The Influence of Negative Life Experience on Youth Suicide in Tehsil Takht-i-Bhai District Mardan, KPK

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Abstract: *The major objective of the present study was to explore the community perception regarding youth suicide in Takht-i-bahi district Mardan. The sample size of 383 respondents as selected from union council Pirsaddi, Jalala and Maddi Baba as per sekaran (2003). A conceptual frame work was comprised of independent variables, negative life experiences and dependent variable youth suicide. The interview schedule collected demographic information such as education, age, marital status, and family income, along with data on the study variables. Negative life experience and youth suicide: The study found a highly significant association (p=0.000) between youth suicide and youth addicted to drugs has more chances to involve on indecent acts. (p=0.000) separation of parents may lead to disturbance in life of young people. (p=0.000) physical maltreatment in childhood may cause mental distress among youths. (p=0.000) bad company in childhood has an impact on youth which may lead them to failure in life and failure of a business or other goals can negatively impact the mental health of young people (p=0.000) were all significantly associated with youth suicide. Additionally a significant association (p=0.001) also found between youth suicide and the sudden death of a loved one can generate extreme stress for young individual. Similarly (p=0.002) presence of a chronic disease may affect the mental health of the youth. And Social disconnectedness plays a significant role in the feeling of isolation and depression in young people (p=0.000) also showed a highly significant association.*

Introduction

Suicide is a significant and the fourth leading cause of death among young people worldwide. This issue is a serious global health concern, with 703,000 individuals taking their own lives annually, and many more attempting suicide. Each suicide is a tragic event that impacts families, communities, and sometimes entire nations, leaving lasting effects on those left behind (WHO, 2019). A considerable number of both boys and girls aged 15 to 29 engage in suicidal behavior, making it the leading cause of death in this age group (Noor et al., 2022).

Scholars offer various definitions of suicide. Ahmad et al. (2023) describe suicide as the act of ending

one's own life, often driven by depression or other mental health issues. The World Health Organization defines suicide as the intentional and deliberate act of taking one's own life (WHO, 2004). According to Shabana et al. (2022), suicide involves voluntarily and intentionally killing oneself.

Emile Durkheim defines suicide as any death resulting directly or indirectly from a positive or negative act carried out by the individual with the intention of achieving a specific result. This definition emphasizes that suicide is a deliberate act by someone who understands the consequences. For example, a person who shoots themselves consumes a lethal poison, or jumps from a tall building are aware of the likely outcomes of their actions (Durkheim, 1951).

Durkheim further categorized various types of suicide, including egoistic suicide, which occurs when individuals become isolated and detached from social groups. These individuals are often self-centered, placing their own interests above all else, and their suicides stem from a lack of connection to social groups and an excess of individualism. In contrast, altruistic suicide is committed for the sake of others, driven by social values and norms. It involves sacrificing oneself for the benefit of society. Anomic suicide happens when there is a breakdown of social norms, disorder, and instability, often due to abrupt social changes or crises, leading to feelings of normlessness and despair. Lastly, fatalistic suicide occurs under oppressive conditions where individuals are subjected to excessive regulation or high expectations, leading them to feel trapped and hopeless. Examples include persecution and enslavement, where suicide is seen as an escape from intolerable circumstances (Durkheim, 1951).

Suicide is prevalent across all regions, affecting both developing and developed countries. Approximately 77% of global suicides occur in developing countries. In both contexts, suicide is a major issue, with a 2019 WHO report indicating that nearly 58% of suicides are committed by individuals under 50 years old. The youth suicide rate in developing countries is higher than in developed countries, with 88% of youth suicides occurring in developing regions. This is partly because 90% of the world's youth live in developing countries. Unlike other age groups where male suicide rates are higher, adolescent girls aged 15 to 19 commit suicide at nearly the same rate as boys. Today's youth face numerous challenges, including poverty, migration, violence, war, family instability, mental health issues, substance abuse, and depression (Hussain., *et al* 2022).

A WHO report highlights that globally, around 20% of suicides involve the use of insect repellent or other poisons, predominantly in rural agricultural areas of developing countries. Other common methods include hanging, firearm use, and jumping from heights. Worldwide, the suicide rate is higher among males, at 12.6 per 100,000, compared to 5.4 per 100,000 for females (WHO, 2019).

