

## **Understanding the characteristics of suicide in Gunungkidul Regency, Yogyakarta, Indonesia: A retrospective analysis**

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### **Abstract**

*Purpose:* This research aims to identify the characteristics of suicide in Gunungkidul Regency, Yogyakarta.

*Method:* The approach used is a retrospective study, based on retrospective data obtained from the Gunungkidul Regency Resort Police in 2017–2022.

*Result:* The results of the analysis show that of the total 173 suicide cases, 53.2% occurred in the elderly group. The majority of suicide cases involved individuals working as farmers (72.3%), with the primary method used being hanging (100%). Motives for suicide varied, including chronic illness (23.7%), depression (10.4%), and a combination of physical illness and depression (6.9%).

*Conclusion:* Increasing access to social support, physical and mental health services in this area, as well as focusing more specifically on prevention efforts linked to recognizing suicide motives, are some of the implications of this research. Apart from providing health assistance to individuals experiencing depression, it also cultivates a new social culture that can effectively shield people from depression, loneliness, feelings of burdensomeness, and other issues.

**Keywords:** *gunungkidul; mental health; retrospective; suicide*

### **INTRODUCTION**

Efforts to understand and prevent suicidal behavior have been made throughout history. However, the WHO states that every year 703.000 people die by suicide, not including the number of those who are at risk of committing suicide or have suicidal ideation or thoughts, and those who try to harm themselves. From this data, the vulnerable age is in the range of 15 to 29 years, where men dominate, with 77% of cases occurring in low and middle-income countries. Meanwhile, attempts to poison oneself, hang oneself, and shoot oneself with a firearm are the popular methods chosen to do so (WHO, 2023). These concerns encourage global commitment through the MDGs and SDGs programs by promoting prosperity and health for all ages and striving to reduce premature deaths from non-communicable diseases to one-third of the annual average number of cases (Boerma & World Health Organization, 2015).

According to official police data in 2020, there were 640 suicide cases; in 2021, there were 629 cases; in 2022, there were 902 cases; and has increased 1,214 cases in 2023. The provinces of Central Java, East Java, Bali and the Special Region of Yogyakarta are the four largest contributors to suicide cases. However, according to Onie et al., to validate various national suicide report data, they found potential underreporting of

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suicide by 859.10%, or at least 303%, from official police data, with a range of 1 incident per 100,000 people. Onie et al., also estimate that the number of suicide attempts could reach 30 times the number of suicide cases. This gap occurs due to a number of barrier, especially the reluctance of families to report the death of a relative as suicide, health services normalizing the cause of death, or cases that the police cannot investigate due to the absence of suspicious reports (INASAP, 2022; Onie et al., 2023). However, this did not happen in Gunungkidul, DIY. Families report to the police when a member of their family dies by suicide. There is no refusal to report, even though they fully understand the consequences that will be received from their social group, namely taboo, and neighbors will not come to mourn for various reasons.

Apart from national or provincial cases, in Indonesia, it is known that there are a number of regions that consistently have high levels of suicide cases. One of them is Gunungkidul district in Yogyakarta Special Region (DIY) Province, with an accumulation from 1980 to 2022 of which 1.065 people died, or on average, every year there are 30 cases due to suicide. Gunungkidul residents believe that they who took their own life are caused by spirits. A sign will appear in the sky in the form of a ball of fire (*pulung gantung*) heading towards the house of the person who wants to suicide by hanging. This story or myth can be seen as a traditional understanding of the phenomenon of mental disorders, which may be rooted in cosmological or religious traditions held by local people, and may be an attempt to bury shame.

Various scientific research to understand the problem of suicide in Gunungkidul has been carried out since at least 1990 through Darmaningtyas' thesis from the Philosophy Department of Gadjah Mada University, until the latest studies which concluded that the main trigger for suicide was prolonged depression, those who died by suicide were dominated by men over 60 years old and the method used was hanging (Andari, 2018; Nurdiyanto & Jaroah, 2020; Purwaningsih et al., 2022; Santosa et al., 2017; Tentama et al., 2019). There is no difference in suicide trends before and after the COVID-19 pandemic in Gunungkidul (Nurdianto et al., 2022). Through the application of the Gender Analysis Pathway (GAP) method, Chusna et al., (2022) found the main factor that drives men in Gunungkidul close to suicidal behaviour because they are driven by a strong culture of masculinity regarding their responsibilities in public spaces (Chusna et al., 2022). Nurdiyanto and Jaroah (2020) also found that the high rate of suicide by men is based on social expectations. Although the relationship between economic factors and poverty has never been explored (Nurdianto & Jaroah, 2020).

