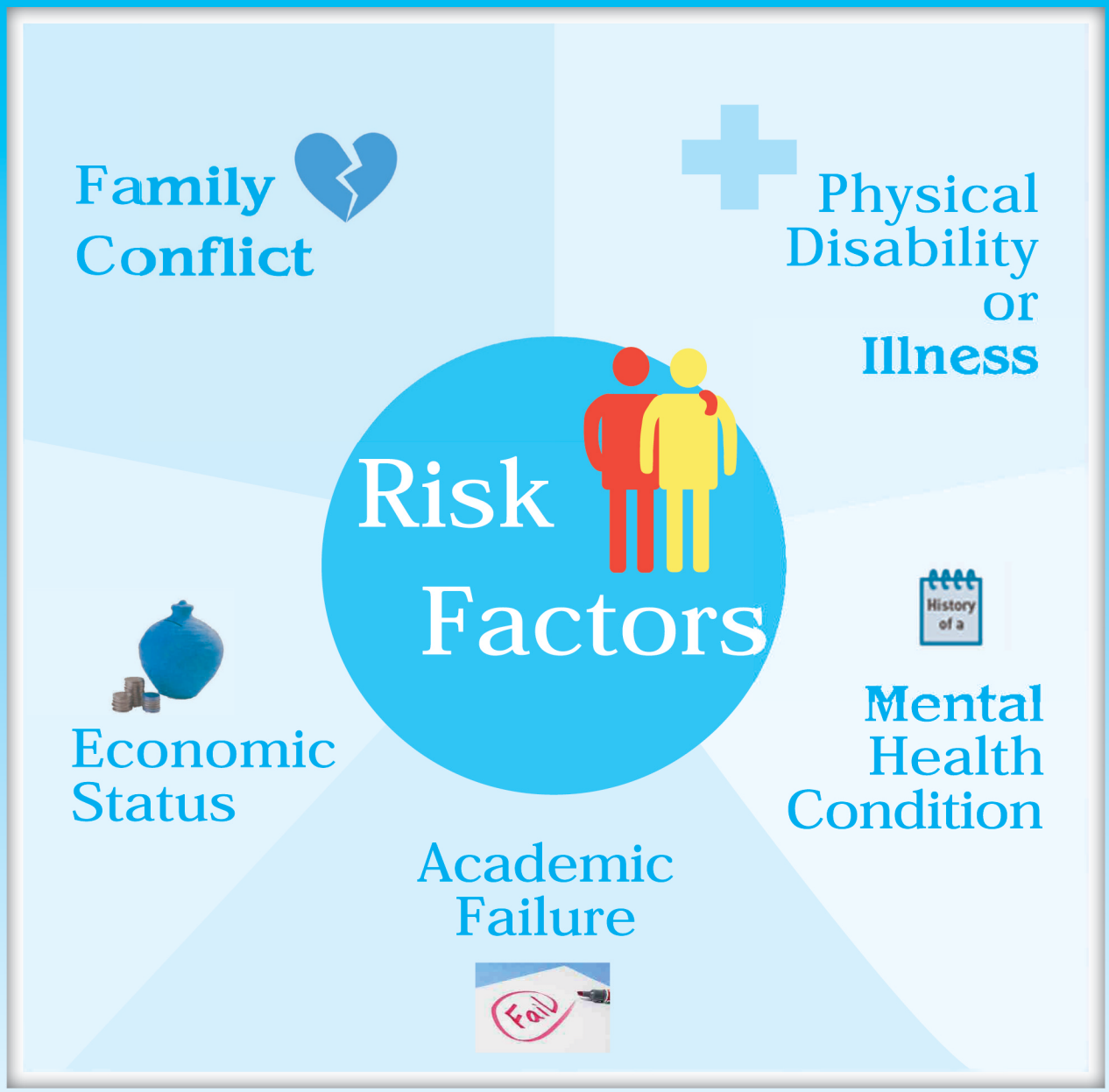
Assessment of Suicide and Risk Factors in Ilam District of Nepal, 2015/16



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Assessment of Suicide and Risk Factors in Ilam District of Nepal, 2015/16

October, 2017

Government of Nepal
Nepal Health Research Council
Kathmandu, Nepal

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Prof. Dr. Anjani Kumar Jha
Executive Chairman
Nepal Health Research Council

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ACRONYMS

AUDIT	Alcohol Use Disorders Identification Test
DSRS	Depression Self Rating Scale
FCHV	Female Community Health Volunteer
HHs	Households
IDI	In-depth Interview
KII	Key Informant Interview
LMIC	Low and Middle Income Country
MMMS	Maternal Mortality Morbidity Survey
NHRC	Nepal Health Research Council
PHQ	Patient Health Questionnaire
PPS	Probability Proportionate to Size
SPSS	Statistical Package for Social Science
VDC	Village Development Committee
WHO	World Health Organization
WHO-DAS II	World Health Organization Disability Assessment Scale 2.0

EXECUTIVE SUMMARY

Suicide is a major public health problem worldwide. Suicide was the 14th leading cause of death and accounted for 1.48 % (95% UI: 1.34%-1.55%) of all deaths globally in 2015. There is a dearth of systematic, reliable, and nationally representative data on suicide in Nepal. The objective of this study is to estimate the prevalence of suicidal ideation, plan, and attempt in the Ilam district of Nepal.

A cross-sectional, descriptive study was conducted in the Ilam district using mixed methods (qualitative and quantitative). For the quantitative study, 20 Village Development Committee (VDCs) were chosen using probability proportionate to size (PPS) sampling. We used PPS sampling to select three wards within each selected VDC and then used systematic random sampling to select 24 households from each ward. A total of 1440 respondents age 10 or older were selected to be interviewed. Of the 1440 selected, 1387 were interviewed using a semi-structured questionnaire. For the qualitative study, five VDCs (Soyang, Sangrumba, Chamaita, Ebaang and Mahamai) were chosen purposively. Within the five selected VDCs, we conducted 42 interviews (28 key informant interviews and 14 in-depth interviews). Teachers, health workers, police, social workers, and a VDC secretary were key informant interviewees. In-depth interviews (IDI) were conducted among family members of individuals who attempted or committed suicide.

About 4.5% of all respondents are suicidal ideators; we define suicidal ideators as people that have seriously considered commiting suicide at some point in their lifetime. About 18% of suicidal ideators are suicidal planners; we define suicidal planners as people that have made a plan to commit suicide in the past 12 months. About 5% of suicidal ideators have attempted suicide in their lifetime. An estimated 15.4% and 21.5% of suicidal ideators aged 18-29 and 30-49, respectively, made a plan to commit suicide within 12 months prior to the survey. An estimated 7.7% of suicidal ideators aged 18-29 years old have attempted suicide in their lifetime. Suicidal plan and attempt is prevalent among female suicidal ideators (22.2% and 6.2%, respectively). The prevalence of suicidal ideation is 5.5% in Janajatis, followed by Dalit (5.0%), and the Upper Caste (2.7%). Suicidal plan is 22.6% among Janajatis who are suicidal ideators. Suicidal attempt is 17.5% among Dalit suicidal ideators. Suicidal ideation is 6.3% among Non-Hindus. Among Non-Hindus who are suicidal ideators, 22.6% are suicidal planners. The prevalence of attempted suicide is 8.1% among Hindus who are suicidal ideators. The prevalence of suicidal ideation is 6.3% among those who have no formal schooling. Suicidal plan and attempt are 24.6% and 8.4% respectively among suicidal ideators with only a primary education. Suicidal ideation is 7.4% among widowed or divorced respondents and 5.2% among the respondents living in a nuclear family. The prevalence of suicidal planning is

43.0% among unmarried suicidal ideators and 22.4% among suicidal ideators living in nuclear family. About 15% of unmarried suicidal ideators attempted suicide in their lifetime; this proportion is 6.9% among suicidal ideators living in a nuclear family.

The prevalence of suicidal ideation is 7.9% among those with a family history of disability and 11.5% among those with a personal history of disability. This proportion is 14.1% among those with a family history of suicide. Suicidal ideation prevalence is 22.3% among those with severe depression. Among those who are alcohol dependent, 10.5% are suicidal ideators. Suicidal plan is prevalent among suicidal ideators with severe depression (43.8%). Among suicidal ideators who are alcohol dependent, 23.4% made a suicidal plan within the 12 months prior to the survey. About 8% of suicidal ideators with severe depression have attempted suicide. This proportion is 7.6% among alcohol dependents who are suicidal ideators.

This study identifies several risk factors for suicidal ideation, such as family disputes, academic failure, financial hardship, alcohol use, physical illness, mental disorders, family history of suicide, anger issues, and low coping skills. Suicide was reported to have psychological effects on families and friends.

Though the incidence of suicide is rising in Ilam, suicide prevention programs have been limited to education classes for school children in Ilam as of July 2017. We propose community awareness programs and psychological support for high-risk populations as possible measures for preventing suicide in Ilam district.

CHAPTER 1

INTRODUCTION

1.1 Background

Suicide is a major public health problem globally. Suicide was the 14th leading cause of death and accounted for 1.48% (95% UI: 1.34%-1.55%) of all deaths globally in 2015 (1).

There is social, economic, cultural, health, and behavioral risk factors associated with suicide (2). Relationship conflict, deep unhappiness, and hopelessness are especially prominent triggers of suicide. Evidence has shown that when people have easy access to means of suicide such as pesticides, firearms, and medication they are more vulnerable to commit suicide during difficult and stressful times (3).

There were an estimated 828,108.42 (95% UI: 745,844.62-868,688.15) deaths due to suicide globally in 2015. The global, age-standardized suicide mortality rate was 11.49 (95% UI: 10.34-12.05) per 100 000 in 2015. Among men, the global, age-standardized suicide mortality rate was 16.43 (95% UI: 15.11-17.27) per 100 000 in 2015. Among women, the global, age-standardized suicide mortality rate was 6.82 (95% UI: 5.19-7.57) per 100 000 in 2015 (1). Globally, men are more prone to commit suicide than women. The male-to-female ratio of age standardized suicide rates was 3.5 in high-income countries in 2012. The ratio is not uniform across all countries and regions. In low and middle-income countries (LMICs), the male-to-female ratio was 1.6. Gender equality issues, prevailing differences in socially acceptable methods for dealing with stress and conflict, differences in care-seeking rates for mental disorders, and different patterns of alcohol consumption between men and women are regarded as potential reasons for different suicide rates among men and women (3).

The suicide mortality rate varies markedly across age groups. Globally, it is the second leading cause of death among people age 15 to 29 years. The suicide rate was lowest among people under age 15 and highest among men and women age 70 plus. Young adults and elderly women in LMICs have higher suicide rates than those in high-income countries. Middle aged men in high-income countries have higher suicide rates than middle aged men in LMICs (3).

There is a dearth of systematic, reliable, and nationally-representative data on suicide in Nepal. It is primarily due to lack of a good vital registration system, a lack of any good data collection systems on the provision of hospital services to treat suicide attempts, and underreporting of suicide to police since it is stigmatized and illegal in Nepal. Some small-scale research has previously been done in Nepal. For instance, a previous study estimates that the suicide rate in the Kaski district was 12.4 per 100000 population in 1998 (4). In addition, previous studies identified suicide as a leading cause of death of women of reproductive age (15-49 years of age) in Nepal (5,6). The 2008/2009 Maternal Mortality and Morbidity Survey (MMMS) found

that suicide accounts 24% of deaths among women between the ages of 15 and 34 and 8% of deaths among women between the ages of 35 and 49. The 2008/2009 MMMS estimated that suicide was the leading cause of death among women of reproductive age in 2008/2009. The 2008/2009 MMMS estimates that suicide accounts for 16% of deaths among women of reproductive age in 2008/2009, which is a marked increase from the 1998 MMMS which estimated that suicide accounted for 10% of deaths among women of reproductive age in 1998. In 2008/2009, suicide accounted for 25% of deaths among unmarried women of reproductive age compared with 15% of deaths among married women of reproductive age (7). The age-standardized rate of suicide in Nepal was 7.85 (95% UI: 5.71-10.72) per 100 000 in 2015 (1).

1.2 Objectives

General Objective:

To estimate the lifetime prevalence of suicidal ideation, the 12 month prevalence of suicidal plan, and the lifetime prevalence of suicide attempt in the Ilam district of Nepal.

Specific objectives:

- Estimate the prevalence of suicidal ideation, plan, and attempt;
- Describe suicidal ideation, plan, and attempt by sociodemographic characteristics;
- Measure suicidal ideation, plan, and attempt stratified by health-related factors; and
- Qualitatively assess perspectives and experiences associated with suicide.

CHAPTER 2

METHODOLOGY

2.1 Study Design

The Ilam Suicide Survey is a community-based, cross-sectional, descriptive analysis. The study incorporated both qualitative and quantitative methods. It was conducted in the Ilam district of Nepal because the burden of suicide is higher in Ilam than in most other districts in the Eastern region of Nepal (8).

