Original Article

International Journal of Forensic Science
Volume 7 Number 1, January–June 2024

Suicides Committed by Teenagers in Kerala: A Retrospective Study

Sandra Santhosh B.[1], Anita Yadav[2], Chhote Raja Patle[3], Isha Rajput[4]

How to cite this article:
Sandra Santhosh B., Anita Yadav, Chhote Raja Patle *et al.* Suicides Committed by Teenagers in Kerala: A Retrospective Study. Int Jr of Forensic Sci. 2024;7(1):17–20.

Abstract

Suicide occurs more often in older people than in younger people, but it is still one of the leading causes of death in late childhood and adolescence worldwide. The study focuses on the reasons for suicide among teenagers. The study aims to analyse the common reasons teenagers commit suicide. For the study, various police stations in Kerala were visited based on the collected details of teenage suicides that had been reported between the years 2018 to 2021. The findings of this study showed that the majority of suicides occurred between the ages of 15 to 24. The majority of the cases reported were due to family problems, drug addiction, or illness. A range of suicide prevention interventions were suggested to minimise opportunities for suicide imitation.

Keywords: Teenagers; Suicide; People; Years; Reasons; Adolescence.

INTRODUCTION

A teen commits suicide when they intentionally kill themselves. When a teenager has suicidal ideas, they are known as suicidal ideation.[1] Suicide is a complex public health problem of global importance.[2] Suicide receives increasing attention World Wide, with many countries developing national strategies for prevention. Rates of suicide vary greatly between countries, with the greatest burdens in developing countries.[3] Stressful life situations combined with typical developmental changes might make a teen have suicidal thoughts. Among young people aged 15 to 24, suicide is the third leading cause of mortality.[4] Various reports indicate that More girls than boys commit suicide. The suicide death rate is 2-4 times higher in boys than in girls.[5]

Teenagers Risk Factor for Suicide

The risk of teens suicide varies with ages, gender, cultural and social influences.[6] Risk factors may change over time they are: Aggressive or disruptive behavior, Substance abuse problems, Family history of suicide, Exposure to violence, and Acute loss or rejection.[7]

Suicide and suicide attempts among adolescents are growing at an alarming rate (Diekstra and Garnefski, 1995). Suicide in adolescents, as it is in adults, is an escape from intolerable mental pain hopelessness and meaninglessness of their lives into an illusion of peacefulness (Baumeister, 1990; Orbach, 1988; Range, 1992; Shneidman, 1985, 1996.[8] Suicide is one of the commonest causes of death among young people.[9] Due to the growing risk for suicide with increasing age, adolescents are the main target of suicide prevention.[10]

Author's Affiliation: [1] M.Sc Student, [2]Associate Professor, [3,4]Assistant Professor, Department of Forensic Science, Sanjeev Agrawal Global Educational University, Bhopal 462022, Madhya Pradesh, India.

Correspondence: Anita Yadav, Associate Professor, Department of Forensic Science, Sanjeev Agrawal Global Educational University, Bhopal 462022, Madhya Pradesh, India.

E-mail: anitakakas7@gmail.com

Received on: 03.08.2023

Accepted on: 15.12.2023

This work is licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0.

The protective variables that have been proposed include young children's reduced rates of depression, their close integration into the family, and the requirement for a significant amount of cognitive maturation before a kid can experience negative emotions like despair and hopelessness.[11]

METHODOLOGY

In the present study, several methods of sample collection were used. The statistical data on teenage suicide was collected from 2018 - 2021 from law enforcement agencies and several government websites. The data includes various age groups, genders, types of reasons, years and educational qualifications.

Sample Collection

Data was collected from the following sources

State crime records bureau (SCRB) state police headquarters, Thiruvananthapuram, Kerala, Police station in kadakkavoor, Thiruvananthapuram, Kerala, Varkala Police station, Thiruvananthapuram, Kerala, Attingal, Police station, Thiruva-na-nthapuram, Kerala, Chirayinkeezhu, Police station, Thiruvananthapuram, Kerala, Venjaramoodu, Police station, Thiruvananthapuram, Kerala, Mangalapuram, Police station, Thiruvananthapuram, Kerala, Edava, Police station, Thiruvananthapuram, Kerala, Kazhakkoottam, Police station, Thiruvananthapuram, Kerala, Pothencode police station, Thiruvananthapuram, Kerala Kilimanoor, police station, Thiruvananthapuram, Kerala, Thiruvananthapuram, police station, Kerala.

The state police headquarters in Thiruvananthapuram gave their consent before the sample was taken. The statistical data was obtained from the law enforcement agencies from 2018 – 2021.

RESULTS AND DISCUSSIONS

The data was collected and statistically analyzed, and the following findings were observed.

