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Suicide attempts and death by suicide among male and female Israeli Druze

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Abstract

Objective: This study aimed to investigate gender and age differences among Druze who attempted suicide or died by it.

Methods: Data on Jews, Bedouins and other Arabs were extracted from the publications of the Central Bureau of Statistics. Data on Druze suicides were received from the ministry of health, using the same definitions as for the CBS data. Suicide attempt data were retrieved from the National Emergency Room Admissions Database which includes records of all admissions to Israeli hospital emergency rooms (ER). Data on suicide attempts that did not reach an ER were thus not included. Age-adjusted rates were calculated using the 2009 census totals for the Israeli population.

Results: Between the years 2001-2017, there were 117 deaths by suicide among the Druze population of all ages, of those, 91.4% ($n = 107$) males. The five-year mean suicide rate per

100,000 Israeli persons, in the Druze community is higher than in the other Arab groups. Additionally, male suicide rates are much higher than female ones. Regarding suicide attempts, while in the 15-24 year age-group male rates are almost four times those of females', in the 25-44 year age-group female rates are higher. The rate of suicides and suicide attempts in the 15-24 year group was particularly high amongst Druze.

Conclusion: Stigma and pressure to hide suicidal behaviors remain potent in the Druze community. Significant differences were found between genders. This study's results underscore the urgent need to investigate the risk for suicide among Druze and act to prevent it. A nationwide initiative should target suicidal behavior and establish prevention and intervention programs.

Keywords: Druze, suicide, suicide attempt, male, female

Introduction

A culturally specific approach that examines the interrelationship between cultural and religious affiliation, gender and age is important to the understanding of suicidal behavior in a country such as Israel^[1]. It is known from previous studies that culture plays a role in the shaping of factors that promote or protect against suicide^[2]. Awareness of and sensitivity to the common risk factors and contributors to suicide in various cultural and ethnic groups are important in addressing suicide risk and in formulating treatment strategies^[1, 3]

Israel is a mosaic of ethnic groups, with a total population of about 9.3 million, the majority of which are Jewish (74.2%), 20.9% are Arab and 5% others^[4]. Most Arabs living in Israel are non-Bedouin Muslims (71%; from here-on Muslims to differentiate from Bedouin Muslims), with the rest consisting of Christians (7%)^[5], Bedouin Muslims (14%; from here-on Bedouins)^[6] and Druze 7.6 %^[7].

In Israel, suicide rates are higher among Jews than among any of the Arab groups^[3, 8] Among Arabs, Druze males had the highest rates of both suicide (8.7 per 100,000 Israeli persons (IP)) and attempted suicide^[3]. The rates of suicide and suicide attempts among Arab youths aged 15-24 have been declining however, since 2005^[8].

The reasons for suicide and suicide attempts vary, but mental illness^[9] and refraining from seeking help when in distress^[10] are the main ones and they are interrelated^[11]. The phenomenon of people from minority groups utilizing much less mental health services than people from the dominant culture is well-known^[12-16].

Cultural-religious affiliation may offer a set of beliefs and a socially supportive community that provide a sense of hope and protect against distress and suicidality^[2]. These factors are crucial in the assessment of suicide risk and for the planning of both prevention and intervention. However, seeking medical help, the attitude to mental illness, and cope with psychological distress

are expressed differently in different cultures [17-19]. Personal perspectives and responses to mental health problems are highly affected by society, religion, local norms, traditions, values and beliefs [20]. As a result, some cultures may view somatic expressions of mental issues as fate or part of a predestined reward and punishment system, thus making them more likely to remain undiagnosed and untreated [21]. A recent Israeli study that examined brief and immediate interventions following suicide attempts, found that the percentage of Druze among program participants was higher than their proportion in the general population. Yet the Druze expressed less willingness to complete the full intervention program [22]. In the Arab population, 17% of reported suicides were in the 15-24 year age-group, compared to 11% in the equivalent age-group in the Jewish population. Among young Druze males the rates of death by suicide are notably higher than they are in other Arab groups [3].

