

## Suicide as a Human Tragedy: Causes and Relief Efforts

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**Abstract:** This research was conducted to obtain information about the phenomenon of suicide in Gunungkidul. This type of research is descriptive with a case study qualitative approach. Data collection techniques included interviews, observations, and documentation studies. Informants were determined purposively among those who could provide information related to the phenomenon of suicide, namely, related regional apparatus organizations, NGOs, community leaders, religious leaders, and families of the suicide perpetrators. The research results concluded that the perpetrators committed suicide not because they believed in the “scavenger hunt” but because of depression due to losing their job, inability to support their families, divorce, infidelity to breakup. Meanwhile, suicide in the elderly results from chronic illness and loneliness due to the neglect of family members.

**Keywords:** suicide, human tragedy, myth, relief efforts.

## 作为人类悲剧的自杀：原因和救济工作

**摘要：**本研究旨在获取有关古农吉杜尔自杀现象的信息。这种类型的研究是描述性的案例研究定性方法。数据收集技术是访谈、观察和文献研究。有目的地确定能够提供与自杀现象有关的信息的举报人，即相关的地区机构组织、非政府组织、社区领袖、宗教领袖和自杀者家属。研究表明，肇事者自杀不是因为他们相信“寻宝”，而是因为失业、无法养家糊口、离婚、不忠到分手导致的抑郁症。同时，老年人的自杀是慢性疾病和孤独感的结果，原因是家人的忽视。

**关键词：**自杀、人类悲剧、神话、救援工作。

### 1. Introduction

The cause of a person's suicide cannot be separated from several factors that influence it. Maybe that person is going through a vulnerable and difficult time, so they choose to end their lives instead of carrying a heavy burden. They tend not to care how big the problem they have to face as if their problem is very heavy and there is no solution to solve it. Significant changes in someone who will commit suicide tend to withdraw from their social environment. This is one of the possible signs of someone who is about to commit suicide. For that, we need public health services and all of us to understand the causes of suicide in someone. The phenomenon of community suicide in Gunungkidul, Special Region of Yogyakarta (DIY) Indonesia, is associated with the existence of some people who believe in the myth of “pulung gantung”

(scavenger hunt). “Pulung gantung” is depicted as a fireball glowing red and yellowish with a tail. It moves above the sky from one area to another. The local community believed the fallen scavenger hunt place to be a resident who died by committing suicide. Suicide is a special death taboo condemned as a serious social error by prevailing religious, legal, social, and medical ethics [1] Most people have changed the view of “pulung gantung”, no longer this myth is considered a major cause of people committing suicide. According to the latest research results based [2], suicide in Gunungkidul is a human tragedy. The cause is still a mystery, the rise of cases of suicide as a result of suicide perpetrators exposed to the fall of scavenger hunts. The existence of this myth legitimizes the suicide of the Gunungkidul people.

Suicide is defined as the fatal act of injuring oneself

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with some evidence of intent to die [3]. More than 700,000 people die by suicide every year. For every suicide that happens, more people attempt suicide. More than 700,000 people die by suicide every year. For every suicide that happens, more people attempt suicide. A prior suicide attempt is the most important suicide risk factor in the general population. Suicide is the fourth leading cause of death among 15-19-year-olds. 77% of suicides in the world occur in low- and middle-income countries. The use of pesticides, hanging, and firearms are the most common methods of suicide globally [4]. Suicides in the region tend to increase. Over the past ten years, starting from 2003 to 2012, there have been around 330 suicides. On average of 33 suicides occur each year.

The Gunungkidul government reported 21 cases of suicide in 2014 revealed. Their number increased in 2015 into 33 cases. The number was similar in 2016 and 22 more people were reported died of suicide in 2017 [5]. From January to September 2017, the number of suicides in Gunungkidul Regency, Yogyakarta, reached 29 people, and two persons attempted suicide.

