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WORLD RANKING OF SUICIDE RATES

More than 720,000 people die by suicideevery year. For every suicide, there areapproximately 20 suicide attempts.

Measuring how many people die each yearand why they died is one of the most importanttools, along with assessing how illnesses andinjuries affect people. Statistical data on the causes of death helps health authorities to identifythe main directions of action in the field of publichealth.

One of the institutes providing data on thesuicide rate in the world is the World HealthOrganization (WHO). Founded in 1948, WHO isan agency of the United Nations that brings together countries to promote health, maintainglobal security, and provide services to vulnerablepopulations.

Differences between countries in suicideprevalence trends, as well as variability in indicators, characteristics, and methods of suicide, indicate the need to improve the coverage, quality, and timeliness of suicide data in eachcountry [1].

Suicidal behavior often occurs in situations of armed conflict, natural disasters, violence andbrutality, or due to the loss of a loved one andfeelings of loneliness. Other reasons may include the economic state of the country, social andcultural factors, access to medical care, and the level of alcoholism and drug addiction.

The suicide rate per capita is calculated as the number of officially registered deaths due to suicide per 100,000 people during the year.

The first place in the suicide rate in 2021 out of 184 countries, according to WHO, is occupiedby Lesotho (28.7), the second by South Korea (27.5) and the third by Eswatini (27.2).

Among the outsiders: Grenada (182nd place,0.64), Antigua and Barbuda (183rd place, 0.32)and Barbados (184th place, 0.31).

According to statistics, men commit moresuicides in the world, but Lesotho is an exception, where suicide is most often committed by women, especially among young people. The reasons areeconomic difficulties, lack of jobs and highHIV/AIDS levels, which exacerbate the state of hopelessness among young people. So, researchshows that many people see suicide as the onlyway out of their problems.

If we talk about the Republic of Belarus, ittakes 23rd place in the rating, and the indicator is16.49 people, while Russia takes 12th place withan indicator of 21.6 people. Comparing the EAEUmember states, Russia has the highest indicator, followed by Kazakhstan (18.05), Belarus, Kyrgyzstan (6.8) and Armenia (6.8) [2].

The figures show that there is a correlationbetween alcohol consumption and suicide rates inthe Republic of Belarus. Most people whocommitted suicide or attempted suicide had been abusing alcohol for at least a year before theirdeath.

In addition, citizens of the Republic of Belarus, as a rule, do not seek help or advice, because they are afraid of being included in the list of persons receiving psychiatric treatment, as a result of which about 90% of people whocommit suicide have never sought psychiatrichelp [3].

The big problem is that there is a significantshortage of high-quality data on suicide and self-harm in the world. Only about 80 WHOcountries-members have high-qualitydemographic registration data that can be used toassess suicide rates. The problem of poor qualityof mortality data concerns not only suicides, however, given the stigmatization of suicide, aswell as the illegal nature of suicidal behavior insome countries, suicide cases are not fullyrecorded more often than most other causes of death and are explained by other causes.

Conclusion

In countries with a high-quality civilregistration system that includes information oncauses of death, civil registration data was used,which Member States submit to the WHOdatabase on deaths, with adjustments wherenecessary, for example, in the case of underestimation of death data, unknown age andgender, as well as uncountably specific causes of death. For countries that do not have high-quality death registration data, estimates of causes of death are calculated using other data, includinghousehold surveys with verbal autopsies, selectiveor sentinel registration systems, and specialstudies.

REFERENCES

1. World Health Organization [Electronic resource]. – Access mode: https://www.who.int. – Access date: 25.02.2025.

2. Techinsider [Electronic resource]. – Access mode: