

Stress and Social Support in Suicidal ideation among Adolescent Students in Jharkhand

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ABSTRACT

To improve the prevention of student suicide, we investigated associations between stress, social support (from family, friends, and significant others support) and suicidal ideation. A sample of 200 adolescent students (100 boys and 100 girls) completed measures of a demographic variable, stress, social support, and suicidal ideation. Findings of correlational analyses suggest that there is a significant positive correlation between adolescents stress and suicide ideation and significant negative correlation between perceived social support (from family, friends, and significant others support) and suicide ideation. Results of hierarchical regression analyses suggest that stress and family support are important predictors of suicidal ideation for all i.e., for the total sample as well as for subgroups-boys and girls. Moreover, Stress X Family Support interaction was found significant in predicting the outcome for the total sample and adolescent boys. However, no significant interaction was found in predicting suicidal ideation in girls. For both total sample and boys, post hoc analyses of the significant interactions indicated a consistent pattern in which low family support exacerbated the association between stress and suicidal ideation. Findings suggest that helping adolescents and their parents to develop more supportive social relations may be helpful in alleviating stress to decreasing suicidal ideation among adolescents.

Keywords: *Suicidal Ideation; Stress; Social Support*

Adolescence, as a transitional period between childhood and adulthood, is often termed as a stage of turmoil and confusion. Young people at this stage experience enormous changes, both physically and psychologically, which usually create much pressure and stress. Young people have simultaneous and competing needs inherent to this stage of life. The world is home to 1.2 billion individuals aged 10–19 years. Adolescents aged between 10 to 19 years account for more than one-fifth of the world's population. India has the largest national population of adolescents (243 million), followed by China (207 million), Srinivasa S., and others (2015). Adolescence can be a stressful time for children, parents and also all others who work with them. School students in India have a high-stress level and a higher rate of deliberate self-harm. Many recent studies have found a relation between stress and suicidal ideas in school children. Stress also results in an increased likelihood of substance abuse among adolescents. A social and public health response in addition to mental health response

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Received: February 8, 2019; Revision Received: April 18, 2019; Accepted: May 1, 2019

Stress and Social Support in Suicidal ideation among Adolescent Students in Jharkhand

is crucial to prevent suicidal behaviour and creating awareness about substance abuse among adolescents. Stress also develops due to schools, teachers, and parents, peers, the opposite sex and also at a broader societal level. Rapid physical and emotional growth, as well as the frequently conflicting and influential cultural messages they receive from the outside world, account for the unique nature of their health concerns. Without proper education and support, adolescents lack the knowledge and confidence to make decisions. Adolescents are generally perceived as a healthy age group, and yet 20% of them, in any given period, experience a mental health problem, most commonly depression or anxiety, Kumar Varun and Talwar Richa, (2014). In many settings, suicide is among the leading cause of death in young people. In India particularly, adolescents are put under pressure to perform well in school examinations. For some students, the experience of academic stress leads to a sense of distress, which is generally manifested in a variety of psychological and behavioral problems.

Stress

Adolescents stress is an important health issue. The early teen years are marked by rapid changes—physical, cognitive, and emotional. Adolescents face changing relationships with peers, new demands at school, family tensions, and safety issues in their communities. The ways in which Adolescents cope with these stressors can have significant short- and long-term consequences on their physical and emotional health. Difficulties in handling stress can lead to mental health problems, such as depression and anxiety disorders. It is the body's reaction to a challenge, which could be anything from outright physical danger to asking someone for a date or trying out for a sports team. Good and bad things create stress. Several strategies can help Adolescents with their stress. It is best, whenever possible, to help Adolescents address stressful situations immediately. Listen to them, be open, and realize that you can be supportive even if you cannot relate to what they are feeling. Life for many Adolescents is a painful tug of war filled with mixed messages and conflicting demands from parents, teachers, coaches, employers, friends and oneself. Growing up—negotiating a path between independence and reliance on others—is a tough business. It creates stress, and it can create a serious depression for Adolescents. The study and survey point out some of the stressful events young people experience, describe how young people deal with stress, and indicate the risk factors for young people most vulnerable to stress, depression, and self-destructive behavior. This major research project provides data on adolescent stress, depression, and suicide collected from nearly 4300 high school students in 52 rural Minnesota counties. (Garfinkel, et al., 1986).

