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# UNDERSTANDING SUICIDAL IDEATION AMONG ADOLESCENTS OF NORTH EAST INDIA THROUGH THE LENS OF DEMOGRAPHIC FACTORS

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Tatini Ghosh<sup>1)</sup> – Anjana Bhattacharjee<sup>2)</sup>

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## **Abstract**

This paper attempts to identify the demographic variables that are related to suicidal ideation among adolescents in Tripura, India. Although the current literature points a grim picture of the suicide rate worldwide and in India as well, there is insufficient research in this area in India, especially in Tripura. Adding to the small body of research on suicidal ideation, the current study was conducted on a sample of 500 adolescents aged between 16 and 18 years (266 boys and 234 girls). The study found a high suicidal ideation rate of 9.6% among adolescents in Tripura, India. The gender, area of residence, substance use, and family environment of adolescents were found to have an effect on suicidal ideation. The highest rate of suicidal ideation was observed among boys (i.e. male gender), adolescents residing in urban areas, substance users, and adolescents living in a non-peaceful family environment. Community, the number of children in the family, family type, and family income were not significantly associated with suicidal ideation. Despite this, high suicidal ideation was reported by non-tribal persons, people who were an only child, nuclear families, and adolescents with a family income of 11 000 – 20 000 INR (Indian Rupees) per month.

**Keywords:** suicidal ideation; suicide; demographic variables; adolescents

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## INTRODUCTION

### ***Suicide: The World Scenario***

Suicide as a serious social and mental health issue has concerned Indian society for decades. Suicide is a deliberate way of ending one's own life that can occur at any point of time (Kim *et al.*, 2019). It is a misfortune that not only affects the communities and the country in the long run, but also the families that are left behind. WHO data show that one person commits suicide every 40 seconds worldwide.

Suicide is a global phenomenon that transpires not only in high-income countries but other countries around the world too. Over 77% of worldwide suicides occur in low and middle-income countries (Gupta – Basera, 2019; WHO, 2021b). Females have the highest suicide rate in lower-middle income countries, whereas the highest suicide rate of males is in high-income countries in comparison to other income countries. However, high income countries have the highest suicide rates when ages are standardised. According

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1) Research Scholar, Department of Psychology, Tripura University, contact: ghoshtatini1994@gmail.com.

2) Associate Professor, Department of Psychology, Tripura University, contact: anjanabhattacharjee@tripurauniv.ac.in.

**Table 1 The Crude Suicide Rate (per 100,000 population) globally and other regions**

Regional Divisions	Global	Europe	South-East Asia	America	Western Pacific	Africa	Eastern Mediterranean
Crude Suicide Rate	9.00	12.76	10.07	9.64	8.73	6.90	5.85

Source: Global Health Observatory Data Repository, World Health Organization (2021).

**Table 2 The suicide rate in India and Tripura between 2016 and 2020**

	2016	2017	2018	2019	2020
India	10.3	9.9	10.2	10.4	11.3
Tripura	17.6	17.7	18.2	18.2	20.9

Source: National Crime Report Bureau, 2021.

to WHO (2021a), suicide is the second major cause of death among youths in the age group of 15–29-year-olds in both genders. It is the second and third leading cause of death among females and males in this age group. Among adolescents (15 to 19 years), suicide is the fourth highest cause of death globally. According to WHO (2021), the crude suicide rate (i.e., the number of suicide deaths in a year, divided by the population and multiplied by 100 000) is increasing worldwide. The figures are given below in Table 1.

### **Suicide in India**

The scenario of suicide cases in India is similarly grim. The National Crime Records Bureau (NCRB, 2020) reported that there was a 10% hike in suicide cases in 2020 from the preceding year. Suicide deaths resulting from the common methods of hanging and poisoning rose from 78.3% to 82.8% in 2020. Suicide rates are increasing rapidly year after year. Tripura is a small hilly state in the north-eastern part of India and is surrounded by Bangladesh on three sides. It is a place with a diverse mixture of different cultures, communities, and religions. Being such a small state in the remotest part of the country, the suicide rates in Tripura are increasing rapidly as well. Tripura ranks 8th among all the states and union territories of India for its suicide rate. Tripura also has the 2nd highest suicide rate among the eight north-eastern states. The suicide incidence and rate over the years between 2016 and 2020 in India and Tripura is presented in Table 2.

