CHAPTER IV
METHODOLOGY

Understanding the causes and impact of suicide is an important and serious issue because it is an act of self-destruction of an individual and it has always been an issue of curiosity and also major loss to the society. As it is believed since ancient time that health, wealth, social circumstances and thinking have significant effect on annoyance and suicide ideation. A person’s thinking and social circumstances are the ubiquitous parts of life which attributes to his/her behavior. Now day’s suicide cases are more common among the student population of various professional or non-professional courses. Suicidal ideation is a worst feeling experienced by individuals at the time of stress, environmental pressure, depression, no willing to live life, failing in achievement of goals and many more. Psychological indicators of suicide in youth and adults include negative life events, hopelessness, loneliness, feelings of being failure and nervousness, physical health, home and neighborhood, financial weakness, extended family, sexually assault, personality disorders, indignity and unrealistic expectations. It has been noticed that students of professional courses have high expectations regarding their carrier opportunities, more parental expectations and more academic pressure as compare to non-professional students. Sometimes this high expectation leads to health hazardous complications such as self-harm and suicide attempt. The present research was conducted to study the risk and protective factors of suicidal ideation among professional and non-professional courses students.

Design: Two groups design was employed to achieve the objectives of the study.

The sample was divided into two groups on the basis of professional courses students and non professional courses students. Each group comprised of 150 respondents of both the genders. The participants were selected by convenience sampling. Their age ranged from 16 to 24 years. All belong to Hindu religion. They all were regular students of their institutions and belong to urban as well as rural residential background.
Student Participants (N=300)

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<tr>
<th>Professional Courses</th>
<th>Non-professional Courses</th>
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<td>n=150</td>
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The two groups were further divided in two more two groups design.

### Sample:
A total of 300 subjects participated in present study to fulfill the requirement. Participation of the subjects in the present study was voluntary and informed consents were obtained from all the subjects. All subjects were of the age between 18 to 24 years (18.7 mean age) and from professional and, non professional courses institutions. 150 students were selected from professional courses (B. Tech.) and 150 students were selected from Non-Professional courses (B. A.). Data were gathered from various districts of Haryana i.e. Hisar, Rohtak, Ambala and Panchkula. They were selected for the present study on the basis of availability. All of the respondents were of Hindu religion. All the participants were of English medium. All the students of professional and non professional courses were regular students in their relative institutions. The sample was represented by both the genders; however, they were not with equal numbers.

### Measuring Tools:
Following tools were used for data collection purposes:

1. **Suicidal Ideation Questionnaire (SIQ)** – The scale for suicidal ideation was developed by William M. Reynolds (1987). The Suicide Ideation Questionnaire (SIQ) does provide a measure of the seriousness of suicidal thoughts in adolescents. The Senior High School
Version of SIQ consists of 30 items, the respondent rates the SIQ items on a 7-point scale which assesses the frequency with which the cognition occurs. This test takes five to ten minutes to complete. The SIQ is designed to provide a reliable and valid estimate for recognizing the current level of suicidal ideation or suicidal risk of an individual. The SIQ does provide probability estimates of risk for completed suicide or suicide attempts. Given the variability in individuals, personalities, self-control, motivations, numbers of stressors and family and support structures, subscribing a numerical probability for suicide is not a realistic possibility. The scale assesses the extent of suicidal thoughts and their characteristics as well as the subject’s attitude towards them. (SIQ is shown in Appendix-B)

