

FEMALE SUICIDES IN OUR METROPOLITAN CITIES

BÜYÜKŞEHİRLERİMİZDE KADIN İNTİHARLARI

DOI: 10.33404/anasay.1058870

Çalışma Türü: Araştırma Makalesi / Research Article¹

Ferdi AKBAŞ* - Zeki KODAY**

Abstract

It is our biggest and most realistic goal to identify the steps that need to be taken to prevent suicides and especially female suicides, and it is our sincere wish to be useful to the works that will be prepared about suicide. Within the scope of this research, more than 350 academic works on suicides have been reached and all the works have been thoroughly examined with all the details and the road map of the study has been determined. Descriptive research management and document analysis were used in this study, which deals with suicidal acts on the basis of the data of the Turkish Statistical Institute for 2019 on women and the provinces with the title of metropolitan in administrative terms, in particular, descriptive research management and document analysis were used. The methods in question were used to analyze female suicides in

1- Makale Geliş Tarihi: 17. 01. 2022 Makale Kabul Tarihi: 23. 02. 2022

* Dr. Öğr. Üyesi., Osmaniye Korkut Ata Üniversitesi, Kadirli Sosyal ve Beşerî Bilimler Fakültesi, Coğrafya Bölümü, ferdi.akbas45@gmail.com, **ORCID ID**  <https://orcid.org/0000-0003-1899-145>

** Prof. Dr. Atatürk Üniversitesi, Edebiyat Fakültesi, Coğrafya Bölümü, zkoday@atauni.edu.tr, **ORCID ID**  <https://orcid.org/0000-0002-2126-9573>

categories such as age group, suicide patterns, causes, and gross suicide rates. According to the evaluations, a total of 604 women in our province with 30 metropolitan status chose the path of suicide and ended their lives. The maximum numbers of cases were found in Istanbul (99 cases), Ankara (43 cases), Diyarbakır (37 cases) and İzmir (36 cases), while Malatya (2 cases), Trabzon (5 cases) and Sakarya (6 cases) constituted the provinces with the lowest values. The highest number of cases in the age groups occurred in the group aged 20-24 to 15-19 years. The most preferred method of suicide is hanging, while other and illness have been the most common causes of suicide (Tüik, <https://biruni.tuik.gov.tr/medas/?kn=115&locale=tr>, Erişim Tarihi: 10.11.2021). Female suicides are a preventable public and community health problem. In order to avoid this act, the socio-economic and socio-cultural problems of women should be solved, a permanent and effective roadmap should be prepared and urgently implemented.

Keywords: Female Suicides, Geographical Problem, Provinces with Metropolitan Status.

ÖZ

İntiharların ve özellikle de kadın intiharlarının önlenmesi için atılması gereken adımların tespit edilebilmesi en büyük ve en gerçekçi amacımız olup intihar konusunda hazırlanacak olan eserlere faydalı olmak en içten temennimizdir. Bu araştırma kapsamında intiharları konu alan 350'den fazla akademik esere ulaşılmış ve bütün eserler tüm detayları ile kapsamlı bir şekilde incelenmiş ve çalışmanın yol haritası belirlenmiştir. İntihar eylemlerini kadınlar üzerinde 2019 yılı Türkiye İstatistik Kurumu verileri ve idari bakımdan büyükşehir unvanına sahip iller bazında ele alan bu çalışmada betimsel araştırma yönetimi ile doküman analizi kullanılmıştır. Söz konusu yöntemler ile kadın intiharları yaş grubu, intihar şekilleri, nedenleri, kaba intihar hızları gibi kategorilerde analiz edilmeye çalışılmıştır. Yapılan değerlendirmelerle 30 büyükşehir statülü ilimizde toplamda 604 kadın intihar yolunu tercih ederek yaşamına son vermiştir. Vaka sayılarında maksimum rakamlar İstanbul (99 vaka), Ankara (43 vaka), Diyarbakır (37 vaka) ve İzmir (36 vaka)'de görülürken, Malatya (2 vaka), Trabzon (5 vaka) ve Sakarya (6 vaka) en düşük değere sahip illeri oluşturmuştur. Yaş gruplarında en fazla vaka 20-24 ile 15-19 yaş aralığındaki grupta meydana gelmiştir. En çok tercih edilen intihar yöntemi, asma olurken, diğer ve hastalık en çok intihar yaşanan nedenleri teşkil etmiştir (Tüik, <https://biruni.tuik.gov.tr/medas/?kn=115&locale=tr>, Erişim Tarihi: 10.11.2021). Kadın intiharları önlenbilir düzeyde bir halk ve toplum sağlığı sorunudur. Söz konusu filinin önüne

geçebilmek için kadınların sosyo-ekonomik ve sosyo-kültürel sorunları çözümleni, kalıcı ve etkin bir yol haritası hazırlanmalı ve acilen uygulamaya konulmalıdır.

Anahtar Kelimeler: Kadın İntiharları, Coğrafi Sorun, Büyükşehir Statülü İller.

1. INTRODUCTION

Suicide of global, national, regional, or geographic location on a smaller scale in units of time and space according to the criteria in accordance with the principles and methods of distribution and geographical variations in analyzing and representing a branch of the science of human geography the geography of suicides, yet is a new area of Science, which took place in different periods of the historical process, and examines the phenomenon of suicide based on different reasons (Atasoy & Ertürk, 2014, s. 39).

The phenomenon of suicide has been described many times by researchers belonging to different fields of science. We thought it would be appropriate to mention here some of the definitions that express an opinion on what constitutes suicide. The Turkish Language Institution defines suicide as “*The termination of one’s own life by the influence of social and spiritual reasons*” (<https://sozluk.gov.tr/> Access Date: 08.11.2021). The definition made by Durkheim, who inspired subsequent research with his studies on suicide, is of great importance. “*Any death event that is a direct or indirect result of a positive or negative act committed by the victim himself is called suicide. An attempted suicide is an act that is defined as such, but is stopped before it results in death*”. (Durkheim, 2013, s. XIV; Çeviren İlgelen, 2021, s. XIV). It is a tendency of aggression and destruction that an individual has developed against his own self, and the related process is maintained and terminated by free will (Yıldız, 2008, s. 209; Can, Güngör & Aşkın, 2013, s. 33; Oral, 1994, s. 300; Haran & Aydın, 1995, s. 218; Sezer, 2011, s. 30; Yağdıran, 2019, 1; Kılıç & Kocadaş, 2013, 45; Aydemir, Vedin Temiz & Göka, 2002, s. 33; Demirkol, 2013, s. 1; İşbitiren, 2019, s. 1; Çelik, 2019, s. 1; Kozatepe, 2015, s. 1; Karacaoğlu et al., 2013, s. 29; Yaşar et al., s. 2007: 1; Atasoy & Köşle, 2019, s. 123).

Since the day that emerged in the health sciences, particularly sociology, psychology and fields of the science of law by continually researched, articles, theses, books, congresses, symposia, workshops actual suicide is discovered, new concepts and theories has been defined in different ways. Suicides, which are difficult to explain in cases that result in death, and their possible conse-

quences can be revealed after a long and thorough study, are included in the field of research of geographical science, as well as the branches of science mentioned in the previous sentence. As a basis for this sentence, it can be presented that all suicide incidents that occur both in the world and in our country occur in a geographical place with a certain socio-cultural and socio-economic infrastructure. Geographical science contributes to the evaluation of suicide cases on a spatial scale accompanied by available data and to the objective interpretation of suicide statistics owned by geographical settlements, both from the point of view of events and phenomena, and with research methods and principles.