The Druze religion and culture

The Druze are a religious group that emerged from the Ismailiyah movement in Islam, in the 11th century, but do not identify themselves as Moslem. Most Druze live in the Middle East and are concentrated in four countries: Syria, Lebanon, Jordan and Israel.

Druze are a fairly small group within the overall Arab minority, but distinct from other Arab groups in religion and culture. In 1957 the Israeli government formally recognized the Druze as a distinct community, thus enabling its members some self-governance and self-organization according to Druze religious principles and tradition. The Druze are unique among the Arab minorities in Israel in accepting and joining the Zionist philosophy and ideals. They joined Israeli political and community activities, are loyal to the state and constitute the only Israeli Arab minority that chose to be drafted into compulsory army service just like their Jewish peers.

The Druze religion is based primarily on a neo-Platonic philosophy, with few practical commandments (e.g., fasting, pilgrimage, days of rest), and does not feature ritual sacrifice. There is one God, omnipresent at all times, and he is the basis of humanity. An important principle of Druze religion is al-arfan, namely knowledge of the truth. Worldly life is but a dream - an illusion, and the Druze believer must aspire to go past the ordinary, ephemeral existence and discover the truth beyond it [23].

Beliefs in reincarnation, destiny, and divine justice are important elements of Druze theology. The essence of reincarnation is the passing of the deceased's soul into the body of a newborn Druze. Over time, each soul experiences all aspects of life, such as wealth and poverty, high and low social status and health and illness. Druze are expected to follow seven religious directives including protecting and helping community members in need and accepting God's will. [23].

Druze's social exposure and involvement in general society often add complexity to their cultural identity [24]. Despite being fully involved and engaged in Israeli society, most Druze choose to live in 17 geographically isolated and ethnically homogeneous villages in Northern Israel [25]. There is a close-knit community that resists assimilation and does not accept new converts into the religion. Marriage can

therefore be only endogamous [25]. Despite influences of the Western civilization, the Israeli Druze manage to preserve their traditions and maintain their historical uniqueness and exclusivity quite successfully.

Still, military service in the Israel Defense Forces (IDF) has become economically central for many young Druze and more than 40% of male breadwinners make their living as career soldiers in the various Israeli armed forces [23].

A study among Druze students found that while 46 of the 50 participants considered themselves Israeli, the significance of their Israeli identity ranged from "just a geographic location" to expressing a strong bond to the state and the Jewish people. Forty-seven considered their service in the IDF as having shaped their identity most significantly. They also, reported however, that their service in the IDF was detrimental to their identity as Arabs since amongst non-Druze Israeli Arabs IDF service is viewed negatively, even to the point of being considered a betrayal of the Arab cause. Many Druze therefore report feeling excluded from the Arab collective [23]. For young Israeli Druze men (but not women), IDF service is compulsory, as it is for young Israeli Jews of both genders. Meanwhile for other Arabs IDF service is a choice which they may join voluntarily or chose not to join, without any consequences [26].

Objectives

The current study is a follow-up to a previous study by the authors, on suicide attempts among IDF soldiers [26]. The rate of suicide attempts among Druze soldiers was found to be significantly higher than among Jewish soldiers. Paradoxically, Druze soldiers were diagnosed less frequently with psychiatric disorders than their Jewish counterparts. It was also found that compared to Jewish soldiers the longer the time to diagnosis among Druze the higher the severity at the time of diagnosis, thus increasing the risk of the suicide attempt [26]. Since Druze women do not enlist in the army, the population of the study included only male soldier.