2.2 Sampling Procedure

Qualitative Study

Five VDCs were selected purposively based on the high number of suicide cases relative to other VDCs in the Ilam district in 2015. We conducted at least one key informant interview (KII) and one in-depth interview in each VDC. The actual number of research participants for the qualitative interview was based on the theory of data saturation; during data collection, the researcher has flexibility to recruit study participants until he or she has enough data to explain certain phenomena (9). So, we purposively recruited 49 study participants for the interviews, assuming that 49 participants would be sufficient to obtain enough data to assess perspectives and experiences associated with suicide. Overall, 17 in-depth interviews and 32 key informant interviews were conducted. We conducted five to six key informant interviews and three to four in-depth interviews per VDC. We conducted key informant interviews with seven health workers, five police officers, five Female Community Health Volunteers (FCHVs), five teachers, five social workers, and five community members. We conducted in-depth interviews with five FCHVs, five teachers, and five relatives/neighbors of suicide victims.

Quantitative study

The 20 selected VDCs were chosen using probability proportionate to size (PPS) sampling. Within each selected VDC, we selected three wards using PPS sampling. We used systematic random sampling to select 24 households (HHs) from each ward. Following the selection of HHs, the KISH Selection Method was used to select eligible interviewees if there was more than one eligible adult in the selected HH.

Sample size was determined considering the national prevalence of depression 27.6%, an alpha of 0.05, and an allowable error of 5% (10). The initial sample size was 319. Considering design effect of 1.5 and multiplying the size by 3, the final sample size was 1436, which we rounded up to 1440.

For a secondary analysis, data from police records were obtained. Face to face interviews were carried out among participants aged 10 and above using a Semi-Structured Questionnaire.

2.3 Study instruments

The study used standardized questionnaires. The questionnaires were translated into Nepali and validated through a pilot study and consultation with experts. Necessary modifications were made following the pilot study. KII and IDI guidelines were used to collect qualitative information. The questionnaire consisted of different sections, including:

a. Sociodemographic details

Interviewers collected information on respondent age, gender, ethnicity, religion, education, type of family, and marital status.

b. Personal and family history of suicide and disability

Interviewers asked questions regarding presence and type of disability among respondents and the respondent's family members, family history of attempted suicide, and potential causes of suicide.

c. Assessment of depression

Depression was assessed using the Patient Health Questionnaire (PHQ-9) for participants aged ≥ 18 years and the Depression Self-Rating Scale (DSRS) for participants aged 10-17 years. PHQ-9 is a set of 9 questions. This instrument records symptoms over the past two weeks. Each question has values from 0 to 3: 0 means not at all, 1 means several days, 2 means more than half the days, and 3 means nearly every day. The scores of each column in the PHQ-9 Questionnaire were added together and scored as 0-4 (no depression), 5-9 (mild depression), 10-14 (moderate depression) and ≥15 (severe depression) (2) which was later categorized into 'no severe depression (<10)'and 'moderate or severe depression (≥ 10)' for further analysis. This instrument was validated in Nepal with randomly selected patients in a rural primary health care center and the clinical validation suggests that the score 10 and above as moderate or severe depression symptom and immediate need of psychosocial/ mental health intervention (sensitivity 0.94, specificity 0.80) (11, 12).

The Depression Self-Rating Scale is an 18-item self-report measure for children. This instrument records symptoms over the past week. Items are presented as statements and responses are recorded as "0" for never, "1" for sometimes, and "2" for mostly. The responses are added together and scored as ≥14 for "depression" and <14 for "no depression". This instrument was also validated in Nepal and it suggests that a score of greater than or equal to 14 indicates moderate or severe depression symptoms (sensitivity = 0.71, specificity = 0.81) (13).

d. Assessment of alcohol use disorder

Alcohol use disorders were assessed using the Alcohol Use Disorders Identification Test (AUDIT). The AUDIT is a reliable and valid screening tool to identify individuals with alcohol use disorders. Respondents that had a test score greater than or equal to nine were classified as being alcohol dependent (14).

e. WHO-DAS II 12 item

We used the World Health Organization Disability Assessment Scale 2.0 (WHO-DAS II) 12-item instrument. The WHO-DAS II assesses disability over the past 30 days through 12 items scored on a 5-point Likert Scale (1–5) (15). The total score is generated by adding the scores of the 12-items. Mean scores, standard deviations, and ranges are presented.

f. Suicidal ideation, plan, and attempt

We estimated lifetime suicidal ideation prevalence through asking respondents, "have you ever seriously thought about committing suicide?" We estimated suicidal planning prevalence in the past year and lifetime prevalence of suicide attempt through asking respondents, "have you ever made a plan about committing suicide in the last 12 months?" and "have you ever attempted suicide?", respectively.

2.4 Data management and analysis

We stored soft and hard copies of data at the Nepal Health Research Council (NHRC). We thematically analyzed qualitative information. We transcribed and then divided qualitative information into different segments. The segments were coded and the coded text was checked for overlap and redundancy, thus allowing us to determine concrete themes and subthemes. A personal digital assistant and trained enumerator exported data from the quantitative study to Statistical Package for Social Science (SPSS) for further management and analysis.

In order to represent whole district, it was necessary to calculate appropriate sample weights based on the sampling design. Sample weights eliminated VDC selection bias and ensured that different sized HHs were not overrepresented or underrepresented.

2.5 Ethical Approval

The Nepal Health Research Council (NHRC) granted ethical clearance for the study. Privacy and confidentiality of the study participants were maintained. The NHRC fully informed participants regarding the aims of the study before the start of the interview process. Participants issued verbal informed consent.

CHAPTER 3

FINDINGS

3.1 Sociodemographic characteristics

Table 3.1.1 provides distributions of respondent sociodemographic characteristics. Out of the total number of participants, 39.4% are between 30 and 49 years old, 26.0% of respondents are between 18 and 29 years old, 24.4% are between 50 and 69 years old, and 9.7% are between 10 and 17 years old. The majority of the participants are female (58.1%). More than half of the respondents are disadvantaged Janajatis (50.3%), followed by the Upper Caste (35.3%). The proportion of Dalit and relatively advantaged Janajati respondents is almost equal at 6.2% and 6.4% respectively.

Table 3.1.1. Sociodemographic characteristics.

Characteristics (N=1387)	n	%
Age (years)		
10-17	134	9.7
18-29	360	26.0
30-49	546	39.4
50-69	339	24.4
70-79	8	0.6
Gender		
Male	581	41.9
Female	806	58.1
Ethnicity		
Dalit	86	6.2
Disadvantaged Janajati	697	50.3
Disadvantaged non Dalit terai caste	25	1.8
Relatively advantaged Janajati	89	6.4
Upper caste	490	35.3
Religion		
Hindu	872	62.9
Buddhist	210	15.1
Kirat	248	17.9
Others*	57	4.1
Education		
No education/Informal education	354	25.5
Primary	423	30.5
Secondary and above	610	44.0
Occupation		
Agriculture	1052	75.8
Business	122	8.8
Service	73	5.3

Foreign employment	90	6.5
Labour	38	2.7
Others**	12	0.9
Marital status		
Never married	318	22.9
Married	1007	72.6
Widowed	54	3.9
Divorced	8	0.6
Type of family		
Nuclear	873	62.9
Joint	477	35.4
Extended	37	2.7

(Kabir and heavenly path, ** lama padera, running shops, dhami jhakri, private medical)*

About 63% of the participants are Hindus, followed by Kirat (17.9%), and Buddhist (15.1%). More than two-fifths of the participants (44%) have at least a secondary education. About 30.5% have primary education. About 25.5% have no education or informal education. The majority of participants work in agriculture (75.8%), followed by business (8.8%), and foreign employment (6.5%). The majority of participants were married (72.6%) at the time of study. Most of the respondents live in a nuclear family (62.9%), followed by joint (35.4%), and extended families (2.7%).

3.2 Depression among children

Table 3.2.1 summarizes the prevalence of depression among children aged 10 to 17 years old.

Table 3.2.1. Depression among children.

Characteristics (n=134)	n	%	95% CI
DSRS (10-17 years)			
No (<14)	131	98.2	93.8-99.5
Yes (≥14)	3	1.8	0.5-6.2

The prevalence of depression among adolescents aged 10 to 17 in the study group is 1.8%. Using the DSRS, a cutoff point of 14 was used to differentiate presence and absence of depression.

3.3 Depression among adults

Table 3.3.1 summarizes the prevalence of depression among adults (participants over the age of 18).

Table 3.3.1. Depression among adults.

Characteristics (n=1253)	n	%	95% CI
PHQ-9 (≥ 18 years)			
No depression (0-4)	841	68.7	65.8-71.6
Mild depression (5-9)	320	24.1	21.5-26.9
Moderate depression (10-14)	67	5.1	3.9-6.6
Severe depression (≥15)	25	2.1	1.3-3.3

Two percent of adults in the study population are severely depressed. About 5% are moderately depressed and 24.1% are mildly depressed.

Table 3.3.2. Depression among adults by sociodemographic factors.

Characteristics	Depression among adults		
	n	%	95% CI
Age (years)			
18-29	360	3.5	1.5-8.0
30-49	546	7.5	5.4- 10.4
50-79	347	10.6	6.7-16.3
Gender			
Male	522	5.3	3.5-7.9
Female	731	8.5	6.2-11.6
Ethnicity* (n=1230)			
Dalit	79	7.1	3.0-15.6
Janajatis	710	7.9	5.2-11.8
Upper caste	441	6.3	3.9-10.2
Religion			
Hindu	788	6.8	4.3-8.5
Non Hindu	465	9.3	6.2-13.9
Education			
No or informal	354	14.1	9.3-20.8
Primary	363	7.8	4.9-12.1
Secondary and above	536	2.7	1.7-4.3
Occupation			
Agriculture	944	8.2	5.7-11.5
Business	111	3.0	1.5-5.8
Service	69	1.1	0.1-9.5
Foreign employment	81	8.6	3.5-19.5
Labour	36	9.7	4.4-20.0
Others	12	7.2	0.8-43.5
Marital status**			
Never married	186	2.6	1.1-6.4
Married	1005	7.6	5.4-10.6
Widowed/Divorced	62	14.3	5.7-31.8
Type of family			
Nuclear	773	5.9	4.0-8.7
Joint or Extended	480	9.1	6.4-13.0
Total	**1253**	**7.2**	**5.7-9.0**

**non Dalit excluded from ethnicity, disadvantaged and relatively advantaged Janajati merged to Janajati, **others excluded from marital status*

The prevalence of depression is 10.6% among participants aged 50 to 79 years old, followed by 7.5% in the 30 to 49 year old age group, and 3.5% in 18-29 year old

age group. Depression is more prevalent among women (8.5%) than men (5.3%). The prevalence of depression is similar across the three different ethnicities (7.1%, 7.9%, and 6.3% among the Dalit, Janajati, and the Upper caste, respectively). The prevalence of depression is slightly lower among Hindus (6.8%) than among non-Hindus (9.3%). The estimated prevalence of depression is higher among those with no or informal education (14.1%) than among those with a primary education (7.8%) and those with at least a secondary education (2.7%). The estimated prevalence of depression is 9.7% among labourers, followed by those with foreign employment jobs (8.6%), those with jobs in agriculture (8.2%), and those with other jobs (7.2%). The prevalence of depression is 14.3% among those who are widowed/divorced and 9.1% among those living in a joint or extended family.

3.4 Alcohol dependence among adults

Table 3.4.1. Alcohol dependence among adults.

Characteristics (n=212)	n	%	95% CI
AUDIT for alcohol dependence			
No (<9)	120	58.7	51.2-65.8
Yes(≥9)	92	41.3	34.2-48.9

More than 40% (41.3%) of adults in the sample are dependent on alcohol.

Table 3.4.2. Alcohol dependence among adults by sociodemographic factors.

Characteristics (n=212)	Alcohol dependence		
	n	%	95% CI
Age in years			
18-29	40	22.9	14.4-34.4
30-49	96	41.4	30.5-53.3
50-79	76	52.2	37.3-66.7
Gender			
Male	137	43.0	31.1-55.7
Female	75	38.5	25.1-53.9
Ethnicity* (n=208)			
Dalit	10	55.8	23.0-84.3
Janajatis	169	42.7	33.7-52.3
Upper caste	29	30.5	11.0-60.9
Religion			
Hindu	100	32.7	21.1-46.8
Non Hindu	112	49.6	39.5-59.8
Education			
No or informal	73	60.3	46.5-72.6
Primary	103	39.5	26.7-54.0
Secondary and above	36	20.9	10.0-38.5
Occupation			
Agriculture	166	41.4	30.1-53.7

Business	12	16.2	3.2-52.4
Service	10	33.7	4.8-83.7
Foreign employment	11	48.9	24.9-73.5
Labour	12	71.5	27.5-94.3
Others	1	-	-
Marital status			
Never married	19	17.2	7.1-36.3
Married	183	45.6	34.6-57.2
Widowed/Divorced	10	17.3	2.3-65.2
Type of family			
Nuclear	150	40.0	29.3-51.8
Joint or Extended	62	44.5	25.8-64.9
Total	**212**	**41.3**	**34.2-48.9**

About 52% of respondents aged 50 to 79 years old are alcohol dependent. The prevalence of alcohol dependence is 43.0% among male and 38.5% among female participants. Among the Dalit population, 55.8% percent are alcohol dependent. Among the Non-Hindu participants, the prevalence of alcohol dependence is 49.6%. The prevalence of alcohol dependence is 60.3% among participants who have no formal schooling. It was found to be about 71.5% among labourers. Among the participants who were involved in foreign employment, the prevalence is 48.9%. The prevalence of alcohol dependence is equal in unmarried (17.2%) and widowed or divorced (17.3%) participants. It is 45.6% among the married participants. Alcohol dependence is 44.5% among participants living in joint or extended families.

