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Exploring Adolescent Perceptions of Suicide : A Case Study of a High School in Kathmandu Metropolitan City, Nepal

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Abstract

Suicide among adolescent is a major global public health concern, with Nepal facing its own challenges in addressing this issue. This article looks into how adolescent students in Nepal view suicide and sheds light on the cultural and social factors influencing their perspectives. It draws from a study conducted at a high school in Kathmandu. The research explores different aspects of how teenagers perceive suicide, including what causes they think are justified, related social stigma, and help-seeking behaviours. The findings reveal insightful understandings of how Nepalese teenagers view suicide and its causes. This provides valuable groundwork for customizing suicide prevention strategies to the local context. Additionally, the article discusses the implications of these findings for mental health interventions. It also highlights the need for more research and awareness initiatives to address suicide among Nepalese youth.

Keywords

Adolescent Perceptions, Suicide, Nepal, Stigmatization, Help-seeking behaviours, Mental health intervention.

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1. Introduction

Suicide stands as a critical public health challenge in the United States, evidenced by data revealing a suicide completion every 12.8 minutes (CDC, 2013). Among youth aged 10-24, suicide ranks as the second leading cause of death nationwide (CDC, 2013). Disturbingly, recent findings from the National Youth Risk Behaviour Surveillance (NYRBS) in 2013 indicate that 17% of students seriously contemplated suicide within the previous year, while nearly 14% formulated plans for suicide, and 8% attempted suicide one or more times during the same period (CDC, 2013). These figures reflect an alarming increase since the last NYRBS in 2011.

Suicidal behaviour encompasses a range of ideations, communications, and actions indicating an intent to die (Van Orden et al., 2010). Adolescents grappling with suicidal thoughts or behaviours often display detrimental cognitive patterns linked to mental health issues such as depression (SAMHSA, 2012). Common cognitive distortions associated with suicidal behaviour include feelings of hopelessness, helplessness, and worthlessness (SAMHSA, 2012), which can result in significant impairment within educational settings (Klein et al., 2013). Observable symptoms include difficulty concentrating, impaired decision-making, self-harm behaviours, social withdrawal, and increased absenteeism (Klein et al., 2013), all of which can adversely affect academic performance and classroom behaviour (AAS, 2010b; APA, 2013; Huberty, 2006).

Given these concerning trends, suicide warrants particular attention from educational stakeholders (Lam, 2014). However, there remains a notable gap in understanding why at-risk students refrain from seeking help (Calear et al., 2014; Pandey, 2013). Identifying barriers to help-seeking is crucial for effective suicide prevention efforts and requires further investigation.

Considering that suicide is a preventable issue (Batterham, Calear & Christensen, 2013a; National Research Council, 2002), it is evident that current prevention strategies may not be fully effective. In Pennsylvania, suicide ranks as the primary cause of death among youths aged 10-14 (AFSP, 2015), a demographic targeted by our study. Although the reasons behind the reluctance of at-risk individuals to seek help remain unclear (Calear et al., 2014; Pandey, 2013), recent studies indicate a pervasive stigma surrounding suicide and related behaviours, potentially deterring individuals from seeking assistance (Batterham, Calear & Christensen, 2013b; Calear et al., 2014). Research focusing on youth suicide, help-seeking behaviours, and school-based prevention efforts underscores the enduring stigma surrounding suicide, significantly impeding adolescents' willingness to access support services or utilize prevention resources (Barney, Griffiths, Jorm, & Christensen, 2006; Batterham et al., 2013a; Calear et al., 2014). The aim was to contribute to the expanding body of research on adolescent attitudes toward suicide, suicide stigma, and help-seeking behaviours. By directly targeting the goal of enhancing help-seeking behaviours among at-risk individuals through stigma reduction, our research aligns with the objectives outlined in the National Action Alliance for Suicide Prevention's Research Prioritization Task Force's 2014 research agenda (Niederkrötenhaler et al., 2014). This task force conducted a comprehensive literature review, analyzed potential suicide interventions, and solicited stakeholder input to identify research areas with the greatest potential for reducing suicide rates over the next 5-10 years (Action Alliance for Suicide Prevention [AASP], 2015). Moreover, there is a call for further investigation into suicidal behaviour and prevention initiatives to assess the impact of suicide stigma on help-seeking behaviours (Batterham et al., 2013b).