Apart from these academic efforts, the regency government has also intensively handled suicide cases in Gunungkidul, for example, the 1992 Regional Regulation, which orders the prevention of suicide through local wisdom, namely *ruwatan*, a traditional ceremony to get rid of bad luck. However, data shows that this particular policy based on local wisdom have not been able to reduce the high rate of suicide (Rachmawati & Suratmi, 2020). Another regulation was taken in 2017. The regency government created a rapid response team for suicide prevention through Decree Number 121/KPTS/TIM/2017 by

mobilizing the community, conducting direct outreach, distributing modules, as well as guidelines for early detection and assistance to high-risk groups. This was further strengthened by Regent's regulation number 56 of 2018 concerning suicide prevention, and most recently Regent's regulation number 18 of 2022 concerning amendments to previous regulations regarding suicide prevention, one of which stipulates the formation of a TP-KJM or community mental health implementation team which works collaboratively, multi-disciplinary and cross-sectoral. However, even though these various regulations have been implemented, the number of suicide cases has not decreased.

As implied by Onie et al (2023), the issue of suicide is actually also related to the approach taken towards it. The poor quality of documentation on the etiological aspects of each case, attempt or act of suicide, not only results in the loss of actual data but also the understanding and prevention efforts that can be applied to it. In spirit but with different aims from this research, this study wants to conduct research on the suicide cluster in Gunungkidul, which includes descriptive analysis followed by critical analysis of retrospective data on suicide cases from 2017 to 2022 based on the Gunungkidul police investigation report.

## **METHOD**

The method used in this research is quantitative with a retrospective approach. It is based on reports that are not publicly available from the Gunungkidul police regarding suicide incidents from 2017 to 2022, also known as official government data. This record generally includes information regarding identity, cause of suicide, place of incident, and witnesses from a total of 173 cases. Data analysis was carried out by processing reports into suicide trend distribution diagrams and frequency tables based on characteristics such as gender, age, occupation, alleged reason for suicide, and suicide methods. A cross tabulation table is used to describe the distribution of suicide cases at the sub-district level based on age. Another analysis strategy is to present data in the form of a graphic map of the district to show an overview of the region based on the number of cases and the level of vulnerability to extreme weather.

## **RESULT**

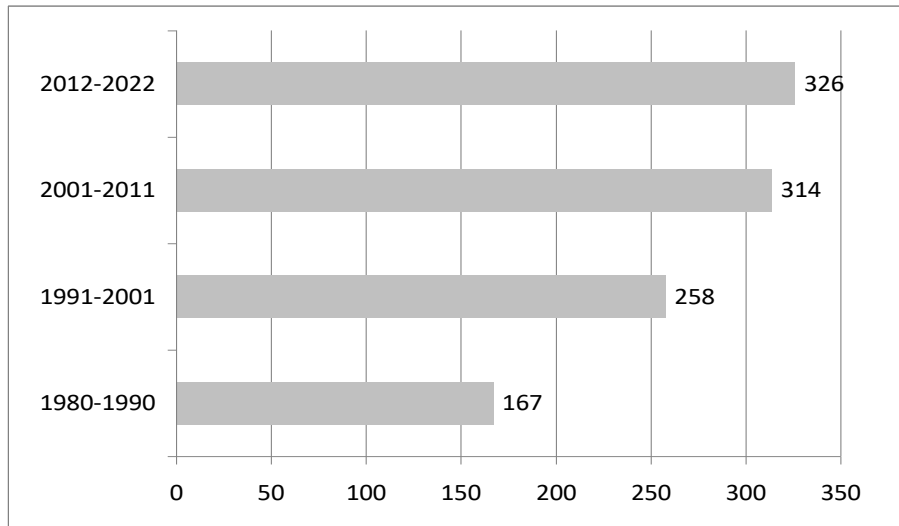
Several studies have revealed a concerning trend of increasing suicide cases in Gunungkidul Regency over the past decades. The data on suicide cases that I collected started from the 1980-1990 period, where 167 cases were documented. Subsequently, during the period 1991-2001, a total of 258 cases were recorded. A retrospective analysis of police data from various studies indicates that there were 314 cases between 2001-2011, and the number rose to 326 cases between 2012-2022. This data comes from police records published in various studies.

