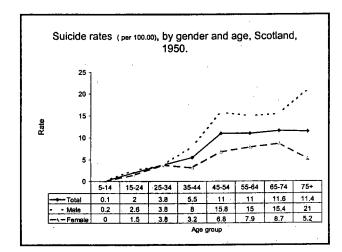
Even though the overall rates were low in 1950, suicide was clearly an older age group problem, especially in the 65-74 age group. There was a smaller but noticeable second risk period for males in the 35-44 age group. By 1995, Northern Ireland experienced the trend of increased rates in the younger age groups, especially for young males in the 15-24 age group. At the same time, suicide remained an older person problem, especially for males in the 75+ age group. Female rates showed a significant increase in the 35-44 age group.

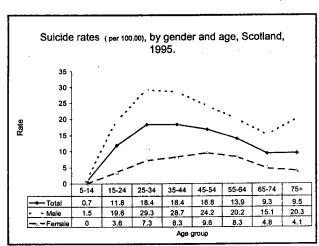
Number of suicides by age group and gender. NORTHERN IRELAND, 1997.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	1	23	27	13	15	7	7	2	95
Females	1	5	4	3	6	4	2	0	25
Total	2	28	31	16	21	11	9	2	120







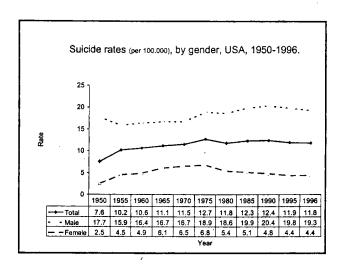


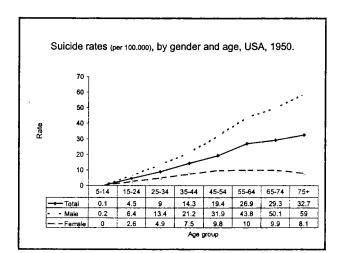
The rates of suicide in Scotland were quite low in the 1950s and showed little variance up to 1975, followed by a moderately steep increase in male rates. The male rates more than doubled between 1975 and 1995. The female rate remained quite static throughout the whole period, 1950-1995. The male-female ratio of 1.8:1 in 1950 widened quite dramatically to 3.4:1 in 1995.

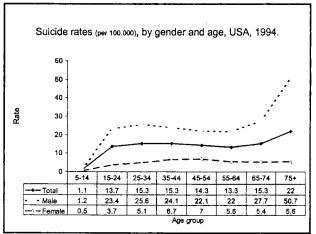
In 1950, suicide rates were quite low for both males and females up to the 35-44 age group. There was a steep increase in rates for males in the 35-75+ age groups, and a similar but smaller increase in female rates up to the 65-74 age group. In contrast to the male rates for the 75+ age group, the female rate showed a decreasing pattern in 1950. By 1995, similar to trends in other countries, the rate of suicide in Scotland shifted in the direction of it becoming a younger persons problem, especially in the 15-44 age groups.

Number of suicides by age group and gender. SCOTLAND, 1997.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	. All
Males	0	65	139	94	72	31	29	21	451
Females	0	17	38	29	27	13	14	10	148
Total	0	82	177	123	99	44	- 33	31	599







UNITED STATES OF AMERICA

The overall suicide rate in the United States of America has increased from 10.2 per 100,000 in 1955 to 11.8 in 1996. However, the rate of suicide for the young (ages 15-24) has increased by over 300% from 1950 to 1994 (4.5 to 13.7), and has remained relatively steady throughout the 1990's. The suicide rate for the elderly has decreased from 1950 to 1994, but remains above the national average. In 1994, the elderly made up 12.7% of the population, but committed 19.3% of the suicides. The young represented 13.8% of the population but committed 15.9% of the suicides. In 1994, suicide was the 9th leading cause of death for the entire population, 14th for the elderly, and 3rd for the young (15-24).