Pakistan, an Islamic lower-middle-income country with the world's fifth-largest population of 238.1 million, faces significant demographic challenges. About 13% of its population is aged 10 to 14, and 10.37% are aged 15 to 19 (Nazish et al., 2023). The country comprises four provinces—Punjab, Sindh, Khyber Pakhtunkhwa, and Baluchistan—along with other administrative units like Gilgit-Baltistan (GB) and Azad Jammu & Kashmir (AJ&K). According to the 2017 census, Punjab accounts for 52.9% of the population, Sindh 23%, Khyber Pakhtunkhwa 14.7%, Baluchistan 5.9%, the former Federally Administered Tribal Areas (FATA) 2.4%, and Islamabad 0.96% (Naveed *et al*., 2023).

Pakistan faces numerous challenges, including political instability, a precarious economic situation, flood recovery efforts, increasing insecurity, and complex civil-military relations. These conditions contribute to widespread public anxiety and various socio-economic problems (Madiha, 2023).

Pakistan lacks sufficient official data on suicides at the national level. The country does not collect or include suicide statistics in its annual national morbidity and mortality surveys, nor does it provide this data to the World Health Organization (WHO). In 2019, WHO estimated a total of 19,331 suicide deaths

in Pakistan, with 14,771 males and 4,560 females. WHO also notes that for every completed suicide, there are at least ten to twenty instances of self-harming behavior (WHO, 2019).

A study on the demographic characteristics and patterns of suicide in Pakistan found that most suicides occurred in Punjab (79.7%), followed by Sindh (14.6%), Khyber Pakhtunkhwa (3.6%), Baluchistan (1.6%), and AJ&K (0.04%). Suicides were more frequently reported in urban areas (59.7%) compared to rural areas (42.2%) (Naveed *et al.*, 2023).

Regarding youth suicide in Pakistan, Noor et al. (2022) reported a rate of 1.12 suicides per 100,000 people annually. More than 300 suicides were documented in the Ghizer district of Gilgit-Baltistan between 1996 and 2009. In 2014, over 2,359 suicides and 685 attempts were reported nationwide.

However, there is a scarcity of suicide research in other regions of Pakistan. For instance, in Tehsil Takht-i-Bahi within the Mardan district of Khyber Pakhtunkhwa, which has a population of 626,523, there is no available official data on youth suicide. The lack of data is attributed to underreporting and insufficient research due to cultural unacceptability. Families often do not report suicides or disclose the true cause to avoid shame and dishonor. Investigations by police and medical officers can be inconsistent, with some cases being reclassified from suicides to accidents or medical issues due to social and religious stigmas (Nazish et al., 2023). Therefore, studying youth suicide in these regions could provide crucial insights, given the complexity of the phenomenon and the various factors influencing it

Method and material

Research Philosophy and Design

This study utilizes positivism as a research philosophy. This philosophy believes that social reality is existing, however, to know and explore it. We needed quantitative methods to investigate the social reality. Hence, this study adopted a cross-sectional method to examine factors in the youth suicide.

Universe of the study

The study was conducted in the Tehsil Takht-i-bhai District Mardan, Khyber Pakhtunkhwa. The selection of this universe was based on the accessibility and availability of the respondents. This tehsil consisted of 17 union councils. However, due to time and financial limitations the researcher randomly selected Uc Pirsaddi with population 42276, Uc Jalala 37005 individuals and union council Madi baba 37265 individuals from the entire tehsil. The population of the selected union councils was 116,546 individuals.

Sampling technique

Convenient sampling technique was used to select samples from the population. This was because respondents were easily accessible in the given area.

Sample size

This study randomly selected three union councils. The population of those union councils was 116,546 individuals. According to Sekaran (2003), the sample size for the respective population would have been 383. However, the sample size for each union council was allocated through proportional allocation.

Proportional allocation

The number of respondents for each union council was determined through proportional allocation, using the following formula:

Formula. $ni = \frac{n}{N} + Ni$

The variables in this formula are:

n = the sample size

N = the population of the study

Ni _ population of Uc Pir Sadi, Uc Jalala, Uc Maddi Baba

ni –sample size of Required from each Uc

S.no	Area name	Total population(N)	Sample size(n)
1	UC Pirsaddi	42276	139
2	UC Jalala	37005	122
3	UC Maddi Baba	37265	122
4	Total	116,546	383

Data collection procedure

Data was collected through an interview schedule. The interview schedule had been adopted from scales previously used by Holmes-Rahe (1967) for the Childhood Trauma Questionnaire (CTQ) for negative life experiences, and by Epstein et al. (1983) for the Family Assessment Device (FAD) for family problems, as well as from the Hopelessness Scale developed by Beck et al. (1974), and the Social Pressure Scale (SPS) by Deutsch et al. (1955), in their studies. The items of the schedule were edited according to the needs of this study. The interview schedule used a Likert scale with three options including yes, no, and don't know.

