Supplementary appendix

This appendix formed part of the original submission and has been peer reviewed. We post it as supplied by the authors.

Supplementary appendix

Appendix I: Search strategy

Appendix II: Country classification

Appendix III: Characteristics of included studies, by poverty dimension (N=37)
Appendix I: Search strategy

**MEDLINE (OvidSP)**

1. exp self-injurious behavior/
2. exp euthanasia/ or suicide, assisted/
3. 1 not 2
4. (suicid* or parasuicid* or "self-killing" or self-injur* or self-mutilat* or self-harm* or self-immolat* or self-poison* or defenestrat* or self-drowning or self-hang* or "deliberate overdose").mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier]
5. ("assisted suicide" or euthanasia or "assisted dying").mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier]
6. 4 not 5
7. exp Socioeconomic Factors/ or External Debt/
8. career mobility/ or exp social class/
9. 7 not 8
10. (poverty or deprivation or poor* or distress or hardship or destitut* or "economic barrier" or "economic burden" or "financial distress" or "financial stress" or debt* or "catastrophic expenditure" or "catastrophic payment" or income or socioeconomic or socio-economic or wealth).mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier]
11. (Afghanistan or Bangladesh or Benin or "Burkina Faso" or Burundi or Cambodia or "Central African Republic" or Chad or Comoros or "Democratic Republic of the Congo" or DRC or Zaïre or Eritrea or Ethiopia or Gambia or Guinea or Guinea-Bissau or "Guinea Bissau" or Haiti or Kenya or "Democratic Republic of Korea" or "North Korea" or DPRK or Kyrgyzstan or "Kyrgyz Republic" or Liberia or Madagascar or Malawi or Mali or Mozambique or Myanmar or Burma or Nepal or Niger or Rwanda or "Sierra Leone" or Somalia or "South Sudan" or Tajikistan or Tanzania or Togo or Uganda or Zimbabwe).mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier]
12. (Armenia or Bhutan or Bolivia or Cameroon or "Cape Verde" or "Cabo Verde" or Congo or "Cote d Ivoire" or "Ivory Coast" or Djibouti or Egypt or "El Salvador" or Georgia or Ghana or Guatemala or Guyana or Honduras or India or Indonesia or Kiribati or Kosovo or Lao or Laos or Lesotho or Mauritania or Micronesia or Moldova or Mongolia or Morocco or Nicaragua or Nigeria or Pakistan or "Papua New Guinea" or Paraguay or Philippines or Samoa or "Sao Tome" or Príncipe or Senegal or "Solomon Islands" or "Sri Lanka" or Sudan or Swaziland or Syria or "Syrian Arab Republic" or Timor-Leste or "Timor Leste" or "East Timor" or Ukraine or Uzbekistan or Vanuatu or Vietnam or "Viet Nam" or "West Bank" or Gaza or Yemen or Zambia).mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier]
13. (Albania or Algeria or "American Samoa" or Angola or "Argentine Republic" or Argentina or Azerbaijan or Belarus or Belize or Bosnia or Herzegovina or Botswana or Brazil or Bulgaria or China or Colombia or "Costa Rica" or Cuba or Dominica or "Dominican Republic" or Ecuador or Fiji or Gabon or Grenada or Hungary or Iran or Iraq or Jamaica or Jordan or Kazakhstan or Lebanon or Libya or Macedonia or Malaysia or Maldives or "Marshall Islands" or Mauritius or Mexico or Montenegro or Namibia or Palau or Panama or Peru or Romania or Serbia or Seychelles or "South Africa" or "St Lucia" or "Saint Lucia" or "St Vincent" or "Saint Vincent" or Grenadines or Suriname or Thailand or Tonga or Tunisia or Turkey or Turkmenistan or Tuvalu or Venezuela).mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier]
14. developing countries/ or exp africa/ or exp asia, central/ or exp asia, southeastern/ or exp central america/ or exp south america/ or exp middle east/
15. ("developing country" or "developing countries" or "low-income country" or "low-income countries" or "low income country" or "low income countries" or "middle-income country" or "middle-income countries" or "middle income country" or "middle income countries" or "third
world" or Africa or "Central Asia" or "South Asia" or "Southeast Asia" or "South-East Asia" or "Central America" or "Latin America" or "South America" or "Middle East").mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier]

16  3 or 6
17  9 or 10
18  11 or 12 or 13 or 14 or 15
19  16 and 17 and 18
20  limit 19 to yr="2004 -Current"
Appendix II: Country classification

Low income:

Lower middle income:

Upper middle income:
Albania, Algeria, American Samoa, Angola, Argentina, Azerbaijan, Belarus, Belize, Bosnia and Herzegovina, Botswana, Brazil, Bulgaria, China, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, Fiji, Gabon, Grenada, Hungary, Iran, Islamic Rep., Iraq, Jamaica, Jordan, Kazakhstani, Lebanon, Libya, Macedonia, FYR, Malaysia, Maldives, Marshall Islands, Mauritius, Mexico, Montenegro, Namibia, Palau, Panama, Peru, Romania, Serbia, Seychelles, South Africa, St. Lucia, St. Vincent and the Grenadines, Suriname, Thailand, Tonga, Tunisia, Turkey, Turkmenistan, Tuvalu, Venezuela, RB
### Appendix III: Characteristics of included studies, by poverty dimension (N=37)

