

Suicide in Teenagers and Its Related Determinants in Developing Countries

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Abstract: “Fourteen years old male student of eight grades in one of government high school in KPK committed suicide after being bullied at home and school due to lack of interest in his studies.” This news was published in Dawn News Paper, June 07, 2013. Pakistan is developing country, population is approximately 162 million, and constitutes about 97 percent being Muslims (Khan, 2007). Moreover, suicide is condemned act in Islam and incidences of suicides were low in past, but literature suggests that in recent years incidences of teenage suicide have been increased in Pakistan; that might be due to a high occurrence rate of deliberate self-harm and suicide (Shahid & Hyder, 2008). Hence, suicide has become a major public health issue in Pakistan. There are no official national data available on suicide and also the deaths are not included in the annual mortality statistics. From available resources, it shows that majority of suicides committed by young people, included both gender. Every year about one million people commit suicide worldwide, which results in a global suicide rate of 16 per 100,000 populations (World Health Organization, 2009). Hence, suicide is a significant public health problem globally. Suicide is a complex phenomenon which involves social, cultural, biological, psychological and environmental factors. According to Khan (2005) in Pakistan approximately 30,000 to 60,000 deliberate self-harm events occur annually.

Keywords: Suicide, teenagers, determinants, Developing Countries, Public health issue

1. Significance of the Problem

Suicide is a significant issue among teenagers. Suicide is now assumed the third leading cause of death among 15 to 44 aged groups in many region of the world and second leading cause of death among 10 to 24 years of age people (Shilubane et al., 2013). Suicide is the leading cause of death for adolescents in the globe and the rates of suicide are increasing fast in teenagers as compared to other age groups. The suicide attempt rates are higher in females while death rates are higher in males (Stuart, 2009). Worldwide 4 million suicide attempts occur every year, in which at least 90,000 are adolescents up to the age of 19 successfully attempt, at the rate of one successful suicide in every five minutes (Greydanus & Shek, 2009). Teenage is the age of dramatic changes in behavior and thinking process. They feel multiple pressures at a time, such as school, home, society, and parents. Moreover, teenagers have lack of experiences and lack of understanding of real life situations, which would not realize them that difficult circumstances will not remain the same. So, majority of suicide attempts can be made at teenage than at any other ages. Therefore, it is necessary to prevent suicide among young people, as social and psychological impact of suicide on family and society may last for years

2. Determinants of Suicide in Teenage

In young people suicidal ideations are associated to multiple external and internal factors such as stressful life events, depression, parents' child conflict, lack of parental support, hopelessness, history of suicidal behavior in family, child sexual abuse, risky behavior which are drug and alcohol abuse, aggressive impulsive behavior, body image dissatisfaction, and biological risk factors. There are several direct and indirect determinants of suicide in teenagers in Pakistan. However, limited research has been done to explore these determinants. The major determinants exist in our context are below.

2.1 Psychosocial Stressors

Stressful life experiences often lead to complete suicide or some time to a suicidal attempt. Stressful life events interact with additional factors to increase suicidal risks. Growth and development of child is dependent upon the child rearing style of parents. Parents' authoritarian style, over protectiveness, negative family environment, less parental warmth, and child nurturing practices precedes to low self-esteem and depression which eventually leads to suicidal ideation and suicidal attempts. Parental psychopathology, positive family history of suicidal behavior, family conflict, poor relationship, and mistreatment are the factors which are closely associated with an increased risk of teenage suicide and suicidal behavior (Cash & Bridge, 2009). The young girls who are isolated from society or their relationships are affected are at high risk for suicidal ideation as compared to those who have good relationships and socialized. Suicidal ideations are the thoughts which come in teenagers mind due to some conflicts and worthlessness of one's life and prioritize the death over life. These are not all of sudden. According to Levinson, Haklia, Stein, Polakiewicz, and Levav (2007) that suicidal behavior is a long process which usually extends over many years, from suicidal ideation to planning, and result in suicidal attempt.

2.2 Low Self-esteem and Hopelessness

Low self-esteem and hopelessness are closely associated with suicidal behavior in young people in Pakistan. These factors may be due to family conflicts or having failure in relationship either with same or opposite gender. Lack of stable and safe relationships in childhood can lead to severe and adverse effects, which is related to a range of problems from early childhood to adolescence. These include low self-esteem, low communication skills, difficulties in peer relationships, anti social behavior, and hopelessness, which ultimately lead to suicidal behavior and as a result complete suicide or suicide attempt occurs. Khan stated (as cited in

Ebrahim, 2012) that young people commit suicide, some even younger as 12 years of age due to problems in relationships, parental conflict, bullying, and who suffer from low self-confidence and low self-esteem.

2.3 Psychopathology

Psychiatric disorder is one the most constantly reported risk factors for suicidal behavior (Nock et al., 2008). Furthermore, studies revealed that 90 to 95 percent of people who committed suicide had a psychiatric disorder at the time of suicide. Bridge, Goldstein, and Brent (2006) argued that psychiatric problems present in young age suicide victims and attempters in both community and clinical settings up to 80 to 90 percent. In both attempted and completed suicide, the common psychiatric disorders are mood, anxiety, disruptive, and drug abuse disorders. In persons with moderate to severe psychiatric symptoms, the intensity of depressed effects is the most important prognosticator of the existence of suicidal ideation and the wish of killing oneself in both boys and girls (Chabrol, Rodgers, & Rousseau, 2007). Among psychiatric problems major depression is most prevalent condition and high risk for suicidal attempt. The intensity of individual's suicidal intention is associated with history of psychopathology and existing stress from psychiatric disorder (Koutek, Kocourkova, Hladikova, & Hrdlicka, 2009). There are certain strong evidences that suicidal behavior is genetic and familial as well, and thus, there is liability of transmitting suicidal behavior in families without mental disorders. In Pakistan, there is lack of psychiatric health care facilities, and people also hide psychiatric conditions due to social stigma.