3.5 Family and personal history of disability

Table 3.5.1. Family and personal history of disability.			
Characteristics (n=1387)	**n**	**%**	**95% CI**
Family history of disability			
Yes	131	9.8	8.1-11.8
No	1256	90.2	88.3-91.93
Personal history of disability			
Yes	35	2.5	1.7-3.7
No	1352	97.5	96.3-98.3
WHO-DAS12 item			
Mean score	17.7±6.0 (12-49)		

About 10% of the participants had a family history of disability while 2.5% of the participants had a personal history of disability. The mean WHO-DAS II score was 17.7 with a standard deviation of 6.0. The minimum score is 12 and the maximum is 49.

3.6 Suicidal ideation, plan and attempt

Table 3.6.1. Suicidal ideation, plan and attempt.			
Characteristics	**n**	**%**	**95% CI**
Suicidal ideation (n=1387)			
Yes	66	4.5	3.5-5.9
No	1321	95.5	94.1-96.5
Suicidal plan (n=66)			
Yes	11	18.2	9.5-31.9
No	55	81.8	68.1-90.5
Suicidal attempt (n=66)			
Yes	5	4.9	1.9-11.9
No	61	95.1	88.1-98.1
Family history of suicide			
Yes	10	0.7	0.3-1.5
No	1377	99.3	98.5-99.7

Respondents were asked if they had ever seriously thought about committing suicide; 4.5% of the respondents said “yes” (suicidal ideation). Among those who have ever had suicidal ideation, 18.2% had made a plan to commit suicide in the last 12 months (suicidal plan) and 5% had a history of attempted suicide. About 0.7% of the respondents have a family history of suicide.

Table 3.6.2. Suicidal ideation by sociodemographic characteristics.			
Characteristics	**Suicidal Ideation**		
	n	**%**	**95% CI**
Age (years)			
10-17	134	1.1	0.1-9.2
18-29	360	5.0	2.8-8.7
30-49	546	5.3	2.8-10.0
50-79	347	4.0	2.1-7.4
Gender			
Male	581	3.4	2.0-5.7
Female	806	5.4	3.2-8.8
Ethnicity* (n=1362)			
Dalit	86	5.0	2.2-11.1
Janajatis	786	5.5	3.3-8.8
Upper caste	490	2.7	1.4-5.2
Religion			
Hindu	872	3.6	2.0-6.7
Non Hindu	515	6.3	3.7-10.6
Level of education			
No or informal	354	6.3	4.1-9.6
Primary	423	5.2	3.0-8.9
Secondary and above	610	3.2	1.7-5.9

Occupation			
Agriculture	1052	4.2	2.6-6.9
Business	122	2.8	0.7-10.1
Service	73	4.1	1.0-15.1
Foreign employment	90	6.0	2.7-12.9
Labour	38	15.1	8.6-25.3
Others	12	1.7	0.1-21.4
Marital status			
Unmarried	318	1.5	0.5-4.3
Married	1007	5.3	3.2-8.7
Widowed or divorced	62	7.4	3.4-15.6
Type of family			
Nuclear	873	5.2	3.4-8.0
Joint or Extended	514	3.5	1.6-7.4
Total	**1387**	**4.5**	**3.5-5.9**

Table 3.6.3. Suicidal plan by sociodemographic characteristics.

Characteristics	**Suicidal plan**		
	n	**%**	**95% CI**
Age (years)			
10-17	1	1.0	-
18-29	16	15.4	4.5-40.8
30-49	30	21.5	9.9-40.5
50-79	19	6.0	1.4-22.1
Gender			
Male	23	9.1	1.4-40.8
Female	43	22.2	13.3-34.6
Ethnicity* (n=64)			
Dalit	4	17.5	1.5-74.8
Janajatis	44	22.6	9.7-44.5
Upper caste	16	9.3	2.2-31.5
Religion			
Hindu	34	14.2	6.2-29.6
Non Hindu	32	22.6	8.3-48.6
Level of education			
No or informal	23	22.5	9.4-45.0
Primary	20	24.6	8.3-54.0
Secondary and above	23	6.9	1.0-34.7
Occupation			
Agriculture	45	20.5	7.3-45.9
Business	6	-	-
Service	3	-	-
Foreign employment	6	41.8	6.2-88.7
Labour	5	-	-
Others	1	1	-
Marital status			
Unmarried	4	43.0	6.7-88.9

Married	57	14.5	5.8-31.8
Widowed or divorced	5	31.6	3.4-86.0
Type of family			
Nuclear	49	22.4	11.7-38.7
Joint or Extended	17	7.7	1.07-38.8
Total	**66**	**18.2**	**9.5-31.9**

Table 3.6.4. Suicidal attempt by sociodemographic characteristics.

Characteristics	Suicidal attempt		
	n	%	95% CI
Age (years)			
10-17	1	-	-
18-29	16	7.7	1.3-33.9
30-49	30	4.4	0.9-19.7
50-79	19	2.7	0.3-21.5
Gender			
Male	43	1.9	0.2-16.0
Female	23	6.2	1.5-23.0
Ethnicity* (n=64)			
Dalit	4	17.5	1.5-74.8
Janajatis	44	2.5	0.4-13.4
Upper caste	16	9.3	2.2-31.5
Religion			
Hindu	34	8.1	1.9-29.3
Non Hindu	32	1.2	0.1-11.8
Level of education			
No or informal	23	6.1	1.2-25.4
Primary	20	8.4	1.9-30.6
Secondary and above	23	-	-
Occupation			
Agriculture	45	4.9	0.9-23.0
Business	6	-	-
Service	3	-	-
Foreign employment	6	11.1	0.9-62.0
Labour	5	-	-
Others	1	-	-
Marital status			
Unmarried	4	14.8	1.3-69.6
Married	57	4.5	1.0-17.7
Widowed or divorced	5	-	-
Type of family			
Nuclear	49	6.9	1.9-21.9
Joint or Extended	17	-	-
Total	**66**	**4.9**	**1.9-11.9**

Suicidal ideation is equally prevalent among participants age 18 to 29 and 30 to 49 years old (5.0% and 5.3%, respectively). The prevalence is 4% among people in the 50 to 79 year old age group. This study shows that 15.4% and 21.5% of suicidal ideators aged 18-29 and 30-49 years old, respectively, made a plan to commit suicide in the 12 months prior to the survey. Among suicidal ideators between the ages 18 and 29, 7.7% have attempted suicide in their lifetime. Findings from the qualitative study show that people across all age groups are thought to be vulnerable to suicide. Most of the research participants found it difficult to determine which age groups are more vulnerable to suicide. One research participant said,

> *"When we look at the age factor, there are adolescents who have committed suicide and there are also adults who have committed suicide. Therefore, I don't think age factor plays a part in this. We have seen old people as well as young people committing suicide. Just recently, one young girl committed suicide because she couldn't pass her examination. And there, an old man committed suicide. So there's no such specific age group" -School teacher, male*

According to research participants, the incidence rate is high among people between the ages of 40 and 60 years old. The research participants conferred that such incidents are seen repeatedly among people between the ages of 12 and 20 as well. One research participant stated,

> *"Well I don't know much but in our area people of 14, 15 years have done more. The number of that age is three already in this month only" -Family member, male*

Participants expressed different views about the prevalence of suicide by gender. The majority of the research participants opined that the prevalence of suicide is equal among both men and women while some research participants stated that women are more likely to commit suicide than men. The lifetime prevalence of suicidal ideation is 5.4% among women. Suicidal plan and attempt are prevalent among female ideators (22.2% and 6.2%, respectively). As per the qualitative interviews, suicidal behavior among males seems to be associated with issues of dignity, unemployment, and financial crisis whereas women are driven to take their own life because of familial conflicts, familial violence, and issues relating to extramarital affairs. To explain why women can be more prone to commit suicide, one of the research participants reasoned,

> *"They can't think properly, they cry in small issues. They think it's better to die than to remember about those events. When small things happen they can't think properly and they hang themselves."- Community focal person, male.*

Research participants reported that Ilam is mainly inhabited by members of the Janajati group, followed by Brahmins, followed by Chhetris, and then Newars. The majority of the research participants believed that there is a higher incidence of suicide among people belonging to Janajati group which might be due to their dominant population. The prevalence of suicidal ideation is 5.5% among Janajatis followed by 5% among the Dalit and 2.7% among the Upper Caste. Suicidal plan prevalence is 22.6% among the Janajati ideators. Some of the research participants are of the view that suicide rates are similar across ethnicities. They mention that it

is prevalent in people of all ethnic groups.

> *"I think it is equal in all people regardless of the ethnicity. The child of 14 years was Dalit, the woman who committed suicide later after 22 days was Aryan. One year ago, Rai committed suicide. So it's not prevalent to specific groups." - Health worker (Auxiliary Nurse Midwife), female*

Suicidal ideation prevalence is 6.3% among Non-Hindus. Suicidal plan prevalence is 22.6% among Non-Hindu ideators. The prevalence of attempted suicide is 8.1% among Hindus who are suicidal ideators.

According to research participants, educational attainment is not a major risk factor for suicide. The majority of the research participants think that suicide is common among both educated and uneducated groups. Some of the respondents confer that suicide is more common among people with lower educational attainment. One of the research participants explained that,

> *"Both educated and uneducated people have committed suicide. Let's say it's almost equal."- Social worker, female*

On the contrary, another research participant said,

> *"Well people who are uneducated seem to commit suicide more than the educated ones. Because educated people understand, there's difference in their level of thoughts too; the thinking capability of uneducated people is low because of which they commit suicide."- Health worker, female*

Suicidal ideation prevalence is 6.3% among those who have no formal schooling, which is higher than the prevalence of suicidal ideation among those with only a primary education (5.2%) and those with at least a secondary education (3.2%). The prevalence of suicidal plan and attempt are both higher among ideators with a primary education than among ideators with no formal education. Conversely, the prevalence of suicidal plan and attempt are lowest among ideators with at least a secondary education compared to ideators with lower levels of educational attainment. Most of the research participants also explained that schoolchildren are particularly vulnerable.

The prevalence of suicidal ideation is about 15% among labourers in the study. The prevalence of suicidal plan is 41.8% among the ideators involved in foreign employment, followed by 20.5% among the ideators occupied in agriculture. The prevalence of suicidal attempt is 11.1% among foreign employees and about 5% among agricultural workers who are suicidal ideators.

Suicidal ideation prevalence is 7.4% among widowed or divorced participants and 5.2% among participants living in a nuclear family. The proportion of ideators that made a suicidal plan in the past 12 months is 43.0% among the unmarried participants and 22.4% among those living in a nuclear family. About 15% of unmarried ideators and 6.9% of ideators living in a nuclear family have attempted suicide.

Table 3.6.5. Suicidal ideation by personal and family history of disability and suicide.			
Characteristics (n=1387)	Suicidal Ideation		
	n	%	95% CI
Family history of disability			
Yes	131	7.9	3.9-15.2
No	1256	4.2	2.6-6.8
Personal history of disability			
Yes	35	11.5	4.0-29.2
No	1352	4.4	2.7-7.0
Family history of suicide			
Yes	10	14.1	1.6-62.6
No	1377	4.5	2.8-7.1
Total	**1387**	**4.5**	**3.5-5.9**

The prevalence of suicidal ideation is 7.9% among participants with a family history of disability and 11.5% among participants with a personal history of disability. The prevalence is 14.1% among participants with family history of suicide.

Table 3.6.6. Suicidal ideation by depression and alcohol dependence.			
Characteristics	Suicidal ideation		
	n	%	95% CI
PHQ-9(n=1253)			
Severe depression	92	22.3	12.9-35.8
No depression	1161	3.5	2.1-5.8
Alcohol dependence(AUDIT) n=212			
No	120	5.6	2.5-12.2
Yes	92	10.5	6.1-17.4
Total	**1387**	**4.5**	**3.5-5.9**

Table 3.6.7. Suicidal plan by depression and alcohol dependence.			
Characteristics	Suicidal plan		
	n	%	95% CI
PHQ-9 n=65			
Severe depression	19	43.8	25.5-64.0
No depression	46	2.9	0.6-13.4
Alcohol dependence(AUDIT)n=16			
No	5	37.0	4.9-87.0
Yes	11	23.4	3.8-70.3
Total	**66**	**18.2**	**9.5-31.9**

Table 3.6.8. Suicidal attempt by depression and alcohol dependence.			
Characteristics	Suicidal attempt		
	n	%	95% CI
PHQ-9 (n=65)			
Severe depression	19	7.6	0.6-51.5
No depression	46	-	-
Alcohol dependence(AUDIT) n=16			
No	5	-	-
Yes	11	7.6	0.6-51.5
Total	**66**	**4.9**	**1.9-11.9**

The prevalence of suicidal ideation is 22.3% among those that are severely depressed. The prevalence of suicidal plan is 43.8% among ideators that are severely depressed. The prevalence of suicidal ideation is 10.5% among those who are alcohol dependent. The prevalence of suicidal plan is 23.4% among ideators who are alcohol dependent. About 8% of the ideators who have severe depression had attempted suicide. The prevalence of lifetime attempt is 7.6% among ideators who are alcohol dependent.

