

A Study to Assess the Knowledge and Attitude of College Students on Suicide at Selected Colleges, Punjab

Received: 18 February 2023, **Revised:** 24 March 2023, **Accepted:** 26 April 2023

Narendra Kumar Sumeriya

Professor, Dasmesh College of Nursing, Faridkot, Punjab, India
nksumeriya@gmail.com

Hemant Kumar Saini

Associate Professor, University Institute of Nursing, Jalalabad, West Punjab, India

Hemlata Saini

Nursing Tutor, Govt. College of Nursing, Alwar, Rajasthan, India

Corresponding author: Narendra Kumar Sumeriya

Keywords

Knowledge and attitude, students, suicide

Abstract

Aim: A study to assess the knowledge and attitude of college students on suicide at selected colleges, Punjab.

Materials and methods: The sample consists of one hundred young people who were attending the college of Punjab at the time that the data was collected and who was between the ages of 18 and 35. A method known as non-probability purposive sampling was used in order to pick the sample for the research project. The researcher designed the tools to be used by the participants themselves in order to gather the data. The responses are broken down into three categories: agree, uncertain, and disagree. Cronbach's alpha was used to figure out how reliable the instrument was, and the results came out to be 0.77 for section B and 0.74 for section C.

Results: 93 percent of the participants were less than 25 years old. The majority of the participants were male (77%). More than half (57%) students were from English medium. About three quarters, or 77%, of students were enrolled in graduation programmes. The majority of the participants, or 83%, came from rural areas. 55% were non-smoker and 46% belonged to family income group of Rs. 10000-20000. Just 7% of young people had a poor understanding of suicide, whereas 48% had an average understanding and 45% had a high understanding of the suicide.

Conclusion: Education about risk for suicide prevention policy is highly vital for all young people, since the research, half of the young adults have average information about suicide. Other variables that have been shown to predict suicidal thought and attempt include academic pressure, social pressures, the modernisation of metropolitan centres, and psychological suffering.

1. Introduction

The Oxford English Dictionary indicates that the term "suicide" initially appeared in 1651; however, Alfred Alvarez claimed in 1972 that the phrase "suicide" was initially mentioned in Sir Thomas Browne's *Religio Medici* in 1642. "Suicide" is derived from the Latin word "suicidium," which indicating "killing." The Latin terms *sui*, meaning means "oneself," with *-cidium*, which meaning "killing," are the origins of this word (see *-side*). According to the American Psychological Association, suicide is the deliberate act of ending one's own life and is frequently prompted by clinical depression or another type of mental

illness. Suicide represents the second biggest reason for mortality amongst youngsters aged 15 to 24 following accidents, despite being the sixth most common reason of fatality overall. [1]

The estimations made by the World Health Organisation (WHO) show that about one million people commit suicide annually. As a result, there are 16 fatalities per 100,000 people worldwide, or one fatality every 40 seconds. In the past sixty years, there has been a sixty percent increase in suicide rates worldwide. According to estimates, up to 20 times as many persons attempt suicide as those who do so really do so. Young people are dying by suicide at a startlingly rapid rate. [2] According to the World

Journal of Coastal Life Medicine

Health Organisation, a suicide occurred somewhere on the planet every 40 seconds in 2015. In Poland, a country in central Europe with a population of around 40 million, there are 16.6 suicides for every 100,000 inhabitants. Ukraine is among of the nations having one of the highest rates in the world, at 16.8%. Twenty Nepali women attempt suicide for every 100,000 people in the nation. The population of Sri Lanka, a tiny island country in south Asia, is over 20 million, yet the country's suicide rate is 28.8%. The staggeringly high suicide rate in South Korea is 28.9%.[3]Suicide rates are significantly greater in northern Japan as well as northern European countries than in southern regions. [4] Risk factors could include drug abuse, like alcoholism as well as the use of benzodiazepines, as well as mental illnesses like schizophrenia, bipolar disorder, personality disorder, and depression.[5] In India, there were over forty six thousand suicides each among those aged fifteen to twenty nine and thirty to forty four in 2012. This accounts for about thirty four percent of all suicides. In 2012, overdosing on poison (33%), hanging oneself (38%) and setting themselves on fire (9%) remained the most popular means for persons to commit suicide. [6]

In the 53 most populated cities in India, 19,120 persons committed suicide. With 2,183 occurrences, Chennai's city of death by suicide had the highest overall suicide rate in 2012. The cities of Bangalore (1989), Delhi (1,397), as well as Mumbai (1,296) came next. With rates of 45.1 and 40.5 per 100,000 people, respectively, Jabalpur (Madhya Pradesh) as well as Kollam (Kerala) had the highest rates of suicides. The rate that is regarded as the national average is nearly 4 times more than this. The suicide rates in some Indian cities vary significantly from one year to the next. [7] Every technique a person adopts to commit suicide and intentionally terminate their life is regarded as a suicide practise. Among the ways to take one's own life are excessive bleeding, drowning, suffocation, jumping from a height, hanging, ligature compression, car accidents, poisoning, self-immolation, hunger, as well as dehydration.[8] While suicide is a widespread social issue which has epidemic proportions in India, there's a pressing requirement for greater comprehension and avoid suicidal behaviours.