By addressing these gaps in knowledge, the research problem of this study was to explore the perceptions of adolescent students on suicide. The objective was to understand their perspectives within the study area. Given the increasing rates of suicide among adolescents, this research aimed to fill a gap in understanding by investigating youth perceptions on this issue. The study's significance lay in its potential to shed light on the causes of suicide and changes in adolescent behaviour associated with these perceptions. Additionally, the findings served as valuable secondary materials for further research in this area.

2. Literature Review

Several studies have contributed to our understanding of adolescent perceptions of suicide in Nepal. Amiya et al. (2014) conducted a cross-sectional study in the Kathmandu Valley, exploring the relationship between perceived family support, depression, and suicidal ideation among people living with HIV/AIDS. While not specifically focused on adolescents, their findings shed light on the broader context of mental health and suicidal ideation in Nepal.

Benson and Shakya (2008) offered a comparative analysis of suicide prevention efforts in Nepal and Australia. While not a research study per se, their insights into suicide prevention strategies may provide valuable context for understanding cultural factors influencing perceptions of suicide in Nepal.

Pradhan et al. (2013) investigated personality factors associated with attempted suicide in Nepal. While their study did not specifically target adolescents, it offered valuable insights into individual-level risk factors contributing to suicidal behaviour in the Nepalese context.

Similarly, Risal et al. (2013) examined psychiatric illnesses among patients admitted for self-poisoning in a tertiary care hospital in Nepal. While their focus was not solely on adolescent perceptions, their findings provided important data on the mental health context surrounding suicidal behaviours in Nepal.

Looking beyond Nepal, Radhakrishnan and Andrade (2012) provided insights into suicide from an Indian perspective. While focused on India, their analysis of cultural and contextual factors influencing perceptions of suicide in South Asia can inform our understanding of adolescent perceptions in Nepal.

Chakrabarti and Devkota (2004) conducted a retrospective study on suicide cases admitted to Nepal Medical College Teaching Hospital. While their focus was not specifically on adolescent perceptions, their findings provided valuable insights into the demographic and clinical characteristics of suicide cases in Nepal.

Regmi et al. (2004) presented a comprehensive overview of mental health issues in Nepal, including suicide, in their Nepal mental health country profile. Although not centered on adolescent

perceptions, their work shed light on the broader mental health context in which suicidal behaviours occur in Nepal.

Anecdotal evidence from a Reddit post (“Are there any suicide hotlines here in Nepal?”) offers insights into public awareness of suicide hotlines in Nepal. While not a formal research study, it provides valuable anecdotal evidence that may complement formal research findings on adolescent perceptions of suicide in Nepal.

News articles from The Himalayan Times highlight trends and factors influencing suicide rates in Nepal. One article reports on a decline in the suicide rate (“Nepal sees decline in suicide rate by 3.5% this fiscal”), while another discusses the link between depression and suicide cases (“Depression leading to rise in suicide cases”). While not formal research studies, these articles offer important contextual information on trends and factors contributing to suicidal behaviour in Nepal.

These studies, while diverse in their nature, offer valuable insights into adolescent perceptions of suicide in Nepal. Combining formal research findings with anecdotal evidence and contextual information from news sources can provide a more comprehensive understanding of this complex issue.

3. Study Area and Methodology

The study was conducted at a high school Kathmandu Metropolitan City. A descriptive research design was used to explore adolescent students’ perceptions of suicide. Secondary data from various reliable sources supplemented primary data collected through interviews. The sample comprised 20 students from classes 9 and 10, selected using simple random sampling. Data collection involved structured interviews with open-ended and close-ended questions. Analysis was conducted using simple statistical tools like tabulation and percentages to interpret the findings effectively.

4. Data Presentation and Analysis

The following tables and chart depict various aspects of the students in the study area. A total of 20 respondents were included in the study.

4.1 Demographic Information of Respondents

Table-1 provides information of respondents about their gender and age group on next page.

Table-1 : Demographic Information

Particulars	Division	No. of Students	Total
Gender	Male	10	20
	Female	10	
Age group	10-15	8	20
	16-20	12	

Field Survey, 2024.