Gender and age are well known risk factors for suicide and suicide attempts [27]. Significantly more men than women die by suicide [28], while suicide attempts are more common among women than among men [27]. The onset of suicide ideation typically occurs during early adolescence [29]. It is therefore essential to understand whether gender differences exist at an early age. While adult suicide rates remain stable, they have increased over the years among youths [30]. Amid 10-24 year olds, suicide is estimated to be the second leading cause of death worldwide [31], making it a significant public health concern among teenagers. In the various Arab groups possible differences by gender and age also warrant investigation.

The findings of the study presented above among soldiers, and the lack of information about gender and age differences regarding completed suicide and suicide attempts among the Israeli Druze population led the authors to the current study. As the differences among soldiers led the mental health professionals in the IDF to develop strategies for preventing suicide in Druze soldiers [26], investigating males and females and age are necessary for preventing suicidal behavior.

The present study is descriptive and compares rates of suicide and suicide attempts by gender and age, between Druze and

Bedouin, Muslim and Christian Arabs as well as Jews. This study aims to investigate gender and age differences among Druze who attempted suicide or died by it, as reflected in the available data.

2. Methods

2.1 Participants, design, settings and procedures

Data on Jews, Bedouins and other Arabs were extracted from the publications of the Central Bureau of Statistics (CBS). Data on deaths by suicide among the Druze were received from the Ministry of Health, the data were extracted and calculated using the same definitions and methods as for the CBS data.

The CBS publishes yearly statistical population data by age, gender, residence, and religious group as well as data on deaths, including completed suicides as recorded in formal death certificates.

Data on suicide attempts were extracted from the NERAD (National Emergency Room Admissions Database) which includes records of all admissions to Israeli hospital emergency rooms (ER). Suicide attempts were identified by the entry cause indicating "suicide attempt". The cases selected from the database were those that had been evaluated as suicide attempts (as opposed to non-suicidal self-injury) according to the criteria of the International Classification of Diseases- ICD 10th Edition (codes for suicide attempts X60-X84). It should be noted that the authors are fully aware that some suicide attempts never reach an ER and are thus not included in the NERAD. There is, however, no reliable way to collect information on these attempts and it is safe to assume that they result in minor physical injury, if any.

Age-adjusted rates of deaths by suicide and suicide attempts were calculated using the results of the 2009 Israeli

population census for ages 10 and up, as the total population.

2.2 Statistical Analyses

The Statistical Package for Social Sciences (SPSS, version 20.0 for Windows), was used for all analyses. Descriptive analyses of the data included mainly measures of central tendency and dispersion. The mean rate was not published with standard deviation; therefore, SD was not included in the tables. The Rates of suicide are presented in absolute numbers (Figure 1). There are five-year mean suicide rates per 100,000 IP for the years 2003-2017 comparing between Druze and other ethnic groups in Israel (Table 1). A comparison between the 2001-2009 period and the 2010-2017 period of Druze suicide rates per 100,000 IP by age-group, is also presented (Table 2).

The rates of suicide attempts are presented in absolute numbers (Figure 2) and include three-year mean rates per 100,000 IP for the years 2004-2018 (Table 3). Druze male and female three-year mean suicide attempt rates per 100,000 IP for the years 2004-2018 present in Figure 3.

3. Results

3.1 Deaths by Suicide

Among Druze civilians of all ages, there were 117 deaths by suicide between the years 2001-2017. Of those, 107 (91.4%) were men. The total male rates of deaths by suicide in the 15-24 and the 25-44 year age-groups were particularly high (43/107 and 41/107 correspondingly), as was the total female rate for the 25-44 year group (6/10). However, in 2007, deaths by suicide of males started decreasing, except for a relatively large increase between 2009 and 2010 (12 and 14 correspondingly). The data on Druze deaths by suicide, by age, gender and year are presented in Table 1.

