

1 Article

2 Suicide Overall and Suicide by Pesticide among 3 South Korean Workers: A 15-Year Population-Based 4 Study

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14 **Abstract:** Suicide is a major public health concern in South Korea, and self-poisoning by pesticides
15 is one of the common methods of suicide. Pesticide ban policies have been successful for suicide
16 prevention; however, no studies have shown their effect according to occupational groups. The
17 present study analyzed suicide and suicide by pesticide rates among South Korean workers age
18 15-64 in 2003-2017, their associations with occupational groups, and the impact of three major
19 economic indices on these factors. Workers in the agriculture, forestry, and fishery industries have
20 relative risks of 5.62 (95% CI: 5.54-5.69) for suicide overall and 25.49 (95% CI: 24.46-26.57) for
21 suicide by pesticide. The real gross domestic product (RGDP) has a positive association with
22 suicide overall only in the last five-year period investigated in this study, and the unemployment
23 rate consistently has a positive association. The economic status and policy for suicide prevention
24 affect suicide and suicide by pesticide rates differently among occupational groups and different
25 time periods. Policy addressing suicidal risk for different occupational groups should be of concern
26 in South Korea.

27 **Keywords:** suicide rate; suicide by pesticide; occupational group; suicide prevention; South Korea;
28 population-based study

29

30 1. Introduction

31 South Korea has one of the highest suicide rates, and the situation has gotten worse in the past
32 decades. The suicide rate of South Korea was 148 per 1,000,000 in 2000 and increased to 283 per
33 1,000,000 in 2015.[1] Therefore, many kinds of governmental and political interventions for suicide
34 prevention have been introduced. Mainly, they focused on the youth and the elderly by providing
35 education and welfare.[2-5] Moreover, restrictions on the methods of suicide were effective for
36 prevention.[6]

37 Self-poisoning by highly toxic pesticides such as the Paraquat is a common suicidal method, so
38 political intervention has been actively adopted in agricultural countries, including Sri Lanka and
39 Bangladesh, and also in high-income countries, including the UK and South Korea.[7-12] The
40 complete ban of highly toxic pesticides, introduced in November 2012, has effectively decreased
41 both the suicide by pesticide and overall suicide rates in South Korea.[7,13-15] The World Health
42 Organization has confirmed that it is one of the most successful policies for suicide prevention.[16]

43 Furthermore, sociodemographic factors like age, sex, and occupation affect the suicide rate.
44 Men are more vulnerable than women, and older people are much riskier than younger; that is, the

45 male suicide rate of South Korea (371 per 1,000,000) was two-fold that of the female rate (177 per
46 1,000,000), and that of people over the age of 70 was 1,160 per 1,000,000 in 2012.

47 Additionally, occupation affects suicide.[17,18] People with occupations show lower suicide
48 ideation and suicide rates than people without occupations, and specific occupational groups, such
49 as agriculture, forestry, and fishery, have worse conditions than other groups.[19-22] There is a
50 social discrepancy in occupational groups, which makes suicide rates different.[17,19,22]

51 Besides personal variables, societal circumstances are also crucial factors. The three major
52 economic indicators, which are the real gross domestic product (*RGDP*), the unemployment rate
53 (*UnR*), and the customer price index (*CPI*), represent the status of a country. They have an
54 association with suicide ideation, suicide attempts, and suicide of South Korea and Western
55 countries.[23-26] In addition, the economic crisis of the late 1990s in Asia and 2008 worldwide were
56 inflection points in the surge of suicide.[27,28]

57 However, there are no satisfactory results about *the suicide and suicide by pesticide rate trends and*
58 *the effect of suicide prevention by occupational groups*. It is reasonable to assume that policies for suicide
59 prevention have different effects on each occupational group because pesticides are primarily
60 related to the agriculture, forestry, and fishery industries. In this study, we analyze the association of
61 ecological factors, including the time before and after the pesticide ban policy was introduced and
62 the other factors mentioned above, with 15-year suicide rates. We show that suicide by pesticide and
63 overall suicide rates of workers in the agriculture, forestry, and fishery group are higher than other
64 occupational groups and even the general population, and the effect of pesticide ban policy is also
65 more significant.

66 2. Materials and Methods

67 2.1. Data Sources

68 All data used in this study was extracted from the microdata provided by the Korean National
69 Statistical Office (KNSO, <https://mdis.kostat.go.kr>) on July 15, 2019. The target years are the 15-year
70 period from 2003 to 2017, and the target age is the range from 15 to 64, which is the working-age
71 population defined by the International Labor Organization (ILO).[29] Populations by occupational
72 groups were collected from the Economically Active Population Survey (EAPS), which investigates
73 economic activity for sample households, and the information of deaths from the National Death
74 Records (NDR), which is the official record of deaths in South Korea. The cause of death was
75 recorded by the International Classification of Diseases 10th edition (ICD-10) in the NDR.

76 The economic indicators were from the Korean Statistical Information Service (KOSIS,
77 <https://kosis.kr>). The *RGDP* is a percent of the rate of the nominal gross domestic product from one
78 year to another, the *UnR* is a percent of the sum of people who wanted to get a job in the last four
79 weeks but could not divided by the reference population, and the *CPI* is the relative prices of
80 selected main customs to those in the reference year.[23,30] In the present study, we used the rate of
81 the *CPI* from one year to another instead of the *CPI* itself because the *CPI* always increases by year as
82 is characteristic, and the rate is a better fit to time trend analysis.

83 2.2. Study Population

84 Deaths by suicide were classified by ICD-10 codes: intentional self-harm (X60-X84), sequel of
85 intentional self-harm (Y87.0), and suicide by pesticide (X68). The total number of suicides and
86 suicide by pesticides by year is shown in Supplementary Tables S1 and S2.

87 The ILO defines a *worker* as a person who worked for longer than an hour in the past week.
88 There are some differences in the definition of workers by the KNSO and the ILO. In the present
89 study, the ILO definition was adopted to calculate consistent estimations from the 15-year data. The
90 population of each occupational group is shown in Supplementary Table S3.

91 Occupations were classified into five groups based on the Korean Standard Occupational
92 Classification 6th edition; they are 1) managers and professionals (*M-P*), 2) officers and workers in

93 services and trades (*O-S-T*), 3) workers in agriculture, forestry, and fishery (*A-F-F*), 4) skilled manual
94 labor workers (*SKL*), and 5) unskilled manual labor workers (*USL*).

95 Finally, the reference population used for statistical analysis came from the Korea National
96 Consensus Survey (KNCS), which includes workers and non-workers aged 15-64. The KNCS
97 measured the population once every five years (2005, 2010, and 2015), so the 2005 population was
98 used as a reference for 2003-2007, 2010 for 2008-2012, and 2015 for 2013-2017.

99 2.3. Statistical Analysis

100 The number of workers in South Korea by sex, age, and occupation was estimated using the
101 microdata from the EAPS. The EAPS from sample households were conducted each month, so the
102 total number can be estimated by adjusting weights. Data on suicide and pesticide-use suicide
103 collected from the NDR also had their sociodemographic characteristics recorded.

