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ADDRESSING SUICIDE ISSUES IN TIMOR-LESTE: STRATEGIES FOR PREVENTION AND REDUCTION.

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Abstract

Suicide in Timor-Leste is an important topic to study. So, the aim of the study is to find out what causes suicide in Timor-Leste and how to prevent it.

Aside from Timor-Leste, similar investigations have been done in Indonesia, Hong Kong, the United States, Japan, Nigeria, China, and some European countries. In Timor-Leste, researchers looked into the problem to find out how to better protect the victims. This study could be used by academic institutions as a scientific resource. It could also be used to help make public policy.

For the study report, data were collected in 9 cities across the country. It was found that self-depression was caused by breaking up with a loved one, being forced to follow traditional norms, family neglect, disapproval of marriage, loss of a loved one, being traumatised by a

family murder, health conditions, early pregnancy, sexual abuse by boyfriends, relatives, or big bosses, mental illness, and an addiction to watching horror movies. Other ways to kill yourself were to use power cables, goat ropes, sack ropes, hang yourself, eat bygones-vegetable pesticides or mice pesticides, eat sharper blades, or hang yourself.

To support the victims and families who are traumatized by the loss of a loved one, it is essential to reward the agencies that already exist and educate individuals in soft skills.

Key Works: Intervention, preventions, Reduction and Suicide.

I. Introduction.

Suicide rates in Timor-Leste are a significant phenomenon that requires investigation, as the underlying causes and effective interventions have yet to be identified. The consistently high suicide rate in Dili and other areas often dominates national newspaper headlines (Timor Post News, 2022). However, there has yet to be an accurate count of the number of suicides. Based on the current events reported by the Timor Post in 2022.

The suicide rate has alarmingly increased between 2018 and 2021. A report compiled by the Public Service and Information Commission (PSIC) in 2022 indicates that at least 116 people have committed suicide in Timor-Leste, with the number potentially being higher.

Among the municipalities, Ermera and Baucau have recorded the highest suicide rates, with 14 deaths by suicide in each. This is followed by Viqueque with 9 suicides, Lautem with 7 suicides, Aileu and Manufahi with 5 deaths by suicide each, Oecusse with 4 deaths by suicide, and finally Dili with only 2 deaths by suicide.

Additionally, the data shows that male suicide victims (n=65) have a higher body mass index than female suicide victims (n=25) (46). Although the PSIC gathered this data, it is possible that some people who attempted suicide or had suicidal thoughts were not recorded.

Globally, the number of suicides increases every year. According to the World Health Organization (WHO), suicide has become a significant health problem in developed countries and is worsening in low and middle-income countries, particularly in countries with small populations. Approximately one million people commit suicide worldwide each year, equating to one person dying every forty seconds (WHO Report, 2018).

Given that suicide has only recently emerged as a problem in Timorese society, it is crucial for various stakeholders, including the government, civil society groups, religious groups, intellectuals, academics, local leaders, and parents, to provide appropriate services.

After reviewing the background of the research topics, several research issues have been identified and are currently under study, including: (1) investigating suicide rates across Timor-Leste, particularly among individuals who eventually commit suicide; (2) examining the limited counseling interventions available for addressing mental disorders or depressive conditions; (3) addressing the lack of readily accessible support services for individuals in danger or attempting suicide; and (4) raising awareness and enhancing soft skills among individuals to identify signs of suicide and address the urgent safety needs of those at risk.

To resolve these problems, collective action is necessary, involving collaboration between all entities. Research topics such as the definition of suicide, the circumstances leading

to suicide, suicide methods employed, warning signs exhibited before suicide, and available programs for preventing suicide can be explored.

The objective of the research is to investigate the phenomena, causes, effects, methods, and means of suicide in Timor-Leste, as well as interventions to reduce and prevent suicidal behavior rates.

The specific objectives of the study are to: (1) identify the demographic characteristics of the victims in terms of education level, gender, marital status, religion, and employment; (2) examine the factors contributing to the rising suicide rates in Timor-Leste; (3) analyze the means and methods used in suicide and suicide attempts; (4) explore interventions that mitigate suicidal behavioral risk; and (5) identify effective services for treating individuals at risk of suicide.