3.7 Qualitative findings from the study

3.7.1 Suicide in Ilam and the Eastern Region

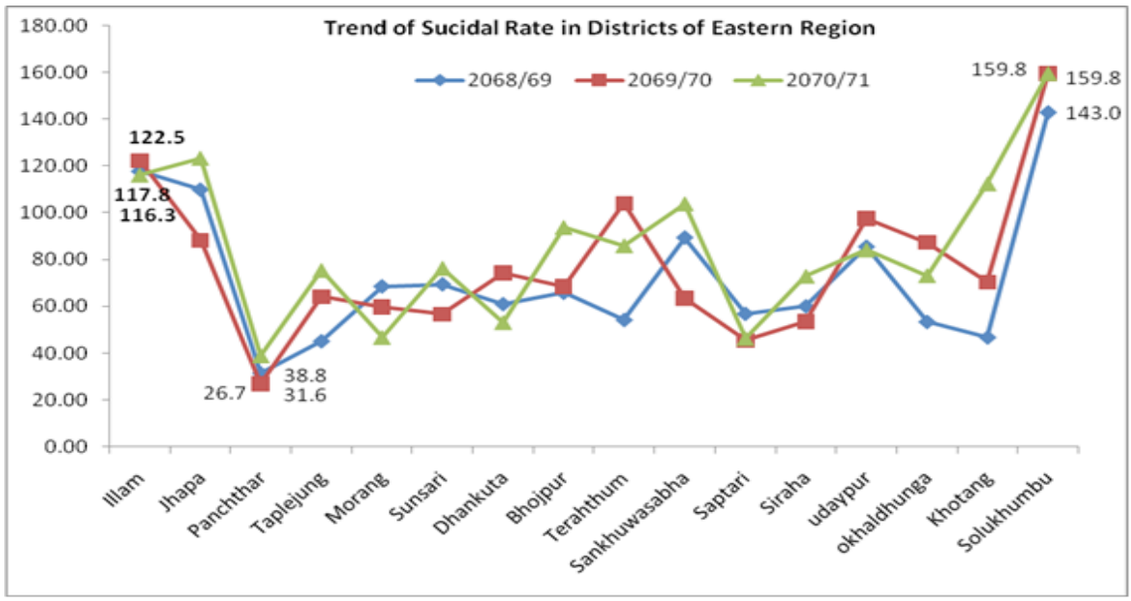
A majority of participants mentioned that the rate of suicide has been consistently rising over time. Informants reported that suicide is very common and is not limited to a particular age group, ethnicity, religion, or gender. A suicide used to have more of an effect on a community, but it has become so common that community members are more resigned and less affected by each individual suicide. One of the research participants explained,

> *"Before, such cases happened rarely and people used to inquire about it, they used to be concerned about it but these days such cases have been happening too frequently and people don't seem to care much about it. They just talk about the event, how one committed suicide and it's finished. They forget about it very soon" - FCHV, female*

Participants expressed a range of factors that triggered suicidal thoughts such as family disputes, academic failure, financial hardship, alcohol use, physical illness, mental disorders, and low coping skills. Participants also indicated that family history of suicide and anger issues may also trigger suicide. Participants report that suicide notes can provide information as to why a victim committed suicide.

The figure below shows trends in suicide mortality in different districts of the Eastern region of Nepal. In FY 2070/71, Ilam has the third highest suicide rate of all of the districts (116.28 per 100 000) in the Eastern region after Solukhumbu (159.76 per 100000) and Jhapa (123.54 per 100 000). Similarly, the records of FY 2068/69 and FY2069/70 show that Ilam had the second highest incidence rate of any district after Solukhumbu (Figure 3.7.1).

Figure 3.7.1. Suicide rate per 100000 population.



3.7.2 Means used to commit suicide

Research participants state that hanging is the medium through which the majority of people who commit suicide kill themselves, followed by self-poisoning. The use of other means was not reported prominently. When asked why hanging is so common, respondents noted that rope is easily accessible in villages since it is used for different household purposes. Poison, on the other hand, was described as less appropriate due to its limited access. One participant explained,

> *"In our village, you might have to travel a long distance to buy poisons. May be they people planning to commit suicide] doubt that other people might know, they want to keep a secret, they do not want to get noticed, so this is one reason. And other is that they might have heard that it is easier to die by hanging than by taking poison." -School Principal, Male*

The research participants report that most ¬¬women that hang themselves use a scarf (shawl) while men use either "namlo" (rope used to tie grasses) or "damlo" (rope used to tie the animals) to hang themselves because it is easily available and they do not have to go to the market to buy it. Research participants mention that people take insecticides or pesticides if they choose to use poison to commit suicide.

3.7.3 Reasons for committing suicide

Several risk factors were identified, including familial conflict, alcohol or substance use, socioeconomic conditions, issues related to mental health, academic failures, love affairs, and physical illness.

Family conflict

Family issues are key causes of suicide. Family environment, child-parent relationships, financial crisis, extramarital affairs, and family violence were commonly cited risk factors for suicide. The research participants mentioned that conflict between a husband and wife is a driving factor for people to commit suicide. Substance abuse,

financial crisis, and family violence may be a cause of familial conflict leading to suicide. Women are especially affected by familial conflict because of their low position in the family hierarchy relative to men. Women are not afforded the same privileges as men and therefore are not always as able to express frustration in a healthy manner.

Economic status

A majority of research participants stated that people who are experiencing economic hardship are more likely to exhibit suicidal behaviors.

> *"When that lady committed suicide we assumed that she had loans and she thought that she won't be able to pay the debt, she was worried about her dignity in her community so she committed suicide. So I think if people have loans then they commit suicide." -School teacher, male*

Academic Failure

Research participants mentioned that suicidal behaviors are more common among students during examination periods due to stress and shame and humiliation after results are published. The research participants mention that the feeling of failure and the likely effect of failure on societal status encourage students to commit suicide.

> *"I think failure in studies creates an impact among the students. In that case that happened before, the result was just published in school, she asked her sister to go and check result, and then she did like that. Before that also similar incident had happened in that family" -Social worker, female*

Issues related to mental health

The research participants state that stress and sadness might encourage people to commit suicide. Some of the research participants shared that they noticed stress, aggressive behavior, and sadness among people who had committed suicide.

> *"Yes he was not well. He looked stressed and sad. He used to keep staring blankly. It was not possible to look after him all day because in village people have to go to collect grass and firewood. When his family was gone to collect grass and firewood, he committed suicide" -FCHV, female*

Physical illness

Most of the research participants state that physical illness and chronic diseases are major causes of suicide among the elderly. Elderly people are frustrated with their chronic illnesses, especially when they are neglected by their family, thus motivating them to attempt suicide. A few participants state that non-elderly adults are also at risk of suicide due to physical illness and a lack of treatment options. For example, a research participant explained,

> *"His brother committed suicide (points out to a man in the room) due to the back injury. The suicide note states that the back injury so intense that his brother could not cope the stress of becoming disable. So, he thought it was better to die than to live with pain." -School teacher, male*

3.7.4 Perception towards Suicide

Suicide is generally perceived negatively. Most of the research participants consider suicide to be a crime. Community members inform police when suicides and suicide attempts occur. People that attempt suicide are often labeled cowardly and/or disgraces to their families and communities. Perceptions vary by gender. Women that attempt suicide are often considered to be engaged in offensive activities such as extramarital affairs. Men that attempt suicide are considered to be cowardly. Some people in the community believe that suicide attempts should be punished in order to prevent others from committing suicide. A few participants shared that proper care is needed for people who have previously attempted suicide. They fear that a lack of support and negative attitude towards those that attempted suicide might encourage repeat attempts.

Although attempted suicide is viewed negatively, most of the research participants expressed support for family members of suicide victims. Research participants stated that the affected families are supported morally and financially.

> *"People show sympathy towards those families and provide necessary help. They also provide financial assistance. In our village, people are concerned about each other and especially in such cases, community people help each other. They don't show such negative behavior." -Health worker, female*

A few participants illustrated cases where affected families of suicide victims were stigmatized and isolated from social functions, such as weddings. However, such views are not particularly prominent.

3.7.5 Consequences of suicide and attempted suicide

Suicide has psychological effects on families and friends. Research participants who have a family member or neighbor that committed suicide stated that suicide creates anxiety. For example, one participant who had a family member that committed suicide explained that,

> *"It has destroyed my consciousness. I am still not able to be in the right state of my mind. I am still afraid to stay here. Many things have happened inside me. I still have lots of fear; I get afraid at night, I can't sleep properly. So, I don't stay here alone." -Family member, female*

Some of the research participants also state that suicide has a negative impact on the prestige of a family. Participants believe that suicidal incidents have a negative effect on future generations. In addition, participants believe frequent suicides in a community might affect the health and wellbeing of the community's children. Participants believe that children who witness a suicide will develop high anxiety and low self-confidence as a result. Similar negative impacts can be observed among people who have a friend or friends that committed suicide.

3.7.6 Available services for suicide prevention

The rate of suicide in Ilam is rising, yet there have been limited efforts to prevent suicide in Ilam. Generally, families seek psychological support from traditional healers when their family members exhibit suicidal behavior. The research participants reported

no significant interventions from the government except for health education classes for schoolchildren on a few occasions. Research participants highlight a need for preventive programs that provide counseling and psychological support to vulnerable people. Participants also emphasized the need for an awareness program and health education at the community level.

CHAPTER 4

CONCLUSION AND RECOMMENDATIONS

4.1 Conclusion

Ilam had the third highest suicide rate (116.28) among districts in the Eastern region in FY 2070/71. Suicidal ideation, plan, and attempt are common in the Ilam district. The mean WHO-DAS II score is 17.7 with a standard deviation of 6. Participants highlighted a range of factors that trigger suicidal behavior, such as a family history of suicide and anger issues. Suicide has profound psychological effects on families and friends. Although the rate of suicide in Ilam is rising, there have been limited prevention efforts.

4.2 Recommendations

Introduce suicide prevention programs

Public health organizations should implement suicide-related programs. Local stakeholders should be concerned about suicide. There is a need for individuals, families, communities, local organizations, and governments to work in collaboration to minimize the burden of suicide.

Providing Psychosocial Support

Psychosocial counseling should also be provided to communities. Training should be provided regarding psychosocial support and counseling to health professionals and other influential people such as FCHVs and teachers. The training should include information regarding risk factors related to suicide, warning signs, stigma, and how to respond to people in need.

Change in behavior and attitude towards suicide

People should try to provide adequate social support rather than criticizing the victim and their family members. Negative behaviors and perceptions towards those vulnerable people might prevent them from seeking help and it might also trigger more suicidal thoughts among them out of frustration and guilt.

Providing awareness

Emphasis should be made on providing education through different mediums like role plays, street dramas, campaigns, and meetings. Women groups, child clubs, and etc. can help raise awareness. Family members should be aware of these issues so that they can identify signs and symptoms and then take action.

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ANNEX

Annex I: Informed consent

Informed Consent Form / Ethical Issues
Assessment on Suicide and Related factors in District of Nepal

Information letter and participation consent
Namaste! My name is .....I am here to collect data of the research entitled Assessment on Suicide and Related factors in District of Nepalwhich is conducted by Nepal Health Research Council (NHRC). This survey is focused on the situation of suicide and assessment of factors affecting suicide
If you are willing to participate in this study you are requested to sign in the consent form. A simple questionnaire is prepared for this study which includes social, personal issues of you and your family perception towards suicide, its situation, causes.
Your participation in this research is voluntary. During the interview you can withdraw your participant if you are not willing.

Benefit/Risks

You have no financial benefits in this study. If you are willing to participate in this study you may bear mild pain during taking the blood sample.

Confidentiality

Confidentiality will be maintained for your all personal information. Computer coding will be done to know your information so that everyone does not know about your personal information. Your exact information will not be published in the journal, reports etc.

Additional information regarding the study

During the study if you have any question and queries regarding the study then you can ask to interviewer after the interview or you can also contact to Nepal Health Research Council, Ramshah Path, Kathmandu (telephone no 01-4254220).
This research has been approved by Ethical Review Board of Nepal Health research Council. The responsibility of this board is to protect respondent of the research from any kind of risk during the study.

Consent of the respondent for participation

I have fully understood that to take part in this study is fully voluntary. I can withdraw my participant in this study at anytime without any charge. I am fully aware with objectives, procedure, danger and advantage of this study. I have understood; information taken from me is only for study purpose. I have opportunity to ask question to clarify the any queries during the study. I am willing to give my consent to use my personal information in this study only. I am determined to take part in this study is my personal decision. I can quit my participants at any time. I have understood that no harm will be bear in this study.

Respondent Name .....
Respondent Signature .....
Lapche (for illiterate)
Thumb of Right hand

Date: ---/---/-----

I have read this consent form during taking consent from the respondent or respondent has read the consent form. I have given opportunity for respondent to ask any question. I can ensure that respondent has given their personal information independently.

Interviewer Name

.....

Interviewer Signature

.....

