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Attitude towards suicide and assessment of risk factors of suicide among adolescent at selected schools, Sikkim

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Abstract

Introduction: Suicide among the adolescent has witness a rapid increase over the past few decades. The major health problems in an adolescent are self-harm and suicide. The present study examined the attitude towards suicide and risk factor of suicide among adolescent demographic variables.

Methods: Descriptive survey design was employed among 201 (M = 125, F = 76) students in age group of 15-18 years of class X and XII of selected Senior Secondary Schools of East Sikkim. The sample was selected through lottery method. The tools used were demographic proforma, attitude towards suicide questionnaire (standards questionnaire) which was divided into six domain (1) Permissiveness -people have the right to take their own life and acceptance of suicide in the situation of incurable disease; (2) Preventability -suicide can and must be prevented; (3) Incomprehensibility-suicide cannot be justified or understood; (4) Avoidance of talking -talking about suicide trigger suicidal thoughts which stay with a person forever; (5) Unpredictability-suicide happens without any warning and people who talk about suicide do not usually commit it; (6) loneliness & appeal-loneliness is the reason for suicide and an attempt of suicide is mostly a cry for help and structured questionnaire on assessment of risk factors of suicide.

Result: The findings of the study revealed that majority 63 (50.4%) of male while 37 (48.7%) female participate had a permissive attitude towards suicide. Majority 79 (63.2%) of male and 64 (84.25%) female participants had preventable attitude towards suicide. Most of the male participate 94 (75.2%) and 57 (75%) female participates had an incomprehensible attitude and majority of male 61 (48.8%) and 36 (47.4%) female participant had given an undecided response on whether they should talk about suicide or not. The study also revealed that 85 (68%) male and 49 (64.5%) female participants feels that suicide is unpredictable and 63 (40.4%) male and 37 (48.7%) female participants agreed that loneliness is the reason for suicide and an attempt of suicide is mostly a cry for help. The risk factors included individual, familial, social, peer relationship and academic factors. It was found that there was significant associate between individual factors, social factors, peer relationship and type of family.

Discussion and Conclusion: The result was therefore clear that we should work towards changing the attitude towards suicide. Considering the result further research should address to build positive attitude for prevention of suicidal behaviour. The intervention of preventive program has become an emergency to overcome the issue of suicide among adolescent in Sikkim.

Keywords: Adolescent, suicide, attitude, risk factors

1. Introduction

Suicide can be described as a fatal act of self-harm initiated with the intention of ending one's own life. Although often seen as impulsive, it may be associated with years of suicidal behaviour including suicidal ideation or acts of deliberate self-harm. The major health problem in an adolescent are self-harm and suicide. Among adolescents, the incidence of self-harm is high. Suicide is the second leading cause of death among youth in the world. Genetic

vulnerability, psychiatric, psychological, familial, social and cultural factors are important risk factors to self-harm and suicide. Others are impulsive acts due to stress such as from financial difficulties, troubles with relationships, or from bullying. Those who have previously attempted suicide are at higher risk for future attempts ^[1, 2]. Close to 800,000 people die due to suicide every year and there are many more who attempt suicide. Hence, millions of people are affected or experience suicide bereavement every year.

Suicide occurs throughout the lifespan and is the second leading cause of death among 15-29-year olds globally. Suicide is a global phenomenon in all regions of the world; in fact, 78% of global suicide occurred in low- and middle-income countries in 2015. Suicide accounted for 1.4% of all deaths worldwide, making it the 17th leading cause of death in 2015 [3].

2. Need for the study

Suicide is one of the major public health problems in Sikkim and the State has been facing the dramatic rise in suicide cases. According to the National Crime Records Bureau (NCRB) report, 2008 Sikkim had the highest suicide rate and in 2009 Sikkim (39.9) was recorded as second highest state in the country in terms of suicide. Between 2001 and 2011, 677 out of 1,743 victims of suicide were from the age group of 15–29 years. Altogether a total of 244 persons committed suicide in Sikkim in 2014 accounting for a mere 0.2 percent in total suicides reported nationwide [15, 16].

As the rate of suicide is increasing day by day and as Sikkim has reported second highest rate of suicide the investigator felt that survey of attitudes toward suicide and assessment of risk factors of suicide can be viewed as necessary to present evidence and to recognise the individuals who needs help. A quantitative method was selected for this study to provide a deep and broad understanding of this complex, multidimensional phenomenon.

This study was carried out to explore the attitude of adolescent towards suicide and the assessment of risk factors of suicide contributing to suicide attempt among adolescents.

3. Objectives of the study

The objectives of the study are

1. To assess the attitude of suicide among adolescent,
2. Assess the risk factors of suicide among adolescent
3. Assess the correlation between attitude and selected demographic variables
4. Determine the association between risk factors and selected demographic variables.

4. Materials and Methods

4.1 Research approach

The present study aimed at assessing the attitude towards suicide and assessment of risk factors of suicide among adolescent at selected schools, Sikkim. To achieve the objectives of the study a quantitative approach was adopted.

