

Original Research Article

Perception of Suicide among Higher Secondary Level Students

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ABSTRACT

Background: A descriptive study entitled "Perception of Suicide among Higher Secondary Level Students" was carried out to find out the perception of suicide among 130 students of New Life Higher Secondary School, Bardaghat Makar-4, Nawalparasi, Nepal. **Materials and Methods:** Non probability purposive sampling technique with self-administered structured questionnaire was used to collect the data and analyzed with the help of descriptive statistics. The study findings revealed that all the respondents were between the age group of 15-19 years. **Results:** Out of 130 respondents, most of them (34.6%) belong to 18 years age group. Most of the respondents were female (61.5%) and majority of the respondents (86.6%) followed Hindu religion. Likewise most of the respondents (66.9%) were strongly disagreed with the statement "Suicide is act of intentionally causing one's death" whereas (1.5%) respondent neutrally to this statement. Likewise, most of the respondents (68.5%) were strongly agreed that suicide can be prevented; whereas minimum of the respondents (3.1%) were disagreed with this statement. about (13.1%) strongly agreed that people who complete suicide are usually mentally ill; whereas a very few of the respondents (3.1%) were disagreed to this statement. Majority of respondents (64.6%) strongly disagreed that they would be afraid of their parents or friends might believe that they are thinking about suicide if they did participate. Almost 70% of the respondents strongly agreed that suicide attempters seeking attention whereas majority of the participants (72.3%) strongly disagreed that if someone wants to complete suicide, it is their business and we should not interfere. Maximum of the respondents were strongly agreed that talking about wanting to die, looking for a way to kill oneself, acting anxious, agitated or recklessly, withdrawing or feeling isolated etc. are the warning signs of suicide. **Conclusion:** The findings of the study concluded that most of the students were unknown about the actual meaning of suicide but however, they know the warning signs, its negative impact in family, society & the preventive measures and also most of the students were strongly disagreed with this statement "suicide is a normal behavior".

INTRODUCTION

Suicide is currently the second leading cause of death among adolescents between 15 to 19 years of age and is the third most reason of death among people aged between 15-24 years in the world. Adolescent suicide has become an issue of increasing concern over the past twenty five years.[1]

Suicide is a significant reason of death among adolescents and young adults and is one of the most pressing public health issues across much of the world. Suicides in Asian countries constitute about 60% in the world with; Sri Lanka, Japan and South Korea representing the Asian countries having the highest rates of suicide. By contrast, in U.S., there is a considerable variation across minority populations with regard to risk of suicide. [2]

The term "Suicide" can be defined as, intentional self-inflicted death, a complex human behavior as well as multifaceted health problem. Globally, one million people die from suicide annually. Approximately, 500 adolescents commit suicide each year. Around the globe, mortality rate is 1.6/100,000; whereas in India, it is 10.3/100,000. India alone contributes to more than 10% of suicides in the world and out of that, over 71% of suicides are below the age of 44 years. This imposes a huge social, emotional, and economic burden on the society. These official statistics are considered to be an underestimate of the true incidence of suicidal behavior as they are underreported due to the public stigma and cultural taboos associated with suicide. Adolescent suicide has become an issue of increasing concern over the past 25 years.

Epidemiological studies have demonstrated a significant rise in suicidal behavior among adolescents to the extent that suicide is presently the second leading cause of death for the 15–19 year of age and the third leading cause of death among adolescent of 15–24 years of age in the world. Suicide attempts are even more prevalent than completions, with estimates ranging between 50 and 200 attempts for every actual suicide. Suicide is a potentially preventable death if warning signs and symptoms are identified early and managed with the help of individual and support system. Sometimes, simply talking to a sympathetic, nonjudgmental listener is enough to prevent the person from attempting suicide. [3,4]

The phenomena of suicide and suicidal behavior are public health concerns globally, across developed and developing countries alike and certainly do not pertain only to Mauritius. Yet it is unequivocal that each and every case of suicide or attempted suicide is a case too many.

Suicide in Nepal has become a minor national issue highlighted by a series of high-profile suicides in recent years. Ranked 126th by suicide rate globally by the 2015 World Health Organization report, Nepal has an estimated 6,840 suicides annually, or 24.9 suicides per 100,000 people. Suicide is currently the leading cause of death for Nepalese women aged 15-49. Ranked 126th position suicide rate globally by the 2015 World Health Organization report, Nepal has an estimated 6,840 suicides annually, or 8.2 suicides per 100,000

people. Suicide is currently the leading cause of death for Nepalese women aged 15–49. [5,6]

The rate of suicide in Nepal has been reported to be as low as 3.7/10,000 as a result of under reporting caused by issues of legality, social stigma, and logistical problems.