In general, the trend of suicide in Gunungkidul district has increased along with the population growth, which reached > 0.60% per year. From Graph 1, it can be seen that

the 10-year trend has not decreased, although it is sloping slightly in 2012 to 2022. This is triggered by the stable trend in the number of cases each year, which has an accumulative average of around 30 cases per year, as shown in Graph 2. The highest number of cases occurred in 2021, with 38 cases, while the lowest case occurred in 2014, with 18 cases.

**Graph 1**

*Ten Years Trend of Suicide Cases in Gunungkidul Regency*



**Graph 2**

*Suicide Cases in Gunungkidul Regency 2012-2022*

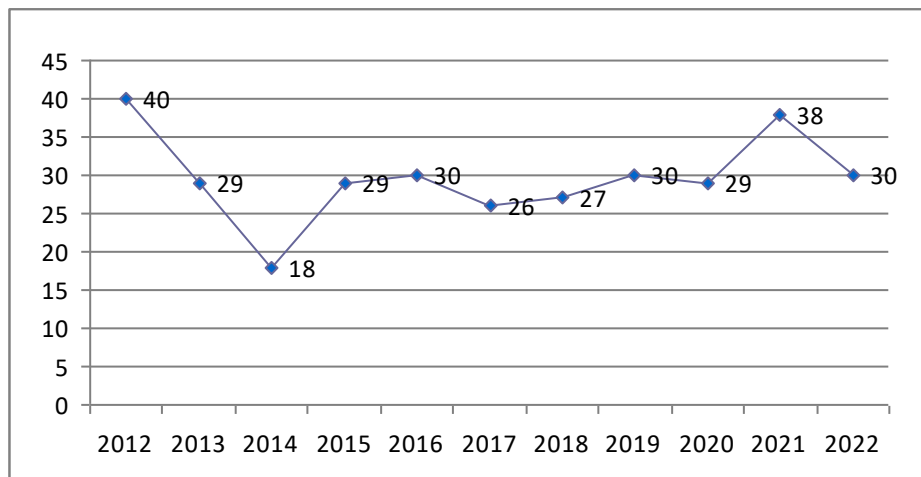


Table 1 shows a number of almost similar patterns from previous research, for example, in research findings (Nurdiyanto & Jaroah, 2020). Trends based on gender are still high, 1:2 for men, as well as the elderly (53.2%), farmer (71.4%), hanging (100%) and motives for suicide are; unknown (50.9%), chronic pain (23.7%), and depression (10.4%).

**Table 1**  
*Characteristics of Suicide in Gunungkidul Regency*

Characteristics	Total	
	Frequency (n)	Percentage (%)
<b>Gender</b>		
Man	121	69.9
Woman	52	30.1
<b>Age</b>		
Teenager	2	1.2
Early Adulthood	17	9.8
Mature	62	35.8
Elderly	92	53.2
<b>Work</b>		
Farmer	125	71.4
Private	21	12.0
Self-employed	6	3.4
Laborer	11	6.3
Housewife	5	2.9
Student	4	2.3
Other	1	.6
<b>Motives for Suicide</b>		
Depression	18	10.4
Chronic Pain	41	23.7
Pain and Depression	12	6.9
Family problem	5	2.9
Economy problem	5	2.9
Loss of Spouse	2	1.2
Romance	2	1.2
Not known	88	50.9
<b>Suicide Methods</b>		
Hanged oneself	173	100
Other	0	0

Table 2 shows that there are a number of sub-district areas that dominate during the 2017 to 2022. The five highest are in Semin (1,8 cases), Tepus (16 cases), Wonosari (14 cases), Playen (13 cases), and Karangmojo (12 cases). Regional trends appear unchanged from previous years, consistent with previous research (Andari, 2018; Nurdiyanto & Jaroah, 2020; Purwaningsih et al., 2022). Meanwhile, there are sub-district areas that do not have a high number of cases, such as Patuk (3 cases), Rongkop (3 cases), and Paliyan (5 cases). Suicide rate among working-age is pretty high, almost half of the total cases, although the highest contributors remain among the elderly (92 cases).

