Suicidology Online 2011; **2**:17-28.

Suicidology Online
open access journal
www.suicidology-online.com
ISSN 2078-5488

Original Research

I Keep My Problems to Myself: Pathways to Suicide Attempts in Nicaraguan Young Men

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Submitted to SOL: 15th April 2011; accepted: 24th June 2011; published: 15th July 2011

***Abstract*:** This qualitative study is an attempt to understand the pathways leading to attempted suicide of young men in León, Nicaragua. Our research is based on in-depth interviews with twelve young men between the ages of 15 and 24 who had recently attempted to take their own life. The analysis is based on a grounded theory approach. The young men who participated in this study had a broadly similar background, insofar as they all came from broken families and had dropped out from school at an early age. They also all faced similar problems, such as unemployment and alcohol abuse. On this basis a model describing the pathways leading to the suicide attempts was constructed based on the informants' experiences. In all cases the decision to attempt suicide was found to be an expression of frustration with the present conditions of life. Combined with this was the traumatic influence of a troubled childhood within an unloving, unstable family. Attention has been paid to the ambivalent and antagonistic relationships that the informants experienced within their own families from childhood onwards, and the subsequent inability to establish any meaningful relationships in later life. This study aims to increase our understanding of the complexity of suicidal behaviours in order to help develop gender-specific prevention strategies.

Keywords: Young men, Suicide attempt, Nicaragua, Qualitative approach

There are well established gender differences regarding suicide and suicidal behaviour among young people. Even though young women are more frequently admitted to hospital having attempted suicide, severe suicidal behaviour and completed suicide is more common among young men in almost all countries (Bridge, Goldstein, & Brent, 2006; Sudhir Kumar, Mohan, Ranjith, & Chandrasekaran, 2006).

In recent years an increasing number of qualitative studies have been undertaken exploring young men's suicidal behaviour in relation to gender and cultural issues (Alston, 2010; Mac an Ghaill & Haywood, 2010; Oliffe, Ogrodniczuk, Bottorff, Johnson, & Hoyak, 2010; Scourfield, Fincham, Langer, & Shiner, 2010; Shiner, Scourfield, Fincham, & Langer, 2009). The majority of these studies have been conducted in high-income countries. However, the present study focuses on Nicaragua, a low-income country, which has the highest suicide rate amongst young men in Latin and Central America (PAHO, 2006).

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open access journal
www.suicidology-online.com
ISSN 2078-5488

Nicaragua is a country characterised as having a "machista" culture, where boys are raised to "act like little men" (Lancaster, 1992). In this culture, hegemonic masculinity dictates that boys and men have to be physically strong, competitive, and inexpressive about their emotions, feelings and problems (Lancaster, 1992; Welsh, 2010). From childhood to adulthood, men who fail to live up to these 'standards' are derided and considered 'unmanly' by society at large (Lancaster, 1992; Sternberg, White, & Hubley, 2008; Welsh, 2010).

Connell and Messerschmidt define hegemonic masculinity as "the most honoured or desired" form of masculinity in any given society (2005). In order to fulfil this ideal, men are often led to self-destructive or risk-taking behaviours, which might increase the probability of suicidal behaviour (Payne, Swami, & Stanistreet, 2008).

Hegemonic masculinity encourages men to be independent and resilient, and for this reason it may restrict help-seeking behaviour, which would be seen as implying a loss of autonomy (Connell & Messerschmidt, 2005; Griffiths, 1996). They are likely to believe that asking for help when troubled by a physical or emotional problem would be a shameful, unmanly action (Courtenay, 2000a).

Scheff suggests that "shame is the most important and frequent of emotions but is usually invisible" (2003). Failure to conform to social and cultural norms can lead to feelings of shame, and this has been found to be a significant factor in attempted suicides (Fullagar, 2003; Roen, Scourfield, & McDermott, 2008). Family members may also reinforce these feelings of shame. For example, in some cases young boys may not be allowed to share their affective and emotional needs with their parents (Fullagar, 2003), which would lead them to believe that to do so would be a shameful act. It is therefore valid to assume that shame reinforces ideas of "typical" masculinity in society.

The present study follows on from a previous study conducted in León, Nicaragua, which focuses on the suicidal behaviour of young girls (Herrera, Dahlblom, Dahlgren, & Kullgren, 2006). This led us to further investigate the suicidal behaviour of young men in order to understand what factors lead them to attempt suicide.

The aims of the study were to explore and understand the pathways leading to attempted suicide among young men in Nicaragua. A further aim was to investigate the interplay between structural conditions and individual coping strategies, as well as to achieve an in-depth understanding of what triggers suicidal behaviour in young men.

Methods

Suicidal Behaviour - Conceptual Issues

Suicide is a complex process that involves a range of feelings (thoughts of worthlessness, death wishes and suicide ideation) and actions (concrete planning and suicide attempts). The nomenclature in the field of suicidology "perennially dissatisfies researchers and clinicians", as De Leo and co-authors put it in their overview article (De Leo, Burgis, Bertolote, Kerkhof, & Bille-Brahe, 2006). This study is based on interviews with young men admitted to hospital with self-inflicted injuries, but in most cases it was not possible to say whether they truly intended to kill themselves or not. In De-Leo's definition these cases would be classified as examples of "non-fatal suicidal behaviour with injuries". However, most researchers and clinicians would be more comfortable with the term 'suicide attempt', which is the term we have chosen to use in the present paper.

The Nicaraguan Setting

The Nicaraguan population is young, and around 34% (1.9 million) are between 10 and 24 years old (INIDE, 2008). Chronic poverty, defined as "significant capability deprivation for a period of 5 years or more" (Hulme & Shepherd, 2003), affects the majority of the population. Unemployment rates have increased dramatically over the last decades (INEC, 2006a), and the level of education is amongst the lowest in Central America, with high dropout rates at both primary and secondary school (Del Carpio, 2007). The completion rate of secondary education is 39.1%, which means that only around 4 out of 10 young men and women manage to complete basic education (INEC, 2006b).

