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Research Paper



Causes of Suicidal Behaviour in Adolescents as Perceived by College Students

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ABSTRACT

Suicide is the conscious act of self-induced annihilation, best understood as multidimensional malaise in a needful individual who defines an issue for which the suicide act is perceived as the best solution, (Scheidman, 1985). It is neither a private nor a personal act. There exists a varied difference in the range of suicide across different countries. WHO (2016), reported 793000 suicidal deaths worldwide. This shows that there is an annual global age-standardized suicide rate of 10.5 per 100000 populations. It is seen that this matter is very crucial and second upcoming cause of mortality among the young adults (15-29yrs) over the world. The present study explored how the young adults perceived the various causes of suicidal behavior in the adolescents. Apilot study was conducted on 20 young adults of age group between 23yrs to 25yrs of Bhopal city studying at collegiate level and was interviewed personally. The results revealed that majority of respondents attributed depression, parent's pressure in context of their career and communication gap between them as the major causes of suicide in the adolescent population. Other causes, such as stress, social net-working, drug and physical abuse, childhood trauma, chronic pain, marital dispute and genetic factors were also reported. Thus, the mental health professionals need to plan strategies for curtailing suicide amongst the adolescents.

Keywords: Suicide, Adolescents, Depression

Suicide can be simply defined as intentional self-inflicted death. Scheidman, (1985) defines it as "the conscious act of self-induced annihilation, best understood as multidimensional malaise in a needful individual who defines an issue for which the suicide act is perceived as the best solution." Suicide is not a random or pointless act but it is a way out of a problem. It is a significant cause of death worldwide. It is considered as a psychiatric emergency, and its prevalence is increasing. It is the act which is done intentionally by the person to end one's own life. It is a significant factor in all types of depression but it is also apparent that people commits suicide for other reasons other than depression. Study done by Holma et al, (2010), estimated about 50 to 90 percent of people commit suicide during a depressive episode or in the recovery phase. Suicidal behavior is the thought process and the behavior associated to the person's willingness to take their own life. These feelings result into suicide ideation which means an individual having a thought of killing himself, suicide plan that is making a

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particular plan to end their own life; and suicide attempt, referring to harming oneself purposely for dying. National Institute for Health and Care Excellence, (2013) defines self-harm as intentional self-poisoning or self-injury, irrespective of a motive. In United States it is been seen that suicide has become the leading cause of death for adolescents with every eleventh youth carrying out suicide every day (Drapeau & McIntosh, 2015). Suicide comes 14th as the leading cause of death in the world, constituting 1.5% of all mortality (Hawton, et al., 2012). Now it is the 18th leading cause of death, constituting 1.4% of all deaths worldwide (WHO, 2016). Main cause of suicide is directly related to psychological components as the individual consciously makes decision for ending his or her own life. They often feel lonely, loaded and death seems less risky than living. Studies conducted in the past on suicidal behavior in 17 different countries reported the existence of influence of suicide ideation (9.2%), plans (3.1%), and non-lethal attempts (2.7%). These influences where found to be widely differing, while the characteristic of suicidal behavior was found to be quite same across the different countries.

According to the World Health Organization (WHO) report of 2011, about one million people commit suicide across the world. Also in context of India, about 136000 persons committed suicide. The WHO data reflected 15 to 44 years as the most susceptible age group for suicide in India. In context of India Hawton, et al., 2012 reported world's highest suicide rates for youth aged between 15-29 years. The number of students who committed suicide in 2015 was reported about 8,934 out of that Maharashtra reported maximum student suicides: 1230 of 8934 (14%) nationwide, followed by Tamil Nadu (955) and Chhattisgarh (625) (www.hindustantimes.com/May 8 2017). Overall, Sikkim is reported with India's highest suicide rate. National Crime Records Bureau (NCRB) reports Madhya Pradesh among the top five states reporting maximum number of suicide cases in 2015. The state reported 8.1% of the total number of suicides in India during 2015. It has been reported that in Bhopal the highest rise in suicides was from 40 in 2014 to 378 in 2015. According to the latest study by Indian Council of Medical Research (ICMR). Public Health Foundation of India(PHF) and Institute for Health Metrics and Evaluation (HME) in collaboration with the Ministry of Health and Family Welfare along with health experts and stakeholders, in India suicide is becoming the major factor of death in the 15-39 years age group in which 37% of the total worldwide suicide deaths among women are coming from the country. Thus, from 1990-2016 there is an increase of 40% in number of suicide deaths, with an estimated 230,314 deaths in 2016 (www.times of india.com/Sept 13 2018).