Suicide is a process that should be examined in a multifaceted, complex and holistic approach and considered on a multidisciplinary basis, solutions should be produced. Suicide, which appears in thought at the point where there is a confusion of whether to continue the adventure of life or not, can turn into action over time. The suicidal tendency and attempt to resist the urge to live is recognized as a mental disorder by many scientific disciplines, especially in the health sciences. Statistics on individuals or individuals who have attempted suicide vary on a local, regional and national scale. Because in each geographical space there are different sociological, cultural, geographical and psychological, etc. processes are dominant and this can be effective in the course of an increase or decrease in suicide cases (Demirel Özsoy & Eşel, 2003, s. 175).

In the time period up to the present day, suicide cases have been investigated by many scientific disciplines, especially in the field of health sciences. Methods and principles of each Science and research own research assessed the current state of acting in line with their axes in the direction of a solution in accordance with the content and scope of the subject has developed / what needs to be done or that need to be followed in order to prevent road have sought to draw the map. In this process, suicide cases were evaluated from a holistic point of view from the point of view of women and men in general, and the solution proposals that were revealed were produced from the lens of the same perspective. In terms of women committing suicide at this point is low and the number of studies that evaluate only exists in the society in the days since the thoughts of the women who had to struggle with many difficulties and living processes that led to terminations that appears in the actual research question and the purpose of this study led to the emergence of the request. Metropolitan viewing our women and their suicide titled a descriptive language, a manner of speaking, and who took the picture of 2019 in this study, has been evaluated with various parameters of female suicides, suicide publications on the theme of identified

and analyzed in detail in order to prevent this situation, what needs to be done before leaving work, I tried to reach the final size of the footsteps of objective perspective.

2. MATERIAL AND METHOD

The phenomenon of suicide, defined by many fields of science that until now considered suicide as a field of research, has a multidimensional and complex structure. Therefore, considering this concept from a single point of view will not provide the necessary database to make a healthy assessment. All aspects of the subject to be discussed during the course of the research and evaluate the various fields of Science in order to be able to look at it from an objective perspective created by the definition of conceptual / theoretical tried to reach to the solution size, thus representing the subject of the present study the science of female suicides principles and methods of health geography, sociology, psychology and law from the perspectives of multidisciplinary disciplines such as evaluated on a scale developed by.

The main reason why the research is carried out only in the provinces with metropolitan status is to provide the opportunity to evaluate the available data sets literally and in accordance with the purpose of the research. The data obtained are also of great importance in terms of providing the provinces with the infrastructure that can develop solutions to problems from a holistic point of view. Since the study of this issue for all the provinces of our country contains a number of difficulties both in terms of time, space and research time, only the provinces with the title of metropolitan were preferred as a field of study.

This study, which aims to draw attention to female suicides and to consider the process that leads women to suicide as a whole together with all components in the light of the data obtained, was completed by using descriptive research and document analysis methods. In this process, the suicide statistics database located on the official website of the Turkish Statistical Institute was first accessed and from here, statistical data on female suicides were obtained in Jul 2019. The statistical data obtained were converted into tables and figures according to various parameters in the excel environment. In the second stage, Jul suicides research was tried to be reached and in this process, works prepared by different branches of science such as dissertations, books, articles were tried to be provided in both print and online media. The resulting works on suicide were reviewed and further focused on those that address female suicides. All the works have been analyzed in detail and the concepts and sections to be used at

the formation stage of the work have been underlined. The reached works have been classified, classified according to the priority of use in the study and the field of science, and subjected to a kind of cataloging process in order to have easy access at the writing stage.

3. FINDINGS

As of today, it is accepted by many scientific fields, especially health science fields, that suicide cases are a major public health problem. Suicidal actions, whether they are in thought or have become actual, are in a causal relationship with a number of psychological, sociological, socio-demographic components. A careful analysis of the types and consequences of suicide attempts, as well as suicides that have resulted in death, will help eliminate the existing or potential risks of death (Hocaoğlu et al., 2001, s. 236). In this context, great attention should be paid to the statistical data kept on suicides, and statistics on parameters such as the age group, cause of suicide, and form of suicide of these data should be kept regularly on a daily, monthly, and annual and long-term basis in the context of all settlements.

“Suicide is a complex pattern of behavior in which many factors are intertwined, such as psychiatric, biological, psychological, sociological, existential, historical, religious, economic, and in some cases these factors play a preparatory or triggering role. In general, when it is called suicidal behavior, the concept of completed suicide comes to the fore, which is defined as a person intentionally performing an act that will lead him to death, and this act will result in death. But the range of behavior is wide; different patterns of suicidal behavior such as a thought, attempt, threat, hint or gesture are often encountered in everyday life” (Alptekin & Duyan, 2019, s. 270).

According to Table 1, which shows the distribution of female suicides in provinces with the title of metropolitan, a total of 604 women have ended their struggle for life by suicide as of 2019. The provinces with the highest number of these deaths are Istanbul (99 cases), our capital Ankara (43 cases) and Diyarbakir (37 cases), which are home to a large part of the population of our country, respectively. The lowest values in this category occurred in the provinces of Malatya (2 cases), Trabzon (5 cases) and Sakarya (6 cases). The number of suicides in Aydın, Adana, Van, Konya and Mersin was expressed in 20s, while cases in other provinces (except Izmir) remained below this figure (Table 1.1, Figure 1.1).

Table 1.1. Distribution of Female Suicides in Provinces with Metropolitan Status (2019).

Provinces with Metropolitan Status	Total Number of Female Suicides
Adana	29
Ankara	43
Antalya	17
Aydın	21
Balıkesir	16
Bursa	25
Denizli	17
Diyarbakır	37
Erzurum	10
Eskişehir	8
Gaziantep	16
Hatay	9
Kahramanmaraş	11
Kayseri	14
Kocaeli	15
Konya	24
Malatya	2
Manisa	18
Mardin	13
Mersin	21
Muğla	9
Ordu	9
Sakarya	6
Samsun	18
Tekirdağ	9
Trabzon	5
Van	28
İstanbul	99
İzmir	36
Şanlıurfa	19
Total	604

Source: TÜİK Suicide Statistics Database, (TÜİK, <https://biruni.tuik.gov.tr/medas/?kn=115&locale=tr> , Accessed on: 10.11.2021).