The above table illustrate the demographic information's of the students out of which 10 were male and remaining 10 were female students. Out of which 10-15 age group students were 8 in numbers and remaining 16-20 age group students were 12 in numbers out of 20 students.

4-2 Justification of Suicide

Though many people consider the last choice to get rid of the problem one faces, still the question which remains unanswered is about its justification. Can suicide be justified under any circumstances? It has been held that it can never be justified by any logic. The following table provides the responses of the selected sample on this issue :

Table-2 : Can Suicide be justified?

Response	Frequency	Percentage
Can never be justified	10	50.0
Can be justified	10	50.0
Total	20	100.0

Field Survey, 2024.

The above table illustrates that half of the selected students responded negatively, whereas the remaining half showed agreement that suicide can be justified. In other words, the students are equally divided on the issue of justification of suicide.

4-3 Weakness and Suicide

Psychiatrist and social psychologists generally hold that everyone has his/her strength and weakness. More often, weakness is aggravated when people are under more stress. This may lead to negative thoughts. Physical, psychological, carrier, family stress, etc.,

make a person think that nothing is possible. He/she feels a sense of helplessness and that is what makes one take the leap. Such an individual thinks that death is the only solution for his/her problem. It is in this context that an attempt was made to elicit the responses of the selected sample, which are depicted in the following table :

Table-3 : Weak People Commit Suicide

Response	Frequency	Percentage
Agree	19	95.0
Disagree	1	5.0
Total	20	100.0

Field Survey, 2024.

Responses of the selected students reveal that an overwhelming majority among them (95%) opined that weak people only commit suicide, whereas remaining negligible proportion (5%) among them disagree with the view that people aren't weak who commit suicide. there may be so many other problems which lead one to take this course of action to end his/her life by committing suicide.

4.4 Mental Illness and Suicide

Mental health conditions, particularly the mental illness (also called mental health disorder), are also said to be a significant risk factor in committing suicide. Mental illness refers to a wide range of mental health conditions – disorders that affect your mood, thinking and behaviour. It generally includes depression, anxiety disorders, schizophrenia, eating disorders and addictive behaviours. Research findings have shown that some people who end their own lives do not actually want to die, but feel there is no other option to relieve them of their pain. Some might experience a sense of hopelessness, and feel that things cannot get better. Those who do take their own life may be overwhelmingly in the state of mental ill-health.

Table-4 : People Who Commit Suicide are Usually Mentally Ill

Response	Frequency	Average
Agree	12	60.0
Disagree	8	40.0
Total	20	100.0

Field Survey, 2024.

Responses of the selected sample as depicted in the table on the preceding page clearly show that 6 out of every 10 students have shown agreement with the view that people who commit suicide are mentally ill, whereas, the remaining 4 out of every 10 students disagreed that people who commit suicide aren't mentally ill.

4.5 Suicide as the only Solution

Probably all of us have many problems in our life. Their nature may vary from person to person. It is believed that there are other means one might bring to bear in solving one's problems and coping with the stressors. Examples of coping mechanisms include psychotherapy, medication, various forms of social, occupational and educational assistance, and the support of other people who get whereas persons are coming from, One might not be taking full advantage of these mechanisms and consider suicide as the only solution to his/her problems. In most cases, a variety of thinking errors (called cognitive biases) conspire to make situations even more dire than they really are. The following table shows the distribution of selected sample on the issue of suicide as the only solution of problem(s) faced in one's life :

Table-5 : Suicide is the only Reasonable Solution

Response	Frequency	Percentage
Agree	5	25.0
Disagree	15	75.0
Total	20	100.0

Field Survey, 2024.

It may be seen from the above table that one-fourth selected students agree that there may be a situation where the only available solution is suicide. However, remaining three-fourth students perceive that suicide is not a reasonable solution of any situation ridden with problem(s).