According to the Mental Health Act 2017 suicides are not a criminal act. It is real, but may not always be the consequence of an "ill" mind. It is a complex state of mind which primes into suicidal behavior. World Suicide Prevention Day is been announced on 10th September. This day was announced in 2003. The theme of the year 2017 was "Take a minute, change a life" and theme of the year 2018 is "Working Together to Prevent Suicide". It is an awareness day in order to provide worldwide commitment and action to prevent suicides through various activities all over the world. To host the World Suicide Prevention Day, the International Association for Suicide Prevention (IASP) work together with the World Health Organization (WHO) and the World Federation for Mental Health.

Looking into the depth of WHO reports on percentage of suicide among adolescence, it is seen that it is prevailing every year. A pilot study was conducted to investigate how the youth perceives the various causes of suicide in adolescents with special reference to Bhopal city.

Objective Of The Study

• To explore the causes of suicidal behavior in adolescents as perceived by young adults of Bhopal city.

METHODOLOGY

Sample

In the present study purposive sampling was employed to select participants based on inclusion/exclusion criterion. A total number of 20 students of the age ranging from 23 to 25 years were selected. The average age of sample was 24.5 year. Out of total respondents 15 respondents were females and 5were males who participated in the study.

Procedure

In the present study final year students of BNYS (Bachelor in Naturopathy and Yoga Sciences) were selected and formal consent was taken from the participants. The interested respondents were interviewed personally. They were asked to write about their personal views related to the causes of suicide in the adolescents. The respondents were briefed about the purpose of study and the participants were assured that their responses will be kept confidential and will be used for the research and academic purpose only. There was no time limit for writing their views. Then the finished write up was collected and after that I acknowledged the participants for their heartily cooperation in writing their views.

RESULTS AND DISCUSSION

The present research was planned to observe the views of youth aged between 23 to 25 years related to adolescent suicidal behavior. With the help of Content analysis the qualitative data was analyzed. The brief descriptions of results obtained are illustrated below (percentagewise).

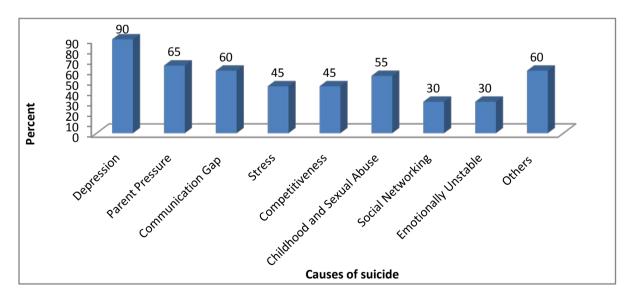


Figure 1

The above Figure shows about how many respondents think what are the main reasons persisting behind adolescence suicidal behavior. It is being seen that 90% of participants view depression as the major cause for suicide. After that 65% of them responded parental pressure, 60% of them responded communication gap, 55% of respondent perceived childhood and sexual abuse 45% respondent viewed stress and competitiveness, 30% viewed

social networking and emotionally instability and 60% of the respondent viewed that there are other factors (like drug addiction, marital dispute, chronic illness) also which has its impact on suicidal behavior.

The results indicate that 90% of the respondents reported Depression as the major cause for suicidal behavior. During this period adolescents undergoes physiological as well as psychological changes and this changes differ with every individual. This time period is very crucial in their life span as during this period they have to focus on their career, have to think about settling, and to face the competitive world with the target to reach at the top without any patience. If unsuccessful in achieving their targets, they go under depression which becomes the risk factor for suicidal behavior. Findings of study confirm the results of earlier studies conducted by Groholt, et al (2005) reported that depression is the risk factor for suicidality among the adolescents, and more than 90% of the adolescent's suicide is been diagnosed due to psychiatric disorder. It is assessed that approximately 90% of adolescents who do suicide have a diagnosable and/or treatable mental disorder and it was found that more than 50% of these youths have major depression (King, Strunk, & Sorter, 2011) which supports our findings.