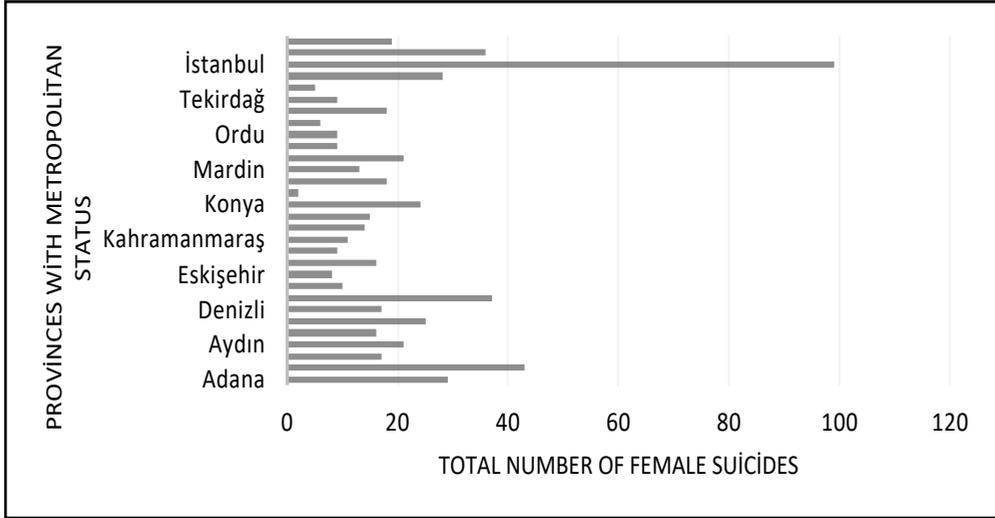


Figure 1.1. Distribution of Female Suicides in Provinces with Metropolitan Status (2019).

Source: TÜİK Suicide Statistics Database, (TÜİK, <https://biruni.tuik.gov.tr/medas/?kn=115&locale=tr> , Accessed on: 10.11.2021).

In order to determine the size of suicides and their current status and appearance in different age groups on the social axis, as well as the distribution of groups that pose a risk, it is necessary to study them according to age groups (Günay Aktaş, 2014, s. 1-125). When evaluating female suicides in metropolitan cities in terms of age groups, suicide rates are 20-24 with a total of 94 cases, 15-19 with 85 cases, and 30-34 with 76 cases. These categories, which represent the age groups where the highest number of suicide cases occur, are also notable for their inclusion in the young population group. While the 70-74, 60-64, 65-69 and under-15 age groups were the age groups where suicides were infrequent, suicide rates in all other groups did not fall below the figure of 30. in all categories except the 15-19 and 70-74 age groups, Istanbul, where most of the population of our country lives, ranks first, while especially the groups between the ages of 15-19 and 20-24 stand out with the fact that they have the closest ratio to Istanbul. In addition, it is extremely noteworthy that the suicide of women, which can be called a lot, along with Istanbul, Ankara and Izmir, which have the status of metropolitan besides the title of the largest and administratively metropolitan of our country, occurred in the provinces of Diyarbakir and Van. According to a general analysis, suicides were mostly experienced in

the section called young and middle age, and as age progressed, suicide rates generally declined. However, the cases experienced at the age of 75 and above outstripped the number of cases in the 70-74, 65-69, 60-64, 55-59 and 15-year-old segments. In all provinces and age groups, there was no increase or decrease similar to the parabola curve in general, and a zigzag appearance manifested itself (Table 1.2., Figure 1.2).

The fact that female suicides are increasing in intensity between the ages of 15-19 and 20-24 may be an expression that some kind of sociological change is taking place rapidly and that living standards are negatively affecting the segment december as a young population. In other words, female suicides, which is a research area of social structure and metropolitan status of existing conditions showing signs of improvement against women, challenging life circumstances of a painful manner in the changing socio-cultural and socio-economic processes is accompanied by, and thus can be associated with a negative impact on the woman's current position (Alptekin et al., 2006, s. 155).

Statistical data that provide detailed information about the state of suicide rates in age groups need to be investigated again and again, as well as interpretation. By choosing this path that led to the person or persons who took the life of suicide risk factors and suicide emerge until decades under what conditions, the transformation with the transformation of the idea of suicide ozkiyi the effect on decision and action on my way to commit suicide, suicides and assessed in terms of the research topic, the more detailed and comprehensive investigation of suicide in the direction of the woman on a scale demands and expectations are increasing. In this context, with the available data, the complex structure of the factors underlying the density of the so-called young population or the number of cases in the elderly section can only be uncovered with holistic, multi-participatory and comprehensive research.

Each age group may have a number of unique problems, and these problems can lead an individual or individuals to suicide, showing the act of suicide as the only way out / escape. For this reason, problems that are specific to each age group and cause self-esteem should be examined in detail, attention should be paid to the symptoms and focused on, appropriate diagnosis and treatment procedures should be performed at the right time. At this point, information / education programs should be organized to the person or persons with a history of suicide, as well as their families and the whole society, especially health workers, if possible (Özen & Gülođlu, 2003, s. 165).

Table 1.2. Distribution of Female Suicides in Metropolitan Provinces by Age Groups (2019).

Provinces / Age Groups	-15	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+	Total
Adana	2	4	6	3	5		2	2	3	1				1	29
Ankara		5	6	3	4	5	6	4	1	3	2		2	2	43
Antalya	1	2	2	3	1	3		1	1	1				2	17
Aydın		1	3	2	2		2	1	3	1		2		4	21
Balıkesir		2	3	1	1	3	3		1	1				1	16
Bursa			2	1	8	2	2	1	1	4		2		2	25
Denizli		1	2	2	3			2	4	1				2	17
Diyarbakır	3	14	7	3	5	2	1		1	1					37
Erzurum		3	3	1	1		1			1					10
Eskişehir			2	1	1			1	2			1			8
Gaziantep	3	4	2	3	1		1		1			1			16
Hatay	1	4	2			1	1								9
Kahramanmaraş		2	2	2		1			2		1	1			11
Kayseri		2	1	2	2	1		3	1	1			1		14
Kocaeli			1	2	3	1	2	3	1	1				1	15
Konya	1	2	7	3	3				1	1	2	1	1	2	24
Malatya		1				1									2
Manisa		4	4					4	1	1	1	1		2	18
Mardin		4	2	1	1	2		2	1						13
Mersin	1	4	2	1	3	2		1	1	3	1	1		1	21
Muğla	1	1		1		1	1			2				2	9
Ordu					1	1	1		1	1		1	1	2	9
Sakarya		1	1			1	1		1					1	6
Samsun	1	1	3	1	4	2		3	1	1		1			18
Tekirdağ				1	1	1	1		2			2	1		9
Trabzon	1				1						1	2			5
Van	1	7	10	3	3		2	1			1				28
İstanbul		8	11	14	16	12	8	4	6	4	3	3	1	9	99
İzmir	1	5	5	1	5	2	1	5	1	2	1	2	2	3	36
Şanlıurfa	2	3	5	4	1	2	1				1				19
Total	19	85	94	59	76	46	37	38	38	31	14	21	9	37	604

Source: TÜİK Suicide Statistics Database, (TÜİK, <https://biruni.tuik.gov.tr/medas/?kn=115&locale=tr>, Accessed on: 10.11.2021).

