A Study of Sociological Risk Factors of Youth Suicidal Behaviour and Problem Solving Counselling as a Therapeutic Tool on Prevention – A Study in a Sub-urban Hospital in Sri Lanka

by

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Dedicated to the memory of my father

The work described in this thesis was carried out by me under the supervision of Professor S.T. Kathriarachchi of the Department of Psychiatry and Professor D. S. D. J. Abeysekera of the Department of Sociology & Anthropology of the University of Sri Jayewardenepura and a report on this has not been submitted in whole or in part to any University or any other institution for any other Degree/Diploma.

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We certify that the above statement made by the candidate is true and that this thesis is suitable for submission to the University for the purpose of evaluation.

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Table of Content

List of tables	VII
List of Figures	Х
Acknowledgements	XI
Abstract	XIII

Chapter 1

1.	INTRODUCTION	1
1.1	Objective of study	8
1.2	Organization of chapters	10

Chapter 2

2. REVIEW OF SOCIOLOGICAL THEORIES ON SUICIDE		
	AND RISK FACTORS OF SUICIDAL BEHAVIOUR	14
2.1	Sociological theories on suicide	14
2.2	Risk factors of suicidal behaviour	32
2.2.1	Unemployment	33
2.2.2	Low socio-economic status	34
2.2.3	Poor educational attainment	35
2.2.4	Disruptive family background	36
2.2.5	Broken social relationships and social isolation/alienation	37
2.2.6	Exposure to suicide attempts	38
2.2.7	Access to lethal means	39

2.2.8	Prevalence of alcohol and other substance use	40
2.2.9	Over-exposure to suicidal behaviour through mass media	41

Chapter 3

3.	SUICIDAL BEHAVIOUR AND THE PROBLEM OF YOUTH	
	SUICIDE: SRI LANKAN SITUATION IN RELATION TO	
	THE GLOBAL PERSPECTIVE	43
3.1	Suicidal behaviour in global perspective	44
3.2	The problem of attempted suicide	49
3.3	Methods of suicide and suicide attempts in global perspective	49
3.4	Problem of youth suicide	52
3.5	The Sri Lankan situation	54
3.5.1	Methods of suicide in Sri Lanka	57

Chapter 4

4.	SUICIDE PREVENTION MECHANISMS INCLUDING	
	COUNSELLING	70
4.1	Suicide prevention mechanisms	70
4.2	Counselling as a therapeutic tool	82

Chapter 5

5.	METHODOLOGY	89
5.1	Study design	89
5.2	Study setting	89

5.3	Study population	90
5.4	Inclusion criteria and exclusion Criteria	91
5.5	Selection of study sample	91
5.6	Allocation of patients to control and experimental groups	93
5.7	Assessment tools	93
5.7.1	Mental state examination	93
5.7.2	Suicidal Intent	94
5.7.3	Semi structured questionnaire used at the initial interview	95
5.7.3.I	Socio-demographic characteristics	96
5.7.3.I	I Identification of sociological risk factors	96
5.7.4	Individual Visual Analogue Scale	103
5.7.5	Semi- structured evaluation questionnaire used in	
	the final assessment	104
5.8	Ethical clearance	105
5.9	Data collection procedure	106
5.10	Contacting experts	107
5.11	Pilot study	108
5.12	Counselling sessions as therapeutic tool	108
5.13	Dropout rate	112
5.14	Limitations	112

Chapter 6

6. RI	ESULTS AND DISCUSSION	114
6.1	Allocation of patients to control and experimental groups	114

6.2	Dropout rate	115
6.3	Socio-demographic characteristics	116
6.3.1	Gender representation	116
6.3.2	Age distribution	118
6.3.3	Religious representation	119
6.3.4	Ethnic representation	121
6.3.5	Marital status	122
6.4	Identification of sociological risk factors	123
6.4.1	Poor educational attainment	124
6.4.2	Poor household income level	127
6.4.3	Lower level of occupational status of the subject	129
6.4.4	Unemployment	132
6.4.5	Pattern of living	135
6.4.6	Poor interactions in school	136
6.4.7	Poor interaction with the community	137
6.4.8	Poor religious practices	140
6.4.9	Major difficulties experienced from middle childhood	141
6.4.10	Parental death	142
6.4.11	Parental separation, divorce and remarriage	142
6.4.12	Parents being abroad	144
6.4.13	Prevalence of alcohol use among subjects	144
6.4.14	Alcoholic behaviour among parents	146
6.4.15	Habit of smoking	149
6.4.16	Illegal drug use	150

iv

6.4.17	Gambling	151
6.4.18	Unwanted pregnancies	151
6.4.19	Exposure to suicidal behaviour	152
6.4.20	Easy accessibility of methods utilized in attempting suicide	154
6.4.21	Not having the habit of discussing problems with parents	
	among single subjects	161
6.4.22	Not having the habit of discussing problems	
	with spouse	162
6.4.23	Media effect	164
6.4.24	Major precipitating factors for suicidal attempts	165
6.4.25	Family conflicts	165
6.4.26	Break-up of love affairs	167
6.4.27	Suffering from significant physical illnesses	168
6.4.28	Altercation with the legal system	169
6.5	Testing of problem solving counselling as a therapeutic tool	173
6.5.1	Comparison of socio-demographic characteristics between	
	two groups	174
6.5.2	Pre-assessment on problem solving ability at the inception	
	of the counselling	174
6.5.3	Final assessment	176
6.5.4	Semi-structured evaluation questionnaire	183

