

Sociodemographic Correlates of Suicidal Ideation among College Students of Manipur

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ABSTRACT

Background: Suicide is the second leading cause of death worldwide for individuals aged 15–29 years, and college students are the subpopulations who are receiving less attention. The suicide crisis in India's school and colleges is worsening, reaching the highest suicide rate in the world among youth standing at 35.5% per 100,000. Suicide reported every 15 minutes in India, one is committed by a youth in the age group of 15-29 years. The environmental and social factors unique to college students includes social, academic, psychological, and existential. This major life transition as well as specific risk factors may exacerbate existing psychological difficulties or trigger new ones that can ultimately lead to suicide. **Methodology: Aims:** Present study has been under taken with the aim to identify sociodemographic correlates of suicidal ideation among college students. **Sample:** The surveying approach under the descriptive method was adopted. 200(140 females and 60 males) undergraduate students within the age range of 18-26years were selected randomly from 3 different colleges of Imphal-west district of Manipur through multistage sampling method and informed consent was taken from the participants. **Tools:** Semi structured and self-prepared performato collect information about sociodemographic variables and Adult Suicidal Ideation Questionnaire (ASIQ) to assess the frequency of occurrence of suicidal ideation within the past month were utilized in the present study. **Results and conclusion:** Results indicated the presence of suicidal ideation among college students. Among the 200 participants, 10% participants were having suicidal ideation of which 8 male and 12 female participants exhibited suicidal ideation representing 10% of the 200 participants. Age and educational level were the two important variables that statistically correlated with suicidal ideation among the participants. It can be concluded that better understanding of the risk factors leading to suicide would focus on potential target for early intervention for college students.

Keywords: Sociodemographic, Suicidal Ideation, Risk Factors.

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Suicide is the second leading cause of death worldwide for individuals aged 15–29 years (WHO, 2016), and college students are the subpopulation who are receiving less attention. National Crime Records Bureau (NCRB, 2015) quoted that every hour one student commits suicide in India. The suicide crisis in India's schools and colleges is worsening, reaching the highest suicide rate in the world among youth standing at 35.5% per 100,000. More than half of college students have had suicidal thoughts, and 1 in 10 students seriously consider attempting suicide. Most importantly 80-90% of college students who die by suicide were not receiving help from college counseling centers. One important issue in ongoing research is that prevalence estimates of suicidal thoughts and behaviour in surveys of college students vary widely. The prevalence of suicide ideation ranged from approximately 9-12% (Amelia et al, 2009; Fergusson et al, 2003) and was up to 62% in some studies; the risk for suicide attempts has been reported to be from 1.8-5% (Kish et al., 2005; Schweitzer et al, 1995). Despite the high rate of suicide in this population, the risk factors associated with suicide ideation and attempts have not been studied in college students as a distinct group from the general population. The environmental and social factors unique to college students may be characterized as a "transition" period in life. This transition occurs during a brief period of time on many levels including social, academic, psychological, and existential. This major life transition as well as specific risk factors may exacerbate existing psychological difficulties or trigger new ones that can ultimately lead to suicide. Suicide and suicidal behaviours come from a complex interaction among social (family, peer group, cultural), individual (psychological, genetic, biological), and environmental (e.g., firearm availability) factors. The reason for such can be attributed to lack of economic, social and emotional resources. More specifically, academic pressure, social pressure, modernisation of urban centres, relationship concerns, and the breakdown of the traditional large family support system have attributed to the rise of youth suicide in India. The clash of values within families is an important factor for young people in their lives which leave them lonely, hopeless, and depressed, problematic relationship, helplessness. Among students the most considered reason for suicide is failure—the only reason behind the incidents. However, forced career choices, fear of failure and the stigma attached to mental distress often push students towards the extreme step.

