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KNOWLEDGE AND ATTITUDE OF YOUNG ADULTS REGARDING SUICIDE IN VARANASI

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ABSTRACT
Introduction: Suicide is a permanent act for a temporary problem. This is very difficult to discuss but silence can have tragic results and knowledge can save lives. **Aims:** To assess the knowledge and attitude of young adults regarding suicide. **Methods:** The cross-sectional-Descriptive Research Design, were used. The sample comprises of 50 young adults, a non-probability purposive sampling technique was used to select the sample for the study. The data were analyzed according to the objectives of the study using descriptive and inferential statistics. **Results:** 44% of the young adult were considered to have good knowledge, 50% average and 6% have poor knowledge about suicide. **The** Majority of 60% the young adult were agreed with suicides occur with no previous warning. **Conclusion:** Suicidal ideation is the main problem among young adults. So we can work on suicide by giving information to people. It can be prevented by increasing knowledge, awareness and emerging positive attitudes.

KEYWORDS: Assess, Knowledge, Attitude, Suicide, Young Adult.

INTRODUCTION
According to the Oxford English Dictionary, the word suicide was first used in 1651, but Alfred Alvarez reported in 1972 that it appeared in Sir According to Thomas Browne's Religio Medici in 1642. The suicide word is originated from Latin suicidium "suicide," from the Latin word "sui " means "oneself" + "-cidium" means "killing" (see -side). According to the American Psychological Association, Suicide is the act of killing yourself, most often as a result of depression or other mental illness. Suicide is the fifth leading cause of death across age groups, it is the second leading cause of death after accidents in young people aged 15 – 24 years.[1]

The World Health Organization (WHO) estimates that each year approximately one million people die from suicide, which represents a global mortality rate of 16 people per 100,000 or one death every 40 seconds. In the last 45 years, suicide rates have increased by 60% worldwide. Suicide attempts are up to 20 times more frequent than completed suicides. Youth suicide is increasing at the greatest rate.[2] According to WHO in 2015, every 40 seconds, a person commit suicide somewhere in the world. In Poland, a central European country with almost 40 million inhabitants, 16.6 out of 1,00,000 people commit suicide. Ukraine still ranks among the world's most suicidal country with 16.8%. Nepalese women with 20 women out of 100,000 people killing themselves. Sri Lanka, a little south Asian country and home to over 20 million people had a 28.8% suicidal rate. South Korea has a shockingly high suicide rate with 28.9%.[3] Rates of suicide are higher in northern parts of Japan and northern countries of Europe compared to the southern countries.[4] Risk Factors include mental disorders such as depression, Bipolar Disorder, schizophrenia, personality disorder, and substance abuse including alcoholism and the use of benzodiazepines.[5] In India, about 46,000 suicides occurred each in 15–29 years and 30–44 years age groups in 2012 or about 34% each of all suicides. Poisoning (33%), hanging (38%) and self-immolation (9%) were the primary methods used to commit suicide in 2012.[6]

There were 19,120 suicides in India's largest 53 cities. In the year 2012, Chennai reported the highest total numbers of suicide at 2,183, followed by Banglore (1989), Delhi (1,397) and Mumbai (1,296). Jabalpur (Madhya Pradesh) followed by Kollam (Kerala) reported the highest rate of suicides at 45.1 and 40.5 per 100,000 people respectively, about 4 times higher than the national average rate. There is a wide variation in suicide rates, year to year, among Indian cities.[7]

A suicide practice is any means by which a person completes suicide, purposely finish their life. Some of the suicidal approaches are excessive bleeding, drowning, suffocation, jumping from the height, hanging, ligature compression, vehicular impact, poison, immolation, starvation, dehydration.[8] Suicide in India is

a national social issue and by any measure, there is an urgency to better understand and prevent suicide and suicidal behavior.

