

Study Educational for the Prevention of Suicidal Methods in Adolescents

Jesús Cuéllar Álvarez^{1*}, José Ramón Valdés Utrera², Liset Perdomo Blanco³, Vivian Margarita Guerra Morales⁴ and Dunia Mercedes Ferrer Lozano⁵

¹Clinical health psychologist, Policlinic "José Ramón León Acosta" Cuba

²Department of Medicine, University of Medicine the Villas, Cuba

³Department of Psychology, Central University "Marta Abreu" of the Villas, Cuba

⁴Department of Psychology, Central University "Marta Abreu" of the Villas, Cuba

⁵Department of Psychology, Central University "Marta Abreu" of the Villas, Cuba

Corresponding author

Jesús Cuéllar Álvarez, Clinical health psychologist, Policlinic "José Ramón León Acosta", Cuba. E-mail: jesusca@infomed.sld.cu

Submitted: 18 May 2019; Accepted: 26 Aug 2019; Published: 31 Aug 2019

Abstract

Background: The adolescent suicidal intent in the county of Villa Clara and their incidence in the municipality of Santa demand of assuming a detailed analysis to prevent suicide.

Objective: To prevent the suicidal methods educationally in adolescents.

Methods: A study of traverse descriptive type was used. The study population conformed to for 20 adolescents. The main variables were: age, sex, used methods, family operation and educational method that it was obtained starting from an applied survey and the contained data in the clinical histories of the patients.

Results: It was corroborated that the suicidal intents in the adolescence were associated with soft and hard methods where they were the ingestion of medications and the hanging.

Conclusions: In educational methods with adolescents, a dysfunction with a high total prevalence of 52,7 % prevailed with the use of soft methods from pills and the use of hard methods such as hanging.

Keywords: Adolescence, Suicide behavior, Suicide methods; Prevention

Introduction

Adolescence is framed by exploration and precisely motivating behaviors of suicidal ideas due to the existence of psychosocial risks, which can compromise at a given moment the health, survival and life projects of the individual. Prevention are actions aimed at the eradication, elimination and minimization of the impact of the disease and disability; It includes social, political, economic and therapeutic measures [1].

Suicidal behaviors in adolescents are defined as the concern, intent or act that intentionally seeks to cause harm to one or death. Adolescence and youth are primarily psychological ages, since it is assumed that development is a process that does not occur automatically or fatally determined by the maturation of the organism, but rather has a historical social determination [2].

According to the World Health Organization (WHO), when analyzing the suicide widely, it states that every 40 seconds a person commits suicide in the world, which brings to an annual million the number of those who decide to end their lives, a epidemic that increasingly extends to young people [3].

At present the phenomenon of suicidal attempt generates a social and individual problem from the inappropriate behavior of adolescents which motivated to carry out the present investigation in a community mental health center belonging to the teaching polyclinic "José Ramón León Acosta of Santa Clara, Villa Clara, Cuba with its general objective to prevent the suicidal methods educationally in adolescents.

Methods

A descriptive, cross-sectional study was carried out in a health area, belonging to the "José Ramón León Acosta" polyclinic of Santa Clara municipality, in the period from July 2018 to March 2019.

The universe consisted of 20 adolescents.

Methods of the theoretical level

Synthetic analytical: It made possible the interpretation of each one of the studied texts, to conform the criterion assumed in the epigraphs and paragraphs, as well as to particularize in the data obtained in the surveys to integrate them and to establish the corresponding generalizations.

Inductive-deductive: It facilitated going from the particular to the general in each of the analyzes carried out in the theoretical study and in the processing of the obtained information. Generalization: It allowed the establishment of the regularities that were revealed in the study carried out.

Methods of the empiric level

Open interview: Contribute to identify the suicidal methods attempt in adolescents.

Individual clinical histories: It made it possible to provide information on various personals and family functioning and educational method.

The following criteria to participate in the study are:

Inclusion approaches

- All adolescents with previous suicide intent.
- That they reside in the health area belonging to a health area and are dispensed.

Exclusion approaches

- Adolescents whose legal guardians do not give consent to participate in the investigation.

Exit criteria

- That they abandoned the investigation

Collection of information

In order to carry out the research, the documentary review and individual clinical histories were used as techniques in order to obtain extended information. The following variables were used from the data obtained: sex, methods used, family functioning and educational method.

Statistic analysis

The data obtained were stored in a computerized database and processed through the SPSS system. V. 15 for Windows. Statistical techniques were used according to the descriptive design of the work. It was used as absolute frequency (number) and relative (percentages) as summary measures. For the quantitative variables, the mean and the standard deviation were determined as a measure of central tendency and dispersion. The association between qualitative variables rested on the test of independence of variables, based on the chi-squared distribution. A significance level of 0.05 was used.

Process

To begin the development of the research, a bibliographic review was made with the use of the database by Pubmed of the subject with a thorough analysis of the most relevant aspects in the Cuban environment as well as at an international level.

