

A Study of Suicidal Tendency and Self-Efficacy with Reference to Family Income among Higher Secondary School Students

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ABSTRACT

The aim of the present study was to find out the difference in suicidal tendency and self-efficacy with reference to gender and family income among higher secondary school students. The participants were 70 higher secondary school students from different schools in the Rajkot city in Gujarat. The sample falls in the age range of 16-18 year. Suicidal tendency scale constructed by Bhatt and Meghanathi and Self-efficacy scale constructed by Schwarzer and Jerusalem was used to measure suicidal tendency and self-efficacy respectively among higher secondary school students. The result of 't' test revealed significant impact of gender and family income on suicidal tendency among students. It was observed that the boys had less suicidal tendency and higher level of self efficacy than girls. Moreover, it was observed that family income had significant impact on suicidal tendency where students with high family income experienced more suicidal thought than students of low income group. Family income had no impact of self-efficacy of students. The correlation between suicidal tendency and self-efficacy reveals negative but significant relation.

Keywords: *Suicidal Tendency, Self-efficacy, Gender and Family Income*

The prevalence of suicidal behavior is found across all age groups in the general population, however, suicidal behavior among adolescents have long been regarded as serious social problems. Therefore, suicide prevention is one of the fundamental necessities in every society. For the last several decades, researchers have been trying to understand the mystery of human suicide and suicidal ideation empirically. According to Gutierrez et al. (2000, as cited in Gutierrez, 2006), the combination of risk and protective factors affecting each adolescent best determine the probability of engaging in suicide-related behaviours at any given time. Gutierrez further cited that, at times when the risk factors are stronger, the individual is more attracted to death and become more suicidal. An increase in protective factors or a decrease in risk factors may fairly rapidly tip the scales toward more attraction for

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A Study of Suicidal Tendency and Self-Efficacy with Reference to Family Income among Higher Secondary School Students

life and the appearance of being less suicidal (Orbach, 1989, 1997, as cited in Gutierrez, 2006).

Suicidality includes all forms of self-destructive thoughts and behaviours. Reynolds (1988) and James and Gilliland (2001) conceptualized suicidal behaviour as a progressive continuum of behavior progressing from suicidal ideation to suicide attempts and eventually to the most serious form of behaviour, namely completed suicide. Similarly, suicidal behaviour is viewed as an umbrella term describing various behaviours such as suicidal ideation (thoughts and cognitions about suicide), suicide attempts (attempting to inflict harm on one's own self) and completed suicide, namely successful acts aimed at ending one's own life (Schlebusch, 2005; Shea, 1998; World Health Organization [WHO], 2000).

The definition of suicide has been a subject of controversy amongst researchers and scholars alike. The converging point or least ambiguous in their definitions of suicide that the outcome of the act is death. In like manner a wide range of behaviors can be called suicidal or life-threatening with no assumptions about the intention or outcome (Lönnqvist, 1977). Lack of a clear cut definition of concepts has been a source of inconsistent results in studies dealing with suicidal behavior. According to Farmer (1988), to ascertain suicide, three principal stages are involved: the death must be recognized as unnatural, the initiator must be the deceased himself, and the motive of self-destruction must be established, while Stengel (1973) defined suicide as the fatal, act of self-injury undertaken with more or less conscious self-destructive intent, however acute or ambiguous".

Adolescents face increased pressures from a demanding society to perform in multiple domains in life. Adolescence, a period of transition between childhood and adulthood, is viewed as the phase that requires considerable adjustments to personal and environmental changes (Louw & Louw, 2007) and in which adolescents' successful adjustment to societal demands is considered an indicator of society's wellness (Call et al., 2002). In reviewing Erikson's psychosocial theory of human development, Sigelman and Rider (2003) re-emphasise the need for adolescents' successful resolution of the developmental stage, Identity versus Role of conflict, as it provides a pivotal foundation for optimism and health. Effective adjustment may lead to adolescents' developing a clear sense of identity and future directedness which may enhance their ability to make the right choices in the interest of their own wellness. Alternatively, inadequate adjustment increases the risk of adolescents' making decisions that lead to outcomes that will affect their health negatively in the form of anxiety, apathy or hostility towards themselves (Louw & Louw, 2007).

Social factors cannot be viewed separately from individual factors as they interact with one another to enhance or decrease vulnerabilities further. Individual factors such as low self-esteem, a feeling of hopelessness, low self-efficacy as well as certain personality traits have been associated with the increased occurrence of suicidal behaviour amongst adolescents (Beautrais, 2000; Evans et al., 2004; Kaslow et al., 2002). Adolescents who reported a feeling

A Study of Suicidal Tendency and Self-Efficacy with Reference to Family Income among Higher Secondary School Students

of low self-esteem showed more negative self-appraisal and were more inclined towards developing distorted perceptions of themselves and others and more often held unrealistic expectations of themselves (Dutton & Brown, 1997, Moore, 2000, Yang & Clum, 1996).

