



Suicidal Behavior in the Opinion of Students of Lodz Universities

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Abstract

Introduction: *The phenomenon of suicide has evolved over the centuries. Motives and methods of suicidal acts have changed. However, disputes about the moral issue of suicide perception remain the same – from glorifying freedom to restrictive condemnation of suicidal acts.*

Aim: *The main purpose of the work was to assess the knowledge and perception of suicidal behavior among randomly selected students of Lodz universities.*

Material and methods: *The study involved 301 students of Lodz universities (53.2% students of non-medical universities; 46.8% students of medical universities). The survey was conducted in January 2019 using a survey questionnaire, which contained 20 relevant questions and 4 metric questions. The analysis of collected data was performed on the basis of statistical methods such as the Yule coefficient and independence Chi-Square test of independence.*

Results: *79.4% of respondents were women. The average age of respondents was 22.7 years. Most often, the respondents identified the suicide attempt with a cry for help (43.2%, more often women, $p < 0.05$), while suicide with escape from problems (52.5%). 68.8% of respondents indicated mental illness and depression as the most common factor determining suicide. 52.8% (significantly more often students of non-medical universities) rightly stated that women commit suicide attempts more often. 85.0% of the respondents indicated men as perpetrators of suicide bombings that resulted in death. 74.8% of respondents believed that suicides committed people with low self-esteem and excessive self-criticism. The majority of respondents (79.1%) believed that everyone has the right to make a decision about taking their own life, and they were more often city residents. 89.7% of respondents declared that if they witnessed a suicide attempt, they would try to prevent it (more often women, $p < 0.05$), and 82.7% also declared willingness to help a person who survived the suicide bombing. Most respondents (53.8%) expressed the view that information on suicide cases should not be publicized by the mass media.*

Conclusions: *The level of knowledge of the respondents about suicidal behavior was not satisfactory. However, they showed a high level of sensitivity and acceptance towards potential suicides. There is a need for education regarding accessibility of help for people with suicidal thoughts.*

Key words: *suicidal behavior, suicide, students, Poland.*

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Introduction

Despite the fact that the phenomenon of suicide is studied mainly from the perspective of the present day, it is not a new phenomenon. It has evolved over the centuries – the motives or ways of carrying out suicidal acts, among other, have changed. However, disputes about the moral issue of perception of suicide remain unchanged, where on one side we are dealing with the glorification of freedom, and on the other the absolute and restrictive condemnation of suicidal acts [1].

Due to the fact that suicides are of interest to many scientific fields, it is very difficult to develop one, universal and coherent definition. The first attempt to define this phenomenon was made by the sociologist – Durkheim – who in 1979 described suicide as “any death case resulting from direct or indirect, negative or positive action carried out by the victim himself, who knows what the result will be” [2]. This definition, although most often cited, has its drawbacks. First of all, it is very broad and imprecise. One of the most important definitions presented in the literature on the subject can also include those developed by Stengel or Shneidman [3,4]. Regarding the very definition of the phenomenon, the World Health Organization (WHO) has tidied it up over the years and defined suicide as “a fatal act which the deceased, knowingly and expecting such effect, planned and carried out on their own in order to cause the changes desired” [5]. It should be emphasized, however, that suicide is not only an act of ending one’s life, but a very complex process that can last for years [6]. The first link in this process is most often suicidal thoughts, i.e. any consideration of one’s own death, imagining an act of suicide or attempted suicide, thinking and making plans about the circumstances (i.e. place, time, manner) accompanying such acts, as well as fantasizing about taking away life. The next links may be suicide and parasuicide gestures. These are usually demonstrative behaviors that do not lead to the end of life, but in most cases are aimed at causing pressure or a specific reaction of the environment. Characteristic of suicidal gestures and parasuicides is the choice of circumstances that provide many witnesses and allow

quick help to the person making such a gesture. The next link leading to committing suicide may be self-harm excluding the certainty of survival – mainly a suicide attempt commonly known as “unsuccessful suicide” or “attempted suicide”. An attempted suicide is a deliberate action taken to end one’s life. It found its place in the International Statistical Classification of Diseases and Health Problems ICD-10 in the categories “paranormal encounters” (codes X60-X69) and “intentional self-harm” (codes X70-X84), depending on the self-injury method used [7]. The final link in the chain of self-destruction is self-harm that directly results in death – the so-called suicides committed [8].

