Suicide is one of the leading causes of death throughout the world. Several studies have been done researching the cause and patterning of its occurrence (Pesonen et al, 2001; Singh & Siahpush, 2002; McLaren & Hopes, 2001; Wilkinson & Gunnell, 1999; Zacharakis, Madianos, Papadimitriou, & Stefanis, 1998). Specifically, we will look at how a person’s community context can help us understand the occurrence of suicide. Do the ascribed norms in an urban population attribute more to suicide than the ascribed norms of a rural population or vice versa? This study will examine these questions and more with an objective to better understand the factors involved in the act of suicide.

Numerous studies have found that suicide rates are higher in rural populations than in urban populations (McLaren & Hopes, 2001; Singh & Siahpush, 2002; Pesonen et al, 2001). Many methods have been used to find this conclusion, such as the 10- category rural-urban continuum variable developed by the US Department of Agriculture (Singh & Siahpush, 2002), a stratified random sampling procedure using a questionnaire (McLaren & Hopes, 2001), autopsy reports analyzed by method, region, age, marital status, household type and place of death (Pesonen et al, 2001) and many others. The amount of variation in methods is important when looking at all of the results in these studies, because they each could cause a different response.

Gender was a reoccurring variable in each study reviewed. Wilkinson & Gunnell (1999) found that suicide rates in Australia were approximately four times higher among males than females, and that the highest rates occurred in non-metropolitan males. Male suicide rates are higher in rural areas than in urban areas (Singh & Siahpush, 2002; Pesonen et al, 2001). Wilkinson & Gunnell (1999) noted that gender differences in suicide rates are more marked in non-metropolitan than metropolitan areas. In a study
done on suicide over each of 6 study time periods, Singh & Siahpush (2002) found that for the first 4 time periods female suicide rates were generally higher in more urban areas than in more rural areas; however in the last 2 time periods, no significant association between rural-urban continuum and female suicide rates were found.

Age was another variable used frequently. Singh & Siahpush (2002) found that the higher the degree of rurality, the higher the suicide rate among young men. Men of all age groups in the most rural areas had suicide rates almost twice the urban men did (Singh & Siahpush, 2002). Rises in suicide rates among young males living in non-metropolitan areas have been associated with unemployment, and non-metropolitan areas are characterized by high levels of unemployment and suicide (Wilkinson & Gunnel, 1999).

While I think age and gender are two important variables to use when studying suicide occurrence, I think one major shortcoming of past studies on this topic is the lack of definition. A consistent meaning of rural and urban residency is needed to really draw conclusions on the relationship between residency and suicide. Another shortcoming is the lack of studies done over a larger period of time, which would help us see the dominant patterns more clearly.

Studying the occurrence of suicide is an important investment into prevention of the behavior for the future. Specifically studying the obvious relationship between community residency and suicide occurrence can help us to better understand the behavior and how to prevent it. While several studies on this topic have been done, a lack of common definitions has left us with much generalized data. A study over several of the
cultures today where suicide is prevalent, that defined clearly rural, urban, and suicidal behavior would perhaps give us more clear information on the topic.
References


