

## Suicidal tendency among male and female in relation to their type of family

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### ABSTRACT

The present study aimed to know the suicidal tendency among male and female. It also aimed to check suicidal tendency with reference to gender and type of family. The Suicidal Tendency Scale (S.T.S.) prepared by Dr. D.J.Bhatt and R.G. Meghnathi (2004) was used. The sample constituted total 120 adult out of which 60 were from male (30 joint family and 30 nuclear family) and 60 from female (30 joint family and 30 nuclear family). The data was collected from normal population of Patan District. The data was scored, analyzed as per the manual. 'F' test was being calculated. The result showed that (1) There is no significant difference between the mean score of the suicidal tendency among male and female, (2) There is significant difference between the mean score of the suicidal tendency among adult of joint family and nuclear family. Therefore, it could be said that, the adult of nuclear family group is having more suicidal tendency than adult of joint family group and (3) There is significant difference between interactive effect of the mean score of the suicidal tendency among gender and types of family. Therefore, it could be said that, the male of nuclear family group is having more suicidal tendency than male of joint family group.

**Keywords:** *Suicidal Tendency, Male and Female, Joint Family and Nuclear Family*

Sometimes increased awareness about suicidal methods are become leading problem, and because completed suicide is the third leading cause of death among young people, efforts to identify youths who have engaged in suicidal behaviors or are at high risk for engaging in suicidal behavior have increased markedly over the last years. As a case in point, In November 1998, Suicidal in Youth: Developing the Knowledge Base for Youth at Risk, which brought together researchers in juvenile suicidal behaviour, as well as researchers in other areas including developmental epidemiology, child psychiatry, and human development.

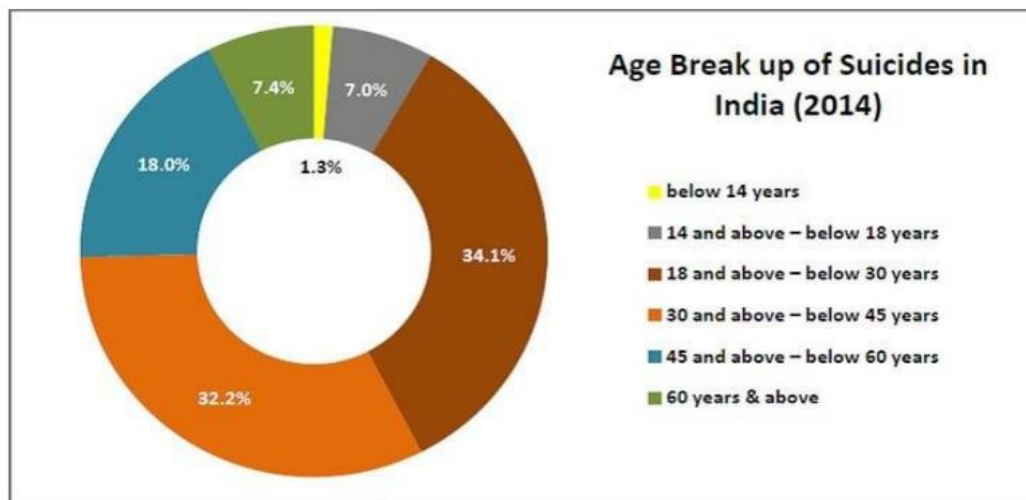
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Several areas of need were recognized the continuing need for consistently used operational definitions of suicidal behaviours, the need for some consensus on important constructs regarding the study of suicidal behaviour, the need to examine suicidal behaviours in the context of high-risk behaviours, and the need for some consensus as to the most useful ways of assessing suicidal. It was recommended that it would be useful for researchers to have an updated critical review of the instruments that have been used to measure suicidal behaviours among adolescents and children. Problems inherent in designing treatment studies for suicidal individuals discussed in this study, and a particular need identified for knowledge regarding which measures of suicidal should be of most usefulness in treatment studies. This commissioned review of instruments used to assess suicidal behaviours and risk among youths.

Suicidal behaviour is one of the most significant mental health problem in the youth at the present time. These include both students and professionals, who are continuously under pressure to achieve. In addition, a leading group suffering from suicidal tendencies is of females who pin it on increasing household stress. Many youths nowadays are so ambitious that they persistently draw comparisons with their peers and find themselves to be less commendable. Failed love affairs are another huge reason for youngsters to committing or contemplating suicide. Many of the times, suicide is not an impulsive decision but a lingering thought and a planned decision. From the timing of method, from reason to outcome, everything has been planned systematically.

