Original Article

Perception of Youth Towards Suicide

Janaki Dhami[1], Saraswati Lohani[1], Babita Shakya[1], Hricha Neupane,[1] Bandana Thapa[1]

[1]Bir Hospital Nursing Campus, Mahabaudha, Kathmandu, Nepal.

ABSTRACT

Introduction: Suicide is a serious public health problem. Every suicide is a tragedy that affects families, communities and entire countries and has long-lasting effects on the people left behind. Suicide occurs throughout the lifespan and was the fourth leading cause of death among 15-29 year-olds globally. This study aims to find out perception of youth towards suicide.

Methods: A descriptive study was conducted on students of Bachelor level in different college at Kathmandu, Nepal to find out the perception of youth towards suicide. Complete enumeration sampling technique was adopted and the sample size was 420. Semi-structured questionnaire and modified likert scale was used as the instrument for data collection. Data was analyzed using statistical methods and inferential statistics (SPSS, Version 16).

Results: Majority of the respondents (54.52%) were 17-30 years Most of the respondents (51.42%) were female. Majority of respondents (88.57%) were Hindu. Most of the respondents' (60.23%) family income was between 20000 - 40000. Respondents reported having mental illness will do suicide that is 51.42%. 54.52% respondents have personally known someone who committed suicide. Out of them, 23.58% said that those people were relatives, 1.31% said that they were acquaintance, 55.02% said that they were immediate family members and the rest 25.32% said that they were close friends. 44.76% respondents said that they have personally known someone who attempted suicide. Out of them 25.76% respondents said that they were relative, 25.76% said that they were acquaintance, 22.69% said that they were immediate family members and the rest 23.46% said that they were close friends. 34.04% respondents perceived tragedy in love life as the cause of suicide. 33.33% said that mental illness is the cause. 54.76%% said economic cause leads to suicide. Similarly 36.66% said disputes with family members lead to suicide. 64.76% think low self esteem is the cause of suicide. 43.09% think disturbed childhood is the cause. 27.14% think incurable physical illness lead to suicide. 41.19% regarded cultural values as the cause of suicide. Only 40.00% said that lack of religiosity is the cause of suicide. Majority (75.65%) of respondents think that mass media has no effect on perception towards suicide. 55.23% also think that peer influence has no effect on perception towards suicide. 64.28% respondents agree that suicide is a social problem that deserves expenditure of resources. Among the 242 respondents 57.61% had less stigmatizing perception towards suicide. Among the 271 respondents 64.52% perceive that individual's are able to control suicide. Gender of the respondents and stigma towards suicide are significantly associated with each other.

Conclusion: Study showed that stigma regarding suicide still persists. Tragedy in love life and mental illness were perceived as main causes of suicide. Significant association was seen between gender and stigma towards perception. More than half respondents perceived that individuals are able to control suicidal behavior. Gender of the respondents and stigma towards suicide are significantly associated with each other.

Key Words: *Perception, Stigma, Suicide, Suicidal Behaviour, Youth*

Correspondence:

Janaki Dhami
Assistant Professor
National Academy of Medical Sciences
Bir Hospital Nursing Campus, Kathmandu
Email:janaki.dhami37@gmail.com
Phone number: 9841560063

Introduction

Suicide is a global phenomenon in all regions of the world. Over 8 million people die due to suicide every year which is one death every 40 seconds. Estimated world-wide suicide incidence rate is 16 per 100,000 inhabitants. Suicide is second leading cause of death among 15-29 years old and third leading cause of death for those aged 15-44 years. Although suicide rates have traditionally been highest among elderly males, rates among young people have been increasing to such an extent that they are now the group at highest risk in one third of all countries of the world.[1]

Globally, the accessibility and nature of information on suicide and suicide attempts are poor. Annually around 1,600,000 individuals globally attempt suicide and around 800,000 individuals die by suicide. It affects people of all age groups in all countries. About 79% of global suicides occur in low- and middle-income countries. It happens at regular intervals at about every 40 seconds and it is a preventable death that has enduring impacts. Ingestion of pesticide, hanging, and firearms are among the most common methods of suicide globally. Pesticide self-harming is evaluated to cause about 20% of worldwide suicides, the vast majority of which happen in rural agricultural areas in low- and middle-income nations.[2]

