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# Attitudes Towards Youth Suicide: A Comparison Between Italian, Indian and Australian Students

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## Abstract

There is a paucity of cross-cultural research on youth suicidal behaviour. An understanding of the cultural aspects of suicidal behaviour is essential for the development of culturally appropriate suicide prevention and intervention strategies. In this study, meanings, cultural representations, attitudes, values and beliefs regarding youth suicide were explored in 700 young Italians, Indians and Australians. Participants were University students (18-24 years old) from Italy, India and Australia. Participants had to be at least second generation, i.e. both they and their parents were born in the countries included in the study. Data collection was through completion of a questionnaire with structured and semi-structured questions (e.g. case vignettes, word associations, attitude scale, open-ended questions) and focus groups. In this proceedings, findings about the attitudes towards suicide focusing on the differences/similarities by country, gender, spiritual beliefs and suicide risk will be presented and the implications of the findings for suicide risk assessment and treatment will be discussed.

## Rationale for the Research Project

Relatively few of the studies that have explored factors that may account for the highly variable national suicide rates have addressed culture or ethnicity as potentially important variables impacting an individual's decision to take his or her own life. This missing area in Suicidology has been identified by many authors (e.g., Colucci, 2006; Colucci & Martin, 2007a, 2007b; Colucci, Martin, Marsella, & Schweitzer, 2007; De Leo, 2002; Eskin, 1999; Shiang, 2000; Tortolero & Roberts, 2001).

Attitudes towards suicide, and the role these play in the way people think about and relate to suicide, have been researched by several scholars (e.g., Domino et al.: 1980, 1995, 2005; Diekstra, Maris, Platt, Schmidtke & Sonneck, 1989; Eskin: 1992, 2003). However, to date cross-cultural studies involving Italian, Australian or Indian youth are scarce (Domino, Niles, Raj, 1993; Etzersdorfer, Vijayakumar, Schoeny, Grausgruber, & Sonneck, 1998; Kerkhof & Nathawat, 1989) and no previous study has compared young people from these cultures.

As argued by Etzersdorfer and collaborators (1998):

When looking for explanations for differences between countries or cultures in their suicide rates, there is much emphasis in the literature on the role of cultural influences in shaping attitudes to suicidal behavior. Explanations are often presented in terms of "attitudes", "social atmosphere", "climate" and so on, but not many studies investigate these attitudes, and only a few assess attitudes in different cultures using similar instruments (p.105)

Colucci's PhD project (Colucci, 2008) examined the meanings and social representations of suicide in University students in Italy, India and Australia. This paper focuses on the main findings concerning participants' attitudes towards suicide. More detailed results are in Colucci (2008).

## Methodology

### Sample

Participants in the study were 686 students (18-24 years old, approximately equal numbers of males and females) from the University of Padua (Italy), several colleges in Bangalore (India) and from The University of

Queensland and Queensland University of Technology in Brisbane (Australia). Students had to be at least second generation citizens, i.e. both they and their parents were born in the same country. Ninety-six participants also volunteered to take part in focus group discussions.

### Method

Qualitative and quantitative methods were used in the research to triangulate responses. The project was divided into two stages:

In the first stage, volunteers (anonymous students) received the semi-structured questionnaire “Exploring the meaning of suicide” (Colucci, 2008). The questionnaire investigated social representations, attitudes, values, views and meanings of youth suicide both through structured (attitude scale, ranking order task, multiple-answer questions) and semi-structured (case scenarios, open-ended questions, word associations) sections. The questionnaire was back-translated into Italian for the Italian sample, and completed in English by the Australian and Indian samples. The questionnaire and the focus group techniques were pre-piloted and piloted with Italian, Indian and Australian students.

Questions specifically investigating attitudes towards youth suicide were based on existing literature on this topic and tests, including Domino’s SOQ (1982), Diekstra and Kerkhof’s SUIATT (1989) and Salander, Renberg and Jacobsson’s ATTS (2002). In this way, a 21-items scale (Attitudes towards Youth Suicide- AtYS) was built, with a 5-point Likert-scale from “Strongly agree” to “Strongly disagree”. The majority of the questions referred to youth suicide and one of the questions was the same except for the group addressed, which was the general population (“People do have the right to commit suicide”) or young people (“Youth do have the right to commit suicide”).

With the questionnaire, students also received a consent form to participate in the successive stage of the project.