Data for 2017 suicide rates no longer refer to old age but rather to the productive age between 25-50 years. As an illustration, in Gunungkidul, 2,200 people experience mental disorders. Old-age males have the highest rates of suicide compared to other age groups.

The rates of suicide are nonetheless strikingly high, even among senior women. Depression may onset in the elderly, and the old-aged patients may seek primary care or otherwise non-psychiatric consultation in many cases [6]. When they do not do so, suicide in the elderly may be insidious since the aged individual is poorly verbally communicative, and the final suicidal attempts bear high in terms of lethality [7]. Even though Gunungkidul does not have a mental hospital, there are only a few psychiatrists. Sadly, some sufferers do not have an Identity Card, so they cannot have health insurance. However, depression requires routine treatment and drugs that must be taken every day. The cause of a person's suicide cannot be separated from several factors that influence it. Maybe that person is going through a vulnerable and difficult time, so they choose to end their lives instead of carrying a heavy burden. They tend not to care how big the problem they have to face as if their problem is very heavy and there is no solution to solve it. Significant changes in someone who will commit suicide tend to withdraw from their social environment. This is one of the possible signs of someone who is about to commit suicide. For that, we need public health services and all of us to understand the causes of suicide in someone.

## 2. Identification of a Suicide Perpetrator

As stated in [8], the number of assisted suicide cases has doubled during the last five years and is

expected to increase. It is mainly committed by women. In the age group 80+, the number is higher than the number of suicides. The federal authorities issued a national action plan in November 2016 to reduce the number of suicides by 25% by 2030. It includes preventive means like reducing access to methods (weapons, drugs), construction of bridges and buildings, education of lay and professionals, and specific treatment of those who have attempted suicide. There has been a position paper on Swiss public health concerning suicide prevention in the elderly. Both papers will be presented and discussed. Concerning assisted suicide, there is a broad discussion on the control of the state and the role of physicians in the process. A survey of Swiss physicians showed much ambivalence. Position papers of gerontological and geriatric societies focused on the role of loneliness, providing adequate psychiatric help, e.g., for depression, and overestimating autonomy [8].

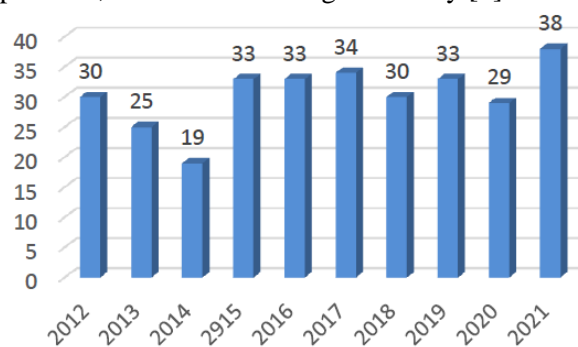


Fig. 1 Number of 2012 - 2021 suicide incidents located in Gunungkidul Yogyakarta

The population of Gunungkidul in 2021 was 774,296 people, and the average suicide rate per year is 33 people.

Gunungkidul Regency is one of the areas with a high suicide rate in Indonesia. The phenomenon of suicide cases becomes complicated when some people still believe in a myth about the "pulung gantung", an object that flies in the sky. This object is often associated with a bad sign for some people in Gunungkidul. Persons committing suicide want to establish communication with others to solve the problems of life faced. However, the perpetrators cannot access the media to convey meaning. Therefore, intensive communication media is expected to cure the failure, error, or straying into the real meaning of "pulung gantung" as a sign of nature. Several significant causes of suicide are loss of job status and livelihood, sudden loss of income sources because of migration, crop failure, the financial crisis, job loss, natural disaster, hearing the voices unseen from God to join heaven, following the sect activities of a certain religion. Religious activities were found to reduce the risk of suicide for both men and women. In addition, the workload is one of the suicidal ideations, but

religious activities can reduce suicide risk [9]. However, according to the Police alleged causes of suicide in Gunungkidul are as follows.

