Suicide in Tonga, 1982-1997

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Introduction

Suicide seems to be increasing in Tonga[1] but very limited information is available. In the other Pacific jurisdiction of Fiji, [2,3,4] Samoa,[5] Papua New Guinea,[6] and the islands of Micronesia[7] the rate of suicide have been better documented. These have shown an epidemic of suicide but very limited documentation of parasuicide or attempted suicide.

This paper is a brief report of a rapid retrospective study to examine suicide trend and provide a measure of the magnitude of the problem. The aim of this rapid study is to assess the anecdotal notion of an increasing problem in Tonga and to gauze how the epidemiology of suicide in Tonga may be determined.

Method

The Ministry of Police records at Nuku'alofa for 1982 to 1997 (16 years) were reviewed. Data on gender, age, ethnicity, recorded reason for suicide, and means of death were obtained.

Results

Over the 16 year period of this study, 43 Tongans who committed suicide were recorded by the police. This averages about three people per year. Males made up 91% of these cases giving a male-female ratio of 9:1.

Figure 1 shows the trend suggesting an increase over time. The small numbers make it difficult to assess the significance of this trend. The annual incidence rate vary from 1 per 100,000 to 7 per 100,000 with an average of 2.9 per 100,000 per year.

Table 1 shows the age group distribution of 38 (88.4%) cases. In 5 (11.6%) cases there was no other information available. The youngest was 8 years old with 33 (76%) between age group 10-27 years and only 4 (9.3%) older than 28 years. Most of the cases were from the more westernised urban centre of Tongatapu. The average age for suicide is 18 years.

The reasons recorded for suicide were given for 6 (14%) of the cases. These included disputes with family member, disappointment with girlfriends and being subject of complaints.

Discussion

This study have provided a crude measure of the magnitude of the problem. As with other studies of existing records in Tonga [1,8,9] the quality of the data is highly suspect. Firstly, the under-reporting of cases due to families not coming forward, absence of coronal service, and poor recording. Secondly, the incompleteness of recording as seen in this study with unknown variables in a number of

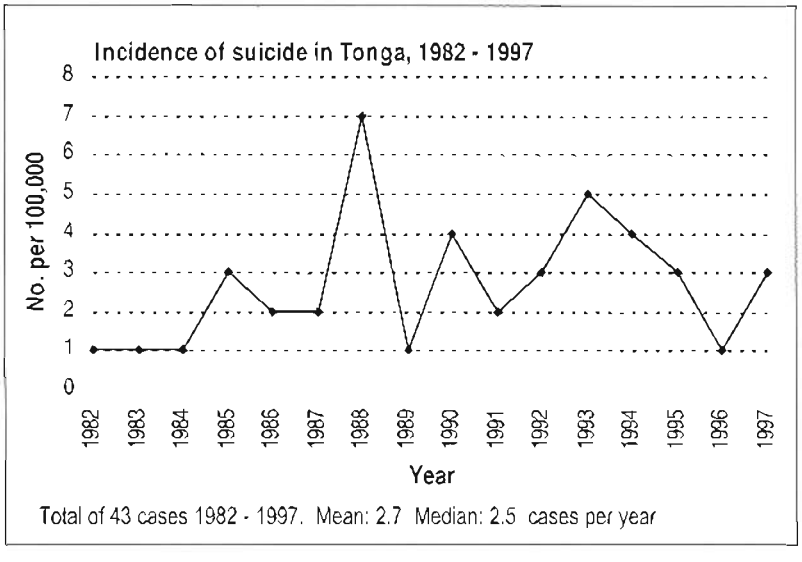

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Table 1. Age distribution of suicides in Tonga (1982-1997)

Age groups	Numbers	Frequency %
<14	13	30.3
15-19	6	14.0
20-24	7	16.3
25-29	8	18.6
40-44	1	2.3
55-59	1	2.3
65-69	1	2.3
70-74	1	2.3
Unknown	5	11.6
Total	**43**	**100**

cases. In a study of small populations, a small number of incomplete records result in wide swings of the rates and frequencies.

Inspite of these limitations the anecdotal increase in the incidence of suicide is supported. The obvious predominance of males cannot be explained by data quality alone. The fact that about three people per year committed suicide from the most westernised area of Tonga is very important for further examination. The magnitude of the problem in Tonga is much less then other Pacific islands, perhaps suggesting that Tonga's traditional conservatism and controlled progress may be protective.

An earlier study of suicide and parasuicide in Tonga showed females to be at high risk.[1] This study covered an era of increasing video, movie and television exposure together with other foreign influences The incidence of suicide may demonstrate a decreasing resilience among Tongan youths, especially males, being associated with these changes and the diminished traditional support systems. The Tongan males are less protected from these influences than their female counterparts. The marked dominance of males among suicides is similar to other pacific experiences.

While this rapid assessment have been limited in many ways, it raised important issues for future study. It is obvious the routinely collected data is inadequate. The suggested increase in suicide rate demands a better and more comprehensive study e.g. a longitudinal study such as that in Micronesia. [7] It will not be difficult to collect suicide data from enquiring village by village. There will be key informers who will identify alleged suicide cases. The families can be sensitively but systematically interviewed about different variables related to suicide over a period of time.

As the number of cases expected will be relatively small, it will enhance hypothesis testing if a case control design be used. Perhaps the control being a neighbour or sibling of the same gender and age group. A similar approach has been suggested for a study of parasuicide in Tonga.[1] For this latter group perhaps a qualitative study of their current status and experiences at the time of the attempted suicide may provide useful information on the contributing and precipitating factors, resilience, prevention and management of parasuicide and suicide among Tongans.

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