



## ATTEMPTED SUICIDE: PRECIPITATING FACTORS AND PREVENTIVE STRATEGIES

### KEYWORDS

Adolescent, Attempted suicide, Factors and Strategies.

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### ABSTRACT

*The adolescent period can be fun-filled and challenging, for a few adolescents, it is traumatic experience in family and school. The family, school and relationship problem seems insurmountable and daunting, such that the only escape is suicide (Patrick C.L.Heaven, 2001). Suicide is normally not something contemplated on the spur of moment (Conger and Peterson, 1984), but usually the result of a long period of attempting to find solutions to trying problems, be they at school or of an interpersonal kind. The adolescents contemplate suicide because such an action appears the only solution to their hopeless and depressing situation. Very often, another bad event is enough to drive the adolescents to suicide such as broken relationship, poor academic performance, the death of a loved one, the separation of parents, may make an already unbearable situation worse which triggers an attempt to suicide. A history of a suicide attempt is the single best predictor of future suicide attempts and completions (King et al., 2001). The study aims to describe the precipitating factors, suicidal intention and preventive strategies of suicidal attempt among adolescents. Descriptive research design was adopted. The universe of the present study was the medical, psychiatric and emergency department of a hospital. The respondents were the adolescents who were hospitalized due to suicidal attempt. By census method, data was collected from the respondents. The researcher adopted structured interview schedule to measure the precipitating factors, suicidal intention of the respondents. Thus, attempted suicide is a warning sign to parents, teachers and those who deal with them which to be alarmed to focus on preventing strategies for such adolescents.*

### Introduction

The adolescent period can be fun-filled and challenging, for a few adolescents, it is traumatic experience in family and school. The family, school and relationship problem seems insurmountable and daunting, such that the only escape is suicide (Patrick C.L.Heaven, 2001). Suicide is the second leading causes of death among adolescents in Worldwide and also 75% of global suicides occur in low- and middle-income countries (WHO, 2014). Completed and attempted suicide among adolescents is increasing in India like Western countries. More than one lakh (1,31,666) Indians committed suicide in 2014 and in the last two decades, the suicide rate has increased from 7.9 to 10.6 per 100,000. Tamil Nadu has reported the second highest rate in suicide and Chennai city is the topmost in suicide rate in the year of 2014 and around 34.4% suicide victims were youths in the age group of 15-29 years (National Crime Record Bureau, 2015). Lancet, British Medical Journal, (2012) stated that south India accounts for the world's largest number of suicides by young people. Suicide is normally not something contemplated on the spur of moment (Patrick C.L.Heaven, 2001), but usually the result of a long period of attempting to find solutions to trying problems, be they at school or of an interpersonal kind. The adolescents who experienced childhood abuses and trauma, they tend to have suicidal thoughts and intention. (Evan, Hawton & Rodhans, 2005) found a link that adolescents who had been physically or sexually abused were more likely to have suicidal thoughts than adolescents who had not experienced such above.

Attempted suicide among adolescents is an individual act, but it is determined by interpersonal and socio-economic factors. It found in Rahi Gaikwad, (2012) report, he wrote a case study in the newspaper called 'The Hindu' about Elyssa who tried to kill herself because of her moving to the Pine Ridge Native American Settlement in 2009. Three of her friends & cousin committed suicide. An alarming rate of teen suicides is evidence of the hopelessness that has gradually grown in tribal communi-

ties on the reservations over the years and through repeated political injustices. Teen suicide is so high here because the environment is so depressing. Suicide and attempted suicide is perceived as a social problem in our country. It results due to complex interaction of biological, genetic, psychological, social, cultural, and environmental factors. So it is best understood as a multidimensional or multi factorial malaise.

### Methods & Materials

The objectives of the present study are (i) to study the socio demographic characteristics of the respondents, (ii) to know the precipitating factors that trigger the respondents, (iii) to measure the suicidal intention of the respondents, (iv) to bring out the relationship between precipitating factors and suicidal intention of the respondents. In the present study Descriptive research design was adopted. The universe of the present study comprised of adolescents those who attempted suicide and hospitalized in medical, psychiatric and emergency department of a hospital, Trichy. The universe of the study is 30 respondents. By adopting census method, data was collected from the all the 30 respondents who received medical intervention for their suicide attempt. The informed consent was obtained from the respondents. Ethical clearance was obtained from the Institutional Ethics Committee. Pilot study was done to test their feasibility in a hospital. Pre test was done to know the reliability of the interview schedule. The study included the age group between 14 to 19 years, those who able to give their consent and those who hospitalized due to their suicidal attempt. The researcher adopted interview schedule method. The first part consisted of the socio demographic characteristics of the respondents and the second part covered the suicide intent scale by Beck, Schuyler, & Herman (1974) to measure suicidal intention of the respondents.

