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## **Behind the reasons and increasing tendency of suicide on university students of Bangladesh**

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### **Abstract**

Suicide has become a serious public health concern in Bangladesh. The rate of suicide is increasing day by day throughout the country. It is the common problems in our society; specifically, the rate of suicide is increasing among university students. In the last 6 months, 2018-Four students of Bangabandhu Sheikh Mujibur Rahman Science and Technology University – were committed to suicide. There are many reasons behind suicidal actions. Depression and other mental disorders are the most significant causes of their suicidal cases. Most university students are living outside of their home for higher education. Leaving home and living away from home, they are not always adjusted to a new social environment, financial difficulties, academic pressure, friends, teachers, classmates and so on that render the period of university education as a stressful time for the students (Peterson & Vaillant, 1988). These sources of stress drive away to the University students into Suicide (Cheng, Kwok, Zhu, Guan, & Y, 2015). Eisenberg (2007) reported that the general prevalence of depression and anxiety is 16% among undergraduate students and 13% among graduate students. The consequences of depression are significant. It may also lead to increased risk of self-injury, attempting or committing suicide and other risky behaviours. As like as the problem psychological distress (mental disorders, drug misuse, cultural problems, social disorders, family breakdown), unemployment, poverty, homelessness, physical difficulties, and discrimination may trigger suicidal behaviour. A previous history of suicide attempts is the most accurate predictor of completed suicide.

**Keywords:** Suicide, predictor, physical, trigger, technology

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### **Introduction**

Some factors that affect the risk of suicide include mental disorder, drug misuse, depression, psychological states, cultural, social situations, intimate relationships, economic disadvantage and others (Garlow *et al.*, 2008) <sup>[5]</sup>. The strongest risk factors for suicidal behaviour among university students include psychological depression, low social support and affective deregulations, alcohol use etc. Without reducing the suicide rates among university students regarding effective suicide prevention efforts, the overall development of the country will be hindered as well (Johal & Sharma, 2016) <sup>[7]</sup>. Other risk factors include having previously attempted suicide, a family history of suicide, availability of a means to take one's life (Tompkins, Witt, & Witt, 2009) <sup>[19]</sup>. Socioeconomic problems such as unemployment, poverty, homelessness and discrimination may trigger suicidal thoughts. About 15-40% of people leave a suicide note (General, National, & Alliance, 2012) <sup>[6]</sup>. War veterans have a higher risk of suicide due in part to higher rates of mental illness (Lamis & Lester, 2016) <sup>[9]</sup>. Genetics appears to account for between 38% and 55% of suicidal behaviours (WHO, 2004). Other risk factors of suicidal behaviour generally psychological problems of University students including: hopelessness, loss of pleasure in life, depression and anxiousness (Baldessarini & Hennen, 2004) <sup>[2]</sup>. Recent life stresses such as a loss of family member or friend, loss of a job or social isolation also increases the rate of suicide in Bangladesh. (Baldessarini & Hennen, 2004) <sup>[2]</sup>

### **Objectives of the study**

The objectives of the study are:

- To identify the tendency and causes of suicide among university students.
- To explore the role of social institutional attitudes (family, education and religion) towards university students
- To identify the socio-economic problems about suicidal issues.

### **Literature Review**

The literature review is based on an online search using the databases Sociological Abstracts and International Bibliography of the social sciences (IBSS). A total of 700 articles were identified. After screening titles and abstracts, 53 publications remained for full text screening (Tompkins *et al.*, 2009) <sup>[19]</sup>. After application of the exclusion criteria, 35 articles were carried forward for detailed review and the most important findings are extracted. In 2014, the World Health Organization (WHO) estimates that each year approximately one million people die from suicide, which represents a global mortality rate of 16 people per 100,000 or one death every 40 seconds (Regional & Authority, 2003) <sup>[14]</sup>. It is predicted that by 2020 the rate of death will increase to one every 20 seconds. WHO reports that mental health disorders (particularly depression and substance abuse) are associated with more than 90 % of all cases of suicide (Lamis &

Lester, 2016)<sup>[9]</sup>. In the last 45 years Suicide rates have increased by 60 % worldwide. Suicide is now among the three leading causes of death among those aged 15-44(male and female). Youth suicide is increasing at the greatest rate. However, suicide results from many complex socio-cultural factors and is more likely to occur during periods of socioeconomic, family and individual crisis (e.g. loss of loved one, unemployment, sexual orientation, difficulties with developing one's identity, disassociation from one's community or other social/belief group and honour) (Osman & Bagge, 2000)<sup>[11]</sup>. The WHO recognises the Suicide Prevention Strategies for reducing suicide rates among young adults. There is compelling evidence indicating that adequate prevention and treatment of depression, alcohol and substance abuse can reduce suicide rates(Regional & Authority, 2003)<sup>[14]</sup>. The International Association for Suicide Prevention (IASP) – provides a forum for national and local organisations, researchers, volunteers, clinicians and professionals to share knowledge, provide support and to collaborate in suicide prevention around the world.

