

Gender and Age as Determinant of Suicidal Ideation

Abstract

The Present Study was aimed to investigate the relationship of gender and age, with suicidal tendency, 360 Subjects were selected for the present study. 180 Subject gender (90 Male, 90 Female). These male, female subjects Consisted of three age group is early adolescence (14-15 years late adolescence (16-19 years) and adult (21-25 years) 60 from each age groups were included.

AGE	MALE	FEMALE
Early Adolescence	81.116	92.4
Late Adolescence	87.116	88.663
Adult	90.75	94.8

The Result shows that gender is an Influencing factor for affecting the people's suicidal ideation and the result show that female have greater Suicidal tendency than males.

And the result shows that age is an important factor for suicidal tendency through the late adolescence group in suicidal tendency. But the adult's group significantly differs from early adolescence group in reference of suicidal tendency while late adolescence and adult group do not differ in significant way. We may conclude that suicide tendency increases in to the adulthood. The study of Cynthin prefer (1986) shows that suicide attempts are most common young people because adolescence is often a period of confusion, emotions, identify formation and questioning. It is a difficult and turbulent time for most teenager and suicide may seem to be a logical response to reduce the pain and stress of growing up. As many as 20% of college students represent the higher risk group of young people of this age.

Social scientists have explained age and gender differentials in the risk of suicide. Almost universally, men have a greater risk of suicide than women, but in Indian data are different.

Furthermore, in economically developed countries the risk tends to be highest for men in old age and for women in middle age: Age patterns of suicide in third world countries are fundamentally different than this.

Keywords : Suicide, Suicidal ideation, Suicidal tendency, Gender and suicide, Age and suicide, Suicide indicators, Spectrum of suicidal, behaviour, Factor of suicide.

Introduction

Every human being has problems and troubles in life they reach definitely any problem which may disturb very much to an individual might to know emotion for other one. A suicidal act is any deliberate act of self damage which the person committing the act which could not be serves to survive. While there are no hard and fast rules far determining who may choose this path our when they may make the attempt, there do appear to be several important warning signs. First suicide often seem to occurs not when individuals are in the depths of despair-most depressed but rather when they some improvement. Apparently, deeply depressed person lack the energy or will to commit suicide. When they feel somewhat better, however, they become capable of the act. Another clue suicidal plans involve a period of calm or even relived that an and to the suffering is insight.

The latest mean worldwide annual rate of suicide per 100.000 are 0.5 for female and 0.9 for male among 14 year olds, and 12.0 for female and 14.2 male among 15-24 year olds. Suicide is the six leading cause of female teens are much more likely to attempts suicide than males teens are more likely to actually kill themselves.

Baechler has proposed a definition that emphasized the operational function the suicidal act meant to serve:” suicide denotes any

Sanwant Singh

Retd. Principal
Mata Bhagwati Devi Rajkiya
Mahavidhyalaya,
Agra, U.P., India



Rakhi Gupta

Lecturer,
Dept. of Psychology,
Chitra P.G. Collage,
Kanpur, U.P., India

behavior that seeks and finds the solution to an existential problem by making an attempt on the life of the subject.

Cynthia pfeffer (1986) defines suicidal behavior among preadolescents as "any self destructive behavior that has an intent to seriously damage oneself cause death."

The spectrum of Pfeffer assume that this spectrum is a continue in which children who exhibit the more dangerous form (e.g. ideation). this system

utilize the dangerousness of behavior as the basis for classification, rather than relying on inferences about suicidal intent that may be more useful in classification system for adult suicidal behavior. Building on this framework, any behavior can be classified along a continuum of dangerousness consisting of completed suicide, serious suicide attempt, mild suicide attempt, suicidal ideation, and non-suicidal.

Table-1: The Pfeffer Spectrum of Suicidal Behavior

Level	Behavior Pattern
1 Non suicidal	No evidence of self destructive thought or action
2 suicidal ideation	Thought or verbalization of suicidal intention
3 suicidal threats	verbalization of impending suicidal action and or precursor action hat if carried out would lead harm
4 mild attempt	Actual self-destructive action that realistically would not have endangered life and did not necessitate ICU.
5 serious attempt	Could have led to the child's death & may have actual self destructive action that realistically necessitated ICU

Acc. To Berman and jobs, 1991; gelman,1994; CDC,2000male adolescents are five times more likely to commit suicide than females, although female attempt suicide more often than males. Overall, many as 200 people might attempt suicide for women are nearly three times higher than those for man.