### *Symptoms*

Suicide warning signs or suicidal thoughts include:

1. Frequent conversation about suicide with for example, making statements such as "I'm going to kill myself," "I wish I were dead" or "I wish I hadn't been born"
2. Getting the means to take your own life, such as buying a gun or stockpiling pills.
3. Withdrawing from societal contact and wanting to be left alone.
4. Frequent mood swings, such as being emotionally high one day and deeply discouraged the next.
5. Giving away belongings or getting affairs in order when there's no other logical explanation for doing this.
6. Being preoccupied with feelings of death, dying or violence

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7. Feelings trapped or hopeless about a situation
8. Over use of alcohol or drugs
9. Changing in their normal habits, including eating or sleeping patterns
10. Doing risky or self-destructive tasks, such as using drugs or driving recklessly
11. Saying goodbye to people as if they won't be seen again
12. Developing personality changes or being severely anxious or agitated, particularly when experiencing some of the warning signs listed above.

Warning signs aren't always obvious, and they may vary from individual to individual. Some people showed their intentions clear, while others keep suicidal thoughts and feelings secret.

### ***Types of Suicide***

The manner which social integration and regulation work can be seen by examining the four-fold classification of suicides that Durkheim developed. Durkheim ends his discussion of the organic-psychic and physical environmental factors by concluding that they cannot explain "each social group specific tendency to suicide". By eradicating other explanations, Durkheim claims that these tendencies must depend on social causes and must be collective phenomena. The key to each type is a social issue, with the degrees of integration and regulation into society being either too high or too low.

Raymond et. al. (2016) in their study investigated the relationship between maladaptive Five-Factor Model (FFM) personality traits, anxiety sensitivity cognitive concerns, and suicide ideation in a sample of 131 undergraduate students who were selected based on their scores on a screening questionnaire regarding Borderline Personality Disorder (BPD) symptoms.

### ***Objective***

The objectives are:

1. To know whether suicidal tendency is more among male and female.
2. To know whether there is any difference among the suicidal tendency among adult of joint family and nuclear family.

## **METHODOLOGY**

### ***Hypothesis***

1. There will be no significant difference between mean score of the suicidal tendency among male and female.
2. There will be no significant difference between mean score of the suicidal tendency among adult of joint family and nuclear family.
3. There will be no significant difference between interactive effect of mean score of the suicidal tendency among gender and types of family.

### ***Sample***

The sample of the present study constituted total 120 adult out of which 60 were from male (30 joint family and 30 nuclear family) and 60 from female (30 joint family and 30 nuclear family).

### ***Research Design***

A total sample of 120 adult equally distributed between gender and types of family from normal population of Patan District selected for the research study.

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### Showing the table of Sample Distribution

| Type of Family | Gender |        | Total |
|----------------|--------|--------|-------|
|                | Male   | Female |       |
| Joint Family   | 30     | 30     | 60    |
| Nuclear Family | 30     | 30     | 60    |
| Total          | 60     | 60     | 120   |

### Variable

#### Independent Variable

1. **Gender** : Male and Female.
2. **Type of Family** : Joint Family and Nuclear Family.

**Dependent Variable** : Suicidal Tendency Score.

### Tools

The Suicidal Tendency Scale (S.T.S.) prepared by Dr. D.J. Bhatt and R.G. Meghnathi (2004). The test contains 40 items. The scoring is on a four point alternatives, viz., strongly agree, agree, disagree and strongly disagree. The Reliability of this scale, the split-half reliability has been calculated by the odd even method the correlation coefficient was 0.92 which indicated the S.T.S. is highly reliable (index of reliability was 0.96). The test re-test reliability coefficient  $r=0.83$  (Index of reliability was 0.91).

### Procedure

The present study, the investigator used 'survey method' of research for data collection in Ahmedabad City after the establishment of rapport, personal information and the 'Suicidal Tendency Scale (S.T.S.)' was administrated the data was collected, scored as per the manual and analyzed. The statistical method 'F' test was calculated and results were interpreted.