104 The present study calculated the crude mortality rate (*CMR*) as the number of deaths from the
105 NDR divided by the population from the EAPS matched for their age, sex, and job and converted it
106 to units per 1,000,000. This rate is not a cohort statistical result, but a hypothetical formula based on
107 population-based studies. It resulted in the standardized mortality ratios (*SMRs*) for the observed
108 deaths in a population for the specific sex, 5-year age category, and occupation groups divided by
109 the expected values estimated by the deaths of the reference population in each sex and age group.
110 By this calculation, it is possible to directly compare specific occupational groups and the general
111 population. If the mortality rate is the same as the reference, the value of *SMR* would be 100.

112 The 95% confidence intervals (*CI*s) were calculated by the Vandenbroucke method, which
113 provides the *CI*s through shortcuts. The Vandenbroucke method, whose assumption is that the
114 deaths show a Poisson distribution, is proper for dealing with a large number (>20) of deaths and
115 creates simple approximations for comparison.[31]

116 Regression analyses were performed to show associations between suicide rates and personal
117 and social factors. The crude rates of the specific population were the outcome variables, which were
118 expected to have a Poisson distribution, and the other factors were the predictor variables. This
119 method was used to analyze the trend of occupational diseases in previous studies.[32] First, the
120 logistic regression models for occupational groups stratified with age and sex were calculated. As a
121 result, relative risks (*RR*s) are determined for each occupational group compared to *SKL* over the
122 15-year period death statistics. Moreover, the linear regression models were made for economic
123 indicators by each year stratified with occupational groups. These models showed the effect of social
124 factors on the suicide and suicide by pesticide rates by occupation and the time trend of the effect.
125 All statistical and mathematical analyses were performed by the statistical software R version 3.6.1
126 (2019-07-05).[33]

127 2.4. Ethics Statement

128 The present study was approved by the Institutional Review Board of Hanyang University
129 (HYU-2019-06-013) and only data without personal identifiers from the KNSO was used.

130 3. Results

131 3.1. Standardized Mortality Ratios and Crude Mortality Rates of Suicide and Suicide by pesticide

132 All *SMRs* and *CMRs* of the workers aged 15-64 for suicide and suicide by pesticide by year are
133 summarized in Table 1. The time trends of *SMRs* over the 15-year period are visualized in Figure 1.
134 *CMRs* for all working-age populations, including workers and non-workers, are listed in
135 Supplementary Tables 4 and 5 and shown in Supplementary Figures 1 and 2.

136 There is a dramatic decrease in the *CMR* of suicide overall from 2005 to 2006 (-16.5%), with the
137 lowest point occurring in 2006 (129 per 1,000,000). However, the rate worsens after three years; the
138 *CMR* shows its two highest peaks in 2009 and 2013 (191 and 194 per 1,000,000). After 2013, it goes
139 slightly down to 161 per 1,000,000 in 2017. The *SMR* of suicide overall, which is a marker comparing
140 workers to the general population, shows a different pattern. It starts with 65.4 in 2003, directs

141 downward until 2007 at 53.7 (95% CI: 51.8-55.7), and flattens from 2008 at 55.3 (95% CI: 53.5-57.3) to
 142 2012 at 58.8 (95% CI: 57.0-60.6). Nevertheless, it surges in 2013 (+13.8%) and decreases between 2016
 143 and 2017 (-4.2%).

144 The trend of suicide by pesticide CMRs diminishes through the 15-year period. It achieved a
 145 decrease every year from 2003 to 2017 (-90.9%, 55 to 5 per 1,000,000). On the contrary, the SMRs of
 146 suicide by pesticide showed a complex fluctuation. The lowest point is in 2007 at 61.5 (95% CI:
 147 57.0-66.2) and two peaks are seen in 2009 at 70.0 (95% CI: 64.8-75.4) and 2013 at 78.1 (95% CI:
 148 69.6-87.2).

149 **Table 1.** The standardized mortality ratios (SMRs) and crude mortality rates (CMRs) per 10,000,000
 150 of suicide overall and suicide by pesticide by year among workers age 15-64.

Year	Suicide Overall		Suicide by pesticide	
	SMR ¹	CMR ²	SMR ¹	CMR ²
2003	65.4 (63.2-67.7)	159 (153.9-164.8)	72.1 (68.0-76.4)	55 (52.5-59.0)
2004	63.7 (61.5-65.9)	158 (153.2-164.0)	70.3 (66.3-74.5)	54 (51.6-58.0)
2005	59.2 (57.1-61.2)	154 (149.5-160.2)	65.7 (61.4-70.1)	42 (39.3-44.9)
2006	55.9 (53.8-58.0)	128 (123.7-133.4)	63.0 (58.5-67.8)	33 (31.0-36.0)
2007	53.7 (51.8-55.7)	140 (135.2-145.3)	61.5 (57.0-66.2)	33 (30.5-35.4)
2008	55.3 (53.5-57.3)	147 (142.8-152.9)	63.7 (59.0-68.7)	30 (27.7-32.3)
2009	57.9 (56.1-59.6)	191 (185.3-196.9)	70.0 (64.8-75.4)	30 (28.5-33.1)
2010	56.2 (54.5-58.0)	186 (180.8-192.2)	63.7 (58.6-68.9)	26 (24.5-28.8)
2011	54.6 (52.9-56.2)	186 (181.0-192.3)	65.2 (60.1-70.6)	26 (24.4-28.6)
2012	58.8 (57.0-60.6)	177 (171.5-182.5)	62.2 (56.5-68.2)	19 (17.5-21.1)
2013	66.9 (65.0-68.9)	194 (189.2-200.6)	78.1 (69.6-87.2)	13 (11.7-14.7)
2014	66.0 (64.1-68.0)	189 (183.6-194.7)	74.2 (64.7-84.5)	9 (8.0-10.4)
2015	67.7 (65.6-69.7)	179 (173.9-184.8)	68.9 (58.8-79.9)	7 (6.0-8.2)
2016	67.1 (65.1-69.2)	175 (169.6-180.3)	67.5 (57.4-78.4)	6 (5.8-7.9)
2017	64.3 (62.2-66.3)	161 (156.5-166.8)	63.1 (52.6-74.6)	5 (4.4-6.3)

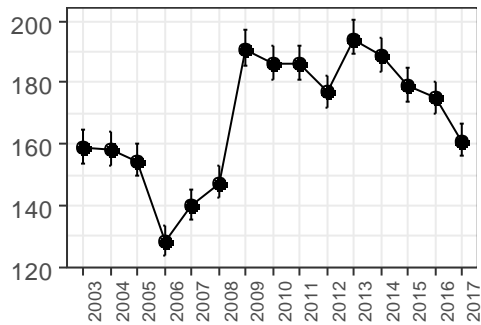
151 ¹The ratio of the mortality of workers age 15-64 to the general population age 15-64, including workers and
 152 non-workers. The 95% confidence intervals are calculated by the Vandenbroucke method.[31] ²The number of
 153 death determined assuming the population is 1,000,000.

154 Moreover, we can confirm the age and sex effect on the suicide and suicide by pesticide rates
 155 of workers, which was observed in the general population. The CMRs are always higher for men
 156 and the old compared to women and the young (Supplementary Tables 4 and 5).

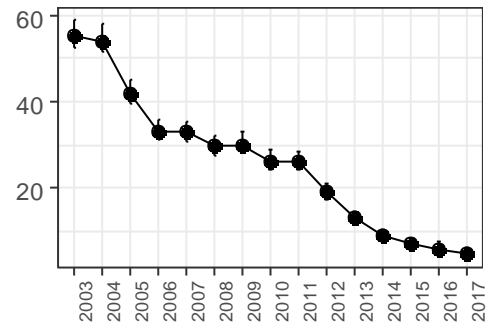
157 However, the SMR of suicide overall by age group shows a peculiar trend. From 2003 to 2010,
 158 intervals between those aged 15-39 and those age 40-64 become close, and finally, the SMRs were
 159 similar in 2011. After 2013, the difference was inversed in that the young become larger than the old
 160 until 2017.