<table>
<thead>
<tr>
<th>First author</th>
<th>Setting</th>
<th>Study population</th>
<th>Study design</th>
<th>Poverty dimension</th>
<th>Suicide dimension</th>
<th>Analysis</th>
<th>Association between poverty-suicide</th>
<th>Study quality</th>
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<tbody>
<tr>
<td><strong>Individual level</strong></td>
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<td><strong>Relative poverty</strong></td>
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<tr>
<td>Borges et al, 2010††</td>
<td>21 countries</td>
<td>Adults (n/a age)</td>
<td>Cross-sectional study</td>
<td>Relative poverty</td>
<td>Non-fatal</td>
<td>Bivariate</td>
<td>Null</td>
<td>++</td>
</tr>
<tr>
<td></td>
<td>Community based (rural and urban)</td>
<td>n/a gender</td>
<td>(n=108705)</td>
<td>Family income defined into four categories based on the ratio of income to number of family members relative to the official poverty line (self-reported as part of WHO Composite International Diagnostic Interview)</td>
<td>Planned and unplanned 12 month suicide attempt (self-report as part of WHO Composite International Diagnostic Interview)</td>
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<td>12-month planned suicide attempt among 12-month ideators: OR=1.5, 95% CI 0.7–2.8, p&gt;0.05</td>
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<td>Non-fatal</td>
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<td>12-months unplanned suicide attempt among 12-month ideators: OR=0.5, 96% CI 0.2–1.3, p&gt;0.05</td>
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<tr>
<td>Grigoriev et al, 2013†</td>
<td>Belarus</td>
<td>Adolescents and adults (13-64 years old)</td>
<td>Ecological study</td>
<td>Relative poverty</td>
<td>Fatal</td>
<td>Multivariate</td>
<td>Positive</td>
<td>++</td>
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<tr>
<td></td>
<td>Community based (rural and urban)</td>
<td>n/a gender</td>
<td>(n=a/a)</td>
<td>Proportion of people with income below the poverty line (Income and Expenditure of Households Sample Survey)</td>
<td>Number of completed suicides (National Committee of Statistics of Belarus)</td>
<td></td>
<td>12-month suicide ideation among total sample: OR=1.3, 95% CI 1.5–2.0, p&lt;0.05</td>
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<td></td>
<td></td>
<td>Non-fatal</td>
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<td>12-months suicide plan among 12-month ideators: OR=1.7, 95% CI 1.1–2.7, p&lt;0.05</td>
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<tr>
<td>Dai et al, 2011†</td>
<td>China</td>
<td>Adolescents and adults (16-34 years old)</td>
<td>Cross-sectional study</td>
<td>Economic status and wealth assets</td>
<td>Non-fatal</td>
<td>Multivariate</td>
<td>Null</td>
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<tr>
<td></td>
<td>Community based (rural)</td>
<td>53% female</td>
<td>(n=1654)</td>
<td>Perceived financial status (self-report)</td>
<td>Suicide attempt (self-report as part of National Comorbidity Survey)</td>
<td></td>
<td>OR = 3.26, 95% CI 0.98–10.83, ps=0.1306</td>
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<tr>
<td>First author</td>
<td>Setting</td>
<td>Study population</td>
<td>Study design (sample size)</td>
<td>Poverty dimension</td>
<td>Suicide dimension*</td>
<td>Analysis</td>
<td>Association between poverty-suicide</td>
<td>Study quality b</td>
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<td>Gedela et al, 2008†</td>
<td>India</td>
<td>n/a age, farmers, n/a gender</td>
<td>Cross-sectional study (n=74)</td>
<td>Economic status and wealth assets</td>
<td>Non-fatal</td>
<td>Multivariate</td>
<td>Positive Suicidal ideation: OR=2.93, 95% CI 1.82–4.71, p=0.0000</td>
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<td></td>
<td>Community based (rural)</td>
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<td>Perceived financial status (self-report)</td>
<td>Suicidal ideation, serious ideation, suicide plan (self-report as part of National Comorbidity Survey)</td>
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<td>Serious ideation: OR=2.25, 95% CI 1.21–4.19, p=0.0017</td>
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<td>Suicide plan: OR=2.15, 95% CI 1.04–4.41, p=0.0067</td>
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<tr>
<td>Gong et al, 2011*</td>
<td>China</td>
<td>Adolescents, adults and older people (13+ years old) 61% female</td>
<td>Cross-sectional study (n=3821)</td>
<td>Economic status and wealth assets</td>
<td>Fatal</td>
<td>Multivariate</td>
<td>Null</td>
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<tr>
<td></td>
<td>Community based (rural)</td>
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<td>Value of livestock (as reported by family)</td>
<td>Number of completed suicides (local legal death registers)</td>
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<td>OR=0.9983149, SD=0.0009286, p=0.070</td>
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<tr>
<td>Kaur et al, 2010⁷</td>
<td>India</td>
<td>n/a age, farmers, n/a gender</td>
<td>Case-control study (n=120 families)</td>
<td>Economic status and wealth assets</td>
<td>Fatal</td>
<td>Multivariate</td>
<td>Positive Severe suicidal ideation: OR 4.33, 95% CI 3.15–5.94, p&lt;0.001</td>
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<td>Community based (rural)</td>