Suicide Prevention Centres (2004) – reported that Suicide is the third leading causes of death among young adults between ages of 15-24 years, following accidental injury and homicide. It is also believed that suicide has remained the second cause of death in the college population. Suicidal ideation and attempts have been found to be common among college population. Hunt and Eisenberg (2010) – concluded that mental health problems are prevalent among university students and mental disorders increase the rate of suicide(Alun, Emile, An, Major, & Beverly, 1986). Dissatisfaction of life derives students into suicide. Vijaykumar 2002 statedthat - Religion may be protective against suicide; both at the individual and societal level. Suicidal behaviour can be minimised by growing religious ideology among people. Au *et al.* (2009) examined the modernisation effects of family cohesion and social self concept on the relation between depression and suicide ideation and confirmed that family cohesion and self concept were significant moderators for children and adolescents.

The results showed that when experiencing depressive symptoms, a positive social self-concept and a family environment with strong emotional connectedness, commitment and support from family members can buffer the impact of depression on suicide ideation by alleviating the risk of having and expressing suicidal thoughts. Garlow (2008)<sup>[5]</sup> supported the depression as the risk factor by finding a strong relationship between severity of depressive symptoms and suicidal ideation in college students. A history of past suicide attempt is a definite factor for subsequent attempt because adolescents who previously attempted suicide are much more likely to attempt suicide in future (Pereira & Cardoso, 2015)<sup>[9]</sup>. Joiner *et al* (2003) given that suicide ideation and behaviour is a critical precursor and indicator of higher risk for suicide attempts and completed suicide, It is essential to better understand the predictors and other influencing factor of suicide ideation and behaviour among college students. Suicide ideation involves a continuum of suicidal thoughts, from the wish to be dead to thinking about detailed plans to commit suicide (Klonsky, May, & Saffer, 2016). Konick and Guitierrez (2005) conducted a study examining the risk factors of suicide ideation,i.e, negative life events, hopelessness and depressive symptoms. The risk model of suicide ideation they constructed from this study indicated that

depressive symptoms and hopelessness are predictors of suicide ideation in college students and depressive symptoms had a stronger influence on suicide ideation than hopelessness. National College Health Assessment Survey (2006) surveyed over 46,000 college students across 74 college campuses and reported similar results with their national survey in 2000 and 2005, indicating that 10.1% of students reported that they seriously considered attempting suicide, and 1.4% reported attempting suicide in the prior year. The ACHA-NACA survey fall in 2010 found that in the past year 58.3% of students felt very sad, 28.4% felt so depressed, 6.0% students seriously considered suicide, 5.1% of students intentionally cut, burned, or injured self, and 1.3% of students attempted suicide. Kidd and Sahar (2008) In a study examining the protective role of self-esteem, social involvement and secure attachment among homeless; as suggested that self-esteem was found a key protective factor that increased homeless youth's resilience against the levels of loneliness, feeling trapped, and suicide ideation(General *et al.*, 2012).

Furr *et al.* (2001) surveyed 1,455 college students at four different colleges and universities, and results indicated that 53% of the sample stated that they experienced depression since beginning college, with 9% reporting that they had considered committing suicide and 1% reporting that they had attempted suicide while at college. King (1997) suggests that each suicidal adolescent has a unique life history and, thus there are no predictive equations with definite decision-making rules for determining whether a suicidal behaviour will occur or not. Stressful life events are associated with attempted and completed suicide in adolescence. For example, parent- adolescent arguments as well as difficulties with romantic relationships are common precipitants of suicidal behaviour among adolescents. Poor development of coping strategies in childhood may well carry into later years, contributing to legal and disciplinary problems. Person and Seligman (1987) suggest that there are some situations where an external orientation may be more beneficial. Individuals who explain the occurrence of negative events, such as unemployment, in terms of external, unstable and specific causes are less likely to suffer psychological distress than those making internal, stable and global attributions.Psychological distress mostly derived students to suicidal ideation. Negative life events are responsible for student's mental depression. These mental depressions of gradually forced people to commit to suicide. They found no pleasure in their life. Seeley (1982) points out those taxing adolescent life events especially predictive for future suicide attempts are arguments or fights, a relative or friend with alcohol or drug abuse problems, a relative or friend who tried to commit suicide and