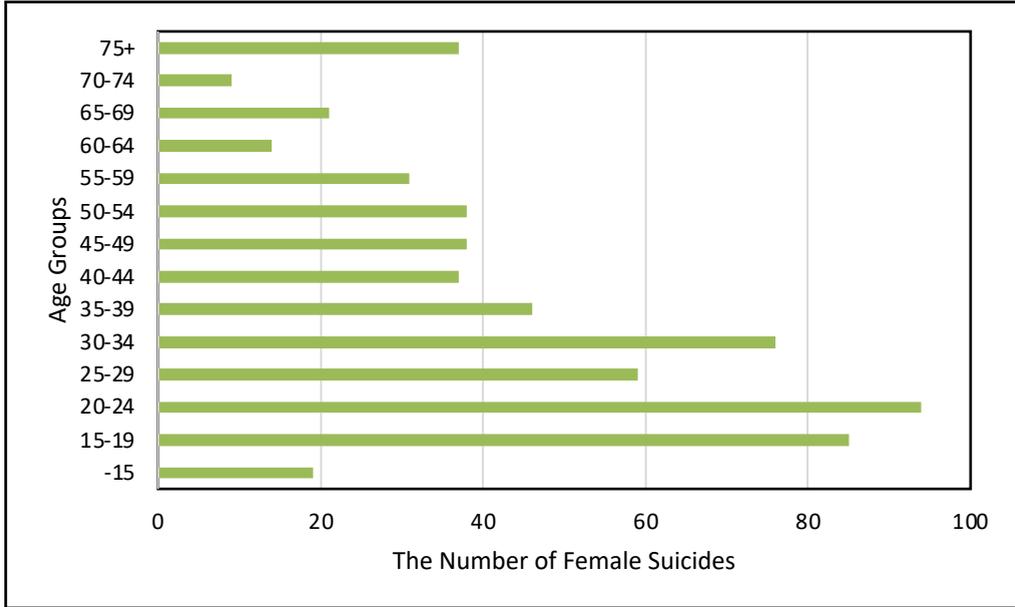


Figure 1.2. Distribution of Female Suicides in Metropolitan Provinces by Age Groups (2019).

Source: TÜİK Suicide Statistics Database, (TÜİK, <https://biruni.tuik.gov.tr/medas/?kn=115&locale=tr> , Accessed on: 10.11.2021).

The statistical data expressed in this paragraph are of a guiding nature for those who conduct research on suicide. When women's suicides are evaluated in the education level category, it turns out that the population mass in the primary school category ranks first with 133 cases, followed by the high school and equivalent vocational school (106 cases) and the middle school and equivalent vocational school (104 cases), respectively. Istanbul, Ankara, Izmir and Bursa provinces take the first three places in high school and equivalent vocational school graduates, while the ranking following Istanbul, which ranks first in secondary school graduates, is changing in the form of Diyarbakir and Van. The lowest number of cases in the provinces designated as the subject of the research is in the category of unknown, and the illiterate audience takes the next place after it. The data obtained are analyzed in detail when the Education Level increases or decreases as the woman of suicide in the form of an interpretation as will be watching on a plane, revealing that won't Mahal. As a matter of fact, cases that entered into a rapid upward trend from the illiterate segment to the primary school level declined from the primary school level to the primary school level and entered into an upward trend again at the

secondary and high school levels. Out of a total of 604 suicide incidents, % 22 were committed by primary school graduates, % 17 by middle school graduates and % 17 by high school graduates. The closest value to them was observed in graduates of higher education with % 14 (Table 1.3., Figure 1.3).

The scope of the research addressed a significant portion of suicides with low levels of education might be a relationship between the lack of economic independence and, therefore, of such cases, or think about suicide as a solution that can be found in the show has suggested that living standards. In addition, female suicides may also be associated with negative attitudes such as the ability to express themselves correctly and adequately, get rid of socio-october and socio-cultural difficulties, and lack of self-confidence. Since some life events (such as rape, abuse) that women are exposed to or may remain in are not accepted on the social axis, the presence of difficulties related to the ceremony or culture to which women belong may lead to women ending their lives (Şenol et al., 2005, s. 25).

Not all cases of suicide occur on the same plane and with the same thought. The point that is seen or accepted as the common denominator in all cases is the sharp thinking and determination to commit the act of suicide. Each individual case has an individual history and nature. Therefore, more careful analysis of the diagnosis and treatment of each case and the creation of a well-structured database in this area will reduce the current proportional distributions of suicide attempts and accelerate prevention efforts (Kesebir, Gülpek and Noyan, 2002, s. 88-96).

Table 1.3. Distribution of Female Suicides According to Education Levels in Metropolitan Provinces (2019).

Provinces / Levels of Education	Unknown	High school and equivalent Vocational School	A literate but not a School to finish	illiterate	Secondary School or Equivalent Vocational Secondary School	Higher Education	Elementary school	Primary School	Total
Adana		6		1	6	3	6	7	29
Ankara	1	13	3	1	5	8	4	8	43
Antalya	2	2		1	2	3	5	2	17
Aydın	1	5	1	2	1	1	7	3	21

Balıkesir		3			1	5	5	2	16
Bursa		8	1	2	4	4	4	2	25
Denizli		2	1	2	2	4	4	2	17
Diyarbakır		4	7		15	2	4	5	37
Erzurum		1	1		1		3	4	10
Eskişehir		3	1		1			3	8
Gaziantep		1	2		5	1	4	3	16
Hatay		1	1		4		2	1	9
Kahramanmaraş		1	2	1	2		4	1	11
Kayseri		3		1	2	1	4	3	14
Kocaeli		3	2	1	1	4	1	3	15
Konya		6	1	1	2	2	5	7	24
Malatya					1	1			2
Manisa		1	3	1	7	1	3	2	18
Mardin		3	2	1	2	1	3	1	13
Mersin		2	1	1	4	5	7	1	21
Muğla					2	2	4	1	9
Ordu		1	3	1			3	1	9
Sakarya		3		1	1		1		6
Samsun	1	1		1	2	3	6	4	18
Tekirdağ			1	1		1	5	1	9
Trabzon		1				1	3		5
Van	1	3	2	3	8	3	5	3	28
İstanbul	1	19	5	6	13	22	17	16	99
İzmir		8	1	2	4	7	11	3	36
Şanlıurfa		2	4		6	2	3	2	19
Total	7	106	45	31	104	87	133	91	604

Source: TÜİK Suicide Statistics Database, (TÜİK, <https://biruni.tuik.gov.tr/medas/?kn=115&locale=tr>, Accessed on: 10.11.2021).