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<td>Perceived financial status (self-report)</td>
<td>Six-months prevalence of suicidal thoughts, suicidal attempts or self-injury (self-report)</td>
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<td>First author</td>
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<td>Study population</td>
<td>Study design (sample size)</td>
<td>Poverty dimension</td>
<td>Suicide dimension*</td>
<td>Analysis</td>
<td>Association between poverty-suicide</td>
<td>Study quality b</td>
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<tr>
<td>Kinyanda et al, 2011</td>
<td>Uganda</td>
<td>Children, adolescents and adults (0-19 years old)</td>
<td>Cross-sectional study (n=1492)</td>
<td>Economic status and wealth assets Family’s total income per month (in Uganda shillings) (self-report)</td>
<td>Non-fatal Suicidal ideation, self-harm and suicide attempt (MINI International Neuropsychiatric Interview for children and adolescents to measure adolescent suicidality)</td>
<td>Bivariate</td>
<td>Positive</td>
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<td>53% female</td>
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<td>OR (95% CI) for family income less than 15,000: OR=1</td>
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<td>Family income 15,000–99,000: OR=0.5, 95% CI 0.3–1.1</td>
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<td>Family income more than 100,000: OR=0.3, 95% CI 0.1–0.9</td>
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<tr>
<td>Kong et al, 2010</td>
<td>China</td>
<td>Children and adults (13-64 years old)</td>
<td>Case-control study (n=740)</td>
<td>Economic status and wealth assets Annual Family income (as collected via psychological autopsy)</td>
<td>Fatal Number of completed suicides (official records)</td>
<td>Bivariate</td>
<td>Positive</td>
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<td>47% female</td>
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<td>Suicide vs. control: t= -3.79, p&lt;0.001</td>
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<td>Ma et al, 2009</td>
<td>China</td>
<td>Adolescents, adults and older people (13+ years old)</td>
<td>Cross-sectional study (n=5926)</td>
<td>Economic status and wealth assets Monthly income (self-report)</td>
<td>Non-fatal Life-time prevalence of suicidal ideation and plans (self-report)</td>
<td>Bivariate</td>
<td>Null</td>
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<td>54% female</td>
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<td>Suicidal ideation: OR=0.3, 95% CI 0.1–1.1, p&gt;0.05</td>
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<td>Suicidal plans: OR=0.4, 95% CI 0.1–1.5, p&lt;0.05</td>
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<td>OR=0.2, 95% CI 0.06–0.6, p&lt;0.05</td>
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<td>Manoranjitham et al,</td>
<td>India</td>
<td>Children, adolescents, adults and older people (n/a age)</td>
<td>Case-control study (n=200)</td>
<td>Economic status and wealth assets Monthly family income less than 2400 Indian Rupees (self-report)</td>
<td>Fatal Number of completed suicides (official suicide surveillance system)</td>
<td>Bivariate</td>
<td>Null</td>
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<tr>
<td>2010</td>
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<td>41% female</td>
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<td>OR=1.0, 95% CI 0.6–1.8, p&lt;0.09</td>
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<tr>
<td>Mukhopadhyay et al,</td>
<td>India</td>
<td>Adolescents (13–18 years old)</td>
<td>Cross-sectional study</td>
<td>Economic status and wealth assets Perceived economic status (SES)</td>
<td>Non-fatal 12-month prevalence of suicide</td>
<td>Multivariate</td>
<td>Positive</td>
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<td>2012</td>
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<td>Suicidal ideation: OR=</td>
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<td>Setting</td>
<td>Study population</td>
<td>Study design</td>
<td>Poverty dimension</td>
<td>Suicide dimension*</td>
<td>Analysis</td>
<td>Association between poverty-suicide</td>
<td>Study quality b</td>
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<tr>
<td>Polatöz et al, 2011</td>
<td>Turkey Community</td>
<td>Adolescents and adults (13–64 years old) 55% female</td>
<td>Cross-sectional study (n=1117)</td>
<td>Economic status and wealth assets Level of family income, classified as high, middle and low (Socio-demographic Information Form)</td>
<td>Non-fatal Suicidal ideation and intent (Suicidal Behaviour Questionnaire, Suicidal Intent Scale and Suicidal Ideation Scale)</td>
<td>Bivariate</td>
<td>Null SUICIDAL BEHAVIOUR QUESTIONNAIRE : KW=2.97, p=0.61</td>
<td>+</td>
</tr>
<tr>
<td>Sauvaget et al, 2009</td>
<td>India Community based (rural)</td>
<td>Adults and older people (35+ years old) 62% female</td>
<td>Cohort study (n=131720)</td>
<td>Economic status and wealth assets Monthly household income (as reported by family)</td>
<td>Fatal Number of completed suicides (official death register)</td>
<td>Bivariate</td>
<td>Null Monthly income &lt;1500 Rs: RR=1.00 (Reference)</td>
<td>+</td>
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</tbody>
</table>