### Theoretical Framework

Emile Durkheim was a French sociologist who rose to prominence in April 1858 in Epinal, located in the Lorraine region of France in the late 19<sup>th</sup> and early 20<sup>th</sup> centuries. He was credited as the founding father of sociology. Durkheim's book suicide (1897) is cited as a monumental landmark in which conceptual theory and empirical research are brought together (Mccay *et al.*, 2010). According to Durkheim, Suicide refers to“every case of death resulting directly or indirectly from a positive or negative death performed by the victim himself and which strives to product this result”[Emile Durkheim, Suicide, 1897]. He

believed that individuals were exclusively the products of their social environment and that society shapes people in every possible way. In order to prove this point, Durkheim studied suicide. Suicide is an indication of disorganisation of both individual and society. Increasing number of suicides clearly indicates something wrong somewhere in the social system of the concerned society (Garlow *et al.*, 2008) <sup>[5]</sup>.

Durkheim is of the firm belief that suicide is not a personal situation but a manifestation of a social condition. Suicide is a highly individual act, yet the motives for a suicide can be fully understood only by reference to the social context in which it occurs. Protestants were more likely to commit suicide than catholic; people in large cities were more likely to commit suicide than living in families; people living alone were more likely to commit suicide than living in families (Baldessarini & Hennen, 2004) <sup>[2]</sup>. Durkheim chooses to study suicide because it is a relatively concrete and specific phenomenon. He was interested in explaining why one group had higher rates of suicide than another. He tended to assume that biological, psychological and social-psychological factors remain essentially constant of suicide from one group to another.

Durkheim assumed that the difference would be due to variations in sociological factors, in particular, social currents. He began Suicide with a series of alternative ideas about the causes of suicide. Among these are individual psychopathology, Alcoholism (Skog, 1991), race heredity and climate. Durkheim used a number of statistical records to establish his fundamental idea that suicide is also a social phenomenon (Klonsky *et al.*, 2016). Social fact, Social order and Disorder result is suicide. To Durkheim, the critical factors in changes in suicide rates were to be found in differences at the level of social facts: Material and Non-material.

As usual, material social facts occupy the position of causal priority but not of causal primacy. But differences in dynamic density do have an effect on differences in nonmaterial social facts, and these differences have a direct effect on suicide rates. Durkheim was arguing that changes in the collective conscience lead to changes in social currents, which, in turn, lead to changes in suicide rates. This leads to the historical study of changes in suicide rates within a given collectively [Sociological Theory, George Ritzer, Fourth Edition, p: 88]. Durkheim's theory of suicide can be seen more clearly if we examine each of his four types of suicide – egoistic, altruistic, anomic and fatalistic. Durkheim linked each of the types of suicide to the degree of integration into or regulation by society (Pereira & Cardoso, 2015) <sup>[12]</sup>.

### **Methodology**

The research data was collected through in depth interviews questionnaire and case study that is called triangulation method.

### **Nature of the Study**

The nature of the study was descriptive and exploratory. It was descriptive as it is bases on detailed investigation and records of the study area. It was exploratory as the information derived from the study.

### **Method of the Study**

Both qualitative and quantitative method was used in this study report to analyse the data it has collected. Qualitative data is primarily based on the content analysis of the secondary sources of data whereas quantitative data based on the primary sources of data collected from different parts of study area.

### **Sources of Data**

Both primary and secondary sources of data were used of the study to find out the actual causes of suicide facts.

### **Population of the study**

The selected population of the study was the students of Bangabandhu Sheikh Mujibur Rahman Science and Technology University, Gopalganj, who are aged from 15 to 30. There are 5000 students in BSMRSTU with 24 departments. We randomly selected 50 students of BSMRSTU from 15 departments.

### **Study Area**

This research was conducted by taking 50 students of 34 departments from Bangabandhu Sheikh Mujibur Rahman Science and Technology University, Gopalganj.

