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A Study on Factors Influencing Youth to Commit Suicide in Kashmir

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Abstract: ***Suicide is one of the burning issues worldwide as its rate is increasing continuously. This paper examines the status of suicide in the world and factors influencing youth of Kashmir to commit suicide. The study was carried out in Kashmir region in the year 2023 to trace the various socio-economic, political and cultural factors which are responsible for high suicide rates within the Kashmir valley. The results of present study revealed that social implications like unemployment, social isolation, family issues, failures in examination, relationship failures, increase in cultural change due to modernization are some of the notable contributors to the growing menace of suicide in Kashmir. Moreover, widespread socio-economic and cultural changes are highly stressful. This paper also aims to focus on the biological and neurological factors of people committing suicide. The study recognizes the hopelessness and helplessness associated with persistent insecurity, statelessness and poverty is triggering the mental wellbeing of the citizens of the valley and resulting in suicides. Finally, the researchers propose some preventive measures which would lessen depression, mental illnesses and frustration among the youth in Kashmir.***

Keywords: ***Suicide, Socio-Economic, Isolation, Unemployment, Neurological Factors, Socio-Philosophical.***

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1. INTRODUCTION

Suicide is defined as a fatal self-injurious act with some evidence of intent to die and is one of the burning issues all around the world. The Epidemiological studies conducted worldwide revealed that among adolescents there is a significant rise in suicidal behaviour to the extent that suicide for the 15–19-year-old age group is the second leading cause of death (Berman and Jobes, 1995; Hazell, 1991). The studies conducted globally reported that hundreds of youth commit suicide (Cantor, 1995; Mallet and Swabey, 1997) and suicide rate showed an increase of over 300% since 1950s (Leane and Shute, 1998; Lewis and Lewis, 1996). The study conducted by Jaime Thornhill and Robyn Gillies (2000) on young adults suicide related knowledge and attitudes revealed that young adults' level of knowledge was found to differ as a function of gender. We know suicidal thoughts and behaviours include suicidal ideation, suicidal attempt and suicidal death. According to World Health Organization (WHO), 800000 people die by suicide and many more make suicide attempts every year i.e., making it a principal cause of death among people in the age group of 14-29 years. Suicide is a deeply personal act and suicidal behavior is determined by a number of individual and social factors. We observe that Kashmiri people have suddenly got exposed to a different environment, completely different from the mind set they had developed over the centuries, resulted in their emotional unstability. The social fabric due to its consequence got weakened. Kashmiri youth in general once very tolerant are now getting easily violent and a slight provocation is enough to lead these youth to commit suicide. In 1970's and early 1990's Kashmir was a tourist's paradise but in 1990's due to the turmoil and disturbance there was a complete destruction of tourism industry as well as of handicraft industry which enhanced unemployment and economic deterioration in Kashmir region. Government focused on law and order problem in general and there was an atmosphere of uncertainty everywhere which resulted in mental illnesses and depression. In fact, “suicides” were happening earlier also, however turmoil has made the atmosphere more conducive to the suicides and aggravated their occurrence in Kashmir Valle. Kashmir region is witnessing a sharp rise in suicides, suicidal attempts and taking extreme steps. A study done recently by one of the government agencies has reported that Post Covid, an increase in the number of suicides attempts in the valley has been recorded. The Data also suggests that the highest number of suicide attempts were reported from central Kashmir's Budgam district. Budgam reported 72 suicide attempts while North Kashmir's Baramulla district reported 61. In South Kashmir's Anantnag district 55 suicide attempts were reported, while 51 were reported in Kupwara in North Kashmir. There were 34 suicide attempts reported in North Kashmir's Bandipora. In South Kashmir's Shopian district 19 such attempts were reported while 15 were reported in Pulwama. District Kulgam reported 25 suicide attempts and Srinagar city reported 17. The data of deaths reported in various districts were also given out. In total 127 people died after taking extreme steps that include 17 in Srinagar, 11 in Ganderbal, 08 in Bandipora, 09 in Shopian, 08 in Pulwama, 11 in Budgam, 31 in Anantnag, 10 in Kulgam, 15 in Baramulla and 07 in Kupwara. The psychologists in the valley say Post covid stress triggered by various issues like financial, relationship issues and isolation led to taking these extreme steps. The doctors feel that the awareness among the youngsters needs to be increased across the Kashmir Valley. They also say that there is a suicide contagion that needs to be prevented. The breakdown of societies and families as a