*Suicide dimension: ideation and attempt (self-report)  
Analysis: Bivariate Null  
Association between poverty-suicide: 2.23, 95% CI 1.62–3.06, p<0.05  
Study quality: +
<table>
<thead>
<tr>
<th>First author</th>
<th>Setting</th>
<th>Study population</th>
<th>Study design (sample size)</th>
<th>Poverty dimension</th>
<th>Suicide dimension*</th>
<th>Analysis</th>
<th>Association between poverty-suicide</th>
<th>Study quality b</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tran Thi Thanh et al, 2006¹⁵</td>
<td>Vietnam (urban)</td>
<td>Adolescents, adults and elderly people (13+ years old) 52% female</td>
<td>Cross-sectional study (n=2280)</td>
<td>Economic status and wealth assets Socio-economic status classified as high or low on the basis of mean monthly family income (self-report)</td>
<td>Non-fatal Lifetime and 12-month prevalence of prevalence suicidal thoughts (self-report in response to SUPRE-MISS community survey questionnaire)</td>
<td>Bivariate</td>
<td>Positive Low income and life-time prevalence of suicidal ideation: OR=1.9, 95% CI 1.4–2.7, p&lt;0.01</td>
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<td>Economic status and wealth assets Socio-economic status classified as high or low on the basis of mean monthly family income (self-report)</td>
<td>Non-fatal Lifetime and 12-month prevalence of prevalence suicidal thoughts (self-report in response to SUPRE-MISS community survey questionnaire)</td>
<td>Multivariate</td>
<td>Positive Low income and life-time prevalence of suicidal ideation: OR=1.7, 95% CI 1.1–2.6, p&lt;0.01</td>
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<tr>
<td>Toprak et al, 2011¹⁶</td>
<td>Turkey (rural and urban)</td>
<td>Adolescents and adults (13-64 years old) , students 54% female</td>
<td>Cross-sectional study (n=636)</td>
<td>Economic status and wealth assets Level of income, classified as low or high (self-report)</td>
<td>Non-fatal Life time prevalence of suicidal ideation (self-report)</td>
<td>Bivariate</td>
<td>Null Low income: OR=0.69, 95% CI 0.39–1.23, p&gt;0.05</td>
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<td>Economic status and wealth assets Level of income, classified as low or high (self-report)</td>
<td>Non-fatal Life time prevalence of suicide attempt (self-report)</td>
<td>Bivariate</td>
<td>Positive Low income: OR=2.22, 95% CI 1.1–4.34, p&lt;0.05</td>
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<td>Economic status and wealth assets Level of income, classified as low or high (self-report)</td>
<td>Non-fatal Life time prevalence of self-harm (self-report)</td>
<td>Multivariate</td>
<td>Positive Low income: adjusted OR=2.10, 95% CI 1.07–4.12, p=0.02</td>
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<tr>
<td>First author</td>
<td>Setting</td>
<td>Study population</td>
<td>Study design (sample size)</td>
<td>Poverty dimension</td>
<td>Suicide dimension*</td>
<td>Analysis</td>
<td>Association between poverty-suicide</td>
<td>Study quality^b</td>
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<tr>
<td>Toros et al, 2004^7</td>
<td>Turkey</td>
<td>Children, adolescents and adults (10-20 years old)</td>
<td>Cross-sectional study (n=4143)</td>
<td>Economic status and wealth assets</td>
<td>Non-fatal</td>
<td>Bivariate</td>
<td>Null</td>
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<td>School based (rural and urban)</td>
<td>n/a gender</td>
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<td>Family monthly income (self-report)</td>
<td>Suicide attempt (self-report)</td>
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<td>Suicide attempters vs. non suicide attempters: t=0.619, p=0.536</td>
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<tr>
<td>Wan et al, 2011^11</td>
<td>China</td>
<td>Adolescents (13-18 years old)</td>
<td>Cross-sectional study (n=17622)</td>
<td>Economic status and wealth assets</td>
<td>Non-fatal</td>
<td>Bivariate</td>
<td>Positive</td>
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<td></td>
<td>School based (urban)</td>
<td>51% female</td>
<td></td>
<td>Perceived family economic status</td>
<td>12-month prevalence of self-harm (self-report)</td>
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<td>Lower socio-economic status and single incidents of self-harm: OR=1.10, 95% CI 0.84–1.45, p=0.496</td>
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<td>Lower socio-economic status and repeat incidents of self-harm: OR=1.36, 95% CI 1.15–1.61, p&lt;0.001</td>
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<tr>
<td>Zhang et al, 2006^9</td>
<td>China</td>
<td>n/a age</td>
<td>Case-control study (n=166)</td>
<td>Economic status and wealth assets</td>
<td>Non-fatal</td>
<td>Bivariate</td>
<td>Positive</td>
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<td></td>
<td>Hospital based (urban)</td>
<td>46% female</td>
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<td>Perception of socioeconomic status (self-report)</td>
<td>Suicide attempt (Semi-structured questionnaire including 8 questions selected from Beck's Suicidal Intent Scale)</td>
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<td>Low socioeconomic status: Pearson score r=1.98, p&lt;0.05</td>
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<td>Unemployment</td>
<td>Ahmadi et al, 2009^9</td>
