

A study of Suicidal Tendency among People of Low and High Socio-Economic status.

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Abstract

The present investigation in to find out the suicidal tendency among people of low and high socio-economic status in Relation to their Gender Male and Female. The sample consisted of 120 people out of 60 low and 60 high socio-economic status. For this purpose of investigation “Suicidal tendencies Questionnaire” by Dr. D. J. Bhatt and Dr. R. G. Meghani was used. The obtained data were analyzed through ‘t’ test to know the mean difference between people of low and high socio-economic status in Relation to their Gender Male and Female. The result shows that There is a significant difference between suicidal tendency among people of low and high socio-economic status. There is no significant difference between suicidal tendency among Male and Female.

Key Words: suicidal tendency, Male, Female, low and high socio-economic status.

Introduction:

Suicide is a complex issue that involves multiple factors. Many researchers have looked into risk factors for suicide. However, much of this research looks at risk factors in isolation, or corrected only for age or gender. As a consequence, risk factors found in these studies could simply be a proxy for other risk factors due to the fact that they are correlated (for example, education level and income). Additionally, many studies are of limited size, and are usually non-representative of the population as a whole due to the way the selection procedure was set up, for example, a clinical setting. Knowing that suicide is rarely related to just one risk factor, this study quantifies the effect of individual characteristics as accurately as possible by correcting for correlation of characteristics.

India reports the highest number of suicide deaths in the world. At this time when the Indian Government is formulating a national suicide prevention strategy, we have reviewed the current status of suicides in India, focusing on epidemiology, risk factors, and existing suicide prevention strategies to identify key challenges and priorities for suicide prevention. The suicide rate among Indian girls and women continues to be twice the global rate. Suicide accounts for most deaths in the 15–39 years age group compared with other causes of death. Hanging is the most common method of suicide, followed by pesticides poisoning, medicine overdose, and self-immolation.

In addition to depression and alcohol use disorders as risk factors, several social and cultural factors appear to increase risk of suicide. The absence of a national suicide prevention strategy, inappropriate media reporting, legal conflicts in the interpretation of suicide being punishable, and inadequate multisector engagement are major barriers to effective suicide prevention. A scaffolding approach is useful to reduce suicide rates, as interventions provided at the right time, intensity, and duration can help navigate situations in which a person might be susceptible to and at risk of suicide. In addition to outlining research and data priorities, we provide recommendations that emphasise multilevel action priorities for suicide prevention across various sectors. We call for urgent action in India by integrating suicide prevention measures at every level of public health, with special focus on the finalisation and implementation of the national suicide prevention strategy.

Review of Literature:

Arun and Chavan (2009) undertook a study on "Stress and suicidal thoughts in immature students in Chandigarh." **BACKGROUND AND OBJECTIVES:** School students in India have a high anxiety level and high rate of think self-harm. The present review was directed to discover stress, psychological health, and presence of suicidal thoughts in school students and to discover any relationship between these factors. **SETTING AND DESIGN:** Cross-sectional review directed on school students in urban zone of Chandigarh city. **MATERIALS AND METHODS:** Information was gathered on 2402 students from classes VII to XII on socio-statistic scale, 12-thing general health questionnaire, Mooney problem checklist, and suicide risk eleven -a visual analogue scale. Statistical analysis was chi square and Spearman's correlation Method. **CONCLUSIONS:** Students with scholastic issues and unsupportive condition at home saw life as a burden and had higher rates of suicidal ideations.