Suicide actors are 95% Muslim but understand more about religious values and beliefs concerning the issue of choice. Epidemiological data on suicidality across four religions and the influence of religion on suicidality are presented. Practice guidelines are presented for incorporating religiosity into suicide risk assessment [10]. Suicide rates and risk and protective factors for suicide vary across religions. Therefore, it is essential to accurately assess the degree of religious commitment and involvement to identify suicide risk. Although religion is reported to be protective against suicide, the empirical evidence is inconsistent. We found that religious affiliation does not necessarily protect against suicidal ideation but does protect against suicide attempts. Suicide is a serious health problem and remains an interesting, controversial, and difficult subject for theoretical and empirical considerations [11]. Whether religious affiliation protects against suicide attempts may depend on the culture-specific implications of affiliating with a particular religion since minority religious groups can feel socially isolated. After adjusting for social support measures, religious service attendance is not especially protective against suicidal ideation but does protect against suicide attempts and possibly protects against suicide. Future qualitative studies might further clarify these associations [10].

This research was conducted to obtain information on the phenomenon of suicide in Gunungkidul. To analyze the phenomenon of suicide linkages with poverty, myths, and coping behaviors learned from the environment. The benefits of the research are expected to contribute to the development of scientific discourse in social work on suicide and suicide prevention mechanism using the approach of local community-based social work. The highest number of suicides in Gunungkidul in Wonosari Subdistrict is the capital of the regency, which is in the middle of a busy city district crossed by various vehicles besides that Semanu and Playen Subdistricts, which have the highest suicide rate among other Gunungkidul regions [12]. The district is not a remote area, but the crowd passed by the vehicle as a means of transportation. This means that the area is not isolated and economic lines quite crowded. The causes of suicide are not only economic and religious factors, but some people also commit suicide after prayer, and some are financially secure. Thus, education on mental health for the community also plays an important role, especially for teachers, scholars, and public figures who are intervention targets and depressed due to psychological or social pressure.

Many habits are inappropriate is often found in the community. For example, if family members suffer from depression, it can be healed by speeding up the

marriage. However, in many cases, marriages sometimes even add to depression. In addition, there are still many people who commit suicide due to a lack of knowledge about mental health. The community also plays an important role, especially for teachers, clerics, and community leaders who are intervention targets experiencing depression due to psychological or social pressure. Another reason for committing suicide is alienation, according to Erickson's theory of psychosocial development. We review how ambivalence resulting from competing deprives people of connectedness, authenticity, and self-protection and may contribute to loneliness and explore manifestations of loneliness and suicidality during childhood, adolescence, young, middle, and older adulthood. Intervention strategies to address loneliness in the context of suicide are explored, and recommendations for clinical practice and future areas of empirical inquiry are presented [13].

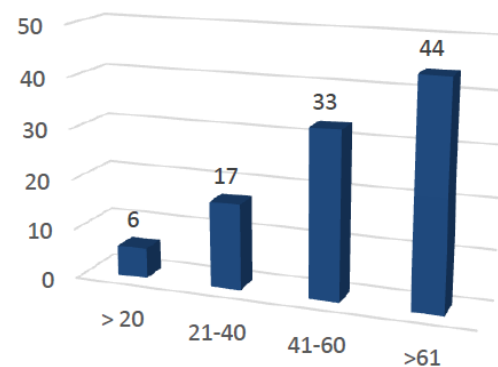


Fig. 2 Actors' age suicide in 2019-September 2021

The highest number of suicides occurred over the years from 2019 until 2021. Among suicide victims aged > 61 years, there were 44 cases of suicide, generally because of despair with chronic diseases that do not heal. Sometimes victims were lonely and abandoned by relatives. Suicide victims aged 41-60 years suffered from family, economic, and marriage problems associated with cheating, divorce, and even shame for having a disabled child. Suicide victims aged less than 20 years resulted from the breakup or were bullied by classmates and peers. According to family members, before committing suicide, they felt unwell, desperate, and even angry. The case that late-life suicide is a cause for great concern that warrants ongoing attention from researchers, health care providers, policymakers, and society at large. It reviews the evidence for factors that place older adults at risk for suicide or protect them from it. The authors introduce the notion that suicide prevention interventions target individuals or groups at different levels of risk at different points on the developmental trajectory toward death by suicide, offering examples and recommending their strategic, combined applications to create an effective, community-level response to the mounting problem of suicide in older adults [14].