The rising rate of suicide in Nepal is completely disproportionate with the population growth rate unlike a normal scenario and is disappointingly alarming. The figures could still be inaccurate as only around 10% of all suicide cases are reported to avoid the legal issues like fines, imprisonment etc. and social consequences like stigma, discrimination and social exclusion.[3]

WHO report notes that the estimates of suicide is conservative, with the real figure likely to be higher because of the stigma associated with suicide, lack of reliable death recording procedures and religious or legal sanctions against suicide in some countries.[4]

Global burden of mental illness projected to rise above $6 trillion by 2030. Around 20% of world's children and adolescents have mental disorders/problems. Over 800000 people die due to suicide every year; 75% occur in low and middle income countries. Unemployment rates among individual with mental health disorder can be as high as 90 %. [5]

In Nepal still people feel hesitated to introduce mentally ill people in society and feel ashamed to go for treatment of mental illness. So researcher is interested to identify the awareness of community people about mental illness, existing myth and misconceptions about mental illness and health seeking behaviors of community people towards mental illness.[6]

The increasing pace of suicide in Nepal is unbalanced with the population growth rate and is disappointingly alarming. The figures could even now be incorrect as just around 10% of all suicide cases are reported to avoid legitimate issues.[7]

There has been a 41% increase in suicides following the earthquake, as indicated by police information. Although the increase in suicides following a disaster is not a new trend— WHO estimates that 5–10% of individuals affected by humanitarian disasters will have a mental health disorder as a result.[8]

The first COVID-19 case in Nepal was on January 30, 2020. During the first 74 days of the lockdown, 1,227 people (16.5 a day) across the nation have ended their own lives compared to 5,785 (15.8 a day) in all of a year ago. This could be just the beginning as many individuals are under a lot of stress.[9]

There will be high possibilities of an increase in stress, anxiety, behavioral changes, loneliness and depression.[10] According to the Nepal Police record 7,223 suicides were reported in the fiscal year 2023-24, highlighting a worsening mental health crisis. "Around 20 people killed themselves on an average every 24-hour in the last fiscal year." The objective of the study is to assess the perception of youth towards suicide.

Methods

Descriptive cross-sectional study was carried out among 420 people residing in selected college students in Kathmandu. A structured self-administered questionnaire was used. Questionnaire consisted of three parts:

Part 1: Question related to Socio-demographic Variables

Part 2: Questions related to perceived causes of suicide.

Part 3: Questions related to stigma towards suicide.

Scoring of Likert Scale

Perception was measured through five point Likert Scale

containing 15 items which were divided into two perception subscale. Subscale-1 included 10 items assessing stigma towards suicide. Statements 1,2,4,5,6,8,9,11,12,14 were used for subscale-1.Statements number 3,7,10,13 and 15 were used for subscale- 2.Subscale- 2 included 5 items assessing perception about individuals' ability to control suicidal tendencies. Mean scores were calculated for both subscales and labelled as follows:

Subscale -1

Less than mean- less stigmatized perception towards suicide

More than or equals to mean- more stigmatizing perception towards suicide

Subscale -2

Less than mean - stronger belief that individual is able to control suicidal tendencies

More than or equal to mean- less stronger belief that individual is able to control suicidal tendencies

Results

Table1: Demographic Information of Respondents

Variables	Frequency	Percentage
1. Age(year)		
a. 17-22	229	54.52
b. 22-26	78	18.57
c. 26-31	113	26.90
2. Gender		
a. Male	204	48.57
b. Female	216	51.42
3. Religion		
a. Hindu	372	88.57
b. Buddhist	23	5.47
c. Chiristian	25	5.95
4. Family income in NRs		
a. 20000-40000	253	60.23
b. 40000-60000	164	39.04
.c. >60000	3	0.71

Table no.1 shows that the age of the respondents varied from 17 to 31 years. Majority of the respondents (54.52%) were 17-22 years Most of the respondents (51.42%) were female. Majority of respondents (88.57%) were Hindu. Most of the respondents' (60.23%) family income was between 20000-40000.