161 3.2. The Time Trend and Relative Risks for Occupational Groups

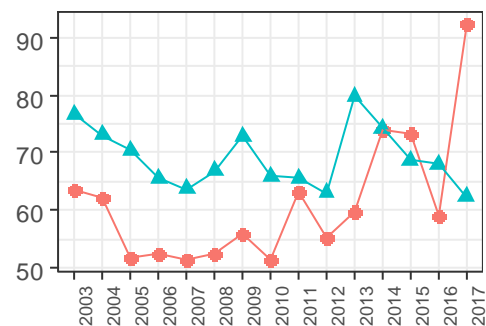
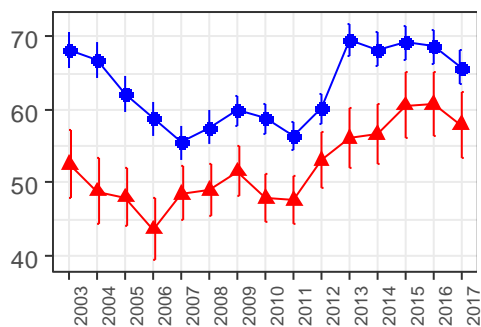
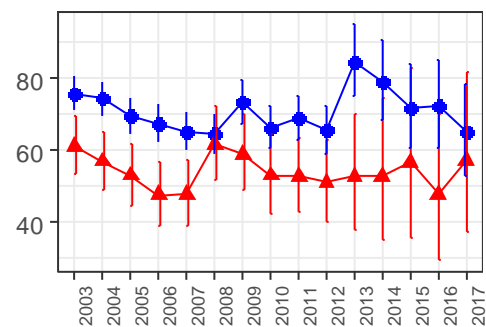
162 For suicide overall, the SMRs and the CMRs do not change significantly with the O-S-T and
 163 SKL groups (Figure 2). The A-F-F group always showed the highest values, and the SMRs are larger
 164 than 100 each year; the suicide rate of the A-F-F is worse than the general population. The M-P
 165 groups slightly increase through the 15-year period, both in the SMRs and the CMRs; the SMR
 166 increases +274.0% from 18.0 (95% CI: 14.7-21.7) in 2003 to 67.4 (95% CI: 63.0-72.0) in 2017, and the
 167 CMR increases +237.0% from 46 (95% CI: 37.8-56.0) in 2003 to 155 (95% CI: 145.3-166.1) in 2017.
 168



(a) Crude mortality rates of suicide overall

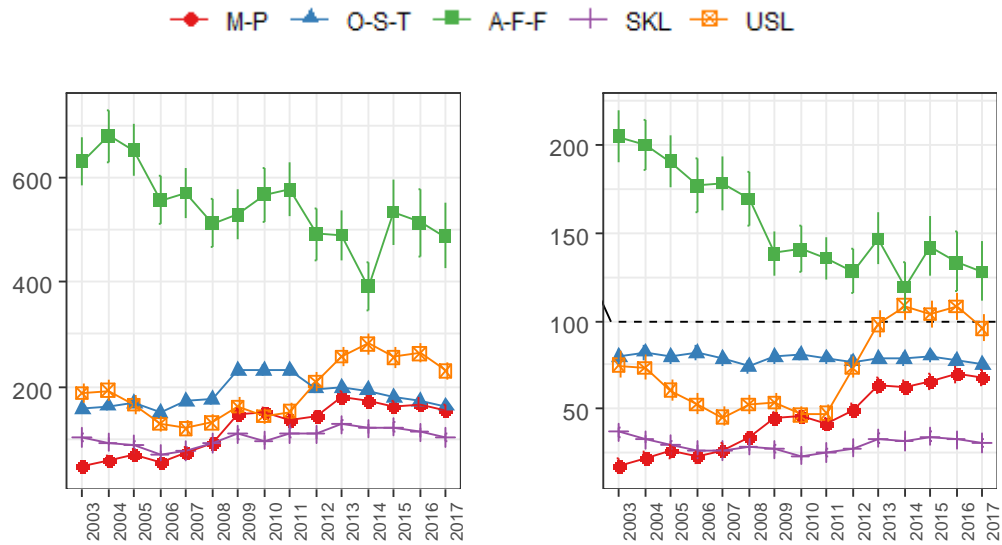


(d) Crude mortality rates of suicide by pesticide

(b) Overall suicide SMRs by age
(Pink: 15-39, Green: 40-64)(e) Suicide by pesticide SMRs by age
(Pink: 15-39, Green: 40-64)(c) Overall suicide SMRs by sex
(Blue: male, Red: female)(f) Suicide by pesticide SMRs by sex
(Blue: male, Red: female)

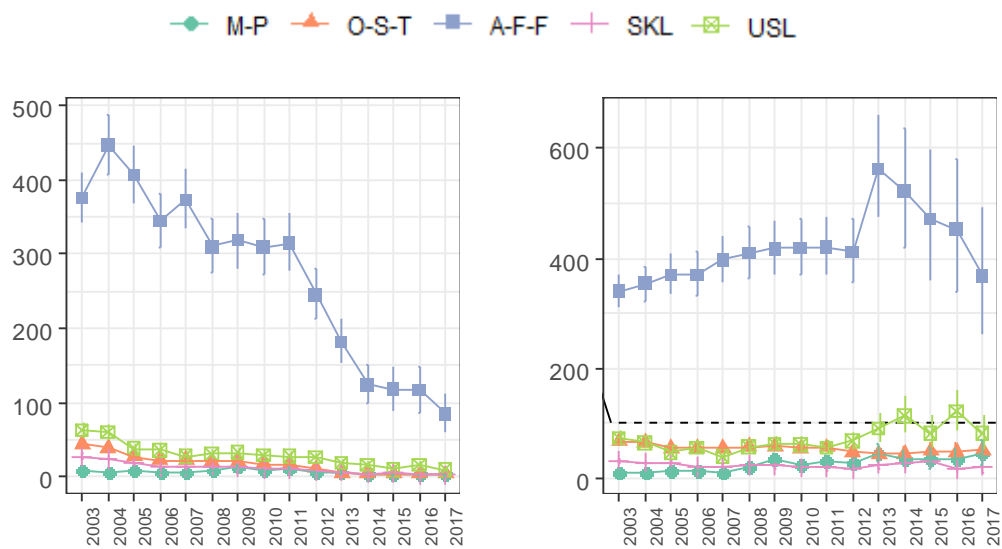
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Figure 1. Time trends of crude mortality rates and standardized mortality ratios of suicide and suicide by pesticide among workers age 15-64. Figures in the left column deal with suicide overall and those on the right column with suicide by pesticide. (a) Crude rates of overall suicide. (b) Overall suicide SMRs by age (Pink: 15-39, Green: 40-64). (c) Overall suicide SMRs by sex (Blue: male, Red: female). (d) Crude rates of suicide by pesticide. (e) Suicide by pesticide SMRs by age (Pink: 15-39, Green: 40-64). (f) Suicide by pesticide SMRs by sex (Blue: male, Red: female).