Suicide victims feel life is not useful to other people; even at a certain point, people with depression are no longer eager to do things they have enjoyed previously. Therefore, we can conclude that depression is the most common cause of suicide worldwide. Based on previous data at the beginning of 2017, eight residents of Gunungkidul committed suicide. Their average age is under 60 years, meaning a decrease in the age of suicide. Therefore, the incident is included in the category of outstanding in terms of humanity. Adolescents are the most susceptible age group to imitating suicidal behavior; therefore, discussions of contagion often center on prevention efforts in the school environment, necessitating that school psychologists play a central role. Approximately 1–5% of teen suicides occur in a cluster after a youth dies by suicide [15]. Though rare, contagion results in approximately 100–200 seemingly preventable deaths annually.

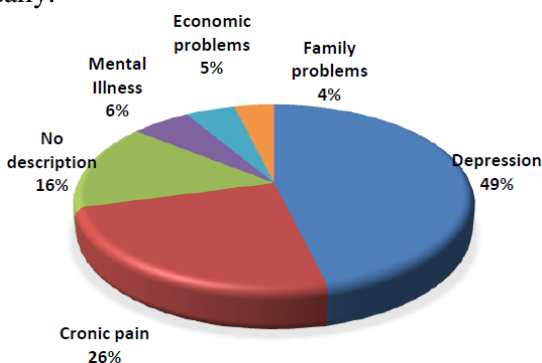


Fig. 3 Alleged causes of suicide in Gunungkidul

The government anticipates the spread of suicide; efforts must be made to create harmony in communication, both in family life and society. This can be done by enriching or producing as much media as possible that can be used for communication. Regent of Gunungkidul issued Decree No. 121/KPTS/TIM/2017 on the Formation of Suicide Prevention Team as a suicide prevention effort to reduce the number of suicides. Gunungkidul local government decree can anticipate suicide. Suicide prevention can be achieved through direct dissemination, distribution modules, and guidelines for early detection and advocacy groups at high risk of suicide. Prevention efforts undertaken by local communities for customary suicide have approved sanctions on perpetrators, such as caring for the bodies of suicide beyond religion and propriety appropriate; the body is not washed, not wrapped in a shroud, do not pray or worship, and so on.

Depression is a common mental disorder. Globally, more than 350 million people of all ages suffer from depression. Depression is the leading cause of disability worldwide and is a major contributor to the global burden of disease. More women are affected by depression than men. At its worst, depression can lead

to suicide. There are effective treatments for depression [16].

Figure 4 shows that suicides by males make 71 percent more than females (29 %). However, according to the World Health Organization (WHO), in 2012, there were 800 thousand suicides; 86% occurred in the age group under 70 years, and 8.5% were committed by people aged 15-29. In this latter age group, suicide is the second-highest cause of death after a traffic accident. In ASEAN, Myanmar ranks first in the suicide rate per 100 thousand inhabitants, followed by Thailand. Indonesia is in the eighth place. However, data from the WHO is mainly built on the assumption that the rate of depression is directly proportional to suicide, not to mention the special circumstances such as economic recession, political crisis, war, and armed conflict [17].

