

Adolescents Suicide - A Social and Preventable Problem

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Abstract

Background: Adolescence is a period in the life of human being, wherein they are subjected to face multiple factors which challenge their survival. Many people are facing them successfully. Some are becoming victimised for them and committing suicides. The study made on adolescents suicides to find out the precipitating factors which motivated to commit suicide. Many of these deaths can be prevented, because all the factors are found to be avoidable. **Aims and Objectives:** To analyse the age related problems faced by the adolescents which are leading to commit suicide, and to identify the precipitating factors in causation of such deaths. **Study Design:** It's a cross sectional Prospective study. **Material and Method:** The medico legal Post-Mortem Examinations were conducted on the victims of suicides in the age group of thirteen to eighteen years in one year beginning from January to December. Data were collected from the Inquest, Panchanama of the scene of offence, hospital records, suicide notes and information gathered by personal enquiry with the relatives. **Observation and Discussion:** Physical illness is leading (24.8%) Table No. 1, among all suicides in adolescents. 12 students died among the 19 educated males for failure in their studies. Students who could not succeed in their competitive examinations were 8 in the present study, failed in 10th class were 3 and one student died for not clearing the 7th class. Punishments given by Parents and/or Teachers have resulted in 11 deaths in males and 8 deaths in females. The number of deaths occurring in the late period of adolescent i.e. 16 to 18 years are more, as they are reaching the adult stage do experience lot of stress and emotional turmoil. The rising expectations and responsibilities may create pressures for many of them. **Conclusion:** The identification of more specific risk factors of suicide will help better prediction of Suicidality and hence, better assessment process, better treatment and more targeted prevention programs.

Keywords: Adolescence; Suicide; Precipitating Factors.

Introduction

Adolescent suicide is a complex topic, which can be approached from many different angles. During the past quarter-century, suicide among the young has emerged as a significant global public health problem. In many countries, youth suicide is one of

the leading causes of death. (World Health Organization 2002). Human being faces a spectrum of continuous changes occurring throughout, at different phases of the life. Adolescence is the transition period in the human life, which brings about changes in the anatomical, physiological, biochemical, psychological, social, educational, environmental and economical strata of a person [1,2,3,4]. All these changes are reflected in their morphology and their behaviour. Some of these changes are acceptable and pleasant to them and some of them cause discomfort and inconvenience. Unpleasant morphological changes include the pains from different origins viz, mastalgia, dysmenorrhoea, headache, insomnia etc. Changes, which are seen in the behaviour, are more distressing to self and to their care takers [2,5]. He/she becomes reluctant to seek the help or counselling from elders because of several

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reasons [6]. The reasons for such changes in the behaviour are multidisciplinary and are because of the milieu interior and exterior.

Suicidal ideation refers to thoughts of harming or killing oneself. Attempted suicide is a non-fatal, self-inflicted destructive act with explicit or inferred intent to die. Suicide is a fatal self-inflicted destructive act with explicit or inferred intent to die. Suicidality refers to all suicide-related behaviours and thoughts including completing or attempting suicide, suicidal ideation or communications. The present day concept of nuclear and small families causes a lot of changes and pressures on these tender aged persons because of the expectations of their parents. Some of the girls are getting married in this age group, wherein they are expected to live in their in-laws houses, which are unknown and different from their maternal environment. All these factors are playing an important role and abetting them to victimize for suicides. It became second leading cause of death among the adolescents [7]. The present study is made on these factors and their role in committing suicides in the age group of thirteen to eighteen years.

Aims and Objectives

To analyse the age related problems faced by the adolescents which are leading to commit suicide, and to identify the precipitating factors in causation of such deaths.

Material and Methods

It is a cross-sectional study done in the mortuary associated with Department of Forensic Medicine and Toxicology of Kakatiya Medical College, Warangal. The medico legal Post-Mortem Examinations were conducted on the victims of suicides in the age group of thirteen to eighteen years in one year beginning from January to December. Data were collected from the Inquest, Panchanama of the scene of offence, hospital records, suicide notes and information gathered by personal enquiry with the relatives. The data was incorporated into a computerised data collection sheet and statistically analysed in the MS office excel spread sheet.

Inclusion Criteria

Cases were included where person died in the age group of thirteen to eighteen years, from both genders, who committed suicide (according to the Panchanama), cadavers of whom were subjected to

Medico legal post-mortem examinations in the mortuary of Kakatiya Medical College, Warangal, including the deaths occurred in hospitals and also unattended deaths.

Exclusion Criteria

Deaths of persons whose age is not certain as, in unidentified bodies, and where a suspicion expressed in the Panchanama about homicide or accident.