**Study Unit:** Unit of analysis is an important factor for conducting any research. To achieve the objective of the study data collected from the students of BSMRSTU.

### **Sampling procedure and sample size**

Simple random sampling was applied for the study, 50 respondents were chosen for the study.

### **Study Instrument**

Questionnaire was used as the main data collection instrument for this study. For collecting the information a well structured questionnaire with a series of close and open ended questions was used.

### **Processing of Data**

After collecting the raw data from the field it will necessary to process the data in order to analyze them. So the raw data will be edited, coded, classified and cleaned by the before analysis. Tabulated data will be processed by different statistical software such as Statistical Package for Social Science (SPSS) and Excel sheet. In order to draft the whole paper Microsoft Word was used.

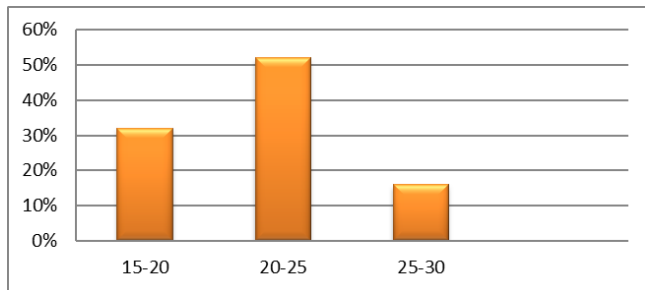
### **Result and Discussion**

The study analysis and result show below through different charts and tables with percentage. Socio-economic impact of suicide among student's in Bangabandhu Sheikh Mujibur Rahman Science and Technology University, Gopalganj it looked particularly the reasons of suicide among students, economic impact of suicide, role of family on suicidal issues, tendency of suicide, risk factors of suicide, role of family to commit suicide (Sarmiento, 2015) <sup>[16]</sup>.

### **Analysis and Presentation of Data**

The collected data of my research showed by different diagrams, tables and figures with valid percentage. Basically the prime

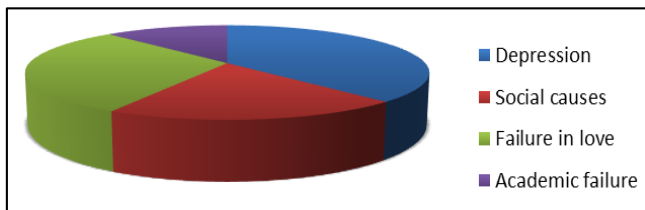
causes of suicide, impact of suicide, and preventive measures of suicide are showed by the following figures and tables.



Source: Field Survey, 2018

Fig:1 Age of the Respondents

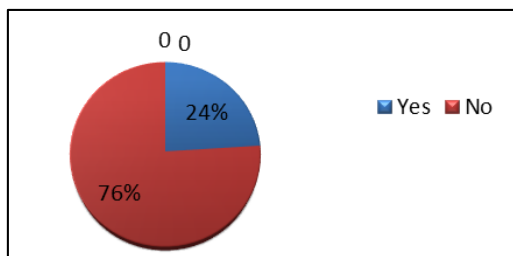
Figure shows that student of the ages 15-20 were found 16 which presented 32% of the total respondents. Similarly, students between 20-25 were found to be 26 is 52% of the total respondents, and students of the ages 25-30 were to be found 8 which is 16%. Hence the data illustrates that the majority of the respondents are ages from 20-25. It is found from my report that age group 20-25 are more to committed suicide (Lamis & Lester, 2016) [9].



Source: Field Survey, 2018

Fig 2: Causes of Suicide among University Students

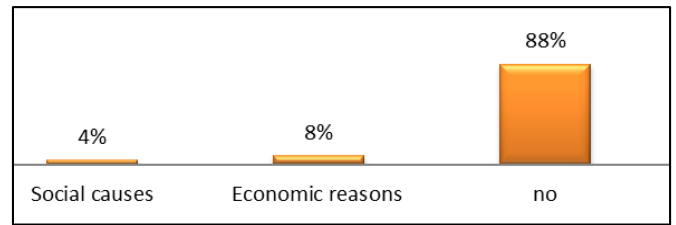
Figure shows different causes of suicide among university students. Among the total respondents 38% were said depression is the main cause of increasing suicide rates among students. 20% replied social causes are responsible for suicide. Likewise, 30% respondents said failure in love is the another reason of suicide and academic failure is another cause of suicide said 12% respondents (Cheng *et al.*, 2015).