Suicide is the deliberate decision to end one's life and can be caused by various factors, including a lack of social support (Amanda, 2021), mental illness, and emotional emptiness (Beautrais, 1996). Examples include prolonged imprisonment (Alan R. Felthous, 1994), depression resulting from job loss, divorce, or serious illness (Sujo (Okafor, 2020; 37).

Suicidal individuals have been known to employ methods such as hanging, firearms or handguns, drug or poison ingestion, jumping from tall buildings, and active euthanasia or overdose injections (Davison 2006:424).

Apart from Timor-Leste, similar investigations have been conducted in Hong Kong, the USA, Japan, and Nigeria. However, no comparable research has been conducted in the nation to identify specific issues and find solutions. To recommend collaborative interventions to the government and other stakeholders, the writer is committed to conducting a study focusing specifically on completed suicides, suicide methods, instruments used, and intervention strategies.

II. Research Methods

In accordance with the study's objectives and the nature of the data collection, a qualitative method was used for the study's design, informant selection, interview procedures, and data analysis. A qualitative study emphasises in-depth comprehension. This thorough scientific method makes use of analysis and process significance (Higgs, et. 2009: p. 20-25).

Source selection that is deliberate and snowball. Its technical data collection, data triangulation, inductive nature, and emphasis on significance rather than generalisation (Higgs, et. 2009: p. 30-50). Those who have attempted suicide, including family members, friends, peer groups, and religious members who truly understand the historical background and real conditions of a completed suicide; those who have never attempted suicide, who are not family members or peer friends of the victims or trial; and religious members who never accompany the victor, are chosen based on inclusive and exclusive criteria.

The author used qualitative approach such as storytelling (Boje, 2008: 2-20), in-depth interviews (Mason, 2002:78), and directed observation (Mason 2002: 116) to uncover hidden or unspoken causes, factors, or intentions that indirectly influence suicide that a quantitative survey might not uncover. Mason (2002: 116) uses documentation to assess and validate suicide phenomena.

The author employs Goffman's frame analysis to examine social reality. The suicidal's pre-suicide message is then analysed using content analysis (Bernard Bereloson (1959)), and their signs are analysed using semiotic analysis.

III. Data Analysis and Discussion.

3.1. Explore factors affect the increasing of the suicide's tolls in Timor-Leste;

3.1.1. Self- Depression.

3.1.1.1. Breaking up from beloved one.

This study found that breakups caused depression in suicide victims. MDS had two partners, and a witness said he loved both. However, the two girlfriends had different views and demanded he choose one to be faithful to. He refused. He stayed selfish and wanted to marry both of them.

One of his partners said they broke up with him to avoid long-term issues.

“We argued to be his girlfriends simultaneously. He only cared about himself, not us or our future families. He was reckless in his decision and decisive in saying no, but we didn't want to be victims of his selfish beliefs and decision, so we broke him up. He refused the decision and tried to negotiate with them, but they stuck to their beliefs and decision. Depressed, he committed suicide.”

AdS was depressed and committed suicide after his second daughter was impregnated accidentally by her partner and lived with him for five years before he abandoned her and their child because he had no job to support his family.

“My daughter divorced her unmarried husband because he has no obligation for his wife and child. I tried to resolve them, but they were tuff and wouldn't listen. My life was so hectic and depressing. Why should I deal with issues daily? Depressed and angry, I committed suicide.”

AL's story, where her boyfriend impregnated her and left her alone. Her partner is married. She ran a home company with her son after being abandoned. She was embarrassed and depressed by her society.

“She asked her 5-year-old boy to leave before committing suicide. She planned to commit suicide, but her son was suspicious because he saw a cord in her hands. Son asked why mother held cord. The mother said she wished to tie their goats in the garden, but the son said we have no goats. Someone hurt her by impregnating her with a son.”

Grief-related suicide (MA). Suicides often involve instant stress. In this case, loss of loved ones through death, divorce, or rejection (Ajdacic-Gross et al., 2008); job loss (Yamasaki et al., 2005); and stress from storms or other natural disasters (Timor Post news, 2021, 1-2). Freud (1917) and Abraham (1916) also posited that when people lose a loved one, they introject the person into their own identities and feel towards themselves as they did towards the other. Self-hatred temporarily replaces grief over the deceased. . This self-hatred may lead to suicide (Konrad et al., 2007; Thio, 2006; Akyuz et al 2006).