4.6 Suicide Requires a Therapy

It is a well known fact that suicides go down considerably after people thinking of committing suicide have therapy sessions. Researchers from John Hopkins University tracked more than 5,000 Danish people who had attempted suicide and later received psychosocial counselling. They found suicides went down by 26%

after five years, compared to people who had no therapy sessions. In fact, the aim of this therapy is to give people time and space to talk about their troubles and explore difficult feelings with a trained professional. An attempt has also been made to elicit the responses of selected sample as to whether suicide requires a therapy? The same are depicted in the following table :

Table-6 : Who Attempts Suicide Requires a Therapy

Response	Frequency	Percentage
Agree	16	80.0
Disagree	4	20.0
Total	20	100.0

Field Survey, 2024.

It is amply clear from the above table that more than three-fourth (80%) selected students agree to go for therapy who try to attempt suicide, but remaining one-fifth (20%) opined that persons attempting to commit suicide don't need to go for a therapy.

4.7 Sharing of Negative Thoughts reduces Stress

Various repetitive negative thinking patterns, such as rumination and worry, are said to be at the core of psychiatric disorders associated with suicide. A number of studies have revealed that repetitive negative thinking or cognitive rumination, which basically means structural changes in specific regions of the brain; and recent stress increase the chances of committing suicide. Excessive negative thinking patterns are the predictor of greater severity of suicide ideation in youngsters with major depressive disorder. However, the chances of committing suicide or reducing the stress decrease considerably if the negative thoughts are shared comfortably by talking to their friends or family members. The responses of the selected sample on this issue are shown in the following table :

Table- 7: Sharing of Negative Thoughts reduces Stress

Response	Frequency	Percentage
Agree	14	70.0
Disagree	6	30.0
Total	20	100.0

Field Survey, 2024.

Data contained in the table-7 on the preceding page reveal that a little less than three-fourth (70%) selected adolescent students agreed that if they may experience the negative thoughts, they would comfortably be talking to their friends or family members, but remaining less than one-third (30%) students were not comfortable to talk about their negative thoughts.

4-8 Those Who Commit Suicide Can't Face Life Challenge

Many studies have revealed that mental life challenges and stresses, such as unemployment, family problems like divorce, separation, romantic breakups, arguments, conflict and intimate partner violence and recent legal issues were more common among suicides related to intimate partner problems. Failure to face life challenges may sometimes culminate in suicide. The following table shows the responses of selected sample on this issue :

Table-8 : Those Who Commit Suicide can't Face Life Challenge

Response	Frequency	Percentage
Agree	12	60.0
Disagree	8	40.0
Total	20	100.0

Field Survey, 2024.

From the above table, it seems that six out of every ten students agree with the views that those who commit suicide can't face their life challenges. On the other hand, remaining 4 out of every ten selected students opined that failure to face their life challenges is not a reason for motivation to commit suicide.

4-9 Suicide as Transgression

When the killing is intentional and malicious, it is certainly considered oppressive or transgressive. The following table depicts data on the views of selected sample on suicide as transgression :

Table-9 : Suicide is a Very Serious Transgression

Response	Frequency	Percentage
Agree	15	75.0
Disagree	5	25.0
Total	20	100.0

Field Survey, 2024.

It may be seen from the responses of students from the table on the preceding table that three-fourth adolescent students agreed that suicide is a very serious transgression, whereas, remaining one-fourth students don't agree with this view.

4.10 Suicide as an Act of Coward

The issue of suicide is a sensitive and complicated one, often marked by misconceptions and taboos. One of the many misconceptions is the assumption that suicide is an act of cowards. However, Aristotle condemns suicide without qualification, citing two reasons for moral disapproval. *First*, suicide is an act of cowardice. *Second*, suicide involves an act of injustice toward the state. It is argued that the charge of cowardice is too strong even by Aristotle's own standards. An attempt has been made in this study to elicit the responses of the selected sample on as to whether suicide is an act of coward. The responses are shown in the following table :