Internal migration is high, and new neighbourhoods develop in urban areas with scarce resources (INIDE, 2008). External migration to neighbouring countries is also high, where migrants send remittances to sustain families left behind (Del Carpio, 2007; INIDE, 2008). Many children are left in the care of relatives, but the lack of parental presence cannot be compensated for "by phone calls or monthly money" (Del Carpio, 2007; INIDE, 2008).

Studies have shown that there is a tendency to view young people in Nicaragua as a social problem (López, 2001; Serra & Castillo, 2003). There has been a shift from a cultural model that invites young people to be a useful part of the community, towards a cultural model that favours self-realization and individual personal development (Serra & Castillo, 2003).

León municipality, the site of our study, grew from 90,000 inhabitants in 1980 to 174,051 in 2005. This rapid growth in population has been caused by immigration from rural to urban areas,

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ISSN 2078-5488

where new neighbourhoods, informal settlements with poor social conditions, have developed (INIDE, 2008; Peña, Pérez, Meléndez, Källestål & Persson, 2008). Public mental health services are limited.

Study Design

A qualitative study design was employed and in-depth interviews with twelve young men who had attempted suicide in León, Nicaragua, were carried out. Fifteen participants were invited for the study from an ongoing public hospital surveillance (Sklaver, Clavel-Arcas, Fandiño-Losada, Gutierrez-Martinez, Rocha-Castillo, et al. (2008). Criteria for inclusion in the study were: to be male, aged between 15 and 24 years, urban-dwelling, and to have been admitted to hospital between June 2008 to December 2009 following an attempted suicide. Of those invited, one declined to participate, one migrated and one was excluded due to major mental illness. Thus 12 young men were interviewed in total.

A psychologist, the principal researcher (CO), contacted the selected patients while they were still in hospital in order to have an initial meeting and to arrange an interview following their discharge from hospital. Some of the cases left hospital almost immediately and were therefore contacted in their homes. All interviews were conducted by the principal researcher (CO) and took place within 72 hours of the suicide attempt. We decided on this time frame of 72 hours after the suicide attempt to avoid recall bias, to avoid losses to follow-up, and to interview the patient while he was still open and willing to talk about the event.

An interview guide with open-ended questions was used to explore the issues surrounding their suicide attempt, to let them give their view of what happened prior to and on the day of the incident. Other issues addressed included how the decision to attempt arose, thoughts and feelings before the attempt, family life (e.g. relationships with parents and siblings) and social life (friends, neighbors, activities and hobbies). Questions on family life and social life were adapted from a previous qualitative study exploring the factors associated with suicidal attempts among young girls in Nicaragua (Herrera, et al., 2006). During the interview, we also used probing and follow-up questions to gain a deeper knowledge of the informant's experience. Each interview began with the interviewer (CO) presenting herself and explaining the aims of the study. Each participant was encouraged to talk freely and in detail about their experiences. The interviews lasted around one and a half hour long and were recorded and transcribed in Spanish.

The interviews were conducted and analyzed with a grounded theory approach. We aim to grasp the process where young men end up with a suicide attempt. Grounded theory allows us to go beyond a simple description, it guided us in building a model showing the interactions between individual and environmental stressors, the informants emotional state and their strategies to cope with their emotions. This involved a move from concrete findings towards a more abstract analysis. In this process we initially generated codes. The codes were suggested from what the informants expressed when describing their life experiences and the attempt itself. They were then sorted and used as a guide in the search for categories following the principles of grounded theory. The software OpenCode 3.4 (UMDAC. Epidemiology and Global Health, Department of Public Health and Clinical Medicine Umeå University, 2001) was used for coding and categorizing.

The interpretation followed the grounded theory recommendations (Bryant & Charmaz, 2007). The principal researcher (CO) coded the interviews and constructed preliminary models for each case, in order to understand the meaning of the interviews, and these were then negotiated amongst the research team. The codes capturing feelings, emotions and the attempt process were identified and, in the next phase, we attempted to find axes between codes and categories combining inductive and deductive reasoning. This abductive approach (a.a.) was present already during data collection implying that the interview guide successively was developed depending on preliminary findings and interpretations. During this process, a model was generated that attempted to illustrate the different factors that contribute to an attempted suicide, presented in a lifetime perspective.

Ethical considerations

The research study was approved by the ethical committee at UNAN-León Faculty of Medicine, Nicaragua 08/09/03. The study objectives were explained to all participants and signed informed consent was obtained from each participant. Participation was voluntary. Participants were informed that they could quit the study whenever they wanted and without any further explanation. Free counselling services were available for those who needed it.

Vignette: Mario

"Mario", 20 years old at the time of interview, grew up with his paternal grandmother. He has three elder siblings. His parents separated when he was twelve years old. He and his sister then lived with their grandmother, while his mother and eldest brother moved away and the father left the family altogether.

Throughout his childhood he experienced violence within the family. His father was an alcoholic who used to beat "Mario's" mother. At times, "Mario" tried to defend his mother but she did not appreciate

Suicidology Online 2011; **2**:17-28.

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open access journal
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ISSN 2078-5488

him for trying to help. His father rejected him, saying that "Mario" was not his son, which caused "Mario" a great deal of suffering. He did not finish school and was at the time of the interview unemployed. He had gone back to live with his mother and siblings, but relations between them were not good. His girlfriend was also living with him and his family.

He started to think about death when he was just 8 years old, and he first attempted suicide in school because of the maltreatment he had suffered from his father. He said many times during the interview that his father used to call him "a bastard". He made a second suicide attempt after his mother abandoned him and left her family without food, shelter, care or love. For some time they even had to live in the street.

His grandmother died the year before his last attempt. She was the one person in his life he felt he could trust; he felt loved and supported by her. Only a month prior to "Mario's" attempt, his father committed suicide after having made previous repeated attempts while drunk. Although "Mario" felt sorry for him, he found it difficult to forgive and forget the maltreatment he had suffered at his father's hands. The death of his father was one of the reasons for him trying to take his own life, but this fifth attempt was primarily triggered by a violent quarrel with his girlfriend, which resulted in him beating her. After the quarrel he started drinking at home, then went out with friends and continued to drink. When he came back he searched for his aunt's prescription pills and took them with more alcohol. He suffered convulsions and vomiting. All of this happened in front of his family and they took him to the hospital.