In the second stage, 96 students were involved in two tape-recorded focus group sessions investigating the cultural meaning of youth suicide and youth suicide prevention. Between four and five groups were organized for each country (approximately eight participants in each group) and each group met for two sessions, each 1.5 – 2.0 hours long.

### Data Analysis

Quantitative data were analysed using SPSS 13.0. As the Attitudes towards Youth Suicide scale (AtYS) was a new scale (Colucci, 2008), its properties were analysed through factor analysis (oblique rotation). The resulting four factors were labelled “Negative Attitude” towards suicide, “Beliefs in Preventability” of suicide, “Acceptability/Normality” and “Beliefs in Signs of Suicide Risk”.

Qualitative data were analysed separately and then discussed by the principal investigator (Colucci) and two bilingual psychologists. The categories so developed were compared with those of a third psychologist, to create a final list of codes. The coding process was supported with the software for qualitative analysis ATLAS.ti 5.0.

In the focus groups, no direct question was asked about participants’ attitudes towards suicide but, when participants expressed judgments towards suicide while discussing the topic, the meaning unit was labeled “attitude” during the analyses. All “attitudes” extracts were then analysed and interpreted along with the other data collected during the study.

### Main Results

The MANOVA (i.e. multivariate analysis) reported a statistically significant effect of belonging to different cultures on the four subscales, and, more specifically, on the “Negative Attitudes” scale [ $F(2, 449)=113.71$ ,  $p<.001$ ], “Beliefs in Preventability” [ $F(2, 449)=4.87$ ,  $p<.01$ ], “Acceptability/Normality” [ $F(2, 449)=6.48$ ,  $p<.005$ ] and “Beliefs in Signs of Suicide Risk” [ $F(2, 449)=13.25$ ,  $p<.001$ ].

Considering the results of the MANOVA, univariate analyses of variance were performed for each item of the attitudes scale. The ANOVA showed that students from the three countries reported statistically sig-

nificant differences on 20 of the 21 items ( $p < .001$  and  $< .01$ ). For instance (on a Likert-scale where 0 was the strongest disagreement and 4 the strongest agreement), on the item "In general, suicide is an act not to be forgiven", both Italian and Australian students showed more disagreement, whereas Indians showed more agreement, [ $F(2, 677) = 97.53, p < .001$ ]. Conversely, on the item "Youth do have the right to commit suicide", Indian students showed the highest disagreement, whereas Australian students showed the highest agreement. Italians were in a middle position, [ $F(2, 678) = 22.47, p < .001$ ]. It is interesting to compare the mean values scored on this item -referring to youth suicide- with those for the more generic item "People do have the right to commit suicide". When the question was asked in this broader format, students from all countries showed a higher agreement; nonetheless, the ranking order was the same ( $F(2, 667) = 24.44, p < .001$ ), i.e. Indians were more in disagreement than Italians and Australians. Mean scores on all items for each country have been reported in Table 1.