Social support

Social support is one of the important functions of social relationships. Social support is always intended by the sender to be helpful, thus distinguishing it from intentional negative interactions (such as angry criticism, hassling, undermining). Social support has been linked to many benefits for both physical and mental health, but social support is not always beneficial. Social support can come from a variety of sources, including family, friends, romantic partners, pets, community ties, and co-workers. Sources of support can be natural (e.g., family and friends) or more formal (e.g., mental health specialists or community organizations). The source of social support is an important determinant of its effectiveness as a coping strategy. Social support is associated with increased psychological well-being in the workplace and in response to important life events. In stressful times, social support helps people reduce psychological distress (e.g., anxiety or depression). Social supports are the social facilities which are available and provided by an organization or a community to adolescents in need of such supports in order to assist them to live a good life. According to the World Health Organization (WHO, 2011), psychosocial supports address the on-going

concerns and social problems of adolescents and caregivers. WHO stressed that adolescent's life such as physical, psychological and social. The infection could result in stigma and fear for those living with the virus. Infections often result in loss of socio-economic status, employment, income, health care, and mobility. WHO (2011) observed that counseling and social support can help people and their caretakers to cope more effectively and enhances their quality of life. The psychological support provided by the patients' partners and their family members can assist them in making appropriate decisions, coping better with illness and dealing more efficiently with discrimination.

Suicidal ideation

Suicides are when a person voluntarily ends his life due to depression or other type's pain. A suicide in today's world is globally rank ninth in terms of people die due to suicides. Huge numbers of people end their own life and commit suicides. Hence we can conclude that suicide is the most major issue for the Government of the world. The reason for suicide may be ample but the most important issue for the government is how eradicating suicide. Adolescent suicide in the general population is a national tragedy and a major public health problem. The national survey on suicide in confinement (Hayes, 2004) found several significant differences between adult suicides and suicide by juveniles. Although the number of reported suicides by juveniles appears low, many juvenile justice clinicians believe the problem is underreported because youth involved in the juvenile justice and child welfare systems have a high prevalence of many risk factors for suicide. Many youths in confinement have experienced physical, sexual, and emotional abuse; substance abuse; and mental disorders prior to incarceration, often resulting in self-injurious behavior.

Suicide takes life without regard to age, income, education, social standing, race, or gender. Overall, suicide is the 10th leading cause of death, the 2nd leading cause of death for adults ages 25-34, and the 3rd leading cause of death for youth ages 15-24, **National Bureau of Crime (2007)**. Suicidal behavior is an important public health problem worldwide and official statistics in the United States suggest that suicide is the third leading cause of death in the 15 to 19 age group (Reynolds, 1988). Rudd (1989) stated that 'the suicide rate among young people in the 15-24 years age group has almost tripled during the past 20 years in the USA'. Social needs are also one of the most important needs of a person's life. Social needs arise when a person fulfills physiological needs and security needs. Social needs are all about social recognition and aspiring something in society. A person is said to be a social animal and he likes to make friendship, attachments and get together in the society. Social needs play an important role in a person's life as it is associated with the community, religious groups, etc. Social needs make a person strong and in any problem, it may be useful to find out a needed solution. The society has a different meaning for the suicides. Every society in our country has got different aptitude for suicide. The intensity of the suicide is recorded on the basis of the voluntary deaths and population at every age. The suicide rate is generally higher among male people compare to the female. The suicide rate can be identified using the facts from the society. The suicide rate is a fact because people are classified through available options with them.

REVIEW OF LITERATURE

The present chapter is aimed to present an extensive review of research studies, which are directly or indirectly related to different variables of the study. Since the present investigation was carried out to study the role of stress, optimism, and social support in suicidal ideation among adolescents, the literature related to this topic was extensively reviewed.

Stress, Social support, and Suicidal Ideation

Stress is a psychological variable that has been attracting the attention of psychologists for a long time and has been vastly studied in relation to depression, hopelessness, suicidal behavior and suicidal ideation. Studies on stress focus on different sources of stress like negative life events, family discords, academic sources, parental expectations, and so on.

De Man (1988), De Man, Balkou, and Iglesias (1987), Paykel (1971), and Paykel, Myers, Lindenthal, and Tanner (1974) found that suicide attempters tend to have experienced a greater number of recent stressful life events. Jacobs (1971) noted that teenage attempters often have a long history of difficulties that culminates during adolescence.

Cole et al. (1992) conducted a study on four hundred nine high school students. In their study, high-suicidal- risk subjects were found to have had experienced more life stress in the previous year, and significantly poorer quality friendships, and lower self-esteem.

King (1997) suggested that recent stressful events that are interpersonal in nature can increase the risk of suicidal behaviour among adolescents. In particular, Adams, Overholser, and Spirito (1994) found that stressors related to parents and close friends were predictive of suicidal behaviours in a sample of adolescent suicide attempters.