<td>Iran</td>
<td>n/a age</td>
<td>Unemployment</td>
<td>Non-fatal</td>
<td>Multivariate</td>
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<td>Hospital based (rural and urban)</td>
<td>87% female</td>
<td>Case-control study (n=60)</td>
<td>Employment status (self-report)</td>
<td>Hospital admission following intentional self-burning (hospital records)</td>
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<td>OR=0.58, 95% CI 0.11–3.20, p=0.53</td>
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<td>Aliverdinia et al, 2009^73</td>
<td>Iran</td>
<td>n/a age</td>
<td>Ecological study (n=100)</td>
<td>Unemployment</td>
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<td>Multivariate</td>
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<td>Community based (urban)</td>
<td>100% female</td>
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<td>Unemployment rate among working aged females (official statistics)</td>
<td>Number of completed suicides (Women’s Participation Centre Records)</td>
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<td>Labour force participation: r=−0.38, p&lt;0.01</td>
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<td>Almasi et al, 2009^21</td>
<td>Hungary</td>
<td>Adults (36-55 years old)</td>
<td>Case-control study (n=388)</td>
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<td>Urban and rural</td>
<td>68% female</td>
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<td>Employment status (police records)</td>
<td>Number of completed suicides (police records)</td>
<td></td>
<td>OR=7.75, 95% CI 2.74–21.95, p&lt;0.001</td>
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<td>Study population</td>
<td>Study design (sample size)</td>
<td>Poverty dimension</td>
<td>Suicide dimension*</td>
<td>Analysis</td>
<td>Association between poverty-suicide</td>
<td>Study quality†</td>
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<tr>
<td>Borges et al, 2010²²</td>
<td>21 countries Community based (rural and urban)</td>
<td>Adults (n/a age) n/a gender</td>
<td>Cross-sectional study (n=108705)</td>
<td>Unemployment</td>
<td>Non-fatal</td>
<td>Bivariate</td>
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<td>Employment status (self-report as part of WHO Composite International Diagnostic Interview)</td>
<td>12 month suicide plan and suicidal ideation (self-report as part of WHO CIDI)</td>
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<td>12-month suicide plan among 12-month ideators in developing countries: OR=1.0, 95% CI 0.7–1.4, p&gt;0.05</td>
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<td>Ekramzadeh et al, 2012²³</td>
<td>Iran Hospital based</td>
<td>Adults and older people (19+ years old), medically ill 39% female</td>
<td>Cross-sectional study (n=650)</td>
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<td>Employment status (self-report)</td>
<td>Non-fatal suicidal behaviours (self-report in response to the Harmful Behaviour Scale)</td>
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<td>Unemployment: r=0.056, p&gt;0.05</td>
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<td>Non-fatal</td>
<td>Multivariate</td>
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<td>Employment status (self-report)</td>
<td>Non-fatal suicidal behaviours (self-report in response to the Harmful Behaviour Scale)</td>
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<td>Employment status (self-report)</td>
<td>Non-fatal suicidal behaviours (self-report in response to Beck Scale for Suicidal Ideation Scale)</td>
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<td>Unemployment: r=0.140, p&lt;0.01</td>
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<td>Unemployment</td>
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<td>Study design (sample size)</td>
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<td>Suicide dimension*</td>
<td>Analysis</td>
<td>Association between poverty-suicide</td>
<td>Study quality b</td>
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<td>Grigoriev et al, 2013</td>
<td>Belarus Community based (rural and urban)</td>
<td>Adolescents and adults (13-64 years old) n/a gender</td>
<td>Ecological study (n=n/a)</td>
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<td>Unemployment rate (official statistics)</td>
<td>Number of completed suicides (National Committee of Statistics of Belarus)</td>
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<td>Males: beta=2.8, SE=0.8, p&lt;0.05 Females: beta=0.4, SE=0.2, p&gt;0.1</td>
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<td>Gururaj et al, 2004</td>
<td>India Community based (urban)</td>
<td>Children, adolescents, adults and older people (n/a age) 33% female</td>
<td>Case-control study (n=538)</td>
<td>Unemployment</td>
<td>Fatal</td>
<td>Bivariate</td>
<td>Positive</td>
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<td>Employment status (as collected via psychological autopsy with family members)</td>
<td>Number of completed suicides (police records)</td>
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<td>Unemployment: OR=6.15, 95% CI 3.28-11.55, p&lt;0.001</td>
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<td>Employment status (as collected via psychological autopsy with family members)</td>