**Table 2**  
*Suicide in Gunungkidul Regency by District and Age*

Subdistrict	Age				Total
	Teenager	Early Adulthood	Mature	Elderly	
Gedangsari	0	1	6	4	11
Girisubo	0	0	1	7	8
Karangmojo	0	2	3	7	12
Ngawen	0	1	6	4	11
Nglipar	1	0	3	7	11
Paliyan	0	0	2	3	5
Panggang	0	0	4	5	9
Patuk	0	1	1	1	3
Playen	1	4	2	6	13
Ponjong	0	1	2	3	6
Purwosari	0	0	1	4	5
Rongkop	0	0	0	3	3
Saptosari	0	1	3	3	7
Semanu	0	0	6	3	9
Semin	0	1	7	10*	18
Tanjungsari	0	2	4	6	12
Tepus	0	0	7	9*	16
Wonosari	0	3	4	7	14
<b>Total</b>	<b>2</b>	<b>17</b>	<b>62</b>	<b>92</b>	<b>173</b>

## DISCUSSION

Suicide in Gunungkidul is a social (macro) fact. Other regions with similar or even worse characteristics do not produce the same number of cases. However, if we look more deeply, suicide cases in Gunungkidul are not evenly distributed throughout the region but are concentrated in a few areas (kapanewon). The data in Table 2 below is presented based on geographical location (Graph 3). Subdistricts with a high number of cases spread in a number of directions, such as Tepus (16 cases), which has characteristics of a coastal area, and Semin (18 cases), which is a rice field area bordering Sukoharjo and Wonogiri district in Central Java. Geographical conditions and the type of agriculture do not appear to contribute to the number of cases. Likewise, if we look at the proximity to urban areas, it appears that Gedang Sari, Ngawen, and Semin have a higher number of cases than Purwosari, Rongkop, or Paliyan.



Figure 1. Distribution of suicide cases in each district in Gunungkidul Regency 2017 – 2022.

Likewise with the climatic conditions, where Gunungkidul is synonymous with a long and extreme dry season, causing drought and barren land. In Figure 2, a data from MDMC (Muhammadiyah Disaster Management Center), if compared with Figure 1, regarding the distribution of suicide cases per sub-district, it can be seen that weather and land conditions cannot be used as a basis for variables that influence suicide cases in each sub-district accurately.

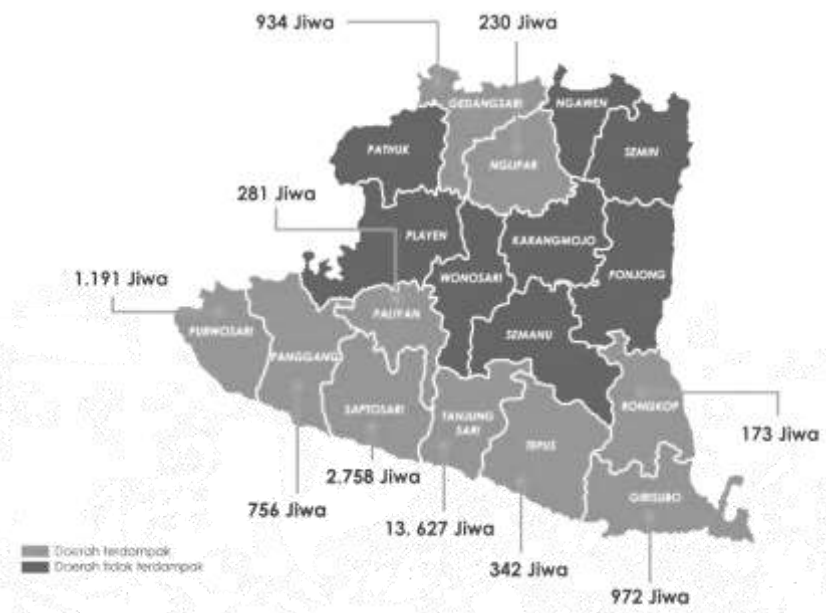
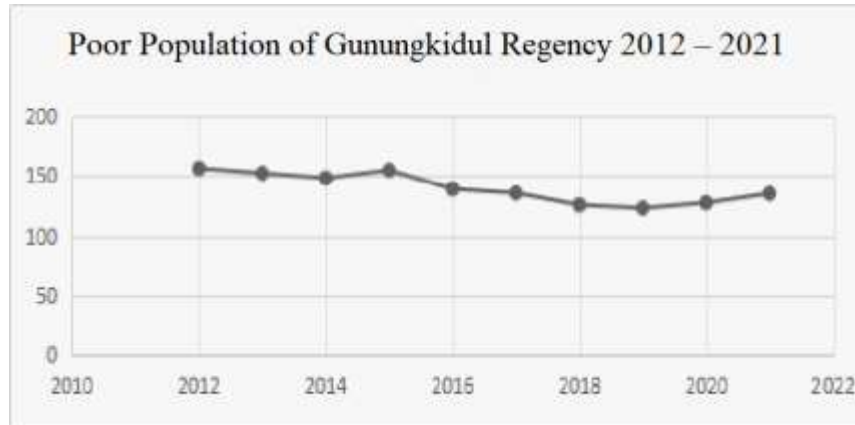


Figure 2. Gunungkidul Regency's clean water needs in 2023.