Table-10 : Suicide is an act of Coward

Response	Frequency	Percentage
Agree	17	85.0
Disagree	3	15.0
Total	20	100.0

Field Survey, 2024

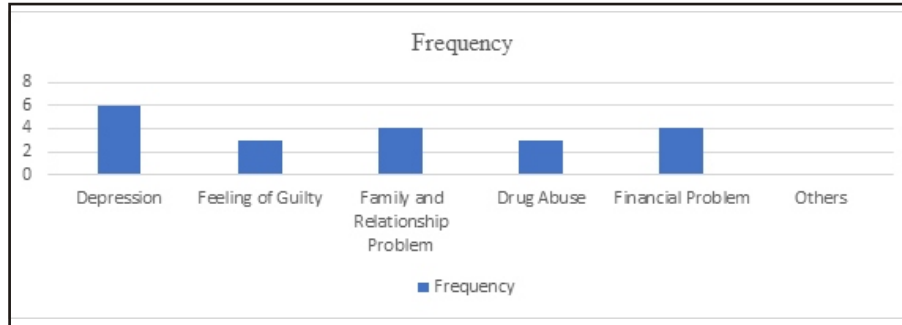
The above table illustrates that an overwhelming majority of the respondents (85%) agree that the suicide is an act of cowardness, whereas, the remaining minority or very less respondents (15%) disagree that the suicide can't be regarded as coward act.

4.11 Possible Causes of Suicide

Suicidal feelings can affect anyone, of any age, gender or background, at any time. Generally, the causes of suicide include: mental health problems, bullying, prejudice or stigma, different types of abuse, bereavement, the end of a relationship, family history of suicide, long-term physical pain or illness, money problems, homelessness, isolation or loneliness, addiction or substance abuse, cultural pressure, such as forced marriage, various forms of trauma, major psychiatric illness, losing hope or the will to live, significant losses in a person's life, such as the death of a loved one, loss of an important relationship, loss of employment or self-esteem, unbearable emotional or physical pain, etc.

The following figure depicts various causes of suicide as reported by the selected sample :

Figure-1 : Causes of Suicide



Field Survey, 2024.

As regards the causes of suicidal cases, the above figure illustrates that 30% respondents reported that depression is the cause of suicide, 20% of respondents opined that family and relationship problems and financial problems as the reason behind suicide and 15% of respondents were of the view that feeling of guilty is the reason behind suicide. Also, drug abuse was reported as the cause of suicide by 15% respondents.

5. Findings of the Study

Major findings of this study may be summarized as under :

- ▶ The study revealed that 50% of the surveyed students endorsed the notion that suicide can never be justified, whereas an equal proportion (50%) disagreed with this assertion.
- ▶ A significant majority (95%) of respondents perceived individuals who complete suicide as exhibiting weakness, contrasting starkly with the 5% minority who did not share this perspective.
- ▶ The findings indicated that 60% of participants subscribed to the belief that individuals who complete suicide is typically afflicted with mental illness, while the remaining 40% diverged from this viewpoint.
- ▶ The study elucidated that 75% of adolescent respondents regarded suicide as a highly serious transgression. In contrast to this, 25% minority who did not ascribe such severity to the act of suicide.

- ▶ Among the factors attributed to suicide, 30% of respondents cited depression as a primary cause.
- ▶ Feelings of guilt emerged as a contributing factor according to 15% of participants.
- ▶ Family and relationship problems were identified as causal agents by 20% of the surveyed cohort.
- ▶ Similarly, 15% of students associated drug abuse with the propensity for suicide.
- ▶ Financial hardships were acknowledged as a contributing factor by 20% of respondents.

6. Conclusion

The findings suggest that there is no significant difference in the history of suicidal ideation and/or suicide plans between drug users who inject and those who do not inject, after controlling for factors such as age, gender, ethnicity, and family income. However, it is evident that rates of suicidal ideation, suicide plans, and suicide attempts are notably high among adolescents who are depressed and those who use substances. Moreover, individuals who are both depressed and injecting drugs face an elevated risk of suicidal behaviour.

Addressing the issue of drug use in Nepal requires targeted interventions, particularly focusing on regions near the Indian border where trafficking routes are active. Enhancing border security and implementing stringent measures to curb drug mobility could potentially mitigate the problem.

The consequences of drug use extend beyond the individual user, affecting society at large. Therefore, there is a pressing need for collective efforts aimed at addressing this issue comprehensively. Efforts should not only focus on tackling drug trafficking but also on addressing underlying mental health issues, such as depression, among youth. By prioritizing mental health and providing support to vulnerable individuals, it is possible to build their resilience and enhance their overall well-being, ultimately fostering a happier and healthier society.

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