Conceptual Framework

Independent Variables	Dependent Variable
The influence of negative life experience	Youth Suicide

Data Analysis

The data was analyzed with the help of SPSS computer software. The data was analyzed in the following manner.

Uni Variate analysis

Uni variate analysis is a statistical method used to analyze and summarize data from a single variable. It focuses on examining the distribution, central tendency, and variability of the data.

Bi Variate analysis

Bi variate analysis is a statistical method that involves the analysis of two variables to determine if there is relationship between them this method is often used to investigate the relationship between two quantitative variables in this analysis. The researcher can measure the strength and direction of the relationship between two variables. Chi square test was used to determine the association between dependent and independent variables.

Chi Square test

The chi square test is acceptable to determine relationship between different variables that were being studied. It is the most important test to determine the level of association between dependent variables and independent variables. The formula of chi square is below;

$$\chi^2 = \sum_{i=1}^{c} \sum_{j=1}^{r} \frac{(O_{ij} - e_{ij})^2}{e_{ij}}$$

X= Chi square

O= Observed Frequencies

E = Expected Frequencies

r = Number of row

c = Number of columns

Univariate analysis

Perception regarding youth suicide

The table showed the perceptions regarding youth suicide revealed significant consensus on several factors contributing to the risk. A substantial majority, 82.4%, concurred that familial disputes, particularly between spouses and between parents and their children, can elevate the risk of suicide among those involved. Conversely, 13.8% of respondents disagreed, and 13.7% were neutral on this issue. Furthermore, 59.3% of respondents agreed that previous suicide attempts and exposure to suicidal behaviors increase the risk of youth suicide, while 27.9% disagreed, and 12.7% remained neutral. Additionally, 75.5% of respondents affirmed that substance use disorders significantly heighten the risk of youth suicide, whereas 16.4% disagreed, and 8.1% were neutral. The majority, 78.6%, also agreed that excessive dependence on technology could lead to social isolation, thereby contributing to suicidal thoughts and behaviors. In contrast, 15.9% disagreed, and 5.5% were neutral on this point. Moreover, a significant majority, 86.2%, agreed that depression is a predominant cause of youth suicide in our society, with only 9.4% disagreeing and 4.4% remaining neutral. Lastly, 66.6% of respondents agreed that parental pressure is a primary cause of youth suicide, while 23.2% disagreed, and 10.2% were neutral regarding this statement.

Community perception regarding youth suicide

S.NO	Statement	Yes (%)	No (%)	Don't know (%)
1	Do you believe that family disputes, particularly between spouses and parents and their children, can increase the risk of suicide for those involved?	316(82.4%)	53(13.8)	14(3.7%)
2	Do you think that suicide attempt in the past and exposure to suicide increase the risk of youth suicide?	227(59.3%)	107(27.9%)	49(12.8%)
3	Do you believe that youth with substance use disorders are at a high risk of suicide?	289(75.5%)	63(16.4%)	31(8.1%)
4	Do you think that excessive dependence on technology can lead to social isolation and, ultimately, contribute to suicidal thoughts and suicide?	301(78.6%)	61(15.9%)	21(5.5%)
5	Do you think that in our society depression can be one of the main causes of youth suicide?	330(86.2%)	36(9.4%)	17(4.4%)
6	Do you believe that parental pressure is the primary cause of suicide among young people in our society?	255(66.6%)	89(23.2%)	39(10.2%)