3.1.1.2. *Oppression of the tradition Norms.*

In Timor-Leste, some newly married couples must dowry their wives' families (balarke) to gain social legitimacy and good fate for their children. Timorese culture recognises extended families as husband, wife, children, parents-in-law, brothers-in-law, grandparents, and other relatives.

In extended family traditions, husbands must give properties to all wife family members who need them for black (lia mate) and white rituals (lia moris). DO from Atauro island committed suicide after being forced to pay dowry (barlake) to his wife's extended family, which he couldn't afford. "He used to complain about his family issues and other pressure of his wife's family on the tradition matter demand." He was pressured by his wife's parents, uncles, and other cousins to dowry them or risk losing all his children and being isolated from his family. This strain made him depressed and unable to cope, leading to suicide."

Jn, who married several years ago and had four children, committed suicide after fighting with his wife, who was pressured by her family to follow custom. He fought with his wife because he had to dowry his wife's parents, uncles, and cousins. Thus, they imposed more properties on him than he could give. Jn. was able to "convey this demand to his family side to sit down with his parents-in-law to discuss this issue, but his parents refused and refused to give the amount of properties imposed on them. His family initially rejected him marrying his former wife. He committed suicide because of this."

Fr. who married several years ago and had five children had similar experiences. He raised crops and fed his family. He fought his wife until she passed. His wife was sad and stressed due to her husband's abuse. Fr. also was oppressed by his parents-in-law to offer them dowry (barlake), so he couldn't stand the pressure, even though he had been son-in-law for several years and they lived closer to them, but he never had good relations with them, and he used to be far away from his wife's families in the last few days before committing suicide."

"He was victim of the pressure of his parents in-law to pay for dowry (barlake)," said AdS, a 53-year-old public worker who earned \$150 per month. His wife also hates him and his family. The wife family's mindset was that a man who married a woman should submit to his wife family's requirement or his parent-in-law used to keep on his shoulder for giving things to pay for any black rituals ("lia mate") and white rituak (lia moris) by offering buffaloes and the like for any social legitimacy on his family. As son-in-law, this huge necessity pressured him daily. He was depressed because he worried about his nine children, whom he had to feed and educate for a better future. He knew suicide was the best way to escape social duress.

Finally, Jo, a young Timorese from Ermera municipality, committed suicide because custom forced her to marry soon so her family could get buffaloes and money. However, her uncle wanted her to marry a young man to gain money, buffaloes, and horses from this new family. She protested and cried. She favoured university and said she was too young to start a family. Family formation requires responsibility and endurance. But her uncle and family keep pressuring her to accept the marriage proposal. She was depressed, stressed, and left home, then committed suicide."

Further, DM, JN, FD, AR, and JN revealed suicide due to Timorese traditional norm oppression. It follows Durkheim's views on social structure and societal stress, which often

contribute to suicide (Durkheim, 1988, 243). Cultural law oppression can also cause despair and suicide (Durkheim, 1958, 567).

3.1.1.3. Feeling of Being Neglected

Families need unity, friendships, and harmony. But not everyone accepts, cares, and loves their parents and other family members. Agostinho Soares' neglectful parents affected his mental illness.

“His mother neglect made him sad. He never saw his mother since his parents split. He was neglected by his mother. He lived with his father and relied on him for food, clothing, and schooling. He also complained to friends and neighbours that he felt unfinished in life because he had no mother to care for him from childhood to maturity, confessing before suicide. Life had no meaning for him. He committed suicide a week after seeing his mother. He was so disappointed with his mother who didn't identify him as blood son. After a month, his mother IM, 45, committed suicide in Uatulia, Ermera.”

AdS, a completed suicide, was ignored by his family. Antonio, 20, is the youngest son of five brothers. He lost both parents as a child. He lost his father at 7 and his mother at 13. Since then, their uncles took care of them.

“Because they left us too early, my folks don't love me. My siblings also looked after me. They manage my school. They tortured and mistreated me. I felt outside their family. I always felt that. My life is meaningless. I'm not happy. . My family and coworkers disliked me. I couldn't handle this scenario. Strangely, when I saw other people commit suicide, I thought it might be good for him. Instead, he is miserable throughout and should end himself. Self-reflection. I avoid this life because it's painful and pointless. I sometimes hated my lot. I'd rather die young. However, I'm afraid to.”

