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Effect of personal and familial causes towards suicidal tendencies among the youth

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ABSTRACT

The present study was undertaken with specific objective to study the effect of personal and familial causes towards suicidal tendencies among the youth. A total sample of 400 youth (200 boys and 200 girls) was selected purposively from the Udaipur city and the age range was between 19-22 years of the youth. It was found that the girls had very high suicidal tendencies due to personal causes and boys had average. Further in the case of both girls and boys had high level of suicidal tendencies due to familial causes. The finding indicates that differences were significant in relation to personal and familial causes towards suicidal tendencies among the youth.

INTRODUCTION

In the era of globalization, continuous economic developments and social transformations, increasing people are suffering from mental problems; depression, anxiety and other emotional problems may lead to a loss of confidence and an individual take a one step towards suicide. Suicide is derived from a Latin word “Suicidum”, which means ‘to kill oneself’. India has some of the world’s highest suicide rates, with many believing the biggest risk group to be youths. Today, the youth in India form one of the most vulnerable groups, who commit suicide.

According to National Crime Records Bureau (NCBR) report, more than one lakh people in India have committed suicide during the year 2012. Every year an increase in the percentage of suicide cases was reported. Reasons for suicide include family problems, unemployment, exam failure and poverty. Majority of suicides (37.8%) in India are by those below the age of 30 years. The fact that 71 per cent of suicides in India are by persons below the age of 44 years imposes a huge social, emotional and economic burden on our society. The near-equal suicide rates of young men and women and the consistently narrow male: female ratio of 1.4: 1 denotes that more Indian women die by suicide than their Western counterparts. Poisoning (36.6%), hanging (32.1%) and self-immolation (7.9%) were the common

methods used to commit suicide. Two large epidemiological verbal autopsy studies in rural Tamil Nadu reveal that the annual suicide rate is six to nine times the official rate. If these figures are extrapolated, it suggests that there are at least half a million suicides in India every year. It is estimated that one in 60 persons in our country are affected by suicide. It includes both, those who have attempted suicide and those who have been affected by the suicide of a close family or friend. Thus, suicide is a major public and mental health problem, which demands urgent action.

Although suicide is a deeply personal and an individual act, suicidal behavior is determined by a number of individual and social factors. Ever since Esquirol wrote that "All those who committed suicide are insane" and Durkheim proposed that suicide was an outcome of social/ societal situations, the debate of individual vulnerability vs. social stressors in the causation of suicide has divided our thoughts on suicide. Suicide is best understood as a multidimensional, multifactorial malaise. Suicide is perceived as a social problem in our country and hence, mental disorder is given equal conceptual status with family conflicts, social maladjustment etc. According to the official data, the reason for suicide is not known for about 43 per cent of suicides while illness and family problems contribute to about 44 per cent of suicides.

MATERIAL AND METHODS

The study was conducted in Udaipur city in the state of Rajasthan. Udaipur city was selected purposively in view of ease of operation of the study. The sampling procedure Included, initially a list of 400 youth that were 200 girls and 200 boys with age ranges from 19-22 years belonging to joint and nuclear families from middle class families of Udaipur city was selected randomly to assess the suicidal tendencies.

The tools for data collection were self structured scale on Suicidal Attitude Scale (SAS) which was used to collect the data on suicidal tendencies among the youth. The data were analyzed statistically. Average and percentages were calculated along with t-test which was also used to test the gender differences among the youth.

OBSERVATIONS AND ANALYSIS

Suicidal attitude specifies the extent to which a person believes that suicide is an acceptable action, have been linked to actual suicide behaviour, including suicide attempts and completion according to Guterrez *et al.* (1996) and Limbacher and Domino (1985). Today 34.40 per cent youth (15-29 years) were reported to committed suicide out of 1,35,445 people. Major reasons behind suicide were failure in examination, unsuccessful love relationship and unemployment. Suicidal behaviour are often associated with depression. However, depression by itself is seldom sufficient. Other co-existing disorders, such as attention deficit hyperactivity disorder, substance abuse or anxiety can increase the risk of suicide. Recent stressful events can trigger suicidal behaviour, particularly in an impulsive youth. Girls may be more likely to make suicidal attempts, but boys are more likely to make a truly lethal suicide attempt. The suicidal tendencies of youth were studied on the basis of their personal and familial causes which lead to commit suicide. The findings of these are sequentially presented in this section.

Personal causes:

When we peep into the various causes of suicidal attitude it was clearly depicted that major cause was personal in case for girls *i.e.* 80.00 per cent whereas the same cause was reported as an average amongst the boys (82.00%). Depicted in Table 1.