(a) Crude rates of suicide overall

(b) SMRs of suicide overall



(c) Crude rates of suicide by pesticide

(d) SMRs of suicide by pesticide

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Figure 2. Time trends of suicide and suicide by pesticide rates by occupational groups among workers age 15-64. The first row represents suicide overall and the second row represents suicide by pesticide. The left column shows the crude mortality rates and the right one shows the standardized mortality ratios (SMRs). **M-P:** Manager-Professional, **O-S-T:** Officer-Service-Trade, **A-F-F:** Agriculture-Forestry-Fishery, **SKL:** Skilled manual labor, **USL:** Unskilled manual labor. **(a)** Crude rates of suicide overall. **(b)** SMRs of suicide overall. **(c)** Crude rates of suicide by pesticide. **(d)** SMRs of suicide by pesticide.

183
184**Table 2.** Relative risks for suicide and suicide by pesticide with age-sex stratification by occupational group to the skillful manual labor group among workers age 15-64.

Strata ¹	Predictors ²	Overall RR ³	95% CI	Pesticide RR ⁴	95% CI
All	(Intercept)	78.46*	77.46 – 79.46	7.76*	7.45 – 8.08
	M-P	1.44*	1.42 – 1.47	0.83*	0.78 – 0.88
	O-S-T	2.44*	2.40 – 2.47	2.78*	2.65 – 2.91
	A-F-F	5.62*	5.54 – 5.69	25.49*	24.46 – 26.57
	USL	2.24*	2.21 – 2.28	3.08*	2.94 – 3.23
Young Male	(Intercept)	85.85*	83.77 – 87.97	4.33*	3.88 – 4.82
	M-P	0.82*	0.79 – 0.85	0.52*	0.43 – 0.63
	O-S-T	1.88*	1.82 – 1.94	2.35*	2.07 – 2.68
	A-F-F	5.89*	5.74 – 6.05	37.16*	33.35 – 41.57
	USL	2.05*	1.99 – 2.11	3.84*	3.40 – 4.34
Old Male	(Intercept)	136.79*	134.16 – 139.45	20.65*	19.64 – 21.70
	M-P	1.92*	1.88 – 1.97	0.88*	0.82 – 0.94
	O-S-T	3.3*	3.23 – 3.38	3.01*	2.84 – 3.19
	A-F-F	5.69*	5.58 – 5.82	18.46*	17.55 – 19.43
	USL	3.17*	3.10 – 3.24	3.4*	3.21 – 3.60
Young Female	(Intercept)	69.03*	67.16 – 70.92	2.95*	2.58 – 3.35
	M-P	0.65*	0.62 – 0.68	0.51*	0.40 – 0.63
	O-S-T	1.26*	1.22 – 1.31	1.32**	1.11 – 1.57
	A-F-F	3.64*	3.53 – 3.75	39.73*	34.86 – 45.53
	USL	0.93**	0.90 – 0.97	1.13	0.94 – 1.35
Old Female	(Intercept)	22.16*	21.11 – 23.24	3.09*	2.71 – 3.51
	M-P	3.36*	3.18 – 3.55	1.21**	1.01 – 1.44
	O-S-T	2.9*	2.74 – 3.07	3.22*	2.78 – 3.73
	A-F-F	10.23*	9.73 – 10.76	42.5*	37.41 – 48.54
	USL	1.33*	1.25 – 1.42	1.78*	1.52 – 2.09

185 ¹Young corresponds to 15 to 39 years old and old corresponds to 40 to 64 years old. ²**M-P**: Manager-Professional,
 186 **O-S-T**: Officer-Service-Trade, **A-F-F**: Agriculture-Forestry-Fishery, **USL**: Unskilled manual labor. ³Relative risks
 187 of the crude mortality rate for suicide. ⁴Relative risks of the crude mortality rate for suicide by pesticide. *The
 188 p-value is under 0.001. **The p-value is under 0.05.

189 Furthermore, the USL group shows an enormous increment in both the SMR and CMR of
 190 suicide overall between 2011 and 2013: 47.5 (95% CI: 43.1-52.2) to 98.1 (95%CI: 90.8-105.7) in the
 191 SMR, and 152 to 257 per 1,000,000 in the CMR. In 2014, the SMR of the USL group reached over 100.
 192 For suicide by pesticide, the A-F-F workers have much more significant behavior than other
 193 workers, and the CMR goes down over the 15-year period while the SMR fluctuates irregularly.

194 Table 2 summarizes the RRs for each occupational group by synthesizing all death data through
 195 the 15-year period (Table 2). Moreover, stratification was performed to confirm the effect on age and
 196 sex; the strata are young male, old male, young female, and old female, where the young
 197 corresponds to people age 15-39 and the old corresponds to people age 40-64. The time trends of
 198 SMRs and CMRs by occupational groups over the 15-year period are shown in Figure 2.

199 The SKL group shows the lowest suicide rate, so it was set as the reference for analyses. For all
 200 occupational groups without stratification, the A-F-F group has the highest RR for suicide overall,
 201 5.62 (95% CI: 5.54-5.69), followed by O-S-T and USL. The M-P group shows the lowest value, 1.44 (95%
 202 CI: 1.42-1.47). A-F-F also has the highest RR for suicide by pesticide, 25.49 (95% CI: 24.46-26.57),
 203 followed by the USL and O-S-T groups; however, only the M-P group has a lower risk than SKL, 0.83
 204 (95%CI: 0.78-0.88). The A-F-F group record the highest value of suicide and suicide by pesticide rates
 205 in all strata, and the young male and young female strata represent the M-P groups with the lowest
 206 RR for suicide and suicide by pesticide.

207 3.3. The Impacts of Suicide Prevention and Economic Indicators on Suicide and Suicide by pesticide

208 First of all, we confirmed the effect of time flow by estimating RRs for the five-year periods of
 209 2008-2012 and 2013-2017, with reference to the first five-year period of 2003-2007, without any
 210 variables. This estimation shows the only effect of time on suicide and suicide by pesticide. In the
 211 third five-year period, it can be assumed that the effect of the pesticide ban policy for suicide
 212 prevention occurred. The overall suicide rate for all occupations does not change over the 15-year
 213 period, that is, RR of 2008-2012 is 0.95 (95% CI: 0.94-0.96) and 2013-2017 is 1.01 (95% CI: 1.00-1.02).
 214 However, the suicide by pesticide rate apparently decreases; RR of 2008-2012 is 0.60 (95% CI:
 215 0.59-0.61) and 2013-2017 is 0.22 (95% CI: 0.22-0.23). Additionally, the overall suicide rate of the M-P
 216 group showed an enormous increase with time; RR of 2008-2012 is 2.18 (95% CI: 2.11-2.25) and
 217 2013-2017 is 2.66 (95% CI: 2.58-2.74). The SKL group also shows an increase.

218 Generalized linear regression models are used as indicators of the association between suicide
 219 and suicide by pesticide, and three major economic indicators, which are RGDP, UnR, and CPI, are
 220 considered with the effect of time. The time trends of these indices are shown in the Supplementary
 221 Table. These models show interactions with time per year, so regressions are divided by each
 222 five-year period, with the first as 2003-2007, the second 2008-2012, and the third 2013-2017. The SKL
 223 group has the lowest RR, and the A-F-F group has the highest RR for the models. The calculated β
 224 values are tabulated in Table 4, and an overview is presented in Figure 3.