There is a wide range of motives and factors influencing the act of suicide. We are not able to analyze all these factors and reconstruct the psychological profile of every suicide victim. This is connected with barriers regarding conducting psychological interviews with people after a suicide attempt and difficulties in obtaining information on the life of a person who died as a result of suicide. However, there are some leading factors. First of all, mental disorders and illnesses should be included. Suicides with multiple psychiatric disorders or their symptoms are in many cases undergoing psychiatric treatment, which has presumably been ineffective. Their inclination to such actions, however, does not focus only on psychiatric disorders such as depression and schizophrenia. Usually, factors overlap and emphasis should be placed on health and social problems in general [9].

In Poland, in the years 2007–2014 an upward trend in suicidal behavior is observed. Between 2014 and 2016, there is a slight decrease in the number of reported suicidal behaviors, which does not change the fact that the data are still disturbing [10]. According to the World Health Organization, in 2016 the severe suicide rate for European countries was on average 15.4 per 100.000 residents. Lithuania had the highest value (31.9) – more than double the index for all of Europe. High rates were also observed in Belarus (26.2), Ukraine (22.4) and Latvia (21.2). The lowest suicide rates were recorded in Greece (5.0), Albania (6.3) and Malta (7.5) [11].

Suicidal behavior is a global problem, so it is desirable to take action to prevent suicidal attacks. Due to its complexity and diversity, it is an extremely difficult problem in the field of prevention planning. However, taken actions should be aimed at reducing risk factors and strengthening protective factors, which should constitute a very important element of prevention in this respect, especially in the population of young people, creating appropriate attitudes in them.

The aim of the study was to assess knowledge and perception of suicidal behavior by selected students of Lodz universities based on the results of own study.

Material and methods

The survey was conducted in January 2019 among students of universities in Lodz in the form of an online survey. The study involved 141 students of medical universities and 160 students of non-medical universities, i.e. a total of 301 people randomly selected for the study. The criterion for participation in the study was the student status of one of the universities in Lodz. Participation in the study was anonymous and voluntary. Each of the study participants was informed about the possibility of refusing to complete the questionnaire and withdrawing from completing it at any stage of the study. The respondents were also informed that the results obtained during the study will be used only for scientific purposes and will be presented in aggregate. For statistical analysis, measures were used in the field of descriptive statistics – arithmetic mean, standard deviation, median, modal and structure indicators as well as measures in the field of analytical statistics – independence test χ^2 (Chi square), which is used to study the relationships between variables. The research hypotheses were verified at the significance level $p < 0.05$.

Results

301 respondents took part in the survey. All respondents were students of Lodz universities – 160 people (53.2%) studied at non-medical universities and 141 at medical universities. 79.4% of the respondents were women. The average age of respondents was 22.7 years with a deviation from the average of 2.5 years. The youngest respondent was 18 years old and the oldest 38 years old. At least half of the participants in the study were 22 years of age or older, which was also the most frequently recorded age in the study group. The survey also took into account the respondents' place of residence. City residents accounted for 72.1% of those surveyed. The study evaluated, inter alia, the respondents' knowledge of suicidal behavior as well as their perception. The obtained results are presented in Table 1.