Source: Field Survey, 2018

Fig 3: Suicidal attempts among Respondents

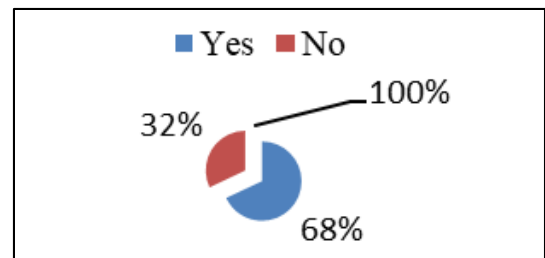
From the study area of BSMRSTU 24% of the total respondents answered that they have taken suicidal attempts in their lifetime for different reasons. And 76% of the total respondents never took attempts to suicide. Six respondents which are at 24% and 44 respondents which are at 76% of the total (Alun *et al.*, 1986).



Source: Field Survey, 2018

Fig 4: Reasons of Suicidal attempts among Respondent

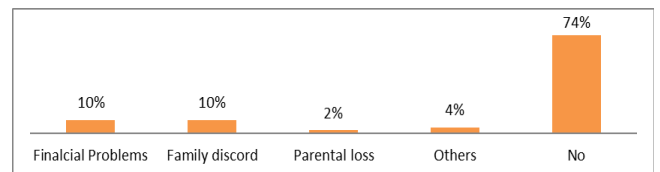
Figure shows that 4% respondents took attempt of suicide for the social causes. Social inequality suffers the respondent in a great manner. Different social intolerable condition suffers them much.



Source: Field Survey, 2018

Fig 5: Role of Family for Suicidal attempts

From the study area 68% of the total respondents answered that family is responsible for suicide among university students. And 32% of the respondents said family has no role to committing suicide. Family is the basic institution of the children. Through socialization process they grew up (Chang *et al.*, 2016).



Source: Field Survey, 2018

Fig 6: Family Reasons of Suicidal Attempts

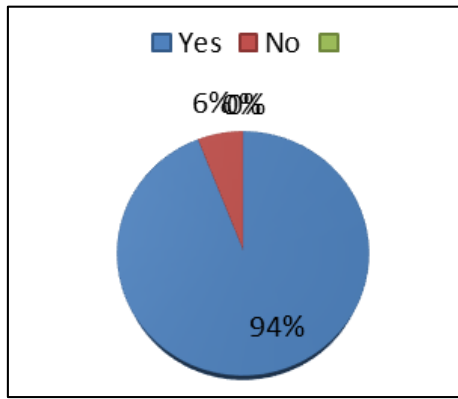
Figure shows that 10 percent respondents reported that poor financial condition of the family forced to committing suicide. For poor economy they feel insulted by others very often. Also they cannot continue their educational cost properly and cannot fulfil their basic need purely (Klonsky *et al.*, 2016).

Table 1: Impact of Suicide among Respondents

Impact	Number of Respondent	Percentage
Loss interest of living	7	14%
Detached from normal life	16	32%
Raising awareness	22	44%
Connected with Positive relations	05	10%

Source: Field Survey, 2018

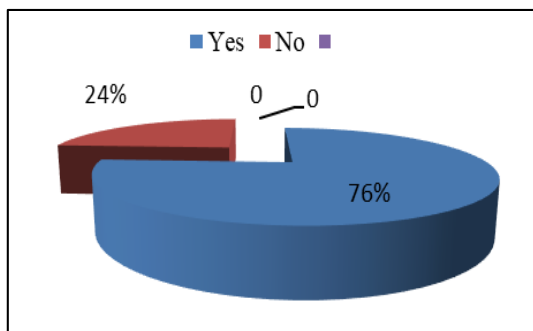
Table shows that 14% respondents loss interest of living if their nearest friend committed to suicide. Generally a good friend is an asset to anyone. In university Friendship is very much strong than any other (Pereira & Cardoso, 2015) [12].



Source: Field Survey, 2018

Fig 7: Counselling for Reducing Suicide among Students

Figure shows that 94% of the total respondents think counselling is needed for reducing suicide among university students and over the world. University based counselling canter should be established to control the increasing suicide rates among students (Reynolds, 2015) [15].