Table 1: Suicide data from Thiruvananthapuram

Year	2018	2019	2020	2021
Number of suicides	318	332	316	345
Average Percentage	24.2%	25.3%	24.1%	26.3%

Table 2: Teenage suicide data from Thiruvanantha puram Teenage suicide due to family problems

Family Problems												
Year	2018			2019			2020			2021		
Gender	Male	Female	Trans-gender	Male	Female	Trans-gender	Male	Female	Trans-gender	Male	Female	Trans-gender
Thiruvanan thapuram	139	45	0	137	20	0	135	45	0	215	30	0
Average Percentage	75%	24.40%	0%	87.20%	12.70%	0%	75%	25%	0%	87%	12.20%	0%
Total number	184			157			180			245		

Table 2: Teenage suicide due to drug abuse

Drug Abuse												
Year	2018			2019			2020			2021		
Gender	Male	Female	Trans-gender	Male	Female	Trans-gender	Male	Female	Trans-gender	Male	Female	Trans-gender
Thiruvanan thapuram	110	9	0	151	5	0	120	4	0	192	10	0
Average Percentage	92.40%	7.50%	0%	96.70%	3.20%	0%	96.70%	3.20%	0%	95%	4.90%	0%
Total Number	119			156			124			202		

Table 4: Teenage suicide due to illness

	Illness											
Year	**2018**			**2019**			**2020**			**2021**		
Gender	**Male**	**Female**	**Trans-gender**	**Male**	**Female**	**Trans-gender**	**Male**	**Female**	**Trans-gender**	**Male**	**Female**	**Trans-gender**
Thiruvanan thapuram	141	35	0	152	18	0	64	112	0	29	111	0
Average Percentage	80.10%	19.80%	0%	89.40%	10.50%	0%	36.30%	63.60%	0%	20.70%	79.20%	0%
Total number		176			170			176			140	

AGE

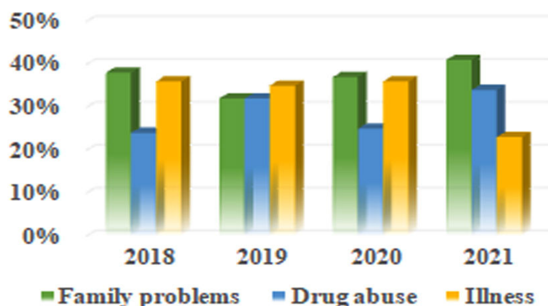

Fig. 1: Age Group Wise

Distribution

The age of the sample, which is analyzed, ranges from 15 to 24 years. From 2018 to 2021, the rate of teenage suicides increased by 50% in the age group of 15–20 years due to family problems. 30% of the age group of 18–21 years commit suicide due to illness. Teenagers aged 18–24 have a 20% chance of committing suicide due to drug addiction. This statistical data shows that people over the age of 18 commit the highest number of suicides.

Gender

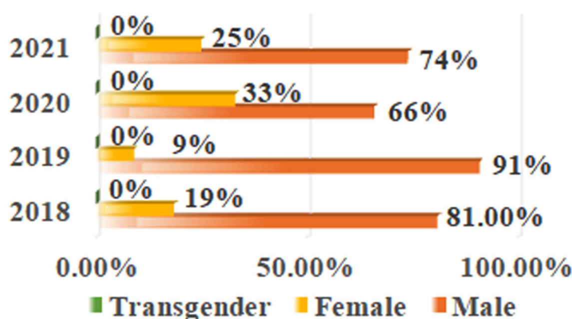

Fig. 2: Gender wise distribution of data

Based on this statistical data, it has been analysed that 80% of males commit suicide in their teenage years. In the teenage period, changes in mental and physical health occur too. Only 20% of females committed suicide during the period from 2018 to 2021. According to the data, males committed a higher number of suicides.

Year

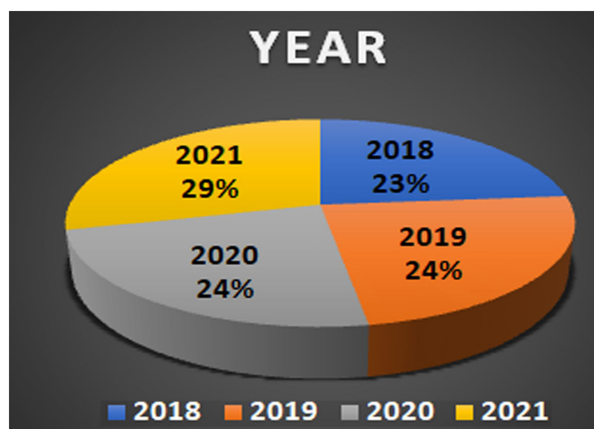

Fig. 3: Year wise distribution of data

The result showed that maximum number teenagers committed suicide in 2021, (around 29%). Following number of suicide with in 2018, (around 22%).