Moreover, due to slow economic growth, the overflow of college graduates and the need for experienced workers, the current Indian college students especially in context of Manipuri students may experience greater stress with regard to job prospects than previous generations. Differences in suicidal prevalence among college students are observed which may include methodological differences, true differences in prevalence according to geographical location, sociodemographic differences, differences in exposure to risk factors and differences in college-specific factors. Consequently, the exact magnitude of suicidal thoughts and behaviour among college students around the world is currently unknown. Thus, the study was designed to examine the sociodemographic correlates of suicidal ideation among college students in Manipur, India which can contribute some facts to the world.

METHODOLOGY

Sample

The surveying approach under the descriptive method was adopted. 200(140 females and 60 males) undergraduate students within the age range of 18-26years were selected randomly from 3 different colleges of Imphal-west district of Manipur through multistage sampling method and informed consent was taken from the participants.

Tools

General Health Questionnaire-12(Goldberg & Williams, 1988) was utilized to measure psychological morbidity, intended to detect psychiatric disorders in community settings and non- psychiatric settings. Semi structured and self-prepared performa was administered to collect information about the socio-demographic variables like age, sex, education, religion, domicile, family type, position of siblings, family income, etc. Besides, interview was also conducted, wherever necessary. Adult Suicidal Ideation Questionnaire (ASIQ) (Williams, 1991) consists of 25 items that assesses the frequency of occurrence of suicidal ideation within the past month was also utilized in the present study. Multiple items within a range of thoughts severity are included and frequency of occurrence over a month-period allows for reasonable assessment of an individual's current level of active suicidal ideation.

Procedure

The study was conducted after getting permission from the Director of the Department of Education (U), Manipur and the subjects were then contacted personally in their respective educational institution for collection of data. Participants were assured of the confidentiality of their responses and provided informed consent. The participants voluntarily and individually completed all questionnaires in a single session lasting about 1-2hours and the study was conducted during the year 2012-2014.

RESULTS

Socio Demographic Variables of the College Students

Table 1 : Socio-demographic profile of the participants

Variables	Subjects	Number of Cases	Percentage
Age			
18-22 yrs		150	75%
22-26 yrs		50	25%
Gender			
Male		60	30.0%
Female		140	70.0%
Total		200	100%
Religion			
Christian		84	42%
Hindu		101	50.5%
Muslim		15	7.5%
Total		200	100%
Domicile			

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Subjects	Number of Cases	Percentage
Variables		
Rural	145	72.5%
Urban	55	27.5%
Total	200	100%
Education Level		
Graduate	164	82%
Post Graduate	36	18%
Total	200	100%
Family type		
Nuclear Family	168	84%
Joint Family	32	16%
Total	200	100%
Monthly Income		
Up to 10000	36	18%
10001 - 30000	105	52.5%
30001 and above	59	29.5%
Total	200	100%
Birth Order		
1st born	55	27.5%
Middle born	86	43%
Last born	59	29.5%
Total	200	100%

Table 1 represents the socio-demographic variables of the participants. 75% respondents were in the age group of 18-22 years and 25% were in the age groups of 22-26 years. Female respondents represent more than the male respondents with 70% and 30%, respectively. 50.5% were Hindu, 42% were Christian and 7.5% were Muslim. 72.5% participants were resided in rural area and 27.5% were resided in urban area. Considering the educational level of the participants, 82% were graduate and 18% were post-graduate. 84% of the participants belonged to nuclear family and 16% belonged to joint family. Further, it has been observed that 18% of the respondents have income up to Rs. 10000/-, 52.5% have income between Rs 10001/- to 30000/- and 29.5% have income more than Rs 30001/- and above. Birth order of the respondents was also considered in the study in which 27.5% were first born, 43% were middle born and 29.5% were last born. Middle born participants representing maximum respondents.

Suicidal Ideation among College Students

Table 2: Suicidal Ideation of College Students on Adult Suicidal Ideation Questionnaire

Suicidal Ideation	Number of Cases	Percentage	Gender		
			Male	Female	Total
Presents	20	10%	8	12	20(10%)
Absents	180	90%	52	128	180(90%)
Total	200	100%	60	1400	200(100%)

Table 2 shows the presence of suicidal ideation among college students. Among the 200 participants, 10% participants were having suicidal ideation within the past one month and

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90% participants were not having suicidal ideation. Further analysis indicated that 8 male and 12 female participants exhibited suicidal ideation representing 10% of the 200 participants.