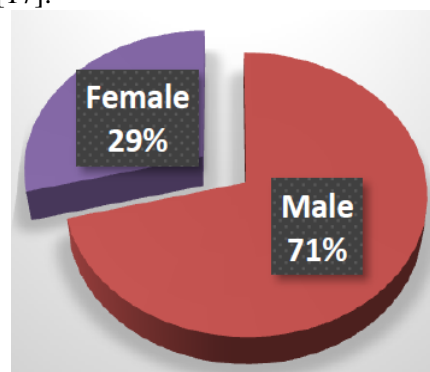


Fig. 4 Sex of the suicide perpetrators in Gunungkidul Regency in 2016-September 2021

Depression in men is closely associated with the inability to fulfill social roles traditionally charged to them. As explained in [18], stigma attached to infertility and possession of a child outside of marriage is a major cause of suicide in women. This occurs in societies where the social position of women is built and measured by marital status. Suicide risk was addressed to the combined effect of factors regarding family structure, socioeconomics, demographics, mental illness, family history of suicide and mental illness, and gender differences [19], educated on suicide and its impacts on reducing stigma [20].

Alleged background in Gunungkidul suicide can be seen from the following causes (Figure 5).

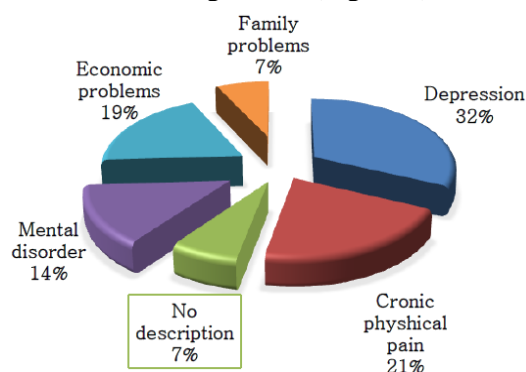


Fig. 5 Underlying causes of suicide in 2016-2021

The phenomenon of suicide in Gunungkidul is closely related to people's confidence that the "pulang gantung" is an act symbolic of the communication process. Suicide is a wish to establish communication with others to solve the problems of life faced. However, the perpetrators cannot access the media to convey meaning. Therefore, intensive communication media is expected to cure the failure, error, or straying into the real meaning of "pulang gantung" as a sign of nature.

The phenomenon of suicide in the district of Gunungkidul is the most prevalent in the period from 2016 to 2021. Suicide is a tragedy and acts to save lives or destroy themselves because the action is eliminated with the solved problem, and they are reluctant to deal with something considered not to do. Performers take shelter in Gunungkidul in the following manner or mode. The background of the causes of suicide in Gunungkidul to review those who face the same mental stress. The most frequent causes are depression (46%) and chronic illness (24%). Depression occurs due to pressure on oneself, resulting in feelings of despair to commit suicide. A series of suicidal behavior originated from the idea of suicide, only to attempt suicide through severe medical.

Most describe a suicide attempt. Three themes were identified include 1) trust and relationships with health care professionals, 2) the role of friends and family and friends, and 3) a variety of services [21]. They will act outside the mind of a mind. They have various problems in the family, breakups, and so on. Perpetrators of suicide due to physical illness due to chronic disease are usually carried out by perpetrators who are more than middle-aged or above 60 years. They are usually desperate because they experience chronic pain and do not recover, such as coughing, itching, or prolonged dizziness. Their strength of suicide ideation is moderate, and a certain proportion of suicide attempters may be impulsive suicide attempters. There is more relationship between mental disorders and suicide attempts [22].

The most common cause is most often encountered as a reason why a person can perform actions such as suicide is none other than depression. Unlike the case with frustration and stress being just emotions, depression is a prolonged medical condition with the perpetrator feeling depressed and excited all the time. For a relatively long period, they feel sad, anxious, empty, hopeless, helpless, insignificant, and so on [23]. If, in general, this feeling only occurs temporarily, then commit suicide who have suffered prolonged medical disorders. The seven categories of adverse childhood experiences were strongly interrelated, and persons with multiple categories of childhood exposure were likely to have multiple health risk factors later in life. A strong graded relationship was found between the breadth of exposure to abuse or household dysfunction

during childhood and multiple risk factors for several of the leading causes of death in adults [24].