In the same way that self-esteem and hope affect the inclination to commit suicide, self-efficacy showed a negative relationship with the incidence of suicidal ideation (Rothmann & Van Rensburg, 2002). Bandura (1997) found that self-efficacy greatly influences the thinking, emotional and motivational aspects of human functioning. Bandura (1997) therefore concluded that individuals with low self-efficacy were more inclined to magnify the merits of stressful situations and consequently more inclined to develop stress, anxiety as well as depression, and were unable to use their resources in a manner that would enhance their health. Even in the presence of negative life circumstances, a strong sense of self-efficacy was found to reduce the risk of attempted suicide in young African- American women (Thompson et al., 2002). Looking at this aspect the present study was carried out with following objectives:

Objectives

1. To find out the impact of gender and family income on suicidal tendency and self-efficacy among higher secondary school students.
2. To find out the difference in suicidal tendency and self-efficacy between students having high and low family income.
3. To find out the correlation between suicidal tendency and self-efficacy among students.

METHOD

Sample:

The sample for the present study consisted of 35 boys and 35 girls from higher secondary schools. Students were selected randomly from different schools of Rajkot city in Gujarat. Age range of student was 16-18 year.

Tool:

The following tools were used in the present study:

1, Personal Data Sheet:

Personal data sheet was prepared to collect some personal information such as age, gender, standard, family income etc.

2, Suicidal Tendency Scale (STS):

Suicidal tendency scale constructed by Bhatt and Meghanathi (2004) was used to measure suicidal tendency. The scale consists of 40 statements. Respondent has to select any one option from 4 options given for each statement viz, 'Strongly agree', and 'Agree'. 'Disagree' and 'Strongly disagree' and are to be scored as 4, 3, 2, 1 respectively. High score indicates high suicidal tendency and low score indicates low/no suicidal tendency. The authors of this scale reported satisfactory level of reliability and validity.

A Study of Suicidal Tendency and Self-Efficacy with Reference to Family Income among Higher Secondary School Students

3, Self-Efficacy Scale (SES):

Self-efficacy scale constructed by Schwarzer and Jerusalem (1992) self efficacy was measured using. In this scale there are 10 statements; respondent has to select any one option from 4 options given for each statement. These options are 'not at all true', 'hardly true', 'moderately true' and 'exactly true' and are to be scored as 1, 2, 3, 4 respectively. High score indicates high self-efficacy. The authors of the scale have reported satisfactory Cronbach's Alpha validation.

Procedure:

The investigator explained the purpose of the study to the subjects. Total 35 boys and 35 girls students from higher secondary schools were selected in sample from the different parts of Rajkot city in Gujarat. When the subject was comfortable with instructions and ready for testing, questionnaires were given. Subjects were asked to answer each and every item of all the administered questionnaires and were ensured that the responses given by them would be kept confidential. Scoring was carried out as per the manual. 't' test and karl pearson correlation techniques were used for statistical analysis.

RESULT AND DISCUSSION

In order to test hypotheses framed with reference to objectives of the study data were analyzed using t-test and correlation technique. When the statistical analysis regarding the impact of gender and family income on suicidal tendency and self-efficacy among higher secondary school students was carried out interesting results were obtained.

Table-1 Mean, SD and t-value of suicidal tendency with reference to gender and family income

Variable	N	Mean	SD	t-value
Boys	35	60.71	11.52	3.13**
Girls	35	70.69	14.86	
High Family Income	36	71.64	13.29	3.97**
Low Family Income	34	59.44	12.30	

****P<0.01**

Results present in table. 1 indicates that boys are having less suicidal tendency than girls. The t-value for the significance of difference between mean scores is 3.13, which is significant at 0.01 level. This indicates that boys had low mean (60.69) for suicidal tendency than girls mean (70.69). This research result is supported to Parmar (2010) and Rockett and Thomas (1999). In 2007, the general suicide rate for the United States was 10.9 per 100,000, but the rate for adolescent males was much higher – 20.3 per 100,000 (National Center for Injury Prevention and Control, 2006). Among adolescent males, age 15 to 24, suicide is the third leading cause of death (Kochanek, Murphy, Anderson & Scott, 2002). Results also reveal that students with high family income had high mean score (71.64) than students with low family

A Study of Suicidal Tendency and Self-Efficacy with Reference to Family Income among Higher Secondary School Students

income (59.44). The t-value for significance of difference between mean scores is 3.97, which is significant at 0.01 level. It saws that high family income students exhibited high suicidal tendency than low family income students. So, they think about suicide. Present research result is supported by Ralpna Ragni (2014) research result. Studies also with age matched general population controls have also shown that family history of completed suicide or suicide attempt and /or affective disorder is a maker for high risk of suicide (Brent et al 1996).