Suicide and Indian Law Suicide is the only criminal act for which a person is punished if he fails in the attempt to do so. The purpose of the present study is to examine knowledge and attitude towards suicide among young adults and the experience of young adults who felt suicidal made the decision and attempted to end their lives. Attempting or completing suicide is a meaningful and purposeful activity for the person engaged in it.[9] For young adults ages 15 years to 29 years, suicide is the second leading cause of death after accidents.[10] Unfortunately, India has the highest suicide rate in the world.[11] Education, counseling, and treatment of mental disorders are the keys to suicide prevention. Approximately 90 percent of people who die by suicide have a psychiatric condition such as depression, anxiety or bipolar disorder. More than 50 percent of people with mood disorders also abuse alcohol or have another dependency problem. When both are present, the risk of suicide increases.[12] The reason for such high numbers can be attributed to the lack of economic, social and emotional resources. More specifically, academic pressure, workplace stress, social pressures, modernization of urban centers, relationship concerns and the breakdown of support systems. The clash of values within families is an important factor for young people in their lives.

So, the main purpose of this study is to find out the knowledge and attitude of young adults towards suicide. Suicide is a preventable act and its rate can be reduced only it needs knowledge and for this mental health, illness and wellness should be added to the school curriculum so that children know about these disorders in their formative years and they will be able to seek help. If people know how to handle a person with suicidal ideation it could help reduce the suicide rate.

MATERIALS AND METHODS

The Non-experimental cross-sectional-descriptive Research design was used to measure the knowledge and attitude of young adults regarding suicide. The study was conducted at Banaras Hindu University, Varanasi. It was established in 1916 by Pandit Madan Mohan Malaviyaji, 30,000 students residing in campus, it claims the title of the largest residential university in Asia.

The population consisted of male and female young adults, who are studying at Banaras Hindu University, Varanasi. The sample comprises of 50 young adults, who were present at Banaras Hindu University and belonged to the age group of 20 to 30 years of age at the period of data collection. A non-probability purposive sampling technique was used to select the sample for the study. The data was collected using self-administered tools developed by the researcher. Section A: Sociodemographic variables to collect baseline data, which consisted of 18 items such as age, sex, birth order, the medium of education, education, father's education, mother's education, father's occupation, mother's occupation, domicile, religion, marital status, family pattern, family annual income, information obtained about suicide, habit substance abuse, personal experience, personality disorder. Section B: Knowledge of Young Adults regarding Suicide which includes 13 Questions to evaluate the Knowledge of young adults regarding suicide. Each item is in the form of Agree, Uncertain, Disagree. Section C: Attitude of Young Adults regarding Suicide, consisted of 20 Questions to evaluate the attitude of young adults regarding suicide. Each item is in the form of Agree, Uncertain, and Disagree. The reliability of the tool was calculated using Cronbach's alpha for both section B and C it was computed as 0.77 and 0. 74 respectively. The written permission was obtained from the concerned authorities before data collection. The Purpose of the study was to explain the subjects before the study to obtain their cooperation after which the tool was administered. The structured interview was taken from 50 respondents who fulfilled the sampling criteria. The data obtained from 50 Banaras Hindu University students were analyzed using both descriptive and inferential statistics on the based on the objectives.

OBSERVATION AND RESULTS

Table no. 1: Frequency and percentage distribution of subject according the demographic variables N=50

Demographic variables	Frequency	Percentage
Age in years		
20-25	47	94
26-30	03	06
Sex		
Male	39	78
Female	11	22
Birth order		
Elder one	19	38
Middle one	19	38
Younger one	12	24
Medium of education		
English	29	58
Hindi	21	42