Across the lifespan, male suicide rates, compared to female rates, are 3-5 times higher, except in the very old (75+) where the ratio is 9:1. The overall male:female suicide ratio has decreased from 7:1 in 1950 to 4:1 in 1994, while both the male and female rates have steadily increased from 1950 to 1994.

Proportionally, the female suicide rate has almost doubled since 1950, while the male suicide rate has increased only slightly. However, the 1996 male suicide rate is lower than it was in 1985 and 1990, while the 1996 female suicide rate is the second lowest rate since 1950.

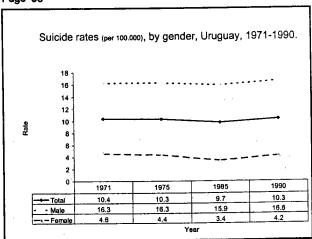
The populations most at risk for suicide are elderly males and young adult males. Suicide by firearms is the most common method for both males and females, accounting for 60% of all suicides.

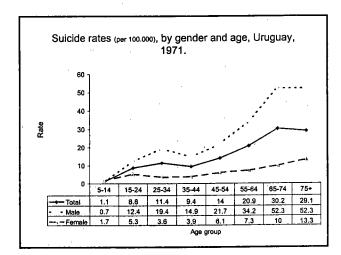
Factors believed to be contributory to suicide in the young include: access to alcohol and other drugs of abuse, onset of psychiatric illnesses, easy access to firearms and other lethal means, and difficult transitions towards independence and entry into the workplace. Contributory factors in the elderly population include: chronic debilitating physical illnesses, lack of social support, changes in independent living, and a loss of hope and a sense of a future.

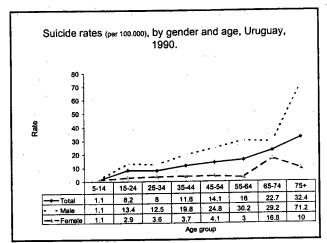
Number of suicides by age group and gender. UNITED STATES OF AMERICA, 1996.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	225	3724	4848	5300	3684	2306	2307	2586	24998
Females	77	634	1013	1441	1153	619	499	463	5905
Total	302	4358	5861	6741	4837	2925	2806	3049	30903

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URUGUAY

In Uruguay, suicide rates remained stable during the 19 year period from 1971 to 1990, for the total population (10.4 deaths per 100,000 in 1971; 10.3 per 100,000 in 1990), for males (16.3 per 100,000 in 1971; 16.6 per 100,000 in 1990) and for females (4.6 per 100,000 in 1971; 4.2 per 100,000 in 1990).

In 1971, and in 1990, suicide rates were highest, for both males and females, amongst older age groups. In 1971, male suicide rates tended to increase with increasing age, with males aged 65 years and older having suicide rates which were four times higher (52.3 per 100,000) than the suicide rate for males 15-24 years (12.4 per 100,000). In 1990, male suicide rates for those aged less than 65 years were similar to those recorded in 1971. However, for males aged 65-74 years, suicide rates fell from 52.3 per 100,000 in 1971 to 29.2 per 100,000 in 1990, while suicide rates for males aged 75 years and older increased from 52.3 per 100,000 in 1971 to 71.2 per 100,000 in 1990.

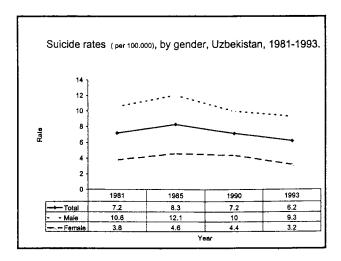
For females, suicide rates also tended to increase with increasing age. In 1971, females aged 65 and older had suicide rates which were 2 to 4 times higher than suicide rates for younger females. Between 1971 and 1990, suicide rates decreased amongst young females aged 15-24 years, from 5.3 per 100,000 in 1971 to 2.9 per 100,000 in 1990. However, amongst females aged 25 years and older, suicide rates for 1990 tended to be similar to those recorded for 1971, with older females (65 years and older), in 1990, again having rates of suicide which were from 2 to 6 times higher than suicide rates for younger females.