4.2 Research design

The research design adopted for the study was the descriptive survey design with the intention of assessing the attitude towards suicide and assessment of risk factors of suicide among adolescents.

4.3 Setting of the study

The study was conducted in selected senior secondary schools of East Sikkim, India.

4.4 Population

The population in the present study consisted of all the students of Class X, XI and XII in the age group of 15-18 years studying in Senior Secondary Schools of Sikkim.

4.4 Sample

The sample for the present study consisted of 201 students of Class X, XI and XII of selected senior secondary School, Sikkim.

4.5 Sample size

The sample size for the present study was calculated with the sample calculation formula

$$S = 4pq/L^2$$

Where,

S = Sample size, p = Prevalence (10%), q = 1-p, L = 5% of prevalence

$$q = 1-10/100 = 0.9$$

$$L^2 = (5/100 \times 10)^2 = 0.25$$

$$S = 144$$

Final sample size n = 201 (taken approximately)

Researcher enrolled 201 students, who met the inclusion criteria in the study who were selected with the help of lottery method.

4.6 Delimitations

- Students who are willing to participate in the study.
- In the age group of 15-18 years (Class X, XI and XII)
- Students who are present at the time of data collection

4.7 Sampling technique

Simple random sampling

4.8 Tools for the study

Tools	Components	Variables	Techniques
Tool A	Structured questionnaire on demographic profile	Age, sex, medical diagnosis, socio-economic status, religion, type of family, history of suicide in family, peer, history of substance abuse.	Self-report questionnaire
Tool B	Attitude towards suicide questionnaire (developed by Salander Renberg and Jacobsson 2003). Six domains include permissiveness, preventability, incomprehensibility, avoidance of talking, unpredictability, loneliness and appeal.	Attitude towards suicide	Self-report questionnaire
Tool C	Structured questionnaire on assessment of risk factors of suicide. Factors include individual, familial, peer relationship, social and academic performance.	Risk factors of suicide	Self-report questionnaire

5. Administrative and ethical consideration

Administrative permission was taken from the Principal, Sikkim Manipal College of Nursing to conduct the study.

Institutional research committee, and ethical clearance, and permission from the HRDD and Principal of selected Senior Secondary Schools were also obtained. Written consent

from the participants and consent from the parents was obtained prior to the study. A copy of participant information sheet was provided to each participant and assured that their response will be kept confidential and will be used only for the study purpose and the participants were free to withdraw from the study at any time during the study period.

6. Pilot study

Pilot study was conducted among 20 students from classes X, XI and XII. First the students were selected using simple random sampling (lottery) method and consent were taken from the parents for minor student. According to the result the study was found to be feasible.

7. Results and Discussions

Table 1: Adolescent suffering from any illness/disorder

Adolescent suffering from any illness/disorder	Frequency (f)	Percentage (%)
Yes	23	11.4
No	178	88.6

Frequency and percentage distribution of adolescent having history of abuse (physical, sexual, emotional)

Table 2: Frequency and percentage distribution of adolescent having history of substance abuse

Any history of substance abuse	Frequency (f)	Percentage (%)
Yes	31	15.4
No	170	84.6

7.3 Description of adolescent attitude towards suicide

Adolescent attitude towards suicide was assessed by ATTS (Attitude towards suicide) questionnaire developed by Salander Renberg and Jacobsson 2003. ATTS includes 37 statements about suicidal behaviour with a five-point likert answering scale. The questionnaire was divided into six different domains which included suicide-related attitudes and beliefs: (1) Permissiveness - people have the right to take their own life and acceptance of suicide in the situation of incurable disease; (2) Preventability - suicide can and must be prevented; (3) Incomprehensibility - suicide cannot

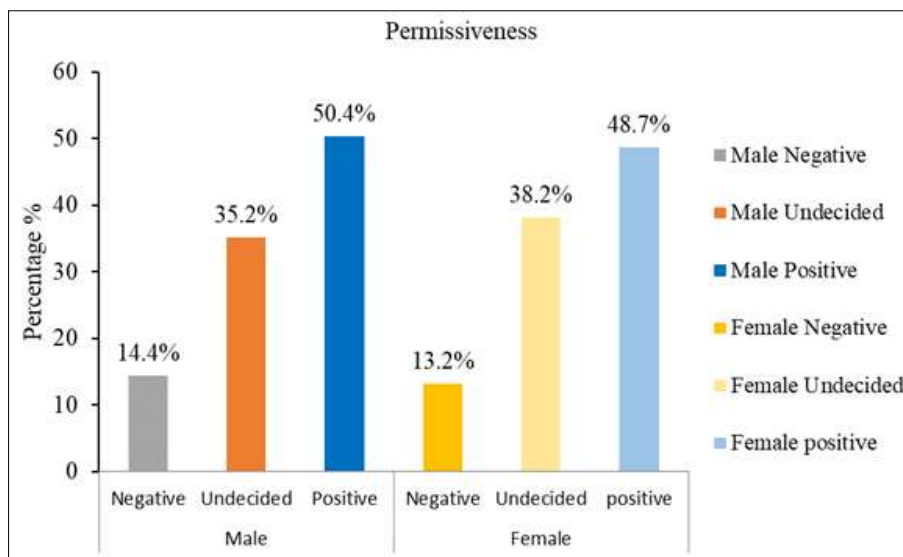
7.1 Description related to demographic proforma