## RESULT AND DISCUSSION

**Table : 1** The Table showing sum of variance mean 'F' value and level of significance of gender and types of family.

| Sum of Variance     | Df  | Mean     | F-value | Sign. Level |
|---------------------|-----|----------|---------|-------------|
| SS <sub>A</sub>     | 1   | 20.83    | 0.20    | N.S.        |
| SS <sub>B</sub>     | 1   | 986.13   | 9.38    | 0.01        |
| SS <sub>A*B</sub>   | 1   | 625.63   | 5.95    | 0.05        |
| SS <sub>Error</sub> | 116 | 105.18   | —       | —           |
| SS <sub>Total</sub> | 119 | 13833.87 | —       | —           |

A = Gender,

A<sub>1</sub> = Male

A<sub>2</sub> = Female

B = Type of Family

B<sub>1</sub> = Joint Family

B<sub>2</sub> = Nuclear Family.

**Table : 2** The Table showing the Mean Score of suicidal tendency among male and female.

|   | A (Gender)            |                         | 'F' value | Sign. |
|---|-----------------------|-------------------------|-----------|-------|
|   | A <sub>1</sub> (Male) | A <sub>2</sub> (Female) |           |       |
| M | 105.95                | 106.78                  | 0.20      | N.S.  |
| N | 60                    | 60                      |           |       |

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The above table no.2 shows the mean score of suicidal tendency among male and female. The mean score of male group is 105.95 and female group is 106.78. The 'F' value is 0.20, which was found to be not-significant level at 0.05. The hypothesis no.1 that, "There is no significant difference between the mean score of the suicidal tendency among male and female" is accepted.

**Table : 3 The Table showing the Mean Score of suicidal tendency among adult of joint family and nuclear family**

|          | B (Type of Family)            |                                 | 'F' value | Sign. |
|----------|-------------------------------|---------------------------------|-----------|-------|
|          | B <sub>1</sub> (Joint Family) | B <sub>2</sub> (Nuclear Family) |           |       |
| <b>M</b> | 103.50                        | 109.23                          | 9.38      | 0.01  |
| <b>N</b> | 60                            | 60                              |           |       |

The above table no.3 shows the mean score of suicidal tendency among adult of joint family and nuclear family. The mean score of adult of joint family group is 103.50 and adult of nuclear family group is 109.23. The 'F' value is 9.38 is significant at 0.01 level. This means that the two group interaction effect under study differ significantly in relation to suicidal tendency and type of family. It should be remembered here that, according to scoring pattern, higher score indicate higher suicidal tendency. Thus from the result it could be said that, the adult of nuclear family group is having more suicidal tendency than adult of joint family group. Therefore the hypothesis no.2 that, "There is no significant difference between the mean score of the suicidal tendency among adult of joint family and nuclear family" is rejected.

**Table : 4 The Table showing the interactive effect of the Mean Score of suicidal tendency among gender and types of family.**

|          |          |                      | A              |                | 'F' value | Sign. |
|----------|----------|----------------------|----------------|----------------|-----------|-------|
|          |          |                      | A <sub>1</sub> | A <sub>2</sub> |           |       |
| <b>M</b> | <b>B</b> | <b>B<sub>1</sub></b> | 100.80         | 106.20         | 5.95      | 0.05  |
|          |          | <b>B<sub>2</sub></b> | 111.10         | 107.37         |           |       |
| <b>N</b> |          |                      | 80             | 80             |           |       |

The above table shows the interactive effect of the suicidal tendency among gender and type of family. The result was found to be significant from table no.4 shows that 'F' value 5.95 is significant at 0.05 level. This means that the two group interaction effect under study differ significantly in relation to suicidal tendency, gender and type of family. The mean score is 100.80 for the male of joint family group, the mean score is 111.10 for the male of nuclear family group, the mean score is 106.20 for the female of joint family group, and the mean score is 107.37 for the female of nuclear family group. It should be remembered here that, according to scoring pattern, higher score indicate higher suicidal tendency. Thus from the result it could be said that, the male of nuclear family group is having more suicidal tendency than male of joint family group. Therefore the hypothesis no.3 that, "There is no significant difference between interactive effect of the mean score of the suicidal tendency among gender and types of family" is rejected.

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### CONCLUSION

1. There is no significant difference between the mean score of the suicidal tendency among male and female.
2. There is significant difference between the mean score of the suicidal tendency among adult of joint family and nuclear family. Therefore, it could be said that, the adult of nuclear family group is having more suicidal tendency than adult of joint family group.
3. There is significant difference between interactive effect of the mean score of the suicidal tendency among gender and types of family. Therefore, it could be said that, the male of nuclear family group is having more suicidal tendency than male of joint family group.

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### ***Conflict of Interest***

The author declared no conflict of interest.

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