Table 2: Health Status of Respondents

Variables	Frequency	Percentage
Incurable physical illness	204	48.57
Mental illness	216	51.42

Table 2 shows health status of respondents. Respondents reported shows that having mental illness will do suicide that is 51.42 %.

Table 3: Knowledge of Someone Committed/Attempted Suicide

Variables	Frequency	Percentage
1. Known someone who committed suicide		
a. Yes	229	54.52
b. No	191	45.47
2. If yes, the person was (n=229*)		
a.Relative	54	23.58
b. Acquaintance	3	1.31
c. Immediate family	126	55.02
d. Close friend	58	25.32
3. Known someone who attempted suicide		
a. No	232	55.23
b.Yes	188	44.76
If yes, the person was (n= 260*)		
a.Relative	67	25.76
b.Acquaintance	67	25.76
c. Immediate family	59	22.69
d.Close friend	61	23.46

Table 3 illustrates that 54.52% respondents have personally known someone who committed suicide. Out of them, 23.58% said that those people were relatives, 1.31% said that they were acquaintance, 55.02%) said that they were immediate family members and the rest 25.32% said that they were close friends. 44.76% respondents said that they have personally known someone who attempted suicide. Out of them 25.76% respondents said that they were relative, 25.76% said that they were acquaintance, 22.69% said that they were immediate family members and the rest 23.46% said that they were close friends.

Table 4: Perceived Causes of Suicide

Variables	Frequency	Percentage
Causes of suicide*		
Tragedy in love life	143	34.04
Mental Illness	140	33.33
Economic	230	54.76
Disputes with family	154	36.66
Low self Esteem	272	64.76
Disturbed Childhood	181	43.09
Incurable physical Illness	114	27.14
Cultural values	173	41.19
Lack of religiosity	168	40.00

*=Multiple response question (percentage can be more than 100%)

Table 4 demonstrates that 34.04% respondents perceived tragedy in love life as the cause of suicide. 33.33% said that mental illness is the cause. 54.76%% said economic cause leads to suicide. Similarly 36.66% said disputes with family members lead to suicide. 64.76% think low self esteem is the cause of suicide. 43.09% think disturbed childhood is the cause. 27.14% think incurable physical illness lead to suicide. 41.19% regarded cultural values as the cause of suicide. Only 40.00% said that lack of religiosity is the cause of suicide.

Table 5: Effect of Mass Media/Peer Influence on Perception towards Suicide

Variables	Frequency	Percentage
Mass media effect on perception		
Yes	318	75.65
No	102	24.34
Peer influence effect on perception		
Yes	232	55.23
No	188	44.76

Table no 5 depicts that majority (75.65%) of respondents think that mass media has no effect on perception towards suicide. 55.23% also think that peer influence has no effect on perception towards suicide.

Table 6: Perception on Suicide as Social Problem Requiring Resource Allocation

Variables	Number	Percentage
Suicide as social problem		
Yes	270	64.28
No	150	35.71

Table no 6, reveals that 64.28% respondents agree that suicide is a social problem that deserves expenditure of resources.

Table 7 demonstrates likert scale data for perception towards suicide. Statements 1,2,4,5,6,8,9,11,12,14 were used for subscale 1. Table reveals that 37.14% respondents definitely agree that suicide is an act of extreme cowardice. 49.76% mostly agree that people with suicidal behaviour are selfish. 40.47% mostly agree that suicidal behaviour occurs in persons with low self esteem. Likewise, 58.80% mostly agree that suicide is an act that betrays family and friends. 60.71% definitely agree that people who die by suicide are stupid. Also 54.52% mostly agree that everyone looks down on the behaviour of people who take their own lives. 30.47% respondents mostly agree that they would feel ashamed if their family members committed suicide.