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result of self-centered and materialistic mentalities resulted in isolation, individualistic undertakings and alienation. Furthermore, suicidal behaviour is a complex, multi-factorial, polygenic and independent mental health problem caused by a combination of alterations and dysfunctions of several biological pathways and disruption of normal mechanisms in brain regions that remain poorly understood and need further investigation to be deciphered. The socio-political factors are destroying the souls of the people in Kashmir valley from a long time. The disturbed social and political conditions in the valley have devastated the psyche of the Kashmiris which resulted in stress-related diseases among youth thus driving people mostly youngsters- increasingly to suicide. Suicide is a social evil and a threat to the lives of the people of Kashmir. Doctors in Kashmir valley don't doubt that more than two decades of warfare have left the locals depressed, fatigued, traumatized and broken. The rate of suicide has gone up 26-fold, from 0.5 per 100,000 before the insurgency to 13 per 100,000 now, says Dr Arshad Hussain, a leading psychiatrist from the J&K's only Psychiatric Diseases Hospital. All the social, economic, political and cultural faults lead to the degradation of the mental health of the people especially the youth. Mental disorders and psychosocial consequences are associated with conflicts include sleeplessness, fear, nervousness, anger, aggressiveness, depression, flashbacks, alcohol and substance abuse which also leads to increased suicidal rates. The psychological scars of the conflict have been compounded by the lack of access to mental health resources and services in the region. The stigma associated with mental health issues has prevented many people from seeking help, leading to a significant under reporting of suicides. The Srinagar Psychiatric hospital had about 1,700 visitors in 1990 and the number grew to over 100,000 in recent times. The figure only represents the tip of the ice-berg as many people do not visit mental health experts because of the huge stigma attached to it. It is clear that political and social instability has a negative impact on the mental health, livelihood and economic conditions of people. Study conducted by MSF, a non-governmental organization, has found an alarming increase in the suicide rates by 400 times because of the ongoing violence. In addition to it Unemployment is also termed as "double threat" because of the continuous increase in young unemployed people that are not being able to participate in society which is considered to be the menace for the social arrangement of the society. The unprecedented drop in employment that was seen at the start of the COVID-19 pandemic demands a thorough investigation of the complex relationship between job loss and suicide, as well as the public policies and interventions that may mitigate the distress associated with job loss. In Kashmir, a large number of educated working-age men and women are out of jobs. Unemployment anywhere in the world can be hard, but given the magnitude of economic turbulence and mental health crisis witnessed by Kashmir, especially in the last three years, young minds are finding it difficult to cope with the rising unemployment rates. 46.3% of Jammu and Kashmir's workforce was out of employment, the second-highest in the country. The data from the Centre for Monitoring India Economy (CMIE) reveals that J&K stands at 2nd place in unemployment for the month of March 2022 with an unemployment rate of 25%, which is more than thrice India's average unemployment rate of 7.9%. In October 2021, J&K had the highest proportion of unemployment of 22.2% in India (Source internet, June 2023 Kashmir observer). The unemployed youth of Kashmir have a higher level of anxiety, depression, loss of behavioural/emotional control and psychological stress. The lack of economic opportunities has led to a sense of hopelessness and frustration among the youth,

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leading to an increase in suicide rates. Hence Unemployment and financial constraints are significant contributing factors. Along with the challenging problem of unemployment, the socio-cultural and socio-physiological changes which take place with the aid of modernization is another dynamic cause of the suicide of the young generations in Kashmir. With the advent of social media and modern technology many of the traditional and cultural norms in Kashmir have been violated which is leading to high stress levels among Kashmiris. A lack of social support can be a significant factor in the increasing suicide rates in the valley. Many residents feel that they have nowhere to turn for help, and are not aware of the resources that are available to them. The social, economic and political factors besides biological condition of a person play a pivotal role for committing of suicide. Finally, the hopelessness and helplessness associated with persistent insecurity, statelessness and poverty is triggering the mental wellbeing of the citizens of the valley. To put it briefly, the increasing suicides in the Kashmir Valley are a complex issue that is rooted in the on-going political conflict, as well as a range of other social and economic factors. Addressing these issues will require a comprehensive approach that includes increased access to mental health resources, job opportunities, and social support. It is critical that the government, civil society organizations, and other stakeholders work together to address this urgent public health issue and provide the necessary support to those who are struggling. In the light of above discussion and literature available on topic (e.g., Shaveta et al., 2021; Rasool, 2022; Nuzhat Firdous, 2015; Williams & Pollock, 2000; Oron, 2023; Angieszka 2022; Abu Chahla et al., 2023), Theplanned currentas conducted.