Table 3 reflects Pearson correlation of coefficient between sociodemographic variables of the participants and suicidal ideation among participants. It has been observed that age and educational level are statistically significant with suicidal ideation. Negative relationship has been found which signifies that with the increase of age of the participants, suicidal ideation decreases (Age: 18-22yrs: Mean \pm S.D. = 52.70 \pm 14.23; 22-26yrs: Mean \pm S.D.= 44.60 \pm 4.33 $r = -0.192$, $P < 0.01$); and positive correlation has been found between educational level and suicidal ideation (graduate: Mean \pm S.D. = 14.12 \pm 19.19; post graduate: Mean \pm S.D. = 1.42 \pm 1.84; $r = 0.156$; $p < 0.05$) which signifies that with increase of educational level, suicidal ideation also increases among the participants.

Relationship between Socio Demographic Variables and the Suicidal Behaviour among College Students.

Table 3: Correlation between Socio-demographic variable Age and Suicidal Ideation of the College students

Suicidal Ideation Socio-demographic variables	Mean \pm S.D. (N=200)	Pearson Correlation
Age		
18-22years	52.70 \pm 14.23	- 0.192**
22-26years	44.60 \pm 4.33	
Gender		
Male	11.38 \pm 15.74	0.073 (NS)
Female	12.11 \pm 19.03	
Religion		
Christian	11.71 \pm 16.70	-0.037(NS)
Hindu	11.69 \pm 19.22	
Muslim	14.20 \pm 18.51	
Domicile		
Rural	12.37 \pm 17.84	0.093(NS)
Urban	10.64 \pm 18.76	
Educational level		
Graduate	14.12 \pm 19.19	0.156*
Post Graduate	1.42 \pm 1.84	
Family types		
Nuclear Family	11.23 \pm 17.73	-0.036(NS)
Joint Family	15.34 \pm 19.70	
Birth order		
1st born	11.23 \pm 17.73	0.056(NS)
Middle born	12.05 \pm 19.06	
Last born	13.02 \pm 20.24	
Monthly income		
Up to 10000	10.44 \pm 13.71	0.435(NS)
10001 – 30000	12.36 \pm 20.50	
30001 and above	10.14 \pm 2.92	

* Significant at the 0.05 level (2-tailed). ** Significant at the 0.01 level (2-tailed).

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Results also indicated statistically insignificant relationship between gender and suicidal ideation (male: Mean±S.D. =11.38±15.74; female:Mean±S.D.=12.11±19.03, $r= 0.073$, $P>0.05$); between types of religion and suicidal ideation (Christian: Mean±S.D=11.71±16.70; Hindu: Mean±S.D= 11.69±19.22; Muslim: Mean±S.D=14.20±18.51; $r= -0.037$; $P>0.05$); between the domicile and suicidal ideation (rural: Mean ± S.D=12.37±17.84 ; urban: Mean ± S.D=10.64±18.76, $r=0.093$; $P>0.05$); between family type and suicidal ideation (joint family: Mean ± S.D.=11.23±17.73 ; nuclear family:Mean ± S.D.=15.34±19.70 ; $r= -0.036$; $p>0.05$); between birth order and suicidal ideation (1st born: Mean ± S.D.=10.44±13.71 ;Middle born:Mean ± S.D.= 12.05±19.06; Last born: Mean ± S.D.= 13.02±20.24; $r=0.056$; $p>0.05$); andbetween family income and suicidal ideation. (up to Rs. 10,000:Mean ± S.D.= 13.39±17.98; Rs.10,001 – 30,000: Mean ± S.D.=12.36±20.50 ; Rs. 30,001 and above:Mean ± S.D. =10.14±2.92 ; $r=0.435$; $p>0.05$) among the participants.