Statements number 3,7,10,13 and 15 were used for subscale 2. 40.47% respondents mostly disagree that factors that lead up to suicide are beyond the control of the individuals. In the same statement, 38.09% also definitely agree. 52.14% mostly agree that suicide is not due to the faults of the individual. 50.00% respondents mostly agree that suicide is an act that is beyond the power of the individuals to control. 25.23% mostly disagree that it is hard to change their mind once someone decides to take their life.

Table 8: Perception towards Suicide

Variables	Frequency	Percentage
Stigmatizing perception towards suicide (Sub scale 1)		
More stigma	178	42.38
Less stigma	242	57.61
Perception on individual ability to control of suicide (sub scale 2)		
More individual ability to control	271	64.52
Less individual ability to control	149	35.47

Table 8 exhibits that among the 242 respondents 57.61% had less stigmatizing perception towards suicide. Among the 271 respondents 64.52% perceive that individual's are able to control suicide.(as they received score above the mean score. Please refer to scoring criteria)

Table 7: Respondent's Perception Score

Variables Variables for Stigma	Responses									
	DA		MA		NAND		MD		DD	
	N	%	N	%	N	%	N	%	N	%
1. Suicide is an act of extreme cowardice	42	10	212	50.47	3	0.71	156	37.14	7	1.66
2. People with suicidal behaviour are usually selfish	0	0	109	25.95	209	49.76	4	0.95	98	23.33
3. The factors that lead up to suicide are beyond the control of individual.	53	12.61	221	40.47	51	12.14	53	12.61	42	10.0
4. Suicidal behaviour occurs in persons with low self esteem.	69	16.42	170	40.47	129	30.71	3	0.71	49	11.66
5. Suicide is an act that betrays family and friends.	247	58.80	10	2.38	156	37.14	7	1.66	0	0
6. People who die by suicide are stupid.	255	60.71	41	9.76	116	27.61	4	0.96	4	0.96
7. Suicide is not due to fault of the individual.	46	10.95	156	37.14	160	38.09	55	13.09	3	0.71

Table 9: Association of Perception towards Suicide with Different Variables

Variables	Chi-square	P value
Gender and stigma towards suicide	6.057	0.013*
Gender and controll- ability of suicide	0.473	0.491
Family income and stigma towards suicide	5.06	0.079
Family income and controll-ability of suicide	5.51	0.063
Known someone who committed suicide and stigma towards suicide	2.36	0.124
Known someone who committed suicide and controll-ability of suicide	1.10	0.29
Known someone who attempted suicide and stigma towards suicide	1.42	0.232
Known someone who committed suicide and controllability of suicide	2.10	0.147

P Value - Chi Square which should be less than 0.05 to confirm any association.

* - Significant association between perception towards suicide and the variables.

Table -9 portrays the association of perception towards suicide with different variables. Gender of the respondents and stigma towards suicide are significantly associated with each other.

Discussion

The aim of the present study was to better understand the perception of youth towards suicide. Self administered questionnaire was used as the main instrument. This study represents a small, but important step in evaluating perceptions about suicide in Nepalese youth.

As the study was conducted in Bachelor level students,

respondents were of age of the respondents varied from 17 to 31 years. Majority of the respondents (54.52%) were 17-22years Most of the respondents (51.42%) were female. The female population is greater, with 14,520,631 women, representing 51.54% of the total, compared to 13,654,093 or 48.46% men.[11]

The study shows that there is significant association between gender and stigmatizing perception towards suicide. However no association has been found between gender and perception on individual ability to control suicide. The findings are consistent with findings of following studies by Arnautovska and Grad, 2010, the trend of boys' attitude pointed in the direction of permissiveness while the trend of girls' towards rejection of suicide. In another study, there were few significant differences between the perceptions and attitudes of males and females on this topic.[12]

In this study, majority of respondents (88.57%) were Hindu followed by Buddhist (5.47%), a and Christian (5.97%).The data is consistent with national census of Nepal, according to the 2011 census, Hindu 81.3% and Buddhist 9.0%.[11]

Most of the respondent's family income was between 20000-40000 (60.23%). Only 0.71% respondent's stated their family income to be more than 60000. The current study shows that there is significant association between family income and perception towards suicide.