Table 1. Distribution of respondents' responses according to selected variables

Characteristic	Men	Women	Total	p*
The perception of suicide attempts	(%)			0.015
Cry for help	32.3	46.0	43.2	
Desire to attract attention	19.4	15.1	15.9	
Escape from problems	12.9	20.1	18.6	
Satisfying curiosity	1.6	0.0	0.3	
Just a failed suicide	30.6	15.5	18.6	
Other	3.2	3.3	3.3	
Causes of suicide bombings (% do not add up to 100)	%			0.003
Mental illness, depression	75.8	66.9	68.8	
Chronic illness, disability	3.2	14.6	12.3	
Family problems	14.5	19.7	18.6	
Heartbreak	12.9	17.2	16.3	
Bad economic conditions, sudden job loss	29.0	13.4	16.6	
Problems at work / school	9.7	8.8	9.0	
Loneliness	19.4	18.8	18.9	
Lack of understanding from the surroundings	27.4	28.5	28.2	
Committing a crime or offense	1.6	0.4	0.7	

Can people from around stop someone from making a suicidal decision?	%			
Yes	100.0	88.3	90.6	0.03
No	0.0	11.7	9.4	
Would the respondents try to prevent the suicide attempt if they were witnesses?	%			
Yes	83.9	91.2	89.7	0.02
No	16.1	8.8	10.3	
Do people have the right to a suicide attempt?	City	Village	Total	0.02
	%			
Yes	82.5	70.0	79.4	
No	17.5	30.0	20.6	
Where should people with suicidal thoughts seek help? (% does not add up to 100)	%			
Relatives	31.3	39.3	37.5	0.04
Helpline	10.6	3.6	5.3	
Psychologist / psychiatrist	57.1	52.4	53.2	
Cleric	4.8	0.9	1.7	

*statistically significant

The respondents were asked about how they understand the concept of imperfect suicide, and thus how they perceive people who decided to engage in such behavior. 43.2% of respondents (i.e. 130 people) replied that in their opinion a suicide attempt was a cry for help. 18.6% of respondents said that the suicide attempt was a failed suicide bombing that was ultimately to be fatal. The same percentage of respondents perceived suicide as an attempt to escape from the problems faced by those who committed attacks on their own life. 15.9% of respondents saw such an attempt as a desire to attract attention. (i.e. 48 people). There was a relationship between the type of answers given and the sex of respondents ($p < 0.05$). Women more often indicated that undertaking a suicide attempt is the same as crying for help (46.0% vs 32.3%) and escaping from problems (20.1% vs 12.9%). However, men more often indicated that suicide was not only an unsuccessful attempt to take one's own life (30.6% vs 15.5%) or a desire to attract attention (19.4% vs 15.1%), which in some way proves male and female personality differences.

Respondents were also asked about the perception of the suicide act. Over half of the respondents (52.5%) perceived suicide as a way to escape their problems. However, 21.6% of respondents said that it is a sign of a sincere desire to end their life. Every tenth respondent stated that a suicide bombing that ended in death was a sign of weakness and cowardice. Respondents were also asked to indicate the most common suicide committed in Poland. The study participants had a choice of 9 different response options based on the data of the Police Headquarters. The majority of respondents – 68.8% – agreed that mental illness and depression are among the most common causes of suicide with a fatal outcome in Poland. Other most frequently cited reasons were: lack of understanding from their environment (28.2%), loneliness (18.9%), family problems (18.6%), poor economic conditions and sudden loss of livelihood (16.6%), heartbreak (16.3%), chronic illness, disability (12.3%), problems at work or school (9.0%) and committing a crime or offense (0.7%). Men much more often than women indicated that an important reason for attempts to take their own life are poor economic conditions and sudden loss of livelihood, while women more often than men indicated chronic illness, disability ($p < 0.05$).