In United States, male are four times more likely to die by suicide than females. Male suicide rate are higher than female in all age group (the ratio were various from 3:1 to10:1). In other western countries, males are also much more likely to die by suicide then females (usually by a factor of 3-4:1). It was the 8th leading cause of death for males, and 19th leading cause of death for females. Excess male mortality from suicide is also evident from data from none western countries.

Warning Signs of Suicide

1. Preoccupation with death and dying
2. Talking excessive risk
3. Increased drug
4. The verbalizing of suicide threats
5. The giving away of prized personal possession
6. The collection and discussion of information on suicide methods
7. The expression of hopelessness, helplessness and anger at oneself or world
8. Themes of death or depression evident in conversation, written expression, reading selection
9. The scratching or mark of the body, or other self-destructive or moodiness
10. Sudden dramatic decline or improvement in academic performance, chronic truancy or tardiness or running away
11. Physical symptoms such as eating disturbance, headaches or stomachaches, menstrual irregularities, apathetic

Factor that Increase Risk Suicide

Marital Status

Person married with children are lowest risk, person never married are highest, and intermediate are person widows, separated or divorced. Risk is high during first 6-12 months of marital loss.

Age

Peek during adolescence ages 15-19 years. Predominant age group for risk for completed suicide

rises steadily with age to 55-65 women and for men. Early attempt are 20-35. Fifty percent of attempters are under 30.

Sex

Completed suicide 3 times more common among men. Attempted unsuccessful suicide 3 times more common among women.

Religion

Higher rate among protestant than catholic and jews.

Ethnic Background

Higher among immigrant, especially from countries with high suicide rate Japan, Hungary, and Sweden.

Isolation

Higher among person living alone without social or families ties.

Insomnia

Sever insomnia, even without depression, if unrelieved may lead to suicide action.

Drug and Alcohol

Have an effect that may 'release' latent depression and suicidal urges that are otherwise self-controlled.

Family History

Especially if parent of same sex died by suicide.

Previous Attempts

10% unsuccessful attempters succeed. Higher risk if earlier tries were dangerous acts.

Resent Loss

Lose of loved person, prestige or position, self-esteem.

Resent Childbirth

Post-partum depression may not be evident.

Mental Status

Presence of depression, intent to die, formulate suicide plan, statement that personal affairs have been arranged, personal belonging given away or sold by end of interview patient looks tense and is unable to plan any alternative immediate course of action (e.g. can not commit to return to discuss his/her problems future).

Some pre Suicidal Indicators

1. Expression of suicidal thought
2. Prior suicidal attempt
3. Given away prized possessions

Periodic Research

4. Depression over broken relationship
5. Despair over chronic illness or personal problems
6. Changing in eating or sleeping habits
7. Marked personality change
8. Abuses of alcohol or drugs
9. A senses of hopelessness
10. Being anxiety prone
11. Experiencing of social exclusion (e.g. romantic breakup, loss of employment)
12. Felling of guilt or self-shame
13. Shame of over personal failure
14. Insecurity about one's capabilities
15. Feelings of worthlessness
16. Depressed mood
17. Preoccupation with self
18. Sense of time drastically limited to the present
19. Thinking become extremely concrete and rigid
20. Thought processes become inflexible
21. Goal become extremely short-term
22. Behavior impulsive, lack of anticipated consequences
23. Passivity, tendency to deny responsibility for one 'action
24. Identify with the role of victim
25. Suicidal history in family member
26. Suicidal plan
27. Availability of weapons
28. High frequency of resent stressful event
29. High expectations followed by a failure to live up those expectations

Objectives of the Study

1. To the present study is to the effect of gender i.e, male and female on suicidal tendency.
2. To the present study is to investigate the effect of different age groups on suicidal tendency.
3. To the present study is to investigate the effect of gender and age on suicidal tendency.

