

# Factors Influencing Suicidal Behavior Among the College Students: A Study to Assess the Factors Influencing Suicidal Behavior Among the College Students in Selected Institutes at Prayagraj District

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## ABSTRACT

Worldwide, suicide is among the top five causes of mortality in the 15-to-29-year age group. In many countries it ranks first or second as a cause of death among both boys and girls in this age group. Suicide prevention among children and adolescents is therefore a high priority. Given the fact that in many countries and 3 regions most people in this age group attend school, this appears to be an excellent place to develop appropriate preventive action. Also, nowadays suicidal behavior becomes common in adolescents and number of suicidal cases and suicidal attempts increasing gradually. Usually, action is taken always after the incidents but there is less attention given towards preventive measures and finding the exact cause to decrease prevalence of suicidal behavior in adolescent

**OBJECTIVES:** This study aimed at to assess the factors influencing suicidal behavior among college students

**METHODOLOGY:** The research design was descriptive Survey design using descriptive analysis and purposive sampling technique was used to select 30 adolescents who met the inclusion criteria. The data was collected by using questionnaire method.

**RESULTS:** From the data analysis, majority of sample shown inadequate factors, in regard to **Socio Economic Factor**, 26.66% students have trouble with their colleagues, 23.33% students have break up with their close friend, 20% students have said that they feel socially isolated, 13.33% students have cultural or religious belief that suicide is a noble resolution of personal dilemma, 0.00% students have believed that there is no easy access to any lethal means of suicide, 26.66% student's friend's committed suicide, 13.33% students have influenced by the media about suicidal behaviour, 20% students have peer group pressure or self-destructive peer acceptance, 16.66% students have suffered from rejection or provocative behaviour from college mates, 33.33% students have long term financial crisis and 26.66% students feel like taking revenge on someone. **In Relation to Psychological Factors**, 3.33% students have been diagnosed previously with a mental disorder, 3.33% students have been attempted for suicide earlier, 6.66% students have continuous thoughts of committing suicide, 23.33% students have low self esteem, 26.66% students confessed that have feeling of hopelessness and guilt, 10% students are addicted to alcohol and drugs, 36.66% students have feeling of loneliness **and** 23.33% have lack of social support. **In regard to Family Factors**, 6.66% students have continuous quarrel between the members of their family,

16.66% students are suffering from physical/emotional abuse in their family, 26.66% student family members have committed suicide, 20% students face poor communication their family, 16.66% have frequent quarrel with their parents, 43.33% students have confessed that their parents have very high expectation from them, 20% students have excessive authority from their parents and 13.33% students have been neglected by their parents. **In relation to Physical Factors**, 6.66% students are suffering from serious physical illness, 0.00% students are handicapped, 6.66% students are suffering from chronic pain, 16.66% students have physical fights with their friends, 0.00% students are a victim of sexual abuse **and** 60% students are satisfied with their present body image. **In relation to Academic Factors**, 30% students have fear about their college life, 26.66% students have poor coping abilities during stress, 50% students feel excessive burden of exams, 16.66% students worried about poor academic performance, 40% students have lack of confidence in their studies, 6.66% students are a case of academic failure, 10% students are a victim of corporal punishment **and** 6.66% students are a victim of bullying. **In regard with Major Life Events**, 10% students have suffered from parental loss, 20% students have suffered from loss of closed one, 16.66% students have problem of love failure **and** 23.33% students have involved in antisocial

**Keywords:** Factors, Suicidal Behaviour, College Students

## INTRODUCTION

Worldwide, suicide is among the top five causes of mortality in the 15 to 29 year age group. In many countries it ranks first or second as a cause of death among both boys and girls in this age group. Suicide prevention among children and adolescents is therefore a high priority. Given the fact that in many countries and 3 regions most people in this age group attend school, this appears to be an excellent place to develop appropriate preventive action.

Adolescents and youth are particularly vulnerable to suicide on account of their emotional immaturity and temperamental instability. Rapid additions to knowledge, intense competition, examinations and results expose students to tremendous stress, and trigger off depression. Often, high expectations of parents can frustrate them and add to their depression if they are unable to live up to these expectations. Adolescents often will try to support a suicidal friend by themselves. They may feel bound to secrecy, or feel that adults are not to be trusted. This may delay needed treatment. If the student does commit suicide, the friends will feel a tremendous burden of guilt and failure. It is important to make students understand that one must report suicidal statements to a responsible adult. Ideally, a teenage friend should listen to the suicidal youth in an empathic way, but then insist on getting the youth immediate adult help. Also, nowadays suicidal behavior becomes common in adolescents and number of suicidal cases and suicidal attempts increasing gradually. Usually, action is taken always after the incidents but there is less attention given towards preventive measures and finding the exact cause to decrease prevalence of suicidal behavior in adolescent

## BACKGROUND OF THE STUDY

Suicidal behavior is the end result of a complex interaction of psychiatric, social and familial factors. There are far more suicidal attempts and gestures than actual completed suicides. One epidemiological study estimated that there were 23 suicidal gestures and attempts for every completed suicide. Worldwide nearly a million people die by suicide annually. There are estimated 10 to 20 million attempted suicide every year as many as 60,000 people commit suicide in Russia; approximately 30,000 people die by

suicide each year in united states. Over 30,000 kill themselves in Japan and about 2,50,000 commit suicide in China. Teen suicide in the United States is nearly five times as common among the boys as among girls; suicide is also common in among young whites than black all ages. Suicide is third leading killer in young people. The rate of suicide among the youth has tripled in past 30 years.

