

SUICIDAL IDEATION IN RELATION TO DEPRESSION AND LONELINESS AMONG ADOLESCENTS

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ABSTRACT

The purpose of the present study was to examine the relationship between suicidal ideation and depression, loneliness, hopelessness among University students. Study sample is comprised of 200 (first year university) students (100 males and 100 females) drawn by using purposive sampling technique. Standard questionnaires were used to obtain the data from the participants in a cross sectional survey. The obtained data were analyzed by using Pearson product moment correlation. Results showed that suicidal ideation was positively correlated with depression, loneliness and hopelessness. Stepwise co-relational analysis further reveals that depression, loneliness and hopelessness significantly predict suicidal ideation among university students. Study limitations and implications are also discussed.

Keywords: Suicidal Ideation, Adolescent, Depression, Loneliness.

“Suicidal pain includes the feeling that one has lost all capacity to effect emotional change. The agony is excruciating and looks as if it will never end. There is the feeling of having been beaten down for a very long time. There are feelings of agitation, emptiness, and incoherence, ‘Snap out of it and get on with your life, ‘Sounds like a demand to high jump ten feet.’”

David L. Conroy

The term suicide is used to describe any actions or intellection relating harm to own, regardless of the intensity of intention to die as well as self-injurious behaviors and suicidal ideation. Researchers describe the term sociality as cognitive and behavioral characteristics which may become manifested as suicidal ideation or suicidal behavior. Now a day suicidal behavior is an imperative clinical problem and a main reason of death in adolescents. The aim of suicidal behavior, whether deliberately or involuntarily goaded is to eternally finish one's life. The true suicidal acts (or, also known as "gestures") require being differentiated from other self-harming, self-injurious, or Para-suicidal acts and gestures which are also premeditated, but not wished-for to cause death. Suicidal ideation, also known as suicidal thoughts is engrossed thoughts concerning a bizarre obsession with suicide. Suicidal thoughts are risk factor for suicidal

behavior. Suicidal ideation is allied with depressive symptoms, hopelessness, and loneliness among adolescents. Suicidal thoughts are common, and many people experience them when they are undergoing stress or experiencing depression. In most cases, these are temporary and can be treated, but in some cases, they place the individual at risk for attempting or completing suicide. Most people who experience suicidal ideation do not carry it through, although some may make suicide attempts.

SUICIDE AROUND THE WORLD

Suicide in 2004 was the 8th leading cause of potential years of life lost worldwide among persons aged 15-44 years (World Health Organization, 2004). Suicide is considered the third most obvious reason leading to death among those aged 15-44 years, and the second cause of death in the group of 10-24 years aged people in many country; these figures do not include suicide attempts which may be up to 20 times more frequent than completed suicide (YEAR OF STUDY). According to the most recent World Health Organization (WHO) data that was available as of 2011, the rates of suicide range from 0.7/100,000 in the Maldives to 63.3/100,000 in Belarus. China, India, Russia, United States, Japan, and South Korea are the biggest contributors to the absolute number of suicides in the world by Peeter Varnik (2012). Eastern European countries such as Belarus, Estonia, Lithuania, and the Russian Federation can be ranked high in rate of suicides. Sri Lanka has also been reported high rates of suicide. However, countries such as the UK and Hungary, have substantially different rates of suicide (21.6/100,000 and 6.9/100,000, respectively, in 2009) (Hawton, K., 2009). Low rates are found mainly in Latin America (notably Colombia and Paraguay) and some countries in Asia (eg., the Philippines and Thailand). Haiti reported no suicides in 2003. Countries in other parts of Europe, North America, and parts of Asia and the Pacific tend to fall in between these extremes. Eighty-six percent of all suicides occurred in the low and middle-income countries (World Health Organization, Geneva, 2002). In some states such as Washington, suicide is the second leading cause of death for young people (Washington Youth Suicide Prevention Program, 2004). According to the WHO, suicide rates increases by 60 percent worldwide from 1950 to 1995 (World Health Organization, Suicide prevention, 2012).

