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## SUICIDAL IDEATION AMONG PROFESSIONAL COLLEGE STUDENTS

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**ABSTRACT:** Suicide is third topmost reasons for death in worldwide among adolescents. It is one of the major causes of death of people, especially the adolescents and young adults in the nation. The situation is not much different in the case of the most developed state of the country in terms of education and health, Kerala.

The ratio of suicide in India varies from 10.6 per one lack and India is ranked 43<sup>rd</sup> in downward order of suicide stated in the year 2009 (WHO). In India, about 1,53,052 suicides occurred in 2020 among which 5.6% is in Kerala. The national average of suicides in 2020 is 11.3 while it is 24 in the case of Kerala. The suicide rate in cities (14.8) was higher as compared to All-India suicide rate (11.3).

Professionals increasingly face a wide range of hurdles, and they must be able to overcome these obstacles if they are to succeed. They desire to contribute to society in some way. They must first acquire the necessary traits of the socially mature individual. However, as soon as they enroll in professional schools, and they start operating like a machine without even recognizing the societal problems and concerns of social development. The majority of our employees are devoted to their careers, although they lack society's dedication to essential human ideals and the environment. The present study tries to identify the suicidal ideation among professional college students in Thrissur district, Kerala, India.

**Keywords:** Suicide, Suicidal Ideation, Academic Stress, Family Relations, Professional College Student.

### I. INTRODUCTION

Killing oneself is one of the most mysterious deeds in the entire world. Most often suicide is committed out of the anxiety and frustration one suffers by a temporarily caused specific incident. The lack of patience and emotional maturity to think and cope with the situations of life tend people to end their lives.

Suicide is third topmost reasons for death in worldwide among adolescence. In words of World Health Organization on average each year, approximately one million of individuals expire by suicide and twenty times greater commit suicide; worldwide death ratio is sixteen per one lack or 1 death each forty seconds and one commit suicide in every 3 seconds. The risk factors of the suicide include physical health issues, broken relationships, financial problems, work or academic stress, negative life events, hopelessness and loneliness. Suicidal ideation is the thoughts of committing suicide. It can be active or passive. But there are possibilities of a transformation of passive suicidal ideation to become active.

In words of World Health Organization on average each year, approximately one million of individuals expire by suicide and twenty times greater commit suicide; worldwide death ratio is sixteen per one lack or 1 death each forty seconds and one commit suicide in every 3 seconds. According to current data that was represented by 'World Health Organization' in 2011 the ratios of suicide in Maldives vary from 0.7 per one lack and in Belarus vary from 63.3 per one lack respectively. The ratio of suicide in India varies from 10.6 per one lack and India is ranked 43<sup>rd</sup> in downward order of suicide stated in the year 2009 (WHO).

The southern states of Kerala, Karnataka, Andhra Pradesh and Tamil Nadu along with eastern states of West Bengal, Tripura and Mizoram have a suicide rate of greater than 16 while it is less than 4 in Punjab, Uttar Pradesh and Bihar. Puducherry reported the highest suicide rate at 36.8 per 100,000 people, followed by Sikkim, Tamil Nadu and Kerala. The lowest suicide rates were reported in Bihar (0.8 per 100,000), followed by Nagaland and Manipur. Kollam in Kerala followed by Rajkot have reported the highest suicides rate of 44.0 and 31.2 respectively. 8.2% of the victims are students. There is a wide variation in suicide rates, year to year, among Indian cities. On average, male's suicide rate is twice that of females. However, there is a wide variation in this ratio at the regional level. West Bengal reported 6,277 female suicides, the highest amongst all states of India, and a ratio of male to female suicides at 4:3.

The rates of suicide have greatly increased among youth, and youth are now the group at highest risk in one-third of the developed and developing countries. The emerging phenomenon of "cyber-suicide" in the internet era is a further cause for concern; also, because the use of new methods of suicide are associated with epidemic increases in overall suicide rates. Suicide is nevertheless a private and personal act and a wide disparity exists in the rates of suicide across different countries. A greater understanding of region-specific factors related to suicide would enable prevention strategies to be more culturally sensitive. This focus was also highlighted in



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the September 10, 2012 World Suicide Prevention Day theme “Suicide Prevention across the Globe: Strengthening Protective Factors and Instilling Hope”.