In India it is estimated that over one lakh people die by suicide every year. India alone contributes more than 10% suicide in the world. In 1999 registering a 78% increase over value of 1980. The number of Indians committing suicide rise from around 96,000 in 1997 to roughly 1.14 lakh in 2005. The suicide rate has been increasingly steadily and has reached 11.2(per1, 00,000) till now. Majority of suicides occur among men and younger group.

South India incidence of suicidal rate is - (a) Out of every 3 cases of suicide reported every 15 minutes in India. One is committed by a youth in the age group of 15 to 29. (b) In the union territory of Pondicherry, every month at least 15 youths between ages of 15 and 25 commit suicide. In 2002 there were 10,982 suicides in Tamil Nadu, 11,300 in Kerala, 10,934 in Karnataka and 9,433 in Andhra Pradesh. (c) Kerala, the countries first fully literate state has the highest number of suicide. Some 32 people commit suicide in Kerala every day. Christian medical college Vellore, conducted a study, says South India has highest young suicide rate, there wear 148 suicides per 1,00,000 young women and 58 per1, 00,000 for men compared to average suicide rate world wide of 14.5. Factors responsible for this family conflict, failed romances, academic failure, and mental illness have pushed the suicide rates of young men in the region. Bangalore cities suicide graph is going up. Suicides are the single largest cause of all unnatural death in Bangalore. The numbers of people who commit suicide every year in city exceed the number of victims of homicide and road accident. In 2005, 1470 person committed suicide in Bangalore. While 2006 the rate is 2000 and till the end of April 2007,843 cases reported.

However, it is important to pay close attention to those who make attempts. 10% of those who attempted suicide went on to a later completed suicide. A suicide has a powerful effect on the individual's family, school and community. We must deal with it as a public health crisis in our schools, clinics and doctors' offices. Aim of the study is to review prevalence and incidence of adolescents suicidal behavior. Risk factors include previous suicide attempts, history of others in the family who has been suicidal, mental illness, alcohol and drug use, and self-destructive behaviors as well as consideration being given to hopelessness, hostility, negative self-concept, and isolation.

## **MATERIALS AND METHODOLOGY**

### **PROBLEM STATEMENT**

A study to assess the factors influencing suicidal behavior among the college students in selected institutes at Prayagraj District

### **OBJECTIVES**

To assess the factors influencing suicidal behavior among the college students

**ASSUMPTIONS:** It is assumed that:

1. College students are more prone for suicidal behavior.
2. Demographic as well as personal, social, family, emotional factors are responsible for suicidal behavior.
3. There may be relationship between demographic variable and risk factor contributing to suicidal behavior in college students.

**RESEARCH DESIGN:** Descriptive Survey design

**VARIABLES:** Research variable – factors influencing suicidal behaviours

**SETTING OF THE STUDY:** Selected colleges at Prayagraj District.

**POPULATION:**

**TARGET POPULATION**

The target population consist of **all college students**.

**ACCESSIBLE POPULATION**

All health workers selected colleges in Prayagraj.

**SAMPLING TECHNIQUE:** - The subjects were selected by using non-probability systematic sampling technique.

**SAMPLE SIZE:** - In this present study, the sample size is 30.

**CRITERIA FOR SAMPLE SELECTION**

In sampling criteria, the researcher specifies the characteristics of the population under study by detailing the inclusion and exclusion criteria.

**Inclusion criteria:**

- Students belonging to the age group between 18-30 years.
- Students who are willing to participate in the study.
- Students who can read write and understand English.

**Exclusion criteria:**

- Students not willing to participate in the study.
- Students absent during the study.
- Student who are not sensitized with similar intervention previously
- Students who are already diagnosed with any mental illness

**METHOD FOR DATA ANALYSIS:**

**Section A: Distribution of subjects according to socio-demographic variables using frequency and percentage:**

**In relation to age of students** 73.33% were in age group 18-20 years, 23.33% were in age group 21-25 years, and 3.33% were in age group of above 25 years. **In relation to religion of students**, 56.66% students are Hindu, 36.66% are Christian and 6.66% are Muslim. **In relation to course pursuing of students**, all the 100% students are of nursing department. **In relation to year of course**, 76.66% students are in first year while 23.33% are in second year. **In relation to occupation of father of students**, 30% are in agriculture, 13.33% are businessman, 40% are in private service, and 10% are in government service, while 6.66% are unemployed. **In relation to occupation of mother of students**, 3.33% are in agriculture, 10% are in private service, 3.33% are in government service, while 83.33% are housewives. **In relation to monthly income of the family**, 60% have income less than 10000, 26.66% have Rs100001-30000, 3.33% have 30001-50000 while 10% have Rs50000 and above. **In relation to type of family**, 26.66% belongs to nuclear family, 43.33% belongs to joint family, while 30% belongs to single parents family. **In relation to family history of mental illness** 6.66% have any other mental illness other than depression and schizophrenia while 93.33% have no mental disorder. **In relation to family history of**

**substance abuse**, 16.66% have history of smoking, 13.33% have history of alcohol dependence, 6.66% have any other dependence, while 63.33% opted none of the above. **In relation to area of living** 70% belongs to urban area while 30% belongs to urban area.

