

## “ To Be or Not To Be” Suicide: A “ Young ” Perspective

Fr. Sanil Mathew<sup>[1]</sup>S.J.<sup>[2]</sup>Ms. Dipal Patel<sup>[3]</sup>

**Abstract:** *What is life? What is the meaning of life? What is death? Why do alarming numbers of youth of our time think of ending lives? Do the youth see suicide as an option to their problems in life? This research is a humble search for such answers. The aim of this research is to explore the attitude of the youth towards suicide and the possible reasons of suicide as perceived by them. Initially a tool was prepared which consisted of 43 statements, followed by an expert validation. Reliability and validity of the tool were calculated using the spss. Sample considered for this study were 400 undergraduate students selected randomly from among eight different faculties of The Maharaja Sayajirao University of Baroda. There were majorly 6 findings of the study. It was explored that major problems that lead the youth to think of suicide included: academic pressure, exam failure, relationship problems, love failure and lack of achievement of goals.*

### I. INTRODUCTION

There have always been attempts to define what life is and death is. The experiences of the individuals vary so profoundly that one feels at times that ways of looking at the same reality is contradicting. Life for that matter is a word that has as many definitions as there are people who have tried to define it. Death is a similar word that has been defined in many different terms as well. The attempt here is not to find a comprehensive definition for life or death. However, it has been the experience and knowledge of many that the definitions people give to anything depends largely on their experience and the way they look at reality. People who are facing the same situation respond to the situation in different ways. Everyone meets with problems in life. However, some face it and overcome while others succumb to pressures and end life. This phenomenon of ending lives termed suicide has been puzzling for many. One becomes more perplexed when facing the fact of youth suicide. At the period where life is full of promises and optimism, why do the statistics tell us that suicide is the third largest cause of death among the youth? This study was an exploration to find out the attitude of the youth towards suicide as to whether they consider suicide as an option to their problems in life. It was also attempted to compile the various reasons for suicide as perceived by the youth themselves.

### II. PROBLEM STATEMENT

To study the attitude of the youth towards suicide and the possible reasons for suicide as perceived by them.

### III. AIMS AND OBJECTIVES

**The aim** of this study was to explore the attitude of the youth towards suicide and the possible reasons of suicide as perceived by the youth themselves.

**Objectives** of the study were as follows:

1. To find out whether the youth see suicide as an option for their problems in life

2. To assess the coping strategy of the youth towards problems in life.
3. To identify the various possible reasons that the youth think will lead them to think of taking their own lives.
4. To see if birth order in the family has an impact on those who are suicidal.
5. To identify some of the possible methods of suicide that the youth tend to adopt.
6. To observe the gender differences in suicidal thoughts and ideations.
7. To see if there are any differences in the suicidal tendency and considerations among the various faculties of the university students.
8. To procure some of the concrete steps that could possibly help in preventing youth suicide.

### IV. SAMPLE

The sample for the study was 400 undergraduate students selected randomly from among eight different faculties of The Maharaja Sayajirao University of Baroda, Vadodara. The details of the sample are given in the following table:

NO	FACULTY	BOYS	GIRLS	TOTAL
1	Psychology	15	34	49
2	Arts	19	31	50
3	Science	14	35	49
4	Commerce	27	23	50
5	Fine Arts	15	24	39
6	Family and Community Sciences	----	53	53
7	Medicine	31	21	52
8	Engineering and Technology	50	----	50
GRAND TOTAL		171	221	392

<sup>[1]</sup>Designation

<sup>[2]</sup>Designation

<sup>[3]</sup>Designation

### V. TOOL

For the purpose of the study the researcher developed a tool. It comprises of 43 statements to be rated on a five point scale and five open ended questions to be answered in a few words in the space provided. The basic demographic details were asked in the beginning of the tool.

#### Part A of the tool:

The statements were collected from various frequently asked questions, facts about suicide and other general readings and reflections of the researcher. Originally there were more than seventy five questions/statements. These were then examined by the guide and revised more than five times.