In the mosaic pattern of complexities and subsequent conflicts during adolescence, the common observations of current era pinpoints that during this period, depression, alcohol, drug use and conduct disorder problems are increasingly prevalent and these are all associated with risk for suicide. The reasons of suicide among youth and adolescents varies from issues in families, academics, love failures, fear of failure in exams, psychological issues such as depression and mood disorders, as per the records of National Crime Records Bureau. In addition, adolescents may be more sensitive than younger children to feelings of lack of control they may have in maladaptive family settings. Moreover, they may have limited problem-solving ability and a limited ability to project positive ways in which their lives might improve in the future (King, 1997). That is, they have difficulty in “seeing beyond” their immediate situation. In addition, exposure to suicide through the media has led to reports of aggregate increases in adolescent suicide, perhaps because adolescents are highly susceptible to suggestion and imitative behaviours (Berman and Jobes, 1992). Estimates have revealed that between 1 and 13 percent of adolescent suicide occur as a result of contagion factors (Velting and Gould, 1997). Many college students seem peculiarly vulnerable to the development of suicidal motivations; the combined stresses of academic demands, social interaction problems, family issues and career choices. Perhaps interacting with challenges to their basic values - evidently make it impossible for some students to continue making the adjustments their life situations demand. Thus, late adolescence and early adulthood being characterized by “not yet matured enough, yet, thoroughly oriented toward maturity,” constitute a fertile ground for “giving up” behaviours and thoughts in the form of suicidal ideation or attempts.

The ratio of suicide in India varies from 10.6 per one lakh and India is ranked 43<sup>rd</sup> in downward order of suicide stated in the year 2009 (WHO). In India, about 1,53,052 suicides occurred in 2020 among which 5.6% is in Kerala. The national average of suicides in 2020 is 11.3 while it is 24 in the case of Kerala. The suicide rate in cities (14.8) was higher as compared to All-India suicide rate (11.3). Kollam in Kerala followed by Rajkot have reported the highest suicides rate of 44.0 and 31.2 respectively. 8.2% of the victims are students. There is a wide variation in suicide rates, year to year, among Indian cities.

Every hour, one student commits suicide in India, according to 2015 data from the National Crime Records Bureau (NCRB). In 2015, the number of student suicides stood at 8,934. It is 12550 in 2020. The number of attempted suicides, many unreported, is likely to be much higher. India has one of the world’s highest suicide rates for youth aged 15 to 29, according to a 2019 Lancet report, which illustrated the need for urgent interventions for this demographic. Family background, it would appear, has an important role in determining how young people cope with despair. Students from “happy” families suffer from less depression, according to an October 2016 study conducted among Indian university students.

India does not spend enough on mental health. Currently, it spends 0.06% of its health budget on mental health, which is less than Bangladesh (0.44%). Most developed nations spend above 4% of their budgets on mental-health research, infrastructure, frameworks and talent pool, according to a 2011 World Health Organisation (WHO) report.

Compared to other states in India, suicide rate among youngsters and family suicide are also on the higher side in Kerala. Based on the data available with the National Crime Records Bureau, it is stated that Kerala’s suicide rate is almost three times that of the national average. Converted into figures, it means that about 27 put of a population of every one lakh commit suicide. It is 26.68 in Thrissur. 468 suicide cases were reported from Kerala in 2021 according to the data of National Crime Records Bureau.

A leading newspaper in Kerala reported that depression and academic stress among college students is quite high in the state on the basis of a study they conducted during 2022. It causes serious psychological issues and the number of students seeking help for DISHA for suicide prevention is also increasing. Many cases of suicides of students of professional colleges are also there in the state, especially who study in self-financing colleges. The sensational issue of suicide of Jishnu Pranoy, an engineering student from Thrissur had caught the attention of the entire state. The suicide committed by Ms Anitha, a medical aspirant from Tamil Nādu had initiated protest whole over the nation.

When the student is joining the college for first time then he/she might have to leave his family and friends. He has to face a new and unknown challenging environment which is not easy for him. In this new environment there are many significant development issues for him. As compared to school, college life has more social and academic pressure. The authors identified that there are many other stressors for the students like too many assignments, lack of pocket money and competition with other students. These all above stressors leads a student towards the suicide ideation. Students have poor relationship with other students, teachers, family members, inadequate resources and semester system in exam, perform well in academic performance disorganized the students and less capable



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to manage consequently resulting problems related to in stress. (Mishra and Mckean 2000; Polychronopoulou and Divaris, 2005; Erkutlu and Chafra, 2006). The process of suicide is as follows:

Suicidal thoughts, also known as suicidal ideation, are 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. The majority of people who experience suicidal ideation do not carry it through. Some may, however, make suicide attempts. Some suicidal ideations can be deliberately planned to fail or be discovered, while others might be carefully planned to succeed. There are a number of signs and symptoms of suicidal thoughts. The common symptoms of suicidal thoughts include appearing to feel trapped or hopeless, appearing to have an abnormal preoccupation with violence, dying and/or death, being in a heightened state of anxiety, being very moody, changing personality, changing routine, increased self-criticism, isolating oneself, etc. Suicidal ideation is a feeling people may have when they are no longer able to cope with an overwhelming situation, which could be financial, the death of somebody they love, breaking up, or a devastating/debilitating illness. There may be a feeling of bleakness and an erroneous assumption that taking their own life might be the answer. If the individual's mental state is heightened enough, suicide may seem to be the only exit.