Local governments and communities anticipate the spread of suicide; efforts should be made to create harmony in communication, both in family and community life. This can be done by enriching or producing as much media as possible that can be used for communication. The Regent's efforts to tackle Gunungkidul suicide related to the Formation of a Suicide Prevention and Prevention Team can reduce the number of suicides. These efforts can seek to work with local governments and communities to anticipate suicide quickly. One of them is direct socialization, distribution of modules, early detection guidelines, and mentoring of groups at high risk of suicide. Religious beliefs lead to a decrease in suicide attempts in the general population and those with mental illness regardless of social support [25]. As prevention efforts, local communities have agreed to sanctions for the perpetrators, such as treating corpses of suicide offenders outside of religion and the overall appropriateness; without being bathed, observed, etc. To discover the phenomenon of suicide in Gunungkidul District, researchers conducted observations and interviews with prominent figures and surrounding communities. In addition, they conducted focus group discussions with several community elements, including the non-governmental organization "Imaji", which often handled and accompanied victims and families of suicide victims.

Gunungkidul Regency is the most common area for committing suicide during 2015-2017 in the Special Region of Yogyakarta. Suicide is a human tragedy and an act to save lives or acts of extermination because of despair with the problems faced and are reluctant to deal with something that is deemed unmanageable. The suicides in Gunungkidul were carried out in the following manner or mode (Figure 6).

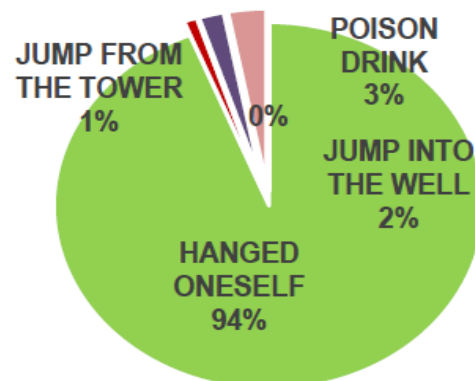


Fig. 6 Suicide mode in the district of Gunungkidul in 2016-September 2021

Most perpetrators (94%) committed suicide by self-scavenging. Those who jumped into the well were 2 %; 3 % committed suicide by drinking poison from cleaning fluids, 1% drank rat poison, and 1% jumped from the tower. Other suicide modes are unknown because there is no information, and the investigation is

still underway. The lack of the victim's endurance to the problems of life is causing many suicides. Hanging oneself is the easiest way to die. Background social factors and social interaction factors for 56 suicide victims with a personality disorders (PD) diagnosis were compared with 56 persons age- and sex-matched non-PD suicide victims. The groups were similar in marital status, socioeconomic status, parental divorce, broken home before 16 years, parental suicide attempts, and proportion of subjects living with parents.

Borderline personality disorder (BPD) and major depressive disorder (MDD) commonly co-occur, but the relationship between these disorders remains unclear. While BPD patients often suffer from depression, their subjective experience and treatment responses differ from those experienced by MDD patients without BPD [26]. Surveying the current literature on the interface of these two pathologies, we find that depression in BPD has distinct symptoms, treatment responses are remission predictors and suicide risks. It tends to be subjectively more severe, more interpersonally fueled, and more persistent than MDD without BPD [26]. The PD suicide victims had more commonly had a companion of the opposite sex, lived alone, and resided in an urban area, but had less often experienced parental psychiatric hospitalization during their childhood. Several investigations reveal that antisocial personality can predict future suicide attempts. In addition, there is substantial empirical evidence that severe personality disorder strongly predicts differences in suicidal behavior between male and female perpetrators [27]. The PD suicide victims were very similar in psychosocial factors, irrespective of sex, age, Axis-I comorbidity, or the cluster type of the PD. Only living alone was more common in young PD suicide victims, and male PD subjects had less often had confidants or friends with whom they shared common interests [28].