Date: --/--/---- day/ month/ year

Annex II: Nepali questionnaire

Section A: (General Information)

A1	उत्तरदाताको नामः-	
A2	उत्तरदाताको लिङ्गः १. महिला	२ पुरुष
A3	उमेर (पुरा भएको बर्ष).....	
A4	जातरजातियता :	
A5	.गा वि स को नाम :-	
A6.	वडा नं	
A7	टोलको नाम :-	

Section B: (Personal and Household Information)

अब म तपाईलाई तपाईको व्यक्तिगत र घर परिवारसाग सम्बन्धित बिषयमा कुराकानी गर्न गईरहेको छु । कुराकानीका दौरान तपाईलाई केहि अप्ठ्यारो लाग्यो वा बुझ्नु भएन भने कृपया मलाई भन्नुहोला ।

S.N	Questions	Options	Skip
B1	तपाईलाई लेखपढ गर्न आउछ?	आउछ (साक्षर).....१ आउदैन (निरक्षर).....२	B3
B2	यदि आउछ भने, तपाईले कति सम्म पढ्नु भएको छ?	अनौपचारीक शिक्षा .....१ प्राथमिक.....२ निम्न माध्यमिक .....३ माध्यमिक.....४ एस.एल.सी.....५ आई.ए वासो सरह.....६ स्नातक वा माथि .....७ अन्य (खुलाउने)	
B3	तपाई सामान्यतया कुन धर्म मान्नुहुन्छ ?	हिन्दु.....१ बौद्ध.....२ मुस्लीम.....३ क्रिश्चियन.....४ किरात.....५ नास्तिक .....६ अन्य(खुलाउने) _____	
B4	तपाईको वैवाहीक स्थिति के हो ?	अविवाहित .....१ विवाहित .....२ विधवा र विदुर.....३ छुट्टिएको..... .....४ अन्य (खुलाउने).....	B7
B5	तपाईको पछिल्लो विवाहको प्रकार कस्तो हो ?	मागी विवाह .....१ प्रेम विवाह .....२ अन्य (खुलाउने)	
B6	तपाईको विवाह कति वर्षको उमेरमा भएको थियो ? (यदि बहुविवाह रहेछ भने पहिलो विवाहलाई उल्लेख गर्नु होला)	उमेर.....(पुरा भएको वर्ष)	
B7	तपाईको परिवारमा जम्मा कति जना सदस्यहरु हुनुहुन्छ ?	जम्मा सदस्य.....	

B8	तपाईको परिवारको संरचना कस्तो खालको छ ?	एकल.....१ संयुक्त .....२ बृहत ३	
B9	तपाईको घर परिवारका सदस्यहरुमा कुनै प्रकारको अपांगता छ ?	छ.....१ छैन.....२	B11
B10	यदि छ भने कुन प्रकारको अपांगता छ ? (बहु उत्तर सम्भव छ)	शारीरीक.....१ दृष्टि सम्वन्धि.....२ सुनाई सम्वन्धि.....३ वोलाई सम्वन्धि.....४ मानसिक.....५ वौद्धिक अपांगता.....६ वहु अपांगता.....७ अन्य.....	
B11	तपाईमा कुनै प्रकारको अपांगता छ ?	छ.....१ छैन.....२	B13
B12	यदि छ भने कुन प्रकारको अपांगता छ ?	शरीरीक.....१ दृष्टि सम्वन्धि.....२ सुनाई सम्वन्धि.....३ वोलाई सम्वन्धि.....४ मानसिक.....५ वौद्धिक अपांगता.....६ वहु अपांगता.....७ अन्य	
B13	गएको १२ महिनाको समयावधिमा तपाईको घर परिवारमा कसैको निधन भएको थियो ?	थियो..... .....१ थिएन.....२	B17
B14	यदि थियो भने कति बर्षको उमेरमा निधन भएको थियो?	.....	
B15	उक्त ब्यक्तिसाग तपाईको नाता के थियो ?	.....	
B16	उहाको निधनको मुख्य कारण के थियो होला ?	.....	
B17	आफ्नो आधारभूत आवस्यकताहरु पुरा गर्न तपाई आफुले नैं केही गरीरहनु भएको छ की छैन ? (बहु उत्तर सम्भव छ)	केहिपनि गर्दीन / वेरोजगार .....० विद्यार्थि.....१ कृषि र पशुपालन .....२ जागिर.....३ ब्यबसाय.....४ ज्याला मजदुरी.....५ वैदेशिक रोजगार.....६ गृहिणी.....७ अन्य(खुलाउने).....	

B18	तपाईको घर परिवारको आम्दानिको मुख्य स्रोत के हो?	कृषि र पशुपालन .....१ ब्यबसाय .....२ जागिर .....३ वैदेशिक रोजगार.....४ ज्याला मजदुरी.....५ अन्य(खुलाउने)	
B19	तपाईको परिवारको मासिक आम्दानी तपाईलाई थाहा छ, यदि छ भने कति होला ?	.....	
B20	तपाईको परिवारको मासिक आम्दानीले परिवारको हालका आधारभूत आवश्यकताहरु (गाास, बास, कपास, स्वास्थ्य) पुगेको छ जस्तो लाग्छ ?	पुगेको छैन.....० अलिअलि पुगेको छ .....१ पुरै पुगेको छ २	
B21	तपाईको आफ्नो परिवारको स्वामित्वमा जग्गा जमिन छ ?	छ .....१ छैन.....२	B24
B22	यदि छ भने कति जति छ होला? (रोपनिमा लेख्नुहोला)	.....	
B23	तपाईको जमिनबाट उब्जेको अन्नवाली ले कति महिनासम्म खान पुग्छ? (महिनामा लेख्नुहोला)	.....महिना	

B24	निम्न सुविधाहरुमा तपाईको घर परिवारमा उपलब्ध छन्?	छ	छैन
	उपयुक्त बासस्थान	१	२
	दुईसरो कपडा	१	२
	बिजुलिरसोलार	१	२
	खानेपानी	१	२
	रेडियो	१	२
	टेलिफोन/मोवाईल	१	२
	टी. भी.	१	२
	साईकल	१	२
	मोटरसाईकल	१	२
	खाना पकाउने इन्धन (गोवर ग्यास, ग्यास चुलो)	१	२

Section C: Suicide Knowledge, Attitudes and Behaviour

अब म तपाईलाई आत्महत्यासाग सम्बन्धित बिषयमा कुराकानी गर्न गईरहेको छु । कुराकानीका दौरान तपाईलाई केहि अप्ठ्यारो लाग्यो वा बुझ्नु भएन भने कृपया मलाई भन्नुहोला ।

C1	तपाईले आत्महत्याको बारेमा सुन्नु वा देख्नु भएको छ ?	छु.....१ छैन.....२
C2	यदि सुन्नु वा देख्नु भएको छ भने को वा कहाँबाट सुन्नु भयो? (बहु उत्तर सम्भब छ)	रेडियो, टेलिभिजन.....१ किताव, पत्रपत्रिका, ...२ स्वास्थ्य कर्मी.....३ तालिम, गोष्ठि.....४ शिक्षक.....५ साथीभाईहरु..... .....६ घर वा समुदाय.....७ अन्य(खुलाउने) .....

C3	तपाईको विचार तथा अनुभवका आधारमा मानिसहरुले आत्महत्या/ आत्महत्याको प्रयास गर्नुका कारणहरु के-के होलान ? (बहु उत्तर सम्भव छ)	आर्थिक.....१ सामाजिक/सामाजिक सहयोगमा कमी.....२ पढाईमा असफलता.....३ घरायसि झगडा/रिस.....४ प्रेममा धोका.....५ सारीरिक तथा मानसिक समस्या.....६ दिर्घ रोग.....७ रक्सि तथा लागुऔषधको प्रयोग.....८ द्वन्द/आघात जन्य घटना.....९ तनाव पुर्ण जीवन यापन.....१० भविष्य प्रतिको चिन्ता.....११ धार्मीक आस्था.....१२ सामाजिक प्रतिष्ठा.....१३ लाञ्छना तथा विभेद.....१४ अन्य(खुलाउने)	
C3A	तपाइको अनुभवमा आत्महत्या को प्रयास वा आत्महत्या कसरि गर्ने गरेको पाउनु भएको छ रु (बहु बैकल्पिक)	झुण्डिएर .....१ बिष सेवन गरेर .....२ खोलामा हाम फालेर..... .....३ नसा काटेर..... .....४ धारिलो हतियारको प्रयोग.....५ आगो लगाएर.....६ अन्य ७	
C4	आत्महत्याको प्रयास गर्ने व्यक्तिहरुलाई सहयोग वा उपचार गर्नकोलागी तपाईको समुदायमा के कस्ता सेवाहरु उपलब्ध छन् ? (बहु उत्तर सम्भव छ)	झारफुक.....१ स्वास्थ्य औषधी उपचार.....२ मनोविमर्स .....३ धार्मीक आस्थाका केन्द्रहरु... .....४ अन्य(खुलाउने)	
C5	यस्तो आत्महत्याको प्रयास गर्ने व्यक्तिहरुले आफ्नो समस्या समाधानका लागी पहिला कहा जाने गर्दछन् ?	साथीभाई.....१ परीवार/आफन्त.....२ धामी झाक्री.....३ स्वास्थ्य केन्द्र वा स्वास्थ्य कार्यकर्ता.....४ धर्मिक गुरुहरु .....५ कहिपनि जादैनन.....६ अन्य(खुलाउने)	१ देखि ४ मध्ये कुनै उत्तर भए C7 मा जाने if 5 C6 मा जाने
C6	कहिपनि जादैनन् भने आफैले के गर्ने गरेका छन् ?		

C6 a	तपाइको अनुभवमा कसैले आत्महत्याको सोच आएको छ वा प्रयास गरेको थाहा पाउनु भयो भने के गर्नुहुन्छ?		
C7	तपाईलाई आत्महत्या गर्न सोच आयो भने तपाईले आफनो साथीभाई वा परिवारका सदस्यहरुलाई भन्ने गर्नुहुन्छ ?	कसैलाई पनि भन्दिन.....१ साथी.....२ परिवार.....३ अन्य(खुलाउने)	C8 C10 C9
C8	कसैलाई पनि भन्दिन भन्ने उत्तर आएमा त्यसको कारण के होला ?	.....	
C9	यदि परिवारका सदस्यहरुलाई भन्ने गर्नुहुन्छ भनेकसलाई भन्ने गर्नुहुन्छ ?	.....	
C10	गएको १२ महिनामा तपाईको घर परिवारका कुनै सदस्यले आत्महत्याको प्रयासगर्नुभएको थियो ?	थियो..... .....१ थिएन.....२	 C12
C11	यदि थियो भने के के कारणहरुले गर्दा आत्महत्याको प्रयास गर्नुभएको थियो ?	.....	
C12	गएको १२ महिनामा तपाईको घर परिवारका कुनै सदस्यले आत्महत्या गर्नुभएको थियो ?	थियो..... .....१ थिएन.....२	 C14
C13	यदि थियो भने के के कारणहरुले गर्दा आत्महत्या गर्नु गर्नुभएको थियो ?	.....	
C14	गएको १२ महिनामा तपाईको समुदायमा कुनै ब्यक्तिले आत्महत्याको प्रयासगर्नुभएको थियो ?	थियो.....१ थिएन.....२	 C16
C15	यदि थियो भने के के कारणहरुले गर्दा आत्महत्याको प्रयास गर्नु गर्नुभएको थियो ?	.....	
C16	गएको १२ महिनामा तपाईको समुदायमा कुनै ब्यक्तिले आत्महत्या गर्नुभएको थियो ?	थियो..... ....१ थिएन.....२	 Next Section
C17	यदि थियो भने के के कारणहरुले गर्दा आत्महत्या गर्नु भएको थियो ?		

Section D: Patient health Question (PHQ9) (only for 18 and above)

अव हामी तपाईंलाइगएको२ हप्तामा एक दुई दिनमात्रै नभएर लगातार धेरै दिनसम्म मन दुःखी भईरहने,खिन्न लागिरहने वा नरमाईलो लागिरहने भएको थियो कि थिएन भन्ने वारेमा कुरा गर्छौं ।

PHQ1	गएको २ हप्तामा तपाईं अन्य ब्यक्तिहरू जति रमाउाछन्, त्यत्तिको रमाउन नसक्ने/खुसी हुन नसक्ने वा काम गर्न मन नलाग्ने कत्तिको भएको थियो ?	कत्ति पनि भएन	कहिलेकाहीं भयो	धेरै जसो भयो	सधै जसो भयो
		०	१	२	३
PHQ2	गएको २ हप्तामा तपाइलाईं,दिक्क लाग्ने, निरास हुने वा के ही गर्न सक्दिन जस्तो लाग्ने कत्तिको भएको थियो ?	०	१	२	३
PHQ3	गएको २ हप्तामा तपाईंराम्ररी सुत्न नसक्ने वा निन्द्रा मस्त नआउने वा अधिपछि भन्दा धेरै सुत्ने वा धेरै निन्द्रा लाग्ने कत्तिको भएको थियो ?	०	१	२	३
PHQ4	गएको २ हप्तामा तपाईंलाई थकान महशुसहुने, शक्ति वा तागत् कम हुने कत्तिको महशुस भएको थियो ?	०	१	२	३