v

Chapter 7

7.	CONCLUSIONS AND RECOMMENDATIONS	190
7.1	Conclusions	190
7.2	Recommendations	194
Refe	rences	199

Appendices

List of Tables

Table 1	-	Global suicide rates (per 100,000) by country, year and gender- most recent year available as of May 2003 (Selected countries)	46
Table 2	-0	Preferred methods of suicides in selected countries	50
Table 3	-	Methods of suicide in Sri Lanka from 1990 to 2002	60
Table 4	-	Suicides by religions in Sri Lanka for the period from 1993 to 1998	61
Table 5		Male: female ratio of suicides in Sri Lanka for the period from 1990 to 1999.	62
Table 6	-	Suicides by ethnicity in Sri Lanka-1993 to 1998	63
Table 7	-	Most commonly used suicide methods among youth in Sri Lanka	65
Table 8	-	Male suicide rates per 100,000 population by age categories in Sri Lanka	66
Table 9	-	Female suicide rates per 100,000 population by age categories in Sri Lanka	67
Table 10	-	Preventive interventions at different levels	72
Table 11	-	Functional areas of the public health model of suicide prevention – conceptual framework	74

Table 12	-	Predisposing and precipitating conditions under the antecedent conditions model	77
Table 13	-	Age distribution of the sample	118
Table 14	-	Marital status representations of the sample and the percentage	123
Table 15	-	Level of educational attainment of the sample by sex	125
Table 16	-	Household income pattern	129
Table 17	÷,	Occupations of the employed subjects	131
Table 18	-	Prevalence of alcohol use among the subjects	145
Table 19	-	Prevalence of alcohol use among the fathers of the subjects	147
Table 20	-	Exposure to suicidal behaviour (completed or attempted)	153
Table 21	-	Methods of suicidal attempts in the sample	155
Table 22	-	Access to means of suicidal attempts by level of resistance	160
Table 23	-	Habit of discussing problems with parents	162

Table 24	-	Habit of discussing problems with spouse	163
Table 25	-	Major precipitating factors for suicidal attempts of the sample	165
Table 26	-	Ninety five percent confidence interval for the prevalence of the risk factors	171
Table 27	-	Comparison of the problem solving ability of the subjects in both groups: initial assessment using Individual Visual Analogue Scale	175
Table 28	-	Comparison of the problem solving ability of the subjects in both groups: final assessment using Individual Visual Analogue Scale	178
Table 29	-	Results of the semi-structured questionnaire used in the final assessment	184

List of figures

Figure 1	-	Varying levels of integration – regulation	25
Figure 2	-	Theoretical relationship between potential suicide and network density	27
Figure 3	₹.	Evolution of global suicide rates 1950 – 1995 (per 100,000)	44
Figure 4	-	Suicide rates per 100,000 population in Sri Lanka during selected years From 1880 to 2000	56
Figure 5	-	Gender representation of the sample	117
Figure 6	-	Religious representation of the total sample and catchment area	120
Figure 7	-	Level of education of the sample	126
Figure 8	-	Household income distribution pattern	128

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ABSTRACT

Suicidal behaviour has been a major concern in all societies and literature on suicide has been found as far back as the 5th century and was later popularized by sociological work of Emile Durkheim. Suicidal behaviour has become a public health issue and approximately one million people would have committed suicide in the year 2000 globally. Suicide and attempted suicide rates in Sri Lanka fall within the highest group of countries in the world. There were only a few descriptive studies that investigated the sociological risk factors as well as counselling as preventive tool for youth suicidal behaviour in the country. This Study included two components. The first was designed to identify the demographic profile and sociological risk factors of the Study sample, which is a descriptive study. The second part was designed to test effectiveness of problem solving counselling as a therapeutic tool in prevention of youth suicidal behaviour, which is a comparative study. In this second part, the sample is divided into two groups, experimental and control and offered four sessions of problem solving counselling to the experimental group. The Homagama Base Hospital was selected and a sample of 124 cases admitted was interviewed. Buddhists (88.7 percent) and Sinhala

(96.0 percent) predominate the sample comparable to catchment area and the national data. Of the total, 66.9 percent were women and 71.8 percent were single. Results indicated that the age group of 15 to 24 years is a vulnerable group for suicidal behaviour in sub-urban areas of Sri Lanka and that females are more susceptible in this age group. Risk factors such as poor interaction with father (79.8 percent), poor educational attainment (66.1 percent), poor interaction with mother (53.9 percent), family conflicts (52.4 percent), exposure to suicidal behaviour of close associates (48.3 percent), poor interaction with neighbors (43.5 percent), unemployment (41.9 percent), poor interaction with friends (39.5 percent), essay access to pesticide (36.3 percent), easy access to medicinal drugs (35.6 percent), mother being abroad (26.6 percent), break-up of love affairs (26.6 percent) and alcohol behaviour of parents (24.2 percent) were the risk factors identified in this Study. The Study found that four sessions of problem solving counselling conducted by the same therapist for each subject have significantly improved the problem solving skills and coping strategies of youth with suicidal behaviour. Subjects in the experimental group had shown progressive behaviour in terms of coping stressful life events. The Study confirms that problem solving counselling found to be an effective therapeutic tool in reducing youth suicidal thoughts and behaviour in sub urban communities in Sri Lanka, indicating the introduction of community-wide counselling facilities at the community level would be an important aspect in reducing youth suicidal behaviour. Counselling needs to be made easily available and accessible to the youth to establish therapeutic relationships in medical institutions and in the community.