One Indian study by Sil & Basu (2007) on a sample of 120 college students (60 males and 60 females) also showed significant negative relationships between hope, various dimensions of reasons for living, i.e., family relationship, coping belief, positive self-evaluation, future expectation with suicidal ideation which is also positively and significantly correlated with hopelessness in college students. This study also revealed that hopelessness was found to be the highest contributing factor for the development of suicidal ideation in college students, followed by two dimensions of reasons for living -coping beliefs and positive self-evaluation.

In the study conducted by Thanal Suicide Prevention Centre, Calicut (2009) family conflicts are the primary reason for suicides (40.2%). 21.7% who committed suicide in the year 2009 are between the age range of 15-29. Academic issues are the fifth most reasons of suicides in common, and primary one in the case of students. According to Maithri, a non-governmental organisation working for suicide prevention situated in Cochin, Ernakulam suicides of adolescents and youths (15-29) are not accurately reported. The number of suicides attempts and successful suicides are higher among professional college students when compared to other students.

In the specified area of Thrissur district, there is situated the famous self- financing engineering college and there have occurred two successful suicides from the students of the college in the past five years and a suicidal attempt, as per the records of local police station. The successful suicides were in the name of academic stress and conflicts in family relationships. The first one was a boy and the latter was a girl, both of first year B Tech students from Electronics and Communication and Computer Science departments respectively. There is no authentic study has conducted on the issue in the specified geographic area.

Experts believe there may be a genetic factor associated with a higher risk of suicide. Individuals with suicidal thoughts, or those who have taken their own lives tend to have a family history of suicide or suicidal thoughts. The most common situations or life events that might cause suicidal thoughts are grief, sexual abuse, financial problems, remorse, rejection, relationship breakup and unemployment. The suicidal ideation can be active or passive. However, it is the initial stage of suicide attempt or suicide. The research paper makes an attempt to study the existence of suicidal ideation focusing on the two causal factors of suicidal ideation, academic stress and family relations, among professional college students with a special reference to Thrissur district, Kerala, India.

## II. METHODOLOGY

### Objectives

- To analyse the suicidal ideation among professional college students.
- To understand the level of academic stress among the respondents and its relation to their suicidal ideation.
- To identify the family relationships of the respondents and its relation to their suicidal ideation.

The researcher interacted with two faculties, each from Vidya Academy of Science and Technology (VAST), Thalakkottukara, Thrissur and Jubilee Mission Medical College and Research Institute, Thrissur, and Mr Ashok Kumar, Psychiatrist and some students of BTech and MBBS in order to find out how the study could be effective.

The research design in the present study is correlational in nature. The proposed study aims to identify the phenomenon of suicidal ideation among the students of professional colleges in a specified area along with the correlation of academic stress as well as family relations of the respondents to their suicidal ideation. The included population of the present study is the first-year BTech or MBBS students studying in the professional colleges situated within Thrissur district, Kerala, India. The sample size was 210. Only



private colleges were included in the study. The selected colleges were:

- Vidya Academy of Science and Technology (VAST), Thalakkottukara, Thrissur
- Nehru College of Engineering and Research Centre, Pampady
- Nirmala College of Engineering, Chalakudy
- Sahrudaya College of Engineering and Technology, Kodakara
- Christ College of Engineering, Irinjalakuda
- Jubilee Mission Medical College and Research Institute, Thrissur
- Amala Institute of Medical Sciences, Thrissur

The researcher collected data from 30 students from each college which was a non-proportionate selection of samples. The samples were selected through random sampling using lottery method. The researcher collected the data directly from the respondents with the use of standardized psychological scales including Adult Suicidal Ideation Scale (ASIO) developed by William M. Reynolds (1987) for the purpose of screening for suicidal ideation in college students and adults, Scale for Assessing Academic Stress (SAAS) developed by Sinha, Nepal, and Sharma (2001) and Index of Family Relations developed by Hudson, W.W. (1992).