> *"Once when my father was drunk he found me asleep in the house and he hit me very hard in the back... it still hurts sometimes. He used to kick me as well... I think that's why sometimes I have nosebleeds. My grandmother used to tell me, "do what he says, do not say anything [against him]". Once he hit my grandmother instead of me... I used to watch how he threw things at my mother… it left her face covered with bruises. If I intervened, he'd hit me and I used to fight with him to defend my mother. That's when he stopped loving me."*

He describes himself as having a hot temper, and lately behaving very aggressively towards his relatives, even beating his mother. He reflects on his behaviour and wants to change his ways so as not to become like his father. He says that he does not have many friends because they (the family) are constantly moving from one place to another, and he does not trust anyone, not even his partner. He had never shared his story before, explaining that he preferred to "keep my problems inside just for myself... (yo me reservo todos mis problemas)..."

Results

Participants

The young men in this study were between 15 and 24 years old, eight being 20 or older. They shared many characteristics such as having separated parents, growing up and living with relatives, dropping out of primary or secondary school, being single (without girlfriend or partner), and most of them were unemployed or had only casual work at the time of interview. Most of them identified themselves as non-religious. Alcohol use was common, sometimes in combination with illegal drugs. All of them had experienced violence in childhood.

Coding process

During the initial open coding of the transcripts we looked for words and concepts that described the informants experience. We identified emotions, actions, environmental and family factors associated with the suicide attempt. As we were conducting the selective coding, the emotive aspects emerged as the most important factor influencing the informants' cognition and the process of attempting suicide. This is also in line with the analytic frame of Scheff, mentioned above. We discovered a pronounced tendency directed towards "give up – feelings", and states of depression and resignation. The process mirrors energy losses and ends up in the deterioration of coping abilities. Early in the coding process we discovered feelings that were seen to mirror reactions to structural and historical circumstances as well as reactions to the present situation. Finally, feelings also accompanied personality traits and coping abilities. Figure 1 illustrated how we discovered emotive states emerging from selected quotes we found to be representative, and thereafter how these emotive states guided the discovery of codes and categories that were generated in the continuous coding process. The example shows one of our main findings, namely that destructive feelings like fear are generated from an increasingly painful gap between hope and despair. This gap characterises the present situation for our participants, rooted in previous experiences, i.e. the situation that precedes the suicide attempt. Evaluations of options including awareness of the risk of future failures accompanied and reinforced the fear. What remain are defence mechanisms such as blaming others. Finally, categories were generated from these codes mirroring the importance of a conflict between material structural properties like poverty and normative expectations, generating feelings of being "out of it" and in prolongation motives for suicidal behaviour (Figure 1).

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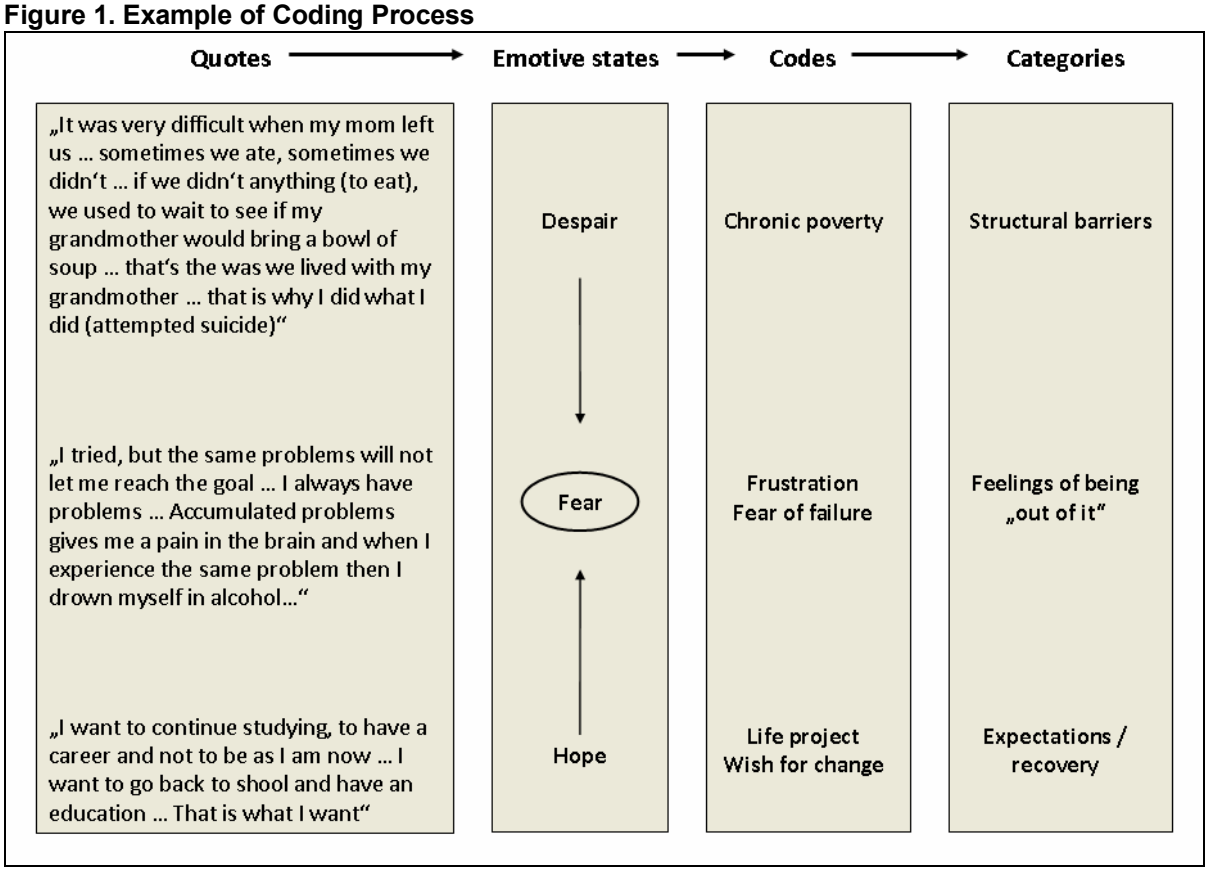
ISSN 2078-5488

Figure 1. Example of Coding Process



Model explaining pathways to suicide attempt and/or recovery

A model representing the main categories was constructed based on the informants' stories (Figure 2), and the descriptions of the process preceding our informants' suicide attempts, followed by a tentative path to recovery.