225 For the overall suicide rate of all occupational groups, the RGDP shows no significant effect on
 226 the first and second five-year periods ($\beta_{\text{GDP}}=-0.03$ and 0.00) but a positive association in the last
 227 five-year period ($\beta_{\text{GDP}}=0.34$), the UnR represents positive associations for each five-year period
 228 ($\beta_{\text{UnR}}=0.15, 0.27$ and 0.06), and the CPI has a positive association in the first five-year period
 229 ($\beta_{\text{CPI}}=0.16$) but changes to a negative association in the last period ($\beta_{\text{GDP}}=-0.27$). These patterns repeat
 230 in the overall suicide rate of the A-F-F group similarly. However, the SKL has a different trend; the
 231 effect of UnR is negative in the first period ($\beta_{\text{GDP}}=-0.20$) and not statistically significant in the other
 232 periods.

233 Macroeconomic indicators affect suicide by pesticide differently compared to suicide overall.
 234 The positive associations of RGDP become huge in the last five-year period ($\beta_{\text{GDP}}=1.26$ for all
 235 occupations, $\beta_{\text{GDP}}=1.20$ for SKL, and $\beta_{\text{GDP}}=1.29$ for A-F-F). The UnR and CPI show strong negative
 236 associations with suicide by pesticide only in the last five-year period.

237 **Table 3.** Relative risks by a simple logistic regression model using the crude mortality rate over each
 238 five-year period. The reference is the first five-year period, 2003-2007.

Jobs ¹	Relative Risks for Suicide Overall		Relative Risks for Suicide by pesticide	
	2008-2012	2013-2017	2008-2012	2013-2017
All	0.95* (0.94 – 0.96)	1.01** (1.00 – 1.02)	0.60* (0.59 – 0.61)	0.22* (0.22 – 0.23)
M-P	2.18* (2.11 – 2.25)	2.66* (2.58 – 2.74)	1.83* (1.65 – 2.04)	0.69* (0.60 – 0.79)
O-S-T	1.15* (1.13 – 1.17)	0.93* (0.91 – 0.95)	0.53* (0.50 – 0.56)	0.12* (0.11 – 0.13)
A-F-F	0.69* (0.68 – 0.70)	0.67* (0.66 – 0.68)	0.59* (0.58 – 0.60)	0.22* (0.22 – 0.23)
SKL	1.22* (1.18 – 1.26)	1.27* (1.23 – 1.31)	0.49* (0.44 – 0.53)	0.15* (0.13 – 0.17)
USL	1.05* (1.03 – 1.07)	1.64* (1.61 – 1.67)	0.65* (0.62 – 0.68)	0.29* (0.27 – 0.31)

239 ¹ **M-P:** Manager-Professional, **O-S-T:** Officer-Service-Trade, **A-F-F:** Agriculture-Forestry-Fishery, **SKL:** Skilled
 240 manual labor, **USL:** Unskilled manual labor. *The p-value is under 0.001. **The p-value is under 0.05.

241 **Table 4.** Linear regression models for suicide and suicide by pesticide with job stratification by the
 242 economic indicators for each five-year period.

Job ¹	Year	Model for Suicide Overall ²				Model for Suicide by pesticide ³			
		β_0	β_{GDP}	β_{UnR}	β_{CPI}	β_0	β_{GDP}	β_{UnR}	β_{CPI}
All	2003-2007		-0.03*	0.15*	0.16*		0.03*	0.27*	0.30*
	2008-2012	4.38*	-0.00	0.27*	-0.03*	2.43*	-0.02*	0.32*	0.13*
	2013-2017		0.34*	0.06*	-0.27*		1.26*	-0.67*	-0.79*
SKL	2003-2007		-0.00	-0.20*	0.21*		-0.07**	0.06	0.52*
	2008-2012	4.33*	-0.04*	0.08	-0.02	1.22**	-0.06**	-0.07	0.34*
	2013-2017		0.20*	-0.06	-0.23*		1.20*	-0.74*	-1.23*
A-F-F	2003-2007		-0.04*	0.28*	0.22*		0.05*	0.28*	0.25*
	2008-2012	4.83*	0.01*	0.28*	0.03*	3.78*	-0.01*	0.30*	0.14*
	2013-2017		0.18*	0.25*	-0.31*		1.29*	-0.67*	-0.85*

243 ¹SKL: Skilled manual labor, A-F-F: Agriculture-Forestry-Fishery ²Generalized linear regression model for the
 244 crude mortality rate for suicide. ³Generalized linear regression model for the crude mortality rate for suicide by
 245 pesticide. *The p-value is under 0.001. **The p-value is under 0.05.

246 4. Discussion

247 The present study investigated suicide among South Korean workers in 2003-2017. The CMR
 248 for suicide overall shows a considerable increase between 2008 and 2009 and a slight one between
 249 2011 and 2013. However, the general population has a different pattern with an enormous increase
 250 between 2008 and 2009, followed by a continuous decrease in a previous study.[4] The suicide rate
 251 among the elderly aged over 70 diminished significantly due to active suicide preventions for them,
 252 such as phone-based interventions and programs by the Mental Health Welfare Center.[3]

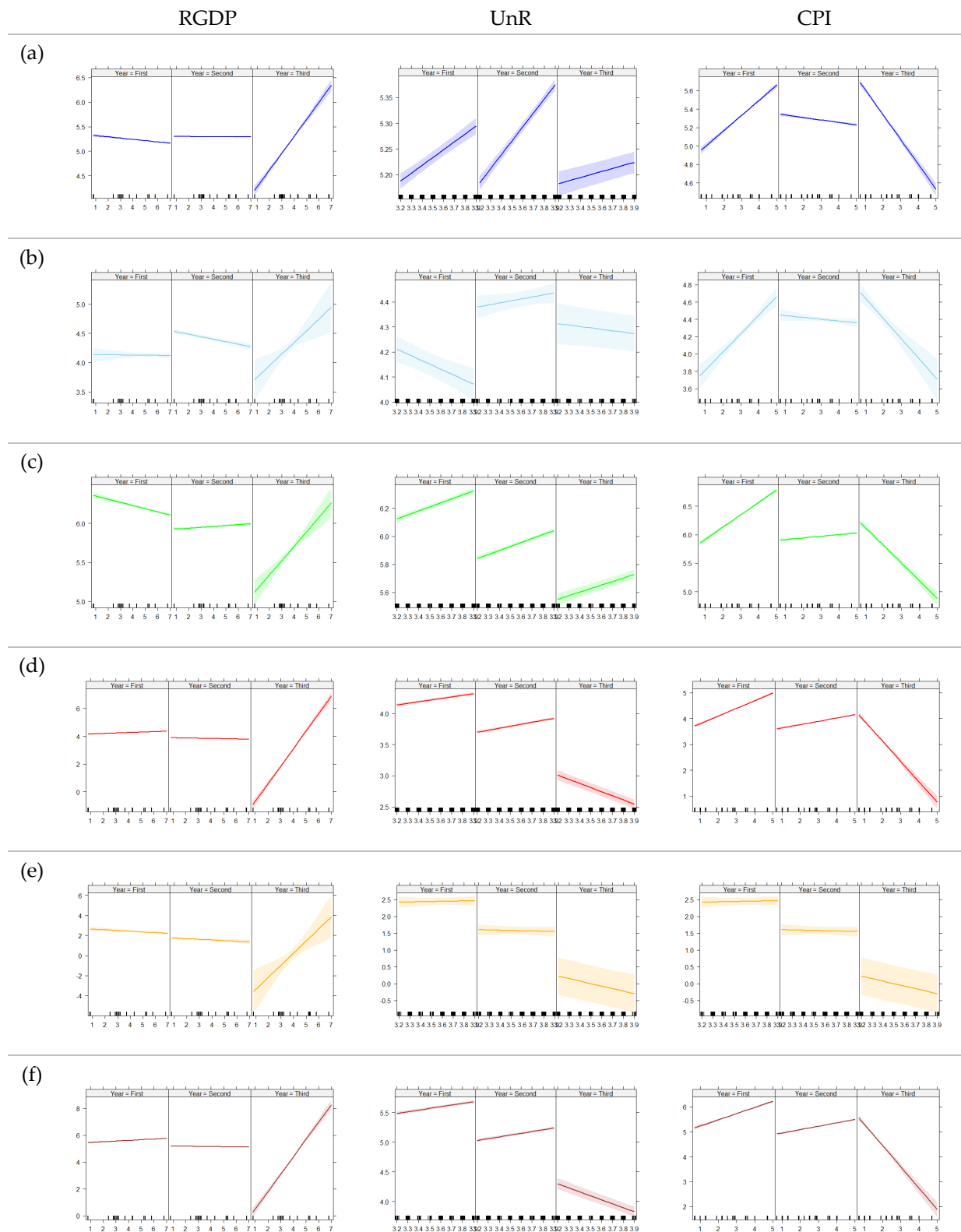
253 However, the overall suicide rate among the general population of men age 30-40 increased in
 254 2011 and 2013; there was no targeted policy for them.[4,5] Similarly, suicide prevention for workers
 255 was weaker than for the elderly, so this could result in the suicide rate of workers showing an
 256 increment while that of the general population decreased.[34]

