



## Prevalence of Suicide Ideation and Suicide Attempts among Youth of Kashmir

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### Abstract

Research in the area of suicide has become critical in recent years. Suicide and its related issues have become a major concern for global health educators. Suicide is a major public health threat and the World Health Organization estimates that annually about 800,000 people worldwide complete suicide (WHO; 2014). This study was conducted with the aim to understand the prevalence of suicide ideation and suicide attempts among Kashmiri youth. The sample of the study consisted of 769 youth in the age range of 15-25 (Mean Age-19 years). Beck's Scale for Suicide Ideation (SSI) (Beck, Steer, & Ranieri, 1988) was used to measure suicide ideation among youth and Self Injurious Thoughts and Behaviours Interview (SITBI) Schedule, (Nock, Holmberg, Photos, & Michel, 2007) was used to assess suicide attempts. The results of the study showed 29.3% of sample group fall as ideators and almost 9.75% of respondents have attempted suicide.

**Keywords:** suicide ideation, suicide attempts, youth

### Introduction

Suicide is defined as an act of intentionally terminating one's own life. However, this definition does not do justice to the complexity of the concept and the numerous usages of terms across studies. Thus, the nomenclature for suicidal ideation and behavior has been the subject of considerable international attention and debate. The nomenclature of suicide behaviors without fatal outcome varies as well. Sometimes they are referred to as "suicidality" while others term these as "suicide-related behaviors" or "suicidal behavior" (Shneidman, 1993) [10]. Attempted suicide is a non-fatal, self-inflicted destructive act with explicit or inferred intent to die. Suicide ideation also known as suicidal thoughts concern thoughts about or an unusually preoccupation with suicide. The range of suicide ideation varies greatly from fleeting thoughts, to extensive thoughts to detailed planning, role playing (standing on a chair with a noose) and incomplete attempts, which may be deliberately constructed to not complete or to be discovered, or may be fully intended to result in death but the individual service (e.g. in case of hanging in which the cord breaks). Thus, suicidal ideation is thoughts about how to kill oneself which can range from a detailed plan to a fleeting consideration and does not include the final act of killing oneself. Most people who have suicidal thoughts do not go on to make suicide attempts, but it is considered a risk factor.

Suicide is a major public health threat and the World Health Organization estimates that annually about 800,000 people worldwide complete suicide (WHO; 2014) [11]. The National Crime Records Bureau (NCRB), Ministry of Home Affairs, Government of India New Delhi is the sole official national level professional institute which provides the actual data about suicides in the country in previous few decades without any break. According to its report; 15 suicides took place every one hour during the year 2013 in India. Almost 1,31,666 people committed suicide in India in 2014 (NCRB, 2015) [7]. It was found that 89,129 men and 42,521 women commit suicide in India in 2014 (NCRB, 2015) [7]. The total

number of suicides in the country grew by 1.5%, that is, 1,33,623 lakh committing suicide in 2015 (The Indian Express, 2017). After 2015 no official report on the suicide was made public by the government. Two decades back suicide was rare in Kashmir, but now it has become serious problem. In J&K 248 suicides were recorded in 2010, and in 2011, over 287 suicides cases were registered. 44.3% increase was reported in suicide cases i.e. 417 suicide cases were registered in 2012 (NCRB, 2013) [6].

It has been found that rates of suicidal ideation and non-lethal attempts are considerably higher than those for completed suicides (Patel *et al.* 2012) [9]. These thoughts are not uncommon among young people. Findings reveal that between 22% and 38% of adolescents have thought about suicide at some point in their lives, with between 12% and 26% reporting having had such thoughts in the previous year (Gould, Greenberg, Velting, Shaffer, 2003) [4].

A recent study titled Suicide mortality in India: A nationally representative survey (2012) estimated about 1.87 lakh suicide deaths in India in 2010 at ages 15 years and above (1.15 lakh men and .72 lakh women). The study found that 40 per cent among the men (45100 of 114800) and 56 per cent among women (40500 of 72100) who committed suicide in 2010 were aged 15-29 years. The age-standardized suicide rate found in Indian women aged 15 years or older (17.5 per 1 lakh population) is more than two and a half times higher than in women of the same age in high-income countries (6.8 per 1 lakh population) and nearly as high as it is in China. Two States and Two UTs – Kerala, Jammu and Kashmir, Pondicherry and Andaman & Nicobar Islands – accounted for 55.9% of suicide victims in the age group 60 years and above (Gould, Greenberg, Velting, Shaffer, 2003) [4]. Since suicide-related thoughts and behaviors are common among youth and rates of suicide increase markedly during adolescence and continue to rise until they stabilize in young adulthood (Evans, Hawton, Rodham, Deeks, 2005) [3], this study was conducted with the

primary aim to assess suicide ideation and suicide attempts among youth of Kashmir.

**Method**

**Sample**

The sample group of present study consisted of mainly young boys and girls in the age range of 15-22 selected purposively from different higher secondary schools of district Srinagar, Baramulla, Bandipora and Anantnag. Sample was selected on the basis of following criteria:

- Must be enrolled in Higher Secondary School and a College
- Should have suicide ideation on the basis of a standard scale.