Source: Field Survey, 2018

Fig 8: Psychological Distresses for Suicide

Figur shows that 76% suicidal act happen for the reason of psychological distress, and 24% replied that psychological distress is not responsible for suicide. Psychological distress like mental illness, depression, loss of pleasures in life everything drives the students into suicidal ideation and suicidal behaviour (Garlow *et al.*, 2008) [5].

Table 2: Risk factor of Suicide among University Students

Risk factors	Number of Respondent	Percentage
Low social class	6	12%
Unemployment	24	48%
Low income	5	10%
Poverty	15	30%
Total	50	100%

Source: Field Survey, 2018

Table shows about the risk factor of suicide where 12% are committing to suicide for the reason of low social class, 48% for

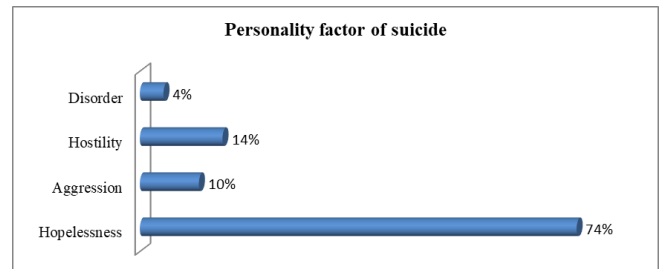
unemployment, 10% for low income and 30% for the reason of poverty. All the factors are linked with financial issue. Economy plays a major role to increasing suicide rate among students.

Table 3: Initiatives from University Authority

Answer	Frequency	Percentage
Yes	40	80%
No	10	20%
Total	50	100%

Source: Field Survey, 2018

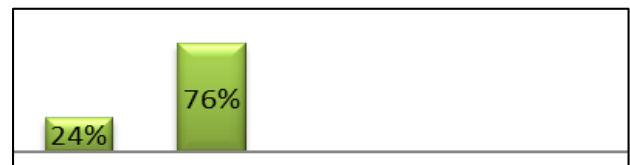
Table 5.10 shows that 80% of the total respondents answered that university authority has taken initiatives for reducing suicide rates among university students. And, 20% of the total respondent said that university authority has not taken any measures to reduce suicide rates among university students.



Source: Field Survey, 2018

Fig 9: Personal factors of suicide among students

Figure 5.1.15 shows that different personality factors are linked with suicidal behaviour. 74% think that hopelessness is the reason for suicide, 10% think aggression is responsible for suicide, 14% think hostility is another reason of suicide, and 4% think that disorder is responsible for suicide among university students (Thoughts, n.d.).



Source: Field Survey, 2018

Fig 10: Tendencies of committing Suicide

Figure show that female university students have more tendencies to suicide than male students. Here, 24% of the total respondents said about male student's suicide and 76% of the total respondents said about the suicide of female students.

Table 4: Religion to decrease suicide rates

Answer	Frequency	Percentage
Yes	35	70%
No	15	30%
Total	50	100%

Source: Field Survey, 2018

From the table it is found that 70% respondents think that religious ideology can be the preventive factors to reduce suicide rates. And 30% that religion cannot decrease the suicide rate among students.

### Case Study-1

Respondent, the cousin of Chanda Gain who was committed to suicide in 15 April, 2014. Chanda Gain was a first year student of Bangabandhu Sheikh Mujibur Rahman Science and Technology University, Gopalganj. She was 19 years old girl and younger child of her family. She was brought up in Khulna district's Dakopthana. Her father's name is Sujit gain and mother's name is Lipika gain. In 2014, she admitted in Bangla department in BSMRSTU. Chanda was very much interested about village festivals. Her mother gave money to her (Chanda) before two days of PahelaBoishakh for going to village fair. She always having well dressed and like to buy various dress and cosmetics. She spends the money before village fair and also demanded money to her mother. As their family condition was not so good on that time; her mother became angry to her and chide her. Her father was a farmer. And her elder brother newly joined on a job that time. The overall financial situation of the family was poor on that time. For hearing chide of her mother she was depressed and cried much. On night, Chanda's father was going to a religious occasion, her mother was busy for cooking and her only brother was far from house. In this time, she committed to suicide on her room by hanging in 15 April, 2014. As she was not matured, she could not controlled herself. It is said that for the reason of financial problem of family she committed to suicide. Economic insufficiency also the prime causes of suicidal issue. Chanda always wanted to brought new dress, cosmetics, different pictures etc. Because of economic insolvency, she could not fulfil her wishes. As her mother was chiding her, she could not control herself. And on the basis of this reason she committed to suicide.