The numbers (in Table 2) show the dire situation of suicide and mental health in India and Tripura. The suicide rate is calculated as the total number

of suicides in a given year divided by the mid-year projected population (counted in million). The suicide rate in Tripura has always been higher than the national average rate. Out of the total number of suicides, 11,396 were children (under the age of 18) in 2020, which is 18% and 21% more than the number of suicide deaths among children in 2019 and 2018, respectively (NCRB, 2020). This number suggests that there are 31 suicide deaths every day among children. According to Swain *et al.* (2021), suicide is the third and fourth leading cause of death among adolescent girls and boys, respectively.

Several studies have reported a rise in suicide cases among adolescents across countries, including India, especially since the COVID-19 pandemic started (Chen *et al.*, 2022; Kim *et al.*, 2022). Numerous demographic, interpersonal, and family-related factors have been identified that play a decisive role in the suicidal attempts among adolescents (Gunduz *et al.*, 2016). Demographic differences in gender, race, ethnicity, the area a person lives in (Bell *et al.*, 2020), as well as psychological distress, depression, hopelessness (Lew *et al.*, 2019), bullying and a history of substance abuse have been found to play a very important role in the suicide attempts among adolescents (Kim, 2021; Romanelli, 2022). A study conducted on suicide cases in Tripura showed that 34.40% of people who committed suicide were in the 15–24 age group (Bhattacharjee, 2011).

Suicidal ideation has been found to be an important predictor of suicide among youths in several recent studies (Liu *et al.*, 2020; Morese – Longobardi, 2020). Suicidal ideation is the amalgamation of suicidal

thoughts and wishes that later develop into suicidal attempts among adolescents (O'Connor – Nock, 2014). Hence it is needed to study the suicidal ideation of adolescents in relation to their demographic characteristics in order to design interventions to prevent self-harm behaviour and suicide among adolescents.

### **Suicide and Suicidal Ideation**

Suicide is an act where one hurts oneself with the intention to end one's life. However, suicide is usually preceded by suicidal ideation, intent, and plans (Silverman – Berman, 2014). Several recent studies have reported that mental health issues like depression, anxiety, substance use disorders, eating disorders, etc., are strongly associated with suicidal ideation (Bachmann, 2018; Brådvik, 2018). According to the three-step theory of suicide (Klonsky – May, 2015), there are several sociodemographic factors that can lead to people feeling pain (emotional) and hopelessness in life. These two combines to bring about suicidal ideation. But if suicidal ideation prevents connectedness to other people or roles in life, then it can push a person to end his/her life, i.e., to attempt suicide. The concept of suicidal ideation has been studied for many decades. Suicidal ideation is considered the initial stage in a progression towards more serious suicidal behaviours (Linehan – Nielsen, 1981).

Suicidal ideation is crucial for identifying and predicting youth suicide, which is in turn key to preventing suicidal behaviour among youths. It is a broad term used to describe a range of passive thoughts, wishes, and ideas about death, as well as active thoughts and planning about ending one's life, including the how, when, and where of an act of suicide (Harmer et al., 2022; Reynolds, 1988).

Suicidal ideation seems to lead to self-harming behaviour and can ultimately lead to the act of suicide (Klonsky et al., 2016; Large et al., 2021). Nock et al. (2008) found the global prevalence rate of suicidal ideation, plans, and attempts to be 9.2%, 3.1%, and 2.7%, respectively. Recent studies show a higher rate of these phenomena. The global prevalence of suicidal ideation ranged between 7.6% to 24.9%. Suicidal ideation seems to be most prevalent among the youngest population (Cheung et al., 2021).