SUICIDE IN INDIA

Around 1.2 billion people aged between 10-19 lives in this world. Adolescents aged between 10 to 19 years account for more than one-fifth of the world's population (United Nations, 2008). India has the largest national population of adolescents (243 million), (United Nations, 2012). In India, 21.4% of the total population is of this age group. Suicide is 13 an essential issue in the Indian perspective. India's adjusted annual suicide rate is 10.5 per 100,000, while the suicide rate for the world as a whole is 11.6 per 100,000 (Peeter, V., 2012). In the most recent National Crime Records Bureau (NCRB) report the rate in 2010 rose to 11.4 per 100,000 population; an increase of 5.9 percent in the number of suicides (Government of India, National Crime Records Bureau, 2010). The suicide rates vary widely across the different states of India, ranging from 0.5/100,000 in Nagaland to 45.9/100,000 in Sikkim against the national average of 11.4/100,000 in 2010 (Government of India, National Crime Records Bureau, 2010). The average annual suicide rate reported in some studies range from 62 per 100,000 (Gajalakshmi, V., & Peto, R., 2007) to about 95 per 100,000 for the general population (Joseph, A., et. Al., 2003) with age-specific suicide rates as high as 148/100,000 and 58/ 100,000 for young women and men, respectively (Aaron, R., et. al., 2004). India tops the world in suicide rate for the 15-29 age groups according to WHO report. 35.5 suicides per 100,000 people were reported in 2012. Across all age groups, nearly 260,000 people in India killed themselves in year 2014. In 8 lac suicides reported by WHO, 2012 about 135,000 (17 percent) were from India. There is a huge difference in the suicide rates in the country. The suicide rate has increased from 7.9 in 1987 to 10.3 per 100,000 in 2007, with higher suicide rates in southern and eastern states of India. The male to female suicide ratio has been about 2:1 according to Government of India, 2012. World Health Organization in 2012 reported that suicide rate in India is 16.4 per 100,000 for women (6th highest in the world) and 25.8 for men (ranking 22nd). Lancet Commission on Adolescent Health and Well-being reported 6,29,060 deaths of youngsters age ranged from 10-24 in the country in year 2013. According to Census 2011, there are 364.66 million youngsters in the 10-24 age group, making up 30.11 percent of the country's total population (Anuradha, M., 2016). On an average, more than one lac persons commit suicides every year in the country during the decadal period from 2004 to 2014. In the decade (2004–2014) number of suicides in the country has been recorded with increase of 15.8% (1,31,666 in 2004 to 1,13,697 in 2014). It is relevant to mention here that in India, in the year 2011 alone, 2381 children, or more than six children per day, committed suicide because of failure in examinations (National Crime 14 Records Bureau).

However, rate of suicides is showing declining trend since 2010 (The Registrar General of India, 2011). In table: 1.1 show state and union territories suicides rank in India in 2015.

OBJECTIVES OF THE STUDY

- To study the relationship between suicidal behavior and Depression of male and female adolescent.
- To study the relationship between suicidal behavior and Loneliness of male and female adolescent.
- To find out the correlation between various components of psychological variables among adolescent male and female.

HYPOTHESES

- There is no relationship between suicidal behavior and Depression of male and female adolescent.
- There is no relationship between suicidal behavior and Loneliness of male and female adolescent.
- There is no relation between various components of psychological variables among adolescent male and female.

VARIABLES

Independent Variables

Gender

i) Male ii) Female

Dependent Variables

(i) Depression (ii) Loneliness

INCLUSION CRITERIA

- Male and Female • Only Adolescent • Age range from responding range between 17-20 years.

LOCALE OF THE STUDY

The present study was conducted on adolescent (Male & Female). The sample was drawn from Bharti University, Durg, districts of Chhattisgarh.

SAMPLE SELECTION

The Sample was selected by classifying the whole population of 17-18 years adolescent from Bharti University, Durg, divided into male and female groups. Purposive Random Sampling Method selected 100 students for each of these four categories, thus a sample of 200 adolescent was considered for the present investigation.

TESTS USED

There are various methods used to collect information regarding a specific problem. Questionnaire method has been considered as a convenient and a favored method of gathering data regarding the various aspects of the problem. A number of factors were kept in mind during the selection of various tests like the type of population under study, standardization of test, ease and time taken for administration, language of the respondents.

THE LIST OF THE TESTS USED FOR PRESENT STUDY

ASPECT OF STUDIES	NAME OF THE TEST	AUTHOR
Depression	Depression Scale	Shamim Karim & Rama Tiwari (1986)
Loneliness	Perceived loneliness scale	Praveen Kumar Jha (1997)
Suicidal Behavior	Suicide Probability Scale	John G. Cull & Wayne S. Gill (1988)

STATISTICAL SUMMARY OF THE OBSERVATION:

The entire adolescents were divided into two groups male, and female. A sample of 200 adolescent from each of these two groups was selected for the purpose.