Hypothesis

1. There will be no significant effect of gender on suicidal tendency.
2. There will be no significant effect of age on suicidal tendency.

There will be no significant effect of gender and age on suicidal tendency.

Design

The design is a 2x3 factorial design with two level of gender (male & female) and three level of age (early adolescence, late adolescence, adult). The dependent variable is suicidal tendency will be studied.

Tools

Suicidal Ideation Scale

Its developed & standardized by Researcher her-self, respectively, were used. The suicidal ideation scale has been prepared in Hindi language with 47 items. Each five responses, never, hardly to sometime, mostly and valid.

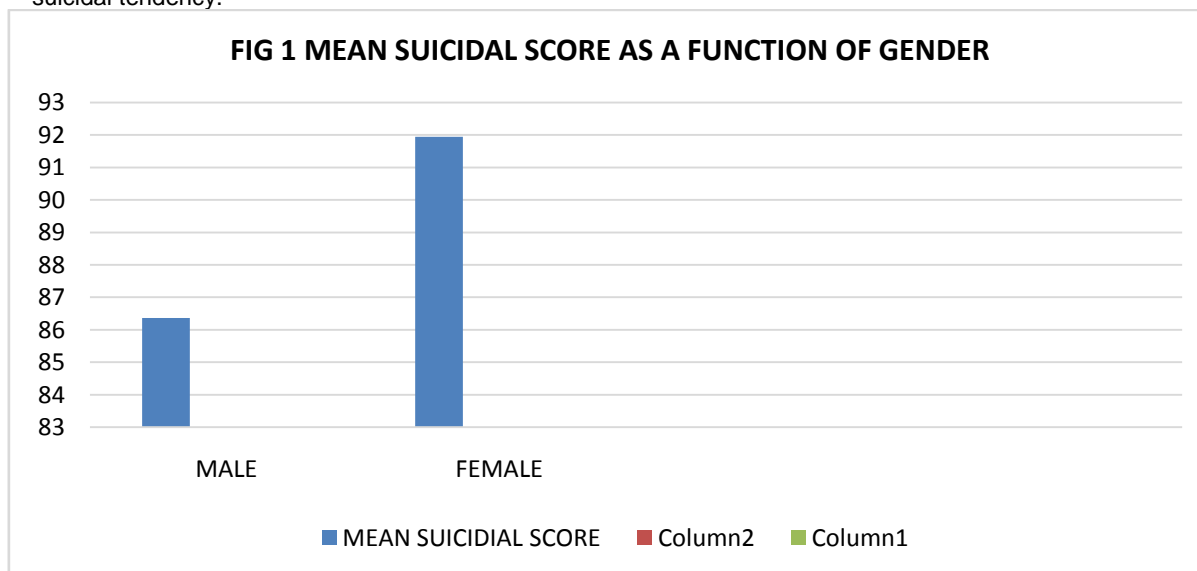
Sample

360 subject were selected for the present study. 180 subject gender (90male, 90 female).

These male female subjects consisted of three age group i.e early adolescence (14-15years), late adolescences (16-19 year), adult (21-25 years) 60 from each age groups were included.

Result

The F value for the first variable of gender is 11.58 which is significant at 0.1 level. This shows that gender of the student was a potent factor in influencing suicidal behavior. The null hypothesis there is no significant effect of gender on suicidal tendency was rejected and substantive hypothesis was accepted that there is significant difference between male and female in their suicidal behavior. The mean suicidal score of the males (86.36) and female (91.94) respectively. The mean score of female greater than mean score of males. The greater significant means suicidal scores of female than that of males leads us to conclude that female have greater suicidal tendency. The mean suicidal score of male and female students are a graphically presented in fig.1. Even an inspection of fig.1 reveals that the female have greater suicidal tendency than males.