257 The SMR shows a direct comparison of the characteristics to workers in the working-age
 258 population to the general population at the same age; it is not an absolute value but a relative one,
 259 where the number of deaths in the general population is set to 100.[31] In general, people with
 260 occupations are less risky for suicide than people without occupations.

261 The SMR of suicide overall went down from 2003 to 2007, decreasing from 65.4 (95% CI:
 262 63.2-67.7) to 53.7 (95% CI: 51.8-55.7), and surged from 2011 to 2015, increasing from 54.6 (95% CI:
 263 52.9-56.2) to 67.7 (95% CI: 65.6-69.7). Furthermore, the SMR of older people (40-64 years old), was
 264 larger than that of younger people (15-39 years old), until 2011; however, the young are riskier than
 265 the old after 2014. In regard to gender, men are always more suicidal than women, even among
 266 workers. These are unique trends not similar to any of those in the general population.

267 Through the recent fifteen years, the CMR of suicide by pesticide among South Korean
 268 workers of the working-age population has continuously decreased. At first, the present study
 269 confirms that the pesticide ban policy has had a good effect on suicide by pesticide in workers as in
 270 the general population.[7,13-15] In a previous study, the age-standardized suicide by pesticide rate
 271 among the general population in South Korea went down from 2011 to 2013: 5.26 to 2.67 per
 272 1,000,000; the complete regulation of highly toxic pesticides was introduced in 2012.[13,14] This
 273 reduction is significant in men, the elderly, and rural residents. Additionally, pesticide ban policies
 274 have been successful in other countries; a meta-analysis proved that national bans of specific
 275 pesticides in six countries, including South Korea, show consistent results concerning decreases in
 276 suicide by pesticide.[7,9,12-14,35,36]

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Figure 3. Summary of the general linear regression models for suicide and suicide by pesticide by economic indicators. Each model shows each occupational group divided by each five-year period (2003-2007, 2008-2012, and 2013-2017). **RGDP**: real gross domestic product. **UnR**: unemployment rate. **CPI**: rate of customer price index. **(a)** Overall suicide rate for all occupational groups. **(b)** Overall suicide rate for the skillful manual labor group. **(c)** Overall suicide rate for agriculture, forestry and fishery. **(d)** Suicide by pesticide for all occupational groups. **(e)** Suicide by pesticide for the skillful manual labor group. **(f)** Suicide by pesticide for agriculture, forestry and fishery.

285 The present study also finds that more considerable reductions among South Korean workers
286 in men, age 40-64, and after 2013 than female, age 15-39, and before 2011. In contrast to the decrease
287 in the CMR of suicide by pesticide among workers from 2011 to 2013, the SMR increased from 65.2
288 (95% CI: 60.1-70.6) to 78.1 (95% CI: 69.6-87.2). This distinction occurred with more reductions in the
289 general population of workers.

290 Occupation is one of the social conditions which affects suicide rates.[17-20,25,32] Particular
291 jobs, such as medical professionals, soldiers and veterans, and farmers, showed higher suicidal
292 ideations, attempts, and rates than others.[18] These associations were attributed to job strain, stress,
293 long working hours, and convenient access to suicidal methods.[17]

294 One advantage of the present study is that the rates and ratios were calculated more accurately
295 than previous studies by using the results of EAPS, surveyed employment and unemployment of
296 the working population taken monthly every year. An analysis by occupation groups in a previous
297 study also find workers in the agricultural, fishery, and forestry industries have more significant
298 suicide rates than workers in other occupational groups.[19,22]

299 The present study confirms that the A-F-F group was more vulnerable to suicide and suicide
300 by pesticide than others. Even the SMR of A-F-F was higher than one hundred every year, which
301 means that the A-F-F group showed higher suicidality than the general population; the suicide by
302 pesticide decreased, but the overall suicide rate remained dangerously high (488 per 1,000,000 in
303 2017). Pesticide ban policies achieved a more successful effect on the suicide by pesticide of the
304 A-F-F group than others; however, there was no such decrement in the overall suicide rate of A-F-F.

305 In addition, the M-P group annually increased both in the CMR and SMR for suicide overall,
306 and the USL group experienced a significant increment through 2011 to 2014, and the SMR of the
307 USL group reached 100 in 2014. The analysis of macroeconomic indicators in the present study
308 implies that UnR affected the increment in the overall suicide rate in 2011 to 2014 because it showed
309 a more substantial value ($\beta_{\text{UnR}} = 0.27$) than RGDP and CPI in the second five-year period, 2008-2012.

310 For comparison between each occupational group, RRs for suicide and suicide by pesticide
311 were calculated through the 15-year period by using SKL as the reference group with age and sex
312 stratification. The A-F-F group showed the highest RR in both suicide overall and suicide by
313 pesticide without stratification, followed by the O-S-T, USL, and M-P groups. The M-P group was
314 riskier than the SKL group for the elderly but less for the young in suicide overall. The young
315 female stratum showed relatively lower RRs than others, which means that the SKL group of the
316 young female group had a higher suicidal risk than other occupations. For suicide by pesticide, the
317 A-F-F group also had the highest RR among occupational groups in all strata; and the old female
318 group showed the most significant RR for A-F-F and the old male group the lowest.

319 RRs were estimated for each five-year period using the first five-year period as the reference to
320 confirm the effects of time and certain events; the global economic crisis occurred in 2008 and the
321 complete ban of highly toxic pesticides in 2012.[27] RRs for suicide by pesticide experienced
322 dramatic decreases in the second period, and the values halved from the second period to the third
323 period, for almost all occupational groups. This confirms the time trend of suicide by pesticide, and
324 the downward trend became much stiffer after 2013. The overall suicide rate for all workers did not
325 change significantly — meanwhile, rates for the M-P group increased and those for the A-F-F group
326 decreased with time.