In conclusion, people may commit suicide if they are neglected and never shown love and kindness. This may teach everyone to take this phenomenon carefully.

It was also found that feeling neglected by their adored parents (AG, IM, and AS) and disapproval of their marriage (JT, NS, and AX) were key. Emile Durkheim's theory on suicide likelihood supports this experience. Poor relationships between victims and their families and communities can lead to isolation, alienation, and a higher risk of suicide (Durkheim, 1956: 45). According to Durkheim, people do not feel attached to their families, social groups, communities, or religious entities (Durkheim, 1988; 678).

Similarly, in Ghana context, about 18% of Conflictual parent–adolescent dialogue and interaction patterns lead to suicidal adolescents. Conflictual interactions included accusations and scolding, parental disapproval, maltreatment, and corporal discipline. Parents hostilely accused and scolded their teenagers(Quarshie at, 2015).

3.1.1.4. Marriage Disapproval

Js visited her parents in Manufahi Municipality to beg for money to pay her school fees a week before her suicide. She also introduced her partner to her parents for approval, but they objected because they were still blood relatives, but she was determined to marry her boyfriend. She was worried, depressed, and committed suicide by drinking poison.

NS also committed suicide because her parents disapproved of his connection with his girlfriend. The mother disapproved of their relationship because he had to emphasise his studies and cultural barriers. He also heard that his folks kicked out his girlfriend over this issue. This impediment made him stressed, unhappy, and quiet, so he committed suicide."

AXA from Viqueque committed suicide on February 25, 2021. "She committed suicide because her parents disapproved of her friendships. Her parents objected because she needed to finish her studies before having a partner, but she had a different option. The rejection caused her frustration, depression, and suicide."

In Timor-Leste, suicide is linked to mental disease (RS and IS) and family discord (Lubis, 2009). Only two informants have these encounters. According to Beautrais (1996), long-term prisoners with mental illness and spiritual emptiness often commit suicide (Alan R. Felthous, 1994.) Anxiety disorders like posttraumatic stress disorder and panic disorder have been linked to suicide, but most suicides involve major depressive disorder, a substance-related disorder, or schizophrenia (Inoue et al., 2007; Fawcett, 2007).

Similarly, 18.1% of teenagers in Ghana committed suicide due to their parents disapproved of their peer relationships. Specifically, a 19-year-old student hanged himself after his mother repeatedly urged him to end a relationship with a woman older than him; a 14-year-old girl threatened to kill herself if her mother did not return her phone to prevent her from talking to guys (Quarshie at, 2015).

3.1.1.5. Losing of loved one.

Not everyone can get over the death of a loved one. Ermera-born MA. In March 2014, her 16-year-old youngest child killed herself. She did this when;

"She heard that her partner had killed himself at that day. She killed herself after two days. She was quiet and worked hard. She wanted to stay with her boyfriend, so she made her family talk soon about getting married. They've talked about how their kids will start their own families. The boyfriend's family was still worried about him and didn't want him to marry so soon. They thought that before getting married, their son should finish school and get a good job. They turned away from reality."

In Ghana, for example, approximately 13.5% of adolescents committed suicide as a result of the loss of a significant other, whether through the end of a relationship or the death of a boy or girl friend. All of the teen suicides (9.0% of them) attributed to a break-up were reported by girls who had been dumped by their boyfriends. In one case of completed adolescent suicide, a 17-year-old girl consumed weedkiller after her boyfriend, had broken up with her and moved in with someone else (Quarshie at, 2015).

3.1.1.6. Traumatization of family murder

The data also showed that people were traumatised and depressed after seeing their family killed in front of them. AR was so traumatised and depressed after seeing her father kill her mother. "When she lived with her parents in Maliana, she saw her father kill her mother until she died, which led to her father getting a life sentence in prison. Because of the way his father treated her, she became traumatised and depressed, and then she killed herself.

Similar thing happened to MM, who had mental illness because he saw his son get killed by his playing partner in Atambua in 1992. This really traumatised and depressed him.

"It was a terrible nightmare for him when his 7-year-old son was killed by a playmate in Atambua, Indonesia, in 1992. His friends tortured and burned his son, which left him paralysed. Since he and his family moved back from Atambua to Maliana in 2002, this event really traumatised him. Since he couldn't get better, he killed himself in Maliana Municipality that same year."