These statements were then classified into three different dimensions:

**1. Perceptions:** is the process that organizes information in the sensory image and interpret it as having been produced by properties of objects or events in the external three dimensional world. These are general statements that are framed either in a positive tone or negative tone, to which a person can agree or disagree. There were 17 items that would be general statements indicating one's attitudes and perceptions with regard to problems in life and suicide. Of all the statements under the dimension of Perceptions, five statements were reverse scored, because they were not in line with the other statements that are negatively phrased. High score on the statements would indicate that the individual has a favorable attitude towards suicide and negative outlook with regard to the problems in life. And low scores would indicate that the individual has a healthy attitude towards life. The items in the tool that represented this dimension were: 1, 2, 3, 4, 5, 6, 7, 9, 12, 21, 23, 24, 26,30,37,38 and 42.

**2. Relationships:** are the ways in which two people or groups behave towards each other or deal with each other. (Oxford Advanced Learner's Dictionary, 2005) There were 10 statements that were directly related to various situations of daily life in which a person comes in contact with others. In these situations the responses of an individual are crucial for his survival. These statements also were also framed negatively, but three out of ten were framed positively and they were reverse scored. Here too, high scores on the statements would indicate a negative attitude towards the problems in relationships and a favorable attitude towards suicide. The items were: 8, 13, 14,15,16,17,18,19,20 and 35.

**3. Stress:** is a pattern of physiological, behavioral, and cognitive responses to stimuli that are perceived as endangering one's well-being. (Kumar, 2007) There were 16 statements describing various stressful situations in which a person can/has to decide upon his responses. Four of these statements were positively framed and later reverse scored. High scores here indicate, just like the other dimensions, negative reactions to stressful situations and favorable attitude towards suicide. The items on this dimension were: 10, 11, 22, 25, 27, 28, 29, 31, 32, 33, 34, 36, 39, 40, 41 and 43.

The rating was done as follows:

- 1 Completely Disagree    2 Disagree    3 Undecided
- 4 Agree    5 Completely Agree

#### Part B of the tool:

As a second part of the tool, five open ended questions were drafted. These questions were intended to bring out the reasons for suicide as perceived by the youth and other information like the factors that would hold one back from committing suicide. For these questions, the guidelines followed were the general facts that the study was supposed to bring out and sharing and discussions with classmates and experts in the field.

**Expert Validation:** The details of the tool mentioned above were after the validation by experts. Originally there were 56 statements that were given to the experts with a covering letter explaining the rationale of the study and the criteria they need to follow in evaluating the tool. (Conf. Appendix 1) The experts were to rate each of the statements on a five point scale with regard to the items' clarity of language and their relevance to the study.

**The experts:** were 10 professors and lecturers from the department of psychology as well as a professor from the department of Sociology.

After receiving the rating, corrections, suggestions and feedbacks from the experts, the questions that received the least ratings were eliminated. 43 statements that were rated an average minimum of 3 on the five point scale were chosen from among the 56 that were given. Then in the final questionnaire, the dimensions were avoided and the statements were mixed randomly to avoid any directional lead or bias that may be evoked in the participants while going through the tool.

The 43 statements used in the questionnaire were a mixture of positive (12) and negative (31) statements. This was done to ensure neutrality to the questionnaire. Those items that were deliberately reframed in a positive overtone were reverse scored in the final analysis.

### VI. RELIABILITY AND VALIDITY

The reliability and validity of the tool were calculated using the SPSS. The results are as follows:

Reliability Statistics		
Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.673	.693	43

#### Validity

Guilford's validity	= 0.82
Guilford's validity based on Standardized Items	= 0.83

### VII. STATISTICAL ANALYSIS

For the analysis, the following statistical techniques were used:

1. Normal Frequency Computing

2. One-way ANOVA
3. Post Hoc- Tukey HSD (Honestly Significant Difference) for Multiple Comparisons

### VIII. FINDINGS OF THE STUDY

The findings of the study were as follows:

1. As hypothesized, there is a tendency among at least a section of the youth to see suicide as an option to the problems in life.
2. The major problems that lead the youth to think of suicide include: Academic pressure and exam failure, relationship problems and love failure and lack of achievement of goals.
3. In this study Birth order, Gender and Age were found not to be influential in perceptions of suicide.
4. Poisoning by various means seemed to be the most preferred method (26%) of suicide. The second most preferred method was hanging (19%). The third most preferred was slashing the wrist (9%).
5. Of all the faculties that were studied, the Department of Psychology and the faculty of Medicine seemed to be having a healthier attitude towards, suicide compared to the other faculties. But Faculties like, Commerce and Science and Arts showed healthier attitude in their responses on some of the items.
6. The family was the factor that would hold back almost 22% of the participants. Friends and Lovers for 13% of the people were the forces that would hold them back from taking their own lives. Personality traits like Positivity, Optimism, Hope: Ambition, Motivation (6%), Confidence, Self-Belief: Courage, drive for success, intelligence, and will power (7%), Love of Life: Health, Games, World, and Fear of death, (5%) held back number of people from committing suicide. Faith in God and Religious beliefs (5%) influenced good many people to think pro life.