Logistic Regression Analysis on Suicidal Ideation

Table 4: explanatory variables in the equation of Suicidal Ideation of College Students

Variables	β	S.E.	Wald	df	P	Exp(β)/OR	95.0% C.I.for EXP(β)	
							Lower	Upper
Step1(a)								
Age	-.528	.175	9.096	1	.003	.590	.418	.831
Gender	.311	.516	.362	1	.547	1.364	.496	3.749
Religion	-.221	.538	.169	1	.681	.802	.280	2.299
Residence	.269	.720	.139	1	.709	1.309	.319	5.369
Family Type	-.339	.659	.264	1	.607	.713	.196	2.593
Birth Order	.683	.534	1.640	1	.200	1.981	.696	5.638
Constant	8.421	3.666	5.277	1	.022	4539.687		
Step 2(a)								
Age	-.541	.172	9.910	1	.002	.582	.415	.815
Gender	.345	.508	.462	1	.497	1.412	.522	3.823
Religion	-.276	.519	.283	1	.595	.759	.274	2.098
Type of family	-.347	.658	.278	1	.598	.707	.195	2.568
Birth Order	.674	.533	1.599	1	.206	1.963	.690	5.584
Constant	8.930	3.413	6.845	1	.009	7557.173		
Step 3(a)								
Age	-.547	.172	10.086	1	.001	.579	.413	.811
Gender	.333	.507	.431	1	.511	1.395	.517	3.763
Religion	-.205	.497	.170	1	.680	.814	.307	2.159
Birth Order	.671	.532	1.592	1	.207	1.957	.690	5.553
Constant	8.731	3.400	6.594	1	.010	6194.118		
Step 4(a)								
Age	-.551	.173	10.189	1	.001	.576	.411	.808
Gender	.344	.506	.462	1	.497	1.410	.523	3.799
Birth Order	.650	.529	1.511	1	.219	1.916	.679	5.407
Constant	8.708	3.407	6.533	1	.011	6050.884		
Step 5(a)								
Age	-.559	.172	10.568	1	.001	.572	.408	.801

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Variables	β	S.E.	Wald	df	P	Exp(β)/ OR	95.0% C.I. for EXP(β)	
							Lower	Upper
Birth Order	.657	.528	1.550	1	.213	1.929	.686	5.430
Constant	8.983	3.378	7.071	1	.008	7968.163		
Step 6(a)								
Age	-.527	.164	10.306	1	.001	.590	.428	.814
Constant	8.556	3.259	6.893	1	.009	5197.258		

β : Coefficient of logistic regression model; S.E.: Standard error; df: degrees of freedom; P: Observed level of significance; Exp(β): Exponential β ; OR: Odd ratio; C.I.: Confidence interval.

An attempt has been made to analyze the response variables, i.e. present or absent of suicidal ideation on the basis of six explanatory variables of interest (age, gender, religion, domicile, family type, birth order) through logistic regression models. All the parameters under consideration were not all quantitative so difficulty was found when in fitting model. The results of the logistic regression analysis with backward stepwise (conditional) method have been presented in table 4. Six steps have been analyzed consisting of six variables representing each step as a logistic regression model.

In step 1, it has been observed that among the variables, the odd ratio (OR=0.59) of the age of participants indicated that with the increase of one year in age, controlling the other variables constant, there is 41% chances of decreasing suicidal ideation and significant difference was also observed between age and the suicidal ideation ($p < 0.01$). The OR of gender in the same model is 1.364 indicating male participants have 36.4% chances of having more suicidal ideation than the female holding the entire remaining variable constant though insignificant difference was observed ($p > 0.05$). Analysis further indicated insignificant difference between religion and suicidal ideation ($p > 0.05$); however, it has been observed that Hindu religion have 19.8 % (OR=0.802) more chances of having suicidal ideation than the other religion. With respect to domicile of participants (OR=1.309), participants from rural areas have 30.9% more chances of having suicidal ideation than the urban areas, however; statistical analysis revealed insignificant difference ($p > 0.05$). The OR of type of family (OR = 0.713) indicated that participants from nuclear families have 28.7% more chances of having suicidal ideation than from joint families however insignificant difference was found ($p > 0.05$). Analysis of the birth order of the participants indicated that first born child have 98.1% (OR=1.981) more chances of having suicidal ideation than the other order of births although insignificant difference was observed ($p = 0.200$). Among the sociodemographic variables that are considered for the analysis, age is the most important variable that has relationship with suicidal ideation among the participants.