The subjects were asked to indicate who is more likely to commit suicidal behavior – men or women. The answers regarding suicide attempts were very similar. Not much more than half of the students participating in the survey (52.8%) indicated that women are more likely to try to take their lives. Medical university students more often than non-medical university students rightly pointed out that women are more likely to commit imperfect suicide (64.5% vs 42.5%). For suicidologists, significant factors of suicidal behavior may be broadly understood traits of suicides. Therefore, respondents were asked to assign selected features to persons deciding to commit suicide. The subjects had a choice of 8 response variants and had the option to select no more than 2 of them. Most of the surveyed students (74.8%, or 225 people) indicated that people performing the suicidal act can be attributed with low self-esteem and excessive self-criticism. The second most frequently

chosen answer by the respondents was a negative assessment of their own life (60.5%). Every third respondent indicated an inability to solve interpersonal problems that are key to proper functioning in society, establishing relationships and shaping assertive behavior. No statistically significant correlation was found in the responses to variables such as type of university, gender or place of residence. Respondents were also asked about how they assess the fact of suicide attempt by other people. Most respondents (79.1%) declared that everyone has the right to decide about their fate, and thus also has the right to decide to take their own lives. There was a statistical relationship ($p < 0.05$) between the type of answer given and the place of residence of the respondents. Respondents living in the village more often claimed that a person has no right to decide on targeting their own lives (every third respondent). 89.7% of all respondents said that if they witnessed a suicide attempt, they would try to prevent it. Women slightly more often than men declared providing such assistance ($p < 0.05$). Most people declaring their willingness to help would call the emergency services in such a situation, while others would intervene on their own. Respondents were also asked about where people considering taking their lives should seek help first. Most indicated the advice of a psychologist or psychiatrist – 55.8% of respondents. 33.6% of them indicated the role of family, partner and friends. 8.6% indicated a helpline where you can get advice on how to proceed. None of the respondents chose the Internet as a source of seeking help in a crisis. Respondents living in rural areas more often answered that those at risk of committing a suicide bombing should first seek help among those closest to them (39.3% vs 31.3%) or the clergy of their religion (4.8% vs 0, 9%). City residents more often emphasized the role of the Helpline (10.6% vs 3.6%). Help from mental health professionals also found greater support among urban respondents (57.1% vs 52.4%). Mass media play a very important role in the prevention of suicidal behavior, as well as in the process of shaping knowledge on this subject. Therefore, the respondents were asked whether in their opinion the mass media should provide information on the committed suicides. 53.8% of students

participating in the study (i.e. 162 people) expressed the opinion that information on cases of committed suicides should not be publicized by the mass media. There were no statistically significant relationships to socio-demographic variables. Respondents were also asked about the effects of publicizing suicide cases by the media. Respondents could choose one of six proposed answer options. Every third respondent indicated that publicizing suicidal behavior by mass media increases the interest of recipients in the problems of their loved ones. 22.6% of respondents said that such media content is only a sensation, and 18.6% that it prompts people to reflect on the meaning of life. Other respondents were of the opinion that the media could negatively influence society's behavior: 15.0% of respondents (i.e. 45 people) claimed that publicizing the problem of suicide could be a hint on how to effectively take one's life, 10.6% (i.e. 32 persons) that such information strengthens persons struggling with suicidal thoughts in the validity of their considerations, and 3.0% of respondents (9 persons) that it prompts people to commit suicide.

Discussion

The study determined the perception of suicidal behavior in the student population. In addition, information was obtained regarding the level of knowledge of the respondents about the scale of suicidological problems and the perception of people after suicidal experiences. Most respondents (52.5%) indicated that suicide can be equated with escaping from problems. Suicide attempt was most often understood as a call for help (43.2%). As much as 68.8% of the surveyed students considered mental illness and depression to be one of the main risk factors for suicide. 89.7% of respondents declared an attempt to prevent a suicide bombing if they witnessed such a situation, as well as a willingness to help a person after a suicide attempt (82.7%). Only 28.6% of respondents were aware of the negative effects that information in the media on suicidal behavior may have. It is worth comparing the results of own research with the results of other authors.

