

## Suicide in the Brazilian Black population: a note on invisible deaths

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Suicide in the Brazilian black population is a phenomenon that refers to the process of enslavement of Africans and the persistence of structural racism in Brazil. Oliveira and Oda (2008), analyzed news published during the last two decades of the nineteenth century, and reported that suicide among enslaved used to receive a different treatment than the suicide cases among free men. In the first case, the news were “usually accompanying general comments on the quilombos’ formation, fugues, murders, protest and rebellion, revenge and rarely had detailed treatment” p.372 (free translation). Foreign reports, however, emphasized that this was a very common practice. The voluntary deaths among the enslaved happened passively as refusing food and let themselves die in extreme apathy or in an active way, by hanging (mainly men), drowning (common among women), use of white weapons and revolvers among others. Death by suicide was attributed to many things such as “banzo” (homesickness or deep depression), the belief of reincarnation and return to Africa, or “disgust with captivity”. Factors such as “bad habits”, “addictions”, despair due to severe condemnations and “madness” were especially emphasized.

From the twentieth century, there were scarce literature regarding slave suicide or even in the contemporary black population. In the second decade of the 21st century, a few texts published by news agencies provided considerations about this subject, personal blogs and websites aimed at the black public, in general, comment on the possible influence of racism in specific cases. In a quick review specially carried out for this event, no book or national article indexed in the Scientific Electronic Library Online - SciELO was identified using the following descriptors: “suicide” and “black population”. Interesting the fact that numerous articles (n = 246) are located when the descriptor “suicide” is used alone.

Few information or analysis about the black population are found in scientific papers in the field of epidemiology on suicide in the Brazilian population. They highlight only (and rarely) the late insertion of the race / color variable in the Mortality Information System of the Ministry of Health (SIM / MS) in 1996 and underreporting, due to the social stigma that favors the omission of cases in general.

It is noteworthy that, although blacks correspond to about 54% of the Brazilian population, reaching numerical representativeness in the studied universe, and are exposed to the main individual and collective predisposing factors to suicide presented in the literature, this group does not receive any specific analysis about its under-representation in notifications. In order to raise hypotheses about this phenomenon, the following are presented statistics that make us question the possible causes of the low representation of the black population in the studies about suicide.

In reviews, such as those presented by Machado and Santos (2015) and Botega (2015), are highlighted as privileged forms of suicide in Brazil hanging, firearm injury

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and autointoxication by pesticides. Furthermore, it is pointed out the greatest number of cases among men, over 59 years of age and concentration in the South and Midwest regions of the country. Regarding race, the authors mentioned above and others tend to discuss and raise hypotheses about the deaths between natives and whites, leaving the black population out of the analysis. In general, they report a significant growth among light-skinned blacks and the maintenance of a low number of cases among darker skinned blacks in the last decade.

We emphasize that structural and institutional racism have been pointed out by national social movements, government publications and international organizations as determinants of the low quality of life and inequity in access to health that correspond to the risk factors for suicide reported in the literature. According to data from the IBGE (Brazil, 2016, IBGE, 2017) in relation to a) social inequality, low income and unemployment - light-skinned blacks and darker skinned blacks receive respectively 55.6% and 54.9% of the income of whites and is the most of the unoccupied population, being 52.7% light-skinned blacks and 11.0% darker skinned blacks (black = 63%), corresponding to  $\frac{3}{4}$  of the poorest population; b) low schooling - has a higher incidence of illiteracy (11.8%) and represents only 37.4% of university students; C) drug abuse and mental disorders (mainly schizophrenia and others in which despair and self-devaluation stand out) - white population have more access to mental health care network for alcohol abuse (44%) and other drugs (42%), which Light-skinned blacks with respectively 26% and 22%. However, mortality (per 100,000 inhabitants) is alarming in the black population due to alcohol abuse 5.3 among darker skinned blacks (who die 2 times more than whites), 3.89 among Light-skinned blacks, 2.69 among whites and 2.08 among indigenous. This latter information is particularly relevant because the published articles tend to point to alcoholism as an important variable in suicide among indigenous, disregarding the differences between their ethnic subgroups and the higher death rates related to alcohol and other drug abuse among blacks than in the indigenous population.

We found a single reference to suicide in a governmental publication about health of the black population (Brazil, 2016) without any further analysis. It is noteworthy that the black population (especially the male population) dies from external causes and violence, corresponding to 67.9% of the deaths due to aggression and 51.9% due to ground transportation accidents. In stratification by age group, of the 152,013 deaths from external causes, 55,291 (36%) occurred among young people aged 15 to 29 years. In this age group, 49,555 (90%) were male and 32,632 (59%) were of color / black race and the most frequent causes were aggressions 62% (20,204 deaths), transportation accidents 22% (7,201 deaths) and suicide 4% (1,254 deaths).

In another publication, which refers to deaths by firearms, the second most common form of suicide in the country, we are warned that there is a huge shortage of sources and few alternatives for studying the color of victims in mortality by firearms (Waiselfisz, 2016). Although this survey indicates that among firearms deaths, 70.5% of homicide cases and 37.8% of suicide occurred with blacks, no analysis is presented on these numbers.

In conclusion to the presented above, we question the invisibility of the deaths by suicide in a historically submitted to extreme physical, psychic and social suffering population. Low numbers of reported cases in this particular population should elicit studies that investigate these disparities. We highlight, as possible causes of underreporting suicide rate in the Brazilian black population, the high number of homicides among young

black men and maternal murderers among black women, social unrecognized bereavement of black families, lack of academic interest for the health of this population and non-recognition of suicide cases and the psychic suffering of the black population in part caused by professionals who sign death certificates, as a result from structural and institutional racism.

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