Datta, R., Kanna, Rangaswamy, Rajkumar S. (2012), "An Epidemiological review into risk components of suicidal ideation and attempt among youthful and grown-up populace in rural Pondicherry, India." METHODS: Community group based cross-sectional research was led among 18-44 years populace in rural Pondicherry amid January to June 2012. Add up to 200 subjects were met by house to house visit. Data on socio-statistic attributes, simultaneous sickness, family and individual history were acquired. Variables adding to suicidal ideation and attempt were gathered through FGDs, free posting and heap sorting exercise. Quantitative information was broke down utilizing SPSS form 17.0. Subjective information investigated utilizing Anthrop 4.98.1/X programming. RESULTS: 8% subjects had ever attempted and 7.5% had thoughts of suicide. Suicidal ideation/attempt was more among males and 36-45 years gathering. Physical incapacity, barrenness/sterility and ceaseless sickness were altogether connected with suicidal ideation or attempt. Family debate, history of beaten by life partner and family history of suicide/attempt was essentially connected with ideation. Liquor addiction, fizzled relationship, physical misuse was firmly connected with thoughts of suicide or attempt. Risk elements for friends incorporate fizzled connections, more than one spouse, family question, liquor abuse and so on. Risk components for females incorporate fizzled relationship, poor execution in exam, squabble with companions, unemployment, alcoholic spouse, pressure for dowry, extramarital relationship by husband and so forth. CONCLUSIONS: Suicidal attempt and ideation rates were high in study region and request populace based psychological well-being mediations to diminish populace suicide rates.

Objective of the study:

1. To study difference between Self-concept among Urban and Rural Area Higher Secondary Schools Students.
2. To study difference between Self-concept among Higher Secondary Schools boys and girls students.

Hypothesis:

H₀₁ : There is no significant difference between suicidal tendency among people of low and high socio-economic status.

H₀₂ : There is no significant difference between suicidal tendency among Male and Female.

Method:

Sample:

The present study carried out on the initial sample for the present study consisted of 120 people of low and high socio-economic status of Kutch District. Elements of the study are out of which 60 were male and 60 were Female.

Tools:

In the present investigation measure the Suicidal tendencies "Suicidal tendencies Questionnaire" by Dr. D. J. Bhatt and Dr. R. G. Meghani was used. Reliability of the inventory was found by split half method And it was found to be .92. Expert's opinions were obtained to establish the validity of the Gujarati concerted inventory.

Procedure:

The male and female different type of people of low and high socio-economic status in Kutch District. Were randomly selected & tendencies “Suicidal tendencies Questionnaire” is constructed and standardized by investigator and supervisor (Dr. D. J. Bhatt and Dr. R. G. Meghani). Was give & data was collected. The obtain data form 120 male and female were analyzed with the help of mean, SD and ‘t’ test.

Results & Discussion:

The main objective of present study was to do study of suicidal tendency among people of low and high socio-economic status in Relation to their Gender Male and Female. In it statistical method was used. Results discussions of present study are as under:

Table no: 1

Showing the Mean, SD, and ‘t’ value of suicidal tendency among people of low and high socio-economic status.

No	Variables	N	Mean	SD	t – Value	Sign. Level
1	Low	60	57.72	12.88	2.19	0.05
2	High	60	66.93	20.56		

significance at 0.05 level

The above result table No.1 we can see that ‘t’ test was used to know the representing people of low and high socio-economic status. (60 Low and 60 High socio-economic status). In Low socio-economic status we had taken 60 people as samples and mean of this sample was 57.72 and SD was 12.88, in High socio-economic status same ratio of sample was taken means was 66.93 and SD was 20.56 and ‘t’ value was 2.19, it was a significance at 0.05 level. Thus the null hypothesis, I which states “There is no significant difference between suicidal tendency among people of low and high socio-economic status.” was rejected. It can be said that there is a significant difference in people of low and high socio-economic status.

Table no: 2

Showing the Mean, SD, and ‘t’ value of between suicidal tendency among Male and Female.

No	Variables	N	Mean	SD	t – Value	Sign. Level
1	Male	60	65.38	20.49	1.19	N.S
2	Female	60	59.27	13.86		

NS = Non – significance at 0.05 level

The above result table No.1 we can see that ‘t’ test was used to know the representing type of Gender (60 Male and 60 Female). In 60 Male as samples and mean of this sample 65.38 and

SD was 20.49, in Female means was 59.27 and SD was 13.86 and 't' value was 1.19, it was no significance at 0.05 level. Thus the null hypothesis, I which states "There is no significant difference between suicidal tendency among Male and Female." Thus it is concluded no significant difference in Male and Female.

Conclusion:

1. There is a significant difference between suicidal tendency among people of low and high socio-economic status.
2. There is no significant difference between suicidal tendency among Male and Female.

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