**Graph 3**

*Poor Population of Gunungkidul Regency 2012 – 2021*



Apart from geospatial and climate aspects, poverty in Gunungkidul cannot accurately trigger the suicide problem. In the last 5 years, the percentage of poor people has experienced a downward, in the range of 15% in 2017. In 2023, the number of poor people in Gunungkidul was lower than Bantul and Kulon Progo which only recorded 10 suicide cases in 1 year. If we look at the poverty trend in Graph and Graph 2 regarding suicide trends, it can be concluded that the annual suicide trend is not influenced by fluctuations in the number of poor people in a population.

Durkheim in his classic study stated that poverty is not the cause of suicide. Durkheim pointed out that the suicide rate in Ireland was relatively low, although their farmers condition live very miserable lives. Even the poorest areas of Calabria do not record any suicides, nor do Spain or France. In fact, poverty can actually protect individuals from committing suicide. In France, for example, the greater the financial independence an employee has, the higher the potential and suicide rate (Durkheim, 1952). This finding was confirmed in contemporary research by Smith, which refutes the impact of personal economic and financial calculations on suicide decisions (Smith, 2019).

Apart from macro-regional aspects and welfare conditions, if we pay attention to the findings in Table 1, it appears that there is a male domination in suicide cases; this is in accordance with the global trend with a balance of 1:2 or more for women. From this data, it can be seen that the majority causes of suicide in men are triggered by depression. However, if the problem that triggers depression for men is pressure on their status as a breadwinner (Chusna et al., 2022) or social expectations on them (Nurdiyanto & Jaroah, 2020) to earn more money for their family, according (Faraz & S, 2006), (Al Firda et al., 2021), and (Widuretno, 2023), it shows irony. In reality, it is women in Gunungkidul who have dual worker status, taking care of the household on one hand, do the farming, feed their livestock or working as daily laborers. Meanwhile, the majority of men’s livelihoods began to leave agricultural sector, such as working as casual laborers in urban areas. Other data that needs to be looked at are the results of the basic national health survey conducted by the health department in 2018 (Badan Penelitian dan Pengembangan Kesehatan, 2019). It appears that the number of people with Schizophrenia/Psychosis is concentrated



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in the Kulon Progo and Sleman districts, while the Gunungkidul does not show a significant number, even though in contemporary studies the prevalence of the influence of Schizophrenia/Psychosis on ideation and suicide is only around 5% (Hor & Taylor, 2010).

According to the prevalence of depression, Gunungkidul is higher than other areas in Yogyakarta province. However, the difference is not significant, especially if tabulated with the suicide rate in 2018, which reached 30 cases, while at the same time Kulon Progo only had 7 cases (Health Research and Development Agency, 2019). This fact is quite concerning as Cai's research, the influence of depression (major depressive disorder) reached 87% on suicide, 53.1% on suicidal ideation, and 31% on suicide attempts (Cai et al., 2021).

Another fact emerged from data collected by the Yogyakarta provincial health department in 2021 regarding the number of visits to mental disorders services in 2021 (Table 3). If we cross-tabulate it with suicide data, it will be seen that the Gunungkidul area with the smallest number of visits to mental disorders services with a prevalence of 0.002 is actually seen as an area with a vulnerability to mental problems. This is different from Sleman district, which has a prevalence of visits of almost 2% but does not have a high number of suicide. Of the 66 suicide cases in 2021 in DIY Province, 38 cases were contributed from Gunungkidul, 5 cases from Kulon Progo, and the rest from three other districts/cities.