3.1.1.7. Chronic Conditions in Health

Evidence also shows that many people in Timor-Leste committed suicides because they were depressed for a long time because of a long-term illness. MG, who has had diabetes for almost 8 years, says;

"I have to go to the doctor regularly to check up more about my condition and take medicine to get better." Doctor also used to remind me that my disease was long-term and that it would be hard to get better if I wasn't serious about getting better. He even told me to stop eating some of my favourite and most delicious foods so I could get better. Unless I do something, I may soon end my life. When I heard what the doctor said, I was angry and sad because I wasn't taking my medicine or eating right. I couldn't fast for long periods of time, and I didn't have enough money to buy medicine, so I thought it would be best to end my life soon."

Based on what his wife and daughter told the police, DdS, who was 56 years old and committed suicide on May 25, 2018, had a similar experience. During this time, he tried to treat his long-term illnesses, such as diabetes, stroke, and stomach problems. He tried to get better at the Gleno Health Center, the Guido Valadares National Hospital, and the Bairropite Clinic in Dili, but nothing worked. He's had this illness for a few years now. It made him angry and sad, and he decided to kill himself."

Their chronic conditions (MG and DS) support the idea that people with severe pain or disability may attempt suicide because they think death is near (Scheider & Shenassa, 2008; Hedin, 2002, 1999). . Studies show that one-third of suicide victims had bad physical health in the months leading up to their death (Sadock & Sadock, 2007; Conwell et al., 1990). Illness-related suicides are becoming more common and contentious (Dickens et al., 2008). Data presented the experienced suicide of MG and DS and confirmed by other literature reviewed health chronic diseases by Soejono (2019) led people to lose hope and commit suicide. According to Soejono (2019), frustrated and depressed chronic illness patients often commit suicide.

People with this illness are more likely to try suicide (Tatatelli et al., 2007; Carrier & Ennis, 2004). (Sadock & Sadock, 2007; Sher et al., 2005). (Sadock & Sadock, 2007; Sher et al., 2005).

3.1.1.8. Unwanted Pregnancy.

Al was impregnated by her boyfriend when she was still a young age and studying a university in Dili. Many women were sexually abused by their partners, relatives, and even their fathers, resulting in pregnancies that may have been frustrating and depressing. Since her boyfriend had a wife, she chose not to live with him in a house as husband and wife. Al's parents were also shocked and wouldn't let her marry her boyfriend. He married her recklessly. This issue really traumatised and depressed her and led to suicide."

CX also "committed suicide after marrying at 12 years old. Her teenage self subconsciously married. She never completed primary school after marrying. The young husband has no full responsibilities to his wife and child. This made her sad, stressed, traumatised, and depressed, leading to her suicide."

Sta was really sad and depressed," she said. Her partner sexually abused her and caused pregnancy. She fled because she was tortured by her boyfriend. Her boyfriend's wife also called to terrorise and push her. She felt ashamed and alone. Since then, she was sad and depressed about her issue.

JB (single), suicide on January 8, 2018. She fled her parents and lived with her uncle in Samarapo Halmet, Suco Atabae, Posto Administrative of Atabae, where she committed suicide on a tree. Uncle Alarico Tavares raped her. She left her uncle and stayed with another uncle, Eduardo Tavares, in Vila Maria, Suco Rairobo.

FdC (22), born January 1, 2000. December 15, 2020, she committed suicide. She hanged herself on a tree, according to the victim's mother. Her partner left her, making her depressed and suicide."

BC of 27-year-old, who is a university student in Dili, committed suicide after being impregnated by her partner, a bus driver named MdC.

Clifford (2008:5) on her paper titled "Rape as a Weapon of War and its Long-term Effects on Victims and Society", also confirms that the increase of suicide especially among women of child-bearing which were related to unwanted pregnancies due to rape in Rwanda Case.

Similarly in Ghana today for example, around 4,7% young boys' and girls' suicide due to an unwanted pregnancy. It is really taboo and same the parents if a young girl is impregnated her boyfriend. In a case, a 17-year-old boy killed himself after two families told him he had impregnated their daughters and would be a parent in a few months. But on other hands, parents expected him staying in school. Ghana is a patriarchal society instead all young boys to attend school or vocational training, find good work, and be able to pay the bride price before having children (Quarshie at, 2015).