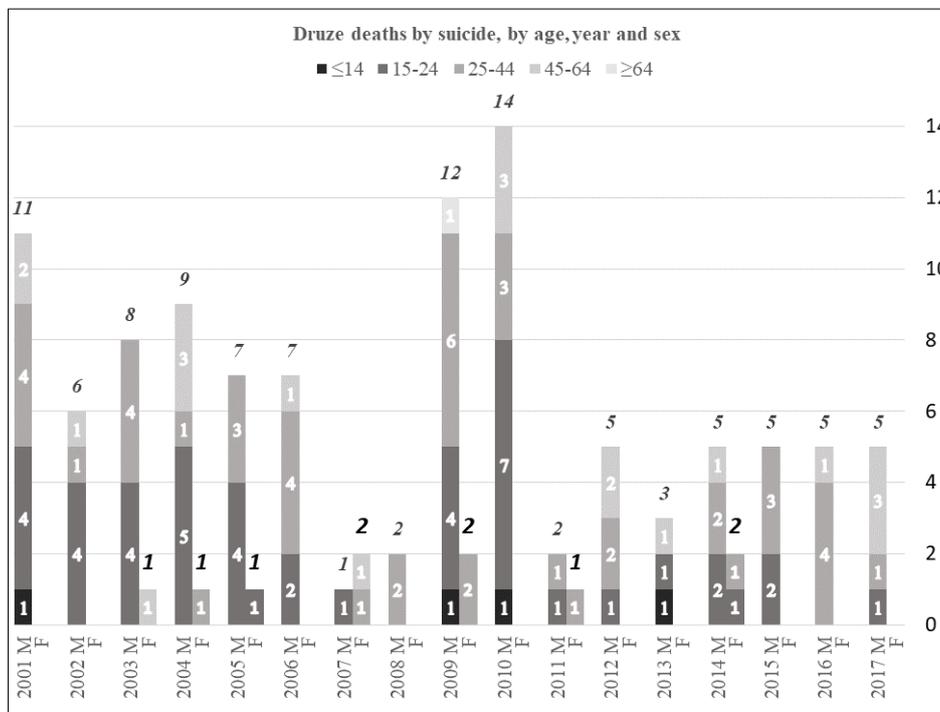


Fig 1: Druze deaths by suicide, by age, year and sex (M=male, F=female)

Table 1 shows 5-year mean suicide-rates per 100,000 IP among the Druze population and compares them to other groups. As can be seen in the table, the rates of Druze suicides are higher than those of other Arab populations. Compared to

the Jewish population the mean 5-year rate was somewhat higher among the Druze, but the trend reversed in approximately 2013. It should be noted that over the years, a decrease in suicide rates can be seen in the Druze population,

similar to the findings among young males, discussed above. This decrease in suicide rates can be seen also among all other groups.

Table 1: Five-year (2003-2017) mean suicide rates (per 100,000 Israeli persons) * of the Druze population, compared to other groups (only ages ≥15 years are included) π

| Year | Druze | Jews | Bedouins | Other Arabs |
|-----------|-------|------|------------------|-------------|
| 2003-2007 | 8.7 | 7.1 | 4.1 ^π | 2.9 |
| 2004-2008 | 6.9 | 6.8 | 4.1 ^π | 2.5 |
| 2005-2009 | 7.4 | 6.7 | 3.9 | 2.8 |
| 2006-2010 | 8.6 | 6.8 | 3.7 | 2.8 |
| 2007-2011 | 7.5 | 7.1 | 3.0 ^π | 2.4 |
| 2008-2012 | 7.7 | 7.5 | 3.1 ^π | 2.7 |
| 2009-2013 | 7.6 | 7.1 | 3.1 ^π | 2.8 |
| 2010-2014 | 6.0 | 7.0 | 3.2 ^π | 2.5 |
| 2011-2015 | 4.3 | 6.4 | 3.4 ^π | 2.0 |
| 2012-2016 | 4.6 | 6.3 | 3.1 ^π | 2.1 |
| 2013-2017 | 4.6 | 6.1 | 2.8 ^π | 1.8 |

Note. * Standardized for the Israeli population in 2009; πRate based on 5-19 cases, low statistical validity

As can be seen in Table 2, the suicide rates for the youngest age-group included in the table, namely, the 15-24 year age-group, was particularly high amongst Druze. It was almost three times that of native Israeli Jews in the 2001-2009 timeframe. Among the 45-64 year olds, native Israeli Jews had the highest rate. The lowest rates of suicide among all age-groups were in the Other Arabs group, with the Bedouins next.