Hypothesis

1. H0- There is no significant relationship between suicidal ideation among engineering and medical students.  
H1- There is significant relationship between suicidal ideation among engineering and medical students.
2. H0- There is no significant relationship between academic stress and suicidal ideation of the respondents.  
H1- There is significant relationship between academic stress and suicidal ideation of the respondents.
3. H0- There is no significant relationship between family relations and suicidal ideation of the respondents.  
H1- There is significant relationship between family relations and suicidal ideation of the respondents.

The present research study is limited to the BTech and MBBS students. Other professional courses are not included in the current study. The data is not collected from all the professional colleges but selected ones only. Future studies can be done including representation of more categories and geographical locations, and also considering other factors influencing suicidal ideation among the students.

III. RESULTS AND DISCUSSION

The researcher collected data from 210 respondents for identifying the suicidal ideation among professional college students in Thrissur district, Kerala. The samples were limited to BTech and MBBS first-year students. The research study makes an effort to identify the correlation between academic stress and family relations of the respondents to their suicidal ideation.

Suicidal Ideation among professional college students

Suicidal Ideation	Frequency of Respondents	Percentage of Respondents
Pathological suicidal ideation	136	64.76
Non pathological suicidal ideation	74	35.24
Total	210	100

Among the 210 respondents, 64.76% show symptoms of pathological suicidal ideation. It indicates the need for clinical aid for the majority of the respondents.

1. H0- There is no significant relationship between suicidal ideation among engineering and medical students.

Variable	Group	N	Mean	S D	't' value
Suicidal Ideation	Engineering students	150	38.44667	21.69512	-11.7576
	Medical students	60	79.4	23.23075	

\* Significant at 0.05 level

The above table shows the result of Suicidal ideation between Engineering and Medical students. As per the above table, the mean obtained is 38.45 and 79.4, with the standard deviation being 21.7 and 23.23 in Suicidal ideation for BTech and MBBS students respectively, and obtained "t" value is -11.75, which revealed that it is Significant at 0.05 level. Hence, the hypothesis that "there will

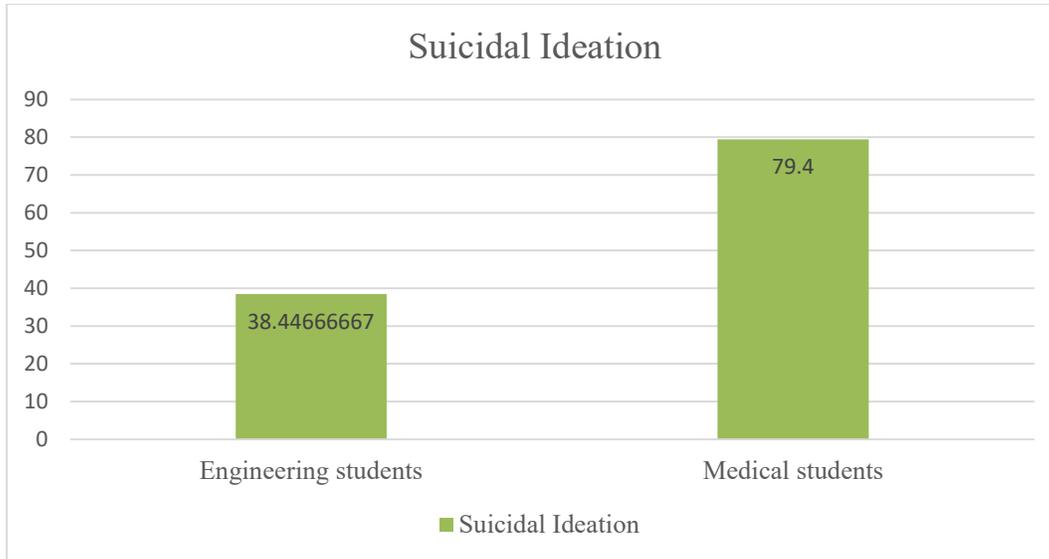


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be a Significant difference in Suicidal ideation with Engineering and Medical students” has been accepted. The following graph depicts the mean difference in Suicidal ideation between Engineering and Medical students.



#### Academic Stress among the Respondents

Level of Academic Stress	Frequency	Percentage
Low stress	64	30.48
Moderate stress	68	32.38
High stress	78	37.14
<b>Total</b>	<b>210</b>	<b>100</b>

Among the 210 professional college students, 37.14% responded as having high level of academic stress and 32.38% as having stress in moderate level. 30.48% of the respondents were having low level of academic stress. The result that majority of the respondents were suffering from academic stress is something needs to be noticed.