DISCUSSION

The results from this study contribute to our knowledge regarding the correlates of suicide ideation among college students. The main findings are as follows. First, the present study evaluated suicidal ideation considered as an important precursor to latter attempted and

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completed suicide. Among the participants, 10% students have potentially at high risk for suicide and self-destructive behavior. This finding implies that 1 in about 10 students have potentially high level of suicidal ideation, and female students are having more suicidal ideation than male students but the variation shows no significant difference between gender and suicidal ideation. Previous studies do suggest that about 9- 12.5% of the student had high suicidal ideation (Amelia et al, 2009; Fergusson et al, 2003).

Second, the present study, age has been a prominent risk factor for suicidal ideation at this developmental stage of adulthood and this age group is considered as the peak age for suicide by previous studies. Analysis on relationship between age and the suicidal ideation in the present study suggested that with increase of one year in age, there are 41% (OR=.59) chances of decreasing suicidal ideation (NCRB, 2012; De Leo, 2003). This finding is in agreement with previous studies that concluded that in developing countries like India, the most vulnerable group are the young adults between 15-29 years and 78.8% of students who had committed suicides were in these age groups. Furthermore, it has been reported that Manipur is among the five states that have found 50% increase of suicide in the age group 15-29 years as compared to the national average of 34.4% during the year 2012.

Third, gender differences in suicide rates are well known among the general population. In the present study, the college women reported suicide ideation more than men. However, statistically insignificant relationship was found with regard to gender. However, logistic regression analysis indicated that male students has 36.4 % (OR=1.36) chances of having suicidal ideation than the female keeping the other variable constant. Although the present finding showed insignificant relationship, it is in agreement with previous researchers and they have reported no gender difference for suicide ideation.(NCRB, 2012; KSIS, 2006; De Silva & Jayasinghe, 2003; Drum et al., 2009; SPRC, 2004; Gutierrez et al.,2000).Gender differences in adaptive cognitive processes and coping skills may account for these discrepancies from the analysis on gender and suicidal ideation. Studies also reported that pressure of exams and the shame associated with failure have been the cause for suicide among college students in countries like India, China, Japan, Malaysia, Korea, Sri Lanka etc.; they have noted that there is heavy competition in college/university and considerable media hype associated with exam results. As a result, the shame associated with failure has been felt and put them to distress and then develop suicidal ideation, later attempted and completed suicide. It has been reported that social and economic causes have led most of the males to commit suicide whereas emotional and personal causes have driven females to end their lives. Studies done on college students ascertained that male students (ages 18 to 24) were twice more likely to have died by suicide than female students. However, male and female college students aged 25 and older died by suicide at similar rate. Approximately 18% of undergraduates reported having seriously considered suicide attempt at some point, while 6% reported serious suicidal ideation in the past months and further revealed that presence of suicidal ideation among college students ranged from 32% to 70% among college students (Drum et al., 2009).

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Fourth, considering the religion of the participants in the present study, insignificant relationship has been found between religion of the participants and suicidal ideation; however, logistic regression analysis indicated that college students belonged to Hindu religion have 19.8% (OR=0.80) more chances of having suicidal ideation than college students of other religion and the slight increase of chances observed in terms of odd ratio might be due to maximum number of participants belonged to Hindu religion in the study. Previous researchers noted that religion may be protective factor against suicide both at the individual and societal level, and the effect may be mediated by the degree to which a given religion sanctions suicide. Islam provides clear rulings against suicide. In countries like Pakistan, Malaysia where the vast majority of the population are Muslim, hospital and police statistics suggest that the suicide rate are low. Hinduism is less clear about suicide. In general, Hinduism strongly condemns suicide, but suicides committed in the name of religion or for religious purposes have been tolerated and even accepted. Patterns of suicide as they relate to the Hindu religion are unclear. The reported suicide rate in India is relatively low although there is evidence that actual rate is considerably higher than the reported rate. It has been suggested that Hindus in Malaysia have higher rate of suicide than other religious groups due to marginal social and economic status in the country. Other religion like Christianity forbids suicide, viewing it as an act which is contrary to God's plan for each individual's life. Countries like Australia and New Zealand are predominantly Christian; although neither country has a state religion and many people who list themselves as Christian are not practicing. The suicide rate is relatively lower as compared to other countries (Neeleman & Lewis, 1999; Maniam, 2003; Mathers, 2006). So, to comment on any religion and make a conclusive statement needs for research in this area.