Majority of the adolescent i.e. 62.2% were male. Data on age shows that 70.1% of participants were in the age group of 17-18yrs. Majority of the participants 59.2% follows Hindu religion. Data on residence show that 72.6% were from the rural area. Majority of their parents i.e. 85.0% stayed together. Concerning the father’s educational status, most of them 24.4% had high school certificate and 26.9% of mother had no formal education. Majority of the fathers i.e. 38.3% and were farmers by occupation and 32.8% of the mothers were unemployed. The monthly income of most of them i.e. 37.8% was below Rs 5000. Data on type of family showed that 57.2% belonged to joint family.

7.2 Description of personal profile

be justified or understood; (4) Avoidance of talking - talking about suicide triggers suicidal thoughts which stay with a person forever; (5) Unpredictability - suicide happens without any warning and people who talk about suicide do not usually commit it; and (6) Loneliness & appeal - loneliness is the reason for suicide and an attempt of suicide is mostly a cry for help. Answers were ranked as follows:” 5- Strongly agree”, “4- Agree”, “3- Undecided”, “2- Disagree” and “1- Strongly disagree”. The higher scores therefore represent greater agreement with the belief expressed by each factor.

The data presented in figure 4.1 depicts that 50.4% of the male and 48.7% of female participants had a permissive attitude towards suicide which means the participants were in favour of taking one’s own life while they have incurable or severe disease, 35.2% males and 38.2% female participants are having undecided attitude towards taking one’s own life and a few 14.4% males and 13.2% females have a negative attitude i.e. the respondents are not in the favour of committing suicide.

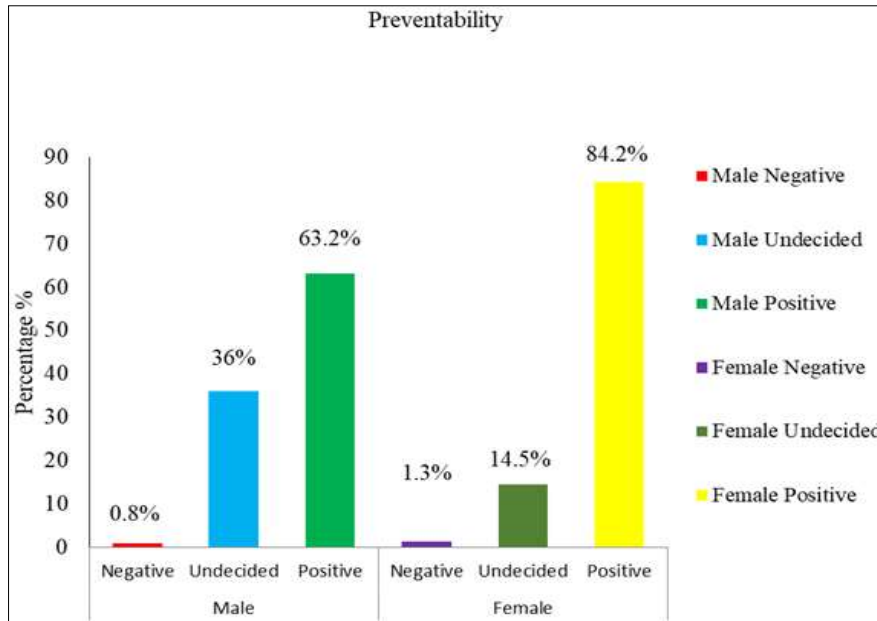


N = 201

Fig 1: Percentage of preventable attitude of adolescent towards suicide

The data given in figure 4.2 indicates that 63.2% males and 84.2% female participants agree that suicide can be prevented, 36 % males and 14.5% females had an undecided

attitude and a few 0.8% males and 1.3% female agreed that suicide cannot be prevented.