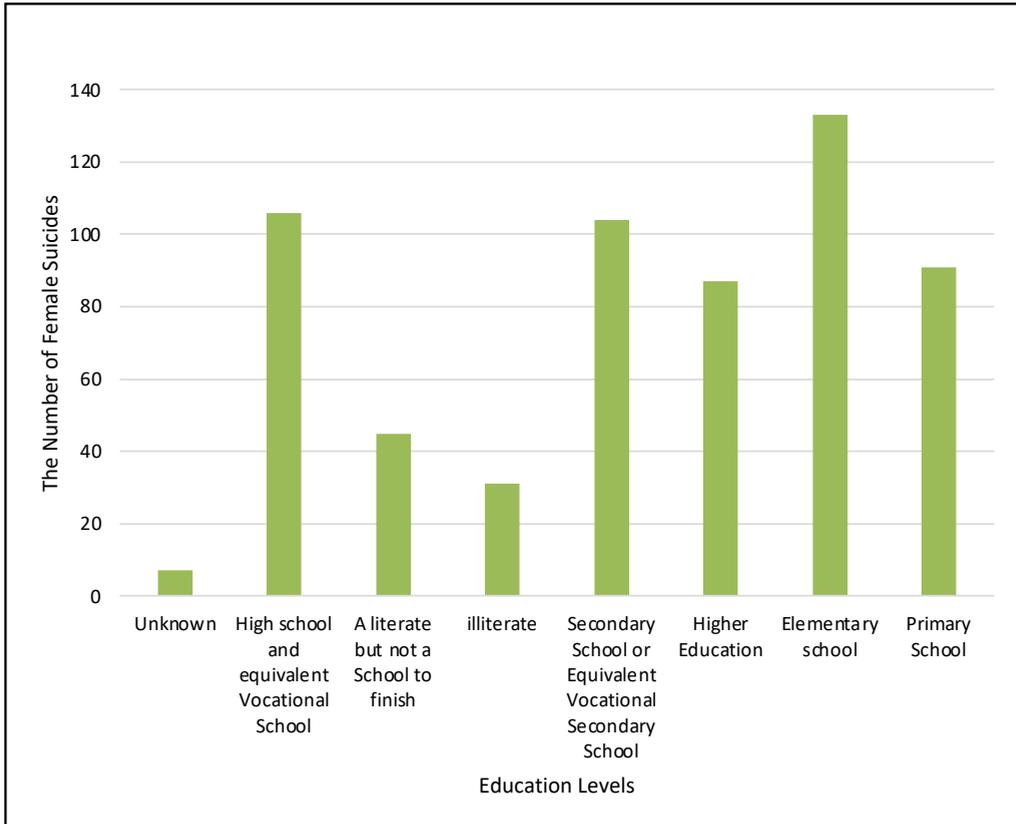


Figure 1.3. Distribution of Female Suicides According to Education Levels in Metropolitan Provinces (2019).

Source: TÜİK Suicide Statistics Database, (TÜİK, <https://biruni.tuik.gov.tr/medas/?kn=115&locale=tr> , Accessed on: 10.11.2021).

The method, also called asi method by the medical community, which ranks first in women’s suicide preferences, has taken a total of 291 women out of life in metropolitan provinces in 2019. The mentioned value (% 48.1), which represents about half of the total female suicides that occurred during the research year, reaches the highest point in Istanbul, Ankara and Van, which is called a mega-city with 43 cases, with 18 cases, while the minimum countable value is reached in the provinces of Trabzon (3 cases) and Malatya (1 case). Considering the statistical data that the hanging method has in general, the number of cases in 11 metropolitan cities is more than 10 figures, and this value corresponds to a share of about % 37. The second place in female suicides is taken by the high jump method, and with this method, 160 women have put an end to their life adventures. The high jump method, which has a % 26 share

among all female suicides, reaches its peak point in the provinces of Istanbul (44 cases), Ankara (14 cases) and Diyarbakir (12 cases). Balıkesir, Erzurum, Eskişehir, Muğla, Ordu and Trabzon, which have a value of 1 in terms of the number of cases, represent the provinces with the lowest rates in this category. Approximately % 11 (66 cases) of the total suicides that occurred in the provinces that constituted the research area occurred as a result of the use of firearms. The first place in this classification is taken by Diyarbakir with 11 cases of suicide, followed by the provinces of Şanlıurfa (6 cases), Izmir (5 cases) and Van (5 cases), respectively. Chemical substance use, which has a % 7 share in total suicides, was recorded as the cause of death of 43 women in 2019. At this point, the provinces of Ankara, Adana and Izmir stand out, while the number of cases of other provinces remains close to each other. In 2019, 1 woman burned herself, 4 women used cutting tools, 2 women jumped under a train or other motor vehicle, 2 women used natural gas, etc. Men and 27 women also cut their connection with life for other reasons (Table 1.4., Figure 1.4).

In an article published by Yanık and Özmen in the Journal *Anadolu Psikiyatrisi* in 2002, they tried to reveal the risk of attempting to self-harm and self-harm of a history of abuse and neglect in childhood. As a result of research, suicide attempts in patients with a history of childhood physical and emotional abuse, sexual abuse and neglect that are subjected to a tendency to do physical harm to yourself or behavior in patients circuit childhood emotional abuse, neglect and sexual abuse has been determined to be a history of (Yanık & Özmen, 2002, s. 145). This information is suicide or self-harm behavior and underlying trends, one of the risk factors and perhaps most important of all, the focus should be on one of those that most individuals in this life and past lives with their past, and psychological / psychiatric severe destruction in the infrastructure easier to adapt to a society that lead to erosion and Re-makes are events that suggests that people trust.

The fact that the most preferred methods for female suicides in metropolitan areas are ace, high jump and the use of firearms shows that women are turning to methods that they can easily reach around them in their suicide method preferences and quickly achieve their goals. Altındağ jul, Özdemir and Yanık, as revealed in a 2005 study, providing firearms and making legal regulations restricting home /person possession can reduce female suicide rates or at least minimize the values of firearm-related suicides (Altındağ, Özdemir and Yanık, 2005, s. 244).

Table 1.4. Distribution of Female Suicides According to Suicide Patterns in Metropolitan Provinces (2019).

Provinces / Form of Suicide	Hanging, strangulation, or suffocation	Fire-arm or Explosive	Other Metod	Gas poisoning	Burning	Cutting or Piercing	Poisoning	Drowning	Jumping Under A Train Or Other Motorized Vehicle	Jumping From A Height	Total
Adana	8	3	1				5	4		8	29
Ankara	18	2	1				7		1	14	43
Antalya	6	3					2			6	17
Aydın	15	1					1			4	21
Balıkesir	8	3	3			1				1	16
Bursa	14						1			10	25
Denizli	13						1			3	17
Diyarbakır	13	11	1							12	37
Erzurum	4	4	1							1	10
Eskişehir	6						1			1	8
Gaziantep	9	2								5	16
Hatay	4	2						1		2	9
Kahramanmaraş	6						1			4	11
Kayseri	6	2					1			5	14
Kocaeli	11	1			1		2				15
Konya	14	1	2				1			6	24
Malatya	1						1				2
Manisa	10	3	1				1			3	18
Mardin	7	2	1				1			2	13
Mersin	5	1	4				4	1		6	21
Muğla	7		1							1	9
Ordu	6						2			1	9
Sakarya	4	2									6
Samsun	6	3	1			1	1			6	18
Tekirdağ	6			1		1	1				9
Trabzon	3		1							1	5
Van	18	5	2				1			2	28
İstanbul	43	4	2	1		1	1	2	1	44	99
İzmir	14	5	4				5			8	36
Şanlıurfa	6	6	1				2			4	19
Total	291	66	27	2	1	4	43	8	2	160	604

Source: TÜİK Suicide Statistics Database, (TÜİK, <https://biruni.tuik.gov.tr/medas/?kn=115&locale=tr> , Accessed on: 10.11.2021).