**Table 1***Mean Scores on Questions from the Scale*

<b>Items</b> (0 = strongly disagree to 4 = strongly agree)	<b>ITALY</b>	<b>INDIA</b>	<b>AUSTR.</b>	<b>TOT</b>	<b>ANOVA</b>
<i>It is always possible to help a young person with suicidal thoughts</i>	2.56	2.93	2.85	2.78	$F(2, 679)=6.47$ , $p<.005$
<i>Suicide can never be justified</i>	1.57	2.48	2.09	2.05	$F(2, 675)=36.13$ , $p<.001$
<i>Suicide is among the worst thing to do to one's family</i>	2.61	3.35	2.97	2.98	$F(2, 674)=30.18$ , $p<.001$
<i>Once a young person has decided to suicide, no one can stop him/her</i>	0.86	0.96	0.67	0.83	$F(2, 679)=5.80$ , $p<.005$
<i>People do have the right to commit suicide</i>	1.88	1.31	2.07	1.75	$F(2, 667)=24.44$ , $p<.001$
<i>Youth who make suicidal threats seldom kill themselves</i>	2.06	2.28	2.02	2.12	$F(2, 678)=4.38$ , $p<.05$
<i>Suicide is a subject that one should not talk about</i>	0.24	1.36	0.43	0.69	$F(2, 681)=90.75$ , $p<.001$
<i>Almost everyone has at one time or another thought about killing him/herself</i>	2.17	2.77	2.32	2.43	$F(2, 673)=17.76$ , $p<.001$
<i>There may be situations where the only reasonable thing to do is suicide</i>	0.88	1.77	0.88	1.18	$F(2, 675)=53.28$ , $p<.001$
<i>Suicide occurs without warning signs</i>	1.13	2.03	1.02	1.40	$F(2, 678)=65.03$ , $p<.001$
<i>Most people avoid talking about suicide</i>	2.65	2.49	2.89	2.67	$F(2, 680)=10.87$ , $p<.001$
<i>If someone wants to suicide, it is their business and we should not interfere</i>	0.50	0.59	0.51	0.53	$F(2, 680)=1.01$ , $p$ ns
<i>A youth suffering from a severe, incurable disease expressing wish to die should be helped to do it</i>	2.02	1.32	1.77	1.70	$F(2, 674)=19.44$ , $p<.001$
<i>Youth who talk about suicide do not suicide</i>	1.56	1.97	1.48	1.67	$F(2, 674)=17.00$ , $p<.001$
<i>When a young person suicides it is something he/she has considered for a long time</i>	2.12	2.20	1.86	2.06	$F(2, 674)=7.40$ , $p<.005$
<i>Youth suicide can be prevented</i>	3.00	3.12	3.24	3.12	$F(2, 677)=4.21$ , $p<.05$
<i>I would feel ashamed if a member of my family suicided</i>	0.96	2.48	1.49	1.65	$F(2, 676)=103.16$ , $p<.001$
<i>Potentially, every one of us can be a suicide victim</i>	2.68	2.21	2.68	2.52	$F(2, 678)=16.06$ , $p<.001$
<i>In general, suicide is an act not to be forgiven</i>	0.90	2.11	0.90	1.32	$F(2, 677)=97.53$ , $p<.001$
<i>Heroic suicide (e.g., the soldier in war throwing himself on a live grenade) should be viewed differently from other suicides (e.g., jumping off a bridge).</i>	2.21	2.74	2.87	2.61	$F(2, 680)=21.98$ , $p<.001$
<i>Youth do have the right to commit suicide</i>	1.44	1.05	1.79	1.42	$F(2, 678)=22.47$ , $p<.001$

Mean scores have also been calculated for each of the subscales and the results are reported in Table 2 where, as in the previous table, higher values mean greater agreement and lower values greater disagreement.

**Table 2**  
*Mean Scores on the Subscales*

SUB-SCALES (FACTORS)	Italy	India	Australia	Total	ANOVA
<i>Negative Attitude</i>	6.01	11.95	7.73	8.55	$F(2, 595)=176.94 \ p<.001$
<i>Beliefs in Preventability</i>	12.39	12.64	13.07	12.70	$F(2, 637)=4.54 \ p<.05$
<i>Acceptability/Normality</i>	11.34	10.49	11.75	11.22	$F(2, 580)=4.36 \ p<.05$
<i>Beliefs in Signs of Suicide Risk</i>	5.54	6.11	5.16	5.59	$F(2, 612)=14.41 \ p<.001$

As shown in the previous tables, both the mean scores on the 21 single items and the four factors that constitute the Attitudes towards Youth Suicide (AtYS) scale indicated more negative attitudes, progressively, in India and Australia than in Italy. Australian students also believed that suicide is preventable more so than did Italians and Indians. Italians and Australians showed more acceptability and a greater tendency to normalize suicide than did Indians. On the signs of suicide sub-scale (measuring the lack of belief that youth who threaten or talk about suicide might kill themselves), Indians scored higher, followed by Italians and then Australians. The finding that Indians endorsed more negative attitudes, followed by Australians, compared to Italians, is confirmed both by other questions in the survey (for instance, the word association task and the two questions on the characteristics of youth who attempt suicide or kill themselves, plus the use by Indians and, less, Australians of negative attributes such as “selfish”, “bad”, “wrong”, “idiot”, “stupid”, “coward” in other parts of the survey) and the focus groups. During the sessions, in fact, Italian students generally had a non-judgmental and rather accepting attitude towards suicide. This should not be interpreted to mean that Italians had positive attitudes towards suicide (apart from those few students who believed that suicide is a courageous act) but, rather, as rarely expressing negative opinions (e.g. selfish) and showing an overall empathetic attitude towards suicide, seen as something that should not be judged but understood by people. Some Australian participants expressed negative judgments stating, for instance, that suicide is selfish, bad or stupid, whereas few other participants had a more accepting/empathetic attitude. Many Indian participants reported negative attitudes towards suicide and youth who commit suicide. Apart from participants’ opinions about suicide, Indian participants pointed out that society’s negative judgments towards people who commit suicide affect the family in several ways, e.g. put shame, or a “black mark” on the family. However, despite many participants reporting negative personal or social attitudes towards suicide, some students did not express any opinion and few others expressed a more accepting attitude or believed that a person who suicides is courageous.