### Results & Discussion

Socio-Demographic characteristics of the respondents: Vast majority (80%) of the respondents were belong to the age

group between 17 to 19 years, Most (70%) of the respondents were females, Vast majority (86.5%) of the respondents were Hindus, Vast majority (80%) of the respondents were Single, Majority (60%) of the respondents were from rural area, one third (33.3%) of the respondents were second born, Most (73.3%) of the respondents were studying or studied up to high school, Majority (63.3%) of the respondents were belong to nuclear family, More than one third (40%) of the respondent's parents were illiterate, Less than half (43.3%) of the respondent's parents were coolee, Majority (65%) of the respondent's family income was between 5000 to 10000 rupees, Most (70%) of the respondents were feeling severely stressed, Vast majority (86.7%) of the respondents were attempted suicide at first time, Less than half (40%) of the respondents used rat and cockroach killer substances to attempt suicide and Majority (60%) of the respondents were emotionally outburst before their suicidal attempt. The major findings of this present study was represented in Kumar P.N.S et al., (2013) study that psycho-socio demographic factors such as young age, married females, nuclear family, feeling lonely and feeling burden to family, those who cannot solve the problems of their day-to-day life, and presence of psychiatric diagnosis contributed to suicide attempt.

**Figure 1**  
**Distribution of the respondents by their precipitating factors**

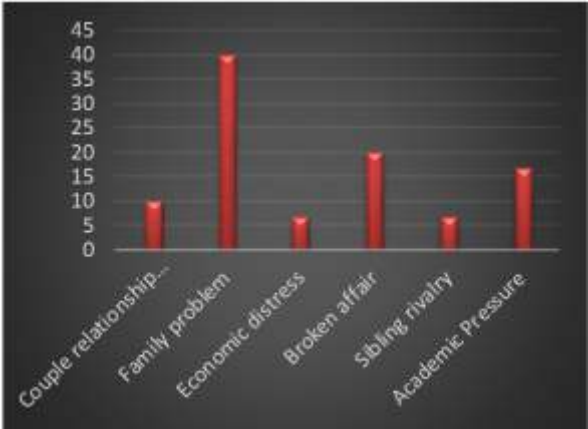


Figure 1 represents that less than half (40%) of the respondents had problems in their relationship in the family. One fifth of the respondents (20%) had broken affair, less than one fifth (16.7%) of the respondents had pressure from school, very few (10%) of the respondents had problems with their spouse and remaining 6.7% of the respondents had economic distress and problems with siblings. In this present study most (70%) of the respondents were females. The respondents in this study experienced family problems due to alcoholism, family conflicts and separation of parents.

**Table 1**  
**Distribution of the respondents by their Suicidal Intention**

S.No	Suicidal Intention	Frequency(n= 30)	Percentage
1	Low	3	10.0
2	Moderate	11	36.7
3	High	16	53.3

The above table shows that more than half of the respondents had high level of suicidal intention, more than one third of the respondents had moderate level of suicidal intention and very few had low level of suicidal intention.

The respondents with high suicidal intention need special care and assistance from the parents, teachers and professionals. A

history of a suicide attempt is the single best predictor of future suicide attempts and completions (King et al., 2001; Patrick C.L.Heaven, 2001). About 40 – 50 per cent of completed suicides among adolescents had a history of earlier attempts. (Patrick C.L.Heaven, 2001). Hence attempted suicide causes completions.

**Table 2**  
**Distribution of the respondents by difference between gender and their suicidal intention**

S.No	Gender	Mean	S.D	Statistical inference
1	Male (n=9)	30.8889	7.14920	t = 1.056 P >0.05 Not Significant
2	Female (n=21)	27.0952	9.65870	

t-test was applied to find out the difference between gender and suicidal intention of the respondents. The result depicts that the calculated value (1.056) is less than the table value at 5% level of significance. Since the calculated value is less than the table value it is inferred that female respondents have not more suicidal intention than male respondents. Hence the null hypothesis is accepted.