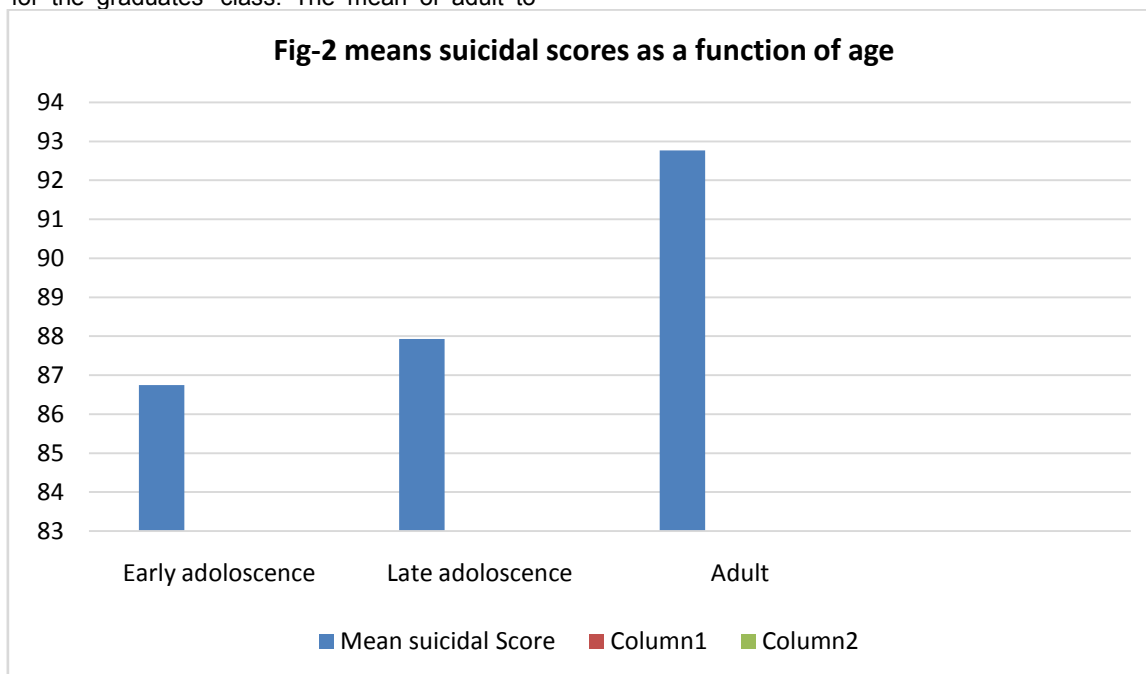


The F ratio for the second mean variable of age is 5.049 which is significant. This shows that age

of the student is also in an influence factor for their suicidal tendency. Thus the null hypothesis that there

is no significant effect of age on suicidal tendency was rejected and the substantive hypothesis was retained that there is a significant difference in suicidal tendency of early adolescence, late adolescence and adult. These three means score of the three age groups early adolescence 87.93, and corresponds to that for the graduates' class. The mean of adult to

92.77 and correspond to that for the older group. The result shows as the increase, the suicidal tendency also increase. The means suicidal tendency score of late adolescence and adult are higher than early adolescence. These means are graphically presented in fig.-2



The interaction between genders x age mean is 3.248 which is significant at .05 level of confidence. The null hypothesis was rejected.

Mean suicidal score of gender and age combination are given in table-2

Age	Male	Female
Early adolescence	81.116	92.4
Late adolescence	87.233	88.633
Adult	90.75	94.8

It may see that the mean suicidal score for two levels of gender are different at each level of age. The mean suicidal score of adult female is greater than that of other combination of gender & age, through there are difference in different mean of gender of age. This indicates that differences between mean male & female for the three levels of age are significant difference. The independent variable of greater influences suicidal tendency separately but when independent variable of gender and age manipulated with combinations, early adolescence females have more suicidal tendency than late adolescence females have no significant differences. Adult males have lesser suicidal tendency than females.

The present study was aimed to investigate the relationship of gender with suicidal tendency. The result shows that gender is an influencing factor for affecting the people' suicidal ideation. And the result shows that female have greater suicidal tendency than males. The review of CDC200 shows that the male adolescence are five time more likely to commit suicide than females. The present finding does not support the above review. The researches conducted

in united state shows that males are for time more likely to die by suicide than females. In other western countries, males are also much more likely to die by suicide than females. The results of the present investigate differ from the result of the researches conducted in U.S and other western countries. Indian reports about suicide indicate that suicide rate for women are nearly three times higher than those for men. Thus the present investigation confirms the findings drawn on Indian population.