Fifth, result revealed insignificant relationship between suicidal ideation and domicile of the participants; however, logistic regression analysis have shown that college students from rural areas have 30.9% (OR=1.309) more chances of having suicidal ideation than the urban. Previous researchers have been witnessed different findings (Cao et al, 2000; Phillips et al., 2002a; NCRB, 2012; Joseph et al., 2003; Gajalakshmie et al., 2007) and they have concluded that suicide rate is higher in urban areas than in rural areas due to crowding and social isolation; variation in age and sex has also been observed across different developed countries. However, in developing countries with larger rural populations, rurality seems to be risk factor for suicide. It has been reported that in China the rates of suicide in rural areas are three times more than that of urban areas; in India also, generally, it has been reported that the suicide rate in urban areas is slightly lower than rural areas.

Sixth, considering the educational level and suicidal ideation, the present study has shown significant relationship was found between suicidal ideation and educational level. Similar findings have been witnessed by many previous researchers (Drum et al., 2009; Westefeld et al., 2005; Gutierrez et al., 2000) and they have concluded that approximately 32% to 70% reported serious suicidal ideation in the past 12 months while 18% to 24% of undergraduates reported having seriously considering suicide attempt at some point. Further, these studies revealed that male students were twice more likely to have died by suicide than female

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students. According to record of NRBC (2012), 3.4% suicide victims were in graduation and only 0.6% victims were in post-graduation which is comparatively less to other educational level of suicide victims. Moreover, the record also reported that 78.6% of students who had committed suicides were in the age-group 15-29yrs and these percentages may reflect the proportion of persons with different educational attainment in India.

Seventh, college students belong to different types of family was analyzed. However, the odd ratio of family type (OR = 0.713) indicated that college students from nuclear families have 28.7% more chances of having suicidal ideation than the college students from joint families although statistically insignificant relationship was found. India has witnessed a change in family structure during recent decades, with more people moving out of joint and extended families into nuclear family structures. The effect of this change on suicide rate has not been systematically studied. Varying results in research may tap a secular trend. The findings of the study is in agreement with previous researchers (Srivastava et al., 2004; Kar, 2010) concluded that majority of suicide attempters were from nuclear families, possibly reflecting the role of social integration. On the other hand, it has also been reported that more suicide attempters come from joint families and in such families, family and marital conflict was a major reason for suicide (NCRB, 2012).

Eight, the result further revealed insignificant relationship between suicidal ideation and the birth order; however, logistic regression analysis revealed that first born child were 98.1% (OR=1.98) more chances of having suicidal ideation than middle and last born. There is no concrete evidence that can support the present finding. Beside from birth order, several other factors contribute to a person's risk for suicide. A combination of individual, relational, community and societal factors contribute to the risk of suicide. These factors may or may not be direct causes of suicide. Moreover, little scientific research has been done on suicide motives in India; few of the reasons identified in rise of suicide among young people included increased of pressure that has come with economic opportunity and social fragmentation. The increase rate might come due to disappointments faced by young people in a rapidly changing society when aspirations being associated with success and happiness, and they found themselves distorted or unmet their dreams and goals. And online social networking was making loneliness more common in this age group. Higher expectations accompanying economic prosperity might play a role here. Suicides were more likely to occur among individuals experiencing poverty, unemployment and /or debts; and young people migrated to the cities but have had problems in establishing themselves (Collings, 2005; Gururaj et al., 2004; Kim et al., 2006; Zhang et al., 2004). People who are well integrated with their families and community have a good support system during crises, protects them against suicide. Risk factors like faulty parenting style, family history of mental illness and suicide, and physical and sexual abuse in childhood has been associated with suicidal behavior. "Affectionless control", a parenting style characterized by a combination of low level of emotional warmth and high level of parental control or overprotection, has been associated with three time increase risk of suicidal behavior (Martin & Waite, 1994).