TABLE A -1: STATISTICAL SUMMARY OF DEPRESSION ON MALE AND FEMALE GROUPS

(AGE RANGE FROM 17-20 AND SAMPLE SIZE -100)

GROUP	MEAN SCORE	SD	SE	CV%
MALE	105.95	53.94	5.39	50.91
FEMALE	114.66	51.47	5.15	44.89

GRAPHICAL REPRESENTATION DEPRESSION ON MALE AND FEMALE GROUPS

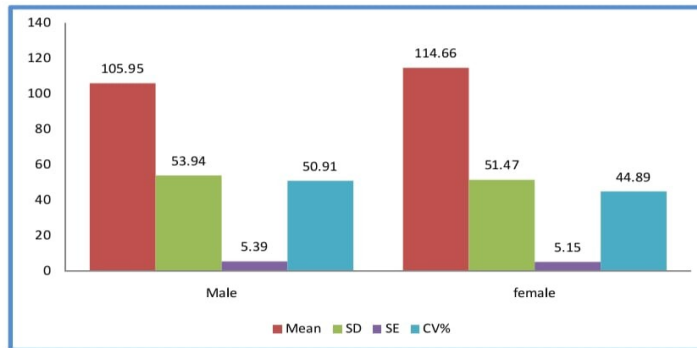


TABLE A -2: STATISTICAL SUMMARY OF DEPRESSION ON OVERALL OBSERVATION OF SAMPLE GROUPS (AGE RANGE FROM 17-20 AND SAMPLE SIZE -200)

GROUP	MEAN	SD	SE	CV%
OVERALL	110.31	52.77	5.27	47.84

Table -2 Shows that the depression scores range from 17-20 in overall group. The mean score over all was 110.31. The mean score of depression on overall sample male and female is 110.31. This indicates some levels of depression.

GRAPHICAL PRESENTATION OF DEPRESSION ON OVERALL OBSERVATION OF SAMPLE GROUPS

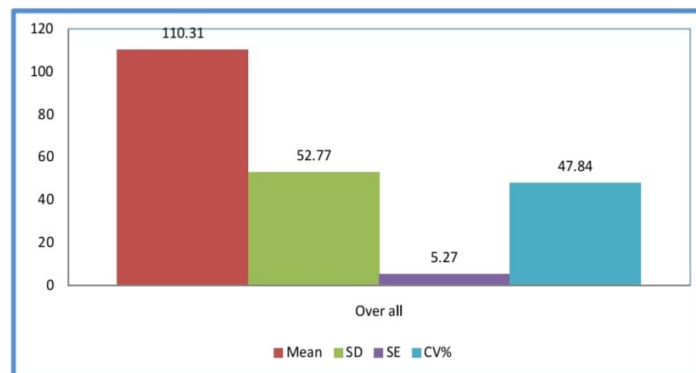


TABLE A-3: STATISTICAL SUMMARY OF LONELINESS ON MALE AND FEMALE GROUPS (AGE RANGE FROM 17-20 AND SAMPLE SIZE -100)

GROUP	AGE RANGE	SAMPLE SIZE	MEAN	SD	SE	CV%
MALE	17-20	100	106.72	23.02	2.30	21.58
FEMALE	17-20	100	115.81	20.15	2.01	21.58

Table -3 portrays that the loneliness scores from the two different group of gender. The mean score of male groups was 106.72 and the mean score was 115.81 for female group of adolescents. The mean score of loneliness of overall male is 106.72, which indicates that male have less problem of loneliness as comparison to female adolescents. The mean score of loneliness of overall female is 115.81, which indicates that female is suffering more from loneliness as comparison to male adolescents.

GRAPHICAL PRESENTATION OF LONELINESS ON MALE AND FEMALE GROUPS

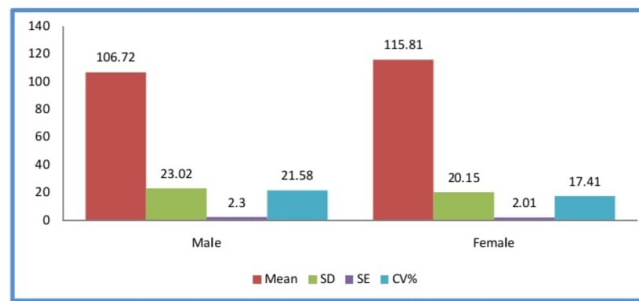


TABLE A-4: STATISTICAL SUMMARY OF LONELINESS ON OVERALL OBSERVATION OF SAMPLE GROUPS

(AGE RANGE FROM 17-20 AND SAMPLE SIZE -200)

GROUP	AGE RANGE	SAMPLE SIZE	MEA N	SD	SE	CV%
OVERALL	17-20	100	111.27	22.06	2.21	2.21

Table -4 shows that the loneliness scores ranged from 17-20 in over all groups. The mean score for overall sample groups was 111.27. The mean score on loneliness of overall group of adolescents is 111.27. This indicates some levels of loneliness in male and female adolescents were observed.

