



AN ARTICLE ON REASONS FOR SCHOOL STUDENTS COMMITTING SUICIDES INDIA

Raju Kammari

*M.Sc., M.Ed., NET, Lecturer in Mallareddy College of Teacher Education, Kompally,
Medchal Malkajgiri. Email:raju.kammarii@gmail.com*



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INTRODUCTION:

Globally, the rate of suicide has been increasing over the past decade and ironically India is no different a story. Suicide tops the list in leading causes of death among 15-29 years old but for accidents. As one WHO report reflects a gloomy state of affair wherein one death by suicide was cited every 40 seconds in the year 2012. In India, 20 students kill themselves every day according to the National Crime Records Bureau (NCRB) report in 2014. It would be worthy to the parents to always observe their child behaviour and take a while to talk to them and know the exact cause of their behaviour change. By comparison, the U.S. had 37,790 suicides in 2010, or a rate of 12.2 per 100,000, while India's rate under the Lancet's, projected suicide tally of 16 per 100,000. Among men, 40 per cent of suicides were among people age 15-29, for women, it was nearly 60 per cent in India. The factor causes for suicide are psychological, biological and environmental factors. Many educationalists have identified psychological factors being the major cause for stress and suicide attempt. Even low academic performance less score also added for distress.

The major reason identified for distress among students were family problems, poor academic performance, financial burdens etc. these factors also impact the child psychologically and drive them towards committing crimes or getting addicted to drugs alcohol at times leading to death.

DEFINITION:

Suicide idea is when one thinks of ending one's own life. WHO defined suicide as voluntary or intentional determination to end one's life. Suicide thoughts are often seen in individual's life who has closed all their options in life and always looking at reasons to quit life. These lead to suicidal tendencies and risk the individual to commit suicide. People with these tendencies always look at negativity or always complain about their unsuccessful life, their defeats. They never bother to improve themselves or accept the reality.

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MAIN ROLE OF SCHOOLS IN PREVENTING SUICIDE:

Usually it's the main role of teacher to motivate the child right from schooling and prevent the thought of committing suicide as most of the child golden age is spend in the school. Schools should hire a psychologist who would be round the clock monitoring change in child behaviour or identify any driving sources towards committing suicide. Life skills, motivational classes or emotional stability must be taught to control their aggression or degrees of dissatisfaction.

FACTORS FOR SUICIDES:

The major factors are

1. Family with a history of suicide: generally a child with a family history of suicide might tend to possess the same. He might also develop suicidal tendencies similar to his parents.
2. Abusive family or any member in mistreating the child: children are the true gift from god they cannot take any harsh behaviour against them. If a child is being treated badly at home he can develop depression, irritable behaviour. Usually boys develop harsh and care a dam attitude, self-hatred lack of love belongingness all lead to suicide. Unlike girls, if they face any mistreat at home possibilities of them running away from their homes can take place or having a strong relation with opposite gender who could share her feelings or stay with her. Often these are misleading as they actually fall for the wrong person and end up having a disturbed life and finally committing suicide.
3. If the child has a single parent, either their parents could have divorced or separated: one of the major causes for children depression or anxiety is being a singled parenting child. Children of single parents often have a bad attitude towards life as they have always seen their parents quarrelling or crying or being in abusive world of language. They never know what parental love is. When they find themselves not being able to have they tend to fall in depression. These children have a very false attitude towards life, love or marriage. They often think marriages are true meanings for failures. Lack of parental control, love all cause these children to get addicted to other world thereby killing their future. When they find themselves competing in nothing and their peer succeeding in ever event they think they are fit for nothing and end up their life.
4. Lack of love caring and attention from parents or family: no matter how big or small children are, they always need parents care love and attention. No wonder in this busy

world we parents hardly find time for our kids knowing them, understanding them. We become busy counting money and aiming at salary hike forgetting children back at home. Loneliness lack of parental monitor, attention all leads to deep depression as child doesn't know to whom he has to talk about himself or from whom he has to get love. All these confusion in adolescence leads to academic loss and drastic change in behaviour leading to inferiority and staying back isolated at home with no contact with other members of the family.

5. High expectations of the parents at times lead to depression when the child is not able to meet their standards. In this globalized and competent world we often forget the psychological aspects of individual differences. We expect a lot from our children and we even compare them with their friend's cousins or children of the same age not understanding the interest of our own child. It's always our over expectation killing our child's dream and making him nothing in life. Rather than understanding our child we give them targets as managers in world and expect them to complete the task as a machine forgetting our child's feelings. Out of fear or love child forgets to tell us his feelings, his strengths or ambitions. Unable to cope with his strengths and our expectation these drive to child's tendencies to commit suicide.