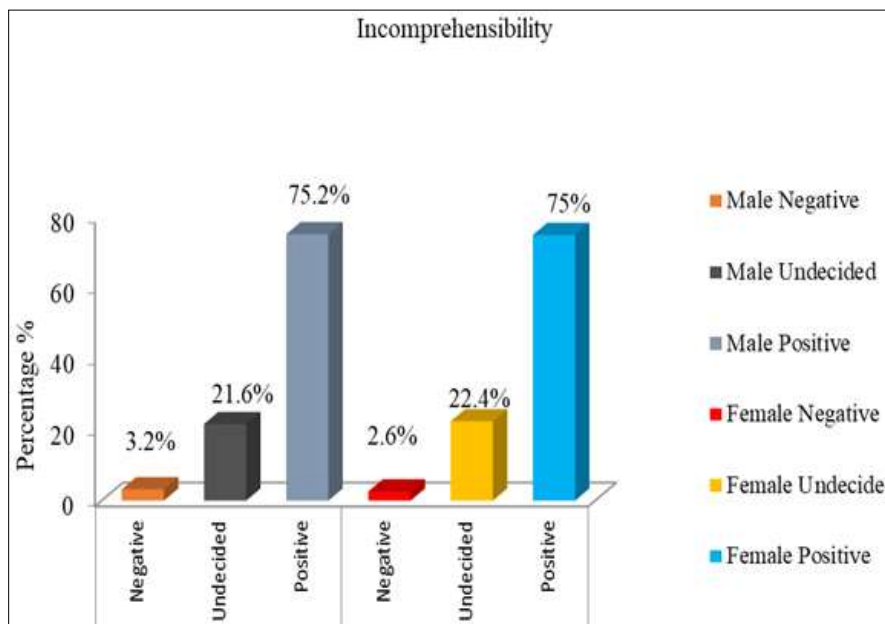


N = 201

Fig 2: Percentage of preventable attitude of adolescent towards suicide

The data given in figure 4.2 indicates that 63.2% males and 84.2% female participants agree that suicide can be prevented, 36% males and 14.5% females had an undecided

attitude and a few 0.8% males and 1.3% female agreed that suicide cannot be prevented.



N = 201

Fig 3: Percentage of incomprehensible attitude of adolescent towards suicide

The data presented in figure 4.3 depicts that 75.2% of male and 75% of female had an incomprehensible attitude which means that the participants agree that suicide cannot be justified, most of the youth in general agrees that suicide is

not a remedy for suffering, 21.6% male and 22.4% female participants have a undecided attitude and only 3.2% male and 2.6% female participants feels that committing suicide can be justified.

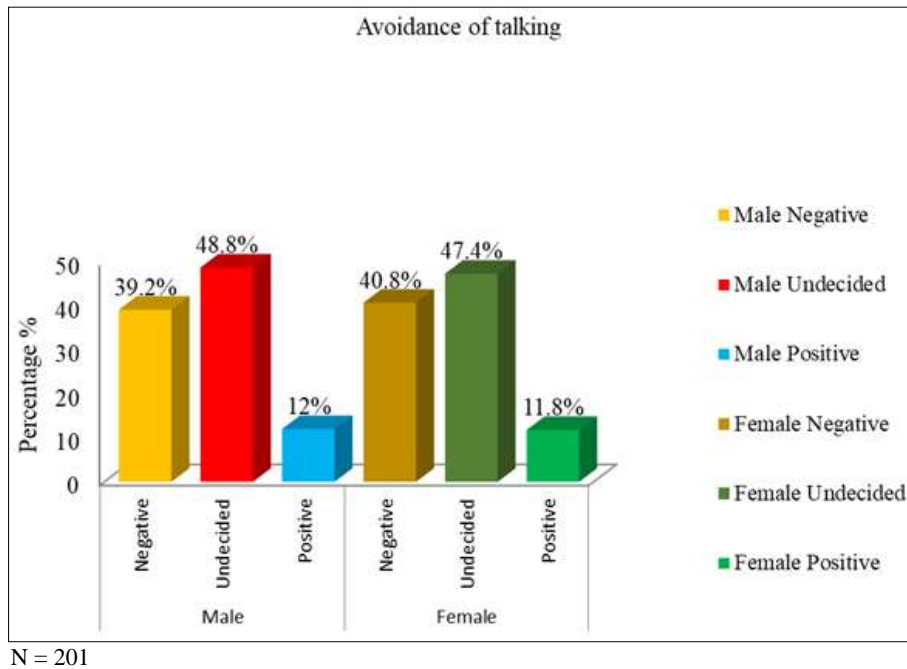


Fig 4: Percentage of avoidance of talking

The data presented in figure 4.4 projects that 48.8% male and 47.4% female participants had undecided attitude towards talking about suicide, 39.2% male and 40.8% female participants agrees that we should not talk about

suicide 12% male and 11.8% female participants had an positive attitude which indicated that suicide is a subject that should be talked about openly and open communications helps to prevent suicide.