**Table 3**  
**Distribution of the respondents by variance among domicile and their suicidal intention**

S. No	Domicile	Mean	S.D	SS	Df	MS	Statistical inference
1	Between Groups			149.533	2	74.767	F=0.911 P>0.05 Not Significant
	Rural (n=18)	27.0556	9.73455				
	Urban (n=9)	31.5556	6.72888				
	Semi-urban(n=3)	25.3333	11.01514				
2	Within Groups			2215.833	27	82.068	

One way analysis of variance was applied to find out the difference among the domicile and suicidal intention of the respondents. The calculated value (0.911) is less than the table value at 5% level of significance. Since the calculated value is less than the table value, it is inferred that there is no significant difference among the domicile and suicidal intention of the respondents. Hence the null hypothesis is accepted.

**Table 4**  
**Distribution of the respondents by association between feeling of stressed and their suicidal intention**

S. No	Feeling of stressed	Suicidal Intention	Statistical Inference		
		Low (n=3) (10%)	Moderate(n=11) (36.7%)	High (n=16) (53.3%)	2 =14.704 df=2 P<0.01 Significant
1	Severely Stress (n=21) (70%)	1	4	16	
2	Moderate stress (n=9) (30%)	2	7	0	

Chi square test was applied to find out the association between the feeling of stressed and suicidal intention of the respondents. The calculated value (14.704) is greater than the table value at 5% level of significance. Since the calculated value is greater than the table value it is inferred that there is a significant association between the feeling of stressed and suicidal intention of the respondents. Hence the null hypothesis is rejected.

**Table 5**

**Distribution of the respondents by relationship between mental status before their suicidal attempt and their suicidal intention**

S.No	Variables	Pearson Correlation value	Statistical Inference
1	Mental status Vs Suicidal intention	$r = 0.143$	$P > 0.05$ Not Significant

Karl Pearson Coefficient of correlation test was applied to find out the relationship between the mental status before their suicidal attempt and suicidal intention of the respondents. The calculated value (0.143) is less than the table value at 5% level of significance. Since the calculated value is less than the table value it is inferred that there is no significant relationship between the mental status before their suicidal attempt and suicidal intention of the respondents. Hence the null hypothesis is accepted.

**Table 6**

**Distribution of the respondents by relationship between precipitating factors and their suicidal intention]**

S.No	Variables	Pearson Correlation value	Statistical Inference
1	Precipitating factors Vs Suicidal intention	$r = 0.407$	$P < 0.05$ Significant

Karl Pearson Coefficient of correlation test was applied to find out the relationship between the precipitating factors and suicidal intention of the respondents. The calculated value (0.407) is greater than the table value at 5% level of significance. Since the calculated value is greater than the table value it is inferred that there is a significant relationship between the precipitating factors and suicidal intention of the respondents. Hence the null hypothesis is rejected.

### Preventive strategies

Completed and attempted suicide can be prevented by identifying suicidal thoughts among adolescents at earlier stage. Prevention can be done by the parents, teachers, friends and other professionals those who involved in the field of suicide, psychiatry, psychology and social work. Many studies reported that suicidal ideation or intention was revealed by the adolescents at any way. Thus, it may be beneficial to involve family and society to a greater extent in an effort to reduce the incidence of suicide by providing better education and awareness programs. Family counseling centre must be created in all health centres. The awareness on psycho social intervention can be provided to the adolescents who attempted suicide. Suicide prevention centre can be created in all district hospitals. By creating awareness, people can be educated to reach this centre when they feel hopeless and depressed. Cognitive behavior therapy can be given to the adolescents who attempted suicide to prevent them from future suicidal act.

### Conclusion

The present study stated the link between the precipitating factors and suicidal intention among adolescents. Suicide and attempted suicide is an alarming issue in our country especially among adolescents. It is an undoubted signal to parents, teachers and other professionals that adolescents is in need of effective strategies to overcome their suicidal thoughts and intention. The strategies which stated in this study can be adopted to prevent suicide among adolescents.

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