2. MATERIAL AND METHODS

In this study, we select 400 respondents randomly from different places in study area i.e., Kashmir valley. A well-designed validated questionnaire was used to collect the information in view of the literature available on the topic and on the characteristics of the respondent's viz., gender, residence, education status of parents, type of family, economic status of family etc. The participants who participated in this study on their choice were given a verbal explanation regarding the purpose of this study and were assured that confidentiality would be carried out throughout this survey. The sample size for present study was computed using standard procedure (Cochran, 1977)

$$n = \frac{Z_{\alpha}^{2}\, P(1-P)}{d^{2}}.$$

Here, we chose p=0.5, Z_{α} =1.96 and d=0.05. That gives the approximate sample size for our study n~384 and we decided to take n = 400. The data collected from our survey was tabulated, analyzed and interpreted statistically using appropriate statistical tools. The statistical software SPSS (version 20) was used for analysis of data collected from our survey.

Research Hypothesis
Hypothesis : There is no significant difference in the opinion of male and female respondents under study.

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In order to test the research hypothesis, we use Chi-square test (with usual notations) given as where $X^2 \sim \chi_1^2$, o_i and e_i are observed and expected frequencies. We reject H_0 if p-value

$$X^2 = \sum_{i=1}^{2} \frac{(o_i - e_i)^2}{e_i}$$

is less than specified level of significance.

3. RESULTS AND DISCUSSION

Table 1 shows the Gender, Residence, Education qualification, Profession of father/guardian, Family economic status of respondents in study area. As shown in table 1 the majority of the respondents about 58.75% of the females and 41.25% of male participated in this study. Majority of the respondents about 55.75% are from rural area and 44.25% from urban areas.46.25% respondents are under graduate (UG) 32.50% post graduate (PG) 13.50% PhD 2.75% Post doctorate and only 2.50% from 10th and 12th respectively. The professions of the respondent's father/guardian are government employees with 63.25%, business class 28.50% and only 8.25% private employees.87.75% respondents belong to middle class families. Majority of respondents belong to nuclear family 69.75% as for as family type is considered.

Table 1: Shows general information of the respondents understudy.

Variable		Count	Percentage
Gender	Female	235	58.75
	Male	165	41.25
Residence	Rural	223	55.75
	Urban	177	44.25
Education qualification	10th	10	2.50
	12th	10	2.50
	UG	185	46.25
	PG	130	32.50
	PhD	54	13.50
	Post-Doctorate	11	2.75
Profession of father/guardian	Business	114	28.50
	Government employee	253	63.25
	Private employee	33	8.25
Family economic status	Lower class	25	6.25
	Middle class	351	87.75
	Upper class	24	6.00
Type of family	Joint	121	30.25
	Nuclear	279	69.75

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The data presented in the table 2 revealed that in response to the statement 1 i.e. suicide is one of the main reason for deaths in Kashmir, majority of respondents (male= 45.45%, female= 30.64%) disagree. In Kashmir heart disease, followed by cancer are the leading causes of death. Unfortunately, suicide is also considered to be one of the main cause of death among youth in Kashmir. In response to statement 2, i.e. academic burden is a reason for suicide of students majority of respondents (male= 37.58%, female= 37.02%) said it may be the reason. In response to statement 3, i.e., suicide can be the solution to any problem, majority of respondents (male=6.06%, female= 94.47%) disagree. In response to statement 4, i.e., Can a person commit suicide because of peer pressure, majority of respondents (male= 43.03%, female= 50.64%) agree. In response to statement 5, i.e., the level of teen age children committing suicide is high(male= 69.70%, female= 74.04%) said yes. In response to statement 6, i.e., unemployment play a role in Kashmiri youth committing suicide, majority of respondents (male= 61.82%, female= 77.45%) agree and response to statement 7, i.e., relationship problem and modernization play its part in youth committing suicide, majority of respondents (male=63.03%, female=71.06%) agree. In response to statement 8, i.e., gender is also a cause for high suicide rates(male= 81.21%, female=42.13%) disagree. In response to statement 9, i.e., mental illness also cause people in Kashmir to commit suicide, majority of respondents (male= 68.48%, female=77.45%) agree. Our research is in agreement with the (Shoib and Yasir, 2020).In response to statement 10, i.e., Does awareness lessen the chance of suicide, majority of respondents (male= 63.64%, female=57.87%) agree.In response to statement 11, i.e., Is there enough awareness about suicide in Kashmir, majority of respondents (male= 81.21%, female=72.77%) said no.In response to statement 12, i.e., Do films and movies play a role in youth committing suicide in Kashmir, majority of respondents (male= 38.18%, female=38.72%) said it may be the reason.In response to statement 13, i.e., drugs can be a reason for committing suicide, majority of respondents (male= 74.55%, female=90.64%) was with yes. Drug addiction affects both brain and behavior and is one of the alarming social problems of Kashmir which is rapidly affecting large number of its population our research is in agreement with earlier study