Structural conditions

We identified two sorts of structural conditions: one consisted of material circumstances and the other of normative expectations, primarily reflected in the "machista" norm.The first condition includes circumstances such as chronic poverty, dysfunctional families characterised by violence and maltreatment, alcoholic or absent father, school dropout, or a nomadic lifestyle, leading to continuous changes of schools and friends. Most of the informants grew up with a single mother, or a grandmother. The absent father was not only missing in a physical sense; it was primarily an emotional and social loss. The informants described the absence of a paternal figure as a key negative aspect of life. In general, our informants were exposed to these harsh conditions since childhood.

They further described their parents or caretakers as being either too permissive or too strict. Four of the informants were also fathers themselves. They reported that the pregnancies had been unplanned and that they had not been the outcome of a loving relationship. Other informants emphasized that they did not want to become a father, and for some of them this was because they were afraid of becoming like their own father. At the same time, they considered that having someone close, like a daughter or a son, would help protect them from attempting suicide again.

> *Mostly, I thought about the girl (his daughter)… she has a life to live and it would hurt me to die and leave her there, suffering without a father, in the same way that I suffered. I've missed my father so much and I don't want that for my daughter. She's the only thing I had on my mind.*
>
> (Informant No 11 -Table 1)

Almost all of the boys had dropped out of school when they were due to start secondary education, partly for economic reasons, but also due to learning problems, frequent changes of schools, and lack of support to continue. Some of them had to work from childhood, burdened with early economic responsibility for their families.

> *I used to work during the week and to study during the weekends...But during the weeks I was only selling enough to make between two*

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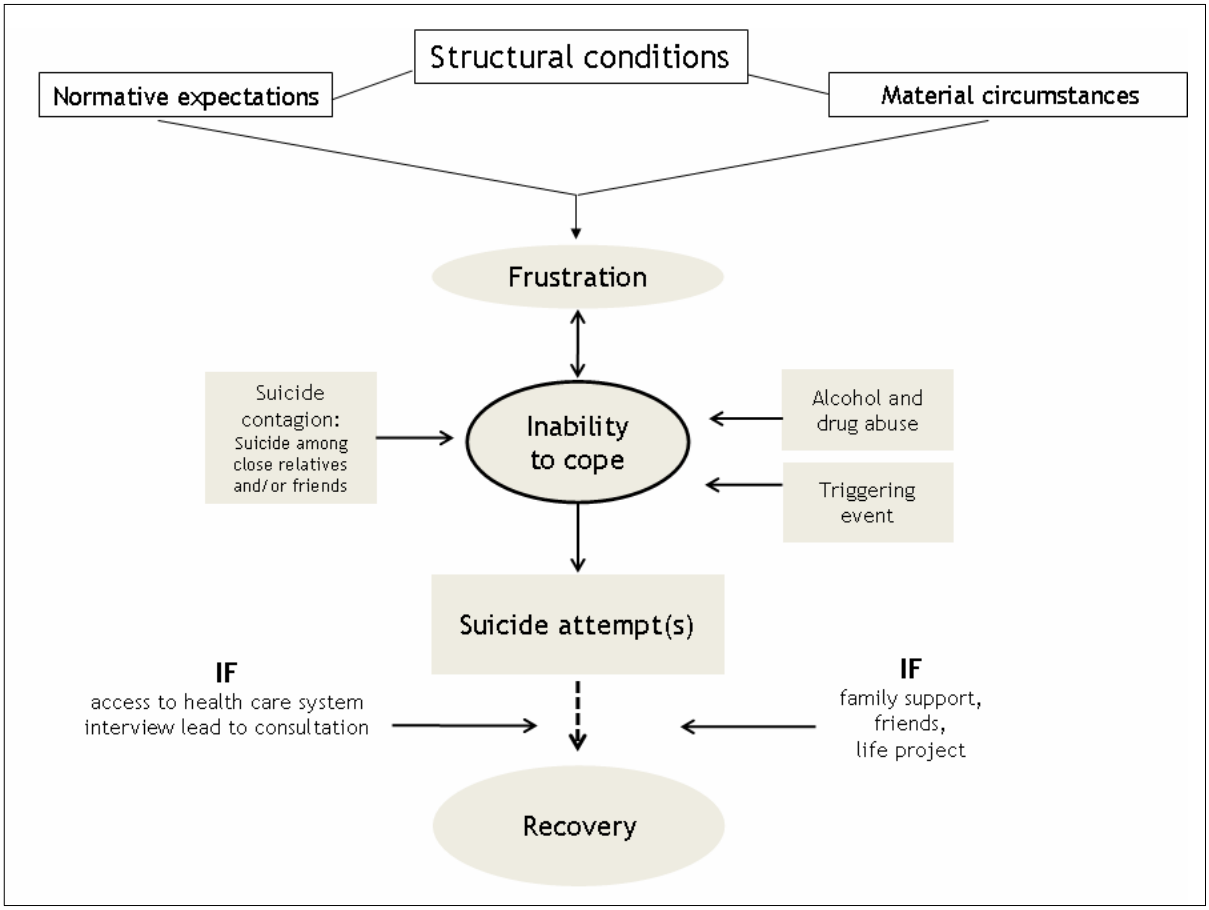
Figure 2. Model Explaining Pathways to Suicide Attempt and/or Recovery



hundred to two hundred and fifty Córdoba, so that is why I left school. After that, started to work on the weekends, I was making one thousand to one thousand five hundred Cordoba!, so you know, I have to provide to my mother, that is why I left school.