Community perception regarding negative life experience

The table presents the percentages and frequencies of responses related to various items within the specified variable. A significant majority of respondents, 82.2%, agreed that youth addicted to drugs are more likely to engage in indecent acts. In contrast, 12.5% disagreed, and 5.5% remained neutral. Additionally, 26.6% of respondents concurred that parental separation can lead to disturbances in the lives of young people, whereas 63.4% disagreed, and 9.9% were neutral. Furthermore, 73.6% of respondents agreed that childhood physical abuse can result in mental distress among youths, with 14.4% disagreeing and 12.0% being neutral on the matter. Similarly, 77.3% of respondents agreed that having a bad company during childhood can negatively impact youth, potentially leading to failure in life, while 18.0% disagreed and 4.7% were neutral. Additionally, 27.2% of respondents believed that failing in business or other goals could adversely affect the mental health of young people, whereas 43.6% disagreed and 29.2% were neutral. Moreover, 41.3% agreed that the sudden death of a loved one can cause extreme stress for young individuals, with 35.2% disagreeing and 23.5% remaining neutral on this statement.

Likewise, 27.3% of respondents agreed that having a chronic disease can affect the mental health of youth, while 52.1% disagreed, and 20.3% were neutral. Additionally, 72.9% of respondents believed that social disconnectedness significantly contribute to feelings of isolation and depression in young people, with 14.6% disagreeing and 12.0% remaining neutral.

Community perception regarding negative life experience

S.NO	Statement	Yes (%)	No (%)	Don't know (%)
1	Do you think that a youth addicted to drugs has more chances to involve on indecent acts?	314(82.2%)	48(12.5%)	21(5.5%)
2	Do you believe that the separation of parents may lead to disturbance in life of young people?	102(26.6%)	243(63.4%)	38(9.9%)
3	Do you think that physical maltreatment in childhood may cause mental distress among youths?	282(73.6%)	55(14.4%)	46(12.0%)
4	Do you think that a bad company in childhood has an impact on youth which may lead them to failure in life?	194(50.7%)	120(31.3%)	69(18.0%)
5	Do you believe that the failure of a business or other goals can negatively impact the mental health of young people?	104(27.2%)	167(43.6%)	112(29.2%)
6	A sudden death of a loved one can generate extreme stress for young individual.	158(41.3%)	135(35.2%)	90(23.5%)
7	The presence of a chronic disease	105(27.3%)	200(52.1%)	78(20.3%)

	may affect the mental health of the youth.			
8	Social disconnectedness play a significant role in the feeling of isolation and depression in young people.	280(72.9%)	56(14.6%)	46(12.0%)

Bivariate analysis

Association between youth suicide and negative life experience

The study examined the relationship between negative life experiences and youth suicide, measuring various indicators of negative life experiences. A highly significant association (p=0.000) was identified between youth suicide and the likelihood of youth addicted to drugs engaging in indecent acts. Similarly, a highly significant association (p=0.000) was found between youth suicide and the disruption in young people's lives due to parental separation. Furthermore, a highly significant association (p=0.000) was also observed between youth suicide and the mental distress caused by physical maltreatment during childhood. Moreover, a highly significant association (p=0.000) was found between youth suicide and the influence of bad company during childhood, which may lead to failure in life. Likewise, a highly significant association (p=0.000) was identified between youth suicide and the negative impact on mental health from failing in business or other goals. Additionally, a significant association (p=0.001) was observed between youth suicide and the extreme stress generated by the sudden death of a loved one. In addition, a significant association (p=0.002) was found between youth suicide and the impact of chronic diseases on the mental health of young people. Moreover, a highly significant association (p=0.000) was identified between youth suicide and the role of social disconnectedness in causing feelings of isolation and depression among young people. Overall, the results revealed that negative life experiences can significantly contribute to triggering suicidal tendencies in youth.

Association between youth suicide and negative life experience

S.NO	Negative life experience	Youth suicide			Chi square P=value
		Intensive	Moderate	Nil	
1	Do you think that a youth addicted to drugs has more chances to involve on indecent acts?				
	Intensive	61(73.5%)	12(14.5%)	10(12.0%)	X= 20.801 P= .000
	Moderate	95 (52.8%)	69 (38.3%)	16 (8.9%)	
	Nil	12 (40.0%)	16 (53.3%)	2 (6.7%)	
2	Do you believe that the separation of parents may lead to disturbance in life of young people?				
	Intensive	154	63	14	

