



Study on family factors extracted from factor analysis of of post graduate students of Panjab University, Chandigarh (India)

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Abstract: In the present study, a total of 225 questionnaires were distributed of post graduate students of Panjab University, Chandigarh, 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 post graduate students of Panjab University, Chandigarh.

[Antil, M. **Study on family factors extracted from factor analysis of of post graduate students of Panjab University, Chandigarh (India)**. *N Y Sci J* 2022;15(9):7-10] ISSN 1554-0200(print);ISSN 2375-723X (online) <http://www.sciencepub.net/newyork>. 02. doi:10.7537/marsnys150922.02.

Keywords: Family Factors, Post Graduate Student, Suicidal

Introduction:

Suicidal Ideation is more common than completed suicide. Suicidal behavior can be characterized as a spectrum that ranges from fleeting suicidal thoughts to completed suicide. A 1995 study found that 3.3 percent of patients in an urban primary care out-patient clinic reported suicidal ideation (Haimya, 2012). There is considerable debate all over the world as to why people commit suicide, since self-destruction of human beings has always been a matter of curiosity. Since suicide is an act of killing oneself performed by the person with his/her full knowledge, and knowing full well the results of the final outcome, it is always considered something very close to the person committing the act. The various causes for a suicide are by and large many and complex, ranging from social, economic, health, cultural, political, and religious and other areas of an individual's life. Recent research indicates that suicides are multidimensional in nature, cumulative due to number of causes which are progressive and operate over a period of time. A small percentage of impulsive suicides have been extremely difficult to poststand (Grewal, 1958).

The creation and destruction of mankind has been a matter of intense intrigue for many years. In recent years, the emerging self-directed violence or

suicides and destruction by others or homicides for a wide variety of reasons has been a matter of debate across the world. Voices are emerging from every corner of the globe to poststand and prevent or reduce the same in every country. What drives a person to the ultimate state of self-destruction or deliberate self-harm has baffled scientists, researchers, priests, philosophers, lawyers, doctors, social workers and others for decades. Suicide as an entity has cut across countries, societies and communities within geographical locations. No barriers of age, sex, class, religion exist in suicides. Suicides or deliberate self-harm, an event considered as more of cultural or social phenomena is recently recognized as a public health problem in every country. Then phenomena of suicides in the recent years has become a so common that no single day passes without reading, hearing or watching an act or attempt in the media (Gail, 2001). The field of suicide has attracted considerable attention in recent years. Several governments around the world have establishments suicide prevention programmers. The major reason for this has been the very large increase in suicide in young people especially males, seen in many countries. There is also increasing empirical interest in suicidal behavior in the elderly. The increased attitude to suicide and

attempted suicide has resulted in a massive expansion in research, which has occurred on all fronts, including, psychiatry psychology, social sciences, Biology and Genetics (Turcin, 2005).

Historically, the acceptance of suicide as either rational or irrational reflected the nature of prevailing spiritual guidance of a culture. Ancient Greece viewed the act with ambivalence. Neither Hinduism nor Bhuddhism takes a positive view of suicide and Islam strictly forbids the act while Rome appears to have acceptable suicide either neutrally or perhaps even positively. In classical Rome, they gave emphasis on the quality of life. According to them, the wise man lives as well as he should, not as long as he can western thought changed radically in the fourth century, when st. Augustine proclaimed suicide a crime. Later a st. Thomas Aquines suggested that it is a form of murder because it usurped God's power over life and death. So, the western world came to regard it as crime and sin (Shneidman,1973).

Materials and methods:

Sample:

The sample for the study consisted of 225 post graduate of Panjab University, Chandigarh (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 post 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 divorce, unstable parental work and unstable maternal work) were also observed on the basis of Hiu Zhai et al., 2015.

Results and Discussion:

Three factors with eigenvalues >1.0 were identified and accounted for 70.12% of the overall variance. These factors explained 24.18%, 21.12% and 23.11% of the total variance. The factor loadings are shown in Table 1. Factor 1 was “poor family structure and relationships”, including poor parental relationships and parental divorce. The second factor referred to “parents’ unstable work”, including that of both fathers and mothers. The third factor (improper parenting style) included being scolded and beaten by parents, receiving learning pressure from parents and having poor relationships with parents.