In 2012, Markiewicz and Osińska-Zych conducted a study at the Medical University of Lublin “Opinions of selected social groups about people after suicide attempts” [12]. It was aimed at analyzing attitudes towards people who had attempted taking their own lives. The study was conducted among 50 nurses employed in one of the hospitals in Lublin and among 50 students of the Medical University in Lublin. 80.0% of respondents described people after a suicide attempt as those who are unable to cope with a difficult life situation, 13.0% said that they are mentally ill, and the remaining 7.0% of those surveyed that the suicide attempt is a result of desire to attract attention. The survey also asked about the respondents’ behavior towards people who attempted suicide. 46.0% declared establishing close contact with such a person. When asked about where people after suicide attempts find help, 76.0% percent of the respondents pointed to their closest relatives. Comparing the results of this study with the results of the own study, it should be noted that students from Lodz more willingly declared their willingness to help people after a suicide attempt (82.7% vs 46.0%). A clear difference was also observed in identifying sources of assistance for would-be suicides. Students from Lodz more often indicated the need to seek help from a psychologist or psychiatrist (55.8% vs 15.0%), while respondents of the above-mentioned study indicated a greater percentage of help from family and friends (76.0% vs 33.6%). The differences were also visible in the way the suicide attempt was perceived. Finding yourself in a difficult life situation, and thus the desire to escape from problems is the most common way of securing a suicide attempt by the respondents from Lublin (80.0%) as opposed to Lodz respondents (18.6%).

It is also worth referring to the Manowska’s “Youth attitudes towards suicide” study [13]. The study was carried out in Poland and France in the years 2006–2011 in the population of Polish and French youth. The study group consisted of 327 Poles and 220 French people, i.e. a total of 547 people in the age groups of 11–15 and 16–19. Teenagers’ attitude to the phenomenon of suicide was examined – most of them declared a negative perception of suicide both in Poland (78.0%) and in France (87.8%). Polish junior high

school students showed a negative perception of suicide to a lesser extent than French junior high school students (73.3% vs 90.0%). In addition, as much as 16.8% of Polish junior high school students were indifferent to suicidal behavior (in France the figure was 6.2%). The situation among high school students was very similar and most of them declared a negative attitude regardless of whether the subjects studied in Poland (82.2%) or France (84.9%). Although the vast majority of students surveyed had a negative attitude towards suicidal acts, there is a noticeable difference between the attitude of Polish and French junior high school students. The results of the study show that there is a clear need to educate and shape the attitudes of Polish youth in the field of suicidal behavior.

Another study that is worth referring to is "Analysis of youth opinions on suicide risk factors" [14]. It was conducted in 2015 among 1,358 students of randomly selected Warsaw high schools. As the main cause of suicide among young people, the respondents indicated: family problems, parents' lack of understanding (37.0%), and conflicts with peers (48.6%) regarding school failure. 59.1% of people taking part in the survey found that rejection by their loved ones is a factor causing loneliness, and thus may be the reason for making a decision about suicide, and 29.3% indicated that a negative assessment by the environment contributes to suicide. The respondents participating in the study "Suicidal behavior in the opinion of selected students of Lodz universities" also indicated a lack of understanding (28.2%) and loneliness (18.9%) as factors that could lead to committing suicide.

A factor that is considered to protect against suicidal acts is absolute well-being and a positive approach to life. How big resistance to stress, injury or traumatic life experiences is, to some extent is determined by one's personality traits. It is easier for people with high self-esteem and efficiency of their own actions to seek help in crisis situations. Leading a healthy lifestyle focused not only on the body, but also on the mind (physical activity, adequate sleep, developed social relationships, ability to cope with stress, avoidance of stimulants) can be an important element in the prevention of suicidal behavior [15,16].

Conclusions

The level of knowledge of the respondents about suicidal behavior was not satisfactory. However, they showed a high level of sensitivity and acceptance towards potential suicides. There is a need for education regarding accessibility of help for people with suicidal thoughts. In addition, there is a lack of sufficient literature analyzing the knowledge and opinion of the public on suicidal behavior, and thus there is a lack of information on real public awareness of this phenomenon. The issue of suicides is a very important epidemiological problem and there is a clear need for research in this area, as this could enable the implementation of preventive programs and social campaigns in this area, which in turn will translate into an improvement in the aspect of suicidal behavior in the population.

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