<td>Number of completed suicides (police records)</td>
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<td>Unemployment</td>
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<td>Khan et al, 2008</td>
<td>Pakistan Community based</td>
<td>n/a age 17% female</td>
<td>Case-control study (n=200)</td>
<td>Unemployment</td>
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<td>Positive</td>
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<td>Employment status (as collected via psychological autopsy with friends or family members)</td>
<td>Number of completed suicides (police records)</td>
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<td>Unemployment: OR=3.0, 95% CI 1.1-8.2</td>
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<td>Manoranjitham et al, 2010</td>
<td>India Community based (rural)</td>
<td>Children, adolescents, adults and older people (n/a age) 41% female</td>
<td>Case-control study (n=200)</td>
<td>Unemployment</td>
<td>Fatal</td>
<td>Bivariate</td>
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<td>Employment status (self-report)</td>
<td>Number of completed suicides (official suicide surveillance system)</td>
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<td>Unemployment: Fisher’s exact test p= 0.49</td>
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<td>Manuel et al, 2008</td>
<td>Sri Lanka Hospital based (rural)</td>
<td>Adolescents and adults (13-64 years old) n/a gender</td>
<td>Ecological study (n=189)</td>
<td>Unemployment</td>
<td>Fatal</td>
<td>Multivariate</td>
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<td>Unemployment rate (official statistics)</td>
<td>Number of completed suicides (hospital records)</td>
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<td>Unemployment: IRR= 1.29, 95% CI 0.96-1.72, p=0.147 Attempted and completed suicides reported as one group.</td>
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<td>Unemployment</td>
<td>Non-fatal</td>
<td>Multivariate</td>
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<td>Unemployment rate (official statistics)</td>
<td>Hospital admission for suicide attempt (hospital records)</td>
<td></td>
<td>Unemployment: IRR= 1.29, 95% CI 0.96-1.72, p=0.147</td>
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<tr>
<td>First author</td>
<td>Setting</td>
<td>Study population</td>
<td>Study design (sample size)</td>
<td>Poverty dimension</td>
<td>Suicide dimension*</td>
<td>Analysis</td>
<td>Association between poverty-suicide</td>
<td>Study quality b</td>
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<td>Nojomi et al, 2007</td>
<td>Iran</td>
<td>Children, adolescents, adults and older people (n/a age) 65% female</td>
<td>Cross-sectional study (n=2300)</td>
<td>Unemployment Employment status (self-report)</td>
<td>Non-fatal Suicide ideation, suicide plans, suicide attempts (WHO SUPRE-MISS questionnaire with specific questions on suicide and related factors)</td>
<td>Bivariate Positive</td>
<td>Unemployment: Chi-square (p=0.02)</td>
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<td>Community based (urban)</td>
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<td>Ovuga et al, 2005</td>
<td>Uganda</td>
<td>Adults and older people (19+ years old) 33% female</td>
<td>Cross-sectional study (n=939)</td>
<td>Unemployment Employment status (self-report)</td>
<td>Non-fatal Suicide ideations, suicide plans, suicide attempts (WHO SUPRE-MISS questionnaire with specific questions on suicide and related factors)</td>
<td>Multivariate Positive</td>
<td>Unemployment: OR=2.538, 95% CI 1.078–5.977, p=0.033</td>
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<td>Community based (rural)</td>
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<td>Thanh et al, 2006</td>
<td>Vietnam</td>
<td>Adolescents, adults and older people (13+ years old)</td>
<td>Cross-sectional study (n=2280)</td>
<td>Unemployment Employment status (self-report)</td>
<td>Non-fatal Life-time and 12-month prevalence of prevalence</td>
<td>Bivariate Null</td>
<td>Life-time prevalence of suicidal ideation: OR=1.2,</td>
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<td>Study population</td>
<td>Study design</td>
<td>Poverty dimension</td>
<td>Suicide dimension</td>
<td>Analysis</td>
<td>Association between poverty-suicide</td>
<td>Study quality</td>
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<tr>
<td>Borges et al, 2010&lt;sup&gt;c&lt;/sup&gt;</td>
<td>21 countries Community based (rural and urban)</td>
<td>Adults (n/a age) n/a gender</td>
<td>Cross-sectional study (n=108705)</td>
<td>Economic/ financial problems</td>
<td>Economic adversity (self-report as part of WHOCIDI)</td>
<td>Bivariate</td>
<td>Null</td>
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<tr>
<td>Gururaj et al, 2004&lt;sup&gt;c&lt;/sup&gt;</td>
<td>India Community based (urban)</td>
<td>Children, adolescents, adults and older people (n/a age) 33% female</td>
<td>Case-control study (n=538)</td>
<td>Economic/ financial problems</td>
<td>Sudden economic bankruptcy; chronic financial problems; poverty in last 12 months and poverty since childhood (as collected via psychological autopsy with family members)</td>
<td>Bivariate</td>
<td>Positive</td>
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**Economic/financial problems**