2. Life stressors and social resources inventory, Adult form (LISRES-A): LISRES-A inventory developed by Rudolf H. Moos and Bernice S. Moos (1994-A). The LISRES-A consists of 200 items categorized into two parts that is social resources and life stressors. This assessing tool has 16 sub-scales, out of which 7 measures social resources and 9 measures life stressors. This tool was designed mainly to give clue about perception of participants towards the available resources as well as stressors. There are 9 sub-scales for assessing life stressors such as: ‘Physical Health’ (PH), ‘Home and Neighborhood’ (HN), ‘Finance’ (FIN), ‘Work’ (WK), ‘Spouse or Partner’ (SP), ‘Children’ (CH), ‘Extended Family’ (FAM), ‘Friends’ (FR), and ‘Negative Life Events’ (NLE). There are 7 sub-scales for assessing social resources such as: ‘Finance’ (FIN), ‘Work’ (WK), ‘Spouse or Partner’ (SP), ‘Children’ (CH), ‘Extended Family’ (FAM), ‘Friends’ (FR), and ‘Positive Life Events’ (PLE). In this test higher score represent higher level stress or availability of sufficient resources in a particular domain. This assessing tool has good reliability and validity. The internal reliability indicator for social resources sub-scales differ from 0.78 to 0.91 and for the stressor sub-scales 0.88 to 0.79. A study done by Wissing (1996) in South Africa and found Cronbach α-coefficients differ from 0.78 to 0.91 for social resources and 0.79 to 0.88 for life stressors. Description of subscales of life stressors and social resources scales is given below and the inventory has been placed in Appendix-C.
i) **Life stressors scales:**

1) Physical Health (PH): This factor refers to presence of medical illness (for example anemia, diabetes) and serious physical ailments (for example abdominal cramps, breathing problems and tiredness) that start before more than 12 months.

2) Home and Neighborhood (HN): This factor refers to presence of troubles regarding home and neighborhood (for example unhygienic conditions and discomfort).

3) Financial (FIN): This factor refers to problems regarding the finance for example unable to pay bills and to afford necessities.

4) Work (WK): This factor refers to conflicts with colleagues and supervisor, work pressure, unhealthy environment at workplace (Not included in present study).

5) Spouse or Partner (SP): This factor refers to interpersonal conflicts with partner or spouse (Not included in present study).

6) Children (CH): This factor refers to conflicts with children, emotional and behavioral changes perceived in children at home (Not included in present study).

7) Extended family (FAM): This factor refers to interpersonal disturbance with father, mother and relatives.

8) Friends (FR): This factor refers to conflicts with friends.

9) Negative life events (NLE): This factor refers to latest challenging life events that happened during the last twelve months.

ii) **Social resources scales:**

1) Financial (FIN): This factor refers to annual income of family.

2) Work (WK): This factor refers to supportive environment at workplace, self dependent and challenges (Not included in present study).

3) Spouse or Partner (SP): This factor refers to care and sympathy with partner or spouse (Not included in present study).

4) Children (CH): This factor refers to care and sympathy with children (Not included in present study).

5) Extended family (FAM): This factor refers to care and sympathy with parents and relatives.
6) Friends (FR): This factor refers to healthy relationships with friends and social group members.

7) Positive life events (PLE): This factor refers to latest healthy life events happened during last twelve months in all domains excluding extended family and friends.

However, some of the sub-scales which were not related to the students population weredropped.

**Procedure:**

The subjects were contacted personally in their respective educational institutions for data collection after obtaining permission from the institute authorities and informed consent from concerned students (Appendix- A). At the first the investigator approached the subjects in various institutions and a good rapport was established for creating congenial environment to make them comfortable and to extract authentic information from them. The selected subjects were requested to answer frankly and honestly as the information provided by them was to be kept confidential and would only be used for research purposes. When the subjects were comfortable and ready to answer then after obtaining consent of the subject to act as respondent, firstly following instructions were given: “you will be given two questionnaires in which there are some personal questions regarding your personal data and you have to respond on the basis of your preference. Please read questions carefully before filling the information. The first questionnaire i.e. Suicidal Ideation Questionnaire (SIQ) will take five to ten minutes to complete and the second questionnaire i.e. Life Stressors and Social Resources Inventory—Adult Form (LISRES-A) will take forty five minutes to complete and you have to fill it rapidly. Success of present work directly depends upon your valuable cooperation and sincerity”. The test was administered in random sequence by following instructions specified in the respective test manuals.

**Statistical analysis:**

Data was analyzed with the help of descriptive statistics, mean SD, t-test, correlation and Stepwise Multiple Regression. The statistical analysis was done with the help of SPSS 16.0 version. The detailed description of the above mentioned analysis is given in the respective section in the next chapter dealing with results and discussion.