Table 2: Comparison of suicide rates in the Druze population to those of other groups (per 100,000 Israeli persons)*

| Age-groups | | Mean num. of suicides per 100,000 Israeli persons | | | Total suicides |
|------------|-------------|---|------------------|------------------|----------------|
| | | 15-24 | 25-44 | 45-64 | |
| 2001-2009 | Jews | 5.0 | 6.1 | 9.1 | 1,362 |
| | Druze | 14.7 | 9.5 | 7.0 ^π | 70 |
| | Bedouins | 7.3 ^π | 3.9 ^π | - | 29 |
| | Other Arabs | 2.9 | 3.1 | 3.3 | 155 |
| 2010-2017 | Jews | 3.6 | 5.3 | 8.8 | 1,437 |
| | Druze | 8.0 ^π | 5.6 ^π | 6.1 ^π | 47 |
| | Bedouins | 2.1 ^π | 3.1 ^π | 3.8 ^π | 26 |
| | Other Arabs | 1.3 | 2.9 | 2.4 | 132 |

Note. * Standardized for the Israeli population in 2009; πRate based on 5-19 cases, low statistical validity

3.2 Suicide Attempts

The distribution of Druze suicide attempts by sex, year and age are presented in Figure 2. The total rates of suicide attempts over the study years, for both males and females are highest in the 15-24 year age-group. Notably, the male rate in this age-group is more than 23 times the next-highest rate among male age-groups (25-44 and 45-64 years) and nearly four times the rate of the same-age female group. Interestingly, among females, the rate of the 15-24 year age-group was nearly identical to that of the 25-44 year age-group (243 and 240 respectively). In the latter age-group, however the total female rate was about 6.5 times higher than the corresponding male rate, namely a reversed trend compared to the younger age-group.