Suicide involves any behaviour that is self-initiated and carried out with the intention or expectation to die and includes self-inflicted, active or passive acts (De Leo *et al.*, 2004). Suicide attitude involves thoughts related to a desire, intent, reaction, opinion and thinking believes about suicide. In addition, research has found that affective disorders, specifically a depressive episode, are common psychiatric diagnosis among people who have completed the act of suicide (Houston *et al.*, 2001). Kisch *et al.* (2005) have found that a depressed mood is a risk factor for suicidal behaviour in college students. In addition, various studies have reported a significant relationship between depression and suicide ideation and attitude among college students, where high levels of depression are associated with high levels of suicide ideation and attitude (Weber *et al.*, 1997; Garlow *et al.*, 2008 and Singh and Joshi, 2008).

Hopelessness is another risk factor that predicts suicide ideation and attitude in young adults. Hopelessness is the experience of despair or extreme pessimism about the future (Beck and Mahoney, 1979). According to Schneidman (1996), hopelessness-helplessness is the most

common emotion experienced among suicidal people. Numerous studies have found a link between feelings of hopelessness and suicide ideation, attitude, attempts, and completions (Abramson *et al.*, 1998; Beck *et al.*, 1993; Chioqueta and Stiles, 2005; Evans *et al.*, 2004; Konick and Gutierrez, 2005; Pinto and Whisman, 1996; Kuo *et al.*, 2004; Simons and Murphy, 1985; Smith *et al.*, 2006 and Spirito and Esposito-Smythers, 2005).

In addition, Gibb *et al.* (2006) suggested that "Favourable attitude towards suicide may increase the attractiveness of suicide should situational cues arise, placing an individual at increased risk of suicidal ideation". Furthermore, Joe *et al.* (2007) stated that people who feel that it is acceptable to commit suicide are more likely to have thoughts about killing themselves than those who do not find suicide to be an acceptable action; therefore, favorable attitude towards suicide seem to encourage more acceptance of the behavior of suicide, possibly resulting in increased suicide ideation.

In some cultures adolescents experience life stress associated with peer relationships and achievement that has vast and intense effects. It is, thus, not unheard of that the constant pressure in such contexts causes teenagers to develop mental pathologies, besides depression, such as anxiety and other personality disorders. While mood disorders such as depression, bipolar disorder and dysthymia are the disorders most commonly associated with suicide and serious suicide attempts.

Familial causes:

It was very strange that in spite of the male dominated society in Rajasthan, the familial cause was reported by 78.00 per cent boy as high for suicidal attitude. Regarding girls it can be said that 43.00 per cent were stated that familial cause as very high for suicidal attitude. Depicted in the Table 2.

India may be home to the concept of the whole family living under one roof and the joint family system, but this is precisely one of the biggest reasons people are committing suicide. The number has risen over two times in the last 10 years. In percentage terms, 2001 saw 15 per cent suicides due to family problems; this rose to 44 per cent in 2010.

As per figures available under the RTI Act, the total number of suicides in city was 1,225 in 2001, and 1,192 in 2010. Deaths due to family problems were 185 and 528 in those two years, respectively. These deaths, however, are distinct from suicides driven by dowry dispute, non-settlement of marriage, childlessness, divorce, which are widely considered as the reasons that drive people to kill themselves. Dowry dispute suicides have remained more or less the same – 34 in 2001 and 33 in 2010, while suicides because of divorce have gone down from nine in 2001 to

Table 1 : Percentage distribution of level of personal causes towards suicidal tendencies among youth

	Personal causes				
Level of causes	Low	Below average	Average	High	Very high
Girls	2.00	5.00	2.00	11.00	80.00
Boys	0.50	4.50	82.00	13.00	0.00