(Informant No 8 -Table 1)

Regarding normative expectations, we identified influences of a cultural and normative nature subjecting our informants to expectations formed by hegemonic masculinity ideals such as being a breadwinner for your family, being successful and strong enough not to show any weakness.

Well, you know...In my family we (men) are used to support our women; if she needs something, well she just have to ask for it! We (men) are here to help the women not the other way around...sincerely I am not used to the fact that she supports me, I am really ashamed to say that..She is working and I am not...I just feel like a clown!

(Informant No 12 -Table 1)

The increased gap between hope and despair, as shown in Figure 1, manifested itself in fear, which generated frustration and feelings of hopelessness. In the long run it led to the inability to cope, feelings of powerlessness and cries for help.

Frustration

Given these structural conditions, several significant steps in the process toward a suicide attempt were identified. External and internal factors were identified as having a significant influence in the decision to attempt suicide. Our participants experienced feelings of shame, partly owing to their awareness of belonging to low-status groups in Nicaraguan society, but mostly owing to perceived personal shortcomings like unemployment and social marginalisation, accompanied by a sense of failure. This appeared to be a crucial step in the process.

Inability to cope

For some of our informants suicides among close relatives or friends seem to have influenced their actions. This is the effect of suicide contagion. Two of the informants reported that their father had attempted suicide several times, and for one of them his father had committed suicide a month before the interview.

Alcohol and drug use was common among our informants. They recounted that they started using them through the influence of friends and classmates, or, in a few cases, they started drinking with their

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Table 1. Circumstances around the suicide attempt of all twelve informants.

	Triggering event	Planned / impulsive attempt	Life-time suicide attempts	Left hospital early	Warning signs	Suicide among relatives/ friends	Protective factors
1	Relationship problems (girlfriend)	Impulsive	1	No	Anger / lost interest in work	---	Family support
2	Accumulated feelings towards his parents	Planned	1	No	Sadness / mood changes / going out more often	---	Grandmother's support / in school / future plans
3	Jealous of his grandmother's relationships	Planned	3	No	Openly expressed a wish to die / frustrations	---	---
4	Economic problems / unemployed	Impulsive	2	Yes	Sadness / thoughtful / feeling bad because of unemployment	---	---
5	Relationship problems / beating his partner / father committed suicide	Impulsive	5	Yes	Previous attempts / expressed wishes to die, usually when drunk / his father committed suicide one month earlier	Father (completed)	---
6	Future career dreams ruined	Planned	1	No	Expressions of desperation / frustration / feelings of guilt	Brother (attempt)	Family support / has future plans
7	Relationship problem (not accepted by his girlfriend's family)	Impulsive	1	Yes	Drinking more than usual / using drugs / go out more often	---	Future plans / support of family and friends
8	Being robbed / frustrations / relationship problems (wife)	Planned	1	No	Sadness / frustration / mood changes	---	Family support / having a child / future plans
9	Conflict with mother / lost his job / became a father	Impulsive	2	Yes	Going out more often / drinking more than usual / expressed to his wife his desperation	Friends (attempt and complete)	Having a child/ support of relatives and friends
10	Fight with girlfriend / end of relationship	Planned	2	No	Sadness / expressed to his close friend about his ideation / drinking more than usual	---	Close friend / family support / good social network / future plans
11	Relationship problems / ashamed of beating his wife	Impulsive	1	Yes	Drinking more than usual	Father (attempt)	Family support / community support / future plans / having a child
12	Relationship problems / economic problems	Impulsive	1	No	Many fights / sadness / Frustration	Friend (completed)	Support of family and friends / future plans / hope

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ISSN 2078-5488

parents. Clearly, alcohol and drugs were used as a means of coping with their problems and frustrations.

> *And it was mostly because of all the problems, how they got all mixed up and so I went with friends to booze it up and I just wanted to die. I was so sad and disappointed and I felt like I should die. Those problems just keep piling up and when I see them, I just want to drink and do stuff like that.*
>
> (Informant No 7 -Table 1)

Suicide attempts

The ultimate triggering event was most often conflict within a close relationship or some kind of personal failure, such as being unable to find employment. When commenting on the suicide attempt, half of the informants described it as an impulsive act, and for most of them it was the first attempt. They reflected on this and said that they survived because they had used a soft method. For others it was the third or fifth attempt, and the severity of the method increased with each attempt.

Recovery

Regarded as a cry for help, a suicide attempt has the potential to turn the process into a positive one: to recovery and readjustment. However, a positive outcome is only likely if the individual has the support of friends, relatives and healthcare professionals. Some of the informants mentioned having support from relatives like a grandmother, a cousin, or from a trustful friend.

> *[After I returned from the hospital] my friends told me to stop doing that [suicide attempt]… they said that everyone has problems and that they've been in worse situations. They don't criticize me; they give me advice.*
>
> (Informant No 10 -Table 1)

For those who did not have any close relations or friends, factors such as having dropped out of school further limited their social network, since they had fewer opportunities to socialize and interact with peers. During the interviews it became clear that they had shown some warning signs prior to the attempt, but friends and relatives had not taken heed (Table 1). The informants reported having had previous contact with health services less than twelve months before the attempt, for different conditions, such as sleeping problems or headache. Their experiences from treatment in hospital were that only physical and somatic complaints were considered. No counselling was offered.

> *I was brought to the hospital… we arrived around eleven in the morning… then it was six in the afternoon but no one from mental health services had come. They made some medical tests and put a cast on my leg, but nobody asked me if I wanted to take my life or anything like that.*
>
> (Informant No 4 -Table 1)

The informants were willing to talk about their suicide attempts. For most of them this was the first time they had shared their life story with someone. They stated that it was the first time anyone had been ready to listen, and usually they had not talked with their family or friends about their problems.

