Suicide Tendencies among Youth: A Serious Psycho-Social Problem

Ravinder Puri *

*Associate Professor, Post Graduate Department of Psychology, Govt. National College, Sirsa.

Abstract

Suicide rates among youths aged 15-24 have tripled in the past half-century, even as rates for adults and the elderly have declined. Suicide has emerged as a global problem. In India, the number of suicide cases per year is increasing at an alarming rate. Suicides can be prevented at individual level, family level, community level, and religious level by teacher, councilors and mass media. It is high time to make action plans for preventing suicide on the part of society, government and NGOs. Teachers and psychologist must come up immediately for intervention in sensitive cases. There is a vital need for education, training and specialized techniques to deal with suicidal clients.

Key Words:- Suicide, Youth

Suicide is among the top three causes of death among youth worldwide. According to the WHO, every year, almost one million people die from suicide and 20 times more people attempt suicide; a global mortality rate of 16 per 100,000, or one death every 40 seconds and one attempt every 3 seconds, on average. Suicide worldwide was estimated to represent 1.8% of the total global burden of disease in 1998; in 2020, this figure is projected to be 2.4% in countries with market and former socialist economies. Data on suicide in India are available from the National Crime Records Bureau (NCRB; Ministry of Home Affairs). The suicide rates in India rose from 6.3 per 100,000 in 1978 to 8.9 per 100,000 in 1990, an increase of 41.3% during the decade from 1980 to 1990, and a compound growth rate of 4.1% per year. More recent data, however, reveal a different picture. The rate of suicide showed a declining trend from 1999 to 2002 and a mixed trend during 2003-2006, followed by an increasing trend from 2006 to 2010. During 2009, the rate was 10.9 per 100,000 populations. This represented a 1.7% increase in suicides since 2008. In the most recent NCRB report the rate in 2010 rose to 11.4 per 100,000 population; an increase of 5.9% in the number of suicides. According to National Crime Record Bureau (Government of India, 2005) a large number of suicides (37.8%) in India are by those below the age of 30 years. The fact that 71% of suicides in India are by persons below the age of 44 years imposes a huge social, emotional and economical burden on our society. The common methods used are poisoning (36.6%), hanging (32.1%) and self-immolation (7.9%). Undoubtedly suicide is a very severe public and mental health problem, which demands urgent intervention or action. The “cry of pain” model sees suicidal behavior as an attempt to escape from a feeling of entrapment. These individuals believe that they cannot escape from an external situation or from their own inner turmoil and that there is no prospect of rescue. Finally they end their life. Work on happiness suggests that family connections tend to be particularly important in promoting happiness; for adolescents, the family may be an important buffer for the variability of emotions. Changes in family relations may have decreased this buffering role. Thus, one candidate explanation for the rise in teenage suicides is the increase in single parent families.

Age

Although suicide rates were commonly highest among older adult males, rates among young people have been increasing. Young adults are a particularly vulnerable group and currently show the highest rates of suicide the world over. Suicide is responsible for 6% of all deaths among young people (Patton GC, Coffey C, Sawyer SM, Viner RM, Haller DM, Bose K. 2009). Developed countries show a second peak of increased suicide rate in the elderly (above 60 years).
An Indian study by Gururaj and Isaac 2001 showed that the suicide rate was highest in the 15-29 years age group (38 per 100,000 population) followed by the 30-44 years group (34 per 100,000 population). The rates of suicide was 18 per 100,000 in those aged 45-59 years and 7 per 100,000 in those aged >60 years.

**Gender**

Globally, attempted suicide is commoner in women and completed suicide is commoner in men (Banerjee et al. 1990). In Chinese women, however, the suicide rate is approximately twice that of women elsewhere. Some Indian studies have found a higher incidence of suicide in men than in women, others have found the contrary. The male: female suicide ratio was 1.78 in India in 2008 and 2009. In children up to age 14 years, the ratio was 1.04; that is, almost equal between the sexes.

**Marital status:-**

Marriage is not a strong protective factor for suicide attempts in developing countries (WHO 2002). In 2009, 70.4% of all suicide victims in India were married and 21.9% were unmarried. Divorcees and individuals who were separated accounted for about 3.4%, while widows and widowers comprised 4.3% of the total suicide victims. In individual studies, some show higher attempted suicides among unmarried persons while others show a higher rate among those who are married (Srivastava et al. 2004). Among attempters, men were more likely to be single and women, married. In a general hospital study, no suicide attempter was separated or living alone. Those who were unmarried were living with their extended families. Widowed, separated and divorced individuals were commoner among cases of completed suicide relative to controls in a study of 100 suicide cases.