GRAPHICAL PRESENTATION OF LONELINESS ON OVERALL OBSERVATION OF SAMPLE GROUPS

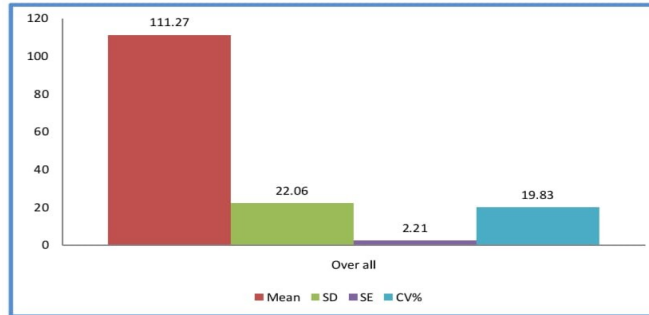
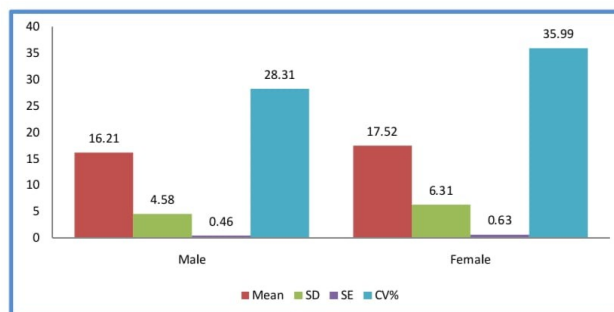


TABLE A-5: STATISTICAL SUMMARY OF SPS CLINICAL SUBSCALES SUICIDE IDEATION ON MALE AND FEMALE GROUPS (AGE RANGE FROM 17-20 AND SAMPLE SIZE -100)

GROUP	AGE RANGE	SAMPLE SIZE	MEA N	SD	SE	CV%
MALE	17-20	100	16.21	4.58	0.46	28.31
FEMALE	17-20	100	17.52	6.31	0.63	35.99

Table -5 revealed that the SPS Clinical Subscales suicide ideation scores range from 17-20 in different groups. The mean score for male is 16.21 and the mean score for female group is 17.52. The overall mean score of SPS Clinical Subscales suicide ideation of male is 16.21, which indicates that male have less problem of suicide ideation in comparison to female adolescents. The overall mean score of SPS Clinical Subscales suicide ideation of female is 17.52, which indicates female experience more suicide ideations as comparison to male adolescents.

GRAPHICAL PRESENTATION OF SPS CLINICAL SUBSCALES SUICIDE IDEATION ON MALE AND FEMALE GROUPS

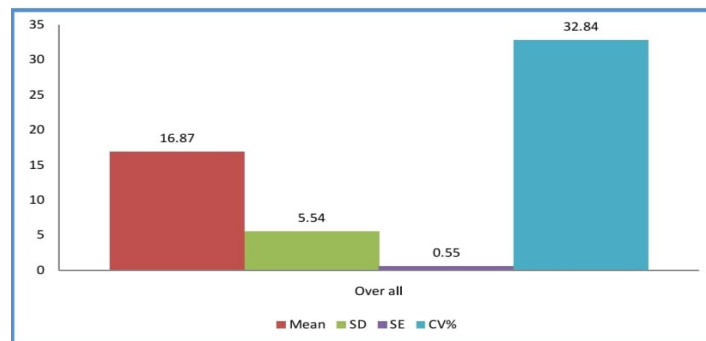


TABLEA -6: STATISTICAL SUMMARY OF SPS CLINICAL SUBSCALES SUICIDE IDEATION ON OVERALL OBSERVATION OF SAMPLE GROUPS (AGE RANGE FROM 17-20 AND SAMPLE SIZE -200)

GROUP	AGE RANGE	SAMPLE SIZE	MEAN	SD	SE	CV%
OVERALL	17-20	100	16.87	5.54	0.55	32.84

Table -6 Shows that the SPS Clinical Subscales suicide ideation scores ranges from 17-20 in overall group. The overall Mean score is 16.87. The overall mean score of SPS Clinical Subscales suicide ideations of males and females is 16.87. This indicates some levels of suicide ideation.