When attitudes towards suicide were examined in relation to participants’ suicide risk, it was observed that, both overall and in each country, participants at higher suicide risk endorsed less negative attitudes towards suicide and considered suicide as more acceptable and normal than did those students who were at lower risk. A similar result was found by Kerkhof and Nathawat (1989): the suicidal subgroup of two groups of students from India and the Netherlands held more favourable and permissive attitudes towards suicide than the group without any history of parasuicide or suicide ideation.

How can we make sense of the findings that people with more negative attitudes toward suicide are at a lower suicide risk and that overall Indians, followed by Australians, had the most negative attitudes yet Indian and Australian youth suicide rates are higher compared to Italians?

Although the literature shows that negative attitudes might be a deterrent against suicidal behaviour (e.g., Eshun, 2003; Zhang & Jin, 1996), data on this topic are ambiguous. One reason for this might be the multi-faceted consequences of negative attitudes: while, on the one hand, a person’s negative attitude towards suicide may act as a deterrent against suicidal behaviour in the individual, on the other hand, a widespread negative



attitude may also act as a suicide risk factor for the population (possibly acting as a deterrent to help-seeking and thus preventing the person from expressing suicidal intentions and asking for help). Besides this hypothesis of a non-univocal effect of negative attitudes, another issue that we believe needs more investigation is that, although a culture might endorse a general negative attitude towards suicide, nevertheless - in some circumstances - suicide might be seen as an acceptable behaviour and in others it might even been reinforced (or forced - see for instance Satee, or widow-burning, and women's suicide to save a family's honour in India) and become a socially expected behaviour.

There were some differences in attitudes towards suicide based on age, socio-economic status and gender. This latter difference generally showed more negative attitudes among males, in particular on the subscale "Negative attitudes". There was an association also with students' self-reported religiosity/spirituality. There was also an association between students' self-reported religiosity/spirituality and attitudes towards youth suicide. In particular, when considered altogether, religious/spiritual students expressed more negative attitudes [9.11 vs. 7.27,  $F(1,579)=27.65$ ,  $p<.001$ ] and less acceptability towards suicide [10.65 vs. 12.25,  $F(1, 563)=17.94$ ,  $p<.001$ ] than non-religious/spiritual students. When analysed separately by country, there were no statistically significant differences in India between religious/spiritual and non-religious/spiritual students, whereas in Italy religious/spiritual students believed more strongly that suicide is preventable [12.62 vs. 11.96,  $F(1, 205)=4.89$ ,  $p<.05$ ] and agreed less that it is acceptable [10.83 vs. 12.36,  $F(1)=5.98$ ,  $p<.05$ ]. In Australia, religious/spiritual students manifested more negative attitudes [8.37 vs. 6.94,  $F(1, 191)=10.21$ ,  $p<.005$ ] and less acceptability [11.04 vs. 12.55,  $F(1, 195)=7.22$ ,  $p<.01$ ]. Scores on the subscales were also analysed in terms of the specific religious affiliations, which significantly impacted the scores on each of the four attitude subscales.

There were no consistent, statistically significant associations between attitudes towards youth suicide and participants' previous exposure to suicide attempts or death of someone close.

## Conclusions

The results from this study suggest a complex relationship between attitudes towards suicide and suicidal behaviour: negative attitudes may act as a deterrent to suicidal behaviour in the person who endorses more negative attitudes, but widespread negative social attitudes may increase risk by reducing the suicidal person's chances of asking for help, and receiving understanding and compassion from society and close others. At the same time, in some circumstances, suicide is culturally encouraged and society reinforces this behaviour. This also may increase the suicide risk in cultures that, overall, have negative attitudes towards such behaviour. The complex relationship between attitudes and suicide risk requires further investigation. In particular, the hypothesis that negative attitudes are a deterrent to suicidal behaviour as well as being a deterrent to expression of suicidal intent and help-seeking should be tested. This sort of study must consider gender differences within and across cultures.

There is a need also to investigate further the cultural meanings of suicide (see also Colucci, 2006; Colucci & Martin, 2007a; 2007b; Colucci et al., 2007).

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