### **Section B: Description of factors influencing suicidal behaviours by using frequency and percentage distribution**

This section included 6 areas of factors influencing suicidal behaviours among college. From the data analysis, majority of sample shown inadequate factors, in regard to **Socio Economic Factor**, 26.66% students have trouble with their colleagues, 23.33% students have break up with their close friend, 20% students have said that they feel socially isolated, 13.33% students have cultural or religious belief that suicide is a noble resolution of personal dilemma, 0.00% students have believed that there is no easy access to any lethal means of suicide, 26.66% student's friend's committed suicide, 13.33% students have influenced by the media about suicidal behaviour, 20% students have peer group pressure or self-destructive peer acceptance, 16.66% students have suffered from rejection or provocative behaviour from college mates, 33.33% students have long term financial crisis and 26.66% students feel like taking revenge on someone. **In Relation to Psychological Factors**, 3.33% students have been diagnosed previously with a mental disorder, 3.33% students have been attempted for suicide earlier, 6.66% students have continuous thoughts of committing suicide, 23.33% students have low self esteem, 26.66% students confessed that have feeling of hopelessness and guilt, 10% students are addicted to alcohol and drugs, 36.66% students have feeling of loneliness **and** 23.33% have lack of social support. **In regard to Family Factors**, 6.66% students have continuous quarrel between the members of their family, 16.66% students are suffering from physical/emotional abuse in their family, 26.66% student family members have committed suicide, 20% students face poor communication their family, 16.66% have frequent quarrel with their parents, 43.33% students have confessed that their parents have very high expectation from them, 20% students have excessive authority from their parents and 13.33% students have been neglected by their parents. **In relation to Physical Factors**, 6.66% students are suffering from serious physical illness, 0.00% students are handicapped, 6.66% students are suffering from chronic pain, 16.66% students have physical fights with their friends, 0.00% students are a victim of sexual abuse **and** 60% students are satisfied with their present body image. **In relation to Academic Factors**, 30% students have fear about their college life, 26.66% students have poor coping abilities during stress, 50% students feel excessive burden of exams, 16.66% students worried about poor academic performance, 40% students have lack of confidence in their studies, 6.66% students are a case of academic failure, 10% students are a victim of corporal punishment **and** 6.66% students are a victim of bullying. **In regard with Major Life Events**, 10% students have suffered from parental loss, 20% students have suffered from loss of closed one, 16.66% students have problem of love failure **and** 23.33% students have involved in antisocial

## **RESULTS**

The findings of the study shows that majority are the inadequate risk factors influencing suicidal behaviour. Thus, the present study helped to factors influencing suicidal behaviour.

## **IMPLICATIONS**

### **NURSING ADMINISTRATION**

- The nurse administrator should encourage the nursing staff for the cost effective production of the "students education material"



- The administrator should motivate the nurse educators in planning and arranging the planned teaching program for the students

### **NURSING PRACTICE**

- The nursing service department can have a sex education cell with the panel of adequately prepared nurses for developing and implementing students educational programs for clients and families mainly the adolescents and community at large
- School health nurses who have easy access to schools have a great responsibility to bring these facts to the school teachers and authorities to organize a planned educational program for students.

### **NURSING EDUCATION**

- There is a need to include mental health in the teacher training program so that they are equipped with adequate knowledge to guide their students in the field
- Carefully prepared educational programs as a part of mass education will be useful in creating awareness among the general public. nurses are a vital source in educating the public through such programs and health education
- Education about moral values should be implicated in all schools.

### **NURSING RESEARCH**

Since nursing studies in this area are few, tool technique can be used for research studies. It increases the body of knowledge and can be used as further reference material for students. Further the investigator may utilize the suggestions and recommendations for conducting further studies.

### **RECOMMENDATIONS**

- The findings from this study made the researchers to make the following recommendations
- Mental health and suicidal behavior should be taught by teachers and by elders to avoid suicidal tendency among students due to study pressure
- Mental health and suicidal behavior should be taught in the curriculum of nursing training
- exploration of suicidal tendency in different regions avoiding as much as it possible the limitations of the present( increase sample size)
- To involve psychologist in the process of counseling of the students
- To elaborate an informational booklet which can describe A study may be conducted in settings different from the one attempted here
- A comparative study may be made comparing and contrasting between the rural and urban students
- A comparative study may be conducted to evaluate the effectiveness of video assisted planned teaching program and self-instruction module upon knowledge, attitude on suicidal behavior among college students
- A study can also be conducted among different adolescent age group
- A study can also be conducted in rural community
- A study can be conducted for the future research to seek systematic way and interventions to establish a better understanding of suicide
- To conduct study for further the importance of mental health

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