### Case Study: 2

Respondent, the friend of swarnali who was committed to suicide in 2018. Swarnali was a first year student of Bangabandhu Sheikh Mujibur Rahman Science and Technology University in Agriculture department. It is known from my respondent that Swarnali was engaged in a relationship and the financial condition of her family was not so good. Her family never accept their relationship as person is not perfect for her. Besides, she faced many family related problems. In one stage she became very much depressed. Most of time she remained alone and feels about something. She could continue her studies in university. Family related problems are the causes of her death. Everyone teased her that she cannot tolerate. Social causes is the another cause of her death. She was a very brilliant student from her childhood. Different social problems, financial problem, relationship, family discord all derived her to commit to suicide. At one point she knowingly took a poisoned drink and was dead. It is clear from the case study that many problems are responsible for suicidal behaviour among students. Various social and family related problems increasing much pain among students and they suffer from depression. Depression gradually derived students to suicidal attempts. Family plays a very important role for suicidal behaviour among students. It is known from my respondent that financial problem is the main cause for Swarnali's suicide. Family related problems made her more depressed. At one point she

could not control herself at all. A first year students is not so matured; as Swarnali was not. Much care of family, affection is very much necessary for the students as protective factors

### Findings

The aim of this study was to explore the socio-economic impact of suicide among students of Bangabandhu Sheikh Mujibur Rahman Science and Technology University, Gopalganj. The findings of this study show different causes of suicide that are responsible for university's student (Johal & Sharma, 2016). The results indicate that depression was a statistically significant predictor of suicidal behaviour. Financial problems, failure in love, parental loss, and unemployment, social causes, low social class, academic problems, mental illness all are the causes of increasing suicide rate among students. Few respondents reported that they took attempt to suicide in their lifetime for economic reasons, family discord, and financial problems. Results also suggest that high self-esteem, hopefulness, future orientation were buffers that protect university students from suicidal behaviour (Young *et al.*, 2012). The results of this study support this idea by finding the moderating effects of self esteem and suicide resilience. As results showed, when students have low levels of self-esteem, they may be more vulnerable to suicide behaviour when confronting depression. However, my findings showed that 38% for depression; 20% for social causes and 12% for academic failure. 12% respondents reported that they took attempt for suicide in their lifetime because of family discord, financial problem and parental loss. It is found that women are more vulnerable to commit suicide than men. 86% respondents said that psychological distress is the cause of suicide among students (General *et al.*, 2012) <sup>[6]</sup>.

### Conclusion

Suicide and suicide attempts are a significant public health concern over the world and a major source of morbidity, mortality and health care cost. Suicidal behaviour occurs on a continuum from thoughts and ideas to attempts and death. A suicidal tendency is the propensity for a person to have suicidal ideation or to make suicide attempts. Depression and suicide are of increasing concern on university campuses. Suicide ideation and suicidal behaviours among university students are rarely caused by a single factor. Rather, they are affected by a variety of situational/or personality factors, like low self-esteem, high depression, loneliness, anxiety, loss of loved ones, hopelessness, academic problems, rational issues, financial stress, negative life events, lack of support and family cohesion, parental loss, impulsivity, aggression, insufficient problem solving or coping skills and others (Osman & Bagge, 2000) <sup>[11]</sup>. The study aimed to investigate socio-economic impact of suicide among university students and relationships among depression, personality factors, and social causes in predicting suicide behaviour. My findings suggested that depression is a statistically significant predictor of suicide behaviour. However, the results further suggested that depressions, social causes, failure in love, academic fault are closely connected to suicide among university students (Cheng *et al.*, 2015). Among the causes 38% respondents reported that depression is the prime cause of suicide among students. This serious problem of suicide be moderated by levels of self-esteem, hopefulness, future orientation, high levels of living, and positive coping strategies, parental love. High self-esteem and

hopefulness served as buffers against suicide behaviour respectively, especially when university students experienced high depression. On the other hand, low confidence on self and thoughts about suicide/suicide resilience increased depressed university students vulnerability to suicide behaviour. 30% of the total respondent reported that failure in love is the cause of suicide among students; 38% for depression; 20% for social causes and 12% for academic failure. 12% respondents reported that they took attempt for suicide in their lifetime because of family discord, financial problem and parental loss(Klonsky *et al.*, 2016).

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