A study conducted in 82 countries (Biswas et al., 2020) reported a cross-national 12-month prevalence (percentage of reported suicidal ideation in the last 12 months) of suicidal ideation to be 9.2% among adolescents (12–17 years).

In India the 12-month and lifetime prevalence of suicidal ideation was found to be 12.5% and 20%, respectively, which is quite high (Singh et al., 2021). In a study conducted in Shimla, India, 37.8% of adolescents aged between 16 to 19 years were found to have suicidal ideation (Thakur et al., 2015). According to the NCRB (2021), suicide is quite common among lower and upper secondary school students in India. It increased in 2020 from 7.4% to 8.2%.

Despite such high rates, very few studies have been conducted in India and none in Tripura to examine suicidal ideation among adolescents, especially in relation to demographic profiles. Several past theories and studies have also reported how demographics (like age, gender, ethnicity, education level, etc.) can predict suicidal ideation and behaviours among the population and can help to curb suicide deaths (Huang et al., 2017; Shneidman, 1993).

It is very clear that suicidal ideation is the amalgamation of suicidal thoughts and wishes, which can trigger adolescents to commit suicide. It is therefore very important to understand the nature of suicidal ideation and how it is related to the increasing suicide rate. Thus, it is a dire necessity of current times to determine the demographic factors responsible for suicidal ideation. Hence, the current paper is an attempt to gather more knowledge about suicidal ideation among adolescents in India and especially in Tripura.

### **Objectives**

- 1) To examine the prevalence of suicidal ideation among adolescents in Tripura, a state in north-east India.
- 2) To determine how demographic variables are associated with suicidal ideation among adolescents in Tripura.

## **METHODS**

### **Sample**

The sample consisted of 500 adolescents from Tripura, a small hilly state in India. There were 266 boys

and 234 girls in the sample. The age of the participants ranged from 16 to 18 years and the mean age was 17.3. According to the American Psychological Association (APA, 2002), adolescents are considered to fall between the ages of 10 to 19 years. The age group of 15 to 19 years is considered late adolescence, which is the population that is the focus of the current study. Taking into account its age structure, India can be considered a youthful country, as, according to the most recent census in 2011 (*ORGI & UNFA*, 2014), there are 253 million adolescents (aged 10–19 years) in the country, which accounts for 20.9% of its total population. These numbers suggest that at least one-fifth of the world's adolescent population resides in India alone. According to the report, there are 0.73 million adolescents (10–19 years) in Tripura, which accounts for approximately 0.32% and 19.9% of the total population in India and in Tripura, respectively. These figures present a clear picture of how huge the youth population of India is, and yet a large proportion of them suffer from mental health issues, especially suicidal ideation and self-harm behaviours.

The participants in the study had a diverse demographic profile and all of them were currently studying and residing in the state of Tripura only. One vital inclusion criterion was that all the participants had to be students in the 9th to 12th grades, and they were fluent in the English language. A random sampling technique was used to select the participants for the present study.

### **Materials used**

A basic information schedule was prepared to collect all the necessary demographic information from the participants. The Suicidal Ideation Questionnaire (SIQ) (*Reynolds*, 1988) was administered to assess suicidal ideation among the adolescent participants. The questionnaire is a 30-item battery of questions that assess the frequency and intensity of suicidal thoughts and wishes measured on a 7-point scale, where the score ranges from 0 (I never had this thought) to 6 (I have this thought almost every day), with a reliability coefficient of 0.97, which is highly reliable. The responses were then added to get a total score, which signifies the intensity of the suicidal ideation, endorsed by the participants. Total scores ranged from

0 to 180. After the scores were summed, the scores of the SIQ (Suicidal Ideation Questionnaire) were further categorised as no suicidal ideation (0–25), mild suicidal ideation (25 to 55), moderate suicidal ideation (55 to 75), and high suicidal ideation (75 to 180).