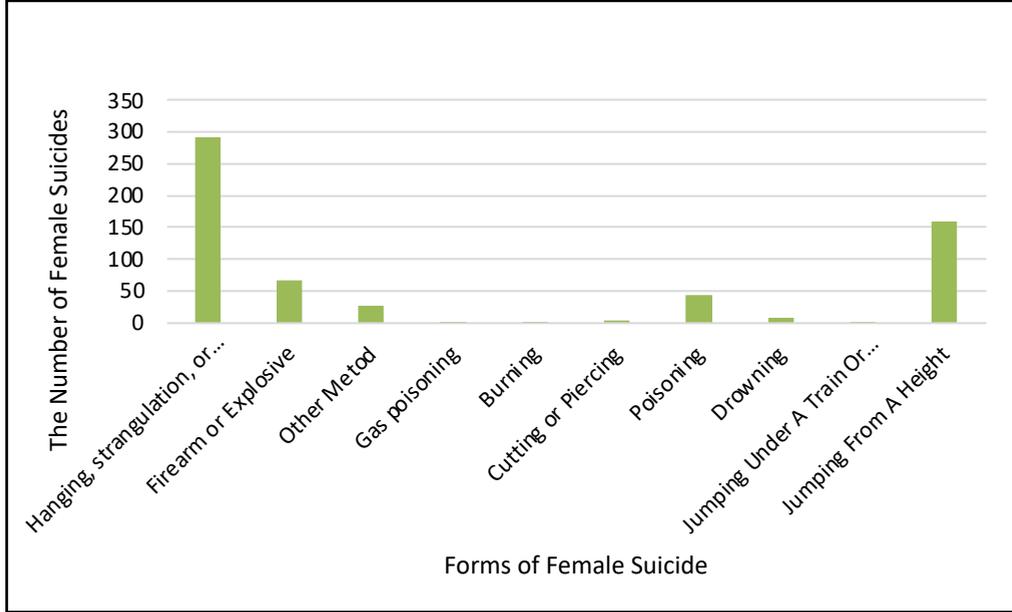


Figure 1.4. Distribution of Female Suicides According to Suicide Patterns in Metropolitan Provinces (2019).

Source: TÜİK Suicide Statistics Database, (TÜİK, <https://biruni.tuik.gov.tr/medas/?kn=115&locale=tr> , Accessed on: 10.11.2021).

Identifying and explaining the factors that pose a risk for suicide can shorten the process of taking the necessary steps to predict and prevent it in advance (Kırpınar & Aydın, 2001, s. 47-52). Although suicide is among the preventable causes of death (Çoban, 2020, s. 180-186). Of the total 604 women who had their relationship with life cut off in 2019, which constitutes the year of the study, 197 committed suicide based on other, 181 committed suicide based on illness and 170 committed suicide based on unknown causes. Of the deaths related to other causes, which accounted for % 32.6 of the total suicides, 36 were in Istanbul and 17 were in Ankara, while Izmir and Diyarbakir had 14 cases. % 21.5 of the cases in the disease category occurred in Istanbul, % 12 in Ankara and % 5.5 in Bursa. Van ranks first with 12 cases in suicides of unknown

causes, while Adana, Diyarbakir, Manisa and Izmir with 11 cases are in second place. The provinces of Malatya (2 cases), Trabzon (5 cases) and Sakarya (6 cases) represent the provinces with the lowest number of cases among the 30 metropolitan dec. In metropolitan cities, 2 women chose to die by suicide due to educational failure, 11 women had difficulty in livelihood, 21 women could not marry with sexual relations and wants, and 22 women preferred to die by suicide due to family livelihood (Table 1.5., Figure 1.5).

The chronic condition and progression of diseases that take the second place in the causes of female suicide can change women's feelings and thoughts about fighting diseases in the process. In addition, the presence of diseases with a high probability of causing death increases the risk of suicide before and after operations such as surgery. A number of medications used in relation to physical illnesses can also increase the likelihood of depression on a psychiatric basis, and in this case, they can shape the thought of suicide and turn it into action. In summary, 15-19 and 20-24 age and especially during this study by declared at the point is located in the range, and the woman in the family or social environment for those living with problems, explain them does not, or cannot, socio-economic and socio-cultural problems, and other physical and mental conditions, a human who was important or very important for life itself, an animal or item was taken with the idea that suicide is a high risk of losers (Şenol et al., 2005, s. 28).

Research on suicide, thoughts of suicide, and determined to take a stance and act on these thoughts of individuals that share his thoughts with circles in question, a suicide, or try to commit suicide as she can't justify those who have misled the perception in question, and also has shown that stereotyped thinking. A person or persons who share their thoughts and thoughts about suicide call for help to some extent by doing so. In this way, the person walks the fine line of whether or not to perform before proceeding to the self-treatment process and enters into the request and expectation of help from them by warning those who are near them in a kind of way. If this call is not ignored by relatives, the person whose request for life has come to an end is calling for help one last time. If this call is also inconclusive, he puts an end to his life by implementing the suicide project he has shaped in his thought (Demirel Özsoy & Eşel, 2003, s. 183).

Table 1.5. Distribution of Female Suicides According to the Causes of Suicide in Metropolitan Provinces (2019).

Provinces / Cause of Suicide	Family Problems	Unknown	Others	Difficulty of Livelihood	Illness	Emotional Relationship and Inability to Marry a Loved One	Failure in School	Total
Adana	4	11	8		5	1		29
Ankara		3	17		22	1		43
Antalya	1	8	4		4			17
Aydın		8	5		8			21
Balıkesir		7	6	1	2			16
Bursa		3	9	2	10	1		25
Denizli		3	5	1	7	1		17
Diyarbakır	4	11	14		7	1		37
Erzurum		2	6		2			10
Eskişehir		4	1		3			8
Gaziantep	2	2	5		6	1		16
Hatay		2	2		4	1		9
Kahramanmaraş		6	3		2			11
Kayseri	1	5	5		3			14
Kocaeli	1	1	5	1	7			15
Konya		6	10		6	2		24
Malatya			2					2
Manisa	1	11	3		3			18
Mardin		7	2		4			13
Mersin	1	6	7	1	4	2		21
Muğla		3	3		2	1		9
Ordu	1	6			2			9
Sakarya			3		2	1		6
Samsun		7	7		4			18
Tekirdağ		7	1		1			9
Trabzon			1		4			5
Van	2	12	11		2	1		28
İstanbul	3	9	36	5	39	6	1	99
İzmir	1	11	14		9	1		36
Şanlıurfa		9	2		7		1	19
Total	22	170	197	11	181	21	2	604

Source: TÜİK Suicide Statistics Database, (TÜİK, <https://biruni.tuik.gov.tr/medas/?kn=115&locale=tr> , Accessed on: 10.11.2021).

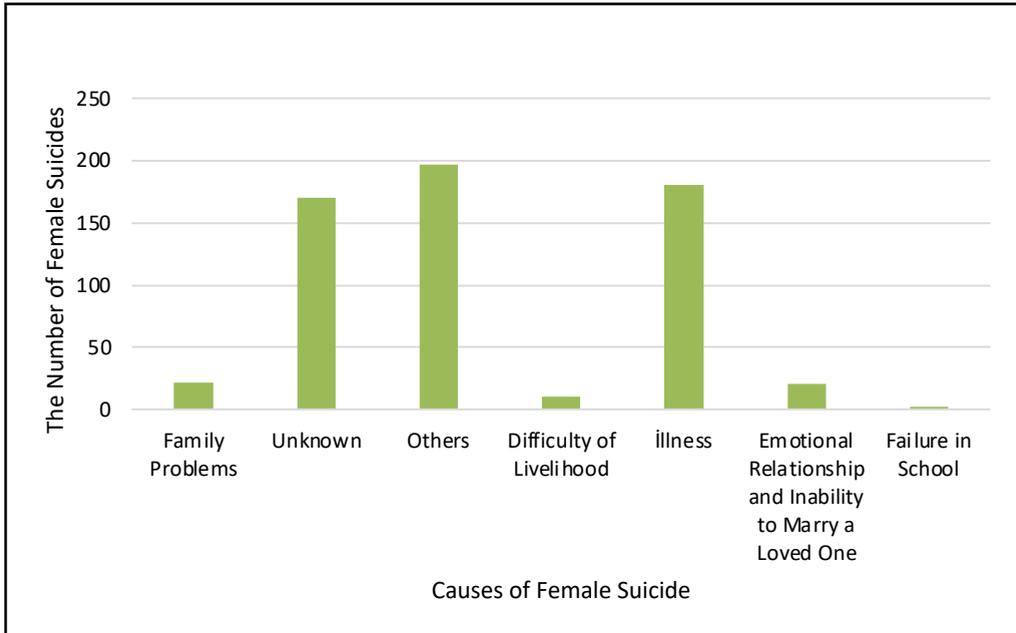


Figure 1.5. Distribution of Female Suicides According to the Causes of Suicide in Metropolitan Provinces (2019).