PHQ5	गएको २ हप्तामा तपाईंलाई खाना खान मन नलाग्ने वा रुचि नहुने वा अघिपछि भन्दा धेरै खान मन लाग्ने कत्तिको भएको थियो ?	०	१	२	३
PHQ6	गएको २ हप्तामा तपाईं आफूलेआफूलाई दोषी ठान्ने वा आफ्नो कारणले गर्दा आफू असफल भएको वा परिवार तल परेको कत्तिको महशुसगर्नु भएको थियो ? Probe: आफ्नो कारणले गर्दा समुदायमा आफ्नो तथा आफ्नो परिवारको ईज्जत गुमेको महशुस गर्ने ।	०	१	२	३
PHQ7	गएको २ हप्तामा तपाईंलाई ध्यान केन्द्रित गर्नवा एक चित्त हुन वा एक सुरले काम गर्न गाह्रो हुने कत्तिको भएको थियो ? (जस्तैः पत्रपत्रिका पढ्न वा टी.भी. हेर्न, चामल केलाउन पात गाास्न, तरकारी पकाउन, घास काट्न, ध्यान दिएर कुनै पनि काम गर्न आदि)	०	१	२	३
PHQ8	गएको २ हप्तामा अरू ब्यक्तिले पनि याद गर्ने गरी तपाईं बिस्तारै बोल्ने वा हिड्ने गर्नुभएको अथवा छट्पट्टी भएर चाहिने भन्दा बढी हिंडडुल गर्ने कत्तिको गर्नुभएको थियो ?	०	१	२	३
PHQ9	गएको २ हप्तामा तपाईंलाई मरौं मरौं जस्तो लाग्ने, आफ्नो ज्यान आफैं लिने वा आत्महत्या गर्ने खालका विचारहरू कत्तिको आयो ?(जस्तैः हात काट्ने, विष सेवन गर्ने, हाम फाल्ने, भित्तामा टाउको ठोक्काउने आदि)	०	१	२	३
PHQ10	गएको २ हप्ता वा सो भन्दा बढी समयसम्म तपाईंले भर्खरै भनेका समस्याहरू (काम गर्न मन नलाग्ने, दिक्क लाग्ने उदास तथा केही गर्न नसक्ने, थकित शक्ति वा तागत् कम हुने, ध्यान केन्द्रित गर्न नसक्ने, मर्न मन लाग्ने आदि) ले गर्दा तपाईंले गर्ने काम, आफ्नो साथै घरपरिवारको हेरचाह र अरू मानिसहरूसागको सम्बन्धमा कत्तिको असर पारेको थियो?	असर पारे को थिएन ०	केही मात्रामा असर पारे को थियो १	धेरै असर पारेको थियो २	अत्य(ाधिक असर पारेको थियो ३

Section D: Depression Self Rating Scale (DSRS) (only for children 10-17 years)

यस खण्डमा केहि प्रश्नहरु छन् जुन मानिसले दैनिक जिवनमा महशुसगरेका क्रियाकलापहरु सग सम्मवन्धित छन् । अब म बिगत एक हप्तामा तपाईलाई उक्त समस्याहरु भएका थियो की थिएन भन्ने बारेमा सोध्न गईरहेछु । यहाा म तपाईलाई प्रश्न सागै ३ वटा सम्भाबित उत्तरहरु पनि भन्नेछु । आफुलाई मिल्ने उत्तर ईमान्दारीता पुर्वक छान्नु होला । यो उत्तर दिंदा विगत एक हप्तालाई आधार मानेर भन्नुहोला ।

DSRS 1	तपाई पहिले जति चिजहरु वा कुराहरु चाहनु हुन्थ्यो अहिले पनि त्यति नै चाहनु हुन्छ ?(उदाहरणकोलागी तपाई पहिले मामा घर जानु हुादा जति खुशी हुने गर्नु हुन्थ्यो अहिले पनि मामा घर जाने भन्दा त्यति नै खुसी हुने गर्नु हुन्छ)	पहिले जति पटक्कै चाहन्न.....० पहिलेको भन्दा कम चाहन्छु.....१ पहिलेको जत्तिकै चाहन्छु.....२
DSRS 2	तपाई कत्तिको राम्रोसाग सुत्न (निदाउन) सक्नु हुन्छ ?	कहिल्यै पनि निदाउन सक्दिन.....० कहिलेकही निदाउन सक्छु.....१ सधैजसो निदाउन सक्छु.....२

DSRS 3	तपाईलाई कत्तिको रुन मन लाग्छ ?	कहिल्यै पनि रुन मन लाग्दैन.....० कहिलेकही रुन मन लाग्छ.....१ धेरैजसो रुन मन लाग्छ.....२
DSRS 4	तपाईलाई कत्तिको खेल्न मन लाग्छ ?	कहिल्यै पनि खेल्न मन लाग्दैन.....० कहिलेकहि खेल्न मन लाग्छ.....१ धेरैजसो खेल्न मन लाग्छ.....२
DSRS 5	तपाईलाई कत्तिको भाग्न मन लाग्छ ? (जहाबाट पनि जस्तैः स्कुल, घर, खेल्ने ठाउ आदि	कहिल्यै पनि भाग्न मन लाग्दैन.....० कहिलेकहि भाग्न मन लाग्छ.....१ सधैजसो भाग्न मन लाग्छ.....२
DSRS 6	तपाईको पेट कत्तिको दुख्ने गर्छ ?	कहिल्यै पनि दुख्दैन.....० कहिलेकहि दुख्छ.....१ सधैजसो दुख्छ.....२
DSRS 7	तपाईलाई आफु कत्तिको जागरिलो छु जस्तो लाग्छ ? (उदाहरणकोलागी धेरैबेर काम गर्दा पनि नथाक्ने वा धेरैबेर पढ्न सक्ने आदि)	कहिल्यै पनि लाग्दैन.....० कहिलेकहि लाग्छ.....१ सधैजसो लाग्छ.....२
DSRS 8	तपाईलाई खानेकुरा देख्दा कत्तिको खाउखाउ लाग्छ ?	कहिल्यै पनि खाउखाउ लाग्दैन.....० कहिलेकहि खाउखाउ लाग्छ.....१ सधैजसो खाउखाउ लाग्छ.....२
DSRS 9	कसैले तपाईलाई वा अरु कसैलाई हेप्दा वा होच्याउदा उहालाई तपाईले आफ्नो कुरा कत्तिको बुझाउन सक्नु हुन्छ ?	कहिल्यै पनि सक्दिन.....० कहिलेकहि सक्छु.....१ सधैजसो सक्छु.....२
DSRS10	तपाईलाई आफ्नो जीवन कत्तिको बेकार जस्तो लाग्छ ?	कहिल्यै पनिबेकार लाग्दैन.....० कहिलेकहि बेकार लाग्छ.....१ सधैजसो बेकारलाग्छ.....२
DSRS11	तपाईलाई आफुले गरेको कामहरु कत्तिको राम्रो लाग्छ ?	कहिल्यै पनि राम्रो लाग्दैन.....० कहिलेकहि राम्रो लाग्छ.....१ सधैजसो राम्रो लाग्छ.....२
DSRS12	आफुले गरेको कामकुराहरुमा तपाई पहिले जति खुसी हुनुहुन्थ्यो अहिले पनि त्यति नै खुसी हुने गर्नु हुन्छ?	कहिल्यै पनि खुसी हुन्न.....० कहिलेकहि खुसी हुन्छु.....१ सधैजसो खुसी हुन्छु.....२
DSRS13	तपाईलाई आफ्ने परिवारसाग कुराकानी गर्न कत्तिको मन लाग्छ ?	कहिल्यै पनि मन लाग्दैन.....० कहिलेकहि मन लाग्छ.....१ धेरैजसो मन लाग्छ.....२
DSRS14	तपाईले नराम्रा वा डरलाग्दा सपनाहरु कत्तिको देख्ने गर्नु हुन्छ ?	कहिल्यै पनि देख्दिन.....० कहिलेकहि देख्छु.....१ सधैजसो देख्छु.....२
DSRS15	तपाईलाई आफु कत्तिको एक्लो छु जस्तो लाग्छ?	कहिल्यै पनि एक्लो लाग्दैन.....० कहिलेकहि एक्लो लाग्छ.....१ सधैजसो एक्लो लाग्छ.....२
DSRS16	तपाईलाई दुःख लागेपछि खुसी हुनलाई कत्तिको समय लाग्छ ?	धेरै समय लाग्छ.....० अलिअलि समय लाग्छ.....१ छोटो समय लाग्छ.....२

DSRS17	तपाईलाई सहनै नसक्ने गरी (असाध्यै) कत्तिको दुःख लाग्छ ?	कहिल्यै पनि दुःख लाग्दैन.....० कहिलेकहि दुःख लाग्छ.....१ सधैजसो दुःख लाग्छ.....२
DSRS18	तपाईलाई धेरै कुरामा आफ्नो ईच्छा हराएको जस्तो लाग्छ ? (जस्तै : रुचि, रहर वा चाहना)	कहिल्यै पनिलाग्दैन.....० कहिलेकहि लाग्छ.....१ सधैजसो लाग्छ.....२

Section E: Alcohol Use Disability Identification Test (AUDIT)

For Brahmins and Chhetries: हामीलाई यो थाहा छ कि हाम्रो परम्परा अनुसार बाहुन क्षेत्रीहरुले जाड-रक्सी खादैनन् तर आजकल धेरै जसोले खान थालेका छन् । हामी आफै त वाहुन क्षेत्री भएर पनि कुनै कुनै विशेष अवसरमा खान्छौं । त्यस्तै कतिपय हाम्रा बाहुन क्षेत्री साथीहरुले पनि खाने गरेका छन् । त्यसैले तपाईले पनि यदि खानुहुन्छ भने भनी दिनुहोला, यि जानकारीहरु अन्य कार्यकोलागी प्रयोग गरीने छैन।

ायच ाभ्कब भिस् हामीलाई थाहा छ कि महिलाहरु जाड-रक्सी खादैनन् तर आजकल उनीहरु मध्ये कतिले विशेष अवसर मा खान थालेका छन् । यदि तपाई पनि कहिलेकाहीं जाड-रक्सी खानहुन्छ भने भनी दिनुहोला, यि जानकारीहरु अन्य कार्यकोलागी प्रयोग गरीने छैन ।

AUDIT1	तपाईले जिवनमा कहिल्यै रक्सीजन्य पदार्थ पिउनु भएको छ ? (जस्तैः जाड, रक्सी, वियर, भोड्का, तोङ्गवा आदि)	छैन.....० Next Section छ.....१
AUDIT1	तपाईले गएको एक बर्षमा रक्सीजन्य पदार्थ (जस्तैः जाड, रक्सी, वियर, भोड्का, तोङ्गवा आदि) कत्तिको पिउनु भयो ? (जस्तैः जाड, रक्सी, वियर, भोड्का, तोङ्गवा आदि)	कहिल्यै पिइ न..... .....० प्रश्न नं. ६-१० मा जाने महिनामा १ पटक वा त्यो भन्दा कम.....१ महिनमा २-४ पटक.....२ हप्तामा २-३ पटक.....३ हप्तामा ४ पटक वा त्यो भन्दा बढि.....४
AUDIT1	तपाई प्रायजसो रक्सीजन्य पदार्थ पिउदा के पिउने गर्नुहुन्छ ?	जाड.....१ लोकल रक्सी.....२ वियर .....३ सिल प्याक (Hard drnk).....४
AUDIT2	तपाईले साधारणतया रक्सीजन्य पदार्थ.....पिउदा एक दिनमा कति पिउनु हुन्छ ? (उक्त परिणामलाई प्याकमा परिवर्तन गरि गोलो लगाउनुहोस् ।)	१ वा २.....०. ३ वा ४.....१ ५ वा ६.....२ ७ देखि ६.....३ १० भन्दा धेरै.....४

Brands	Unit	Quantity	Available Peg	Unit in Peg
Sealed Peg (Hard drinks)	1 Quarter	180 ML	6 Peg	30ML=1 Peg
Beer	1 bottle	750ML	3 Peg	250ML= 1 Peg
Jaad	1 mana	500ML	2.5 Peg	200ML= 1 Peg
Local Rakshi	1 Small tea glass	120 ML	2 Peg	60 ML= 1 Peg