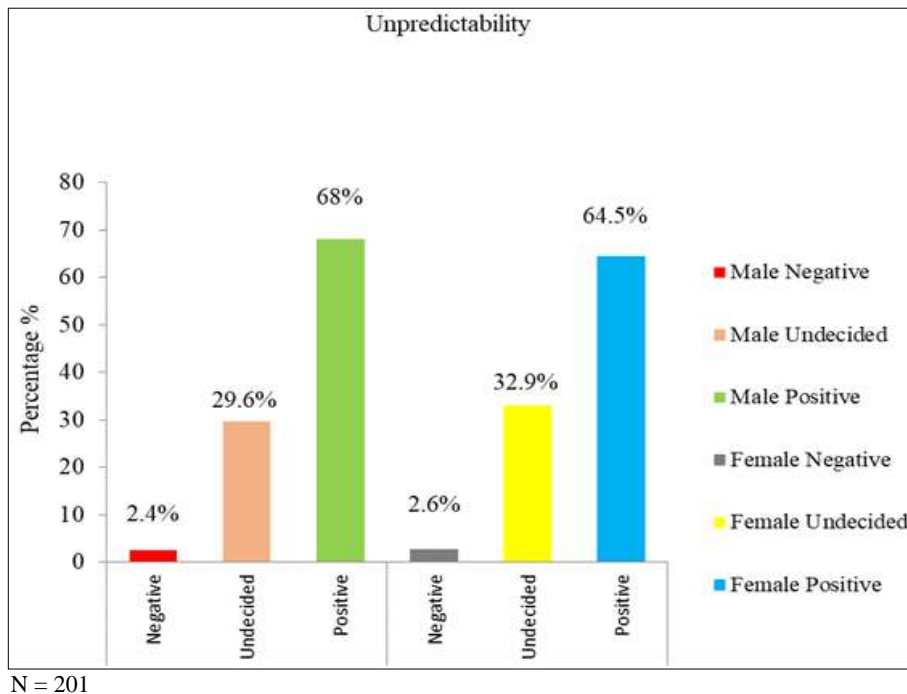
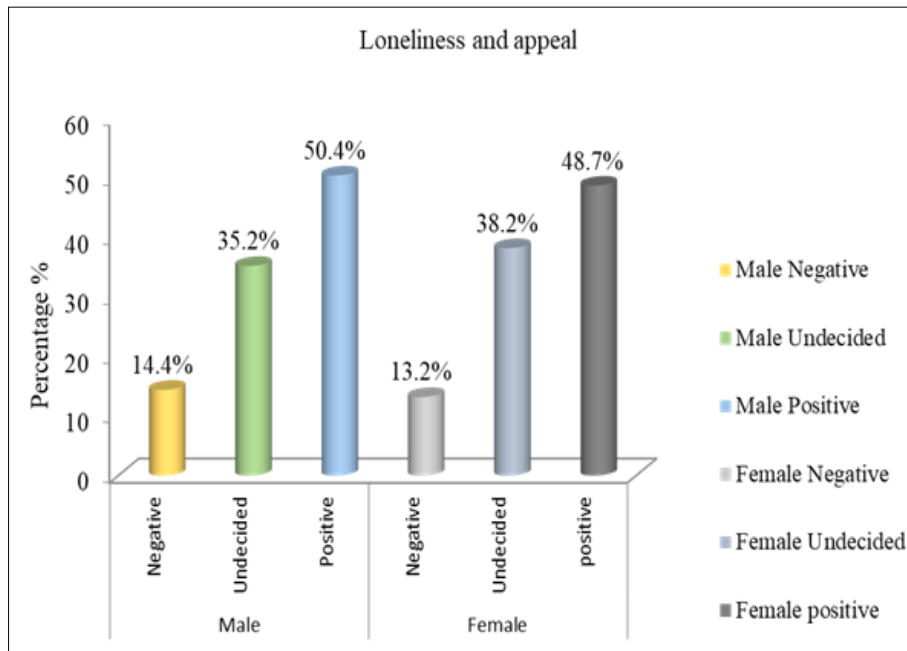


Fig 5: Percentage of adolescents who agrees that suicide is unpredictable

The data presented in figure 4.5 depicts that people who make suicidal threats seldom complete suicide and is unpredictable is strongly agreed by the participants i.e. 68%

male and 64.5% female, 29.6% male and 32.9% female participants have an undecided attitude and 2.4% male and 2.6% female participants feels that suicide can be predicted.



N = 201

Fig 6: Percentage of adolescent who thinks that loneliness is a reason for suicide and an attempt to suicide is mostly a cry for help

The data given in figure 4.6 shows that 50.4% male 48.7% female participants have a positive attitude towards loneliness and appeal which means that loneliness could be a reason to take away their life, dysfunctional families, parental loss and lack of social integration are some of the reasons for loneliness that lead to emotional distress which may lead to suicidal tendency, 35.2% male and 38.2% female participants had an undecided attitude and 14.4% male and 13.2% female participants had a negative attitude.