**Table 3**

*Prevalence of Visits to Mental Disorders Service Facilities in 2021*

Region	Visits per Population (Prevalence)	Number of Cases
Yogyakarta City	4659 visits / 3,970,220 (0.1174%)	N/A
Sleman Regency	21,197 visits / 1,097,955 (1,932%)	N/A
Bantul Regency	12,702 visits / 954,706 (0.019%)	N/A
Kulon Progo Regency	1,614 visits / 4 43,283 (0.003%)	5
Gunungkidul Regency	1,831 visits / 758,168 (0.002%)	38
Total Cases in Yogyakarta Province in 2021		66 Cases

However, if the data from the Gunungkidul district is compared with the Sleman district, it may not be quite equal because these two regions have different sociocultural characteristics. The large number of visits to mental health services in Sleman, reach 12.702 visits as of 2021, could indicate that there is awareness and a weak stigma for those who came to to mental health services. However, this is not the case when compared with Kulon Progo district, which has sociocultural and even economic characteristics that are almost similar to Gunungkidul district.

Apart from these macro facts, there are many findings from suicide data collected by the police. Attention should be drawn to witness testimony regarding the possible causes of

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the suicide. This testimony is certainly not strong enough compared to the final note of those who died by suicide because this is certainly a mixture of various discourses, whether it is considerations to avoid family disgrace, labeling the motives of the suicide perpetrators as "reasonable", to unwarranted fear as Douglas stated, suicide can be aimed at making other people feel guilty or suffering (Douglas, 2015).

Apart from a number of issues involving the validity of testimony, this official report is actually not comprehensive enough, especially in the context of formulating strategies for dealing with suicide, because the information extracted is very reductive and only of a formal legal nature. As an illustration, forensically, it may be easy to explain the cause of death of someone undergoing treatment for late-stage lung cancer, but this fact is not enough to become a basis for studying the causes and methods of treating cancer. A deeper, broader understanding is needed, and in a wider time dimension, or, in other words, an in-depth understanding of behavioral and social aspects. From an in-depth study of the behavioral aspects, it was found that the patient was an active smoker, did not have adequate nutritional intake, and adopted a healthy lifestyle. In the social aspect, researchers will look at regulations related to tobacco distribution, traditions, and health promotion.

As well as suicide, it is almost certain that each case of suicide always meets the factual criteria of the psychological aspects, whether it is depression, bipolar disorder, anxiety, anorexia, hopelessness, a history of trauma, and so on. However, suicide cannot be stated solely as a psychological problem because this final condition will always have an etiological sequence. If major depression is the final stage that triggers suicidal behavior, then poor and long-lasting interpersonal and social conditions (chronic) are the main contributors. Shouldn't prevention efforts start with understanding the causal factors and not just the disease?

Even though it is not in depth, from police records there are actually a number of cases that have the potential to be studied well, especially through social and interpersonal theories, which believe that suicide is caused by a person's lack of social and relational conditions. This is certainly different from the beliefs of individual psychology theory or dominant psychiatry believes that the true motive of those who took their own life only known to him/herself.

According to Joiner, interpersonal theory relies on two situations, feelings of being a burden and failure to belong together (loneliness), which are then referred as two factors that give rise to the desire to commit suicide (suicidal desire) as well as another aspect relating to a person's ability to prepare mental thoughts about suicide act or honing the ability to actualize that desire, such as the ability to overcome the fear of death and have tolerance for pain (Joiner, 2005).

From these two aspects, it can be seen that there are several things that are interrelated. For example, in the majority of elderly suicide cases, chronic illness is one of the

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dominant reasons given by witnesses. Elderly people who suffer from chronic diseases whose healing progress is starting to decline or even get worse tend to feel like they are a burden to their family. According to Joiner (2005), this feeling was fatal and triggered thoughts of suicide.

## CONCLUSION

From the analysis carried out specifically by linking suicide clusters per sub-district with environmental conditions or population trends, it shows that suicide cases in Gunungkidul are a unique social fact because structural determinants such as geographic conditions, climate, natural disasters and economic conditions have no significant impact on suicide rates. In addition, several cross-analyses of data released by the Ministry of Health, such as mental health indices in related populations, also did not show any association.

Of course, by simply basing the analysis on police reports or other existing documents, there is little academic analysis that can be done. This limitation needs to be overcome by compiling criminological investigation and analysis notes involving three experts: social, interpersonal and psychological. Through ongoing investigation of existing or future cases, a knowledge base can be developed that can later be used to shape more effective tailored response programs. Not only based on health services for those who experience depression, but more than that, fostering a new social culture that has more power to protect individuals from depression, loneliness, feelings of being a burden, and other personal problems. Preventing people with depression from taking their own lives is not enough because depression is a mental illness that must find the root of the problem. One of which is by carrying out sociocultural and interpersonal examinations, especially if the mental or clinical condition does not have a significant impact.

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