### **Procedure**

A proper rapport was established with participants, who were informed of the objectives of the study. The ethical norms of research were followed during the data collection. Rest was allowed for in the course of data collection to avoid fatigue. Data were collected from those who were willing to participate. In total, 560 adolescents were approached for data collection, out of which 20 adolescents were unwilling to participate, while the response sheets of 40 adolescents were discarded because the information was incomplete. Thus, the study was ultimately conducted on 500 adolescents, with a response rate of 89.28%.

After the process of data collection, the data sheets were checked thoroughly in order to identify any gaps or discrepancies. The complete data sheets were then considered for data scoring and were categorised and tabulated. The frequencies were carefully calculated for all the demographic variables. The final scores of the participants on SIQ were then categorised into no suicidal ideation, mild suicidal ideation, moderate suicidal ideation, and high suicidal ideation. The Chi-square test and Fisher's exact test (for variables that could not fulfil the assumption of Chi-square) were then computed to determine the association between different demographic strata. Further, the contingency coefficient was computed to determine the association between suicidal ideation and the demographic variables. All the statistical analyses were done in IBM SPSS v26. Then the discussion and conclusions were accordingly prepared based on the findings.

## **RESULTS**

As Table 3 shows, only 129 (25.8%) respondents had no suicidal ideation, whereas 223 (44.6%) and 100 (20%) respondents had mild and moderate suicidal ideation. However, 9.6% (48) of adolescents were found to have high suicidal ideation. This is the first study of its kind in Tripura, and the numbers are quite

high when compared to the prevalence rate of suicidal ideation in India.

Again, analysing the demographic variables and their association with various levels of suicidal ideation from Table 3, we can see that the majority of male

participants had mild suicidal ideation (52.3%), whereas the majority of the female participants had no suicidal ideation (36.3%). However, 10.9% of boys had high suicidal ideation and 8.1% of girls had high suicidal ideation. The association tests showed that

**Table 3 Frequencies of the demographic variables and their associations with suicidal ideation**

<b>Gender</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>	<b>χ<sup>2</sup></b>	<b>C</b>
No suicidal ideation	44 16.50%	85 36.30%	129 25.80%	23.38**	.228**
Mild suicidal ideation	139 52.30%	84 35.90%	223 44.60%		
Moderate suicidal ideation	54 20.30%	46 19.70%	100 20.00%		
High suicidal ideation	29 10.90%	19 8.10%	48 9.60%		
<b>Community</b>	<b>Tribal</b>	<b>Non-Tribal</b>	<b>Total</b>	<b>χ<sup>2</sup></b>	<b>C</b>
No suicidal ideation	58 29.60%	71 23.40%	129 25.80%	3.4	0.082
Mild suicidal ideation	81 41.30%	142 46.70%	223 44.60%		
Moderate suicidal ideation	41 20.90%	59 19.40%	100 20.00%		
High suicidal ideation	16 8.20%	32 10.50%	48 9.60%		
<b>Area of residence</b>	<b>Rural</b>	<b>Urban</b>	<b>Total</b>	<b>χ<sup>2</sup></b>	<b>C</b>
No suicidal ideation	82 35.20%	47 17.60%	129 25.80%	20.33**	.198**
Mild suicidal ideation	92 39.50%	131 49.10%	223 44.60%		
Moderate suicidal ideation	41 17.60%	59 22.10%	100 20.00%		
High suicidal ideation	18 7.70%	30 11.20%	48 9.60%		
<b>Substance use</b>	<b>Yes</b>	<b>No</b>	<b>Total</b>	<b>Exact</b>	<b>C</b>
No suicidal ideation	2 4.30%	127 28.00%	129 25.80%	55.53**	.339**
Mild suicidal ideation	8 17.40%	215 47.40%	223 44.60%		
Moderate suicidal ideation	20 43.50%	80 17.60%	100 20.00%		
High suicidal ideation	16 34.80%	32 7.00%	48 9.60%		

Table 3

cont.

