

SUICIDAL BEHAVIOR AMONG TEENAGERS: A REVIEW

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ABSTRACT

After every 16 minutes one individual die not merely from a disease or an accident but intentionally through suicide. Literature reveals that it is a long process usually stretches over years from suicidal ideation to planning and finally an attempt. The causes of suicidal behavior are immense which captivate these poor and innocent creatures in great troubles. In teenagers the suicidal ideations are related to multiple internal and external factors. They consume different lethal liquids and adopt different methods for performing this violent act. Further on its impact is not only on her individual and family life but has a great impact on the society as well. It is not an essay task to eradicate this violent act but as we a responsible member of the society we can assess their suffering and agony and help them identifying different social groups. Along with it we can also prevent the suicide at three different levels that's primary secondary and tertiary. We can also do the counseling. In conclusion, I would say that it is a rising issue of today's world and we all must give our efforts to show a reduction in its prevalence.

KEY WORDS

Suicide, Teenagers, Suicidal behavior

INTRODUCTION

After every 16 minutes one individual die not merely from a disease or an accident but intentionally through suicide. Today, suicide is prevailing as one of the common issues and one can't deny it as a social and communicable anomaly. It's a decision which an individual chooses after going through miserable events of life. This anomaly is in the desperate need of cure but one can't cure it until knowing its etiology and its impact on society.

SCENARIO

Laaiba, a 15 years old girl, was brought to the emergency department in unconscious state with the history of ingesting pills. On exploring further, health care members came to know that she had ingested 7 tablets of OTC drug after the frustrating argument with her father about her boyfriend. After the conflict in the evening, her mother found her unconscious on the ground. She was rushed to the hospital but, fortunately or unfortunately her life was saved. She belongs to a middle class family and recently she passed her intermediate with only passing grades. She was depressed and was emotionally stressed out due to the major life changes like admission in university, financial crises and family relationship problems. There was no one to support her and make her comfortable by catharsis. To get rid of those entire curses she decided to commit suicide as this was her last recourse to finish her miseries.

LITERATURE REVIEW/DISCUSSION

Suicidal behavior might be regarded as a long process usually stretches over many years, from suicidal ideation to planning and culmination in suicidal attempt (Levinson, 2007). Suicidal ideations are basically the thoughts which come in a person mind due to some problems and worthlessness of life and prioritize the death as a better option and those who act on those thoughts commit suicide. About one million people die by suicide each year globally and majority of them belong to developed countries

(Khan, 2008). Suicide is the third leading cause of death in USA. In the past the suicide rate was 5% between the ages 15 to 24, but now it is raised to 14%. The suicidal attempt rate is higher in females while the death rate from the suicide is higher in males (Stuart, 2009). In Asian countries like Hong Kong, Taiwan and Singapore the suicidal rate is low below the age of 10, while its rate increases between the age 10 to 14 years like the western countries and there is a dramatic increase for the rate between the 15 to 24 years of age. In Islam suicide is unpardonable sin and Pakistan as an Islamic country has a punitive law against the suicide attempts. According to Khan (2005) in Pakistan, the DSH cases would be 30000 and 60000 yearly. In Pakistan there is no official data of suicide in the annual national mortality statistics nor is it reported to the World Health Organization. Unexpectedly the incidence of suicides are reported in the magazines and newspaper but no one take a step to talk about the prevention of suicidal behavior among the people as it is considered as taboo in the society due to the religious views, social norms and legal law of suicide. This thing compels me to write something about it and to raise voice for these innocent and needy people who are suffering in the society.

CAUSES

The causes for suicidal behavior are immense which captivate these poor and innocent creatures in great trouble and sometime even seize their lives. Suicides are infrequently voluntary. In teenagers the suicidal ideations are related to multiple internal and external factors such as depression and stressful life events, parent child conflict, lack of parental support, family history of suicidal behavior, psychopathology, negative life events, child sexual abuse, same gender orientation, hopelessness, risky behavior that is drug and alcohol abuse, aggressive impulsive behavior, pessimism, conduct behavior, panic disorder, firearms availability, body image dissatisfaction, suicide contagion and biological risk factors. Depression has been acknowledged as a foremost risk factor for suicidal ideation, suicide attempts, and successful suicide (AACAP, 2001). In the applicants with the moderate to severe

depressive symptoms, the intensity of depressed effects was the most momentous prognosticator of the existence of suicidal ideation and the wish of killing oneself both in boys and girls (Chabrol, 2007). There is a strong association between the pressure to excel in school and the suicidal behavior among the teen agers (Toero, 2001). Growth, development and the behavior of the child is totally dependent on the child rearing style of parents. There authoritarian parenting style, higher maternal overprotectiveness, less parental warmth, negative family environment and child rearing practices leads to the low self-esteem and depression which ultimately leads to the suicidal ideation and attempts. Lai and McBride-Chang (2001) stated that lack of parental care and understanding, a non-harmonious family, and conflicts with parents were all related to suicidal ideation in Hong Kong adolescents. Stressful interpersonal interaction initiates the majority of youngster suicide in seconds. Genetic factor and family history of suicidal behavior and parental psychopathology also increases the risks of suicide among the teen agers. Most of the adolescents who committed suicide had major psychiatric problems like depressive and substance abuse disorders. Major depression has been the most prevalent condition. Suicidal intent is also associated with psychopathology and stress from mental disorder (Koutek, 2009). Access to the lethal method like the firearm availability especially the guns in homes is the foremost hazards for suicide. It has been found that the successful and unsuccessful attempt of suicide is higher in gay, lesbian and bisexual youngster built upon the strain and isolation related to their sexual orientation stigma and parental rejection. Expert believes that coverage of suicide by the media can also increase the risks of imitation or contagion. Besides all these, exposure to the selective serotonin reuptake inhibitors also increase the risks of completed or attempted suicide (Barbui, 2009). An abnormality in the neurotropic system also adds towards the suicidal tendency (Kohli, 2010).