Education		
Graduation	39	78
Post graduation & above	11	22
Father's education		
Illiterate	02	04
Primary	08	16
Secondary	19	38
Graduation	15	30
Post graduation & above	06	12
Mother's education		
Illiterate	12	24
Primary	20	40
Secondary	11	22
Graduation	04	08
Post graduation & above	03	06
Father's occupation		
Unemployed	02	04
Private service	18	36
Government service	11	22
Others	19	38
Mother's occupation		
Housewife	46	92
Working women	04	08
Domicile		
Rural	42	84
Urban	08	16
Religion		
Hindu	49	98
Muslim	01	02
Marital status		
Married	05	10
Unmarried	45	90
Family pattern		
Nuclear	19	38
Joint	31	62
Family annual income		
≤10,000	07	14
10,001-20,000	05	10
20,001- 30,000	05	10
30,001 – 40,000	09	18
40,001 – 50,000	06	12
>50,000	18	36
Information obtained about suicide		
Newspaper	26	52
Magazine	01	02
TV	10	20
Discussion with friends	06	12
Others	07	14
Habits substance abuse		
Alcohol	02	04
Smoking	01	02
Both (Alcohol & Smoking)	03	06
Any other drug (Ganja & Bhang)	01	02
None	43	86
Personal experience		
Once attempted suicide	04	08
More than once tried to commit suicide but failed	03	06
Only suicidal ideation comes in mind	13	26
Never got such thinking in mind	30	60
Personal Disorder		
Physical	02	04
Mental	06	12
None	42	84

Data presented in Table-1, Showed most of the subjects 47 (94%) were in the age group of 20-25yrs. 39 (78%) of the subject were male. Regarding Birth Order 19 (38%) were Elder one and the Middle one . More than half 29

(58%) were studied from English Medium. More than three fourth 39 (78%) were doing Graduation. One third 19 (38%) fathers of participants were studied up to the secondary level. 20 (40%) mother of participants were educated up to primary level. 19 (38%) of fathers were in Others Occupation like a farmer. 46 (92%) mothers were housewives. Most of the subjects 42 (84%) were from Rural Area and 49 (98%) were Hindu. Most of the subjects 45 (90%) were Unmarried. 31 (62%) belong to the Joint Family. More than one-third of subjects 18 (36%) family income had above 50,000. Half of Subject 26 (52%) had read out the information about suicide through the newspaper. 43 (86%) never used any type of Substance Abuse. Regarding Personal Experience 30 (60%) subjects never got such thinking in mind about suicide, 13 (26%) subjects only suicidal ideation comes in mind, 4 (8%) subjects were once attempted suicide, 3 (6%) subjects have tried to commit suicide more than once but failed (Figure-1). Most of the subject 42 (84%) had no disorders, 6 (12%) had a mental disorder and 2 (4%) Physical disorder (Figure-2).

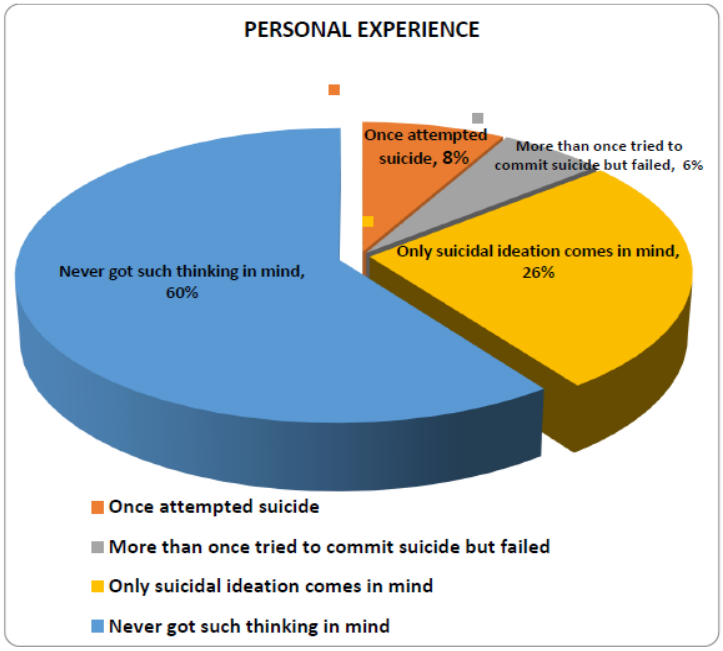

Figure No. 1 Distribution of subjects according to personal experience.