Suicide is illegal in Nepal and is punishable by fines and imprisonment, however According to the director of SAMANTA, a Nepalese organization for women's rights, "most families will never report suicide cases as they are afraid of being entangled in police cases." In attempts to avoid legal trouble, suicidal patients and their families may avoid going to hospitals for treatment. Even after death, victims of suicide may have their death misattributed to avoid legal problems for their families. [7]

Suicide is a major cause of death through the world and is a key public health concern in Nepal, although national data are not collected routinely and the available evidence suggests that suicide rates are relatively high, notably for women. In addition, civil conflict and the 2015 earthquake have had significant contributory effects. A range of factors both facilitate suicide attempts and hinder those affected from seeking help, such as the ready availability of toxic pesticides and the widespread, although erroneous, belief that suicide is illegal. [8]

In a statistical model developed by the World Health Organisation in 2012, Nepal was ranked seventh with suicide rates at 25 per 100,000 heads. Data compiled by the Ministry of Health in 2008-09 revealed that 20 people out of every 100,000 who took their own lives were women. [9]

Suicide is a global public health issue as it is one of the top 20 leading cause of death among people of all demographics where as many as 800,000 people die of suicide every year. For one completed suicide there are 20 other people trying to attempt suicide which is associated with many untold stories. Studies have shown that among 1 million worldwide suicidal deaths, 86% of them belong to the low and middle income countries and women among them are the most vulnerable.

WHO estimated that there is a suicide in every 40 seconds, however a statistical data developed by WHO in 2012 revealed that Nepal was ranked

seventh in the world with suicide rates at 25/ per 100,000 people. In 2008/09, 20 people out of 100,000 were reported to commit suicide and estimated 6,840 people commit suicide in Nepal annually seems major cause of death among women of age group 15-49.

According to Nepal Police, 4,667 incidents of suicide were recorded in the fiscal year 2015/16 with average 12 persons killed themselves every day. Out of 4,667 deaths, 3,366 people killed themselves by hanging, Poisoning accounted for 1,183, Jumping off building and cliffs accounted 65 deaths, self-immolation 30, use of weapons 13, electrocution 4, and drowning 6, around four hundred of those suicide were committed in Kathmandu valley.

Total number of suicidal incidents on fiscal year 2011-2012 was recorded to be 3,993 and 4,350 people in the fiscal year 2014-15. After the traumatic incident of Nepal in 2014 (Earthquake) more than 11 people were reported to have committed suicide daily. According to the Nepal Police, there were total 2,094 incidents of suicide in 9 districts of Tarai between 2010- 2014.

Surge of suicide on Kanchanpur, Kailali, Banke, Bardia, Bara, Parsa, Saptari, Morang, Dhanusha was pointed out to be dowry and gender based violence. Kailali district depicts highest number of suicide attempts in span of 5 years. As per WHO's, World Health Statistics Data 2017, currently there are 7.2 suicides per 100,000 in Nepal, 8.2 for male and 6.2 for female. Presently, Nepal is ranked 126th position on suicide rate per 100,000 people per year. In 1987, suicide per 100,000 people was reported to be 3.2%. [10]

MATERIALS AND METHODS

To assess the perception of suicide among higher secondary level students, the researcher has selected descriptive cross sectional study design and used rating scale. The sample consists of 130 subjects selected by non probability purposive sampling technique. Preparation of the tool was done based on review of literature, content validation and establishment of reliability.

The content validity was established by consulting various literatures, peer review and subject experts. The reliability was established by pretesting the

research instrument in 10% of the total population similar to sample population in Kumidini Higher Secondary School, Bardaghat Makar-4, Nawalparasi among +2 level students (15-19 years). The proposed study was conducted after the approval letters were obtained from concerned authorities and through informed verbal consent from respondents. The data for main study was collected from New Life Higher secondary school among +2 level students (15-19 years), of the Bardaghat, Makar-4 of Nawalparasi district from 24/10/2017 to 10/11/2017. The obtained data were analyzed by using descriptive statistics based on the objectives of the study. Frequency and percentage were used to analyze the baseline Performa.