> *[After talking with you] I feel fine. I feel like a weight was been lifted off my shoulders. I feel relieved because I talked about stuff I've never talked about before. I feel good and I talked about so many things. Talking to someone like this cleans your soul and makes you feel better.*
>
> (Informant No 3 -Table 1)

Discussion

Overall, these suicide attempts can be viewed as a response to frustration caused by negative structural conditions both in terms of material circumstances and unfulfilled normative expectations. Traumatic life experiences, exposure to suicidal behaviour among close relatives and interpersonal conflicts all served as triggering factors further fuelled by alcohol and drug intake. It is obvious that our case study indicates a process that can be recognised from general theories on suicidal behaviour. A hypothetical difference, however, is that the external structural forces in Nicaragua, material and normative, are of an unusual strength, leading to a frustration hard to handle.

Structural conditions

Adverse childhood events have been reported to be associated with the increased risk of suicide attempts (Afifi, Enns, Cox, Asmundson, Stein, & Sareen, 2008). The young men in our study experienced a loveless childhood under harsh circumstances, repeatedly experiencing and witnessing violence, with few close and stable relationships. All of this inevitably shaped their future lives. Similar structural conditions were reported by young women in a previous Nicaraguan study. For example, both men and women alike had in common absent fathers, nomadic lifestyles, and experiences of violence and maltreatment. A prominent difference between genders was, however, that whereas girls felt "trapped", boys felt that they were neglected (Herrera et al., 2006).

Most of the informants grew up in matrifocal households, where a female is head of the family while men are usually not present, or make few

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ISSN 2078-5488

contributions to the household. According to Schwimmer (Schwimmer, 2003), this phenomenon "is prevalent in communities in which men are not able to meet domestic commitments because of unemployment or poverty", such as in Latin American squatter settlements. The mother is the central and most influential figure in the Nicaraguan family (Tully, 2007) and, culturally, motherhood is idealized (Lancaster, 1992; Mulinari, 2000). However, growing up in a female-dominated household does not preclude the possibility of violence and maltreatment, and we found that our participants had experienced violence from both men and women alike.

The lack of a trustworthy father figure was found to be another key issue in many interviews. The informants' relationships with their fathers were often characterized by early deprivation and repeated separations. Similar patterns have been reported to be associated with adolescent suicidal behaviour (Cash S.J & Bridge J, 2009).

Another dimension of growing up in chronic poverty in Nicaragua has been described by Tully (Tully, 2007) and Quesada (Quesada, 1998), where children take it upon themselves to ease the economic burden on their families by committing suicide. However, in our study we did not find that this was a reason for our participants' suicide attempts, but rather they felt neglected and perceived that they would not be missed by anyone.

The phenomenon of a nomadic lifestyle was manifest in most of our informants, reproducing patterns of social marginalization and the loss of supportive social networks. Constantly changing living arrangements, moving from one neighbourhood to another looking for alternative solutions to everyday problems, makes it difficult to complete education or build lasting relationships. Most importantly, it creates additional emotional distress, the functional network gets disrupted, and this may contribute to suicidal behaviour.

Inability to cope

As young boys our participants tried to defend themselves against feelings of helplessness in many ways. Antisocial behaviour, alcohol and drug abuse contributed to them being rejected by their families, leaving them with no one to talk to about their distress. The gendered character of alcohol and drug use and its association with suicide has been demonstrated in other contexts (Biong & Ravndal, 2007; Möller-Leimkühler, 2003). A previous study in this setting found that alcohol use was not an issue among girls attempting suicide (Herrera et al., 2006), thus our findings represents a key gender difference in the role alcohol use plays in suicidal behaviour among Nicaraguan young people.

Population and clinical based studies have found that religious attendance (Rasic, et al., 2009) and religious affiliation (Dervic et al, 2004) are factors associated with less suicidal behaviour and decreased odds of suicide attempt. Dervic et al (2004) have described that among religious people higher moral objections to suicide might explain the role that religion plays as protective factor against suicide. In our study, almost all of our informants reported that they did not practice any religion, thus the religion protective effect was not present. In addition, their possible lack of religious values might have influenced their poor hope in the future which in turn might have influenced their decision to attempt suicide.

Our data suggest that religious beliefs played a different role among girls and boys attempting suicide, in that a previous study in the same setting showed that religious norms were a concern for girls attempting suicide (Herrera, et al., 2006).

The informant's inability to cope with their life stressors before the suicide attempt was in part related to their lack of close relationships with their peers; which seemed to have limited their ability to express their feelings and to receive emotional support. This is in line with a study conducted with young people that found that social support was associated with suicidal ideation (Chioqueta & Stiles, 2007). The role of friends after the suicide attempt is further discussed on the result section named "recovery".

Support from healthcare

Some of our informants had previous contact with healthcare services less than twelve months before their suicide attempt, but obviously these contacts had not led to any further consultation or treatment of their problems. A previous study in the same setting showed that close to 50% of those attempting suicide had contacted primary healthcare services six months prior the attempt (Caldera, Herrera, Renberg, & Kullgren, 2004).

Studies from various contexts consistently show that women use social support and health services more than men. Men were found to be less able than women to recognise physical and emotional distress and to seek help (Griffiths, 1996). Social supports and attachments are significant protective factors against suicide, and women also tend to communicate their need for help more openly (Courtenay, 2000; Möller-Leimkühler, 2003).

The findings from our study are in agreement with these studies. This leads us to agree with other scholars that hegemonic masculinity and the

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'machismo' culture can discourage men from seeking support in situations when they do in fact need help, for example, when they feel depressed or have suicidal ideas (Griffiths, 1996; Payne et al., 2008).

Recovery

Having someone close, such as a daughter or son, was found to be crucial to the process of readjustment; the informants reflected that also for men this might help protect them from attempting suicide again. Other studies have shown that the presence of a father figure or some other male role model may also help prevent further suicide attempts and promote the re-establishment of self-control (Oliffe et al., 2010).