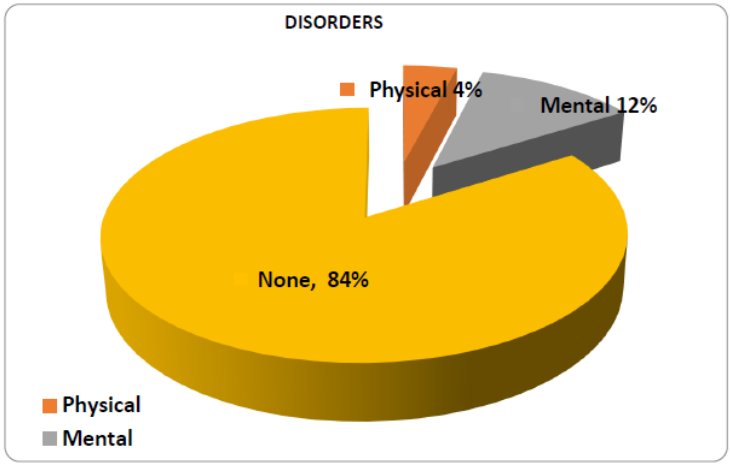

Figure No. 2: Distribution of subjects according to disorders.

Table no. 2: Knowledge of young adults regarding suicide. N = 50		
Knowledge	**Frequency**	**Percentage (%)**
POOR	03	06.0
AVERAGE	25	50.0
GOOD	22	44.0

Table 2: Depicts that 6% of young adults had poor knowledge, 50% had average knowledge and 44% had good knowledge regarding suicide.

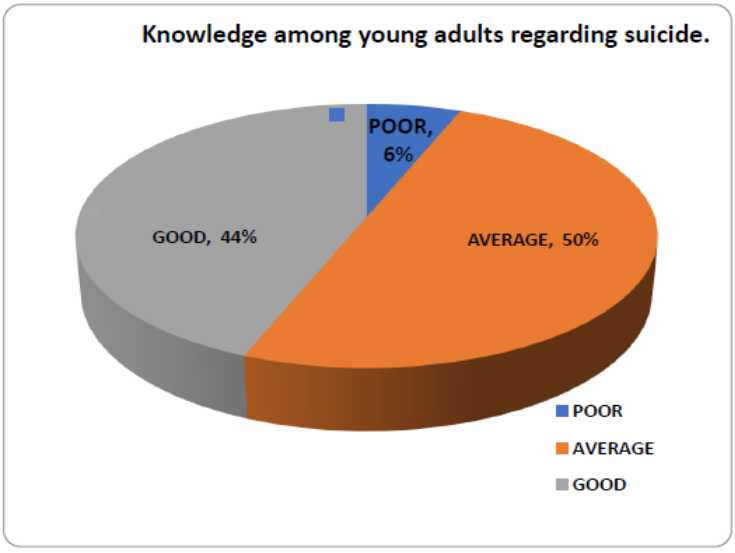

Figure No 3: Knowledge among young adults regarding suicide.

Table no. 3: Association between knowledge of suicide and selected socio-demographic variables. N = 50

Variables	Poor	Average	Good	Total	X^2	P Value
Medium of Education						
English	03	13	12	28	2.538	0.281
Hindi	00	12	10	22		NS
Education						
Graduation	02	16	15	33	0.092	0.955
Post Graduation & above	01	09	07	17		NS
Family Pattern						
Nuclear	02	11	06	19	2.503	0.286
Joint	01	14	16	31		NS

P < 0.05* p < 0.01** p < 0.001***

The data in Table 3 reveals that there is no significant association between knowledge of suicide and the selected socio– demographic variables like Medium of education, Education and Family Pattern.