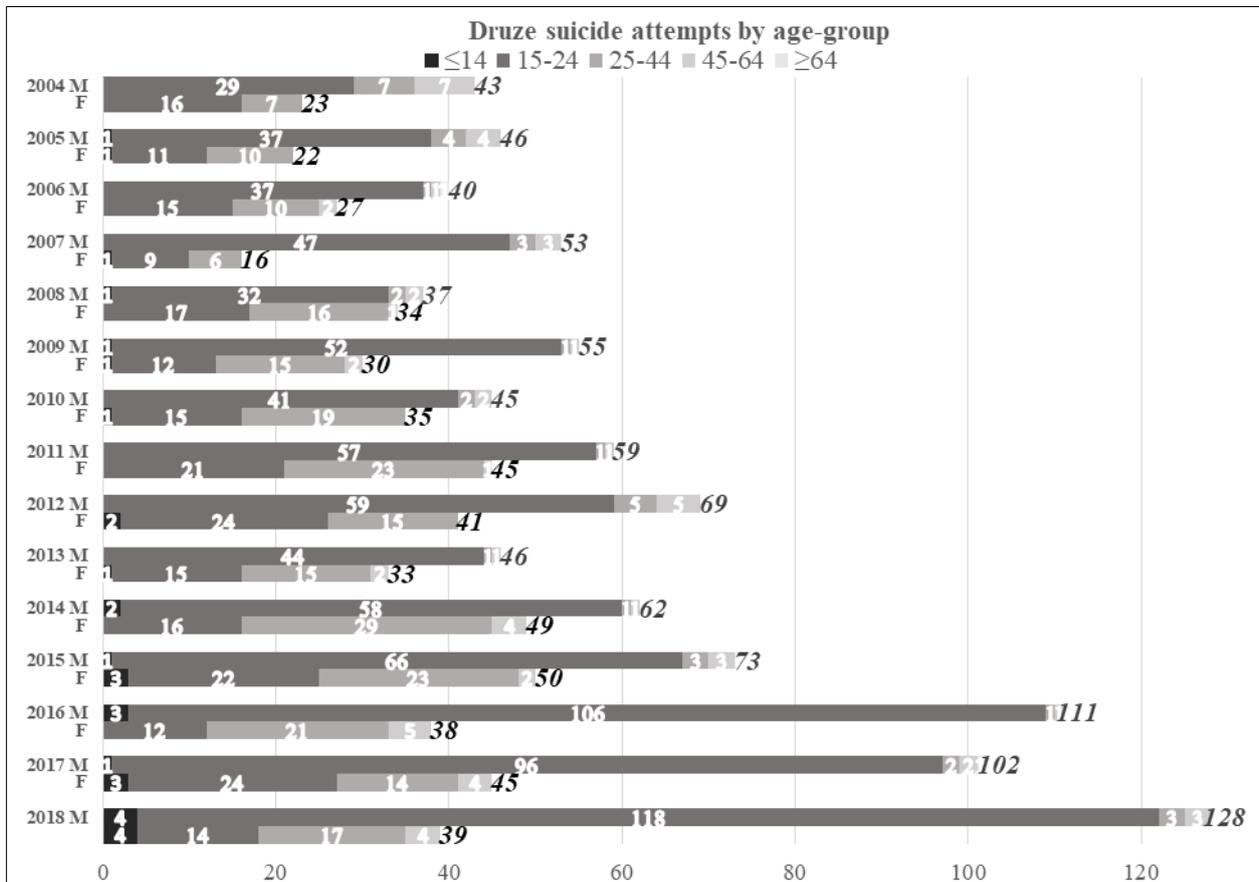
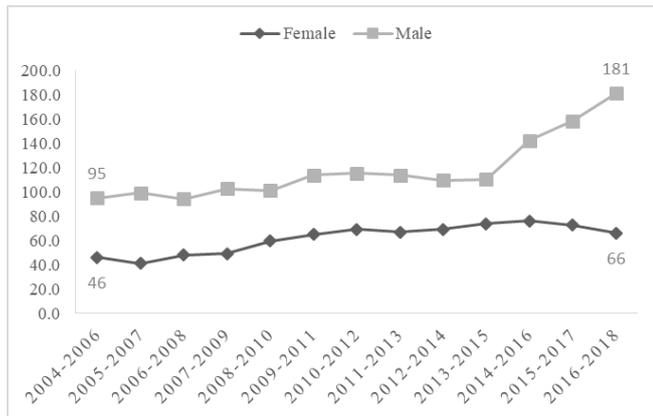


Fig 2: Yearly distributions of Druze suicide attempts by gender and age (N = 1,645)

As can be seen in Figure 3, the trend of suicide attempts among males has been increasing sharply over the last few years. Additionally, the rate of suicide attempts among males is significantly higher compared to females.



Note: * Standardized for the Israeli population in 2009

Fig 3: Druze male and female three-year mean suicide attempt rates per 100,000 Israeli persons* (aged 10 years or more), for the years 2004-2018

As shown earlier, the rates of suicide attempts among Druze were highest in the 15-24 age-group. As seen in Table 3, these rates were high compared to other population groups of similar age as well. For example, between the years 2016-2018 the rate of Druze suicide attempts in this age-group was approximately 2.5 times that of Jews of similar age.