Recovery and readjustment after a suicide attempt has also been studied; Bergmans et al, identified a process from higher to lower risk of suicide and this process of recovery includes steps such as identification and tolerance of feelings that need to be understood and learned, and knowing what choices are available. Family, friends and professional support were identified as key factors in the recovery, as it has been pointed out by other study (Bergmans, Langley, Links, & Lavery, 2009). Not surprisingly, this conforms to the narratives of the young men in our study, where they stress the importance of close relationships as a source of support. The emotional support and the encouragement of friends and family represented a key factor facilitating the recovery of these young men. In addition, most of them reported that they found the research interview to be a helpful tool for recovery, in that someone was ready to listen, and they opened up and talked.

Trustworthiness/limitations

Peer debriefing sessions that consisted on presenting and discussing the preliminary findings with other researchers were used to increase the credibility of our results. In addition, joint analysis by the research team, who represented different disciplines and experiences, were also important to increase credibility. One limitation may have been that the interviews were flawed by the fact that interviewer and interviewee were of opposite gender. It is reasonable to assume that this has influenced the interviews but it is difficult to say in which direction. We believe that our results indicate that these young men could share very sensitive issues with the female interviewer. The informants chose themselves the place for the interview, mostly their own home, which hopefully made them feel at ease during the interview. A limitation of this study that has to be kept in mind is that the sample was from hospital admitted cases. In this setting some attempters will be admitted to private clinics in the area and some attempters will have no medical attention whatsoever.

In conclusion, this study suggests that our participants found it difficult to recognise and articulate emotional problems and that they were ultimately unable to cope with these problems alone. Their ability to express their problems and feelings to family, friends, partners and health professionals was very limited.

Failure to meet the normative expectations of society generated feelings of frustration, and their inability to cope with these feelings resulted in suicidal expressions. These suicidal expressions were aggravated when they interacted with negative structural conditions. Despite warning signs, families or friends did not notice.

Our study has implications for health professionals. Experiences from this study showed that when invited for the interviews, the informants were relieved to have this opportunity to talk about their problems. The interviews helped them to formulate their own problems and find solutions. Health professionals need to be more open in talking with young male patients and listening to their problems, and to be aware, for example, that somatic symptoms might be one key warning sign of possible suicidal behaviour. It is important to promote men's help-seeking behaviour when they face emotional distress in order to prevent suicide attempts.

This type of study generates hypotheses of how the pathways to suicide may develop, but further studies are needed to demonstrate the causality of some of the factors discussed in this paper. The participants selected for our study received care at a public general hospital, and their experiences may not reflect those of young men seeking treatment in private clinics. Yet this study represents one step forward in understanding the suicidal behaviour of men in a low-income country.

References

Afifi, T. O., Enns, M.W., Cox, B. J., Asmundson, G. J. G., Stein, M. B., & Sareen, J. (2008). Population attributable fractions of psychiatric disorders and suicide ideation and attempts associated with adverse childhood experiences. *American Journal of Public Health*, 98(5), 946-952.

Alston, M. (2010). Rural male suicide in Australia, *Social Science & Medicine*, doi.org/10.1016/j.socscimed.2010.04.036. retrieved from http://www.sciencedirect.com/science/article/pii/S0277953610003862

Bergmans, Y., Langley, J., Links, P., & Lavery, J. V. (2009). The perspectives of young adults on

Suicidology Online
open access journal
www.suicidology-online.com
ISSN 2078-5488

recovery from repeated suicide-related behavior. *Crisis*, 30(3), 120-127.

Biong, S., & Ravndal, E. (2007). Young men's experiences of living with substance abuse and suicidal behaviour: Between death as an escape from pain and the hope of a life. *International Journal of Qualitative Studies on Health and Well-being*, 2(4), 246-259.

Bridge, J. A., Goldstein, T. R., & Brent, D. A. (2006). Adolescent suicide and suicidal behavior. *Journal of Child Psychology and Psychiatry*, 47(3-4), 372-394.

Bryant, A., & Charmaz, K. (2007). Grounded theory in historical perspective: An epistemological account. The Sage handbook of grounded theory. London: Sage.

Caldera, T., Herrera, A., Renberg, E. S., & Kullgren, G. (2004). Parasuicide in a low-income country: results from three-year hospital surveillance in Nicaragua. *Scandinavian Journal of Public Health*, 32(5), 349-355.

Cash S.J & Bridge J, A. (2009). Epidemiology of youth suicide and suicidal behavior. *Current Opinion in Pediatrics*, 21(5), 613-619.

Chioqueta, A. P. & Stiles, T. C. (2007). The relationship between psychological buffers, hopelessness, and suicidal ideation: Identification of protective factors. *Crisis*, 28 (2), 67-73.

Connell, R.W., & Messerschmidt, J.W. (2005). Hegemonic masculinity: rethinking the concept. *Gender and Society*, 19(6), 829-859.

Courtenay, W. H. (2000). Constructions of masculinity and their influence on men's well-being: a theory of gender and health. *Social Science & Medicine*, 50(10), 1385-1401.

De Leo, D., Burgis,S., Bertolote, J. M., Kerkhof, A. J. F. M., & Bille-Brahe, U. (2006). Definitions of suicidal behavior: Lessons learned from the WHO/EURO Multicentre Study. *Crisis*, 27, 4-15.

Del Carpio, X. (2007). "Voices of Nicaragua, a qualitative and quantitative approach to viewing poverty in Nicaragua". In: The World Bank, Nicaragua Poverty Assessment. Report No. 39736. The World Bank.

Dervic, K., Oquendo, M. A., Grunebaum, M. F., Ellis, S., Burke, A. K., & Mann, J. J. (2004). Religious Affiliation and Suicide Attempt. *American Journal of Psychiatry*, 161(12), 2303-2308.

Fullagar, S. (2003). Wasted lives. Jo*urnal of Sociology*, 39(3), 291-307.

Griffiths, S.(1996). Men's health. *British Medical Journal*, 312(7023), 69-70.