The present study was aimed to investigate the effect of different age groups on suicidal tendency. Through the late adolescence groups is not significantly differ from early adolescence group in reference of suicidal tendency. But the adults group significantly differ from early adolescence group in reference of suicidal tendency. While late adolescence and adult group do not differ in significant way. We may conclude that suicidal tendency increase up to the adulthood. The study of Cynthia Pfeffer (1986) shows that suicide attempts are most are common young people because adolescence is often a period of confusion, emotions, identity formation and questioning. It is a difficult and turbulent time for most teenager and suicide may seem to be a logical response to reduce the pain and stress of growing up. As many as 20% of college students represent the higher risk group of young people of this age.

The review does not support my investigation because the review says that adolescence are more likely to commit suicide to adults. At this time; the adolescence is neither a child

nor an adult. If they behave like adult, they are often accused of being too big for their britches; and are reprimanded for their attempts to act like adults.

Durkheim (1951) suggest that the elderly are more prone to suicide because the effect of poor-social- integration becomes more acute person ages.

Acc. to Durkheim the risk of suicide increase with age because the repeated experiences needed to reveal the complete emptiness of an egoistic life or the total vanity of limitless ambition. Thus the findings of the present research support the Durkheim's view point.

Social scientists have explained age and gender differentials in the risk of suicide. Almost universally, men have a greater risk of suicide than women; but in Indian data are different. Furthermore, in economically developed countries the risk tends be highest for men in old age and for women in middle age. Age patterns of suicide in third world countries are fundamentally different than this.

Now In 2016, the last year global data is available from the World Health Organization (WHO), there were an estimated 793,000 suicide deaths worldwide .Most were men.

In 2016 the number of suicides in India had increased to 230,314. Suicide was the most common cause of death in both the age groups of 15–29 years and 15–39 years.

About 800,000 people die by suicide worldwide every year, of these 135,000 (17%) are residents of India, a nation with 17.5% of world population. Between 1987 and 2007, the suicide rate increased from 7.9 to 10.3 per 100,000, with higher suicide rates in southern and eastern states of India. In 2012, Tamil Nadu (12.5% of all suicides), Maharashtra (11.9%) and West Bengal (11.0%) had the highest proportion of suicides. Among large population states, Tamil Nadu and Kerala had the highest suicide rates per 100,000 people in 2012. The male to female suicide ratio has been about 2:1.

Estimates for number of suicides in India vary. For example, a study published in Lancet projected 187,000 suicides in India in 2010, while

official data by the Government of India claims 134,600 suicides in the same year.

According to WHO data, the age standardized suicide rate in India is 16.4 per 100,000 for women (6th highest in the world) and 25.8 for men (ranking 22nd).

Based on our analysis of 2016 National Vital Statistics System data, the age-adjusted national suicide rate was 13.9 per 100,000 population in 2016. Nationally, the suicide rate has increased by 25.4 percent from 1999 to 2016, with nearly every state in the U.S. experiencing increases during this time period.

2016 National Vital Statistics System data, the suicide rate among males was 22.2 deaths per 100,000, compared with 6.2 among women. Across all age groups, white males account for seven out of 10

In 2017, the highest suicide rate (20.2) was among adults between 45 and 54 years of age. The second highest rate (20.1) occurred in those 85 years or older. Younger groups have had consistently lower suicide rates than middle-aged and older adults. In 2017, adolescents and young adults aged 15 to 24 had a suicide rate of 14.46.

References

Cycthia Pfeffer, Spectrum of suicide behavior among youth.

Shahul Amean, MD; what parent and teacher should know about suicide in adolescents and young adults 2005.

Understanding psychology, 6th ed. Robert Feldman, Berman. Job, Tata McGraw Hill pub.

www.bbc.com 20190313-why more-men kill-thems womens.

http://en.wikipedia.org/.../gender difference in suicide.

Http://en Wikipedia.org/ wik/ suicide in india.

http://afsp.org>About suicide.

http://www.americahealthranking.org/suicide/20018/annulNew York. Guildford press, 1986.