

Participants socio-demographic and house hold data of under graduate students of Kurukshetra University Kurukshetra, Haryana (India)

¹Dr. Santosh and ²Mr. Deepak

¹Assistant Professor, Department of Psychology, OPJS University, Churoo-331303, Rajasthan (India)

²Research Scholar, Department of Psychology, OPJS University, Churoo-331303, Rajasthan (India)

²CC email: deepakbangrwa@gmail.com

Abstract: In the present study, a total of 225 questionnaires were distributed of under graduate students of Kurukshetra University Kurukshetra, and the response rate was 91.3%. Ultimately, we collected 225 valid questionnaires after excluding invalid questionnaires. There were more males (58.97%) than females (41.03%) in the sample, which reflects the gender distribution among the general population. The average age of the participants was 21.32 years (SD = 2.02) and ranged from 17 to 25 years. The study sample was composed of 127 men and 108 women. Of this sample, 122 participants reported suicidal ideation, and 103 participants reported not having suicidal ideation. Furthermore, 30.96% students were from regular students of university while 69.94% were distance education students of university; however, university type did not predict suicidal ideation among these Chinese university students. The characteristics of the subjects. Based on self-reports, 27.53% students had insomnia, 10.70% students were smokers, 25.17% students were alcohol abusers, 18.84% were affected by disease, and 17.37% had psychological problems. Sex, age, insomnia, drinking, disease and psychological problems were all associated with suicidal ideation. No family factors except being an only child were correlated with suicidal ideation among under graduate students of Kurukshetra University Kurukshetra.

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Keywords: Socio-Demographic, Under Graduate Student, Suicidal, Student, Haryana

Introduction:

The word 'suicide' first used by Sr Thomas Brown 1642 in his "Religiomedici" has evoked a variety of reactions in public minds. These reactions vary from anger, distress, ridicule, anxiety, tension, fear, sadness, and stigma. Suicide means, "an intentional determination to end one's life, an unexpected way of death, where the willingness to die originate with in the person and there is the presence of known or unknown causes to end one's life". Suicide occurs rarely in childhood and early adolescence, but beginning at about age of 15, the suicide rate increases dramatically. Suicide is a very serious issue. Far too often, adolescent end their lives suicide. Adolescent suicides in the U.S. have tripled since then 1950, and suicide now ranks as the 3rd leading cause of death in this age group. Each year, 250,000 adolescent attempt suicides, and 8% -10% of adolescents in the U.S. attempt suicide at sometime in their life (Horowitz et al., 2001). In another survey of 300 students, as many as 20% admitted that they performed suicidal behavior in the past year (Rubenstein et al., 1980). While males are about three times more likely to commit suicide than female, whereas female are more likely to attempt suicide than males. The explanation for this is that males use more lethal methods when attempting suicide, such as

shooting, while females use more passive methods, such as sleep pills (Doren, 2013).

Generally speaking, most young people are able to negotiate the biological, cognitive, emotional, and social transitions of adolescence successfully. Some adolescents, however, are at risk of developing certain problems, such as: eating disorders such as anorexia nervosa, bulimia, or obesity, drug or alcohol use, depression or suicidal ideation, violent behavior, anxiety, stress, or sleep disorders, unsafe sexual activities (Epparad, 2008; Erlendsdottir, 2012). The Minnesota study presented students with a list of 47 common life events and asked them to identify those they had experienced in the last six months that they considered to be "bad." The responses indicated that they had experienced an average of two negative life events in the last six months. The most common of these were: Break up with boy/girl friend, Increased arguments with parents, Trouble with brother or sister Increased arguments between parents, Change in parents' financial status, Serious illness or injury of family member, Trouble with classmate, Trouble with parents. These events are centered in the two most important domains of a teenager's life: home and school. They relate to issues of conflict and loss. Loss can reflect the real or perceived loss of something concrete such as a friend or money, and it can mean the loss of such intrinsic things as self-worth, respect,

friendship or love. In a more informal survey of 60 young people the primary sources of tension and trouble for teens and their friends were: relationships with friends and family; the pressure of expectations from self and others; pressure at school from teachers, coaches, grades and homework; financial pressures; and tragedy in the lives of family and friends (described as death, divorce, cancer) (Kambel, 2009). Young have specific coping responses as a function of age, type of stressor, and quality of family environment. The findings demonstrated that

adolescents employ a range of coping strategies in response to stressors within and external to the family. These strategies varied as a function of age, type of stressor, and perceptions of the quality of the family environment. Specifically, among those who identified interpersonal conflicts as their primary stressor, younger adolescents were more likely to use emotion-based coping strategies than were older adolescents. Using emotion-based strategies, however, was associated with less adaptive family functioning (Kumar, 2005).