- **Borges et al, 2010**
  - Setting: 21 countries Community based (rural and urban)
  - Study population: Adults (n/a age) n/a gender
  - Study design: Cross-sectional study (n=108705)
  - Poverty dimension: Economic/financial problems
  - Suicide dimension: Non-fatal 12 month planned and unplanned suicide attempt, suicide plan and suicidal ideation (self-report as part of WHO Composite International Diagnostic Interview)
  - Analysis: Bivariate
  - Association between poverty-suicide: 12-month planned suicide attempt among 12-month ideators: OR=0.4, 95% CI 0.1–4.2, p<0.05
  - Study quality: ++

- **Gururaj et al, 2004**
  - Setting: India Community based (urban)
  - Study population: Children, adolescents, adults and older people (n/a age) 33% female
  - Study design: Case-control study (n=538)
  - Poverty dimension: Economic/financial problems
  - Suicide dimension: Fatal Number of completed suicides (police records)
  - Analysis: Bivariate
  - Association between poverty-suicide: Financial problems: OR=2.07; 95% CI 1.43–3.01, p<0.001
  - Study quality: -
<table>
<thead>
<tr>
<th>First author</th>
<th>Setting</th>
<th>Study population</th>
<th>Study design (sample size)</th>
<th>Poverty dimension</th>
<th>Suicide dimension*</th>
<th>Analysis</th>
<th>Association between poverty-suicide</th>
<th>Study quality b</th>
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</thead>
<tbody>
<tr>
<td>Hong et al, 2007</td>
<td>China Community based (rural)</td>
<td>Children, adolescents, adults and older people (n/a age), sex workers</td>
<td>Cross-sectional study (n=454)</td>
<td>Economic/ financial problems</td>
<td>Financial concerns (self-report)</td>
<td>Non-fatal</td>
<td>Positive</td>
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<td>100% female</td>
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<td>Non-fatal Six-month prevalence of suicidal ideation or suicidal attempt among sex workers (self-report)</td>
<td>Multivariate</td>
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<td>Multivariate Positive Becoming a female sex worker because of financial needs: OR=0.24, 95% CI 0.09–0.58, p&lt;0.01</td>
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<td>Khan et al, 2008</td>
<td>Pakistan Community based</td>
<td>n/a age</td>
<td>Case-control study (n=200)</td>
<td>Economic/ financial problems</td>
<td>Financial difficulties (as collected via psychological autopsy with friends or family members)</td>
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<td>Manoranjitham et al,</td>
<td>India Community based (rural)</td>
<td>Children, adolescents, adults and older people (n/a age)</td>
<td>Case-control study (n=200)</td>
<td>Economic/ financial problems</td>
<td>History of recent major financial crisis (self-report)</td>
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<td>Nath et al, 2012</td>
<td>India Community based (urban)</td>
<td>Adolescents and adults (13-64 years old), students</td>
<td>Cross-sectional study (n=1817)</td>
<td>Economic/ financial problems</td>
<td>Perceived level of stress due to economic circumstances (self-report)</td>
<td>Non-fatal</td>
<td>Positive</td>
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<td>Xie et al, 2012</td>
<td>China Hospital based</td>
<td>Adolescents, adults and elderly people (13+ years old), patients with systemic lupus erythematosus</td>
<td>Cross-sectional study (n=285)</td>
<td>Economic/ financial problems</td>
<td>Financial burden of having lupus (categorised as no, low, moderate, and heavy burden) (self-report)</td>
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<td><strong>Debt</strong></td>
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<td>Gedela et al, 2008&lt;sup&gt;1&lt;/sup&gt;</td>
<td>India Community based (rural)</td>
<td>n/a age, farmers n/a gender</td>
<td>Cross-sectional study (n=74)</td>
<td>Debt</td>
<td>Outstanding debt per hectare (as reported by family)</td>
<td>Fatal</td>
<td>Number of completed suicides (local legal death registers)</td>
<td>Multivariate Null</td>
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<tr>
<td>Gururaj et al, 2004&lt;sup&gt;2&lt;/sup&gt;</td>
<td>India Community based (urban)</td>
<td>Children, adolescents, adults and older people (n/a age) 33% female</td>
<td>Case-control study (n=538)</td>
<td>Debt</td>
<td>Presence of large loan (as collected via psychological autopsy with family members)</td>
<td>Fatal</td>
<td>Number of completed suicides (police records)</td>
<td>Bivariate Positive</td>
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<td>Kaur et al, 2010&lt;sup&gt;3&lt;/sup&gt;</td>
<td>India Community based (rural)</td>
<td>n/a age, farmers n/a gender</td>
<td>Case-control study (n=120 families)</td>
<td>Debt</td>
<td>Total loan outstanding (as reported by family)</td>
<td>Fatal</td>
<td>Number of completed suicides (police records)</td>
<td>Bivariate Positive</td>
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<tr>
<td>Aliverdinia et al, 2009&lt;sup&gt;4&lt;/sup&gt;</td>
<td>Iran Community based (urban)</td>
<td>n/a age 100% female</td>
<td>Ecological study (n=100)</td>
<td>Support from the welfare system</td>
<td>Percentage of the population receiving support from the Iranian welfare system (official statistics)</td>
<td>Fatal</td>
<td>Number of completed suicides (Women’s Participation Centre Records)</td>
<td>Multivariate Positive</td>
</tr>
<tr>
<td>Altinanahbar et al, 2009&lt;sup&gt;5&lt;/sup&gt;</td>
<td>Turkey Community based (rural and urban)</td>
<td>n/a age n/a gender</td>
<td>Economic modelling (n=n/a)</td>
<td>National income</td>
<td>Per capita real income (official statistics)</td>
<td>Fatal</td>
<td>Number of completed suicides (official records)</td>
<td>Multivariate Positive</td>
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</tbody>
</table>