Results

Table No 1: Method used in the suicide attempt by adolescents and sex

In Table 1 we can see the predominance of females by the soft method with 75 %, the ingestion of psychotropic drugs and the ingestion of other drugs 36,1 % and 33,3 % respectively were the most used ', the females showed 37 times more chances of using the gentle method than males. As for the hard method represented with 13,8 %, the male sex was the most affected with 11,1 %, the section of glasses with 8,3 % was the most used.

Usually men outnumber women in terms of completed suicides. This difference seems to be related in part to the methods employed by each sex. Men use harsh methods such as firearms or hanging, while adolescent women often attempt suicide by ingesting medications.

Table 1: Method used in the suicide attempt by adolescents and sex

Method used	Sex				Total	
	Female		Male			
	No	%	No	%	No	%
Soft method	27	75	4	11,1	31	86,1
Hard method	1	2,7	4	11,1	5	13,8
Total	28	77,7	8	22,2	36	100

Estadístico exacto de Fisher=10,751 p=0,003 RR= 37,333

Source: Open interview.

Regarding family functioning, 52,7 % of the family nuclei obtained the dysfunctional classification followed by the severely dysfunctional with 19,4 %.

The most frequently observed educational method was the inconsistent one in 19 (52,7 %) of the family nuclei, while the permissiveness and rigidity were presented in 10 (27,7 %) and 5 (13,8 %) of them, respectively.

The evidence as shown in Table 2 is clear that family adversities contribute to increase suicide risk, abnormal family relationships, lack of warmth in father-son relationships, intra family discord among people over 16 years of age, inadequate intra family communication or distorted, isolated family, hostile mother-child relationship (or father-son) and lack of warmth in family relationships (rejection, lack of interest, reaction of parental irritation and lack of sufficient physical comfort), appear as the most frequently associated factors to suicidal behavior.

Table 2: Family functioning and educational method

Family Operation	Educational Method								Total	
	Inconsistent		Permissiveness		Rigidity		Overprotection			
	No	%	No	%	No	%	No	%	No	%
Functional	1	2,77	0	0	0	0	2	5,55	3	8,3
Moderately functional	0	0	2	5,55	5	13,8	0	0	7	19,4
Dysfunctional	11	30,5	8	22,2	0	0	0	0	19	52,7
Severely dysfunctional	7	19,4	0	0	0	0	0	0	7	19,4
Total	19	52,7	10	27,7	5	13,8	2	5,55	36	100

Estadístico exacto de Fisher=31,596 p=0,000

Source: Clinical histories.

Discussion

The behavior of suicide rates in some European countries are identified as incidences for Spain 8.3 per 100,000 inhabitants; France 6.1 for every 100,000. In Latin America, the region reveals that 1.9 per 100,000 Peruvian men end their lives, compared to 10.8 per 100,000 Chilean men. Colombia is not out of these figures, it is estimated that five people take their lives every day in the country. In 2011 this phenomenon accounted for 7% of violent deaths in Colombia, with 1889 cases and a rate of 4 suicides per 100,000 inhabitants [4]. Estimates made by the WHO World Health Organization (WHO) indicate that in the year 2020 the victims could amount to 1.5 million. It was evidenced in the series studied an increase in suicide attempts in Villa Clara of 117 attempts in ages between 10-14 years and 261 between 15-19 years for a total of 378 cases, coincides with the report made according to the 2016 Statistical Yearbook in Cuba [4].

Researchers such as Aguilar Hernández I, Perera Milian LS, Esquivel Rodríguez D, Barreto García ME, point out that in cities such as Bogotá, an increase in suicide rates in 2016 showed an increase of 18% compared to previous years [5]. Failure in school performance; the overly high demand of parents and teachers during the exam period; unwanted pregnancy or another sexually transmitted infection; like suffering from a serious physical illness; be a victim of natural disasters; rape or sexual abuse; and be subject to threats; be cause for ridicule at school; and breaching the expectations deposited by parents, teachers, or other significant figures also stand out as risk factors [5].

In the reviewed bibliography it was found that those who are more likely to risk suicidal attempts are those adolescents exposed to the socio-cultural pathway, among which is male alcohol consumption [6]. This approach corresponds to the results obtained in the survey conducted with the group where they said they drink toxic substances when they go out for a walk, at parties and sharing tastes and preferences with friends. As a motivation, they refer that they do it "... by group contagion", "... to be approved by the group", "... to comply with rules of friends", "... to seek group pleasure", "... to avoid family conflicts".

Usually, it is reported that the age of onset of consumption, begins in early adolescence, however, there are other authors who place it after 14 years [7]. Alcoholism is a disease caused by the abusive consumption of alcoholic beverages and by the addiction that this habit creates. The figures of adolescents and young consumers increase every year [8]. To eradicate these risks as a scourge that

threatens the lives of adolescents, it is necessary to adopt preventive measures to reduce their impact [9].