327 The RGDP, UnR, and CPI are major three macroeconomic indicators of a county and are
328 associated with suicide and suicidal behaviors.[23-27,30,34] The present study made regressions to
329 their effects on the suicidality of occupational groups for each period. First, the RGDP did not
330 significantly affect the first and second five-year periods. However, it had a positive association in
331 the third period both in suicide overall and suicide by pesticide. The effects of the RGDP were not
332 consistent in previous studies; there was a weak positive association in men and a weak negative
333 association in women in the general population of Europe from 2001-2011, and the
334 manager-professional and officer-service-trade groups are the only occupational groups with
335 statistically significant positive associations in South Korea.[19,24] The result of the present study

336 inferred that the effect of the RGDP on suicidality could depend on the time period, not the
337 characteristics of the population.

338 The UnR showed consistently positive effects for the overall suicide rate without job
339 stratification and with the stratum of workers in the A-F-F group. Meanwhile, the SKL group had a
340 negative association with the UnR in the first five-year period and no significant association in
341 other periods. For suicide by pesticide, the UnR had a negative association in the first and second
342 five-year periods, but no significant association in the last five-year period. In a previous study, the
343 UnR had related the suicide rates only in low social class occupational groups such as unskilled
344 labor and agriculture, forestry, and fishery.[19,27,28] The SKL group has a relatively upper
345 socioeconomic status, so their overall suicide rate would not be sensitive. Suicide by pesticide,
346 which is preferred as a suicidal method in lower-class occupations, showed a positive association
347 with the UnR, but the relationship disappeared in the third five-year period after the number had
348 mainly decreased.[13,14]

349 The CPI was calculated as the percentage of the rate from one year to another. The means of
350 the CPI are 2.92, 2.98, and 1.24 for each five-year period analyzed in this study. Suicide and suicide
351 by pesticide had a positive association in the first period and a negative association in the third
352 period. If the CPI increased, the household expenditure would increase, and lower socioeconomic
353 class could feel stronger negative effects. The CPI went down under 1.0, so its effects on the lower
354 class would be smaller after 2013, which resulted in a negative association with suicidality.

355 5. Conclusions

356 Age, sex, and time period effects and the impact of macroeconomic indicators are different in
357 suicide and suicide by pesticide by occupational groups. The A-F-F group had shown risky
358 conditions concerning suicidality which were even much worse than the general population, and the
359 USL group rapidly worsened in the most recent five-year period. Suicide by pesticide decreased
360 significantly in all occupational groups, but the A-F-F group remained as the highest risk group. The
361 RGDP had a positive association with overall suicide rate in the last five-year period, and the UnR
362 also had a positive association but it disappeared with suicide by pesticide in the third period. The
363 results of this study show that suicidal prevention should be considered for risky occupations in
364 South Korea.

365 **Supplementary Materials:** Table S1: Suicidal mortality per 100,000 according to occupational group using
366 direct standardization by five-year age group; Table S2: Standardized Mortality Ratio and 95% Confidence
367 Interval for Men; Table S3: Standardized Mortality Ratio and 95% Confidence Interval for Women.

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376 **References**

- 377 1. Global Health Estimates 2015: Deaths by cause, age, sex, by country and by region, 2000–2015.
378 Available online: https://www.who.int/healthinfo/global_burden_disease/estimates/en/index1.html
379 (accessed on 14 Oct 2019).
- 380 2. Lee, D.; Jung, S.; Park, S.; Lee, K.; Kweon, Y.S.; Lee, E.J.; Yoon, K.H.; Cho, H.; Jung, H.; Kim, A.R., et al.
381 Youth Suicide in Korea Across the Educational Stages. *Crisis* **2019**, *0*, 1-9,
382 doi:10.1027/0227-5910/a000624.
- 383 3. Dayoung Lee, S.J., Seongjun Park, KangWoo Lee, Yong-Sil Kweon, Eun-Jin Lee, Kyung Hee Yoon,
384 Hannah Cho, Hyeji Jung, Ah Reum Kim, Bo-Ram Shin, and Hyun Ju Hong. Suicide prevention efforts
385 for the elderly in Korea. *Perspect Public Health* **2016**, *136*, 269-270, doi:10.1177/1757913916658622.
- 386 4. Lee, S.U.; Park, J.I.; Lee, S.; Oh, I.H.; Choi, J.M.; Oh, C.M. Changing trends in suicide rates in South
387 Korea from 1993 to 2016: a descriptive study. *BMJ open* **2018**, *8*, e023144,
388 doi:10.1136/bmjopen-2018-023144.
- 389 5. Baek, J.H.; Park, J.I.; Ahn, J.; Roh, S.W.; Heo, J.Y.; Fava, M.; Mischoulon, D.; Jeon, H.J. Review of
390 Suicide Prevention Programs: Massachusetts, United States, in Comparison with Seoul. *Psychiatry*
391 *investigation* **2015**, *12*, 281-287, doi:10.4306/pi.2015.12.3.281.
- 392 6. Kim, H.; Kwon, S.W.; Ahn, Y.M.; Jeon, H.J.; Park, S.; Hong, J.P. Implementation and outcomes of
393 suicide-prevention strategies by restricting access to lethal suicide methods in Korea. *J Public Health*
394 *Policy* **2019**, *40*, 91-102, doi:10.1057/s41271-018-0152-x.
- 395 7. Gunnell, D.; Knipe, D.; Chang, S.S.; Pearson, M.; Konradsen, F.; Lee, W.J.; Eddleston, M. Prevention of
396 suicide with regulations aimed at restricting access to highly hazardous pesticides: a systematic review
397 of the international evidence. *Lancet Glob Health* **2017**, *5*, e1026-e1037,
398 doi:10.1016/s2214-109x(17)30299-1.
- 399 8. Chowdhury, F.R.; Dewan, G.; Verma, V.R.; Knipe, D.W.; Isha, I.T.; Faiz, M.A.; Gunnell, D.J.; Eddleston,
400 M. Bans of WHO Class I Pesticides in Bangladesh-suicide prevention without hampering agricultural
401 output. *Int J Epidemiol* **2018**, *47*, 175-184, doi:10.1093/ije/dyx157.
- 402 9. Knipe, D.W.; Gunnell, D.; Eddleston, M. Preventing deaths from pesticide self-poisoning-learning
403 from Sri Lanka's success. *Lancet Glob Health* **2017**, *5*, e651-e652, doi:10.1016/s2214-109x(17)30208-5.
- 404 10. Pearson, M.; Zwi, A.B.; Buckley, N.A.; Manuweera, G.; Fernando, R.; Dawson, A.H.; McDuie-Ra, D.
405 Policymaking 'under the radar': a case study of pesticide regulation to prevent intentional poisoning in
406 Sri Lanka. *Health Policy Plan* **2015**, *30*, 56-67, doi:10.1093/heapol/czt096.
- 407 11. Eddleston, M.; Bateman, D.N. Major reductions in global suicide numbers can be made rapidly
408 through pesticide regulation without the need for psychosocial interventions. *Soc Sci Med* **2011**, *72*, 1-2;
409 discussion 3-5, doi:10.1016/j.socscimed.2010.10.013.
- 410 12. Gunnell, D.; Fernando, R.; Hewagama, M.; Priyangika, W.D.; Konradsen, F.; Eddleston, M. The impact
411 of pesticide regulations on suicide in Sri Lanka. *Int J Epidemiol* **2007**, *36*, 1235-1242,
412 doi:10.1093/ije/dym164.
- 413 13. Cha, E.S.; Chang, S.S.; Choi, Y.; Lee, W.J. Trends in pesticide suicide in South Korea, 1983-2014.
414 *Epidemiol Psychiatr Sci* **2019**, 10.1017/S2045796019000118, 1-9, doi:10.1017/S2045796019000118.
- 415 14. Cha, E.S.; Chang, S.S.; Gunnell, D.; Eddleston, M.; Khang, Y.H.; Lee, W.J. Impact of paraquat
416 regulation on suicide in South Korea. *Int J Epidemiol* **2016**, *45*, 470-479, doi:10.1093/ije/dyv304.