Table-2 Mean, SD and t-value of self-efficacy with reference to gander and family income

Variable	N	Mean	SD	t-value
Boys	35	36.66	5.09	3.02**
Girls	35	33.43	3.76	
High Family Income	36	35.71	5.12	1.18 ^{NS}
Low Family Income	34	34.37	4.36	

****P<0.01, NS=Not Significant**

Table-2 indicates that boys had higher mean (36.66) for self-efficacy than girls mean (33.43). It reflects that boys are higher on self-efficacy than girls; the t-value for the significance of difference between mean score is 3.02, which is significant at 0.01 level. Present result contradicts research result opposite to Kumar and Lal (2006). Analysis of variance was applied and the F-ratio revealed significant effect of self-efficacy. Significant gender differences were also found, where female scored higher than thermals counterparts. High family income students have higher mean (35.71) for self-efficacy than low family income students mean (34.57). It saws mean difference 1.14 and the t-value for the difference between mean score is 1.18, but it difference is not significant 0.05 level. However, no significant impact of family income was observed on the self-efficacy among students.

Table-3 Correlation between suicidal tendency and self-efficacy among higher secondary students

Variable	N	r	Sig. Level
Suicidal Tendency	70	-0.86	0.01
Self-Efficacy	70		

Table-3 indicates that the r-value for the relationship between suicidal tendency and self-efficacy is -0.86, which is significant at 0.01 level. It indicats that suicidal tendency and self efficacy both are negatively and significantly related with each other. It can be interpreted that as self-efficacy incares suicidal tendency decreases among students. Present research result is supported to Singh and Tanu (2007). Andrews & Lewinson (1992) reported that the life line occomance of suicidal ideation was significantly more common in young women (23.7 % of the girls) than in young man (14.8 % of the boys).

A Study of Suicidal Tendency and Self-Efficacy with Reference to Family Income among Higher Secondary School Students

Suicidal tendency is influenced by many different factors, including expectations of and pressures from age, family, social-economical status, peer group, school etc. and self-efficacy is part of internal personality; it is related to physical need, emotional need and psychological need. It seems that self-efficacy is a key protective factor for adolescents'. If one feels that he / she is able to cope successfully or able to manage emotional reactions, then the threat of suicide will be decrease. In India, the main documented cause of anxiety among school children and adolescents is parents' high educational expectations and pressure for academic achievement (Deb, 2001). Competition is again ferocious as performance in higher examination determines university entrance. Admission to courses in Medicine, Engineering and Management are the most preferred choices for parents because these qualifications are seen to guarantee of future job prospects. Singh and Tanu (2007) in their study found that there was a significant negative relationship between self efficacy and suicidal ideation among students. Low self-efficacy, as suggested by Dieserud et al. (2001) in their study, was a concealed factor weakening interpersonal problem-solving abilities, causing the person to feel inefficient in problem-solving and thus leading to suicide attempts. Similarly, a negative correlation between the self- efficacy scale in coping with depression and suicidal thoughts scale was found by Perraud et al. (2006).

The results of present study indicate that boys exhibited less suicidal tendency and high level of self efficacy in comparison of girls. Across most war ties females have higher level of suicidal ideation and more frequent suicide attempts than male (Langhinrichsen – Rohling et. al., 1978). Emotional problems and involvement in delinquent's behaviour were found to be important predictors of suicidal tendency among adolescent females (simons & Marphy, 1985). Studies also reported that suicidal thoughts among girls were most strongly associated with symptoms of anxiety, depression, conduct problems, pain and overweight (Strandhelm et. al. 2014). Female suicide has been linked to rates of domestic violence, isolation, physical sexual harassment, economic and power restriction and lock of social status. Raising the social and economic status of women increasing crisis services for women in abusive relations and expanding both the formal and informal economic social supports offered to women should reduce the rate of female suicidal behaviour.

CONCLUSION

From the results of our study we could draw the following main conclusions: First, remarkable gender difference are observed in suicidal tendency and self efficacy. Female are more likely to be engaged in suicidal ideation and to suffer from the feeling of low self-efficacy. Second, students belonging to high family income exhibited higher level of suicidal tendency than the students with low family income. However both the groups of students did not differ in self-efficacy. Toured, the corelation between suicidal tendency and self-efficacy reveals negative.

A Study of Suicidal Tendency and Self-Efficacy with Reference to Family Income among Higher Secondary School Students

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A Study of Suicidal Tendency and Self-Efficacy with Reference to Family Income among Higher Secondary School Students

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