Source: TÜİK Suicide Statistics Database, (TÜİK, <https://biruni.tuik.gov.tr/medas/?kn=115&locale=tr> , Accessed on: 10.11.2021).

4. CONCLUSION

To commit suicide or eliminate the factors that cause the aforementioned factors to be identified and measures to minimize impacts, thoughts of suicide, however, this idea yet which way I should act, individuals Re-will be involved in the social environment and the individual or the individual’s quality of life will increase (Kekeç et al., 2000, s. 157).

One of the factors leading to suicides is personality disorders. One of the steps that should be taken to prevent suicide attempts is to perform the diagnosis and treatment of personality disorders that constitute a predisposition to suicide. Although it may not seem possible to completely prevent suicidal actions, it may be possible to reduce them to a certain extent (Yalvaç, Kaya and Ünal, 2014, s. 29).

Programs should be organized to identify individuals or individuals who have suicidal thoughts or who have previously attempted suicide or self-harm and to teach these individuals effective methods of coping with stress. Related

trainings and information should be provided to the relatives of the person or persons at risk at the point of suicide on topics such as risky situations and movements in terms of suicide, approach to the person at risk, and effective communication with him. Suicide should be perceived as a means of communication rather than an action, necessary steps should be taken to effectively communicate with a person's family and close circle, and existing communication should be strengthened and communication paths should be kept open, problem-solving behavior should be encouraged by improving relationships between people. Only in death suicidal thoughts into action the person or persons who conclude family and relatives should be informed about this in detail, and the individual should be pursued under the appropriate circumstances must be supported and positive sides (Tel and Uzun, 2003, s. 157).

The fact that suicide has a multidimensional and quite extensive structure leads to a number of difficulties in the course of prevention work. Managing suicides or suicide attempts from an unrelated and scattered perspective during prevention studies and generally focusing on the individual or individuals who committed suicide makes it difficult to evaluate cases in a holistic way and draw attention to their social aspect. While the focus is on suicides and suicide attempts, the first level generally does not focus enough on the first stage, prevention studies are mostly carried out at the second and third levels and are limited to the fields of health sciences. In addition, prevention studies are carried out on a narrow professional group and it is expected that this group will continue all the studies. This situation, in addition to medical support, provides the basis for those who need professional help to have problems at the point of accessing these services. Suicide prevention efforts at the primary level at the time of or prior to begin thinking more of shaped by, different areas of the social sciences (geography, sociology, philosophy, psychology, social work, etc) again and enter into a process of comprehensive research on the issue related to this process should be assessed from the perspective of holistic obtained at the end of the output. The fact that the components that reveal suicide cases are not based on a single axis and the factors that may be revealed by multidisciplinary research under them make it almost mandatory to approach this problem in a multifaceted way (Alptekin et al., 2008, s. 186).

As a result, suicide is a comprehensive concept that can arise / occur under the influence of multiple actors, lead to feelings-situations that are described as destructive due to the individual and social consequences that it causes, and fall into the field of expertise / research of multiple fields of science. It is vitally

important to investigate all the processes of the concept in question in all the details and to share the results with the whole society. Many institutions or researchers should act integrally in the field of suicide, constant updating of data on a daily, weekly or annual basis and sharing with those who conduct research on this issue will pave the way for the emergence of new research.

All suicides (regardless of the reasons) occur on a geographical space, and the characteristics of the relevant space, especially those based on human geography, can be effective in shaping suicide actions. Perhaps the identification of these qualities, called socio-economic and socio-cultural factors, from a correct, on-site and holistic point of view can help prevent suicidal acts at a more thought stage.

Female suicides are a preventable public and community health problem. In order to avoid this act, the socio-economic and socio-cultural problems of women should be solved, a permanent and effective roadmap should be prepared and urgently implemented.

Etik Beyan

“*Female Suicides in Our Metropolitan Cities*” başlıklı çalışmanın yazım sürecinde bilimsel kurallara, etik ve alıntı kurallarına uyulmuş; toplanan veriler üzerinde herhangi bir tahrifat yapılmamış ve bu çalışma herhangi başka bir akademik yayın ortamına değerlendirme için gönderilmemiştir. Bu araştırma etik kurul kararı zorunluluğu taşımamaktadır. Makale, Etik Kuralları Yayın Etiği Komitesinin (Committee on Publication Ethics-COPE) yazar, hakem ve editörler için belirtilen kurallardan yararlanılarak oluşturulmuş olan Anasay dergisi etik kuralları çerçevesinde yazılmıştır.

REFERENCES

Atasoy, E., Köşle, M. (2019). İntiharlar Coğrafyası Perspektifinden Dünya, Türkiye ve Bursa İli, *Tesam Akademi Dergisi*, 6 (1), 123-165.

Atasoy, E., Ertürk, M. (2014). İntiharlar Coğrafyası: Rusya Örneği, *Doğu Coğrafya Dergisi*, 19 (31), 37-64.

Alptekin, K., Duyan, V. ve Demirel, S. (2006). Adıyaman’da İntihar Girişimleri, *Anadolu Psikiyatri Dergisi*, 7, 140-149.

Alptekin, K., Duyan, V. Ve Uçan, Ö. (2008). İntiharı Önleme Çalışmalarında Sosyal Hizmet Mesleğinin Rolü, *Anadolu Psikiyatri Dergisi*, 9, 179-187.

Alptekin, K., Duyan, V. (2019). Türkiye’de 2007-2016 Yılları Arasında

İntihar Hızları Sosyodemografik Faktörlere Göre Nasıl Bir Dağılım Gösterdi?, *Psikiyatri Hemşireliği Dergisi*, 10 (4), 270-276.

Altındağ, A., Özdemir, B. ve Yanık, M. (2005). Şanlıurfa'da Ateşli Silahla İntiharlar, *Anadolu Psikiyatri Dergisi*, 6, 240-244.

Aydemir, Ç., Vedin Temiz, H. ve Göka, E. (2002). Majör Depresyon ve Özkıyıda Kognitif ve Emosyonel Faktörler, *Türk Psikiyatri Dergisi*, 13 (1), 33-39.

Can, S. S., Güngör, B. ve Aşkın, R. (2013). Hekim İntiharları, *Kriz Dergisi*, 21 (1-2-3), 33-39.