- 417 15. Myung, W.; Lee, G.H.; Won, H.H.; Fava, M.; Mischoulon, D.; Nyer, M.; Kim, D.K.; Heo, J.Y.; Jeon, H.J.
418 Paraquat prohibition and change in the suicide rate and methods in South Korea. *PLoS One* **2015**, *10*,
419 e0128980, doi:10.1371/journal.pone.0128980.
- 420 16. World Health Statistics 2017 report. South Korea success story. Section 3.5, page 43. Available online:
421 https://www.who.int/gho/publications/world_health_statistics/2017/EN_WHS2017_Part3.pdf
422 (accessed on 14 Oct 2019).
- 423 17. Milner, A.; Spittal, M.J.; Pirkis, J.; LaMontagne, A.D. Suicide by occupation: systematic review and
424 meta-analysis. *Br J Psychiatry* **2013**, *203*, 409-416, doi:10.1192/bjp.bp.113.128405.
- 425 18. Roberts, S.E.; Jaremin, B.; Lloyd, K. High-risk occupations for suicide. *Psychol Med* **2013**, *43*, 1231-1240,
426 doi:10.1017/s0033291712002024.
- 427 19. Yoon, J.H.; Jung, S.J.; Choi, J.; Kang, M.Y. Suicide Trends over Time by Occupation in Korea and Their
428 Relationship to Economic Downturns. *Int J Environ Res Public Health* **2019**, *16*,
429 doi:10.3390/ijerph16112007.
- 430 20. Lee, H.E.; Kim, H.R.; Chung, Y.K.; Kang, S.K.; Kim, E.A. Mortality rates by occupation in Korea: a
431 nationwide, 13-year follow-up study. *Occup Environ Med* **2016**, *73*, 329-335,
432 doi:10.1136/oemed-2015-103192.
- 433 21. Park, S.M. Effects of work conditions on suicidal ideation among middle-aged adults in South Korea.
434 *Int J Soc Psychiatry* **2019**, *65*, 144-150, doi:10.1177/0020764019831327.
- 435 22. Yoon, J.H.; Junger, W.; Kim, B.W.; Kim, Y.J.; Koh, S.B. Investigating the Time Lag Effect between
436 Economic Recession and Suicide Rates in Agriculture, Fisheries, and Forestry Workers in Korea. *Saf*
437 *Health Work* **2012**, *3*, 294-297, doi:10.5491/shaw.2012.3.4.294.
- 438 23. Rajkumar, A.P.; Senthilkumar, P.; Gayathri, K.; Shyamsundar, G.; Jacob, K.S. Associations Between the
439 Macroeconomic Indicators and Suicide Rates in India: Two Ecological Studies. *Indian J Psychol Med*
440 **2015**, *37*, 277-281, doi:10.4103/0253-7176.162917.
- 441 24. Frasilho, D.; Matos, M.G.; Salonna, F.; Guerreiro, D.; Storti, C.C.; Gaspar, T.; Caldas-de-Almeida, J.M.
442 Mental health outcomes in times of economic recession: a systematic literature review. *BMC Public*
443 *Health* **2016**, *16*, 115, doi:10.1186/s12889-016-2720-y.
- 444 25. Page, A.; Taylor, R.; Hall, W.; Carter, G. Mental disorders and socioeconomic status: impact on
445 population risk of attempted suicide in australia. *Suicide Life Threat Behav* **2009**, *39*, 471-481,
446 doi:10.1521/suli.2009.39.5.471.
- 447 26. Hawton, K.; Harriss, L.; Hodder, K.; Simkin, S.; Gunnell, D. The influence of the economic and social
448 environment on deliberate self-harm and suicide: an ecological and person-based study. *Psychol Med*
449 **2001**, *31*, 827-836, doi:10.1017/s0033291701003993.
- 450 27. Chan, C.H.; Caine, E.D.; You, S.; Fu, K.W.; Chang, S.S.; Yip, P.S. Suicide rates among working-age
451 adults in South Korea before and after the 2008 economic crisis. *J Epidemiol Community Health* **2014**, *68*,
452 246-252, doi:10.1136/jech-2013-202759.
- 453 28. Chang, S.-S.; Gunnell, D.; Sterne, J.A.C.; Lu, T.-H.; Cheng, A.T.A. Was the economic crisis 1997–1998
454 responsible for rising suicide rates in East/Southeast Asia? A time–trend analysis for Japan, Hong
455 Kong, South Korea, Taiwan, Singapore and Thailand. *Social Science & Medicine* **2009**, *68*, 1322-1331,
456 doi:<https://doi.org/10.1016/j.socscimed.2009.01.010>.
- 457 29. Indicator description: Employment by status in employment. Available online:
458 <https://ilostat.ilo.org/resources/methods/description-employment-by-status/> (accessed on 16 Oct
459 2019).

- 460 30. OECD Main Economic Indicators (MEI). Available online: <http://oe.cd/mei> (accessed on 15 Oct 2019).
- 461 31. Vandembroucke, J.P. A shortcut method for calculating the 95 per cent confidence interval of the
462 standardized mortality ratio. *American Journal of Epidemiology* **1982**, *115*, 303-304.
- 463 32. Loomis, D.; Bena, J.F.; Bailer, A.J. Diversity of trends in occupational injury mortality in the United
464 States, 1980–96. *Injury Prevention* **2003**, *9*, 9-14.
- 465 33. R: A Language and Environment for Statistical Computing. Available online:
466 <https://www.r-project.org/> (accessed on 17 Oct 2019).
- 467 34. Lee, S.U.; Oh, I.H.; Jeon, H.J.; Roh, S. Suicide rates across income levels: Retrospective cohort data on 1
468 million participants collected between 2003 and 2013 in South Korea. *Journal of epidemiology* **2017**, *27*,
469 258-264, doi:10.1016/j.je.2016.06.008.
- 470 35. Abu al-Ragheb, S.Y.; Salhab, A.S. Pesticide mortality. A Jordanian experience. *The American journal of*
471 *forensic medicine and pathology* **1989**, *10*, 221-225, doi:10.1097/00000433-198909000-00010.
- 472 36. Kastanaki, A.E.; Kraniotis, C.F.; Kranioti, E.F.; Nathana, D.; Theodorakis, P.N.; Michalodimitrakis, M.
473 Suicide by pesticide poisoning: findings from the island of Crete, Greece. *Crisis* **2010**, *31*, 328-334,
474 doi:10.1027/0227-5910/a000042.
475