The sole illegal act for which an individual might get punished regardless of whether they are unsuccessful

in their attempts to perform the crime is suicide, according to the Indian legal system. This research aims to learn more about the knowledge as well as attitudes of young people towards suicide, in addition to the experiences of younger people who have felt suicidal, thought about suicide, and attempted suicide. The research will also look into the experiences of youngsters who become suicidal and decided to end their lives because suicide, regardless of whether it be an attempt or an accomplished completion, is an activity that has meaning as well as goal for the person that is engaged.[9] Suicide is the 2nd leading reason for mortality for young individuals among the ages of fifteen and twenty-nine following accidental triggers of death.[10] Sadly, India has the greatest suicide rate of any nation in the world.[11]The most crucial elements in the fight against suicide are awareness, therapy, and the management of mental illnesses.

Ninety percent of people who kill themselves by suicide have a mental illness, like depression, anxiety, or bipolar disease. Over 50% of people who experience mood problems also struggle with substance abuse or a different kind of addiction. There is an elevated risk of suicidal behaviours if both are involved. [12] Considering this is the root of the issue, the high numbers can be attributed to a lack of material, interpersonal, and emotional resources. To be more specific, stress from schoolwork, work-related stress, social obligations, the modernisation of urban centres, relationship concerns, and the breakdown of support systems all play a role.

The conflict over values that may arise among young people's families is a key factor in their lives. Therefore, the main goal of this study is to find out how much young people are aware of suicide and what their thoughts are on it. The standard school curriculum should include instruction on mental health issues and wellness to help ensure that kids are aware of these conditions while they are still developing and can seek help if they do. Suicide is a preventable act, and its frequency can be decreased; all that is needed is information. The suicide rate might decrease if more individuals knew how to help someone who was experiencing suicidal thoughts.

Journal of Coastal Life Medicine

2. Materials and methods

Research that was non-experimental and cross-sectional in nature and descriptive in nature was utilised to examine the knowledge and attitude of young people on suicide. The state of Punjab was the location of the research.

The sample consists of one hundred young people who were attending the college of Punjab at the time that the data was collected and who were between the ages of 18 and 35. A method known as non-probability purposive sampling was used in order to pick the sample for the research project. The researcher designed the tools to be used by the participants themselves in order to gather the data.

Section A: demographic variables to collect baseline data, such as age, sex, the medium of education, place of residence, family monthly income.

Section B: Knowledge of Young Adults on Suicide.

Section C: Attitude of Young Adults about Suicide.

There were 13 questions in Part B, which was titled "Knowledge of Young Adults on Suicide," and they

were designed to assess the level of knowledge young people have regarding suicide. The responses are broken down into three categories: agree, uncertain, and disagree.

The purpose of Part C, which was titled "Attitude of Young Adults about Suicide," was to assess the attitudes of young people towards suicide via a series of 18 questions. The responses are broken down into three categories: agree, uncertain, and disagree. The dependability of the instrument was determined with the use of Cronbach's alpha, and the results were computed to be 0.77 for section B and 0.74 for section C accordingly. Before any data was collected, the necessary consent in writing form was sought from the relevant authorities. Before giving the tools to the study participants, the researchers had to tell the subjects about the background of the study. This was necessary to get the subjects to take part in the study. One hundred of the respondents who met the requirements for the sample were chosen to participate in the structured interview. Both descriptive and inferential statistical methods were used to the evaluation of the information gathered from one hundred different pupils in accordance with the goals.

3. Results

Table 1. Demographic parameter

Demographic variables	Number	Percentage
Age in years		
< 25	93	93
> 25	7	7
Gender		
Female	23	23
Male	77	77
Medium of education		
Punjabi	43	43
English	57	57
Education		
under graduate	77	77
post graduate	23	23
Residence		
Rural	83	83
Urban	17	17
Smoking		
Yes	45	45
No	55	55
Family Income		

Journal of Coastal Life Medicine

Below 10000	24	24
10000-20000	46	46
Above 20000	30	30

According to the results in Table 1, 93 percent of the participants were less than 25 years old. The majority of the participants were male (77%). The English Medium was used for more than half (57%) of the studies. 77% of students were enrolled in graduation

programmes. The majority of the participants, or 83%, came from rural areas. 55% were non-smoker and 46% belonged to family income group of Rs. 10000-20000.