Herrera, A., Dahlblom, K., Dahlgren, L., & Kullgren, G. (2006). Pathways to suicidal behaviour among adolescent girls in Nicaragua. *Social Science & Medicine*, 62(4), 805-814.

Hulme, D., & Shepherd, A. (2003). Conceptualizing chronic poverty. *World Development*, 31(3), 403-423.

INEC. (2006a). VIII Censo de población y IV de vivienda. Población características económicas. Managua, Nicaragua. INEC.

INEC. (2006). VIII Censo de población y IV de vivienda. Población características educativas. Managua, Nicaragua. INEC.

INIDE. (2008). National Institute for Development Information. Nicaraguan Demographic and Health Survey ENDESA 2006/07. Managua, Nicaragua. INIDE.

Lancaster, R. (1992). Life is Hard. Machismo, danger and the intimacy of power in Nicaragua. California: California University Press.

López, C. (2001). Juventopía. Retos y sueños de juventud compilación de artículo, ensayos y conferencias sobre juventud 1993 - 1998. Managua: UNFPA.

Mac an Ghaill, M., & Haywood, C. (in press). Understanding boys': Thinking through boys, masculinity and suicide. *Social Science & Medicine*, doi.org/10.1016/j.socscimed.2010.07.036. retrieved from http://www.sciencedirect.com/science/article/pii/S0277953610006052

Mulinari, D. (2000). Uno hace cualquier cosa por los hijos: Motherwork and politics in Sandinista Nicaragua. In: H. Ragoné, & T.Francine (Eds.), Ideologies and Technologies of Motherhood: Race, Class, Sexuality, Nationalism. New York, Routledge: Taylor & Francis

Möller-Leimkühler, A. M. (2003). The gender gap in suicide and premature death or: why are men so vulnerable? *European Archives of Psychiatry and Clinical Neuroscience*, 253(1), 1-8.

Oliffe, J. L., Ogrodniczuk, J. S., Bottorff, J. L., Johnson, J. L., & Hoyak, K., "You feel like you can't live anymore": Suicide from the perspectives of men who experience depression, *Social Science & Medicine*, (2010), doi.org/10.1016/j.socscimed.2010.03.057. retrieved from http://www.mendeley.com/research/feel-like-i-cant-live-anymore-suicide-perspectives-men-experience-depression/

PAHO (2006). Health Statistics from the Americas. Washington, DC. PAHO

Payne, S., Swami,V., & Stanistreet, D. L. (2008). The social construction of gender and its influence on suicide: a review of the literature. *Journal of Men's Health*, 5(1), 23-35.

Peña, R., Pérez, W., Meléndez, M., Källestål, C., & Persson, L.-Å. (2008). The Nicaraguan Health and Demographic Surveillance Site, HDSS-León: A platform for public health research.

Suicidology Online
open access journal
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ISSN 2078-5488

Scandinavian Journal of Public Health, 36(3), 318-325.

Quesada, J. (1998). Suffering child: An embodiment of war and its aftermath in Post-Sandinista Nicaragua. *Medical Anthropology Quarterly*, 12(1), 51-73.

Rasic, D. T., Belik, S.-L., Elias, B., Katz, L. Y., Enns, M., & Sareen, J. (2009). Spirituality, religion and suicidal behavior in a nationally representative sample. *Journal of Affective Disorders*, 114(1), 32-40.

Roen, K., Scourfield, J., & McDermott, E. (2008). Making sense of suicide: A discourse analysis of young people's talk about suicidal subjecthood. *Social Science & Medicine*, 67(12), 2089-2097.

Scheff, T. J. (2003). Shame in self and society. Symbolic Interaction, 26(2), 239-262.

Schwimmer, B. (2003). Matrifocality: An emerging empirical and theoretical issue. Department of Anthropology, University of Manitoba. Available a http://www.umanitoba.ca/faculties/arts/anthropology/tutor/residence/matrifocal.html. Accessed: March 23rd, 2011.

Scourfield, J., Fincham, B., Langer, S., & Shiner, M. (in press). Sociological autopsy: An integrated approach to the study of suicide in men, *Social Science & Medicine*, doi.org/10.1016/j.socscimed.2010.01.054. retrieved from http://www.sciencedirect.com/science/article/pii/S0277953610003813

Serra, L., & Castillo, M. (2003). Investigación sobre Niñez y Adolescencia. Perspectiva Perspectivas de Desarrollo Humano en Nicaragua. Managua: Universidad Centroamericana.

Shiner, M., Scourfield, J., Fincham, B., & Langer, S. (2009). When things fall apart: Gender and suicide across the life-course. *Social Science & Medicine*, 69(5), 738-746.

Sklaver, B. A., Clavel-Arcas, C., Fandiño-Losada, A., Gutierrez-Martinez, M. I., Rocha-Castillo, J., de García, S.M, et al. (2008). The establishment of injury surveillance systems in Colombia, El Salvador, and Nicaragua (2000-2006). *Revista Panamericana de Salud Pública*, 24, 379-389.

Sternberg, P., White, A., & Hubley, J. H. (2008). Damned if they do, damned if they don't: Tensions in Nicaraguan masculinities as barriers to sexual and reproductive health promotion. *Men and Masculinities*, 10(5), 538-556.

Sudhir Kumar, C. T., Mohan, R., Ranjith, G., & Chandrasekaran, R. (2006). Gender differences in medically serious suicide attempts: A study from South India. *Psychiatry Research*, 144(1), 79-86.

Tully, S. R. (2007). Scarcity and Surplus. *Childhood*, 14(3), 355-374.

UMDAC and Epidemiology and Global Health Department of Public Health and Clinical Medicine, Umeå University. (2001). OpenCode (Version 3.4) [Computer software]. Umeå University. Retrieved from http://www.phmed.umu.se/english/divisions/epidemology/research/open-code/

Welsh, P. (2010). Community development: a gendered activism? The masculinities question. *Community Development Journal*, 45(3), 297-306.

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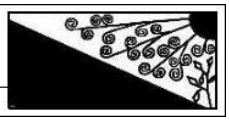

ISSN 2078-5488

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