Only child	Yes	No	Total		$\chi^2$	C
No suicidal ideation	34 24.10%	95 26.50%	129 25.80%		2.48	0.07
Mild suicidal ideation	60 42.60%	163 45.40%	223 44.60%			
Moderate suicidal ideation	29 20.60%	71 19.80%	100 20.00%			
High suicidal ideation	18 12.70%	30 8.30%	48 9.60%			
Family environment	Not peaceful	Peaceful	Total		$\chi^2$	C
No suicidal ideation	7 4.70%	122 34.90%	129 25.80%		130.8**	.455**
Mild suicidal ideation	49 32.70%	173 49.40%	223 44.60%			
Moderate suicidal ideation	55 36.60%	45 12.80%	100 20.00%			
High suicidal ideation	39 26.00%	9 2.90%	48 9.60%			
Family Income	Below INR 10,000	Rs. 11,000 to INR 20,000	Above INR 21,000	Total	$\chi^2$	C
No suicidal ideation	95 27.00%	11 17.50%	23 27.10%	129 25.80%	3.89	0.088
Mild suicidal ideation	154 43.70%	29 46.00%	40 47.10%	223 44.60%		
Moderate suicidal ideation	69 19.60%	15 23.80%	16 18.70%	100 20.00%		
High suicidal ideation	34 9.70%	8 12.70%	6 7.10%	48 9.60%		

Note: \*\*p&lt;.001

 $\chi^2$  = Chi-square, C = Contingency Coefficient, Exact = Fisher's exact test  
All percentages are computed across the columns.

gender is linked to suicidal ideation among adolescents in Tripura ( $\chi^2 = 23.38$ ;  $C = .228$ ;  $p < .001$ ). This implies that there is an association between the gender of the adolescent and their level of suicidal ideation.

The community in Tripura is divided into tribal people and non-tribal people. 'Community' refers to a group of persons who reside in a specific area and have a common cultural and historical heritage. In the present study, the 'tribal community' refers to the different indigenous people residing in Tripura who are known as Scheduled Tribes or STs under Article 366 of the Indian Constitution. The rest of the

population of Tripura (who are not STs of Tripura) are considered non-tribals. The results show that the majority of the tribal and non-tribal respondents had mild suicidal ideation, whereas 8.2% of the tribal respondents and 10.5% of the non-tribal respondents had high suicidal ideation. The inferential statistics shows that suicidal ideation among adolescents is not significantly related to the community they belong to ( $\chi^2 = 3.4$ ,  $C = .082$ ,  $p > .05$ ).

In the current paper, the area of residence of participants are divided into rural and urban areas. Here 'urban area' denotes Agartala (the capital

of Tripura) and its nearby areas, which are densely populated and have more facilities and infrastructure. On the other hand, 'rural areas' refer to those areas that are outside the city areas and have a small population. According to the results, 35.2% of the adolescents from rural areas and 17.6% of the adolescents from urban areas have no suicidal ideation. Conversely, 7.7% and 11.2% of the rural and urban participants, respectively, have high suicidal ideation. There is an association between the adolescent's area of residence and their suicidal ideation ( $\chi^2 = 20.33$ ;  $C = .198$ ;  $p < .001$ ). Thus, the results imply that there is a correlation between the area of residence and suicidal ideation among adolescents, indicating that adolescents from urban areas having more suicidal ideation.

On the basis of whether someone uses any kind of substance (like smoking or alcohol) or not, it has been found that substance use of any kind by adolescents is associated with their level of suicidal ideation ( $\chi^2 = 55.53$ ;  $C = .339$ ;  $p < .001$ ). The majority of adolescents with no suicidal ideation had not tried any such substances, whereas 34.4% of the adolescents who had tried some substances have high suicidal ideation. Thus, the result implies that substance use by adolescents is associated with thoughts of self-harm.

Based on the results, whether the participant is a single child or have siblings is found to have no link with the level of suicidal ideation ( $\chi^2 = 2.48$ ;  $C = .070$ ;  $p > .05$ ). This implies that there is no association between adolescents being a single child or not and suicidal ideation.