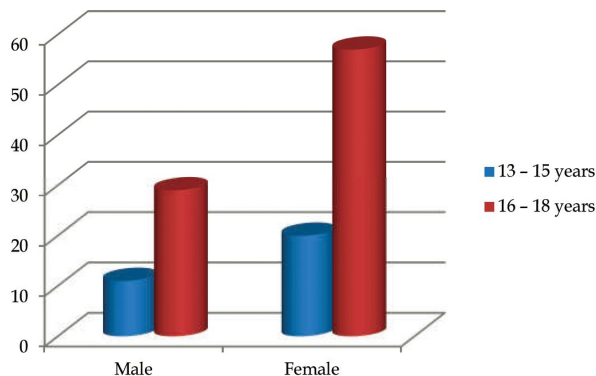


Fig. 1: Incidence of suicide deaths in the adolescent age group

Observation and Discussion

Total 117 no cases were included in the study, and out this 34.2% were Males and 65.8% were of Females Fig. No 1. The male to female ratio is 1:1.93. The most vulnerable age group found to be between 16 - 18 years, with a ratio of 2.77:1 in relation to the age group between 13 - 15 years. Females dying in the age group of 16 - 18 years are outnumbered (49%) of all adolescent suicidal deaths. However a few studies on adolescent suicide from south India pointed out a male preponderance over females. One of the reasons for disagreement could be due to the different category of suicides studied; our findings are in line with Nandi et.al, who had noted female preponderance of suicides. Corresponding to the Indian report, in western countries too males have a suicide rate higher than females though the difference between the two is gradually narrowing.

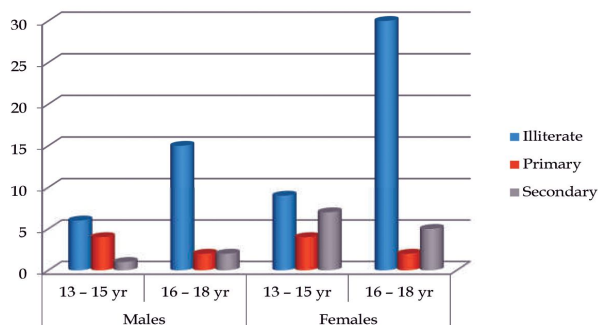


Fig. 2: Educational status

Majority of the adolescent suicide in the present study are illiterate or had only primary education. Fig 2. This is contrary to the study observed by Chandrasekaran *et al.*, 2003 Different domiciliary background could be the reason for this observation. Education influences coping and problem solving skills probably.

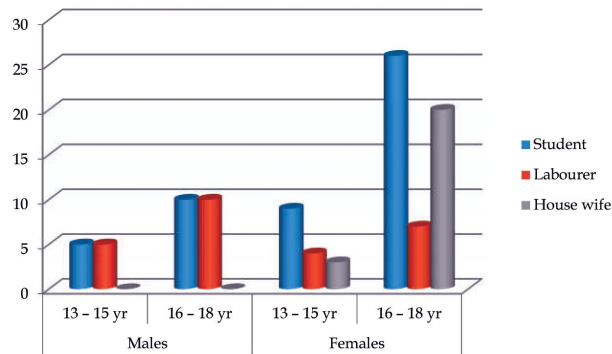


Fig. 3: Occupation

In our study of Adolescent suicides out of 117 cases, 42.7% belong to student group whereas 22.2% were Labourer, housewife account to 19.7%, whereas 15.4% were jobless with no occupation Fig. No. 3 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

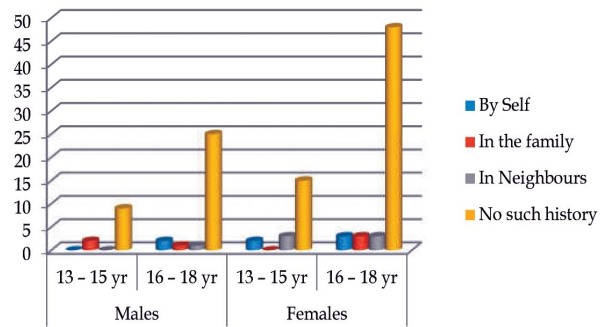


Fig. 4: History of previous suicidal attempts

Table 1: Precipitating factors for committing suicides

Motive Behind Committing Suicide	Males		Females		Total
	13 - 15 yr	16 - 18 yr	13 - 15 yr	16 - 18 yr	
Physical Illness	0	10	4	15	29(24.8%)
Failure in studies	4	8	5	2	19(16.2%)
Punishment	7	4	6	2	19(16.2%)
Failure in love	0	2	2	8	12(10.3%)
Domestic problems	0	1	0	11	12(10.3%)
Financial problems	0	3	0	9	12(10.3%)
Demand for Dowry	0	0	2	7	9(7.7%)
Premarital Pregnancy	0	0	0	1	1(0.8%)
Others	0	1	1	2	4(3.4%)

poverty, social deprivation, domestic difficulties, and hopelessness [15].