		(66.7%)	(27.3%)	(6.1%)	X= 49.355
	Moderate	8 (17.8%)	24 (53.3%	13 (28.9%)	P= .000
	Nil	6 (35.3%	10 (58.8%)	1 (5.9%)	
3	Do you think that physical maltreatment in childhood may cause mental distress among youths?				
	Intensive	138 (64.2%)	62 (28.8%)	15 (7.0%)	X=37.974
	Moderate	22 (55.0%)	17 (42.5%)	1 (2.5%)	P=.000
	Nil	8 (21.1%)	18 (47.4%)	12 (31.6%)	
4	Do you think that a bad company in childhood has an impact on youth which may lead them to failure in life?				X=22.801
	Intensive	66 (47.5%)	58 (41.7%)	15 (10.8%)	P=.000
	Moderate	68 (70.8%)	26 (27.1%)	2 (2.1%)	
	Nil	34 (58.6%)	13 (22.4%)	11 (19.0%)	
5	Do you believe that the failure of a business or other goals can negatively impact the mental health of young people?				X=21.532
	Intensive	63 (71.6%)	14 (15.9%)	11 (12.5%)	P=.000
	Moderate	65 (52.4%)	45 (36.3%)	14 (11.3%)	
	Nil	40 (49.4%)	38 (46.9%)	3 (3.7%)	
6	A sudden death of a loved one can generate extreme stress for young individual.				X=17.788
	Intensive	88 (68.8%)	29 (22.7%)	11 (8.6%)	P=.001
	Moderate	48 (49.5%)	43 (44.3%)	6 (6.2%)	
	Nil	32 (47.1%)	25 (36.8%)	11 (16.2%)	

7	The presence of a chronic disease may affect the mental health of the youth.				X= P=
	Intensive	40 (49.4%)	36 (44.4%)	5 (6.2%)	X=17.504 P=.002
	Moderate	81 54.0%	48 32.0%	21 14.0%	
	Nil	47 (75.8%)	13 (21.0%)	2 (3.2%)	
8	Social disconnectedness play a significant role in the feeling of isolation and depression in young people.				
	Intensive	134 (63.5%)	59 (28.0%)	18 (8.5%)	X=34.526 P=.000
	Moderate	21 (43.8%)	27 (56.2%)	0 (0.0%)	
	Nil	12 (36.4%)	11 (33.3%)	10 (30.3%)	

Conclusion

This study examines the influence of negative life experiences and youth suicide. The findings indicate that youth addicted to drugs are more likely to engage in indecent acts. Parental separation can lead to disturbances in the lives of young people. Additionally, physical maltreatment in childhood can cause mental distress among youths. Negative peer influences during childhood can also impact youth, potentially leading to failure later in life. Furthermore, the failure of a business or other goals can adversely affect the mental health of young people. The sudden death of a loved one can generate extreme stress for young individuals, and the presence of a chronic disease can similarly affect their mental health. Social disconnectedness plays a significant role in feelings of isolation and depression among young people. Overall, the results reveal that negative life experiences can significantly contribute to triggering suicidal tendencies in youth.

Drawing from the findings, this research supports Thomas Joiner's Interpersonal Psychological Theory of Suicide, which suggests that thwarted belongingness and perceived burdensomeness can lead to emotional pain that may compel a person to commit suicide (Joiner, 2005). In this context, the current study reveals that negative life experiences are factors related to perceived burdensomeness. Hence, the study further concludes that these factors can expose youth to an increased risk of suicide.

Recommendations

- Develop and implement comprehensive substance abuse prevention and treatment programs specifically aimed at youth. These initiatives should encompass education on the risks of drug use, provide accessible counseling, and offer rehabilitation services to diminish the chances of drug addiction and related inappropriate behaviors.

- Offer support services for children undergoing parental separation. These services can include family counseling, support groups, and educational programs designed to help them manage

emotional distress and reduce disruptions in their lives.

- Establish early intervention programs for children who are victims of physical abuse. These programs should prioritize providing mental health services, legal protection, and support to prevent long-term psychological distress.
- Create resources and support networks for young people facing the failure of business ventures or personal goals. Counseling services, resilience training, and peer support groups can assist them in managing setbacks and preserving their mental health.
- Develop chronic disease management programs that incorporate mental health support for young people with chronic illnesses. These programs should offer comprehensive care, addressing both physical and mental health needs.
- Implement initiatives to reduce social disconnectedness among youth. These can include establishing community centers, social clubs, and online platforms that foster interaction, a sense of belonging, and support, thereby mitigating feelings of isolation and depression.

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