Chronic illness is a trigger, especially for elderly victims, although there are also causes of suicide due to a breakup with young victims. Suicide in the elderly is often the result of an incurable illness and the loneliness left by family members leaving home to look for work outside the city [29]. The killer is desperate because he lacks attention and emotional support from family members and the environment, so when he has a confusing problem, it causes frustration [13]. Suicide is a major health problem worldwide, especially among the young and middle-aged. However, it is a significant health concern in the elderly, and those aged 65 years and over generally have the highest suicide rates compared to all other age groups [30]. Prevalence rates and risk and protective factors are mapped, correlated, and reviewed. In addition, the association between suicidality and help-seeking behavior is considered

[31]. Finally, potential prevention strategies are reviewed. A wish to die is common in older persons and is associated with increased mortality. Several risk factors were identified, but the association between religiousness and a wish to die in older adults was underexplored. The association between death attitudes and the presence of a desire to die has not been investigated yet [32].

The highest number of suicides occur in homes (68 percent), and 14 percent of suicides are committed in animal cages because the home is the most comfortable and very private place to commit suicide (Figure 7). Usually, the perpetrators commit suicide when the house is empty, quiet, and lonely; these circumstances are considered most appropriate for committing suicide. Persons committing suicides feel lonely or alone at home, then feel sad because no one cares about them or left a loved one in their life [33].

Another form of loneliness is isolation carried out by other people or oneself. The scene of suicide is usually close to a place known and considered comfortable for the offender due to isolation and loneliness that can cause someone to commit suicide.

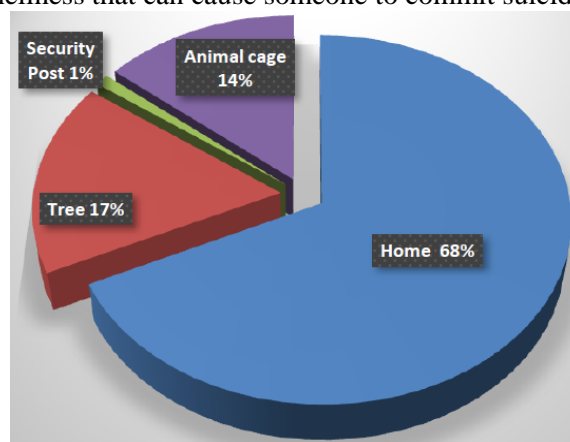


Fig. 7 Place of suicide in the district of Gunungkidul in 2015-September 2017

Suicide prevention efforts need the collaboration of all family members, who can play an important role in identifying depression and suicidal behavior by paying attention to the moods and behavior of their loved ones. Providing close supervision and encouraging evaluation may prevent self-harm and allow early treatment [34].

The occurrence of suicide can be prevented if the community seeks to act and is sensitive to preventing all acts of suicide, especially since this task is with family and relatives. In addition, all levels of society, including the government, need to issue policies to prevent suicide. For example, the authors found a person who experienced sadness, decreased daily activities, anxiety, anxiety, confusion, and the like, including difficulties in sleeping [35]. It was time for people around him to pay more attention to him. With good cooperation between stakeholders, suicide rates

will be reduced. This risk/protection profile complies with the interpretation that, as a social phenomenon, suicide is related to social isolation. Thus, the classical framework was put forward by Durkheim [36].

### 3. Results and Discussion

Gunungkidul Regency in the Special Region of Yogyakarta has been known as a district with a high suicide rate in Indonesia. Efforts to reduce the number of suicide cases in Gunungkidul are still difficult. The causes of suicide are multifactorial, among others: the wide geographical location makes it difficult to monitor the entire population. Suicide is based on the traumatic experience of losing a loved one to suicide. Patients called suicide or the threat of suicide solutions to long-standing intrapsychic conflicts. When the patient's aggression, often due to traumatic experiences, is stimulated by current anger, frustration, or envy, self-destruction provides a means to cope with the internalized tormentor or destructive schema.