Table 1. Loadings on first rotated principal components for of post graduate student.

Family factors	Factor1	Factor2	Factor3
Poor parental relationship	0.86^a	-0.33	-0.09
Parental divorce	0.77^a	-0.41	-0.09
Unstable paternal work	0.31	0.81^a	-0.38
Unstable Maternal work	0.23	0.58^a	-0.39
Scolded and beaten by parents	0.27	0.29	0.66^a
Learning pressure from parents	0.29	0.27	0.75^a
Poor relationship with parents	0.19	-0.01	0.39^a

^aIndicate the largest loadings on each component.

In order to meet out the objective of the study, the obtained data were processed with various statistical analyses. The data were analyzed by using Pearson's product moment correlation method, principal component method of factor analysis and multiple regression. The results are described as post:

2. Family factors associated with suicidal ideation among post graduate student.

Chi-Square Analysis

As shown in Table 2, in a comparison of suicidal ideators and non-suicidal ideators, family-related variables were found to be common among all suicidal ideators among post graduate student.

Table 2. Family associated factors of post graduate student with and without suicidal ideations.

Family Factor	Total (225) (%)	Suicidal Ideator (%)	Non-Suicidal Ideator (%)	χ^2	P
Scolded and beaten by parents				24.86	<0.0001
No	86.18%	78.12%	84.47%		
Yes	13.72%	11.88%	15.53%		
Learning pressure from parents				58.11	<0.0001
No	66.18%	52.84%	68.01%		
Yes	33.82%	47.16%	31.99%		
Poor parental relationship				20.18	<0.0001
No	91.12%	92.60%	95.98%		
Yes	8.98%	7.40%	4.02%		
Poor relationship with parents				60.12	<0.001
No	89.74%	80.40%	91.72%		
Yes	10.26%	19.60%	8.28%		
Parental divorce				7.12	0.01
No	92.56%	88.24%	92.67%		
Yes	7.44%	11.96%	7.33%		
Unstable paternal work				4.98	0.0156
No	96.14%	94.12%	96.40%		
Yes	3.86%	5.88%	3.60%		
Unstable maternal work				9.10	0.0026
No	91.80%	94.70%	94.40%		
Yes	8.20%	5.30%	5.60%		

3. Family factors associated with suicidal ideation among post graduate student: Logistic Regression Analysis

Table 4.4 presents the logistic regression analysis results for suicidal ideation among post graduate student of Panjab University, Chandigarh University, Panjab University, Chandigarh . Group-specific odds ratios are shown in the second column of Table 3. In the third column, three factors were

evaluated for their association with suicidal thoughts when demographic/family factors variables were controlled. In the fourth column, the three factors were not only adjusted for demographic/family factor variables but also adjusted for each other. After all confoposts and three family factors were added to the model, suicidal ideation was still associated with these three factors.

Table 3. Suicidal ideation and correlated family factors using univariate and multiple logistic regression analysis among post graduate student.

Family Factor	Unadjusted Odds Ratios with 95%CI	Adjusted Odds Ratios with 95% CI	
		Demographic Model a	Family Factors Model b
Factor 1	1.189 (1.088, 1.256) ^c	1.131 (1.037, 1.318) ^d	1.131 (1.031, 1.219) ^d
Factor 2	1.151 (1.098, 1.278) ^c	1.098 (1.011, 1.177) ^c	1.021 (1.016, 1.098) ^e
Factor 3	1.356 (1.244, 1.652) ^c	1.345 (1.282, 1.524) ^c	1.501 (1.341, 1.531) ^c

Notes: a The odds ratios for risk factors were adjusted only for demographic/family factors variables; b The odds ratios for risk factors were all adjusted for each other in addition to demographic/family factors variables; c $p < 0.001$; d $p < 0.01$; e $p < 0.05$.

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9/22/2022