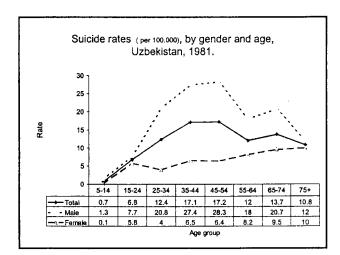
In summary, suicide rates remained stable in Uruguay from 1971 to 1990, with suicide rates tending to be higher amongst older age groups, for both males and females.

Number of suicides by age group and gender. URUGUAY, 1990.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	3	33	27	36	39	45	29	37	251
Females	3	7	8	7	7	5	20	9	67
Total	6	40	35	43	46	50	49	46	318

UZBEKISTAN



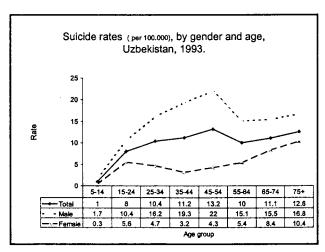


Between 1981 and 1993 the total suicide rate decreased from 7.2 (per 100,000) to 6.2. The males' rate was 2.9 times higher than the females' in 1993: 9.3 and 3.2 respectively.

In 1981 the highest suicide rate for males was recorded in the 45-54 years age group (28.3) and for females in the 75+ years age group (10.0).

In 1993 the peak rates for males and females occurred in the same age groups as before: 22.0 for males in the age group 45-54 and 10.4 for females in the age group 75+.

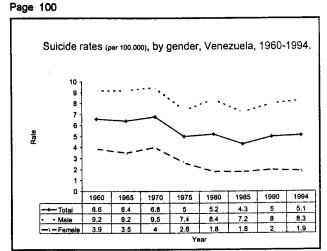
Suicide rates decreased between 1981 and 1993 in general. But according to age groups the only slight increases could be observed for 15-24 year old males and for 75+ year old persons (both sexes) in 1993.

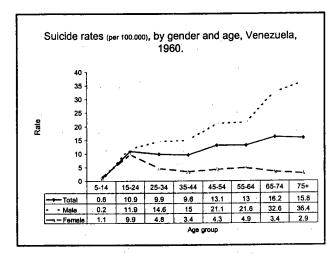


Number of suicides by age group and gender. UZBEKISTAN, 1993.

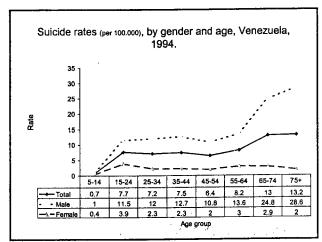
Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	47	218	278	200	132	78	33	19	1006
Females	7	117	83	34	26	31	29	23	350
Total	54	335	361	234	158	109	62	42	1356

VENEZUELA





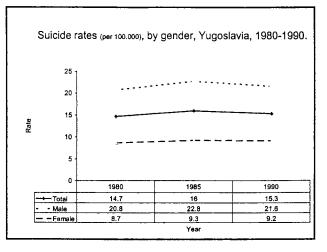
The rates for males and females have been remarkably constant between 1960 and 1994, with there being a small decrease. The pattern between the two time periods in terms of age distribution is also very similar, with there being a slight decrease over the years with females after a peak in the 15-24 years age range, and there is an increasing rate for males with increasing years.

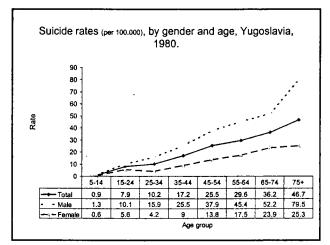


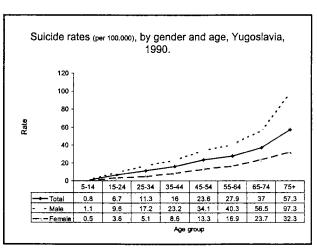
Number of suicides by age group and gender. VENEZUELA, 1994.