The total number of completed suicides committed by adolescents is significant. However it does not reflect the number of suicidal attempts made by the people in that age group. When we analyse the motive and/or precipitating factors for committing suicides, a number of facts came in to the light.

Physical illness is leading (24.8%) Table No. 1, among all suicides in adolescents. Most of the males were having incurable pain abdomen and females had dysmenorrhoea. 12 students died among the 19 educated males for failure in their studies. Students who could not succeed in their competitive examinations were 8 in the present study, failed in 10th class were 3 and one student died for not clearing the 7th class. Among the 38 educated females, 7 girls committed suicide for failure in their examinations, 2 of them for not getting through competitive examinations and other 5 for not passing 10th class. Punishments given by Parents

and/or Teachers have resulted in 11 deaths in males and 8 deaths in females. These punishments were awarded for their misbehaviour and indiscipline in males and for other social reasons like step children in females. Failure in love killed 2 males and 10 females. Of course the adolescent males may not be serious about their love, but it is in contrast for the females it is taken seriously. Domestic problems as maladjustment with the newly came step mother, made a boy to commit suicide. Maladjustment in the in-laws house killed 11 females. Financial crisis is also one important factor found to result in committing suicides in adolescents. It killed 3 males and 9 females. Out of 3 housewives in the age group of 13 to 15 years, 2 died for the demand of dowry and 7 died out of 20 married women in the age group of 16 to 18 years, for the demand of dowry. It clearly shows the impact of dowry in committing the suicides. One girl committed suicide for having premarital pregnancy. The causes were not clearly stated in the inquest in other 4 deaths.

Warning signs for adolescent suicide: The following are some common warning signs of adolescent suicide: Sudden change in behaviour, Apathy, Withdrawal, Change in eating patterns, Unusual preoccupation with death or dying, The giving away of valued personal possessions, Signs of depression, Moodiness, Hopelessness. Adapted from the Canadian Mental Health Association [14].

Adolescent period is identified by different ages as 10 – 19 years by W.H.O; [8] 10 – 24 years in US; [9] 15 – 19 years in Canada; [10] In the present study the age group selected for Adolescence is 13 – 18 years, because a significant change is seen in the behaviour of person during this age group. And in India a person is called an Adult when he/she complete 18 years. Females being a weak gender are victimised more for suicides in the present study. The same observation was made in South Delhi [11].

The number of deaths occurring in the late period of adolescent i.e. 16 to 18 years are more, as they are reaching the adult stage do experience lot of stress and emotional turmoil. The rising expectations and responsibilities may create pressures for many of them [11]. People from lower and middle socio economic group and from rural background are becoming more vulnerable because of lack of resources for their mental support [12]. The ambitions and pressures on these people are significantly high especially on the students. The environment in which they are placed is not compatible. Women after marriage are unable to adjust in the new environment and making them to become uncomfortable. As per the statistics it is observed that in many of the deaths there was no contributing factor as suicidal attempts made by others which provoked them. Even there are very few people who succeeded in their subsequent attempts.

Ultimately it is physical illness that is more blamed for committing suicides in adolescent period in all the sectors. Failure in studies and threat of punishment was more considered by males than females in both age groups. Failure in love, domestic maladjustment and financial issues were making the women more to victimise and that to in late adolescent period. It clearly shows the early understanding and immaturity thoughts in women about their life. However, Demand for dowry and premarital pregnancy are unique to females. Other non-specified or undetermined factors also were bad enough to kill females more.

Conclusion

The study was made on suicidal deaths of adolescents in Telangana region, where there is mixing of cultures and customs present. Adolescent suicide remains an important clinical problem and a major cause of death in young people. Nonfatal suicidal behaviour is also associated with a great deal of morbidity and suffering. Suicide will claim the lives of more young patients than any other disease. Completed suicide is only the tip of the iceberg of the psychosocial pathology that exists for adolescents in crisis. There are a growing number of resources available to assist family physicians in identifying, diagnosing, treating, and referring adolescents with mental health concerns.

While it is recognized that the numbers in this study are small, the current data support this contention, with the numbers of deaths due to adolescent suicide representing only a small fraction of suicides overall. Although adolescent suicide may be increasing, this may not be a general phenomenon as the trends in, and method of, adolescent suicide may vary considerably from community to community and place to place. Major problems that remain to be solved are understanding some of the social and psychological variables that underlie suicidal behaviour; and assessing existing suicide prevention programs for adolescents in different settings. Proper counselling and care would certainly bring down the mortality. The identification of more specific risk factors of suicide will help better prediction of Suicidality and hence, better assessment process, better treatment and more targeted prevention programs.

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Conflict of Interest

The author declares no conflict of interest in the present study

Author Disclosures

Authors have no conflict of interest. This study was a part of departmental research activities of Forensic Medicine at Kamineni Institute of Medical Sciences, Narketpally.

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