DIFFERENT LETHAL METHODS FOR SUICIDE

People use many different methods to perform this violent act. Some of them are suicide or self-inflicted assassinating by solid, liquid substances, gases and vapors. Some people prefer hanging, strangulation, suffocation, firearm and explosive, submersion, cutting or piercing instruments, jumping from high places and some people did it by unspecified means. Among them the most used method is the suicide through hanging, suffocation and strangulation.

SUICIDAL IMPACT

There is no rose without thorn, so there must be some negative aspects of suicidal ideation as well as suicidal attempts. It has a devastating effect on his/her individual and family life but has an impact on the society as well. Suicidal is fatal, but incase if person survive then he may have serious injuries like broken bones organ failure and damage of the brain. Every human being has an impact on other. It takes youngsters from their families, parents from kids, and the society is deprived due to their absence. Suicide hurts family to such a level that their wounds never heal. They always blame and question themselves that why they were not given the chance to help them. Suicide is an egocentric action that ceases the relations of reliance in family. Their family has the feeling of hurt, resentment, depression, guilt and the most important facing the

stigma of suicidal act of family member. Suicide is contagious and spread by the process of idea and imitation. Friendship with suicidal others may increase the risk of suicidal ideation and suicide attempts (Bernburg, 2008).

WAYS TO DECREASE SUICIDE ATTEMPTS

While coming on to the solution, it is not easy to recognize the people with suicidal ideation, and to help those who did the attempt. We don't have the magic stick to change their mind in very little time; actually it requires a lot of efforts, time and the collaboration of different institutions. As a member of the society we have to assess their sufferings and to help them in accessibility to different social groups who would help them in different continuum. Suicides are preventable and are worth preventing. Suicidal ideation can be the prognosticator of suicidal acts. So if somebody talks about or think of killing oneself, give your full attention to them. It is important to know about the risk factors for suicidal ideation as it increases the risks for suicidal attempts and ultimately completed suicide (Brent, 1995). There are three basic levels for the suicide prevention that is primary, secondary and tertiary. In the primary level there are the early recognition of depression, adequate treatment, psychoeducation of health professional, clinical evaluation of suicidal risks and the other relevant public health measures (Oquendo, 1997). Prevention of depression is one of the methods that are helpful to reduce the suicidal behavior. Suicide rate has been decreased by training the primary health care professional in the detection and management of depression (Khan, 2008). Counseling is one of the best ways of decreasing their depression and show good results. The retention rate for students who received counseling was 14 percent higher than for students who didn't receive counseling (Kitzrow, 2003). In the public health measure we must reduce the access to the fatal methods and increases the accessibility to the hospital and to the awareness programs to reduce the risks (Oquendo et al. 1997). At the secondary level we must evaluate the patient past and present suicidal behavior. At this level we have to treat the patient through the pharmacological, behavioral, electroconvulsive and psychotherapy. While at the tertiary level we have to decrease the lethality of suicide attempts, communication from inpatient to outpatient team and the most important the assessment of other family members for risks (Oquendo, 1997). We can also take the help of religious scholar in this raising issue. The last prophet Muhammad (PBUH) said, "Do not wish for death, for the terror of the place whence one looks down is severe. It is part of a man's happiness that his life should be long and Allah Who is Great and Glorious, should supply him with repentance" (Hadith -Qudsi). Cognitive behavioral therapy for suicide, prevent the reoccurrence of suicidal behavior in adolescents who have recently attempted suicide (Somers, 2007). Cognitive behavioral therapy basically, "weaken the connections between troubles some situations and your habitual reactions to them... It also teaches you how to calm your mind and body, so you can feel better, think more clearly, and make better decisions,"(Wassan, 2007). In the end I would recommend that there must be awareness programs in the society about this curse, its proper assessment, providing the immediate care to those who God forbade did the attempts. There must be counselor in the hospitals, schools, colleges, universities and in the community for the analysis and counseling of these people.

CONCLUSION

In conclusion, there is an honest and heartfelt need to grasp this problem and its consequences. Responsible administration, proper training and quality education is required to solve these problems. Awareness can be creating among the people with the help of religious scholars and media about this unpardonable sin. These depressed people need distinctive devotion and spiritual and psychological treatment. Through spiritual education and training we can mould them and produce creative minds, which may be strong enough to face problems. Can we help them to reduce their miseries and depression and to offer our self to them? Can we embrace them to be the part of us and this world? Can we help them to make a winning period; they need to have sense of identity and to teach them not to go the way the life takes you, take the life the way you want to go. In the end I would like to quote: “God didn’t promise days without pain, laughter without sorrow or sun without rain But God did promise the strength the day, comfort for the tears and light for a way” Anonymous.

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