Table 2. Knowledge of participants regarding suicide

Knowledge	Number	Percentage (%)
POOR	7	7
AVERAGE	48	48
GOOD	45	45

According to Table 2, just 7% of young people had a poor understanding of suicide, whereas 48% had an

average understanding, and 45% had a high understanding of the topic.

Table 3. Association between knowledge of suicide and demographic parameter

Parameter	Poor	Average	Good	Total	X ²	P Value
Medium						
English	16	27	14	57	1.98	0.22
Punjabi	12	23	8	43		
Education status						
under graduate	18	32	27	77	0.11	0.44
post graduate	5	10	8	23		
Residence						
rural	20	43	20	83	2.69	0.74
urban	4	7	6	17		

Table 3 shows that there is no significant relationship between awareness of suicide and the demographic

parameters that were chosen, such as medium of education, education level, or resident area.

Journal of Coastal Life Medicine

Table 4. Attitude of participants regarding suicide

Attitude of participants	Agree(%)	Uncertain(%)	Disagree (%)
Have you ever given any consideration to ending your own life?	23	9	68
Have you ever made an attempt to take your own life?	9	7	84
The individual is permitted to take their own life at any time.	37	11	52
Education on suicide prevention is of the utmost significance in the communities that schools /Colleges serve.	74	9	17
I tend to ignore those who bring up suicide or make light of it by joking about it.	17	9	74
If a buddy who was having suicide thoughts begged me to preserve their secret, I would honour that pledge.	7	17	76
If my buddy was having suicide thoughts, I am certain that I would be able to see it.	46	33	21
Some individuals will be dissuaded from committing suicide if they hear others discussing the topic.	70	13	17
The issue of suicide among young people is a very serious one.	82	11	7
The topic of suicide need to be brought up in conversations amongst close friends.	82	7	11
It's possible that having a conversation about suicide might assist prevent someone from taking their own life.	82	5	13
Individuals do not have enough information regarding taking their own lives.	60	13	27
A programme to raise awareness about suicide among school/College students should be offered in all schools/Colleges.	86	9	5
For some people, the only way out is to take their own life.	39	15	46
If a buddy confides in me that they desire to kill themselves or makes an effort at doing so, it is none of my concern either way.	9	7	84
In most cases, there are no warning signs before a suicide.	58	27	15
If I were to divert a buddy who was having suicide thoughts, it would be beneficial to both of us.	62	19	19
People who bring up suicide in conversation are merely looking for attention.	66	17	17

4. Discussion

The aim of this study is to assess the level of suicide awareness as well as behaviour among teenagers in Punjab. This will enable us to comprehend the

mindsets and level of knowledge that youngsters have around suicide. Only 10% of teens have a high degree of awareness about suicide, 41% of teenagers have a standard level of knowledge about suicide, whereas 49% of teenagers possess a poor level of

Journal of Coastal Life Medicine

understanding about suicide, based on study done by Arya [13]. After accounting for this exclusion, it was determined that 45 young people, or 45% of the total, had good knowledge of suicide, 48 young people, or 48% of the total, had average knowledge of suicide, and 7 young people, or 7% of the total, had poor knowledge of suicide. The conclusions of this study are supported by Jaime Thornhill and Robyn Gillies' research. [14]

The study's findings indicate that there isn't a significant relationship between young people's knowledge and particular socio-demographic characteristics, including their level of education or family income. This conclusion is supported by Arya's investigation. Socio-demographic characteristics like education level or place of residence and awareness of suicidal thoughts in teenagers were not shown to be significantly correlated [13]. The findings of the most recent study that express a view on the majority as per fifty eight percent of youngsters who concurred with this assertion, there was no preceding indication. The majority of youth (58%) did not concur with this result, which was another discovery which was connected to this one. [15] The vast majority of young individuals in this poll (46%) think they could tell if someone they knew was thinking about taking their own life. This result corresponds to the study done by Jaime Thornhill and Robyn Gillies since it shows that forty six percent of young individuals had an upbeat mindset as well as agreed with the statement.[14] In the neighbourhoods around schools and colleges, training about suicide prevention is of the utmost important, according to 74% of the young individuals questioned. The study conducted by Jaime Thornhill and Robyn Gillies, which discovered that seventy four percent of youngsters were in agreement, supports this finding.[14] The participants expressed their strong support for the notion that friends as well as family must discuss suicide. This result is consistent with the research study conducted by Jaime Thornhill and Robyn Gillies, which found that eighty two percent of young people agreed with this statement.[14] 60% of the interviewees agreed, indicating general agreement, that the public does not comprehend suicide well enough. This finding is similar to one that Jaime Thornhill and Robyn Gillies discovered in a separate study. 60% of the young folks were in agreement. [14] Sixty eight of the participants said they had never ever considered suicide in the great majority of cases. High