			., • •	•					
Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	26	241	210	160	87	65	68	32	890
Females	9	78	40	29	16	15	9	. 3	199
Total	35	319	250	189	103	80	77	35	1089

YUGOSLAVIA







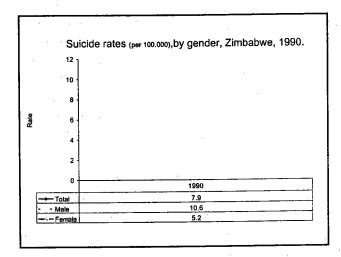
Data on Yugoslavia are available for the period 1980–90. During these years, no clear upturn or downturn, among either males or females, is identifiable in Yugoslavian suicide mortality. The highest suicide rates were noted in 1987 (23.9 per 100,000 for males and 10.6 for females) and the lowest in 1980 (20.8 for males and 8.7 for females). In a European perspective, the Yugoslav suicide rate was not conspicuously high or low; the nation ranked somewhere in the middle in terms of the incidence of suicide in Europe.

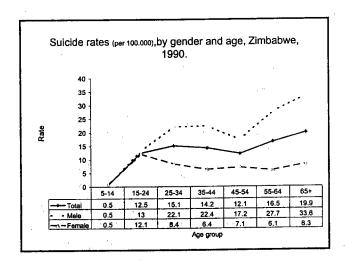
One interesting finding from the age-specific analysis is that overall suicide rates in Yugoslavia, in both 1980 and 1990, are correlated with advancing age. This applies not only to the two years illustrated in the diagrams, but to all the years in the entire period 1980–90. The fact that suicide rates rise with age also characterises several other Central European countries, such as Austria, Switzerland and Germany. The differences between the two years of comparison, 1980 and 1990, are relatively slight; this may be explained by the relatively short observation time. Note that the last two diagrams differ in scale.

The major differences in age-specific suicide mortality in Yugoslavia may also be illustrated by a European ranking. When suicide rates in the oldest age group (75 and over) are ranked, Yugoslavia takes the fourth highest place (of 32 European nations studied, 1990). By comparison, it may be mentioned that young people (aged 15–24) in Yugoslavia fared considerably better (25th place) in a comparison with the corresponding age group in other European countries.

Number of suicides by age group and gender. YUGOSLAVIA, 1990.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	20	178	325	406	458	508	313	337	2549
Females	9	63	92	145	183	239	192	180	1104
Total	29	241	417	551	641	747	505	517	3653





Limited data is available for Zimbabwe. A 1990 report indicates that males have a two-fold (200%) increase in suicide rates compared to females. As seen elsewhere, the rates are low before age 15, but increase dramatically in the 15-24 age group, level off during the middle years, and then rise again in later life. Interestingly, the suicide rates among males and females in the 15-24 age group are comparable.

The overall suicide rates across the lifespan approximate those of Western industrialized nations. The largest number of deaths occur among youths and young adults (15-34), but the rates are the highest for males and females in the elderly (65+). Trend data is needed to determine the extent to which Zimbabwe may have an elevated suicide rate.

Number of suicides by age group and gender. ZIMBABWE, 1990.

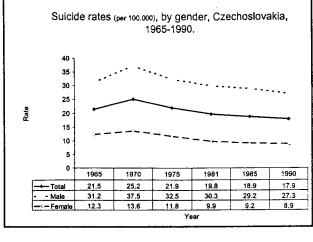
Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	Ail
Males	6	132	150	87	45	46	41	0	511
Females	6	124	59	26	19	11	12	0	257
Total	12	256	209	113	64	57	53	0	768