Table no. 4: Attitude of young adults regarding suicide **N = 50**

Questions	Agree (%)	Uncertain (%)	Disagree (%)
1. Have you ever thought about suicide?	22	08	70
2. Have you ever tried to kill yourself?	08	06	86
3. The person has the right to kill him/herself.	36	10	54
4. Suicide awareness education is very important in school communities.	76	08	16
5. If someone is talking about suicide I would ignore/joke about it.	16	08	76
6. If a suicidal friend asked me not to tell anyone, I would keep that promise.	06	16	78
7. I am very confident that I could identify if my friend was suicidal.	48	32	20
8. Talking about suicide will prevent some people from attempting suicide.	72	12	16
9. The problem of youth suicide is very serious.	84	10	06
10. The issue of suicide should be discussed among friends.	84	06	10
11. Talking about suicide may help prevent a person from committing suicide.	84	04	12
12. People don't have enough knowledge about suicide.	62	12	26
13. All schools should have a suicide awareness program for senior high school students.	88	08	04
14. Suicide can be a solution to some problems.	38	14	48
15. It's none of my business if a friend says he/she wants to kill themselves or attempts to.	08	06	86
16. Suicide usually occurs without warning.	60	26	14
17. It would be helpful to a suicidal friend if I distracted him/her.	64	18	18
18. Those who talk about suicide only seek attention.	68	16	16

DISCUSSION

This study intends to assess the knowledge and attitude of young adults regarding suicide in Banaras Hindu University Varanasi. This will help us to understand the level of knowledge and attitude of young adults regarding suicide. A study conducted by Arya[13] shows that 10% of adolescents have high knowledge about suicide, 41% of adolescents have average knowledge about suicide, 49% of adolescents have low knowledge about suicide. After this exclusion into account, 22 young adults 44% were considered to have good knowledge about suicide, 25 young adults 50% were considered to have average knowledge about suicide, 3 young adults 6% have poor knowledge about suicide. This study is supported by the study conducted by Jaime thornbill & Robyn Gillies.[14]

In the present study, there is no significant association between knowledge of young adults and selected socio-demographic variables like the medium of education and family pattern. This study is supported by the study Arya[13], there was no significant association found between socio-demographic variables like the medium of education and family pattern and knowledge towards suicide in adolescence. The present study findings that have an attitude about Majority 60% young adult were agreed with suicides occur with no previous warning. Another finding that comparable from the present study was that the majority of 60% young adults disagreed with this result.[15] In this study Majority, 48% of young adults are confident that I could identify if my friend was suicidal. 48% of the young adults agreed and was showing a positive attitude and this result is comparative to the study conducted by Jaime Thornhill & Robyn Gillies.[14] 76% of the young adults believed that Suicide awareness education is very important in school communities 76% of the young adults agreed and this result is supported by the study conducted by Jaime Thornhill & Robyn Gillies.[14] The participant indicated strong support for the issue of suicide should be discussed among friends 84% of the young adults were agree to this statement and this result is consistent with the research study conducted by Jaime Thornhill & Robyn Gillies.[14] The majority, 62% participants thinking are that People don't have enough knowledge about suicide 62% of the young adults agreed and this result is comparable to another research study conducted by Jaime Thornhill & Robyn Gillies.[14] The majority 70% of the participants Do not have ever thought about suicide In present study, 88% participants agreed with all schools should have a suicide awareness program for senior high school students. 86% of the participants have never tried to kill themselves and None of my friends said that they wanted to kill themselves or try, then it is none of my knowledge but but 8% have tried to kill themselves and their friends said, they wanted to kill themselves or try. 84% participants also agreed with the problem of youth suicide is very serious and suicide should be discussed among friends. 54% Young Adults believe that person does not have the right to kill him/herself.

CONCLUSION

Education concerning risk for suicide prevention policy is very necessary for all young adults, because the study, half of the young adults have average knowledge about suicide. Academic pressure, workplace stress, social pressures, modernization of urban centers, substance use, and psychosocial distress were identified as independent factors predicting suicide ideation and attempt. However, a poster campaign, workshop & role play may be an effective tool in raising awareness when surrounded in a wider suicide prevention policy and Mental Health Nursing professionals can shoulder this responsibility to reduce suicides and save the life in India.

Conflicts of Interest

The authors declare that they have no conflicts of interest.

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