AUDIT3	तपाई एक पटकमा २.५ मानाभन्दा बढी जाड वा ३ गिलास भन्दा बढी रक्सी वा २ बोतलभन्दा बढी बियर वा एक क्वाटर (a small bottle) भन्दा बढी भोड्काररम (आदि)कत्तिको पिउनु हुन्छ ?	कहिल्यै छैन.....० एक महिना भन्दा कम.....१ महिनै पिच्छे.....२ हप्तै पिच्छे.....३ सधै वा प्राय .....४ (यदि प्रश्न नम्वर २ र ३ जोड्दा ० भएमा प्रश्न नं. ६-१० मा जाने)
AUDIT4	गएको एक वर्षमा तपाइले रक्सीजन्य पदार्थ पिउन छोड्न (रोक्न) खोज्दा कत्तिको गाह्रो र अप्ठेरो भएको थियो?	कहिल्यै पनी भएको थिएन .....० एक महिना भन्दा कम भएको थियो.....१ महिनै पिच्छे भएको थियो.....२ हप्तै पिच्छे भएको थियो.....३ सधै वा प्राय भएको थियो.....४
AUDIT5	गएको एक वर्षमा तपाइले रक्सीजन्य पदार्थ पिएको कारणले साधारणतया आफुले गर्ने काम कत्तिको पुरा गर्न सक्नु भएन ?	सधै वा प्राय पुरा गर्न सके.....० एक महिना भन्दा कम पुरा गर्न सकिन.....१ महिनै पिच्छे पुरा गर्न सकिन..... ..... २ हप्तै पिच्छे. पुरा गर्न सकिन .....३ कहिल्यै पुरा गर्न सकिन ९सधै पुरा गर्न नसकेको० .....४
AUDIT6	गएको एक वर्षमा तपाईले अघिल्लो रात धेरै रक्सीजन्य पदार्थ पिउनु भएको कारणले भोली पल्ट बिहानै पिउनै पर्ने कत्तिको भएको थियो ?	कहिल्यै पनी गाह्रो भएन.....० एक महिना भन्दा कम गाह्रो भयो.....१ महिनै पिच्छे गाह्रो भयो .....२ हप्तै पिच्छे गाह्रो भयो .....३ सधै वा प्राय गाह्रो भयो.....४
AUDIT7	गएको एक वर्षमा तपाईले रक्सीजन्य पदार्थ पिउनु भएको कारणले गर्दा आफैलाइ कत्तिको दोषि (पश्चाताप) ठान्नु भयो ?	कहिल्यै पनी दोषि ठानीन..... .....० एक महिना भन्दा कम दोषि ठाने..... .....१ महिनै पिच्छे. दोषि ठाने ....२ हप्तै पिच्छे दोषि ठाने ....३ सधै वा प्राय दोषि ठाने ४
AUDIT8	गएको एक वर्षमा तपाईले रक्सीजन्य पदार्थ पिएको कारणले गर्दा अघिल्लो रातमा भएका कुराहरु सम्झन कत्तिको गाह्रो भयो ?	कहिल्यै पनी गाह्रो भएन..... .....० एक महिना भन्दा कम गाह्रो भयो..... .....१ महिनै पिच्छे गाह्रो भयो ....२ हप्तै पिच्छे गाह्रो भयो ....३ सधै वा प्राय गाह्रो भयो..... .....४

AUDIT 9	तपाईले रक्सीजन्य पदार्थ पिउनु भएको कारण तपाई वा अरु कोहीलाई चोटपटकलागेको वा घाईते भएको छ?	छैन.....० छ तर गएको वर्षमा होईन.....२ छ, हालै गएको वर्ष. (पोहोर साल).....४
AUDIT10	तपाइको नातेदार/साथी/डाक्टर वा अरु स्वास्थ्य कार्यकर्ताहरुले तपाइको पिउने बानीमा चासो दिएर नपिउनको लागी सल्लाह दिनु भएको थियो ?	दिएको छैन.....० छ तर गएको वर्षमा होईन.....२ छ, हालै गएको वर्ष (पोहोर साल)..... .....४

Section F: Suicidal Ideation and Action

अब म तपाईलाई आत्महत्याको अनुभवका वारेमा कुराकानी गर्न गईरहेको छु । कुराकानीका दौरान तपाईलाई केहि अप्ठ्यारो लाग्यो वा बुझ्नु भएन भने कृपया मलाई भन्नुहोला ।

S1	तपाईले आफ्नो जीवनमा कहिल्यै आत्महत्या गर्ने सोच, विचार वा प्रयत्न गर्नु भएको थियो /छ ? (विष, झुण्डेर वा हामफालेर)	थियो.....१ थिएन.....२	Next Section
S2	गएको १२ महिनामा तपाईले आत्महत्याको कुनै योजना बनाउनु भएको थियो होला?	थियो.....१ थिएन.....२	
S3	गएको १२ महिनामा तपाईले आत्महत्याको प्रयास गर्नु भएको थियो होला?	थियो.....१ थिएन.....२	
S4	तपाईलाई यसको लागी औषधी उपचारको आवश्यकता परेको थियो ?	थियो.....१ थिएन.....२	S7
S5	गएको १२ महिनामा तपाईले आत्महत्याको सोचाइ वा प्रयासको बारेमा कसैसाग कुरा गर्नु भएको थियो?	थियो.....१ थिएन.....२	
S6	तपाईले कोसाग कुरा गर्नु भएको थियो? (बहुउत्तर सम्भब छ)	साथी/छिमेकी.....१ श्रीमान्/श्रीमती.....२ अरु परिवारको सदस्य.....३ सहकर्मी.....४ धामीझाक्री.....५ स्वास्थ्य सेवा प्रदायक जस्तै. डाक्टर,नर्स, विशेषज्ञ.....६ अन्य(खुलाउने)	
S7	तपाईले आत्महत्याको सोचाई वा प्रयासको लागी कुनै उपचार लिनु भएको थियो?	थियो.....१ थिएन.....२	Next Session
S8	यदि थियो भने, कस्तो किसिमको उपचार लिनु भएको थियो वा उपचारकोलागी लगीएको थियो ?(अस्पताल, किल्नीक)	थियो.....१ थिएन.....२	

Section G: WHODAS II (12-ITEM INTERVIEWER ADMINISTERED VERSION)

यस खण्डमा म तपाईलाइ स्वास्थ्यको कारणले गर्दा मानिसमा आईपर्नसक्ने कठिनाइको बारेमा कुराकानी गर्न गई रहेको छु ।यहाँ स्वास्थ्य सम्बन्धी समस्या भन्नाले लामो समयसम्म रहने अथवा थोरै समयमै ठीक हुने विभिन्न रोगहरु, चोटपटकहरु, मनको समस्याहरु र जाडरक्सी वा लागुपदार्थ सेवन जस्ता कुराहरु पर्दछन् । यी प्रश्नका जवाफहरु दिंदा तपाईको स्वास्थ्य सम्बन्धी समस्यालाई सम्फन अनुरोध गर्दछौ । जब म तपाईलाई काम गर्दा परेको अप्ठ्यारोको बारेमा सोध्छु, त्यसबेला तपाईले यी कुराहरुको बारेमा सोच्नुहोस् । उत्तर दिंदा तपाईले गएको एक महिनालाई सम्झनुहोस् । गएको एक महिनामा सधैं जसोगर्ने कामकाज गर्दाखेरी तपाईंलाई कत्तिको अप्ठ्यारो परेको थियो, यसबारे सोचेर जवाफ दिनुहोस

। जवाफ दिंदा सोधिएको समस्याले गाह्रो हुदै भएन कि, अलिकति गाह्रो भयो कि, ठीकठिकै गाह्रो भयो कि, धेरै गाह्रो भयो कि, साह्रै गाह्रो भयो, त्यो भन्नुहोस्

H.1. गएको एक महिनामा तपाईंको स्वास्थ्य कस्तो थियो ?
धेरै राम्रो..... १
राम्रो २
ठीकै ३
नराम्रो.....४
धेरै नराम्रो.....५

गएको एक महिनामा तलका कुराहरु गर्न तपाईलाई कत्तिको गाह्रो भयो

S.1 लामो समयसम्म (जस्तै आधा घण्टासम्म) उभिईरहन कत्तिको गाह्रो भयो ?
गाह्रो हुदै भएन.....१
अलिकति भयो २
ठीकठिकै भयो.....३
धेरै गाह्रो भयो ४
धेरै गाह्रो भयो र केहि गर्ने सकिएन.....५

S.2 घरको कामकाज गर्न कत्तिको गाह्रो भयो?(जस्तै खाना पकाउन, लुगा धुन, खेतीको काम गर्न, काममा जान आदि)
गाह्रो हुदै भएन.....१
अलिकति भयो २
ठीकठिकै भयो.....३
धेरै गाह्रो भयो ४
धेरै गाह्रो भयो र केहि गर्ने सकिएन.....५

S.3 नयाँ काम वा सीप सिक्न जस्तै नयाा खाने कुरा बनाउने, नयाा ठाउामा जाने जस्तो कुरामा कत्तिको गाह्रो भयो ?
गाह्रो हुदै भएन.....१
अलिकति भयो २
ठीकठिकै भयो.....३
धेरै गाह्रो भयो ४
धेरै गाह्रो भयो र केहि गर्ने सकिएन.....५

S.4 गाउाघरमा हुने काममा अरुले जस्तै सहभागी हुन (जस्तै भोज भतेरमा जाादा, धार्मिक कामहरुमा वा अन्य काममा) कत्तिको गाह्रो भयो ?
गाह्रो हुदै भएन.....१
अलिकति भयो २
ठीकठिकै भयो.....३
धेरै गाह्रो भयो ४
धेरै गाह्रो भयो र केहि गर्ने सकिएन.....५

S.5 तपाईको स्वास्थ्य सम्बन्धी समस्याले तपाईको मनमा कत्तिको असर पाऱ्यो ?
असर हुदै भएन.....१
अलिकति भयो २
ठीकठिकै भयो.....३
धेरै असर भयो ४
धेरै असर भयो र केहि गर्ने सकिएन.....५

S.6 कुनै काम गर्न (दश मिनेटसम्म) ध्यान दिईरहनुपर्दा कत्तिको गाह्रो भयो ?
गाह्रो हुदै भएन.....१
अलिकति भयो २
ठीकठिकै भयो.....३
धेरै गाह्रो भयो ४
धेरै गाह्रो भयो र केहि गर्ने सकिएन.....५

S.7 लगातार लामो समय (जस्तै आधि घण्टा) सम्म हिड्नुपर्दा कत्तिको गाह्रो भयो ?
गाह्रो हुदै भएन.....१
अलिकति भयो २
ठीकठिकै भयो.....३
धेरै गाह्रो भयो ४
धेरै गाह्रो भयो र केहि गर्नै सकिएन.....५

S.8 तपाईलाई जिउ नुहाउन कत्तिको गाह्रो भयो ?
गाह्रो हुदै भएन.....१
अलिकति भयो २
ठीकठिकै भयो.....३
धेरै गाह्रो भयो ४
धेरै गाह्रो भयो र केहि गर्नै सकिएन.....५

S.9 कपडा (लुगा) लगाउन कत्तिको गाह्रो भयो ?
गाह्रो हुदै भएन.....१
अलिकति भयो २
ठीकठिकै भयो.....३
धेरै गाह्रो भयो ४
धेरै गाह्रो भयो र केहि गर्नै सकिएन.....५

S.10 आफुले नचिनेको मान्छेसाग ब्यवहार गर्नुपर्दा कत्तिको गाह्रो भयो ?
गाह्रो हुदै भएन.....१
अलिकति भयो २
ठीकठिकै भयो.....३
धेरै गाह्रो भयो ४
धेरै गाह्रो भयो र केहि गर्नै सकिएन.....५

S.11 साथीहरुसाग सम्बन्ध कायम राख्न कत्तिको गाह्रो भयो ?
गाह्रो हुदै भएन.....१
अलिकति भयो २
ठीकठिकै भयो.....३
धेरै गाह्रो भयो ४
धेरै गाह्रो भयो र केहि गर्नै सकिएन.....५

S.12 दैनिक कामकाज गर्न कत्तिको गाह्रो भयो ?
गाह्रो हुदै भएन.....१
अलिकति भयो २
ठीकठिकै भयो.....३
धेरै गाह्रो भयो ४
धेरै गाह्रो भयो र केहि गर्नै सकिएन.....५

H2 माथिका समस्याले समग्रमातपाईको जीवनमा कत्तिको समस्या पुऱ्यायो ?
समस्या हुदै भएन.....१
समस्या अलिकति भयो २
समस्या ठीकठिकै भयो.....३
समस्या धेरै भयो ४
समस्या धेरै भयो र केहि गर्नै सकिएन.....५

H3 गएको एक महिनामा माथि उल्लेखित समस्याहरुले तपाईलाई कति दिन अप्ठेरो पाऱ्यो ? दिन.....

H4 गएको एक महिनामा स्वास्थ्यको कुनै कारणले गर्दा कति दिनसम्म तपाईले सधैं गर्ने काम पटक्कै गर्न सक्नुभएन ? दिन.....

H5 गएको एक महिनामा माथि भन्नुभएको पटक्कै काम गर्न नसकेका बाहेक, अरु कति दिन स्वास्थ्यका कारणले सधैं गर्ने कामकाज कम गर्नुपरेको थियो ? दिन.....