Family type refers to the nuclear or joint family. 'Nuclear family' denotes a couple with or without children, and joint family means an extended family of three or more generations living together. The results show that whether the adolescent is from a nuclear or joint family has no link with their level of suicidal ideation ( $\chi^2 = 6.92$ ;  $C = .117$ ;  $p > .05$ ). This implies that there is no association between the adolescent's family type and suicidal thoughts.

Again, in terms of the family environment, the majority of the adolescents who had suicidal ideation, whether moderate or high, were found to be in a family environment that is not peaceful. The family environment is very crucial for our overall mental health and well-being. An individual's perspective about his/her entire family including

his/her interaction with each member of the family can be regarded as the perception of his/her family environment. In the present study, family environment was determined by the respondent's response about their family, including their living conditions, interaction, and cohesiveness, with the family environment defined as 'peaceful' or 'not peaceful'. Adolescents were asked to provide basic information about their family environment. This revealed that 26% of adolescents in a 'not peaceful' family environment had high suicidal ideation, whereas only 2.9% adolescents in a 'peaceful' family environment reported high suicidal ideation. These figures show the link between the family environment and suicidal ideation of adolescents ( $\chi^2 = 130.8$ ;  $C = .455$ ;  $p < .001$ ). Thus, this result suggests that family environment is an important indicator of suicidal ideation among adolescents in Tripura.

Finally, the family income of adolescents is not significantly associated with their level of suicidal ideation ( $\chi^2 = 3.89$ ;  $C = .088$ ;  $p > .05$ ). The majority of adolescents' families had an income below INR 10 000 per month and 19.6% and 9.7% of these families seemed to have moderate and high suicidal ideation, respectively. Despite these findings, family income is found to have no association with the adolescents' level of suicidal ideation.

## DISCUSSION

The current study shows that 9.6% of adolescents in Tripura have high suicidal ideation. Around 25.8% of adolescents have no suicidal ideation and the rest have either mild or moderate ideation. Swain *et al.* (2021) found the highest level of suicidal ideation in India to be among adolescents and youths. However, no such study has previously been conducted in Tripura, so the current paper is an exemplary work for future research.

Further, the current paper revealed the significant role played by gender in the suicidal ideation of adolescents in Tripura. This is in line with the findings of previous studies. Many studies have revealed how suicidal ideation differs by gender (Morales-Vives – Dueñas, 2018; Swain *et al.*, 2021). High ideation among boys also explains why boys and young men are at a higher risk for suicide attempts and death by suicide (King *et al.*, 2020).

Community or ethnic identity was found to play no role in the suicidal ideation of adolescents in Tripura. These findings have been supported by many other studies, which showed that youths have a high chance of reporting suicidal ideation, regardless of their race/ethnicity or communal identity (Assari et al., 2017; Mueller et al., 2015; Perez-Rodriguez et al., 2008). This could be because of the socioeconomic development experienced by the citizens of Tripura, irrespective of differences in ethnicity, as the government has adopted several schemes as initiatives. According to Sarkar and Debbarma (2020), socioeconomic and educational development has been observed among tribal students in Tripura and the majority of tribal students have medium to high socioeconomic status and educational achievements. This can lead to better economic conditions and better healthcare (physical and mental health) facilities.

In the current research, the area of residence (rural/urban) is found to have a significant association with suicidal ideation. The majority of adolescents with high suicidal ideation lived in urban areas. Many previous studies have also found that the suicidal ideation rate was higher in urban areas than rural areas across different ages (Davaasambu et al., 2017; Lee, 2015). However, there are certain different predictors of suicidal ideation in rural and urban areas that instigate suicidal thoughts and behaviour among adolescents (Murphy, 2013).

