## Suicidal Behavior of Young Immigrant Women in The Netherlands

Diana van Bergen
Dept. of Theory and Research in Education
VU University Amsterdam
dianavanbergen@yahoo.co.uk



#### Introduction of the Study

Hospital registrations showed increased rates of attempted suicide in young immigrant women (aged 15-24) of South Asian-Surinamese, Moroccan and Turkish origin (Burger et al, 1999, 2005).

#### Moroccans, Turks and Surinamese

are the largest immigrant groups in the Netherlands and put together they make up about 7 % of the Dutch population.

#### Immigrant groups & their background

#### <u>Turkish and Moroccans immigrants</u>

70's: from rural areas (Rif, Anatolia) to do "guest labor"

Disadvantaged socioeconomic positions in both 1<sup>st</sup>/ 2<sup>nd</sup> generations

Religion: Muslim

#### **South Asian Surinamese:**

from India to Surinam, contract labor in agriculture

From 50's onward: Migration due to previous colonial ties

Socio economic position: Mixed.

Religion: Hindu (majority) Muslim (minority)

#### Research Questions

1 Can well established (western) risk factors in suicidology explain the vulnerability of young women of South Asian-Surinamese, Turkish and Moroccan descent on attempted suicide? (QN)

2 If not, which alternative mechanisms could possibly explain their suicidal behavior? (QL)

# Study 1: Could risk factors explain ethnic differences in suicidal behavior?

Self-reported health and well-being questionnaires

4527 Adolescents of Dutch, South Asian-Surinamese, Moroccan, and Turkish origin

Age 14-16, Rotterdam, the Netherlands, years 2002-2006

- 1 Rates: Whether young females of specific ethnic groups had elevated risk for attempted suicide.
- 2 Risk factors: social economic class, level of education, life events, physical and sexual abuse, and family context

# Self reported rates of attempted suicide of girls in 4 ethnic groups in Rotterdam

	Dutch		South Asian- Surinames		Moroccan		Turkish	
	N=3090		N=266		N=557		N=614	
No	2818	91.2	215	80.8	523	93.9	523	85.2 %
Yes	272	8.8	51	19.2 **	34	6.1 *	91	14 **

# Risk Factors for attempted suicide of young females in Rotterdam. Testing a model across ethnicities

	Atter (Mod	npted Suicide del 1)	Attempted Suicide (Model 2)		
	OR	(95% CI)	OR	(95% CI)	
Ethnicity					
Dutch	Refer	Reference group		Reference group	
South Asian Surinamese	2.05	(1.43-2.96) **	1.75	(1.13-2.69) **	
Moroccan	0.50	(0.33-0.75) **	0.56	(0.35-0.91) *	
Turkish	1.38	(1.00-1.90) *	1.62	(1.12-2.35) **	
Age	1.23	(1.05-1.44) **	1.10	(0.92-1.32)	
Educational level	0.50	(0.42-0.59) **	0.56	(0.47-0.67) **	
Sexual abuse			2.89	(2.04-4.09) **	
Physical abuse			2.38	(1.79-3.18) **	
Discuss Problem with Parent			0.53	(0.40-0.72) **	
Family context			1.69	(1.55-1.85) **	
Psychopathology Parents			1.35	(1.09-1.69) **	

# Risk Factors for attempted suicide of young females in Rotterdam. Testing a model in 4 ethnic groups.

	Dutch N=3090	South Asian Surinamese N=266	Moroccan N=557	Turkish N=614
	OR	OR	OR	OR
Age	1.13	0.98	0.73	1.32
Educational Level	0.59**	0.54	0.21**	0.52 *
Socio-economic class	1.03	0.93	0.86	1.35
Sexual Abuse	2.76 **	12.3 **		
Physical Abuse	2.44 **			2.93**
Divorce	1.40 *			
Parental Interest	0.93 *			
Discuss Problem with Parent	0.43 **			0.44**
Family context	1.80 **	1.97 **	2.29**	1.61**
Psychopathology Parents		2.86 **		2.99**
Parental Chronically III			2.64*	

## Conclusion Study 1

Risk factors of poor parenting, poor family context and physical or sexual abuse established in western young females, also relevant for SB in immigrant females of non western descent, but cannot explain their excess in attempted suicide rates.....

## Study 2: Life Story Interviews

The aim of the qualitative approach was to explore and investigate the origins of suicidal behavior of young immigrant women,

and hereby gaining a more profound understanding of what leads these young women into the suicidal process,

as narrated by themselves through lifestory - interviews.

#### Study 2: Life story Interview

#### Inclusion:

Belonging to three ethnic minority groups Suicidal behavior or a serious suicide plan SB during adolescence or early adulthood Age < 40 at the time of the interview

Selection: Patients (mental health care) and volunteers (internet)
Duration 1-3 hours
Transcribed

#### Interviewees

10 Turkish (Mean age 26)

10 Moroccan (Mean age 29)

13 South Asian (Mean age 29)

14 Dutch (Mean age 27)

### Analysis

Using grounded theory, five typical themes were identified in which social, cultural, and personal factors were interconnected.

Two researchers analyzed transcription: (Discussion & consensus focused)

Reliability check by external researcher

Multidisciplinary advisory team with psychiatrist, psychologist, sociologist

#### 1a Processes of Self Transformation to Autonomy

between those 4 walls, I had

Denial of Strategic life choices, e.g the choice whom and when to marry, movement in and outside the house, the right to education.

Carrying out social roles that involved the care over others and housework family needs, while being denied a life of their own.

Attempts to cope with the suffering of the care work involved and the self-sacrifice it constituted.

physical or psychological maltreatment (including: fear of being sent back to the country, denial to go outside the home)

Result in a silencing a woman's voice, desires, will and needs

## 1b. Processes of Self Transformation to Autonomy

Importance of cultural norms and perspectives of women, e.g. *Enduring Wife*: enables coping with suffering, simultaneously led to practice that silenced women's selves

Suicidal behavior was demonstrated as a form of protest, when sadness of being denied strategic life choices was deeply felt

Suicidal behavior can be perceived as belonging to processes of self transformation to autonomy and attention to personal wellbeing

## 2a Clash over Strategic Life Choices

a clash originated in the family's attempt to prevent a young woman's autonomy regarding the choice of a spouse, dating, education and career, or restrict her movement

Different from 1 A, these women clearly had already developed a sense of self, possessed autonomy and aimed to be in control of their lives.

Subsequently, women critiqued the control they faced, which provoked fights or punishment with parents, spouses

## 2b Clash over Strategic life choices

Importance of cultural norms and perspectives of women, e.g. Avoiding the Image of the Girl gone Astray

Clash over strategic life choices led to hopelessness, and experiencing a split between loyalties towards the parents versus their quest for goal fulfillment.

It is in this stage when intense frustration over seemingly insoluble issues and loyalties to self/ family is felt, and suicidal behavior emerged.

#### Importance of Family Honor in 1 & 2

Cultural norms focused on embodying 'the enduring wife', - and that of avoiding being 'a woman who has gone astray', - both related to (fear of ) a lost sense of (family) honor.

Importance of avoiding social shame

#### Conclusions

1 Young women of Turkish, South-Asian descent in the Netherlands are at increased risk for suicidal behavior

- 2. Risk factors relevant, but cannot explain excess in rates of SB
- 3. Based on life story interviews of young women in 3 minority groups, key-themes were identified that proceeded their suicidal process:

Suicidal behavior was influenced by the ability and right to act autonomously with regard to *strategic life choices*, as well as by the questioning of cultural norms that valued selfsacrifice and honor protection.

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Interviewees

Health care professionals

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