That is why dysfunctional relationships that are generated in a family environment could be considered as a predictor of suicide attempt and this could increase the risk that adolescents generate clinical symptoms. Usually, it is reported that the age of onset of drug use begins in early adolescence, however, there are other authors such as Paterno CA and Righetti J that place it after 14 years, constituting an open door to the attempt suicide [11-14].

The most used method for the suicide attempt was the ingestion of drugs specifically psycho pharmaceuticals, the easy access to these substances in the home and the predominance of the female sex could somehow explain the preference, where similar findings are found in other research contexts in countries like Chile, Peru, Colombia [15,16]. Men worldwide present more lethal methods than women, and according to research in China and India there are exceptions: China with the ingestion of pesticides and India with the suicide to the bonze [17].

Conclusions

As a conclusion, families should improve educational methods with their adolescent children, where in the study conducted there was a high dysfunctionality with a total predominance under the use of soft methods from medications and the use of hard methods such as the hanging. The author insists on the need to propose educational intervention actions for family members in order to prevent the use of methods that facilitate suicidal behavior.

References

1. Quintero Fleites EJ, de la Mella Quintero SF, Gómez López L (2017) La promoción de la salud y su vínculo con la prevención primaria. *Medicentro Electrónica* 21: 11.
2. Domínguez L (2013) *Psicología del Desarrollo. Adolescencia y Juventud*. La Habana: Universidad de La Habana 2013:2
3. According to the World Health Organization (2013) a person commits suicide every 40 seconds. [http://www.OMS | Informe21.com](http://www.OMS|Informe21.com).
4. Pérez Barrero SA (2013) How to avoid suicide in teenagers? *Online Psychology Suicide prevention*. <http://www.psicologia-online.com/ebooks/suicidio/>.
5. Armendáriz-García NA, Almanza-López JB, de Jesús Alonso-Castillo MT, Oliva-Rodríguez NN, Alonso-Castillo MM, et al. (2015) López-Cisneros MA. Family history and alcohol consumption behavior as a sociocultural factor in adolescents.

6. González Henríquez I, Berger Vila K (2014) Tobacco use in adolescents: risk factors and protective factors http://www.scielo.cl/scielo.php?pid=S0717-95532002000200004&script=sci_arttext
7. Quintero Fleites EJ, de la Mella Quintero SF, Gómez López L (2017) Health promotion and its link with primary prevention. *Electronic Medicentro* 21: 11
8. Rodríguez García FD, Sanchiz Ruiz ML, BisquerraAlzina R () Alcohol consumption in adolescence: Medical considerations and educational guidelines. *Salud Ment* 37: 11.
9. Adolescencia (2013) What is adolescence?. http://www.sld.cu/sitios/adolescencia/verpost.php?pagina=1&blog=http://articulos.sld.cu/adolescencia&post_id=654&c=2987&tipo=2&idblog=171&p=1&n=dfk
10. Ugarte Díaz RM (2014) The family as risk factors, protection and resilience in the prevention of drug abuse in adolescents. http://www.venumperu.com/friesgo_cap5_p130_169.pdf
11. González Henríquez I, Berger Vila K () Tobacco use in adolescents: risk factors and protective factors. http://www.scielo.cl/scielo.php?pid=S0717-95532002000200004&script=sci_arttext
12. Paterno CA (2014) Coronary risk factors in adolescence. FRICELA study. http://www.revespcardiol.org/cgi-bin/wdbcgi.exe/cardio/mrevista_cardio.go?pident=13047009
13. Righetti J (2014) Risk factors in childhood and adolescence (Fundamentos de las recomendaciones FAC '99 en prevención cardiovascular en: <http://pevc.sminter.com.ar/cvirtual/cvirtesp/cientesp/epesp/epc0024c/crighett/crighett.htm>
14. Von Dessauer B, Ortiz P, Hinostroza T, Bataszew A, Velásquez A, Correa M, Cáceres J, Mulet A. Suicide Attempt Via Drug Intake in Children. *Rev Chil Pediatr* 82: 6.
15. Zoila Pacheco A (2010) Some risk factors for suicide attempts in adolescents Guillermo Almenara Hospital I. 2010 Peruvian Rev. Pediatrics. pediatria@rednextel.com.pe.
16. Pérez-Olmos I, Ibáñez-Pinilla M, Reyes-Figueroa JC, Atuesta-Fajardo JY, Suárez-Díaz MJ (2009) Factores Asociados al Intento Suicida e Ideación Suicida Persistente en un Centro de Atención Primaria. Bogotá, 2006-2008. *Rev. Salud pública*. 10: 12.
17. World Health Organization (2012). <http://www.who.int>
18. Suicide and suicidal behavior <http://www.nlm.nih.gov/medlineplus/spanish/ency/article/001554.htm>

Copyright: ©2019 Jesús Cuéllar Álvarez, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.