The quality of marital relationship, emotional warmth, extended family support, and ability to handle stresses related to marriage and child rearing are more important than marital status, per se, but these qualifiers of marital status are difficult to study.

**Education**

Low intelligence results in a 2-3-fold increased risk of suicide. Possible explanations are that persons with low intelligence are less able to compete for jobs and therefore acquire lower income and social status. They may also be less efficient in coping with stress. Finally, neuro developmental vulnerabilities may increase their risk of a psychiatric disorder (Gunnell et al. 2005). Level of educational attainment is a surrogate marker of intelligence, though drawing conclusions on this premise is problematic when education is not universally available. The NCRB data reveal that 25.3% of suicide victims were educated up to primary level, 23.7% had a middle-school education, 21.4% were illiterate, and 3.1% were graduates or postgraduates. These percentages, however, may reflect the proportion of persons with different educational attainment in India.

In one study of attempted suicide in India, 55.5% were uneducated (Srivastava et al. 2004). In another study, 54% of suicide attempters had received high school education or higher. Women attempting suicide tended to have a lower educational status compared to men. Again, it is hard to interpret these percentages in the absence of information about the educational attainment of the population from which the samples originated.

**Family structure**

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 majority of suicide attempters were from nuclear families, possibly reflecting the role of social integration, though an earlier study shows that more suicide attempters come from joint families. A study on burns victims found that being in a joint family was a risk factor for dowry deaths. Another study found that family and marital conflict was a major reason for suicide (Kar 2010).
Occupation

There is a fairly strong association between unemployment rates and suicide, but the nature of this association is complex. Unemployment may drive up the suicide risk through factors such as poverty, social deprivation, domestic difficulties, and hopelessness. Furthermore, persons with psychiatric disorders are at higher risk of suicide and are also more likely to be unemployed; this may be a double whammy. The NCRB data shows that housewives account for 18.6% of total persons committing suicides and for 52.8% of the total female victims. Those involved in farming and agriculture form the next largest group, comprising 11.9% of the total victims followed by those working in the private sector (7.8%) and unemployed (7.5%), and public sector (7.8% and 2.2%, respectively). Students accounted for 5.5% of total suicides while unemployed persons accounted for 5.5% and 7.5%, respectively. Those employed in the public sector (2.2% of total suicides) and government servants (1.3% of total suicides) were the least represented group.

Factors that increase the risk of suicide among teens include:
- a psychological disorder, especially depression, bipolar disorder, and alcohol and drug use (in fact, about 95% of people who die by suicide have a psychological disorder at the time of death)
- feelings of distress, irritability, or agitation
- feelings of hopelessness and worthlessness that often accompany depression
- a previous suicide attempt
- a family history of depression or suicide
- emotional, physical, or sexual abuse
- lack of a support network, poor relationships with parents or peers, and feelings of social isolation
- dealing with bisexuality or homosexuality in an unsupportive family or community or hostile school environment

Teens who are thinking about suicide might:
- talk about suicide or death in general
- give hints that they might not be around anymore
- talk about feeling hopeless or feeling guilty
- pull away from friends or family
- write songs, poems, or letters about death, separation, and loss
- start giving away treasured possessions to siblings or friends
- lose the desire to take part in favorite things or activities
- have trouble concentrating or thinking clearly
- experience changes in eating or sleeping habits
- engage in risk-taking behaviors
- lose interest in school or sports

What Can Parents Do?
- Many teens who commit or attempt suicide have given some type of warning to loved ones ahead of time. So it's important for parents to know the warning signs so teens who might be suicidal can get the help they need.
- Some adults feel that kids who say they are going to hurt or kill themselves are "just doing it for attention." It's important to realize that if teens are ignored when seeking attention, it may increase the chance of them harming themselves (or worse).
- Getting attention in the form of ER visits, doctor's appointments, and residential treatment generally is not something teens want — unless they're seriously depressed and thinking about suicide or at least wishing they were dead. It's important to see warning signs as serious, not as "attention-seeking" to be ignored.
References