Table 1. Distribution and family controlled variables among under graduate students of Kurukshetra University Kurukshetra, sample according to suicidal ideation.

Control variables	Total (225) (%)	Suicidal Ideator (%)	Non-Suicidal Ideator (%)	χ^2/t	P
Sex				36.91	<0.0001
Female	58.97%	50.99%	57.72%		
Male	41.03%	49.61%	43.18%		
Age	21.32 ± 2.20	21.07 ± 1.83	21.34 ± 2.23	8.09	0.0047
University Student				0.99	0.38
Regular Students	30.96%	28.15%	30.25%		
Distance Students	69.94%	71.85%	69.75%		
Insomnia				453.07	0.0001
No	72.47%	59.66%	76.76%		
Yes	27.53%	40.34%	26.21%		
Smoke				0.008	1.02
No	89.30%	90.18%	89.90%		
Yes	10.70%	09.82%	10.10%		
Drink				9.72	0.004
No	74.83%	60.92%	67.58%		
Yes	25.17%	39.08%	32.42%		
Disease Affected				41.47	<0.0001
No	81.16%	71.16%	64.12%		
Yes	18.84%	28.84%	35.88%		
Psychologically Affected				141.08	<0.0001
No	82.63%	71.18%	64.72%		
Yes	17.37%	28.82%	36.28%		
Only Child				11.54	<0.0001
No	32.22%	24.84%	28.69%		
Yes	67.88%	75.16%	71.32%		
Economic Status				2.12	0.318
Good	8.12%	5.05%	6.91%		
Mediate	71.14%	66.38%	67.03%		
Poor	20.74%	28.57%	26.06%		
Annual Economic Income				3.98	0.110
≤100000	32.50%	6.32%	6.21%		
<200000	52.18%	61.18%	64.12%		
>200000	25.32%	32.50%	29.67%		
Father Education Level				2.52	0.379
Primary and Lower	34.07%	13.12%	12.28%		
Middle School	27.10%	26.14%	26.60%		
High School	34.70%	34.09%	38.11%		
College and Above	10.13%	26.65%	23.01%		
Father Education Level				1.78	0.701
Primary and Lower	44.07%	20.30%	19.10%		
Middle School	26.52%	27.10%	29.02%		
High School	21.18%	32.07%	34.80%		
College and Above	10.23%	20.53%	17.08%		

Materials and methods:**Sample:**

The sample for the study consisted of 675 students (225 under graduate, 225 post graduate students and 225 research scholars) of Kurukshetra University Kurukshetra, Haryana (India). The age range of subjects varies from 17 to 35 years (mean =21.5). The selected sample consisted of participants from all walks of society from low to middle socioeconomic status. Only those participants were included in sample that had give consent to participant. An exploratory design was employed to gather quantitative data from the universities. Participants who were identified as experiencing suicidal ideation were categorized into a suicidal ideator group (675 suicidal ideator students, out of them 225 under graduate, 225 post graduate students and 225 research scholars) These individuals were invited to complete the social demographic and family-associated factor questionnaires and the Adolescent Self-Rating Life Events Checklist (ASLEC). None of the participants suffered from any type of personality/psychiatric disorder or organic brain lesions.

Measures: During the study participants socio-demographic, house hold and family associated factors among students, various number of family controlled variables (sex, age, insomnia, smoke, drink, disease affected, psychological affected, only child, economic status, annual family income and father-mother educational level) and family associated factors (scolded and beaten by parents, learning pressure from parents, poor parental relationship, poor relationship with parents, parental divorce, unstable parental work) were also observed on the basis of Hiu Zhai et al., 2015.

Results and Discussion:

In the present study, a total of 225 questionnaires were distributed of under graduate students of Kurukshetra University Kurukshetra, and the response rate was 91.3%. Ultimately, we collected 225 valid questionnaires after excluding invalid questionnaires. There were more males (58.97%) than females (41.03%) in the sample, which reflects the gender distribution among the general population. The average age of the participants was 21.32 years (SD = 2.02) and ranged from 17 to 25 years. The study sample was composed of 127 men and 108 women. Of this sample, 122 participants reported suicidal ideation, and 103 participants reported not having suicidal ideation. Furthermore, 30.96% students were from regular students of university while 69.94% were distance education students of university; however,

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Correspondence author:

Deepak

Research Scholar, Department of Psychology,
OPJS University, Churoo-136119,
Rajasthan (India)

e-mail-deepakbangrwa@gmail.com

Phone no. -91+9716460888

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