In many cases, transferences related to the wish for revenge seem to be the prime motivator of suicidal behavior [37]. The belief in the myth of "pulung gantung" is also the reason why the people of Gunungkidul carry out various rituals, both individually and collectively, to restore the situation after the suicide incident—they suffered from psychological violence for at least one year before attempting suicide [31]. In addition, the function of implementing these rituals is as a medium of communication to revive harmony and brotherhood both in family life and in social life. If the myth of "pulung gantung" has spread related to the suicide incident and the people of Gunungkidul perform various rituals after the incident, the cause of suicide is from the internal aspect of the victim's life; as a result, their deaths were taken for granted. In other words, suicide is also common.

They believe that if the red object passes, then there is a resident who ended his life by hanging himself. In fact, the causes of suicide are depression (psychological disorders) due to loss of work, not being able to meet family needs, divorce, and infidelity to breakup. Meanwhile, the suicides in the elderly are caused by chronic illness and loneliness because family members abandoned them. Suicide is always preceded by desire and does not happen suddenly. The perpetrator showed symptoms to those around him. Therefore, it is important to be sensitive to the symptoms of people who are suicidal.

People who have a history of suicide have a higher risk of making another suicide attempt. The people of Gunungkidul have a high social spirit; when they feel they cannot play a role in the social sphere, they feel useless; when they feel lonely, socially meaningless, or depressed, they have a stronger intention to commit suicide. Perpetrators show symptoms to those around them. A certain percentage of persons who commit

murder also commit suicide soon after; this phenomenon is known as homicide-suicide. It can be prevented by assisting interactions between people who have indications of depression and are suicidal [38]. Therefore, it is important to be sensitive to the symptoms of people who are suicidal. People with a history of suicide have a higher risk of attempting suicide again. The people of Gunungkidul have a high social spirit when they feel they cannot function in the social sphere or feel useless. Their suicidal intentions are even stronger when they feel lonely, socially meaningless, and depressed. It is necessary to facilitate interactions between people with depressive symptoms and at risk for suicide with the help of social workers as facilitators and mediators, and work with religious and community leaders to reduce suicide by providing outreach.

### 4. Conclusion

In this study on the phenomenon of suicide in Gunungkidul Regency, it can be concluded that male suicide perpetrators were more based on gender than women and the elderly. Suicide is not based on belief against the myth of "pulung gantung" (scavenger hunt) but because of depression (psychological disorder) that loss of job, unable to provide for family needs, divorce, infidelity to breakup. While in the elderly, suicides are caused by chronic illnesses and loneliness due to the abandonment of family members. In almost all locations, suicide incidents are at home in quiet conditions, bedrooms, bathrooms, and kitchens. This means that the home is the most common place for suicide. A suicide perpetrator does not give any signs before, but usually, after that incident, both the family and the people around him can find out the reason behind the action. The family left behind is mostly unable to catch before the suicide incident that the perpetrator is experiencing hallucinations, delusions, and suffering schizophrenia. Suicide perpetrators in Gunungkidul tend to be selfish persons because they feel that their own interests are greater than the interests of their social unit. High rates of egoistic suicide can be found in societies or groups where individuals do not interact well within a broad social unit. Weak integration creates a feeling that the individual is not part of the community, and the community is not part of the individual.

### 5. Recommendations

(1) Social workers are needed as facilitators and mediators in assisting interactions between people who have indications of depression and have the potential to commit suicide and suicide management agencies;

(2) Social workers together with community leaders/religious leaders and village officials should conduct outreach to the community related to suicide prevention;

(3) The surrounding community, social workers,

community leaders/religious leaders and village apparatus should quickly respond in handling suicide perpetrators;

(4) The local government and related regional apparatus organizations are committed to handling suicide by socialization, placing psychologists in each Puskesmas (government-mandated community health clinic), for the community to access them for free;

(5) The Ministry of Social Affairs should provide social assistance to the elderly and disabled in the context of suicide prevention through the Family Hopes Program.

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