Table 3: Three-year mean rates of suicide attempts (per 100,000 Israeli persons)*, of 15-24 year olds for 2004-2018. Comparison of Druze to other population groups

| | Druze | Jewish | Bedouin | Other Muslims | Christians Arabs |
|-----------|-------|--------|---------|---------------|------------------|
| 2004-2006 | 222.7 | 148.4 | 133.9 | 151.1 | 125.2 |
| 2005-2007 | 235.7 | 148.4 | 121.7 | 163.3 | 138.3 |
| 2006-2008 | 232.9 | 150.5 | 112.5 | 168.6 | 130.8 |
| 2007-2009 | 247.1 | 155.5 | 135.1 | 174.3 | 120.5 |
| 2008-2010 | 243.2 | 157.9 | 158.2 | 181.4 | 114.1 |
| 2009-2011 | 279.7 | 157.3 | 166.1 | 204.7 | 111.1 |
| 2010-2012 | 298.9 | 161.2 | 170.1 | 217.8 | 124.8 |
| 2011-2013 | 296.1 | 171.4 | 188.1 | 207.6 | 103.1 |
| 2012-2014 | 285.7 | 184.4 | 215.8 | 189.7 | 121.8 |
| 2013-2015 | 288.9 | 196.2 | 236.1 | 174.9 | 95.3 |
| 2014-2016 | 363.2 | 199.9 | 217.4 | 164.0 | 112.8 |
| 2015-2017 | 420.1 | 204.9 | 201.7 | 155.8 | 97.6 |
| 2016-2018 | 474.4 | 206.0 | 187.7 | 140.4 | 105.6 |

Note: * Standardized for the Israeli population in 2009

4. Discussion

The main findings in the current study revealed that compared to other Arab minority groups Druze rates of deaths by suicide and of suicide attempts were higher, particularly in the 15-24 year age-group. As is the case in other populations, the rate of death by suicide among Druze males is much higher compared to the rate among Druze females [32].

These findings are in line with the large surveys presented every year in Israel [8]. As mention above, among all Arab groups, Druze males had the highest rates of both suicide and attempted suicide [3]. Additionally, In Israel, suicide among Arabs between the years 2016-2018 was more common at younger ages compared to Jews and others in this time-

period. Six percent of Arab suicides were under the age of 15 compared to 1% among Jews and 18% of Arab suicides were in the 15-24 age-group compared to 10% among Jews [8].

Suicide attempt rates among women aged 25-44 years were higher. However, in the 15-24 year age-group the rates of male suicide attempts were almost four times those of the females'. This finding is surprising as it presents a completely different picture of the gender distribution in suicide attempts amongst Druze compared to other minorities. Israeli studies comparing the rates of suicide attempts between the genders in the general population as well as among minority groups persistently find that women of all ages attempt suicide more often than men [3, 33]. Israeli findings in the general population are in agreement with worldwide findings [8]. The findings in the 15-24 year Druze age-group therefore are contrary to the worldwide trend.

A possible explanation for these findings as regards male Druze may be related to their service in the Israeli army that forces upon them involvement in the Jewish society. They may thus feel that their male Arab identity and connection to their fellow Arabs are threatened [23].

As for the Druze females, on one hand, the majority fulfill their traditional roles thus maintaining their identity. On the other hand, Israeli Druze women live in a more modern society, where they are less controlled [3]. The combination of these two factors may serve to protect female Druze from suicide attempts. The high rate of suicide among Druze in Israel may be related to the paradox arising from Druze culture, religion, identity and allegiance to the State of Israel as well as the social conflict with modern society at large [24] as describe in detail in the Introduction. Even in the IDF the rate of Druze soldiers who died as a result of suicide was high compared to Jewish soldiers, as was the rate of suicide attempts among them. Both changed since 2006, following the implementations of a suicide prevention program that focused on the unique characteristics of minority groups such as the Druze, and was tailored to their needs [26, 34]. Prior to the initiation of the suicide prevention program being a Druze soldier constituted a fairly high risk factor for suicide, which declined substantially after initiating the program. A factor that may have contributed significantly to the success of the suicide prevention program may have been the fact that it increased mental health accessibility, especially for field units which is where most Druze soldiers serve [26].