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Care and strong support system are crucial to preventing suicide, no matter where an individual falls in birth order.

Ninth, analysis was also done on three categories of monthly income and insignificant relationship has been found between suicidal ideation and the monthly income of the participants. There is no empirical study to support the present findings. However, it has been shown that economic prosperity varies across countries as indicated by the Human Development Index (HDI), which is a composite index of life expectancy, literacy, educational level and standard of living. High level of inequality could occur in both rich and poor countries; so, even in countries with rapid economic growth many people are still facing severe economic hardship (UNDP, 2006). Although the present study revealed insignificant relationship between suicidal ideation and monthly income, studies have shown that young Indians especially those living in wealthier and more educated regions were more likely to have suicidal behaviour. India's rapid development is driving many youth to despair. Opportunities that have come with two decades of economic boom and open markets have also brought more job anxiety, higher expectations and more pressure to achieve. India is one of the countries with highest suicide rates, with the believed that the highest risk group is rural farmers facing debt after poor harvest. However, it has been suggested that suicide rates are highest in the 15-29 age groups, peaking in southern regions that are considered richer and more developed with better education, social welfare and health care. This puts the young at high risk- a new phenomenon has happened recently as more middle class youths strive to meet achievement expectations, a new technologies like cell phones and social networking sites help break down traditional family units once relied on for support (TOI, 2010; AIAP,2012; NCRB,2012).

Overall analysis of socio-demographic variables of the college students indicated that age and educational level were the two important socio-demographic variables that have found relationship with suicidal ideation among the college students. The age group ranges from 18-26yrs and undergraduate and post graduate were the level of education that has been taken for the present study. Empirical evidence has shown that age and the level of education plays an important role in determining the suicidal ideation among college students. The present study was an attempt to explore relationship between various socio-demographic variables and suicidal behaviour and the study reaffirms that age and level of education could be considered as important risk factor for suicidal ideation among college students which is of major public health significance.

CONCLUSION

This study identified several potential targets for suicide prevention initiatives directed at college students. Many of the risk factors identified represents possible areas for intervention, but additional research is needed to determine whether these risk factors can be effectively modified to reduce suicide ideation. Suicidal thoughts and behavior during college present unique challenges to both researchers and clinicians. The transition between late adolescence and young adulthood is typically characterized by high levels of stress associated with

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adjusting to a new social environment and increased academic demands. Moreover, social support networks undergo radical changes during college. While parents and family may remain a part of a student's social support network, the physical separation from parents can be stressful for some students. For other students, leaving home can initially be a welcomed experience, but stressful in other ways as they struggle with issues of financial stability and independence. The present findings draw attention to the complex interrelationships and highlight a number of possible intervention targets for the earliest stage of suicidal behavior. However, it is suggested that to reduce the suicidal ideation among college students need multifaceted approach including mental health care services, academic support systems, and counseling centers especially for college students. If appropriate programs are available to support the mental health and coping mechanisms of college students at risk, then the rate of suicide may improve.

Limitation and Implication

The present study addressed the gap in the area of research on the nature of the relationship between sociodemographic variables and suicide ideation among college students of Manipur. The findings of the study should be interpreted in light of several limitations. The sample size was small, larger sample in the future research will be helpful in generalization of result. Present work was related to assessment only. In future, research programme may be planned to the participants having indication of suicidal ideations, thoughts etc. Findings of the study will be helpful to chart out management plan for college students indicating suicidal ideation. It also provided the empirical basis for future research and can be considered as step toward accumulating knowledge on suicidal behaviour which could contribute to clinical practice, intervention strategies, and prevention efforts.

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