7.4 Section 3: Description of risk factors of suicide

The risk factors of suicide in adolescents were assessed using a questionnaire and rating scales with relevant items covering the areas of

- a. Individual factors
- b. Familial factors
- c. Social factors
- d. Peer relationship
- e. Academic factors

Table 3: Percentage of individual factors

Sl. No.	Questionnaire	Strongly agree	Agree	Disagree	Strongly disagree
I Individual factors					
1	I am happy with what I am	57.7	33.3	5.5	3.5
2	I have good hopes for my future	61.7	32.8	2.0	3.5
3	I have a positive attitude towards myself	56.2	36.3	4.5	3.0
4	I view my failures as opportunities	32.3	48.8	14.9	4.0
5	I have never been rejected by my loved ones	34.3	23.9	28.9	12.9
6	I have never experienced failure in relationships	22.4	24.4	39.3	13.9
7	I feel, I have given my best to everyone	42.8	41.3	12.4	3.0
8	I feel I am a person of worth	25.9	48.3	14.4	11.4
9	I feel I have the ability to cope with any stressful situation	38.3	45.3	13.4	3.0
10	I am a confident person	32.8	50.2	14.9	2.0

N = 201

The data represented in table 4.12 reveals that majority of the participants strongly agreed with the statements “I am happy with what I am” (57.7%), “I have good hopes for my future” (61.7%), “I have a positive attitude towards myself” (56.2%), “I have never been rejected by my loved ones” (34.3%), “I feel, I have given my best to everyone” (42.8%),

majority agreed with statements “I view my failures as opportunities” (48.8%), “I feel I am a person of worth” (48.3%), “I feel I have the ability to cope with any stressful situation” (45.3%) “I am a confident person” (50.2%) and (39.3%) disagreed with the statement “I have never experienced failure in relationships.

Table 4: Percentage of familial factors

II.	Familial factors	Strongly agree	Agree	Disagree	Strongly disagree
1	My parents believe in me	60.7	27.9	6.0	5.5
2	My family members are understanding	51.2	31.8	10.0	7.0
3	My parents have adequate time for me	31.8	43.8	17.9	6.5
4	My opinion is considered important	28.9	51.7	14.4	5.0

5	I feel secure with my family members	55.2	33.8	6.5	4.5
6	My parents share a good relationship between themselves	52.7	32.3	10.0	4.5
7	I can discuss all my problems with my parents	32.8	37.8	19.9	9.5
8	My family members are very caring and supportive	54.2	31.8	8.0	6.0
9	My parents decisions are always mutual	36.3	46.3	13.4	4.0
10	My parents never compares me to other children	30.3	32.8	23.9	12.9

N = 201

The data give in table 4.13 reveals that majority of the participants strongly agreed with the statements “My parents believe in me” (60.7%), “My family members are understanding” (51.2%), “I feel secure with my family members” (55.2%), “My parents share a good relationship between themselves” (52.7%), “My family members are

very caring and supportive” (54.2%), majority agreed with statements “My parents have adequate time for me” (43.8%), “My opinion is considered important” (51.7%), “I can discuss all my problems with my parents” (37.8%), “My parents decisions are always mutual” (46.3%), “My parents never compares me to other children” (32.8%).

Table 5: Percentage of familial factors

II.	Familial factors	Strongly agree	Agree	Disagree	Strongly disagree
1	My parents believe in me	60.7	27.9	6.0	5.5
2	My family members are understanding	51.2	31.8	10.0	7.0
3	My parents have adequate time for me	31.8	43.8	17.9	6.5
4	My opinion is considered important	28.9	51.7	14.4	5.0
5	I feel secure with my family members	55.2	33.8	6.5	4.5
6	My parents share a good relationship between themselves	52.7	32.3	10.0	4.5
7	I can discuss all my problems with my parents	32.8	37.8	19.9	9.5
8	My family members are very caring and supportive	54.2	31.8	8.0	6.0
9	My parents decisions are always mutual	36.3	46.3	13.4	4.0
10	My parents never compares me to other children	30.3	32.8	23.9	12.9

N = 201

The data give in table 4.13 reveals that majority of the participants strongly agreed with the statements “My parents believe in me” (60.7%), “My family members are understanding” (51.2%), “I feel secure with my family members” (55.2%), “My parents share a good relationship between themselves” (52.7%), “My family members are

very caring and supportive” (54.2%), majority agreed with statements “My parents have adequate time for me” (43.8%), “My opinion is considered important” (51.7%), “I can discuss all my problems with my parents” (37.8%), “My parents decisions are always mutual” (46.3%), “My parents never compares me to other children” (32.8%).

Table 6: Percentage of social factors, N = 201

III.	Social factors	Strongly agree	Agree	Disagree	Strongly disagree
1	I actively participate in social functions	32.8	51.2	13.9	2.0
2	I enjoy social gathering	30.8	50.2	15.4	3.5
3	I believe an individual should have a good social life	48.3	39.8	6.0	6.0
4	I like to help the needy	47.3	43.8	6.5	2.5
5	I like to take help from others	30.8	46.8	14.4	8.0
6	I expect to be helped by my loved ones	40.3	40.8	13.4	5.5
7	I try my best to empathize with members of the society	35.3	55.2	6.5	3.0
8	I am sensitive about the attitude of society towards me	26.9	51.2	16.4	5.5
9	I feel a sense of belongingness with the society	31.8	48.8	14.9	4.5
10	I willingly follow the customs and traditions of the society.	31.3	50.7	15.4	2.5
11.	I like to interact with people through social media like facebook, whats app, instagram etc	36.3	36.8	18.4	8.5
12.	I do not spend much time in social networking	22.4	41.8	24.9	10.9
13.	I do not get influenced by social media	20.4	39.3	32.3	8.0