2.4 Poverty

Poverty is the main factor to be considered as the reason of suicidal death in Pakistan. Poverty is closely link to suicidal risk at ecological level; the region with low socio-economic status would have high suicidal rates. The poor people have less chance of survival when attempt suicide, as they have less access to quality health care services. One of the study conducted in South Africa to identify factors behind suicide, in which financial problem was the most common and contributed 87 percent. It was linked with poor health 17 percent, unemployment 63 percent, and alcohol abuse 23 percent (Meel, 2003). These determinants are closely contributory to each other, which lead to family conflict, poor social and marital relationships. Hence, poverty and unemployment are the root causes of suicide. In Pakistan, teenage females are more prone to suicidal behavior due to lack of financial resources to arrange dowry for their marriages. In annual report of the Human Commission of Pakistan (2012) stated that poverty and tentative future are turning young girls to end their life in Karachi (Ebrahim, 2012).

2.5 Unemployment

Unemployment is one of the major problems in Pakistan, which has a direct impact on people's life style. The young people have high expectations and are unable to earn and to find jobs, which lead them to mental health outcome. In Pakistan, the root causes of unemployment are political

instability, war against terrorism, and unequal distribution of resources. Due to these, the basic needs of people are not fulfilled and people are compelled to live below standard of living. These factors have great contribution in young aged frustration and hopelessness, and as a result the numbers of suicide cases in young people are rising in Pakistan.

2.6 Biological Factors

There is lack of research in teenage regarding neurobiology of suicide and suicidal behavior. However, there has been a relationship between altered serotonin levels, as evaluated by cerebrospinal fluid and neuroendocrine challenge tests in studies, found in suicide attempters and by receptor binding in post mortem research studies (Bridge et al., 2006). Hence, alter in neurotransmitters in teenagers can lead them to suicidal attempts. Barbui, Esposito, and Cipriani (2009) highlighted the relation between exposure to selective serotonin reuptake inhibitors (SSRIs) and risk of suicide as influenced by age. Hence, exposure of teenagers to SSRIs doubled the risk of suicide. An alteration in neurotrophic system can also add tendency towards suicide. In our context, usually people feel hesitation to seek psychological health care facility due to guilt and shame, which precede them to worsen conditions and consequences.

2.7 Sexual and Physical Abuse

Exposure of child to sexual and physical abuse in childhood leads to a variety of mental health outcomes, which include suicidal behavior and suicidal ideation, experiencing between 16 to 25 years of age. Exposure of child to sexual abuse has more adverse effects on mental health than that of physical abused (Fergusson, Boden, & Horwood, 2008). In one of the studies, approximately 33 percent and 50 percent of suicide among men and women respectively are attributing to past experience of sexual abuse, physical abuse, and domestic violence in childhood (Afifi et al., 2008). This indicates that childhood bad experiences have great impact on teenagers' life and influence mental health. Children who have exposure to sexual abuse by family member, conferred severity of abuse or repeated sexual abuse are high risk for suicidal attempts. In recent years, in Pakistan child sexual abuse cases have been increased and reporting through media, which is alarming sign. This severity in cases of child sexual abuse could lead to increase risk of suicide in our region.

2.8 Bullying

Teenage is the golden time includes best and as well as worst time. It is the age where innocence and some foolishness are all together. Here the question arises, why do young people get bored in such exciting phase of life? There are certain triggers which lead them to frustration, such as depression or emotional disturbances caused by variety of circumstances. As in the above scenario, 14 years old boy commit suicide because of being bullied by his teacher in school and insisted pressure by his father. Bullying is a major problem among teenagers. Both gender boys and girls have high tendencies of suicidal behavior, who have been victims of bullying in their childhood (Klomek et al., 2008). In recent years, advancement in technology have created a new form of bullying that is cyber bullying, which can occur

through cell phones, emails, and social media. This area is under research but there are certain cases reported through media of cyber bullying and suicidal attempts in young people.

3. Recommendations

In Pakistan suicide has become a major public health issue. There is intense need of collaboration among government, public, nongovernmental organizations, and mental health personnel's to take up this as a challenge. To decrease the incidences of suicide in teenagers' school based interventions should be initiated, which may include, social skills development, enhancement of self esteem, crisis management, and decision making skills. To overcome poverty, the government should implement such policies that are fair and equitable, and address the problems of young and common people. There should be a proper system of suicide registration and recording at district, provincial, and national level, which can be used for further studies and help in implementing interventions. Strategies should be developed to identify methods that decrease the exposure of young people to multiple risk factors.

4. Conclusion

In conclusion, there is need to grasp this major issue and its consequences. Media can play a significant role in controlling and preventing of suicide among young people. Awareness can be created in community and nation as a whole by the help of religious scholars and psychologists through seminars and media. The prevalence of suicide in Pakistan is high and is influenced by a variety of factors, such as, social, biological, psychological and environmental factors. There is a need of thorough research to determine the determinants of suicide among teenagers, in order to develop wide-ranging intervention strategies to prevent suicide. In Pakistan, effective primary health care approach is needed, in which mental health should be an integral part.

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