3.1.1.9. Alcoholic Addicted.

SL is a twenty-year-old boy with only a high school education. He committed suicide while under the influence of alcohol, as witnessed by a friend;

"During his leisure time at school, he would frequently enjoy wine with his friends. He had become inebriated at school one day, and a friend had to drive him home to sober up. He told a motorcycle-riding friend that he wanted to end his life. In his friend's mind, he was just a joke. He decided to end his life by hanging himself after a few drinks. His body was discovered in the room by his relative."

In a similar vein, Sara Markowitz, Pinka Chatterji, and Robert Kaestne (2003) state that excessive drinking can disguise the symptoms of melancholy and raise the risk of taking one's own life. Males are more likely to make the first move towards ending their own lives than women are.

Many empirical studies clarify the suicide-alcohol link. Alcohol's depressive effects and its negative effects on job, family, and social relationships increase a person's isolation and hopelessness, leading to extreme suicide. Alcohol affects Idu Mishmi families, society, and culture. As part of socialisation, toddlers learn to use and abuse alcohol because it is a cultural commodity. During personal crises, this socially learned behaviour causes excessive alcohol consumption. Intoxication-related violence, impulsivity, disinhibition, despair, rage, and other behaviours are linked to many crimes, including suicide, according to the study. This exploratory ethnographic study found that alcohol use is a major cause of Idu Mishmis suicides. Due to data and research shortages, the study recommends a deeper analysis.

3.1.2. Suicide as habit in families.

During interviews with the victims and their close relatives, some of the victims said they committed suicide because their grandparents or parents had done it.

"For example, PC killed himself because he knew that suicide runs in his family. He learned how to kill himself by setting himself on fire from his father. Both his father's brother and sister killed themselves by drinking too much. He said, "My family did that, so why didn't I?"

Some people in Timor-Leste are very accepting of suicide because they think it's a good way to solve their own problems. On the other hand, no one can stop someone from killing themselves. In this way, these lax rules might not allow whistleblowers to tell the public if they find out that someone has killed themselves.

Atilola (2015) assumes that the Yorùbá social/cultural cognitions which rooted in dishonour, shame, and masculine ethos may add to the phenomenology of suicide in Yorùbá communities. It is accepted that neurobiological conditions is also a risk factor and hopelessness as a specific (social) cognition that leads to suicide.

In Durkheim's suicide theory quoted by Hamlin at(2006) confirms that culture as a causal force can lead a group of people to suicide. Ethnographic and quantitative data on southwestern Brazil's preliterate Guarani-Kaiowá, one of the world's most suicidal groups, supports the writers' claim (Hamlin at; 2006).

3.1.3. Mental Illness

The INCT's researchers found that many young Timorese killed themselves because they were mentally ill. Many of them had mental disorders like depression or schizophrenia when they were still young. “

“Ro from Aileu Municipality, for example, had very unstable emotions and abnormal in temperament. She tried to kill herself by drinking Bygone and eating mouse poison and swallowing razor blades several times, but her parents and uncle stopped her. In the end, she killed herself by hanging herself.

Also, when IdS from Quelicai got to the Baucau Hospital, he kept saying, "I'll be taken away by the police soon, so I'll have to leave you all," even though he didn't mean to. This sentence shows that he was so sad and out of control emotionally that he killed himself.

PC also had the same problem with her mind. "He was so lonely, and he was a very quiet person who didn't talk to his family members very often. In the family, he was known as having a personality disorder or a bad temper." These strange behaviours may make them more likely to take their own lives when they have the chance.

3.1.4. Too Much Watching Horror Movie

Too much watch the horror movies may lead to lawbreaking. Some key sources said horror movies caused their suicide attempts.

"CX, for instance, killed herself because she always talked about suicide and tried to relate it to her favourite scary movies. "People kill each other and kill themselves as long as they do right things," she would say to clarify these things."

After watching too many scary movies with murder and suicide, IG had a similar experience.

"Since the scary movie where people killed each other and themselves. I immediately quit mistreating my brothers, parents, and friends. . I sometimes came home with dirty clothes. I considered suicide twice. I attempted suicide when I saw a rope and was angry. Happily, my uncle caught me. Finally, I realised that suicide was a bad plan, and seeing one was upsetting."