Çelik, C. (2019). *İntihar Olgusunun Antropolojik Bağlamda Analizi*. (Yüksek Lisans Tezi). Van Yüzüncü Yıl Üniversitesi Sosyal Bilimler Enstitüsü, Van.

Çoban, A. D. (2020). *Obsesif Kompulsif Bozuklukta Özkıyım Öngördürücüsü Olarak Dürtüsellik*, Anksiyete ve Depresif Belirtilerin İncelenmesi, *Anadolu Psikiyatri Dergisi*, 21 (2), 180-186.

Demirel Özsoy, S., Eşel, E. (2003). İntihar (Özkıyım), *Anadolu Psikiyatri Dergisi*, 4, 175-185.

Demirkol, M. (2013). *İntihar Olasılığı: Kişilik Özellikleri, Kontrol Odağı ve Ölüm Algısı Açısından Bir Değerlendirme*. (Yüksek Lisans Tezi). Ankara Üniversitesi Sosyal Bilimler Enstitüsü, Ankara.

Durkheim, E. (2013). İntihar, (Çeviren: Z. Zühre İlkgelen), 1. Baskı, İstanbul: Pozitif Yayınları.

Günay Aktaş, S. (2014). *Türkiye'de İntihar (2002-2011)*, Eskişehir: Anadolu Üniversitesi Yayınları.

Haran, S., Aydın, O. (1995). Depresyon, Umutsuzluk, Sosyal Begenirlik ve Kendini Kurgulama Düzeyinin İntihar Fikirleri ile **İlişkisi**, *Kriz Dergisi*, 3 (1-2), 218-222.

Hocaoğlu, Ç., Ükinç, K., Tanrıöver Kandil, S., Ersöz, H. Ö., Sayar, M. K. (2001). Bir Ergenin İntihar Girişimi, *Anadolu Psikiyatri Dergisi*, 2 (4), 236-242.

Karacaoğlu, E., Ketten, A., Akçan, R., İçme, F., Karagöl, A., Avcı, E. (2013). Bir Eğitim ve Araştırma Hastanesi Acil Servisine İntihar Girişimi Nedeniyle Başvuran Olguların İncelenmesi, *Adli Tıp Dergisi*, 27 (1), 29-35.

Kekeç, Z., Yıldırım, C., İkizceli, İ., Gönül, A. S., Sözüer, E. M. (2000).

Özkyım Girişimi Nedeni ile Acil Servise Başvuran Hastalarda Hazırlayıcı Etkenler, *Anadolu Psikiyatri Dergisi*, 1 (3), 157-161.

Kesebir, S., Gülpek, D. ve Noyan, M. A. (2002). Özkyım Girişimlerinin Doğası, *Anadolu Psikiyatri Dergisi*, 3, 88-96.

Kesebir, S., Şimşek, Y. ve Akbaş, S. (2010). Özkyım Girişiminde Mizaç: Kortizon Aracı Rolü, *Anadolu Psikiyatri Dergisi*, 11, 293-298.

Kılıç, M., Kocadaş, B. (2013). *Değişime Ayak Uyduramayan Gençlik ve İntihar: Adıyaman Örnekleme*, VII. Ulusal Sosyoloji Kongresinde Sunulan Bildiri, Muğla.

Kırpınar, İ., Aydın, N. (2001). Şizofrenide İntihar, *Anadolu Psikiyatri Dergisi*, 2 (1), 47-52.

Kozatepe, E. (2015). İntihar ve İntihara Teşebbüs Yöntemleri, Nedenleri ve Çözüm Yolları. (Yüksek Lisans Tezi). Beykent Üniversitesi Sosyal Bilimler Enstitüsü, İstanbul.

Oral, E. A. (1994). İntihar Girişimi Olan Kadınların Duygularını Açma Davranışı, *Kriz Dergisi*, 2 (2), 299-310.

İşbitiren, Y. (2019). *İntihar Girişimi Olan 12-18 Yaş Aralığındaki Ergen Bireylerde Nöropsikolojik Test Bulgularının Değerlendirilmesi ve Columbia İntihar Riskini Derecelendirme Ölçeği'nin Duyarlık ve Özgüllüğünün Belirlenmesi*. (Yüksek Lisans Tezi). Dokuz Eylül Üniversitesi Sağlık Bilimleri Enstitüsü, İzmir.

Sezer, S. (2011). *Ticari Başarısızlık Sonucu Ortaya Çıkan İntihar ve İntihar Girişimi Olaylarının Sosyo-Ekonomik Nedenleri*. (Doktora Tezi). İstanbul Üniversitesi Sosyal Bilimler Enstitüsü, İstanbul.

Şenol, V., Ünalın, D., Avşaroğlu, L., İkizceli, İ. (2005). İntihar Girişimi Nedeniyle Erciyes Üniversitesi Tıp Fakültesi Acil Anabilim Dalı'na Başvuran Olguların İncelenmesi, *Anadolu Psikiyatri Dergisi*, 6, 19-29.

Özen, Ş., Güloğlu, C. (2003). İlaçla Özkyım Girişiminde Bulunan Ergen ve Gençlerde Depresif Belirti Farklılıkları, *Anadolu Psikiyatri Dergisi*, 4, 159-166.

Tel, H., Uzun, S. (2003). İntihar Girişimi ile Acil Servise Başvuran Hastaların Sosyal Destek ve Stresle Baş Etme Durumları, *Anadolu Psikiyatri Dergisi*, 4, 151-158.

Yağdıran, F. (2019). *Sosyolojik Açıdan İntihar Olgusu ve Sosyal Medyaya Yansıyan İntihar Eğilimlerinin Analizi*. (Yüksek Lisans Tezi). İnönü Üniversitesi Sosyal Bilimler Enstitüsü, Malatya.

Yalvaç, D. H., Kaya, B. ve Ünal, S. (2014). İntihar Girişimi ile Başvuran Bireylerde Kişilik Bozukluğu ve Bazı Klinik Değişkenler, *Anadolu Psikiyatri Dergisi*, 15, 24-30.

Yanık, M., Özmen, M. (2002). Psikiyatri Polikliniğine Başvuran Hastalarda Çocukluk Çağı Kötüye Kullanım / İhmal Yaşantıları ile İntihar, Kendine Fiziksel Zarar Verme ve Dissosiyatif Belirtiler Arasındaki İlişki, *Anadolu Psikiyatri Dergisi*, 3, 140-146.

Yaşar, H., Akduman, B., Gültekin Akduman, G., Doğan, B., Cantürk, G. (2007). Hemşirelerin Sosyo-Demografik Özellikleri, Çalışma Koşulları, İşyerinde Duygusal ve Fiziksel Şiddete Maruz Kalma Durumu ve İntihar Olasılığı İlişkisinin İncelenmesi, *Adli Tıp Dergisi*, 21 (1), 1-9.

Yıldız, M. C. (2008). Türkiye’de Töre Baskısına Bağlı İntiharlar ve Töre Cinayetleri, *Bolu Abant İzzet Baysal Üniversitesi Sosyal Bilimler Enstitüsü Dergisi*, 16 (1), 209-231.

Türk Dil Kurumu Sözlükler Sayfası, <https://sozluk.gov.tr/> (Access Date: 08.11.2021).

TÜİK Suicide Statistics Database, (TÜİK, <https://biruni.tuik.gov.tr/medas/?kn=115&locale=tr> , (Accessed on: 10.11.2021).