Social support

Social support is the physical and emotional comfort given by our family, friends, co-workers, and others. It knows that we are part of a community of people who have to care for us and value to think well of us. We all need people on whom we can depend on both the good times and the bad.

Social support has been proposed as one of the protective factors to stress that include social systems as a source of well-being (Cohen & Wills, 1985, Cohen, S., & Wills, T. A. (1985). Particularly in children and adolescents studies, social support is seen as a manifestation of community social capital (Ellonen, Kääriäinen, & Autio, 2008; Ellonen, N., Kääriäinen, J., & Autio, V. (2008). Social support has been defined as the instrumental and/or expressive provisions, real or perceived, given by the community, social networks, and intimate relationships (Lin, Dean, & Ensel, 1986; Lin, N., Dean, A., & Ensel, W. M. (1986). This definition includes different perspectives of the study of social support (structural, functional, and contextual), the different levels of analysis (community, social networks, and intimate relationships), and it differentiates between real versus perceived support. While studying social support from a functional perspective, the analysis focuses on the different types of support that adolescents search for and receive seeking help for depression from family and friends.

Suicidal ideation

Rajiv R. and Chittaranjan A, (2012): An Indian perspective: Suicide is the third leading cause of death among young adults worldwide. There is a growing recognition that prevention strategies need to be tailored to the region-specific demographics of a country and to be implemented in a culturally-sensitive manner. This review explores the historical, epidemiological and demographic factors of suicide in India and examines the strategies aimed at the prevention of suicide. There has been an increase in the rates of suicide in India over the years, although trends of both increases and decline in suicide rates have been present. Distinct from global demographic risk factors, In India, marital status is not necessarily protective and the female: male ratio in the rate of suicide is higher. The motives

Stress and Social Support in Suicidal ideation among Adolescent Students in Jharkhand

and modes of suicide are also distinct from western countries. Preventive strategies implemented at a community level and identifying a vulnerable individual's maybe more effective than global strategies.

Banerjee et al (1990). Studied the vulnerability of Indian women to suicide and found that in their sample two-thirds of the victims were below years of age. In women, the commonest cause of suicide was a quarrel with the husband and in men, it was a quarrel with the parents. Poisoning with insecticides was the most common mode of suicide.

METHODOLOGY

Inclusion Criteria

1. College-going adolescent boys and girl's age ranging from 16-19 yrs will be considered.
2. Adolescent boys and girls referred to as think suicide will be considered for the study.

Exclusion Criteria

1. Adolescents with a physical disability will not be considered.
2. Adolescents with physical illness and with a past history of psychological treatment like psychotherapy and counseling will not be considered.
3. Adolescents with the previous history of attempted suicide will not be considered.
4. Married adolescents will not be considered.

Objective

1. To study the nature of the relationship among suicidal ideation, stress, and social support (from family, friends, and significant others)
2. To study the role of social support as a moderator / protective factor in the relationship between stress and suicidal ideation among adolescents.

Hypothesis

In order to achieve these objectives the following hypotheses were formulated:

1. Male and female adolescents will differ significantly on the stress scale
2. Rural and Urban adolescents will differ significantly on the stress scale
3. There will be a positive relationship between stress and suicidal ideation. of adolescents
4. Social support will negatively correlated with stress of adolescents
5. Social support will negatively be correlated with suicidal ideation of adolescents

Sample

The sample for the study will consist of 160 adolescents, stratified on a gender basis, making a factorial design of 4 (2x2) subgroups. There is two genders (male and female), two places of residence. In each of the 4 subgroups, 40 cases were selected randomly, making a total of 160 cases. Psychosocial variables such as quality of family relationships, relation with friends and others and socio-demographic details such as gender, and residence was studied.

The sample of the present study consists of 160 adolescents who were selected from different locations of Jharkhand, especially from Ranchi, Hazaribagh and Jamshedpur. The factors of stratification were

- Gender - 2 (Male and Female)
- Place of residence - 2 (Urban and Rural)

Stress and Social Support in Suicidal ideation among Adolescent Students in Jharkhand

Data Analysis

SPSS 16.0 of Windows software was used for the statistical analyses. To determine sample characteristics descriptive statistics, independent sample t-tests, and Pearson correlation coefficient was used. In order to test main and moderator effects, a four-step hierarchical linear regression analysis predicting suicidal ideation was used.