(e.g., Ronika Yousuf et al., 2023). In response to statement 14, i.e., Does social isolation give a hand to youth committing suicide, majority of respondents (male= 57.58%, female=58.72%) agree. In response to statement 15, i.e., biological factors play a role in Kashmiris committing suicide, majority of respondents (male= 55.15%, female=27.66%) disagree. There have been reports of suicides in almost all parts of Kashmir since last year. Experts say poverty, relationship tensions, fear and unemployment are the biggest causes (Muhammad Ansar Lodhi oct 16, 2021 BBC News) Our research is in general agreement with the literature available. Statistically, non-significant difference in the opinion of male and female respondents was observed regarding statement 4,5,7,9 and 14 ($P>0.05$). Further, Statistically, significant difference in the opinion of male and female respondents was observed in the other ($P<0.01$).

Table 2: shows the main factors influencing youth of Kashmir to commit suicide.

S.NO	Statements	Gender	Maybe (%)	No (%)	Yes (%)	Chi-square	P-Value

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1	Is suicide one the main reasons for sudden deaths of youth in Kashmir?	Female	85 (36.17)	72 (30.64)	78 (33.19)	9.4108	P<0.01
		Male	50 (30.30)	75 (45.45)	40 (24.24)		
2	Do you think academic burden is a reason for suicide of students?	Female	87 (37.02)	47 (20.00)	101 (42.98)	57.910	P<0.01
		Male	62 (37.58)	83 (50.30)	20 (12.12)		
3	Do you feel that suicide can be the solution to any problem?	Female	5 (2.13)	222 (94.47)	8 (3.40)	340.572	P<0.01
		Male	155 (93.94)	10 (6.06)	0 (0)		
4	Can a person commit suicide because of peer pressure?	Female	87 (37.02)	29 (12.34)	119 (50.64)	2.660	P>0.05
		Male	74 (44.85)	20 (12.12)	71 (43.03)		
5	Do you think the level of teen age children committing suicide is high?	Female	41 (17.45)	20 (8.51)	174 (74.04)	1.546	P>0.05
		Male	30 18.18	20 12.12	115 69.70		
6	Does unemployment play a role in Kashmiri youth committing suicide?	Female	39 (16.60)	14 (5.96)	182 (77.45)	13.495	P<0.01
		Male	53 32.12)	10 (6.06)	102 (61.82)		
7	Does relationship problem and mordernisation play its part in youth committing suicide?	Female	60 (25.53)	8 (3.40)	167 (71.06)	3.453	P>0.05
		Male	51 (30.91)	10 (6.06)	104 (63.03)		
8	Do you think gender is also a cause for high suicide rates?	Female	83 (35.32)	99 (42.13)	53 (22.55)	71.929	P<0.01
		Male	31 (18.79)	134 (81.21)	O (0)		
9	Does mental illness also cause	Female	44 (18.72)	9 (3.83)	182 (77.45)	4.114	P>0.05