The increase in male deaths by suicide observed in 2009-2010, is in line with the general trend observed in Israel during these years. The highest total absolute number of deaths by suicide among males in Israel (395) during the period 1985-2015 was recorded for the year 2010. Still, one should keep in mind that the numbers of suicides for the Druze population are very low, in this case a rise by only 2 and thus no conclusions can be drawn on trends within this population [35].

Another possible explanation to the findings of this study may be related in a round-about way to the Druze belief in reincarnation [36]. When a member of the Druze community dies, it is believed that the soul is immediately reborn in another Druze body [37]. These beliefs strengthen the Druze family and the community's social cohesiveness [38], but in some cases may increase the risk of suicide by reducing the finality of death, thus making it less fearful and lowering some inhibitions and barriers to suicide. The authors wish to emphasize at this point that in no way does the Druze religion

encourage or contribute to suicide. Rather, suicide is absolutely prohibited and is considered a violation of the basic tenets of the faith [3].

Two essential factors to be considered in relation to high rates of suicide are the presence of mental illness and avoidance of seeking help [9-11]. These two are known risk factors for suicidal behavior, especially among minority groups [13, 15-16]. In the earlier mentioned study by Shelef, Essami et al. [24] among soldiers, adjustment difficulties and psychiatric diagnoses was associated with a suicide attempt. The authors suggested that Druze soldiers, like other minorities and ethnic groups, may be hesitant about seeking assistance or using formal mental health services due to stigma, thus leading to underdiagnosis of underlying mental health issues. In addition, these soldiers also experience difficulties expressing their distress due to cultural differences between the Druze soldiers and the mental health officers and these are made worse by linguistic disparities, reflected in lower levels of Hebrew language fluency, compared to the Jewish soldiers [26, 39].

In some cases, however, religious faith and the traditional beliefs fulfill the role of mental health services. For example, after the 9/11 attack on the Twin Towers many New York Muslims turned to mosques and imams for help in coping with the mental stress caused by experiencing discrimination [17]. Hence, it is crucial to be acquainted with and understand people's culture and attitudes towards mental illness in order to be able to truly help them deal with distress. This holds true for young Druze men and especially for Druze women who live in a closed community with hardly any interactions with the world outside their villages [40-41].

Limitations

Limitations of this study include the fact that the analysis included only descriptive statistics for gender and age rather than including other demographic variables or other behaviors constituting risks for suicidality. Additionally, this study's findings should be viewed with caution due to the low absolute number of Druze suicides and suicide attempts which make analysis difficult and makes it nearly impossible to come to any conclusions regarding trends. A good example for this problem is represented by the increase in Druze male suicides in the years 2009-2010, which is statistically significant and yet consists of only 2 people. In addition, using only the NERAD database to identify suicide attempts may be somewhat incorrect since there may be cases that did not reach ERs due to mild or no physical injury and a desire to keep the suicide attempt hidden from the surrounding community. It is unfortunately, impossible to collect data on such suicide attempts. Still, this analysis of a small minority group with a less known and understood culture, within the Israeli population, may offer a meaningful contribution to the suicidology literature.

5. Conclusion

The findings of the current study underscore the urgent need to explore risk and prevent suicide within the Israeli Druze community, as the rates of deaths by suicide and suicide attempts are high in this population, compared to other minority groups or to the Jewish majority. More knowledge about Druze culture and religion is essential to understanding the suicide rates in this community. The study found, significant differences between genders and age-groups. These differences too, have to be further explored and

understood and initiatives put in place to overcome the stigma that leads to keeping suicidal behaviors hidden. A nationwide initiative should target suicidal behavior and establish prevention and intervention programs.

Author contributions

The study was designed by AB and LS. AB had had full access to all of the study's data and confirmed data integrity and data analysis accuracy. Data analysis and its interpretation and manuscript drafting were done collectively by the three authors: AB, NE, and LS. The final critical revisions of the manuscript were conducted by NE and LS.

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