CONCLUSION

A significant public mental health issue is teen suicide. Young individuals, especially adolescents, are prone to mental health issues by nature. Suicide is extremely uncommon in youngsters, but it becomes far more common in teenagers. Teenagers, defined as those between the ages of 15 and 24, have a high suicide rate. Age is a time of mental and physical change. A variety of contributing factors, including familial issues, drug addiction, sickness, and other causes, interact in a complex and unique manner to cause each suicide.[12] Risk factors are significantly increasing. Key risk factors for suicide include mental diseases, prior suicide

attempts, certain personality traits, genetic loading, and family dynamics, along with triggers for psychosocial stressors, exposure to role models who inspire, and access to means of suicide.[13] The only way to move forward is to provide comprehensive and cross-sector prevention measures that aim to minimise these risk factors and boost protective variables to the greatest extent possible.[14] Population based key prevention tactics include things like mental health promotion education, raising awareness through mental resilience campaigns, cautious media coverage, and restricting access to suicide methods.[15] Teenagers who are experiencing stressful life situations may have suicidal thoughts due to normal developmental changes.[16]

The teenage years should be the most thrilling time of life. A period when an adolescent plans for the future and lives life to the fullest, a time when change is welcomed and welcomed with open arms.[17] Teenagers may feel powerless to alter their circumstances or problems. They are unsure of how to handle these situations. Everyone needs to be on guard for all of these things.[18] Please take action if you see or know of someone who is in trouble. It is crucial that the public educate everyone, not just our children. By creating social support networks, our society can aid in the prevention of suicide.[19] This can include relationships with friends, family, peer support groups, and affiliations with cultural or religious communities. So, this is one of the best ways to assist teenagers. Suicide is entirely unacceptable and may be avoided.[20]

REFERENCES

1. Turecki G, Brent DA. Suicide and suicidal behaviour. The Lancet. 2016 Mar 19;387(10024):1227-39.
2. Hawton K, Van Heeringen K, editors. The international handbook of suicide and attempted suicide. John Wiley & Sons; 2000 Nov 21.
3. Stanford Medicine Children's Health default 90-P02584.
4. Orbach I. Suicide prevention for adolescents. Suicide in children and adolescents. 2003:227-50.
5. Pelkonen M, Marttunen M. Child and adolescent suicide: epidemiology, risk factors, and approaches to prevention. Pediatric Drugs. 2003 Apr; 5:243-65.
6. Apter A, Wasserman D. Adolescent attempted suicide. Suicide in children and adolescents. 2003:63-86.
7. Gould MS, Fisher P, Parides M, Flory M, Shaffer D. Psychosocial risk factors of child and adolescent completed suicide. Archives of general psychiatry. 1996 Dec 1;53(12):1155-62.
8. Hawton K, Apple by L, Platt S, Foster T, Cooper J, Malmberg A, Simkin S. The psychological autopsy approach to studying suicide: a review of methodological issues. Journal of affective disorders. 1998 Sep.
9. Cheng AT, Chen TH, Chen CC, Jenkins R. Psychosocial and psychiatric risk factors for suicide: Case-control psychological autopsy study. The British Journal of Psychiatry. 2000 Oct; 177(4):360-5.
10. Gould MS. Suicide and the media. Annals of the New York Academy of Sciences. 2001 Apr;932(1):200-24.
11. Agerbo E, Nordentoft M, Mortensen PB. Familial, psychiatric, and socioeconomic risk factors for suicide in young people: nested case-control study. Bmj. 2002 Jul 13;325(7355):74.
12. Pirkola SP, Suominen K, Isometsä ET. Suicide in alcohol-dependent individuals: epidemiology and management. CNS drugs. 2004 Jun;18:423-36.
13. Palmer B. a, Pankratz, VS & Bostwick, JM, 2005. The lifetime risk of suicide in schizophrenia: a reexamination. Archives of general psychiatry.; 62(3):247-53.].
14. Cooper J, Kapur N, Webb R, Lawlor M, Guthrie E. Mackway-Jones, K. 2005. A clinical tool for assessing risk after self-harm.. Oct.;48(4).
15. Portzky G, Audenaert K, van Heeringen K. Suicide among adolescents: A psychological autopsy study of psychiatric, psychosocial and personality-related risk factors. Social psychiatry and psychiatric epidemiology. 2005 Nov; 40:922-30.
16. Bondy B, Buettner A, Zill P. Genetics of suicide. Molecular psychiatry. 2006 Apr;11(4):336-51.
17. Arie M, Apter A, Orbach I, Yefet Y, Zalzman G. Autobiographical memory, interpersonal problem solving, and suicidal behavior in adolescent in patients. Comprehensive psychiatry. 2008 Jan 1;49(1):22-9.
18. Biddle L, Donovan J, Hawton K, Kapur N, Gunnell D. Suicide and the internet. Bmj. 2008 Apr 10;336(7648):800-2.
19. Bebbington PE, Minot S, Cooper C, Dennis M, Meltzer H, Jenkins R, Brugha T. Suicidal ideation, self-harm and attempted suicide: results from the British psychiatric morbidity survey 2000. European Psychiatry. 2010 Nov;25(7):427-31.
20. Florentine JB, Crane C. Suicide prevention by limiting access to methods: a review of theory and practice. Social science & medicine. 2010 May 1;70(10):1626-32.