In this study, 54.52% respondents said they have personally known someone who committed suicide. 23.58% respondents said that they have personally known someone who attempted suicide. 1.31% said that they were acquaintance, 55.02% said that they were immediate family members and the rest 25.32% said that they were close friends. 44.76% respondents said that they have personally known someone who attempted suicide. Out of them 25.76% respondents said that they were relative, 25.76% said that they were acquaintance, 22.69% said that they were immediate family members and the rest 23.46% said that they were close friends Knowledge of someone who committed or attempted suicide and stigma do not seem to be associated nevertheless knowledge of someone who committed/attempted suicide and individual ability to control suicide are significantly associated with each other. According to Salender, Renberg and Jacobsson, 1988, although family history of suicidal behaviour should increase suicide risk more pro-preventive attitude of younger persons, aged 18 to 35, towards suicide was as well found in the Swedish population (as cited in Arrnautovska and Grad, 2010). In another study, results suggest that suicide death in the family has no significant effect on people's attitudes toward suicide.[13]

34.04% respondents perceived tragedy in love life as the cause of suicide. 33.33% said that mental illness is the cause. 54.76%% said economic cause leads to suicide. Similarly 36.66% said disputes with family members lead to suicide. 64.76% think low self esteem is the cause of suicide. 43.09% think disturbed childhood is the cause. 27.14% think incurable physical illness lead to suicide. 41.19% regarded cultural values as the cause of suicide. Only 40.00% said that lack of religiosity is the cause of suicide. A research on family dysfunction and instability has shown that destructive family patterns and negative life events in childhood affect young people's lives thereafter, especially when they have been unable to cope with the traurna. Youth viewed the quality of the relationship as a strong cause for encouraging or discouraging suicide. While they acknowledged that culture and tradition, are necessary and dictates morals codes and norms for each society they were of the view that certain cultural prescriptions were more likely to encourage suicide. A significant number of youth saw teenagers with high self-esteem as possessing effective coping strategies and therefore more able to resolve problems.[14]

Majority (75.65%) of respondents think that mass media has no effect on perception towards suicide. 55.23% also think that peer influence has no effect on perception towards suicide. Overall, the evidence to date suggests that suicide contagion is a real effect. There is substantial evidence of the significant impact of nonfictional stories on subsequent suicides. While the research on fictional suicide stories is contradictory, there is ample research evidence that highlights the imitative effect of suicide dramatizations. The role of the peer group was seen to have a negative influence on some teenagers by both the groups. [15]

64.28% respondents agree that suicide is a social problem that deserves expenditure of resources. In a study, majority of students strongly agreed that they would feel ashamed if a member of their family completed suicide.[16]

49.76% mostly agree that people with suicidal behaviour are selfish. 40.47% mostly agree that suicidal behaviour occurs in persons with low self esteem. Likewise, 58.80% mostly agree that suicide is an act that betrays family and friends. 60.71% definitely agree that people who die by suicide are stupid. Also 54.52% mostly agree that everyone

looks down on the behaviour of people who take their own lives. 30.47% respondents mostly agree that they would feel ashamed if their family members committed suicide. Compared with family members of natural death, those family members of suicide death received significantly less emotional support for their depression feelings and grief.[13]

40.47% respondents mostly disagree that factors that lead up to suicide are beyond the control of the individuals. In the same statement, 38.09% also definitely agree. 52.14% mostly agree that suicide is not due to the faults of the individual. 50.00% respondents mostly agree that suicide is an act that is beyond the power of the individuals to control. 25.23% mostly disagree that it is hard to change their mind once someone decides to take their life. In a study by Hollinger 2016, results indicated that an overwhelming majority of participants believe that suicide can be prevented and that intervention is necessary.[12]

242 respondents 57.61% had less stigmatizing perception towards suicide. Among the 271 respondents 64.52% perceive that individual's are able to control suicide. In the similar study by Hollinger 2016, it was found that adolescents still hold some degree of stigmatizing attitudes toward suicide and are uncertain about how to identify and assist those at risk.