The data also showed that horror movie watchers, as perceived by IG and CX, misinterpret their lives. They think societies accept death. This may also cause abnormal self-perception and death. According to Davison (2006: 424), people commit suicide because they believe that harming oneself is part of their cultural heritage. In India, widows were self-motivated (Sati) to commit suicide to obey their deceased spouses. Bodily factors cause suicide. They frequently found higher suicide rates among the parents and close relatives of suicidal people than those of nonsuicidal people (bronisch & Lieb, 2008; Mittendorfer-Rutz et al 2008; Brent& Mann, 2003). The study found that over one third of youth suicide victims had a relative who attempted suicide (Gould et al,2003,1990). Such results may indicate genetic and biological factors.

3.1.5. Sign, Methods and Instruments used for suicide.

3.1.5.1. Illustrating Sign before suicide.

It's very important for the writer to acknowledge some of the warning signs that the victims showed by leaving written and spoken messages before they killed themselves.

Five out of ten suicides were reported to have left behind written or recorded notes. This indicates that the suicides were the results of careful preparation over time (refers to table 1).

The notes also show that the people who committed suicide were well aware of the pain they could leave behind for their loved ones. To them, it seemed like the only option available to them at the time.

According to the statistics, those who left messages were saying their final goodbyes to loved ones. Unfortunately, many of those who were contacted probably did not recognise the severity of the situation and did not move quickly enough to save the lives of those they were meant to help.

Therefore, it is important to provide some soft skills training to anyone, so that they may be sensible any signs to danger oneself, and in particular, may anticipate, to be a whistle blower of those who plan to commit suicide.

3.1.5.2. Methods of and Instruments for suicide.

In completed and attempted suicides, most victims admitted to hanging themselves, drinking bygones, vegetable pesticides, mice pesticides, and swallowing sharp blades.

In contrast to Timor-Leste, most suicides in other nations involve guns, pistols, and jumping from high bridges and buildings. Because Timorese cannot own guns or leap from high bridges and buildings. They still hung from trees and drank poisons to commit suicide.

Some victims were influenced by scary movies, particularly those about gun and pistol suicides. People may learn suicide tactics from too much TV coverage. Good ideas if not too much death news in media to reach young people.

Power wire, rope, sack rope, bygone, mice poison, and blades were ingested. Their daily wants are always around them, making them easy to use for suicide.

The rope sack of cement, electric cables, and vegetable pesticides are used for building homes, tying buffaloes and goats, spraying and killing vegetable pests, mice pesticides, and daily use sharp blades for suicide.

The data also suggest that physical availability of more culturally accepted methods of suicide may be a major determinant of suicide rates and that suicides may prevent suicidal people from using the most common methods.

The data also show that adolescent suicide in Timor-Leste was more likely to involve hanging (both genders), drinking, and pesticide intoxication (females). In contrast to Timor-

Leste, young men and women were more likely to commit suicide by firearm, jumping, or train. Eastern Europe hung, USA shot, and Hongkong and China jumped.

3.1.6. *The real impact of suicide.*

In fact, completed suicide left such direct or indirect emotional impacts on friends, family members, and neighbors.

People who committed suicide may left sense of guilty for their family members. They may feel isolated from communities. They are embarrassed to meet with the people who are surrounding them. In fact, the suicide may have some socio-psychological consequences for the families and those who were unable to commit suicide. Shock, denial, guilt, sadness, anger, and acceptance are some of the socio-psychological effects mentioned (Spillane, 2017: 150). As a result, they frequently prefer to isolate themselves at home or in any location where they are never acknowledged by others.

Suicide has also resulted in another permanent depressed family member, specifically those who have economically and socially dependents who search for foods for their daily consumptions and pay for their school fees. He or she also reacts with sadness when one of his or her family members dies (Cetin (2015). Though you may have felt anger towards the person you have lost or at yourself or family members who were unable to prevent these actions (Kral, 2012). However, some experiences indicate that survivors or family members may eventually accept this condition as a lesson learned in order to improve their future lives (Kral, 2012).

Finally, suicide has a genetic component; it can be a family tradition to solve problems from generation to generation. In this case, as seen in the experiences of AD, LM, and DS, suicide was used to solve problems because their ancestors, grandparents, and parents used suicide to address their life problems. Suicide is frequently a focus of their thoughts, according to some literature (Torborg, 2017). If someone has suicidal thoughts, speak with a mental health professional or a psychiatrist to help him or her find ways to break the cycle that leads to suicidal thoughts (Torborg, 2017).