### IX. IMPLICATIONS OF THE STUDY

The study has the following implications:

1. Youth suicide is a matter of serious concern. And it is indeed the third largest cause of death among the youth after accidents and homicides.
2. There are various reasons that lead the youth to think of suicide. Understanding those will help in identifying those with suicidal ideations.
3. As the various factors that will hold the youth back from committing suicide have been identified in this study, intervention programmes can be evolved around those factors.

### X. REFERENCES

1. (2007). Retrieved December 01, 2008, from Wilson's Website: <http://www.wilson.k12.pa.us/wilsonsd/site/default.asp>
2. American Psychological Association. (2008). Retrieved November 09, 2008, from [dictionary.reference.com: http://dictionary.reference.com/browse/youth](http://dictionary.reference.com/browse/youth)
3. Andics, M. V. (1947). *Suicide and the Meaning of Life*. London: William Hodge and Company Ltd.
4. Aravind Pillai, T. A. (2008). *Violence, Psychological distress and Risk of suicidal behavior in young people in India*. Retrieved March 12, 2009, from [www.oxfordjournals.org: http://www.oxfordjournals.org/cgi/content/abstract/dyn166](http://www.oxfordjournals.org/cgi/content/abstract/dyn166)
5. Bhatt, P. (1982). *Attempted Suicide (A Study of Cases Admitted to the S.S.G. Hospital, Baroda 1981)*. *Dissertation Thesis*. Baroda, Gujarat, India: The M.S University of Baroda.
6. Byrne, R. B. (1998). *Social Psychology*. New Delhi: Prentice Hall of India.
7. Carson, B. a. (1998). *Abnormal Psychology and Modern Life*. New York: Logman Publishers.
8. Crandall, M. (2007). *Suicide: scientific overview and relevance fro trauma care providers*. Retrieved March 20, 2009, from [www.sagepub.com: http://tra.sagepub.com/cgi/content/abstract/9/3/213](http://tra.sagepub.com/cgi/content/abstract/9/3/213)
9. Danuta Wasserman, Q. C.-X. (2005). *Global Suicide Rates among young people aged 15-19*. Retrieved March 21, 2009, from [www.pubmedcentral.nih.gov: http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1414751](http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1414751)
10. Day of Affirmation, University of Cape Town, South Africa. June 6, 1966". (2007). *September*. 11: Robert. F. Kennedy Memorial.
11. Douglas, J. D. (1970). *The Social Meanigs of Suicide*.
12. Durkheim, E. (1952). *Suicide: A Stidy in Sociology*. London: Routeldge and Kegan Paul Ltd.
13. *Encyclopedia Americana* (Vol. 25).
14. *Facts for Families*. (2008, May). Retrieved December 4, 2008, from [www.aacap.org: http://aacap.org/page.www?name=Teen+Suicide&section=Facts+for+Families](http://aacap.org/page.www?name=Teen+Suicide&section=Facts+for+Families).
15. Gerberth, V. J. (1993). *Practical Homicide Investigation: Tactics, Procedures, and Forensic*. New York: Atlanta Publishing Inc.
16. *Glossary*. (n.d.). Retrieved November 13, 2008, from [youthink.worldbank.org: http://youthink.worldbank.org/glossary.php](http://youthink.worldbank.org/glossary.php)
17. Halbwachs, M. (1978). *The Causes of Suicide*. London: Routledge and Kegan Paul.
18. *India Suicide Statistics*. (n.d.). Retrieved March 23, 2009, from [www.maitrikochi.org: http://www.maitrikochi.org/india\\_suicide\\_statistics.htm](http://www.maitrikochi.org/india_suicide_statistics.htm)
19. Jadava, D. (2003). *A Philosophy of Suicide*. Jaipur: A B D Publishers.
20. Konopka, G. (1973). *"Requirements for Healthy Development of Adolescent Youth"*, .
21. Kumar, M. (2007). *Dictionary of Psychology*. India: A.I.T.B.S Publishers.
22. Lal, N. (2008, June 20). *De-stressing India's Frazzled Youth*. Retrieved December 21, 2008, from [www.asiasentinel.com: http://www.asiasentinel.com/index.php?option=com\\_content&task=view&id=1275&Itemid=34](http://www.asiasentinel.com/index.php?option=com_content&task=view&id=1275&Itemid=34)