Conclusion

In conclusion, this study showed that stigma regarding suicide still persists. Tragedy in love life and mental illness were perceived as main causes of suicide. Significant association was seen between gender and stigma towards perception. More than half respondents perceived that individuals are able to control suicidal behavior. Gender of the respondents and stigma towards suicide are significantly associated with each other. The media's power to educate the public in an appropriate fashion and change attitudes toward suicide needs to be underscored. Continued evaluation of the stigmas associated with the discussion of suicide should be explored, considering that some of these stigmas may have protective functions, while others may perpetuate maladaptive coping.

Similar study may be conduct in large scale to make the findings generalization of findings. Comparative study can be done between youth of different geographical areas. Interventional studies can be conducted in different community setting to increase the awareness.

References

1. WHO. (2016). Retrieved June 29, 2016, from http://www.befrienders.org/suicide-statistics
2. Bachmann, S. (2018). Epidemiology of suicide and the psychiatric perspective. International Journal of Environmental Research and Public Health, 15(7), 1–23. DOI: 10.3390/ijerph15071425.
3. Saria, S. (2014, January). Suicides among Women - A Sad Reality in Nepal. Health for All , 9-10 .
4. Sheng, Y., Guojun Wu, X. L., Xion, W., & Wang, L. (2014, March 25). Cross sectional studies of attitude about suicide among psychiatrists in Shanghai. Retrieved June 18, 2016, from Biomed Central: BMC Psychiatry:
5. IRIN. (2010, January 21). Why are so many women killing themselves? Retrieved June 18, 2016, from IRIN News: http://www.irinnews.org/news/2010/01/21/why-are-so-many-women-killing-themselves
6. WHO. (2008). Socioeconomic, cultural and religious factors affecting suicide prevention in Asia. In Suicide and Suicide Prevention in Asia (pp. 19- 29).
7. Barnfield, J., Cross, W., & McCauley, K. (2018). Therapeutic optimism and attitudes among medical and surgical nurses towardss attempted suicide. International Journal of Mental Health Nursing, 27(6), 1826–1833. DOI: 10.1111/inm.12490.
8. Chhetri, B., & Koirala, P. (2017). Current Status, Issues and Challenges in Nursing.Nursing Forum BBMed, 1(1),73. http://www.bbhospital.com.np/bbmed/current.pdf.
9. Conlon, M., & O'Tuathail, C. (2012). Measuring emergency department nurses' attitudes towardss deliberate self-harm using the Self-Harm Antipathy Scale. International Emergency Nursing, 20(1), 3–13. DOI: 10.1016/j.ienj.2010.08.001.
10. Cousins, S. (2016). Nepal's silent epidemic of suicide. The Lancet, 387(10013), 16–17. DOI: 10.1016/S0140-6736(15)01352-5.
11. CBS. (2013). Statistical Year Book of Nepal- 2013. Retrieved August 7, 2016, from Central Bureau of Statistics Website: http://cbs.gov.np/publications/statisticalyearbook_2013

12. Thapa, P., Yoonhee Sung, D. A., Lee, C.-Y. S., & Klimes-Dougan, B. (2015). Attitudes and Perceptions of Suicide and Suicide Prevention Messages for Asian Americans. Behavioral sciences , 547-564.

13. Zhang, J., & Jia, C.-X. (2010). ATTITUDES TOWARD SUICIDE: THE EFFECT OF SUICIDE DEATH IN THE FAMILY. Retrieved August 7, 2016

14. Rugunandan, L. (2006, June). Comparative social work Masters Thesis. Retrieved June 2016, 2016, from A comparative study of youth attitudes to teenage suicide in Norway and South Africa : http://hdl.handle.net/11250/139956

15. Gould, M. S. (2001). Suicide and the Media. Retrieved August 1, 2016, from http://www.columbia.edu/itc/hs/medical/bioethics/nyspi/material/SuicideAndTheMedia.pdf

16. Hollinger, J. M. (2016, February). Adolescent Attitudes Toward and Perceptions of Suicide, Stigma, and Help-Seeking Behavior . Retrieved August 6, 2016, from http://digitalcommons.pcom.edu/cgi/viewcontent.cgi?article=1362&context=psychology_dissertations