The data presented in table 4.14 reveals that majority of the participants strongly agreed with the statements “I believe an individual should have a good social life”(48.3%), “I like to help the needy”(48.3%), majority agreed with statements “I actively participate in social functions” (51.2%), “I enjoy social gathering” (50.2%), “I like to take help from others” (46.8) %, “I expect to be helped by my loved ones” (40.8%), “I try my best to empathize with members of the

society”(55.2%), “I am sensitive about the attitude of society towards me”(51.2%), “I feel a sense of belongingness with the society”(48.8%), “I willingly follow the customs and traditions of the society.”(50.7%), “I like to interact with people through social media like facebook, whats app, instagram etc”(36.8%), “I do not spend much time in social networking”(41.8%), “I do not get influenced by social media”(39.3%).

Table 7: Percentage of peer relationship, N = 201

IV	Peer relationship	Strongly agree	Agree	Disagree	Strongly disagree
1	I have many friends	64.2	27.4	4.0	4.0
2	I am an important member of my group	32.8	50.2	11.4	5.5
3	I am comfortable in sharing my problems with my friends	48.3	36.8	10.0	5.0
4	My friends are very supportive	45.3	39.8	12.4	2.5
5	My friends never mislead me	31.8	48.3	14.9	5.0
6	My friends show concern about my well being	32.8	47.3	14.4	5.5
7	My friends respect my views and opinions	29.4	53.2	11.9	5.5
8	I hold good relationship with my friends	52.7	38.8	4.5	3.5
9	I have never experienced being bullied by my friends	26.9	42.3	25.9	5.0
10	Friends have been one of the most important aspects of my life.	50.7	32.8	13.9	2.5

The data presented in table 4.15 reveals that majority of the participants strongly agreed with the statements “I have many friends” (64.2%), “I am comfortable in sharing my problems with my friends”(48.3%), “My friends are very supportive”(45.3%), “I hold good relationship with my friends”(52.7%), “Friends have been one of the most important aspects of my life.”(50.7%), majority agreed with

statements “I am an important member of my group”(50.2%), “My friends never mislead me” (48.3%), “My friends show concern about my wellbeing” (47.3%), “My friends respect my views and opinions” (53.2%), “I have never experienced being bullied by my friends” (42.3%).

Table 8: Percentage of academic factors, N = 201

V.	Academic factors	Strongly agree	Agree	Disagree	Strongly disagree
1	My performance is good in school	41.3	50.7	7.0	1.0
2	I like going to school	55.7	36.3	4	4
3	I like studying	44.8	39.3	12.9	3.0
4	My teachers are very understanding and co-operative	44.3	40.8	9.0	6.0
5	My teachers provide me good guidance	52.2	32.8	8.0	7.0
6	I never feel pressurised to maintain my level of performance	25.9	57.7	12.4	4.0
7	My teachers encourage me in all the activities	37.3	44.8	13.9	4.0
8	My teachers always provide constructive feedback	32.8	48.3	10.9	8.0
9	My teachers are impartial.	20.9	52.2	17.9	8.5
10	I take my academic failures as a challenge to perform better	53.2	29.9	8.0	8.0

The data presented in table 4.16 reveals that majority of the participants strongly agreed with the statements “I like going to school” (55.7%), “I like studying”(44.8%), “My teachers are very understanding and co-operative” (44.3%), “My teachers provide me good guidance”(52.2%), “I take my academic failures as a challenge to perform better”(53.2%), majority agreed with statements “My performance is good in school” (50.7%), “I never feel pressurised to maintain my level of performance” (57.2), “My teachers encourage me in all the activities” (44.8%), “My teachers always provide constructive feedback” (48.3%), “My teachers are impartial.”(52.2%).

8. Discussion in relation to other studies

The findings of the study are discussed with reference to objectives and the findings of the previous studies. This study gives us the better understanding the nature of attitudes towards suicide in adolescent population. It also endows us with the common risk factors contributing to suicide.

Description of attitude towards suicide among adolescent

In the present study it was found

- 50.4% of the male and 48.7 % of female participants had a permissive attitude towards suicide.
- 63.2% males and 84.2% female participants agree that suicide can be prevented.
- 75.2% of male and 75% of female participants agree that suicide cannot be justified.
- 48.8 % male and 47.4% female participants had an undecided attitude which indicated that they were not sure whether suicide is a subject that should be talked about openly or not.
- 68% male and 64.5% female participants feel that suicide cannot be predicted.
- 50.4% male 48.7% female participants feel that loneliness could be a reason to take away their life, dysfunctional families, parental loss and lack of social integration are some of the reasons for loneliness that lead to emotional distress which may lead to suicidal tendency.