**Research Instruments**

**Beck Scale for Suicide Ideation (SSI).** The Beck Scale for suicide Ideation (Beck, Steer & Ranier, 1988) [2] is a self-report, 19-item, 3-point measure of suicidal ideation and intent. The BSS has demonstrated strong psychometric properties in various samples. Factor analysis has yielded two subscales. Suicidal Motivation refers to individuals’ ambivalence about living or dying, as well the frequency and duration of suicidal thoughts; and Suicidal Preparation refers to an active component of planning the suicidal act. Holden and DeLisle (2005) [5] report results of exploratory and confirmatory principal components analyses supporting the two-factor model, and provide alpha coefficients of .85 and .73 for motivation and preparation components, respectively, the reported reliability of the scale is 0.89. For the present study, Cronbach’s Alpha for this scale was found to be 0.75.

**Self-Injurious Thoughts and Behaviours Interview Schedule (SITBI) (Nock, Holmberg, Photos, & Michel, 2007) [8]**

SITBI is a structured interview with 169 items in five modules that assesses the presence, frequency, and characteristics of five types of SITB: (a) suicidal ideation (“Have you ever had thoughts of killing yourself?”), (b) suicide plans (“Have you ever actually made a plan to kill yourself?”), (c) suicide gestures (“Have you ever done something to lead others to believe you wanted to kill yourself when you really had no intention of doing so?”), (d) suicide attempts (“Have you ever made an actual attempt to kill yourself in which you had at least some intent to die?”), and (e) non-suicidal self-injury (“Have you ever done something to purposely hurt yourself without intending to die?”). For this study only the dimension of suicide attempt was used. SITBI has strong interrater reliability (average  $\kappa = .99$ ,  $r = 1.0$ ) and test-retest reliability (average  $\kappa = .70$ , intraclass correlation coefficient = .44) over a 6-month period. (Nock, Holmberg, Photos, & Michel, 2007) [8].

**Data Analysis**

Data was analysed by using SPSS computer software version 20.0. The frequencies of variables were compared.

**Procedure**

Various higher secondary’s and colleges of districts: Srinagar, Anantnag, Baramulla, Bandipora were visited to collect the data. The administration of questionnaire took place at group level. Subjects were provided information

about the questionnaire and related topic. Consent forms were attached to the questionnaires distributed among the students who participated in the research. The questionnaires were distributed among subjects and subjects were instructed to read the instruction before filling the questionnaire and it was also made sure that the subjects fill the demographics at the end of the questionnaire. The subjects were also instructed not to leave any question un-attempted and also ask for help if required.

**Result and Interpretation**

The results of the study can be summarised as under:

**Table 1:** Frequency distribution of the sample group with respect to Suicidal Ideation

Construct	f(low)	%	f(average)	%	f(high)	%
Suicide Ideation	271	35.12	261	34.59	235	30.29

Table 1 shows the frequency distribution of suicide ideation in which 35.12% of sample falls under the low level of suicide ideation, 34.59% of sample group falls under the average level of suicide ideation and 30.29% of sample group falls under the high level of suicide ideation.

**Table 2:** Presenting Percentage of Suicide Ideators

Construct	f(non-ideators)	%	f(ideators)	%
Suicide Ideation	544	70.70	225	29.30

Table 2 reveals the percentage of ideators in present study. It was found that out of the total sample of 769, 225 (29.3%) were found to be having suicidal ideation.

**Table 3:** Presenting Percentage of Suicide Attempts

Construct	f(non-attempters)	%	f(attempters)	%
Suicide Ideation	694	90.24	75	9.75

Table 3 reveals the percentage of suicide attempts in present study. It was found that out of the total sample of 769, 75 (9.75%) were found to be have attempted suicide.

**Discussion**

This study was conducted to assess the prevalence of suicide ideation and suicide attempts among youth of Kashmir. The sample of the present study consisted of 769 youth selected purposively from different schools and colleges in various districts of Kashmir division viz. Srinagar, Baramulla, Bandipora and Anantnag. Almost 29.3% of the sample group were found to be ideators i.e. they have considering to attempt suicide at some point in their lives whereas 9.75% of the respondents were found to have attempted suicide in the past. The results of the current study were supported by the study conducted in Kashmir on the prevalence of suicide ideation and attempts among youth of district Srinagar which found the percentage of suicide ideators to be at 28.3% (Ahad & Shah, 2018) [1]. The results of the present study are alarming. These findings can be useful for the policy makers and administrators to devise programs and interventions targeting the young people so as to minimize suicide ideation and suicide attempts. School programs to provide support and to encourage students to work in groups (peer academic support) might be important strategies to reduce suicide ideation and attempt. Mental health modules

should also be included in the educational curriculum in order to address this problem in a broader context.

The present study has few limitations. First the study is cross-sectional so the life time frequency of suicide ideation and suicide attempt cannot be ascertained. Second, the questionnaires were distributed in a face to face format, so the participants might have given socially desirable answers. Third, only those people were targets who were enrolled in schools and colleges, so the young people out of the school and college were not included which might limit the generalizability of the results.

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