#### 2. H0- There is no significant relationship between academic stress and suicidal ideation of the respondents.

##### t-Test: Two-Sample Assuming Unequal Variances

	Suicidal Ideation Score	Academic Stress Score
Mean	50.14762	16.14762
Variance	831.8202	62.75801
Observations	210	210
Hypothesized Mean Difference	0	
Df	240	
t Stat	16.47325	
P(T<=t) one-tail	1.33E-41	
t Critical one-tail	1.651227	
P(T<=t) two-tail	2.66E-41	
t Critical two-tail	1.969898	

\* Significant at 0.05 level



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Ho is rejected and H1 is accepted that there is significant relationship between suicidal ideation and academic stress among the professional college students in Thrissur district, Kerala, India.

Family Relations of the Respondents

	Frequency	Percentage
Clinically free of significant issues	57	27.14
Moderate level of distress	111	52.86
Severe distress	42	20
Total	210	100

The above given table describes the family relations of the professional college students in Thrissur district, Kerala. Among the total respondents, only 27.14% are clinically free of significant issues related to their family relations. It is thought-provoking that in total, 72.86% experiences distress in their family relations. Among them, the issues in family relations of 20% are identified to be severe.

3. H0- There is no significant relationship between family relations and suicidal ideation of the respondents.

t-Test: Two-Sample Assuming Unequal Variances

	Suicidal Ideation Score	Index of Family Relations Score
Mean	50.14762	54.3
Variance	831.8202	881.7612
Observations	210	210
Hypothesized Mean Difference	0	
Df	418	
t Stat	-1.45363	
P(T<=t) one-tail	0.073399	
t Critical one-tail	1.648507	
P(T<=t) two-tail	0.146799	
t Critical two-tail	1.965655	

\* Significant at 0.05 level

H0 is accepted. There is no significant relationship between suicidal ideation and family relations among the professional college students in Thrissur district, Kerala, India.

V. SUGGESTIONS AND CONCLUSION

- In a professional college at least one social worker can be appointed, who can effectively implement the preventive measures for the psychological issues including suicidal ideation and also provide treatment services.
- The students can be given counselling at periodical intervals as well as on situational requirements at individual, family and group sessions which helps to deal with their academic stress and conflicts in family relationships.
- The students can be given stress management services including psychotherapies like Stress Reduction Therapy.
- Students can be educated through various ways with lectures, seminars, workshops and community programmes along with the help of mass media in reducing academic stress, building up positive relationships with families, controlling, eliminating and preventing suicidal ideation among the students. The awareness programmes have to deal with the measures can be taken for preventing suicidal ideation along with the methods of identifying and eliminating existing suicidal ideation.
- Students can be given trainings in life skill.
- In colleges, associations can be formed at the department level of which apex body is at the institutional level. The association can be membered with the social worker, teaching faculty representatives, student representatives, parent representatives and college management representatives. The association can function as an agent of implementing and monitoring the activities in the programme and the members can be deal directly with the issues of students with regard to academic stress, family conflicts and suicidal ideation. The members can be given training for identifying and dealing with such issues of students in a proper clinical



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manner. The group can act like a redressal as well as monitoring agency within the institutional level. Recreational programmes as well as activities like home visits can be organised with the active participation of the parents' association members.

- The institutional authorities have to ensure that the students are provided of a healthy environment for studies within the campus.
- The government has to ensure that social workers in proportion to the number of total students are appointed at every educational institution. The role of a social worker in the area varies in a wide dimension including a counsellor, educator, coordinator, mobiliser and facilitator.
- At district level, a helpline number can be established in order to deal with the issues of suicidal thoughts of students with the coordination of the educational department and the educational institutions. It can to be coordinated at the nongovernmental organisational level but with the cooperation and supervision of the government. The phone in services through the number can be delivered for dealing with the psychological issues of students which leads to active suicidal ideation and thoughts among them.
- The teaching faculties can be given training in identifying the students with personality disturbances and early recognition of suicidal communication among the students and offer them psychological support.
- The family members of the students can be given trainings in identifying the suicidal ideation among their children and to deal with them.
- The students can assist themselves and offer help among themselves for preventing the suicidal ideation among them.

Suicidal ideation is a critical issue among youths. It is found out through the research study that the suicidal ideation among the professional college students is significant and it has a positive relationship with its influencing factor, that is, academic stress. The suicidal ideation among the students, if neglected, can lead to an active stage which results in suicide attempts and successful suicides. The issue needs a serious concern in a psychological approach. The present study, therefore, has done a sincere attempt to identify the suicidal ideation among professional college students, their academic stress as well as issues in family relations along with their relation with suicidal ideation and suggest some possible measures for dealing with the problem in a social work perspective.

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