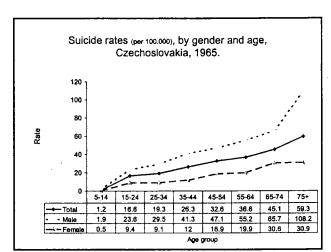
FORMER MEMBER STATES

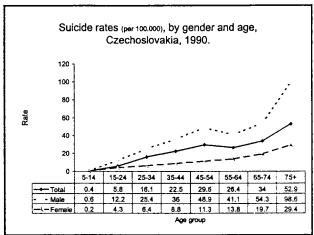
CZECHOSLOVAKIA

For Czechoslovakia, which split into the Czech Republic and Slovakia in 1993, data are available for the period 1965–90. As the first diagram shows, the overall Czechoslovak rate rose between 1965 and 1970, with male suicides providing the impetus. Thereafter, the suicide trend was downward, with continuously falling rates among males and females alike. A comparison between 1970 and 1990 shows that the female suicide rate fell by as much as 35% while the men's was almost equally striking (a 27% decrease). However, it may be observed that the steepest decline took place during the first half of the 1970s and that the rate of decrease slackened slightly during the 1980s.

When suicide rates among different age groups in Czechoslovakia are studied, it may be noted that the overall decline characterising the latter 20 years of the study period may be observed for all age groups. The largest percentage change was in the 15-24 age group, in which the rate more than halved between 1970 (20.8) and 1990 (8.3). There were relatively marked age disparities in suicide mortality in Czechoslovakia: in 1965, the male suicide rates ranged from 23.6 (15-24 age group) to as high as 108.2 (75 and over) and female suicide rates ranged from 9,1 (25-34 age group) to 30,9 (75 and over). The decrease in suicides rates among the young (15-24) made the variation even larger in 1990. Just as in many other countries in Central and Southern Europe, the oldest males (75 and over) showed the greatest propensity to commit suicide.



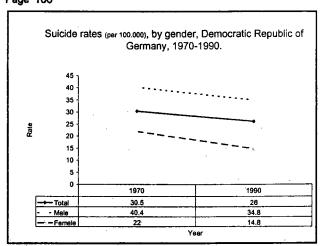




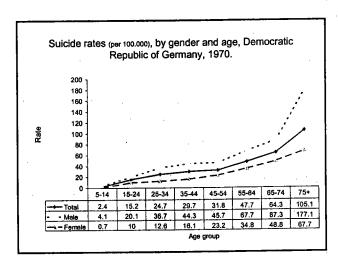
Number of suicides by age group and gender. CZECHOSLOVAKIA, 1991.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	23	173	293	443	373	303	218	210	2036
Females	2	45	61	103	96	110	87	119	623
Total	25	218	354	546	469	413	305	329	2659

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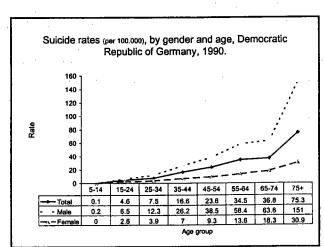
DEMOCRATIC REPUBLIC OF GERMANY



Data were only reported for 1970 and 1990. In this period the total suicide rate decreased from 30.5 (per 100,000) to 26.0. The rates for males were higher than for females, being 34.8 and 14.8 respectively in 1990.

Both in 1970 and in 1990 suicide rates increased continually with higher age, indicating dramatic peaks for the 75+ years age group for both sexes, but more remarkable for males (151.0 in 1990).

An overall view of the age distribution shows decreases in suicide rates in all categories.



Number of suicides by age group and gender. DEMOCRATIC REPUBLIC OF GERMANY, 1990.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	9	123	337	399	642	460	213	489	2681
Females	6	34	86	92	214	195	211	410	1248
Total	15	157	423	491	856	655	424	899	3929

Suicide rates (per 100.000), by gender, Federal Republic of Germany, 1960-1990. 30 25 Rate 1980 1990 1970 1985 Total 188 21.3 20.9 20.9 20.7 15.8 22.4 Male 28.2 27.8 28.3

FEDERAL REPUBLIC OF GERMANY

1960. The same was true for the rate regarding the male population (22.4 in 1990). The suicide rates for females remained lower than the males' rates, but in 1990 the rate (9.6) did not quite decrease below the rate of 1960. In 1960 females had the peak rate (23.2) in the 55-64 years age group and males in the 75+