Annex III: Checklist for in-depth Study

S.N.	Main Questions	Probing
१.	यस क्षेत्रमा आत्महत्या/आत्महत्याको प्रयासको अवस्थाका बारेमा केहि बताई दिनुहोस् ।	❖ कत्तिको मात्रामा यस्ता घटनाहरु हुने गरेका छन ❖ कत्तिको मात्रामा यस्ता घटनाहरु हुने गरेका छन ❖ जातिगत रुपमा अवस्था कस्तो छ ? ❖ लैङ्गिक रुपमा अवस्था कस्तो छ ? ❖ उमेर अनुसार अवस्था कस्तो छ ? ❖ आर्थिक स्थिती अनुसार अवस्था कस्तो छ ❖ पहिले र अहिलेको तुलनात्मक अवस्था कस्तो छ ? ❖ शैक्षिक स्थिती अनुसार अवस्था कस्तो छ जातिगत रुपमा अवस्था कस्तो छ ? ❖ लैङ्गिक रुपमा अवस्था कस्तो छ ? ❖ उमेर अनुसार अवस्था कस्तो छ ? ❖ आर्थिक स्थिती अनुसार अवस्था कस्तो छ ❖ पहिले र अहिलेको तुलनात्मक अवस्था कस्तो छ ? ❖ शैक्षिक स्थिती अनुसार अवस्था कस्तो छ
२.	तपाईको विचार तथा अनुभवका आधारमा मानिसहरुले आत्महत्या/ आत्महत्याको प्रयास गर्नुका कारणहरु के के होलान?	❖ आर्थिक ❖ सामाजिक/सामाजिक सहयोगमा कमी ❖ पढाईमा असफलता ❖ घरायसि झगडा/रिस ❖ प्रेममा धोका ❖ सारीरिक तथा मानसिक समस्या ❖ दिर्घ रोग ❖ रक्सि तथा लागुऔषधको प्रयोग ❖ द्वन्द/आघात जन्य घटना ❖ तनाव पुर्ण जीवन यापन ❖ भविष्य प्रतिको चिन्ता ❖ धार्मीक आस्था ❖ सामाजिक प्रतिष्ठा ❖ लाञ्छना तथा विभेद ❖ परिवारमा आत्महत्याको प्रयासको अवस्था ❖ अन्य
३.	तपाईले चिन्नुभएको .....व्यक्तिले आत्महत्या/ आत्महत्या को प्रयास गर्नुभएको रहेछ त्यसको बारेमा बताई दिनुहोस् न ?	❖ बसोबास क्षेत्र ❖ उमेर ❖ लिङ्ग ❖ जात ❖ धर्म ❖ पेशा ❖ शैक्षिक अवस्था ❖ पारीवारिक अवस्था ❖ घर परिवारका सदस्यहरु विचको सम्वन्ध ❖ वैवाहिक स्थिती ❖ शारीरिक तथा मानसिक अवस्था ❖ साथिभाई संगको सम्वन्ध ❖ बानी ब्यहोरा ❖ उहाँको लक्ष्य तथा उद्देश्य

४.	उहाले आत्महत्या/ आत्महत्याको प्रयास गर्नु पुर्व के कस्ता किसिमका लक्षणहरु देखाउनु भएको थियो ?	❖ चिन्ता लिने ❖ टोलाउने ❖ एक्लै वस्न मन गर्ने ❖ झर्किने/रिसाउने ❖ लागु पदार्थको सेवन गर्ने ❖ अनावस्यक कुरा गर्न/वेसुरमा वोल्ने ❖ अन्य
५.	तपाईलाई भएको जानकारीका अधारमा उहाले आत्महत्या/ आत्महत्याको प्रयास गर्नुका कारणहरु के-के रहेका छन् ?	❖ आर्थिक ❖ सामाजिक/सामाजिक सहयोगमा कमी ❖ पढाईमा असफलता ❖ घरायसि झगडा/रिस ❖ प्रेममा धोका ❖ सारीरिक तथा मानसिक समस्या ❖ दिर्घ रोग ❖ रक्सि तथा लागुऔषधको प्रयोग ❖ द्वन्द/आघात जन्य घटना ❖ तनाव पुर्ण जीवन यापन ❖ भविष्य प्रतिको चिन्ता ❖ धार्मीक आस्था ❖ सामाजिक प्रतिष्ठा ❖ लाञ्छना तथा विभेद ❖ परिवारमा आत्महत्याको प्रयासको अवस्था ❖ अन्य
६.	उहाले आत्महत्या/ आत्महत्याको प्रयास गर्नु पुर्व वताएको वा व्यक्त गरेका कुनै कुराहरुका बारेमा जानकारी छ भने बताई दिनुहोस् न् ।	
७.	उहाले आत्महत्या/ आत्महत्याको प्रयास कसरी गर्नुभयो ?	❖ कस्ता कस्ता प्रयास भए ❖ कति पटक सम्म भए
८.	उहाको आत्महत्या/आत्महत्याको प्रयासलाई समुदायले कसरी लिएको छ ?	❖ आत्महत्या गर्ने/प्रयास गर्ने व्यक्ति प्रति ? ❖ आत्महत्या गरेका व्यक्तिको घर परिवार प्रति ? ❖ लाञ्छना तथा विभेदको अवस्था कस्तो छ
९.	उहाको आत्महत्या/ आत्महत्याको प्रयासको कारणले घरपरिवार तथा समुदायमा पारेको असर का बारेमा बताई दिनुहोस् ।	❖ घरपरिवार तथा छोराछोरीमा ? ❖ समुदायमा ? ❖ साथिभाईमा ?
१०.	उहाँको आत्महत्याको प्रयास पछि सहयोगका लागि कहाँ लगिया?	❖ कुनै संघ संस्था ❖ परामर्श केन्द्र ❖ स्वास्थ्य केन्द्र ❖ प्रहरी ❖ अन्यत्र कतै
११.	आत्महत्याको सोच/प्रयासलाई कम गर्नका लागि तपाईको समुदायमा के कस्ता सुविधाहरु उपलब्ध छन् ? (परामर्श कार्यक्रम, परामर्श केन्द्र,पुनस्थापना केन्द्र, मनोसामाजिक सहयोग,धामी झाक्री को सहयोग अन्य स्वास्थ्य कार्यक्रम आदिका बारे मा प्रोव गर्ने)	❖ कस्ता सेवाहरु छन ? ❖ कसले उपलव्ध गराउदै आएको छ ? ❖ यस्तो समस्याको समाधानका लागि मानिसहरु कहाँ जाने अथवा लैजाने गरीएको छ ?

१२.	आत्महत्याको सोच/प्रयासलाई कम गर्नका लागि घरपरिवार, व्यक्ति,समुदाय तथा सर कारले के कस्ता प्रयासहरु गरेको पाउनु हुन्छ ?	❖ ❖ ❖ ❖ ❖ ❖ ❖ ❖	आफैले के गर्दछन् ? घरपरिवरले के गर्छ ? समुदायले के गर्छ ? सरकारले के गर्छ ? विद्यालयले के गर्छ ? संचार माध्यमले ? साथिभाईले के गर्छन् ? अन्यले.....?
१३.	समुदायमा देखिएका यस्ता आत्महत्या सम्वन्धि समस्यालाई कम गर्नका लागि के गर्नु पर्दछ होला ?	❖ ❖ ❖ ❖ ❖ ❖ ❖ ❖	घरपरिवारले समुदायले विद्यालयले साथिभाई ले सरकारी स्तरबाट NGO/INGO हरुले स्वास्थ्य कर्मिले अन्यले
१४.	तपाई ले भन्नुभए जस्ता कार्यक्रम संचालन गर्न कत्तिको सम्भव होला ?	❖	सम्भावित चुनौती हरु के-के होलान ?

Annex IV: KII Checklist

Background Information: नाम, ठेगाना, उमेर, पेशा,पेशा गरेको अनुभव, शैक्षिक अवस्था

Topics	Main Questions	Probing
Situation of Suicide	१. यस क्षेत्रमा आत्महत्या/आत्महत्याको प्रयासको अवस्थाका बारेमा केहि बताई दिनुहोस् ।	❖ कत्तिको मात्रामा यस्ता घटनाहरु हुने गरेका छन ❖ जातिगत रुपमा अवस्था कस्तो छ ? ❖ लैङ्गिक रुपमा अवस्था कस्तो छ ? ❖ उमेर अनुसार अवस्था कस्तो छ ? ❖ आर्थिक स्थिती अनुसार अवस्था कस्तो छ ? ❖ पहिले र अहिलेको तुलनात्मक अवस्था कस्तो छ ? ❖ शैक्षिक स्थिती अनुसार अवस्था कस्तो छ ?
	२. कस्ता कस्ता प्रकृतिका आत्महत्या वा आत्महत्याका प्रयासहरु हुने गरेका छन् ?	❖ विषको सेवन ❖ झुण्डीएर ❖ हतीयारको प्रयोग ❖ हामफालेर ❖ अन्य
Causes of Suicide	३. तपाईको विचार तथा अनुभवका आधार मा मानिसहरुले आत्महत्या/ आत्महत्याको प्रयास गर्नुका कारणहरु के-के होलान ?	❖ आर्थिक ❖ सामाजिक/सामाजिक सहयोगमा कमी ❖ पढाईमा असफलता ❖ घरायसि झगडा/रिस ❖ प्रेममा धोका ❖ सारीरिक तथा मानसिक समस्या ❖ दिर्घ रोग ❖ रक्सि तथा लागुऔषधको प्रयोग ❖ द्वन्द/आघात जन्य घटना ❖ तनाव पुर्ण जीवन यापन ❖ भविष्य प्रतिको चिन्ता ❖ धार्मीक आस्था ❖ सामाजिक प्रतिष्ठा ❖ लाञ्छना तथा विभेद ❖ परिवारमा आत्महत्याको प्रयासको अवस्था ❖ अन्य
Perception about Suicide	४. आत्महत्या/आत्महत्याको प्रयासका घटनालाई समुदायले कसरी लिएको छ ?	❖ आत्महत्या प्रयास गर्ने व्यक्तिलाई ? ❖ आत्महत्या गरेका व्यक्तिको घर परिवारलाई ❖ लाञ्छना तथा विभेदको अवस्था कस्तो छ ? ❖ आत्महत्या गर्ने घरपरिवारलाई लगाईने लाञ्छनाको अवस्था कस्तो छ ?
Effect of suicide	५. आत्महत्या/आत्महत्याको प्रयास को कारणले घरपरिवार तथा समुदायमा पारेको प्रभाव कस्तो छ ?	❖ घरपरिवारमा ? ❖ समुदायमा ? ❖ साथि भाईमा ?

	६. आत्महत्याको सोच/प्रयासलाई कम गर्नका लागि तपाईको समुदायमा के कस्ता सुविधाहरु उपलब्ध छन् ? (परामर्श कार्यक्रम, परामर्श केन्द्र,पुनस्थापना केन्द्र, मनोसामाजिक सहयोग,धामी झाक्री को सहयोग अन्य स्वास्थ्य कार्यक्रम आदिका बारेमा प्रोव गर्ने)	❖ कस्ता सेवाहरु छन ? ❖ कसले उपलब्ध गराउादै आएको छ ? ❖ यस्तो समस्याको समधानका लागि मानिसहरु कहाा जाने अथवा लैजाने गरीएको छ
Resources and services	७. आत्महत्याको सोच/प्रयासलाई कम गर्नका लागि घरपरिवार, व्यक्ति,समुदाय तथा सरकारले के कस्ता प्रयासहरु गरेको पाउनु हुन्छ ?	❖ आफैले के गर्दछन् ? ❖ घरपरिवरले के गर्छ ? ❖ समुदायले के गर्छ ? ❖ सरकारले के गर्छ ? ❖ विद्यालयले के गर्छ ? ❖ संचार माध्यमले ? ❖ साथिभाईले के गर्छन् ? ❖ अन्यले.....?
Recommendation	८. समुदायमा देखिएका यस्ता आत्महत्या सम्बन्धि समस्यालाई कम गर्नका लागि के गर्नु पर्दछ होला ?	❖ घरपरिवारले ❖ समुदायले ❖ विद्यालयले ❖ साथिभाईले ❖ सरकारी स्तरबाट ❖ ल्इरक्ल्न्इ हरुले ❖ स्वास्थ्य कर्मिले ❖ अन्यले
	९. तपाई ले भन्नुभए जस्ता कार्यक्रम संचालन गर्न कत्तिको सम्भव होला ?	❖ सम्भावित चुनौती हरु के-के होलान ?

Annex V: Suicide rate among eastern districts of Nepal

Total population as per census 2011	Suicides	Fiscal year	Suicide rate per 100000 population
Ilam			
64502	75	2070/71	116.2754643
64502	79	2069/70	122.4768224
64502	76	2068/69	117.8258039
Jhapa			
184552	228	2070/71	123.5424162
184552	163	2069/70	88.32199055
184552	203	2068/69	109.9960987
Panchathar			
41196	16	2070/71	38.83872221
41196	11	2069/70	26.70162152
41196	13	2068/69	31.55646179
Taplejung			
26509	20	2070/71	75.44607492
26509	17	2069/70	64.12916368
26509	12	2068/69	45.26764495
Morang			
213997	100	2070/71	46.72962705
213997	128	2069/70	59.81392263
213997	147	2068/69	68.69255176
Sunsari			
162407	124	2070/71	76.35138879
162407	92	2069/70	56.64780459
162407	113	2068/69	69.57828172
Dhankuta			
37637	20	2070/71	53.13919813
37637	28	2069/70	74.39487738
37637	23	2068/69	61.11007785
Bhojpur			
39419	37	2070/71	93.86336538
39419	27	2069/70	68.49488825
39419	26	2068/69	65.95804054
Terhathum			
22094	19	2070/71	85.99619806
22094	23	2069/70	104.1006608
22094	12	2068/69	54.31338825
Sankhuwashaba			
34624	36	2070/71	103.974122

34624	22	2069/70	63.53974122
34624	31	2068/69	89.53327172
Saptari			
121098	56	2070/71	46.24353829
121098	55	2069/70	45.41776082
121098	69	2068/69	56.97864539
Siraha			
117962	86	2070/71	72.90483376
117962	63	2069/70	53.40702938
117962	71	2068/69	60.18887438
Udayapur			
66557	56	2070/71	84.13840768
66557	65	2069/70	97.66065177
66557	57	2068/69	85.64087925
Okhaldhunga			
35502	26	2070/71	73.23531069
35502	31	2069/70	87.31902428
35502	19	2068/69	53.51811166
Khotang			
42664	48	2070/71	112.5070317
42664	30	2069/70	70.31689481
42664	20	2068/69	46.87792987
Solukhumbu			
23785	38	2070/71	159.7645575
23785	38	2069/70	159.7645575
23785	34	2068/69	142.9472357

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