RESULTS

The analysis and interpretation of data collected to assess the perception of suicide among higher secondary level students. Data was analyzed by a process by which quantitative information is reduced, organized, summarized, evaluated, interpreted and communicated in a meaningful way. The results were computed by using descriptive statistics based on the objectives of the study. The objective of this study was to assess the perception of suicide among higher secondary level students. The data were presented under the subjects based on demographic variables and perception regarding suicide. [Table 1]

Distribution of Subjects Based on Demographic Variables

Majority of the students (34.6%) were of age group 18 years where female were (61.5%) and (38.5%) respondents were male. Subjects based on the ethnicity showed that majority of the respondents (60%) were Brahmin, (17.7%) Chhetri, (4.6%) belonged to Gurung/Magar, and Newar respectively. Subjects based on religion showed that majority of the respondents (86.2%) were Hindu, however, (7.7%), (3.1%) and (3.1%) belonged to Buddhist, Christian and others religion respectively. Majority of the respondents were unmarried (94.6%) whereas only (5.4%) respondents were married. Subjects based on types of family that (73.8%) were from Nuclear family, some of them (26.2%) were from Joint family. The calculated mean age of respondents was 17 years.

In the aspect of perception of suicide among higher secondary level students greater portion of the

respondents (75.4%)) were strongly agreed that they would feel ashamed if a member of their family committed suicide and those who complete suicide are cowards who cannot face life's challenges. Majority of the respondents (74.6%) strongly agreed with the criteria of suicide can never be justified. In the same way, (73.1%) respondents strongly agreed with the criteria of "Talking about wanting to die, looking for a way to kill oneself, acting anxious, agitated or recklessly, withdrawing or feeling isolated etc. Are the warning signs of suicide" and "If I knew a peer was possibly having suicidal thought, I would report my concerns to an adult". Similarly, 70.8% of the respondents strongly agreed with the statement as, "People who attempt suicide should be required to go to therapy to understand why". Likewise, more than the half of the respondents (68.5%) strongly agreed with the statement of "suicide can be prevented" and suicide attempters are more interested in getting attention. In contrast less than half of the respondents (36.9%), (25.4%) and (13.1%) of the respondents agreed with the statement of "who commit suicide are weak", "there is a risk to bring about suicidal thought in a person if you ask about it" and "people who commit suicide are usually mentally ill" respectively. In the same way majority of the respondents (72.3%) strongly disagreed that if someone wants to commit suicide, it is their business and we should not interfere.

More than half of the respondents (66.9%) and (65.4%) strongly disagreed that people with incurable diseases should be allowed to complete suicide in a dignified manner and suicide is a normal behavior. About (64.6%) of the respondents strongly disagreed with the statement "I would be afraid that my parents or friends might believe that I am thinking about suicide if I participate in suicide prevention activities at my school". Lastly, majority of the respondents (63.8%) strongly disagreed that suicide and suicide prevention are not things that should be discussed at school.

DISCUSSION

The statistical analysis of present study showed the positive perception of majority of respondents regarding suicide.

Majority of the respondents (74.6%) strongly agreed with the criteria of suicide can never be

justified. In the same way (73.1%) respondents strongly agreed with the criteria of "Talking about wanting to die, looking for a way to kill oneself, acting anxious, agitated or recklessly, withdrawing or feeling isolated etc are the warning signs of suicide". The findings of the study were supported by the article published in 2015 showed that More than half the sample (52%) reported suicidal ideation during the prior week. Of these, more than one-third (37%) had active ideation which included participants with a current suicide plan (27%) and those who had made preparations to carry out their plan (12%). Other warning signs were also highly prevalent, with the most common being: sleep disturbances (89%), intense anxiety (76%), intense agitation (75%), hopelessness (70%), and desperation (70%). Almost all participants (97%) endorsed at least one warning sign like depressive syndrome and/or who screened positive for post-traumatic stress disorder endorsed the largest number of warning signs. Those with both depressive syndrome and post-traumatic stress disorder were more likely to endorse intense affective states than those with either disorder alone. All p-values for group comparisons are <.008. [11]

When respondents were asked about the prevention of suicide, 68.5% reported that it can be prevented. The findings of the present study was supported by the report given by National Institute of mental health, Suicide is a major public health concern. Over 40,000 people die by suicide each year in the United States placed 10th leading cause of death overall. Suicide is complicated and tragic but it is often preventable. Knowing the warning signs for suicide and how to get help can help save lives. [12]

When respondents were asked about the suicide attempters, about (68.5%) mentioned it is because they want to get attention and most of the respondents (66.9%) agreed that people who commit suicide are usually mentally ill, Similar study was conducted on Adolescent Suicide Ideation in South Korea, students felt suicide ideation for the situation itself (37%), but there were more students who wanted to commit suicide from suffering of depression (56%). 26% of students stated that the duration of feeling depression was long before they felt the urge to commit suicide.