levels of agreement were found among the subjects in the present study that all schools and colleges must adopt a suicide awareness course for pupils. Eighty four percent of the subjects have never tried to commit suicide, as well as none of their acquaintances have ever confided that they thought to try or kill themselves. However, nine percent of those surveyed have made an attempt to suicide, and their companions have informed them of their intentions. Additionally, eighty two percent of students said that peer discussion of suicide is necessary and that the topic of youth suicide is a very serious one. At a rate of fifty two percent, youngsters believe that anyone is denied the right to commit suicide.

5. Conclusion

All adolescents must get awareness regarding suicide risk because, according to studies, only fifty percent of them have a basic understanding of the subject. The modernization of urban areas, social pressures, employment stress, academic pressure, drug usage, and psychological distress are separate factors which have been found to foresee suicide thought as well as attempt. However, when included in a more comprehensive suicide prevention strategy, a poster campaign, workshop, as well as role play could serve as an effective strategy for raising knowledge. Mental health nursing experts might take on this responsibility to reduce the suicide rate as well as save lives in India.

References

- [1] Robin D. Overall. The Meaning of Suicide Attempts by Young Adults. Canadian Journal of Counselling. Revue canadienne de counseling, 2000; 34(2):111-125.
- [2] Befrienders worldwide. Suicide Statistic, 2017.
- [3] Petr H. 25 Countries With The Highest Suicide Rates In The World, February 21. 2015; 12: 44 pm.
- [4] Hawton K Clements A Sakarovitch C et al. Suicide in doctors: a study of risk according to gender, seniority and specialty in medical practitioners in England and Wales, 1979-1995. J Epidemiol Community Health, 2001; 55: 296-300.

Journal of Coastal Life Medicine

- [5] Hawton K and Kees van Heeringen. Suicide. Seminar, 2009; 373(9672): 1372-1381.he666 28(7): 671-678
- [6] Ajdacic-Gross V, Weiss MG, Ring M, Hepp U, Bopp M, Gutzwiller F, Rössler W. Methods of suicide: international suicide patterns derived from the WHO mortality database. Bull World Health Organ, 2008 Sep; 86(9): 726-32.1
- [7] Vikram Patel, Chinthanie Ramasundarahettige, Lakshmi Vijayakumar, J S Thakur, Vendhan Gajalakshmi, Gopalkrishnan Gururaj, Wilson Suraweera, Prabhat Jha. Suicide mortality in India: a nationally representative survey. Lancet, 2012 Jun 23; 379(9834): 2343-2351.
- [8] Anestis MD, Soberay KA, Gutierrez PM, Hernández TD, Joiner TE. Reconsidering the link between impulsivity and suicidal behavior. Personality and social psychology review: an official journal of the Society for Personality and Social Psychology, 2014; 18(4):
- [9] Daniel L. Segal, Melissa S. Mincic, Frederick L. Coolidge & Alisa O'riley. Attitudes Toward Suicide and Suicidal Risk Among Younger and Older Persons. Journal Death Studies, 2004; 28(7): 671-678
- [10] World Health Organisation. The Global Burden of Disease: 2004 update. Geneva: WHO, 2008.
- [11] The Minds Foundation. India has the highest Suiciderate among youth, 2017.
- [12] Jeffrey Borenstein. The importance of speaking out about suicide, Suicide may be difficult to discuss, but knowledge can save lives. Psychology today. Posted Feb 01, 2017.
- [13] Arya Sandeep. Suicide: knowledge and attitude among higher secondary school adolescents in Alwar, Rajasthan. Int J Nurs Res., 2015; (2)1.
- [14] Jaime Thornhill and Robyn Gillies. Young Adults' Suicide Related Knowledge and Attitudes: Implications for suicide awareness education, 2000; 10(1): 51-68.
- [15] Basic S, Lazarevic B, Jovic S, Petrovic B, Kocic B, Jovanovic J. Suicide knowledge and attitudes among medical students of the University of NIS. Facta Universitatis. Med Biolog, 2004; 11(3): 154-159