Substance use seems to have a strong association with suicidal ideation among adolescents. This means that whether an adolescent uses any kind of addictive substances (like cigarettes, alcohol, etc) or not can be a predictor of/can lead to self-harm thoughts and behaviours. According to the NCRB report (2020), substance use was found to be an important predictor of adolescents' suicidal ideation in India. Several studies also showed that adolescents who used substances exhibited more suicidal ideation and behaviour than those who did not (Breet et al., 2018; Wang & Yen, 2017). This is because substance use can act as a secondary risk factor by increasing the stress level and intensifying any co-occurring psychopathology among adolescents (Esposito Smythers – Spirito, 2004).

Few studies have examined whether being a single child may or may not impact a person's

mental health (Cheng et al., 2020). Those that exist, however, have shown mixed results. A few studies reported a significant difference in the mental health of individuals with or without siblings, while others showed no difference (Cheng et al., 2020; Dutta et al., 2017). The present study also found no significant association between adolescents' suicidal ideation and their status of being an 'only' child or not.

Similarly, family type was not found to be associated with suicidal ideation in the present study. Narain (2021) also reported that adolescents are likely to report suicidal ideation irrespective of whether they are from a nuclear and joint type of family. It is the family dynamics and the bonds that the family shares that can predict if an adolescent will have ideation or not. Similar to the present findings, no statistical significance was found between family type and suicidal ideation in Bangladesh (Mali et al., 2018).

According to the NCRB report (2020), family problems are the chief cause of suicide deaths among adolescents in India. The current paper also concurs with the NCRB report. Many previous studies also indicated that disharmony in the family, a disturbing family environment, and an unhappy home environment can hamper a child's/a young person's psychological development and can lead to mental health issues including suicidal thoughts and behaviour (Lin et al., 2014; Yao et al., 2014).

Unlike family environment, the monthly income of families was not found in the current paper/research to have any significant association with adolescents' suicidal ideation. There are few studies that have reported no statistical association between family income and the prevalence of suicidal ideation among adolescents and there is a vast body of literature that claims otherwise. However, that being said, most of the adolescents with suicidal ideation are from a poorer economic background (Rao Azeem et al., 2019; Sousa et al., 2020).

## CONCLUSION

In conclusion, this paper examined/identified demographic variables that relate to suicidal ideation among adolescents in India and specifically in the north-east state of Tripura. It also revealed an association between several demographic

factors and suicidal ideation among adolescents. The gender, area of residence, substance use, and family environment of adolescents were found to be associated with suicidal ideation. However, community, being the only child in a family, family type, and family income were not significantly associated with suicidal ideation.

The paper also captures the current mental-health scenario of adolescents worldwide. Suicide rates are increasing day by day and so is suicidal ideation. It is clear how our society and various demographic attributes are involved in promoting the mental health of an adolescent. If the demographic attributes that are risk factors (e.g., gender, area of living, substance use and family environment)

are identified, then special attention can be given to those factors to prevent future suicides among this age group. Parents, teachers, and the community at large can help to identify these risk factors and help to prevent suicide. The reason for the significant association between suicidal ideation and demographic factors in India should be the subject of research in the future. Organising various mental health awareness workshops to break down mental health myths as well as family counselling programmes will help to combat suicidal ideation among adolescents. Adolescence is a very vulnerable stage in life and special care should be provided by parents, teachers, and the community to enhance adolescents' mental health and well-being.

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## TATINI GHOSH

is a scholar who is doing research in the social sciences in the Department of Psychology, Tripura University, India. Her PhD thesis is on suicidal ideation among adolescents and she has published articles and book chapters with eminent publishers. Her interests extend beyond the social sciences and includes the fields of pure and applied psychology. She is from Tripura, India. She has a keen interest in reading literature, yoga, and embroidery.

## ANJANA BHATTACHARJEE

is an associate professor in the Department of Psychology, Tripura University, India. She is currently conducting research on domestic violence, the mental health of women, adolescents' and youths' mental health, the prevention of drug addiction, and suicide. She has written more than 90 research articles on different aspects of mental health and authored two books, and five scholars have been awarded a PhD under her supervision. She is a member of many national and international associations in various capacities.