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	people in Kashmir to commit suicide?	Male	42 (25.45)	10 (6.06)	113 (68.48)		
10	Does awareness lessen the chance of suicide?	Female	88 (37.45)	11 (4.68)	136 (57.87)	34.704	P<0.01
		Male	20 (12.12)	40 (24.24)	105 (63.64)		
11	Is there enough awareness about suicide in Kashmir?	Female	28 (11.91)	171 (72.77)	36 (15.32)	29.288	P<0.01
		Male	31 (18.79)	134 (81.21)	0 (0)		
12	Do films and movies play a role in youth committing suicide in Kashmir?	Female	91 (38.72)	50 (21.28)	94 (40.00)	45.858	P<0.01
		Male	63 (38.18)	80 (48.48)	22 (13.33)		
13	Do you think drugs can be a reason for committing suicide?	Female	22 (9.36)	0 (0)	213 (90.64)	18.679	P<0.01
		Male	42 (25.45)	0 (0)	123 (74.55)		
14	Does social isolation give a hand to youth committing suicide?	Female	73 (31.06)	24 (10.21)	138 (58.72)	6.178	P>0.05
		Male	40 (24.24)	30 (18.18)	95 (57.58)		
15	Do you think biological factors play a role in Kashmiris committing suicide?	Female	99 (42.13)	65 (27.66)	71 (30.21)	34.972	P<0.01
		Male	54 (32.73)	91 (55.15)	20 (12.12)		

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The data shown in Figure 1, presents the given information of the studied population.

Figure 1 Shows general information of the respondents understudy.

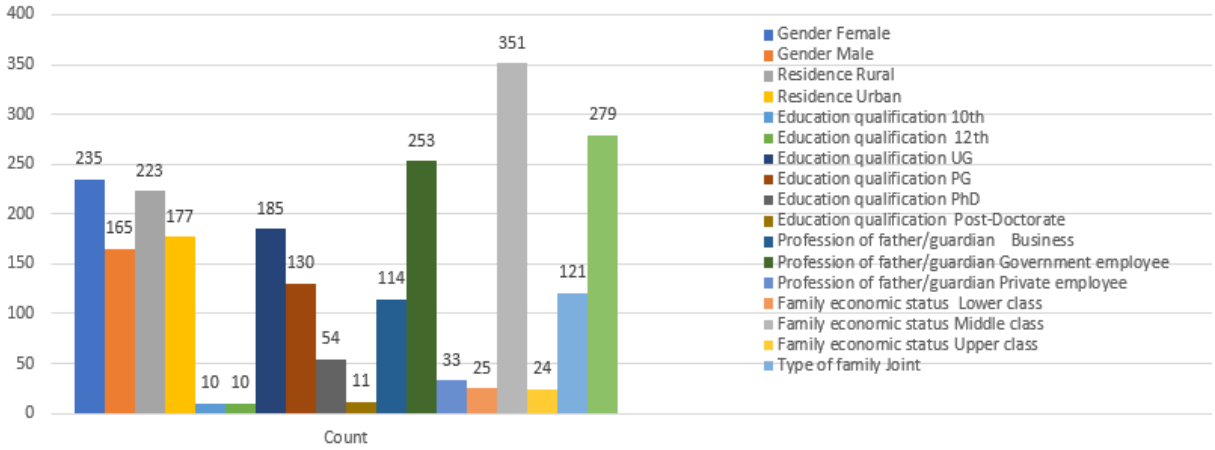

Figure 2 revealed that the respondents (male= 37.58%, female= 37.02%) were agreed below 50% in academic burden is the reason for suicide. Further it was found that (male= 43.03%, female= 50.64%) were agreed below 50% in peer pressure is the reason for suicide. Whereas majority of respondents were agreed above 50% in the level of teen age children (Adolescence struggle) committing suicide is high (male= 69.70%, female= 74.04%).Figure 2 further revealed that majority of respondents (male= 61.82%, female= 77.45%) agreed above 50% in unemployment play a role in Kashmiri youth committing suicide. agreement level in relationship problem and mordernisation play its part in youth committing suicide, (male=63.03%, female=71.06%) above 50% level respondents agreed. Figure 2 further showed mental illness is also cause in Kashmir to commit suicide, respondents (male= 68.48%, female=77.45%) agreed above 50%. As for as drugs can be a reason for committing suicide, majority of respondents (male= 74.55%, female=90.64%) and social isolation give a hand to youth committing suicide, (male= 57.58%, female=58.72%) were agreed above 50%.