This finding is supported by a study conducted by Arul John Kennedy G, Lata Munuswamy^[44] in Tamil Nadu. The result indicated that, 20 (40%) boys and 38(76%) girls expressed permissiveness towards suicide. Suicide can be prevented was accepted by 49 (98%) girls whereas only 40 (90%) boys accepted this statement. In order to avoid suicide 30 (60%) girls and 25(50%) boys say that one should not talk about suicide whereas in the present study it was found that 48.8 % male and 47.4% female participants had an undecided attitude which indicated that they were not sure whether suicide is a subject that should be talked about openly or not.

The study findings are congruent with the study done to assess the Attitudes towards Suicide in Middle-School Students in Korea. The result of the study indicated that 48.7% of subjects had permissive attitudes toward suicide, especially, girls. However, 65.0% responded that suicide was preventable problem^[45].

This study supports the findings of the present study in terms of permissive attitude towards suicide. X Belsiyal, M Kodi, R Rawat^[46] conducted a systematic review executed on publications from the period of 2000-2015 in E-databases of Pub med, Psynet, PsycINFO, EBSCOT, AAP gate way, It's been evidenced that there are more permissive attitudes towards suicide among adolescents.

Risk factors of suicide among adolescent

- For individual factors the participants “strongly agrees” with statements like I am happy with what I am (57.7%), I have good hopes for my future (61.7%), I have a positive attitude towards myself (56.2) and disagrees with statements like I have never experienced failure in relationships(39.3%)
- For the familial factors the participants strongly agrees with the statements like my parents believes in me (60.7%), I feel secure with my family members(55.2), My family members are very caring and supportive (54.2%) and my parents hold a good relationship between themselves (52.7%)
- For the social factors the participants agrees with the statements like I actively participate in social functions (51.2%), I like social gathering (50.2%), I am sensitive about the attitude of society towards me (51.2%), I do not get influenced by social media(41.8%).
- For the peer relationship the participants strongly agrees with the statements like I have many friends (64.2%), I am comfortable in sharing my problems with my friends (48.3%) and I hold good relationship with my friends (52.7%).
- For the academic factors the participants strongly agrees with the statements like I like going to school (55.7%), my teachers provide me good guidance (52.2%) and I take my academic failures as a challenge to perform better (53.2%)

In a study conducted by Mohammad Rafi Bazrafshan *et al.*^[47] it was found that: High exposure to suicide-related events in the society, such as relatives' background and watching committing suicide by actors on TV, can induce suicidal behaviours.

In a study conducted by Prinstein Mitchell J, Boergers Julie and Spirito Anthony^[48] it was found that there was relation

between suicidal ideation and several areas of adolescent peer functioning. In the present study it was found that the participants had a good relationship with their friends and were supportive.

In another study conducted by Arielle H. Sheftall *et al.*^[49] it was found that children who died by suicide more often experienced relationship problems with family members/friends and less often experienced boyfriend/girlfriend problems. The present study also included individual and familial factors which showed that they had a strong bond with the family members and has experienced failure in relationships.

A similar study conducted by Mogens N Christoffersen^[50] it was found that following the 1966 and the 1980 birth cohorts in the age span 15 to 24 years reveal that the increase in suicidal behaviour may be explained by increase in poor parenting (child abuse and neglect, child in care), and poor parental support (more separations) together with structural factors related to the family during adolescence (e.g. parental unemployment, increased income inequality). An increased part of the youth was exposed to following risk factors: poverty, being incarcerated, having mental illness and substance abuse problems, which all were precursors of suicidal behaviour. In the present study it was found that the parent's attitude towards their child was loving and caring. Hence no familial risk factors were observed in the participants.

In a study conducted by Maithili Bhat^[51] which analysed data from the Youth Risk Behavioural Surveillance System study data (YRBSS) from 2013 and 2015, to examine and quantify associations between health behaviours and suicide risk it was found that of 2013 and 2015-year data showed that students who identified as feeling hopeless or sad, involved in abusing drugs such as cocaine or methamphetamine, involved in weight controlling behaviours such as vomiting or using laxatives, and/or involved in fights resulting in injury, were at increased risk for suicidal behaviour. After controlling for race/ethnicity, age, and grade level, time trends from 1991 to 2015 showed students who identified as feeling hopeless or sad were at increased risk for suicidal behaviour.

9. Conclusion

Categorising the ATTS scale into six different domains made it possible to find the various attitudes of the individuals towards suicide. The results were therefore clear as to which aspects of the attitudes toward suicide need to be worked on. In general more needs to be done in terms of research and education as depicted by the results on attitudes towards tabooing, ideation representations of intentionality and knowledge about suicide among the adolescents. With respect to the fact that attempting suicide by adolescents is influenced by numerous factors, the purpose of primary prevention is to identify individuals predisposed to attempting suicide based on the risk factors found. Considering the result further research should address possible attitudes that might have a negative influence in prevention of suicidal behaviour. The intervention of preventive programs has become an emergency to overcome the issue of suicide among adolescents.

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