The second main cause reported by 65% of the youth for the adolescent suicide was the parental pressure on them. With students' parents are also very apprehensive for them. They also want their children to excel in all fields. They must see their child's ability and his/her interest in that particular field. They should not pressurize them. Result of our present study provide support to the previous research conducted by Becker-Weidman, et al, (2009); Smith (2009)that now a day's college student are suffering from mental health problems, arising mainly due to poor social relationships, cognitive distortions, family conflicts, parents and peer pressure, helpless attribution styles, gender, and perceived criticism from teachers.

Communication gap between parents and children was reported by 60% of the respondents as the third major risk factor for suicidal behavior. Adolescence is a period in which biological, psychological, and social changes take place. Present study is in support of the view of Sevilla and Orcasita (2014), children feel discomfort to discuss about the queries related to sexuality with their parents and they even fear about the information which may reach indirectly to their parents. They feel reluctant to seek help from health services and their support networks. They have limited negotiation skills and thus perception of communication with parent's results in unfriendly attitude.

Childhood and sexual abuse as other risk factor for suicide were reported by 55% of the respondents. Childhood and sexual abuse leads to self-destructive behavior. Results of the study supports the earlier research conducted by Spokas, et al (2009) reporting that physical and sexual abuse at the time of childhood enforces a great risk for future suicide attempts and if young adults have experienced both physical abuse and sexual abuse during their childhood the risk for suicide attempts increases by 5-14 times.

Other causes for suicide reported by the 45 % respondents were stress and competitiveness. Today every student has high IQ and all wants to be the first in all respect and even if they lose their position for decimals they feel depressed and stressed. Academic stressors during school years like tests, grades, studying, self-imposed need to succeed and that induced by others may reflect in any aspect of child's surrounding, home, school, neighborhood or friendship (Anderson, et al., 2005).

In regard to competitiveness, it is observed that generally students studying in the 12th board examination face tremendous competition in getting admissions into one have preferred choice of college or university which may lead to self-harm (Hess & Copeland, 2006). The above data also revealed that social networking is also one of the risk factor of adolescent suicide. Higher level of suicidality was reported among adolescents who lived in neighborhood with poor social network by Perez-Smith, Spiroti & Boerge (2002). There are also other risk factors related to suicidal behavior in adolescents such as drug addiction, marital dispute, genetic/family history, chronic pain/illness or terminal illness. Findings of the study supported the past studies reporting that students who had major family problems, lack of social support and have gone through stressful events having negative effect in their lives attempted suicide (Windle, 2004; Rutter & Behrendt, 2004). Drinking among elders also uplifts suicide risk through interactions with other factors that exists mostly during this age like depressive symptoms, medical illness, negatively perceived health status and low social support (Blow, Brockarnn & Barry, 2004). Yen, et al, (2005), reported recent life events to be responsible for 80% of suicide. Studies done by Zhang, et al, (2004) showed that traumatic events and suicidal behavior are strongly associated with each other. The road to suicide includes mainly personal factors and those who die by suicide shows association of mental illness and genetic tendency (Turecki, 2014; Turecki et al., 2015).

CONCLUSION

The present study reflects that a multitude of individual and social aspects results in suicidal attempts. There are many psychological factors which are related for the cause of suicide in adolescence among which depression is the major cause. Today's youth are suffering from mental health problems due to depression, parental pressure, stress, competitiveness and communication gap with parents resulting into lack of coping and poor problem solving skills. Physical and sexual abuse in childhood is also contributing towards the risk for suicidal behavior. Therefore, there is the need of better parenting during emotional crisis. Newly married couples must be educated for effective parenting. Taking care of child should start from the beginning as 0 to 5 years of children requires love and affection, 6 to 15 years of children requires learning of socialization and above 16 years requires friendly attitude. It makes lots of difference if the parents are available for their children at the time when they become emotionally weak and frustrated. Parents should encourage their child to see other prospects also. Compatibility among parents is also an important factor. They should not fight or use abusive language in front of child as it influence on child mental health whose reflection is seen in adolescence stage.

In the school and colleges, education on sexuality and life skills must be provided. There should be counseling centers with trained counselors and psychologists to help the students who have emotional instability. The counselors in the school should sensitize other members also so that they are able to identify the students with emotional instability. If a person has positive attitude he/she can overcome with all the problems effectively. Education level should be such, that overall personality of the child gets developed and he/she becomes aware of their inbuilt qualities so that they can excel further in that particular field with ease. So, if worked together, one day it will be possible to envisage and stop suicides. As this is a pilot study more effective results can be obtained when done on large sample.

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Conflict of Interest

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

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