3.1.7. Actions have been taken to safe the victims

Some interventions have been carried out by several youth organizations, religious organizations, public agencies and private to prevent people from committing suicides.

First, Covalima Municipality's "Uma Mahun" youth group helped suicide attempters. Even without qualified human resources, other facilities back their service.

"In Timor-Leste, a youth group called "mahun" in Covalima Municipality helps people who attempt suicide. Even though they have qualified psychiatrists to help victims and facilities like landline calls to warn for safety if someone attempts suicide, . Since he is the only provider, his wife and children would suffer greatly if he committed suicide. Life was revealed to him. After receiving help from the centre, he realised the value of life and repented of his self-harm."

Second, PRADET is an NGO that helps psychologically depressed people solve their issues. “Another agency, PRADET, and some priests can help depressed people, so they were helped by agencies with means. After a cleric helped AdS value himself, he couldn't commit suicide. He regretted it and told himself he would never commit suicide after seeing a suicide on TV. He seeks direction. He vowed to stop hurting himself because he has many children to raise.”

Third, some clerics can also counsel and prevent attempted suicide. AdS couldn't commit suicide. He regretted seeing a priest and being told not to commit suicide. He regretted it and told himself he would never commit suicide after seeing a suicide on TV.

Fourth, CdJ, who runs Saint Antonio's organisation and advises many troubled youths, heard about this incident and quickly intervened to advise CA to protect the victim. .

By training doctors to spot and treat depression early, a Swedish programme reduced community suicide (Rihmer, Tutz, & Pihlgren, 1995). The school started staff suicide education and group therapy for recruits near to suicide victims to prevent a suicide epidemic (Grigg, 1988).

IV. Conclusions

The writer intends to conclude the following after data presentation and analysis.

First, the data showed that Timorese people suicide rates are rising.

Second, the study found several causes of suicide in Timor-Leste. (a) Self-depression: breaking up with loved one, losing economic dependant animals, oppression of tradition regulation, feeling neglected, disapproval of marriage, suicide of loved one, traumatization family murder, health chronic diseases, and pregnancy of sexual abuse, (b) suicide as cultural values, (c) mental illness, and (d) watching too much horror film.

Third, most victims left written notes before committing suicide, but the family never read them.

Fourth, most suicide victims still hanged themselves, swallowed sharp blades, or drank pesticides to death. Nobody committed suicide by leaping from roofs, trains, or firearms.

Fifth, dark cables, ropes, cement ropes, pesticides, and bygones are readily available for suicide.

Finally, several interventions have been made to help the victims, but they still lack immediate communications, qualified human resources like psychologists and psychiatrists, and protection from dangerous actions.

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No	Name of the victim	Message left	Notes
01	IdS (2020)	"Please, take care of my baby. I'll be leaving soon and won't be back."	Written in a piece of paper and leaving before he committed suicide
02	AS(2002)	"Mother and father, good bye forever"	Written in a piece of paper, he left before committed suicide.
03	CX	"It is not your fault, you aren't the cause of my suicide, but I voluntary decided to do so."	Written in a piece of paper left on her making up table before committed suicide
04	MM	"One day you will witness on my death and you should know that my parents all died, so I want to die too and I don't scare of lost my life."	He conveyed this message verbally to his wife, before he got suicide.
05	IG	"He showed his picture of trying to suicide and he also ever told to his brother , he wanted to suicide ."	He showed his picture of attempting to suicide and conveyed verbally to his brother, he wanted to suicide.
06	Fr.	"Please take care of our children well"	He conveyed this message in a piece of paper and the message is still in the police hands.
07	NS.	"It is my own willingness to do so , it is not anyone else fault".	It was written in a piece of paper
08	MdS.	"Your eldest son who is very clever and diligent will be separated from you forever."	It was appeared in the dreaming of his father
09	Al.	"I am boring to live, and one day I should die because I feel my life has no meaning."	She communicated verbally to her parents.
10	Ar.	I left a written note said that, you don't need to look for me, I have a plan to leave you forever and I will not come back anymore."	He left a written letter to his family on the eating table.

Table : messages left by the victims.

VII. Charts