THE MAJOR CHARACTERISTICS OF COMMITTING SUICIDE ARE AT THE AGE OF ADOLESCENCE:

No wonder people describe it as the stage of stress and storm, children at these stage also possess mood swings, aggressive behaviour, inferiority, anxiety, inability in adjusting to society, rigid mentality, feeling of neglect from family.

DOES DISCRIMINATION IN FAMILY A PROBLEM?

Yes. Usually these go unnoticed. Unknowingly we compare children to other members of the family of the same group. We start having expectation and start forcing our children to do wonders without knowing their capabilities. Though being educated, we never accept the concept of individual difference and never try understanding our children. We unnecessarily create unhealthy competition and peer pressure. Children who cannot explain it to their parents slowly develop restlessness, self-neglect, self-hatred and finally has sad thoughts, resistant towards friends family and slowly stops socializing limiting himself, getting addicted to drugs, drinks and other. At times children isolate themselves from world and stay back at their room getting addicted to different preoccupied thoughts of killing themselves.

. Female students usually stay at home desocialised but male students can get affected with these symptoms badly and can develop aggressive killing someone before killing themselves.

HOW TO AVOID THOUGHTS OF SUICIDES:

1. The main thing to avoid thoughts of suicides is to not bring the concept of suicide itself, nor comparing or expecting from children. This must be made understood to the child that he is more precious and important not his victories
2. Stop giving challenges or benchmarks to achieve.
3. Give the child ample space and freedom to do what he wants to do. As a parent just provide guidance and don't interfere in his future.
4. Accept his failures and encourage him as friend
5. Make him believe that he is the most important to u than anything else in this world.
6. Accompany him everywhere to his favourite places and play his favourite sport like a best friend as physical activity can make a person's mind and thoughts healthy.
7. Be happy and encourage the child a happy conversation with those small victories the child brings.
8. Encourage him to spend time with friends and family or joining in any music, dance classes or joining in any voluntary free services which makes him always busy with work and thus there is no time for bad thoughts.

CONCLUSION:

Detecting the early signs of suicidal tendency is important along with looking into the reason for committing suicide. Behaviour of the child must be monitored and accordingly early treatment or psychological counselling must be provided. Engage them in small tasks and make sure they are always surrounded with people and work .Deviation of thoughts are important for the child. Any harsh situation must not be brought near the child. The child must be let free from all the stress and allow him to recover.

The main role of parents is to never compare or criticise your children. Each child is unique and equally talented, just understand the child and nurture them in their field of joy rather than allotting them benchmark and standards to achieve.

Another important role lies with teacher. The child spends most of their time in school and it's the main duty of the teacher is to observe and understand the child and counsel at the beginning before it ripes. Psychological knowledge of the teacher, life skills classes must be helpful in nurturing the child and helping them to cope up with their emotions and making them emotionally and mentally strong to face every situation of life. Balanced and strong
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behaviour must be strengthened from the early childhood days else the child will struggle and might lead to death also.

REFERENCES:

- Kochanek KD, Xu J, Murphy SL, Miniño AM, Kung HC. *Deaths: preliminary data for 2009. Natl Vital Stat Rep.* 2011;59(4):1–51.
- National Institute for Health and Clinical Excellence. *Self-harm: longer-term management in adults, children and young people [Draft for Consultation]. National Collaborating Centre for Mental Health; 2011.*
- Dodds TJ (March 2017). "Prescribed Benzodiazepines and Suicide Risk: A Review of the Literature". *The Primary Care Companion for CNS Disorders.* 19 (2).
- Värnik P (March 2012). "Suicide in the world". *International Journal of Environmental Research and Public Health.* 9 (3): 760–71.
- "Suicide prevention". *WHO Sites: Mental Health. World Health Organization.* Aug 31, 2012. Retrieved 2013-01-13.
- Beck AT, Resnik HL & Lettieri DJ, (1974). "Development of suicidal intent scales". *The prediction of suicide.* Bowie, MD: Charles Press.
- "Recommendations for Reporting on Suicide". *National Institute of Mental Health.* 2001. Archived from the original on 27 April 2013. Retrieved 15 May 2013.
- Hawton K, Saunders KE, O'Connor RC (June 2012). "Self-harm and suicide in adolescents". *Lancet.* 379 (9834): 2373–82.
- Preventing suicide: a global imperative.* WHO. 2014. pp.7, 20, 40.
- Breshears RE, Brenner LA, Harwood JE, Gutierrez PM. *Predicting suicidal behavior in veterans with traumatic brain injury: the utility of the personality assessment inventory.* *J Pers Assess.* 2010 Jul;92(4):349–55.
- Pirkis J (July 2009). "Suicide and the media". *Psychiatry.* 8 (7): 269–71.
- Brenner LA, Betthausen LM, Homaiyar BY, et al. *Posttraumatic Stress Disorder, Traumatic Brain Injury, and Suicide Attempt History among Veterans Receiving Mental Health Services.* *Suicide Life Threat Behav.* 2011 May 20