**Poverty dimension**
- Economic/financial problems
- Financial burden of having lupus (categorised as no, low, moderate, and heavy burden) (self-report)

**Suicide dimension**
- Non-fatal
- Life-time and 12-month prevalence of suicidal ideation (Beck Depression Inventory, Family APGAR and Trait Coping Style Questionnaire)

**Study quality**
- null
- ++
<table>
<thead>
<tr>
<th>First author</th>
<th>Setting</th>
<th>Study population</th>
<th>Study design (sample size)</th>
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<th>Suicide dimension*</th>
<th>Analysis</th>
<th>Association between poverty-suicide</th>
<th>Study quality b</th>
</tr>
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<tbody>
<tr>
<td>Bando et al, 2012</td>
<td>Brazil</td>
<td>Adolescents, adults and older people (15+ years old) 20% female</td>
<td>Interrupted-time series (n=98904)</td>
<td>National income GDP per capita (official statistics)</td>
<td>Fatal</td>
<td>Number of completed suicides (death registry databases)</td>
<td>Bivariate Short-run elasticity of suicide, with respect to income: -0.19</td>
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<tr>
<td>Blasco-Fontecilla et al, 2012</td>
<td>56 countries</td>
<td>n/a age</td>
<td>Interrupted-time series (n=n/a)</td>
<td>National income PPP-adjusted GDP per capita (as obtained from the World Bank official statistics)</td>
<td>Fatal</td>
<td>Suicide rate (WHO mortality database)</td>
<td>Bivariate Negative (p=++)</td>
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<td>Botha et al, 2012</td>
<td>South Africa</td>
<td>Adolescents, adults</td>
<td>Economic</td>
<td>National income</td>
<td>Fatal</td>
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<tr>
<td>Faria et al, 2006 m</td>
<td>Brazil Community based (peri-urban)</td>
<td>Adolescents, adults and older people (13+ years old), 20% female</td>
<td>Ecological study (n=4766)</td>
<td>National income&lt;br&gt; Inflation rate in each region as a proxy for economic performance (official statistics)</td>
<td>Fatal&lt;br&gt; Number of completed suicides (official death notification)</td>
<td>Multivariate</td>
<td>Unclear</td>
<td>Males: p=0.518&lt;br&gt;Females: p&lt;0.1</td>
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<td>Pandey et al, 2009 m</td>
<td>India Community based (rural and urban)</td>
<td>n/a age&lt;br&gt;n/a gender</td>
<td>Economic modelling (n=n/a)</td>
<td>National income&lt;br&gt; Per capita GDP (official statistics)</td>
<td>Fatal&lt;br&gt; National rate of completed suicide (official records)</td>
<td>Multivariate</td>
<td>Unclear</td>
<td>Positive association between suicide rate and GDP per capita growth rate (no value reported)</td>
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<tr>
<td>Zhang et al, 2010 m</td>
<td>China Community based (rural and urban)</td>
<td>n/a age&lt;br&gt;n/a gender</td>
<td>Interrupted-time series (n=n/a)</td>
<td>National income&lt;br&gt; Per capita GDP adjusted for inflation (official statistics)</td>
<td>Fatal&lt;br&gt; National rates of completed suicides (Official records)</td>
<td>Multivariate</td>
<td>Positive</td>
<td>Negative correlation between per capita GDP and suicide rates at a macro level. Illustrated graphically but no value reported. Urban income: beta=-0.5724, SE=0.0206, z=-2.85, p=0.004&lt;br&gt;Rural income: beta=-0.6818, SE=0.0555, z=-12.28, p=0.000</td>
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<td>Faria et al, 2006 a</td>
<td>Brazil Community based (peri-urban)</td>
<td>Adolescents, adults and older people (13+ years old) 20% female</td>
<td>Ecological study (n=4766)</td>
<td>Composite poverty measure HDI-income (official statistics)</td>
<td>Fatal Number of completed suicides (official records of cause of death)</td>
<td>Multivariate</td>
<td>betac= -0.4640, SEc=0.1116, zc= -4.16, pc=0.000</td>
<td>+</td>
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</tbody>
</table>

Note: n/a Not available. a Suicide dimensions: fatal refers to completed suicide, non-fatal includes all remaining suicidal ideations and behaviours (ideation, plan, attempt, self-harm). b Study quality: high (++), acceptable (+), low (-). c Additional data in the Appendix tables available here http://www.hcp.med.harvard.edu/ncs/publications.php#date2010 (accessed April 8, 2016).
References