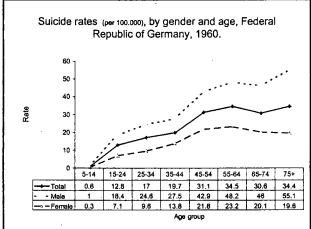
years age group (55.1). In 1990 the highest rates for both sexes were reported for the 75+ years age group: 23.7 was the

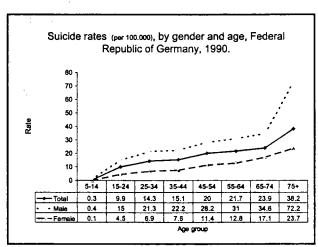
After 1960 the total suicide rate received a

slight increase, but by 1990 it had dropped to 15.8 (per 100,000), which was even below the rate of

peak rate for females and 72.2 for males. One could also observe that 75+ was the only age group with an increase in suicide rates as compared to 1960.

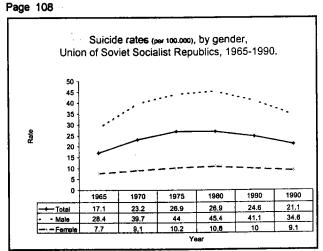
Generally speaking suicide rates indicate a downward trend, with the exception of the elderly population (75+). This age group shows the highest incidence of suicides for both

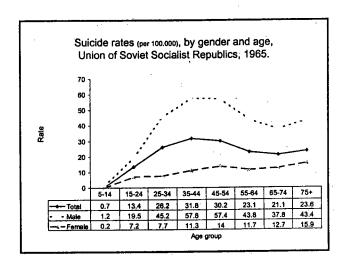


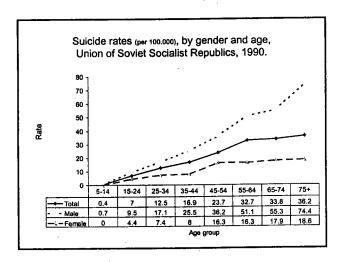


Number of suicides by age group and gender. FEDERAL REPUBLIC OF GERMANY, 1990.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	13	677	1151	952	1309	1076	667	1018	6853
Females	3	194	348	315	507	472	539	764	3142
Total	16	871	1499	1267	1816	1548	1206	1772	9995







UNION OF SOVIET SOCIALIST REPUBLICS

Among the 15 republics of the former USSR, figures and trends of suicide rates were strongly influenced by the Slavic and Baltic component. Between 1984 and 1990, the last years of existence of the Soviet Union, more than 85% of all suicides were registered in Russia, Ukraine and Belarus, approximately 10% in the Central Asian republics, followed by the Baltics States (3,5%) and Moldavia (1,2%); suicides in the Caucasian region were uncommon.

The suicide rate rose from 17,1 per 100,000 in 1965 to 29,6 in 1984, the last year of a stagnation period. The number of suicides during that period doubled from 39,550 to 81,417. Between 1985 and 1998, there was a falling trend of 35% all over the USSR. After this decrease, suicide rates rose once again.

The distribution of suicides by age groups was completely different for males in the years 1965 and 1990. In 1965 the highest rates were observable at the age 35-54, while suicide rates rose directly with age for females. In 1990 male and female age-specific suicide curves had the same shape, except for a marked increase among the older males.

It appears that certain factors worked simultaneously in all republics to effect the significant similar changes in suicide trends. The mortality registration system could not influence the results, since it was uniform and strongly controlled all over the USSR during the whole period under consideration. The greater fluctuations in suicide rates for males compared with females indicate a possible greater sensitivity among males to factors that affected suicide rates in the former USSR: in sociopolitical terms, 1965-1984 was a period of stagnation, but from 1985 on, democratic reforms and stiff restrictions on the sale and consumption of alcohol took place.

Number of suicides by age group and gender. UNION OF SOVIET SOCIALIST REPUBLICS, 1990.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	465	4519	10298	10253	9144	7230	2674	2160	46743
Females	100	1273	1473	1704	2257	2591	2080	2381	13859
Total	565	5792	11771	11957	11401	9821	4754	4541	60602