23. Makwana, H. L. (1973). A study of causes and methods of suicide and the rehabilitation problem of the women who attempted (committed) suicide in Bhavnagar District. *Dissertation Thesis*. Baroda, Gujarat, India: The M. S. University of Baroda.
24. Maroo, J. (1973). A Study of causes and methods of committed (attempted) cases of suicide in Baroda city. *Dissertation Theses*. Baroda, Gujarat, India: The M.S. Univeristy of Baroda.
25. Masaryk, T. G. (1970). *Suicide and the Meaning of Civilization*. Chicago and London: The University of Chicago Press.
26. Publishers, H. C. (2006). *Youth, Collins Essential English Dictionary 2nd Ed*. Retrieved February 12, 2009, from www.humanityquest.com: <http://www.humanityquest.com/topic/Definitions/index.asp?theme1=youth>
27. Qasmi, M. K. (2008, March 19). *Addressing the Mentality of Suicide*. Retrieved November 21, 2008, from khaliliqasmi.sulekha.com: <http://khaliliqasmi.sulekha.com/blog/post/2008/03/addressing-the-mentality-of-suicide.hmt>
28. Rajkumar, L. a. (n.d.). *Are risk factors for suicide universal? A case-control study in India (1998)*.
29. *Research on Age of Drivers National Highway Transportation and Safety Board*. (n.d.). Retrieved November 13, 2008, from en.wikipedia.org: [http://en.wikipedia.org/wiki/National\\_Highway\\_Traffic\\_Safety\\_Administration](http://en.wikipedia.org/wiki/National_Highway_Traffic_Safety_Administration).
30. Sadock, H. I. (1989). *Comprehensive Text Book of Psychiatry*. Baltimore: Williams and Wilkins.
31. *Statistics*. (n.d.). Retrieved January 19, 2009, from www.afsp.org: [http://www.afsp.org/index.cfm?fuseaction=home.viewpage&page\\_id=0512CA68-B182-FBB3-2E4CB905983C0AB8](http://www.afsp.org/index.cfm?fuseaction=home.viewpage&page_id=0512CA68-B182-FBB3-2E4CB905983C0AB8)
32. Stengel, E. (1970). *Suicide and Attempted Suicide*. Middlesex: Penguin Books Ltd.
33. Tarpy, S. a. (1993). *Psychology*. New York: MacMillan Publishers.
34. *Tasmania Together Glossary*. (n.d.). Retrieved December 01, 2008, from www.tasmaniatgether.tas.gov.au: [http://www.tasmaniatgether.tas.gov.au/tastog\\_original/tt\\_glossary.html](http://www.tasmaniatgether.tas.gov.au/tastog_original/tt_glossary.html)
35. Thakur, U. (1963). *The Histoy of Suicide in India*. Delhi: Munshi Ram Manohar Lal Oriental Publishers.
36. *The Commonwealth*. (n.d.). Retrieved November 12, 2008, from www.thecommonwealth.org: <http://www.thecommonwealth.org/>
37. *United Nation's Report on Global Situation of Youth Shows Changing Trends*. (n.d.). Retrieved from www.un.org: <http://www.un.org/events/youth98/backinfo/yreport.htm>
38. *World Population Prospects*. (2006). Retrieved December 02, 2008, from www.un.org: <http://www.un.org/esa/population/publications/wpp2006/wpp2006.htm>
39. *Youth*. (n.d.). Retrieved November 09, 2008, from en.wikipedia.org: <http://en.wikipedia.org/wiki/Youth>
40. *youth Definitions*. (2008). Retrieved February 12, 2009, from www.humanityquest.com: <http://www.humanityquest.com/topic/Definitions/index.asp?theme1=youth>
41. *Youth-Frequently Asked Questions*. (n.d.). Retrieved November 13, 2008, from www.un.org: <http://www.un.org/esa/socdev/unyin/qanda.htm>