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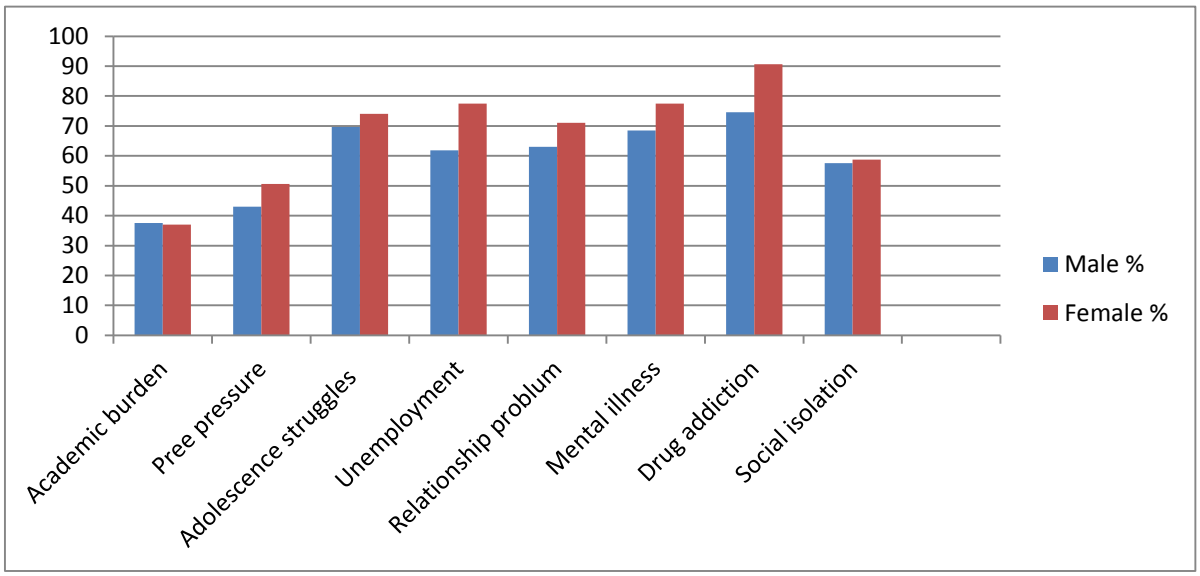
Figure 2: Agreement levels of respondents in response to reasons for suicide in Kashmir Valley.



Suggestions:

suicide is a serious public health problem that can have long lasting effects on not only individuals but also on communities. Prevention of suicide requires strategies at all levels of the society and everyone can help to prevent suicide by learning warning signs and promoting prevention of suicide.

1. non-governmental organizations should play their role in controlling the increasing suicide rates in Kashmir
2. The government should work towards generating employment through different schemes to reduce the risk of suicide among the unemployed youth of the valley
3. The education system should be framed in a way that student are not burdened by the increasing pressure due to the academics
4. Good parenting can play a crucial role in reducing the main causes of suicide e.g., depression, drug addiction etc
5. Proper support should be provided from friends and families to reduce the dread of social isolation. A safe and secure environment must be established.
6. Schools, Colleges, Governmental and Non-governmental organizations should come to the for front to discuss and aware the masses especially the youth about the menace of suicide. Consciousness and alertness should be spread among the people of the valley to reduce the suicide rates, and create a secure and peaceful society.
7. Kashmir suicide prevention helpline created is a hope for people struggling with mental health Issues, cause of suicide. It should reach to conservative regions so that they can seek help from them.

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4. CONCLUSION

The study revealed that in general suicide is a multifactorial problem which includes the various socio-economic, political and cultural factors; the social implications of unemployment, social isolation, family issues, failures in examinations, mental illness, relationship failures and increase in cultural change due to modernization. We can not ignore the relationship between depression and suicide, although figures show in practical field that a good percentage of people who committed suicide had any sign of depression. Its expected in future the suicide rate in Kashmir will decrease with the improvement in economic condition of poor families in peaceful environment. The suicide prevention programs should be multi dimensional to control it. The authors highlight the suicide prevention measures and gave suggestions for safeguarding the lives of youth in Kashmir. Collaboration, coordination, cooperation and commitment are needed to develop and implement a national plan, which is cost-effective, appropriate and relevant to the needs of the community. In Jammu Kashmir, suicide prevention is more of a social and public health objective than a traditional exercise. The time is ripe for professionals as well as the public to adopt proactive and leadership roles in suicide prevention and save the lives of thousands of youth.

Limitations
In present study the sample size was 400 which is not adequate in view of the heterogeneity of population so researchers suggest in future study the sample size should be increased.

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