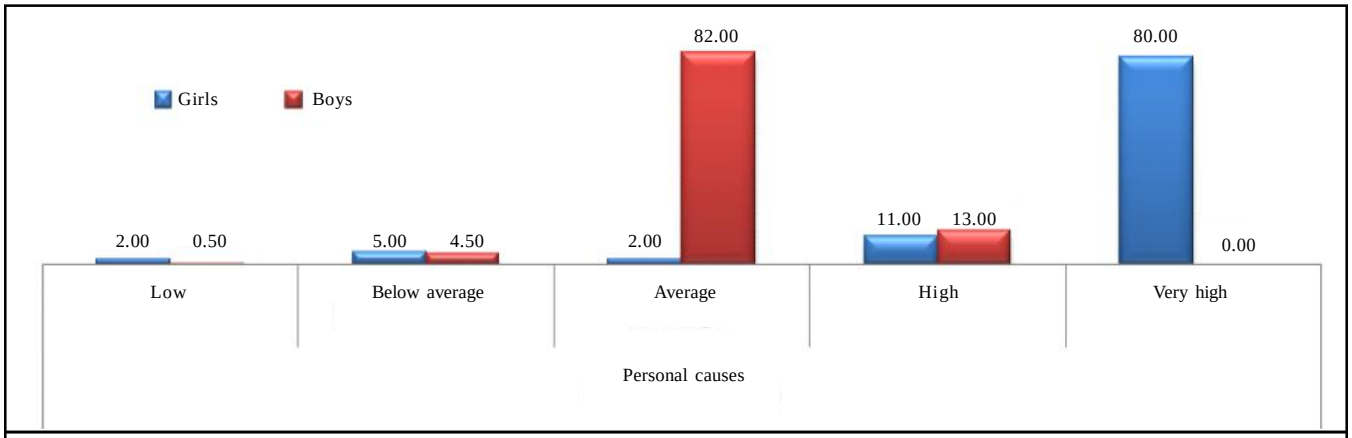

Fig. 1 : Percentage distribution of level of personal causes towards suicidal tendencies among youth

four in 2010.

Echoing Durve's views, Matcheswalla said, "Problems at home due to any sudden financial issue or heavy losses in the share market are also responsible for tension within, driving people to suicide. The recent Malad suicide, where a woman killed herself and her two children, was one such case."

Another prominent cause of family problems, which even goes unattended sometimes, is post-partum depression. "In most cases, women don't even realise they are suffering from it and hence, don't get it treated. The usual perception is that a woman is irritated post-delivery, but that is not the case," said Matcheswalla.

The issue is no different within the police department as well. Of the six suicides in 2010, two were due to family problems. "These are largely due to stress and being unable to give time to family, which can lead to fights between a husband and wife. At our level, we try to offer counselling to sort out their differences. In 95 per cent of the cases, that helps resolve the matter," said V Shekhar, DC enforcement who deals with the issue in the department.

Figures also showed that the most vulnerable to suicides were people in the age group of 15-29 years followed by 30-44 years. Suicides in the first group have gone up to 48 per cent from 44 per cent in 10 years.

"Children/youths have a lower threshold for frustration, while the pace of life is very fast. When things do not work out for them, there is a sense of hopelessness and worthlessness, which drives them to suicide," said Dr Shetty.

Family is another key factor to the cause of suicide. Lesterd (1987) indicated that families influenced the behaviour of their suicidal members and their early family experience plays a critical role in shaping individual's suicidal behaviour. As Hatton and Valente (1984) pointed out, not being appreciated or understood by one's family seems to contributed to unhappiness and the suicidal youngster's life, the failure to live up to the parental expectations, followed feelings of frustration and loss of express freedom in front of strict parents drive young people into further isolation and increased the likelihood of suicidal behaviour.

Cutler *et al.* (2001) further explained that the factors leading to depression in youth pertain to changes in family relations (divorce, single-parenting, remarriage and conflict), romantic problems and lack of social connections. These events are associated with

Table 2 : Percentage distribution of level of familial cause towards suicidal tendencies among the youth

	Familial causes				
	Low	Below average	Average	High	Very high
Girls	1.50	2.00	4.50	49.00	43.00
Boys	0.50	6.50	12.50	78.00	2.50