GRAPHICAL PRESENTATION OF SPS CLINICAL SUBSCALES SUICIDE IDEATION ON OVERALL OBSERVATION OF SAMPLE GROUPS



ANALYSIS OF VARIANCE

TABLE B-1: F-RATIO FOR DEPRESSION LEVELS OF DIFFERENT GROUPS OF SUBJECTS ALONG WITH THEIR SEM, CD AND CV VALUES

SOURCE OF VARIATION	SUM OF SQUARES	OF	DF	MEAN SQUARES	F VALUE
GROUPS	12019.22		2	4006.41	1.45 ^{NS}
ERROR	542081.18		198	2765.72	
TOTAL	554100.40		198		
SEM	5.28				
CD 5%	14.63				

CD 1%	19.18
CV %	47.84

TABLE: B-2 F-RATIO FOR LONELINESS LEVELS OF DIFFERENT GROUPS OF SUBJECTS ALONG WITH THEIR SEM, CD AND CV VALUES

SOURCE OF VARIATION	SUM OF SQUARES	DF	MEAN SQUARES	F VALUE
GROUPS	5287.86	2	1762.62	3.78*
ERROR	91559.10	198	467.14	
TOTAL	96846.96	198		
SEM	2.21			
CD 5%	6.11			
CD 1%	8.02			
CV %	19.83			

***Significant at 0.05 levels.**

The F ratio in case loneliness scores was found to be significant between groups at 5%. Mean tables

Table -2 Shows that the depression scores range from 17-20 in overall group. The mean score over all was 110.31. The mean score of depression on overall sample male and female is 110.31. This indicates some levels of depression.

Table A-4 shows that the loneliness mean score of overall sample was 111.27. This indicates some levels of loneliness in male and female adolescents were observed.

Table -6 Shows that the SPS Clinical Subscales suicide ideation scores ranges from 17-20 in overall group. The overall Mean score is 16.87. The overall mean score of SPS Clinical Subscales suicide ideations of males and females is 16.87. This indicates some levels of suicide ideation.

CORRELATION

Inter-correlation matrices of various psychological variables in relation to different groups are as follows:

TABLE C-1: CORRELATION BETWEEN DEPRESSION, LONELINESS, AND SUICIDAL BEHAVIOR ON ALLOVER MALE AND FEMALE GROUPS

	DEPRESSION	LONELINESS	SUICIDAL BEHAVIOR
DEPRESSION	1.00	0.40**	0.69**
LONELINESS		1.00	0.39**
SUICIDAL BEHAVIOR			1.00

****Significance at 0.01level**

A careful perusal of correlation coefficients reveals that depression was having positive correlation with loneliness ($r = 0.40$), and suicidal behavior ($r = 0.69$). Loneliness having positive correlation with suicidal behavior ($r = 0.39$). 137 Positive correlations were found among all measure of Depression, Loneliness, and Suicidal Behavior of male and female adolescents.

CONCLUSION

Suicidal ideation is generally associated with depression and other mood disorders; however, it seems to have associations with many other mental disorders, life events, and family events, all of which may increase the risk of suicidal ideation. In adolescence females are found to be more hopeless. Their over expectation and sometime peer pressure leads them to such situation where they found themselves in a hopelessness situation. It is observed that male adolescents often feel more competition to prove their identity. In some cases at school life incidents it is observed that boys get more influenced by others as compared to girls. Activities like bullying and teasing by other boys are very common cause of imposing pressure on male teenagers, also observed that male usually get busy in day to day activities like earning livelihood, job, business etc and get connected with different people feels less loneliness compared to the females who often remains engaged in household works in India. Females especially those who remain at home have spare time after their routine day to day activities. Further, as it is known that the females are more emotionally associated with their surrounding environment and thus in some cases they have more trends to feel excluded from friends group, family and social groups.

1. It is observed that female are more emotionally attached or related to their school, family, work and social environment thus incidents like death of friend, relative,

breakup of boyfriend/girlfriend, failure in academics etc. connects them more comparatively to male adolescents. This lead to the personality treats of females that they become more depressed. Often associated with symptoms of depression, suicidal behavior is a major source of concern on college campuses.