When students were asked about Suicide, (66.9%) respondents strongly disagreed with the statement of “suicide is act of intentionally causing one's death”. In contrast, WHO defines suicide as the act of deliberately killing oneself, this indicates that respondents had not correct information regarding Suicide.

CONCLUSION

The study finding reveals that Majority of the students (34.6%) was of age group 18 years and 94.6% of the respondents were unmarried. Maximum of the respondents were strongly agreed that suicide can be prevented; whereas minimum of the participants were strongly disagreed that suicide can be prevented. Likewise most of the respondents (66.9%) agreed that people who commit suicide are usually mentally ill; however (3.1%) of the respondents disagreed the statement. Majority of the participants were strongly agreed to the statement “People who attempt suicide should be required to go to therapy to understand why”. Nearly 70% of the respondents strongly agreed that suicide attempters are more interested in getting attention whereas majority of the participants (72.3%) strongly disagreed that if someone wants to commit suicide, it is their business and we should not interfere; however (2.3%) of the participants strongly agreed the statement. Majority of the participants were strongly agreed that talking about wanting to die, looking for a way to kill oneself, acting anxious, agitated or recklessly, withdrawing or feeling isolated etc. are the warning signs of suicide. Most of the students were unknown about the actual meaning of suicide but however, they know the warning signs, its negative impacts in family and society, and the preventive measures and also most of the students were strongly disagreed with this statement” suicide is a normal behavior”.

RECOMMENDATIONS

On the basis of finding of the study, it is recommended that a similar study can be undertaken with a large sample for better generalization of the finding. Comparative study can be done between male and female students about perception of suicide. Awareness program about prevention of suicide could be carried out with the help of mass media & health personal & distribution of charts & booklets about the prevention of suicide would be helpful.

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Table 1. Frequency and Percentage related to Perception of Suicide.

Sr. No.	Statements	Frequency of Responses (%) n=130				
		1	2	3	4	5
1.	Suicide is the act of intentionally causing one's death.	87(66.9)	8(6.2)	2(1.5)	20(15.4)	13(10.0)
2.	Suicide can never be justified.	3(2.3)	14(10.8)	5(3.8)	11(8.5)	97(74.6)
3.	There is a risk to bring about suicidal thought in a person if you ask about it.	11(8.5)	8(6.2)	10(7.7)	68(52.3)	33(25.4)
4.	Suicide can be prevented	14(10.8)	4(3.1)	7(5.4)	16(12.3)	89(68.5)
5.	I would feel ashamed if a member of my family committed suicide.	12(9.2)	5(3.8)	8(6.2)	7(5.4)	98(75.4)
6.	People who commit suicide are weak.	5(3.8)	10(7.7)	13(10.0)	54(41.5)	48(36.9)
7.	People who commit suicide are usually mentally ill.	10(7.7)	4(3.1)	12(9.2)	87(66.9)	17(13.1)
8.	People who attempt suicide should be required to go to therapy to understand why.	7(5.4)	7(5.4)	17(13.1)	7(5.4)	92(70.8)
9.	Suicide attempters are more interested in getting attention.	9(6.9)	10(7.7)	10(7.7)	12(9.2)	89(68.5)
10.	If someone wants to commit suicide, it is their business and we should not interfere.	94(72.3)	13(10.0)	15(11.5)	5(3.8)	3(2.3)
11.	People with incurable diseases should be allowed to commit suicide in a dignified manner.	87(66.9)	12(9.2)	15(11.5)	7(5.4)	9(6.9)
12.	Suicide is a normal behavior.	85(65.4)	18(13.8)	16(12.3)	6(4.6)	5(3.8)
13.	I would be afraid that my parents or friends might believe that I am thinking about suicide if I participate in suicide prevention activities at my school.	84(64.6)	15(11.5)	8(6.2)	11(8.5)	12(9.2)
14.	Suicide and suicide prevention are not things that should be discussed at school.	83(63.8)	14(10.8)	17(13.1)	7(5.4)	9(6.9)
15.	If I knew a peer was possibly having suicidal thought, I would report my concerns to adults.	6(4.6)	8(6.2)	14(10.8)	9(6.9)	93(71.5)
16.	Those who committed suicide are cowards who cannot face life's challenges.	7(5.4)	3(2.3)	12(9.2)	10(7.7)	98(75.4)
17.	Talking about wanting to die, looking for a way to kill oneself, acting anxious, agitated or recklessly, withdrawing or feeling isolated etc. these are the warning signs of suicide.	8(6.2)	4(3.1)	17(13.1)	6(4.6)	95(73.1)

Note: 1= Strongly Disagree, 5= Strongly Agree

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