RESULTS OF THE DESCRIPTIVE STATISTICS

Table 1, Means, Standard Deviations, Standard Error of Mean and obtained a range of scores with a possible score of the major variables are displayed

Variables	Suicidal Ideation	Stress	Family support	Friends support	Others support	Total support
Mean	10.752	82.591	20.692	19.862	21.032	66.283
SD	3.25	11.59	2.891	2.786	3.012	8.596
E _{EM}	0.287	2.032	0.853	0.358	0.298	0.895
Obtain Range	0-23	11-125	7-28	8-28	9-28	30-84
Possible Scores	0 - 38	0-171	4-28	4-28	4-28	12.84

Table 2, Gender and Place of Residence differences on the variables of Stress on 't' test

	Gender					Place of Residence				
	Male (80)		Female (80)		't' df = .87	Urban (80)		Rural (80)		't' df=3. 27
	M	SD	M	SD		M	SD	M	SD	
Suicidal Ideation	11.23	2.32	9.27	4.32	4.87*	10.65	3.67	11.74	3.45	2.12*
Stress	71.56	12.84	79.28	15.67	1.02	69.58	17.85	70.29	12.65	0.47
Family support	20.12	2.32	23.98	2.59	0.98	19.67	2.74	21.39	3.24	0.69
Friends support	19.68	3.12	22.58	3.87	1.17	20.58	1.98	22.30	2.87	1.01
Others support	21.54	4.27	19.63	2.84	1.89	21.98	2.86	19.27	1.94	0.98

M = Mean, SD = Standard Deviation, * = 0.05 levels, ** = 0.01 levels

- It is observed by 't' test examination that there are no significant gender differences in major study variables like stress, family support, friends support and others support but there is a significant difference of male (M=11.23) and female (M=9.23) at 0.01 level as 't' is equal to 4.87.
- It is observed by 't' test examination that there are no significance residence differences in major study variables like stress, family support, friends support and others support but there is a significant difference of urban (M=10.65) and rural (M=11.74) at 0.05 level as 't' is equal to 2.12.

Hence the hypothesis 1: "Male and female adolescents will differ significantly on stress scale" and hypothesis 2; "Rural and Urban adolescents will differ significantly on stress scale" are accepted.

Table 3, Correlation matrix between stress, social support and suicidal ideation of Adolescents

Variables	Stress	Suicidal Ideation
Stress		0.675
Social support	-0.658	-0.587

Table 3 reveals from the Pearson Product Moment analysis that

- The stress of Adolescents has positively correlated with suicidal ideation and its p-value is 0.675. It indicates that as stress develops to adolescents the tendency of suicide also increases.

Hence the hypothesis 3: **“There will be a positive relationship between stress and suicidal ideation of adolescents”** is accepted.

- The stress of Adolescents has negatively correlated with social support and its p-value is -0.658. It indicates that as social support develops from family, friends or others to adolescents the stress reduces which would affect the tendency of suicide.

Hence the hypothesis 4: **“Social support will negatively correlate with the stress of adolescents”** is accepted.

- Social support to Adolescents has negatively correlated with suicidal ideation and its p-value is -0.587. It indicates that as social support develops from family, friends or others to adolescents the suicidal tendency reduces.

Hence the hypothesis 5: **“Social support will negatively correlate with suicidal ideation of adolescents”** is accepted.

CONCLUSION

Studies on stress and suicidal ideation have great importance in the present era and have become an important topic in academic circles. Such researches have drawn the attention of behavioral scientists to explore the latent factors, which cause an increasing tendency of suicidal ideation. Adolescents feel the effects of stress in a harsh and probably negative way. Some effects include a sudden drop in grades, depression, general fatigue, and aggression. Studies show that stress and anxiety during adolescence may even have a negative effect on health, too. Stress affects the human body physically, it can also harm a person's emotional well-being as well. Stress level affects the adolescents academically and changes the way the person thinks and acts during school or while studying. The number of suicide cases in a year usually peaked during examination periods where children and adolescents experienced a high level of stress in school. Academic stress among students has long been researched. Such findings suggest that helping adolescents and their parents to develop more supportive social networks for effectively managing stress may help in eliminating or alleviating the negative stress outcome in the form of suicidal ideation.

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Stress and Social Support in Suicidal ideation among Adolescent Students in Jharkhand

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Stress and Social Support in Suicidal ideation among Adolescent Students in Jharkhand

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Acknowledgements

The authors profoundly appreciate all the people who have successfully contributed in ensuring this paper in place. Their contributions are acknowledged however their names cannot be mentioned.

Conflict of Interest

The authors carefully declare this paper to bear not a conflict of interests

How to cite this article: Kumari. R (2019). Stress and Social Support in Suicidal ideation among Adolescent Students in Jharkhand. *International Journal of Indian Psychology*, 7(2), 372-380. DIP:18.01.046/20190702, DOI:10.25215/0702.046