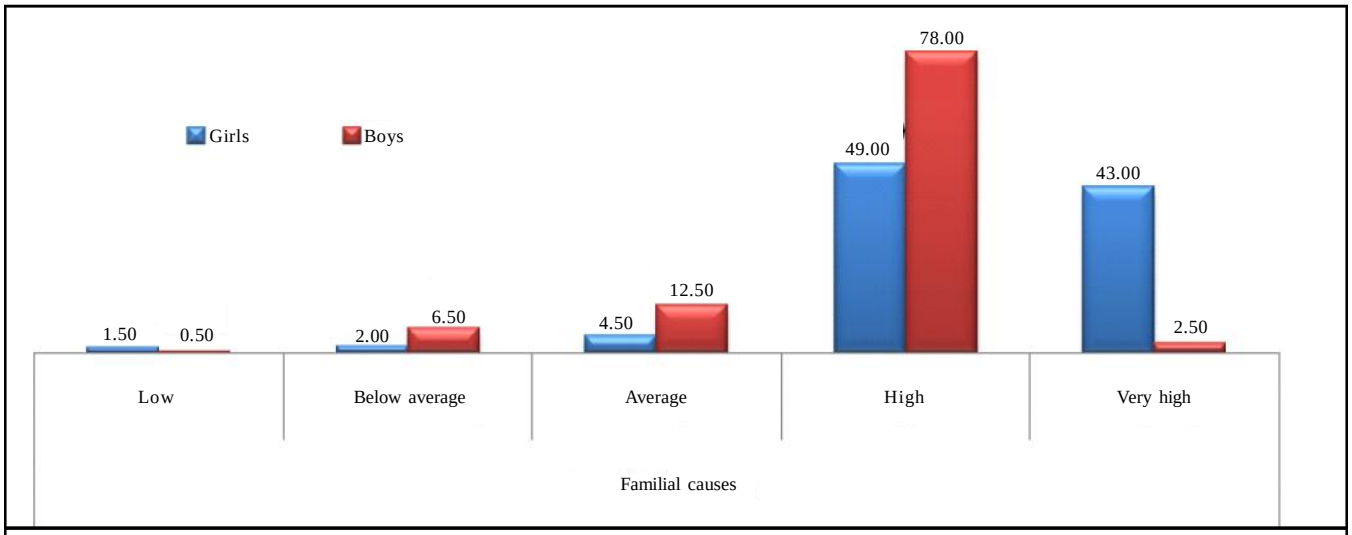

Fig. 2 : Percentage distribution of level of familial causes towards suicidal tendencies among the youth

Table 3 : Differences in attitude towards suicidal tendencies in personal and familial causes on the basis of gender

Sr. No.	Items	Girls (n=200)		Boys (n=200)		
		Mean	Standard deviation	Mean	Standard deviation	t-value
1.	Personal causes	141.70	22.71	107.00	10.11	19.74*
2.	Familial causes	108.80	14.86	96.12	11.73	9.47*

*indicates significance of value at P=0.01

unhappiness, "They need not be rationally undertaken for the suicide itself to be rational". A youth who discounts hyperbolically will prefer to take actions that bring short-term pleasure but long-term costs and he/she will find it more difficult to moderate present pain with the hope for future pleasure. Similarly, he/she will have problems moderating present exuberance with the anticipation of future pain.

Choron (1972) noted that 'Suicide among young people shocks and disturbs us more than any other kind of death, because it cannot be blamed on nature or fate and because it takes place at a period of life which is supposed to be the happiest, when the vital force is at its peak and when one has the whole life before him'. Suicide influences people who commit suicide and their family, moreover, the influence can extend to impact on social attitude about life and death (Hendin, 1982).

Differences in attitude towards suicidal tendencies in personal and familial causes on the basis of gender :

The data presented in the Table 3 related to gender differences of youth on suicidal tendencies, shows that there was a significant difference shown towards personal and familial causes.

Gender differences in suicide rates have been shown to be significant; there are highly asymmetric rates of attempted and completed suicides between males and females. The gap, also called the "gender paradox of suicidal behaviour", can vary significantly among different countries. Statistical analysis indicated that males die by suicide more frequently than do females; however the prevalence of suicidal thoughts was higher among females than it was among males and there was no statistically significant difference for suicide planning or suicide attempts between the genders. The role that gender plays as a risk factor for suicide has been studied extensively. While females tend to show higher rates of reported nonfatal suicidal behaviour and suicide ideation, males have a much higher rate of completed suicides. However, a 2009 study tends to show little to no difference in suicidal ideation between men and women. A 2008 study of suicide attempts by gender found that females have a higher rate of attempted suicide than males earlier in life and that this rate decreases with age. For males, the rate of attempted suicide remains fairly constant when controlled for age. Males and females also tend to differ in their suicide and responses to suicidal feelings.

Arnautovska (2010), studied the expectation of girls having more permissive attitudes towards suicide than boys as well as that permissive attitude was positively associated with the majority of suicide risk factors. Rhodes (2013), found that boys account for almost three quarters of suicides among those aged 15–24 years. However, non-fatal suicide-related behaviours also onset in youth but are more common in girls. Thus far, there has been little empirical investigation of what produces this gender paradox.

Conclusion :

It was found that girls had very high suicidal tendencies due to personal causes and boys had average. Results reveled in the case of both boys and girls had high level of suicidal tendencies due to familial causes. The finding also indicates that differences were significant in relation to personal and familial causes towards suicidal tendencies among the youth. It can be concluded that suicidal tendencies among the youth were higher due to the personal and familial reasons where girls had suicidal tendencies higher than boys but due to familial causes boys suicidal tendencies were higher than girls.

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