An Empirical Study of Suicidal Ideation on Young Coaching Adolescent in Special Reference to Kota
A Thesis

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Abstract

This thesis presents an empirical investigation into the prevalence, causes, and associated factors of suicidal ideation among young coaching adolescents, focusing on the city of Kota. The phenomenon of suicidal ideation has garnered significant attention due to its alarming rise among adolescents, particularly in highly competitive educational environments. The study aims to shed light on the complex interplay of academic pressure, psychological well-being, and socio-environmental factors that contribute to the emergence of suicidal thoughts among coaching students in Kota. The research employs a mixed-methods approach, combining quantitative survey data with qualitative interviews, to provide a comprehensive understanding of the issue. The quantitative phase involves the distribution of structured questionnaires among a representative sample of coaching adolescents in Kota. The questionnaire encompasses demographic information, academic demands, emotional well-being, perceived social support, coping mechanisms, and levels of suicidal ideation. Statistical analyses such as regression models and correlation tests will be employed to explore relationships and potential predictors of suicidal ideation.

The qualitative phase involves in-depth interviews with a subset of survey participants to gather nuanced insights into their experiences, perceptions, and feelings related to the coaching environment, academic stress, and mental health. Thematic analysis will be applied to identify recurring patterns and themes in the interview data, enriching the quantitative findings with personal narratives and contextual information. The findings of this study are expected to provide a comprehensive picture of the factors contributing to suicidal ideation among young coaching adolescents in Kota. The research will contribute to the existing body of knowledge by offering a localized perspective on the issue, enabling educators, mental health professionals, policymakers, and parents to design targeted interventions. The results will aid in the development of strategies that address the underlying causes of suicidal ideation and promote the overall well-being of coaching students.

In conclusion, this thesis seeks to address a critical gap in the understanding of suicidal ideation among young coaching adolescents in Kota. By employing a mixed-methods approach, the study aims to uncover the multifaceted nature of the issue and provide evidence-based recommendations for prevention and intervention. It is hoped that the insights gained from this research will facilitate the creation of a healthier and more supportive learning environment for adolescents pursuing coaching in Kota, ultimately leading to a reduction in suicidal ideation and related psychological distress.

Keywords: Empirical Investigation; Well-Being; Mental Health; Suicidal Ideation

Introduction

Research Background

The transition from adolescence to adulthood is a pivotal phase characterized by profound physiological, psychological, and social transformations. Adolescents commonly grapple with heightened stressors stemming from academic demands, peer interactions, familial expectations, and the formulation of personal identity. In recent years, mounting concern has arisen regarding the mental health and overall well-being of young individuals, especially those enrolled in fiercely competitive coaching centres situated in cities like Kota, India.

Kota, located in the Indian state of Rajasthan, has earned notoriety for its coaching institutes that prepare students for various competitive entrance examinations, notably those related to engineering and medical fields. These coaching centers magnetize a substantial influx of adolescents from all corners of the country, creating a distinctive environment that amalgamates rigorous academics, intense competition, and separation from familial support systems. The relentless pursuit of success in these examinations, coupled with the towering expectations of parents and society, engenders an array of mental health challenges among the students.

One particularly distressing mental health issue is the phenomenon of suicidal ideation, denoting the presence of thoughts about ending one's own life. Suicidal ideation among adolescents has garnered substantial attention as a critical public health concern on a global scale. Research has demonstrated that adolescents who find themselves ensnared in high- pressure academic settings, such as those prevailing in coaching centres like Kota, maybe particularly susceptible to experiencing suicidal thoughts due to the overwhelming stress, performance-related anxiety, and feelings of isolation they commonly endure.

Despite the gravity of the situation, the existing body of research on suicidal ideation among coaching adolescents in Kota remains relatively limited. Consequently, there exists a pressing need for a comprehensive empirical study to unravel the full extent of this issue, identify its underlying causes, and explore potential interventions. This study is poised to address this knowledge gap by conducting a rigorous investigation into the multifaceted factors that contribute to suicidal ideation among young coaching adolescents in Kota.

Significance: This research holds profound implications for a wide range of stakeholders, including the academic community, mental health practitioners, educational institutions, policymakers, and parents. By illuminating the intricate web of factors associated with suicidal ideation among coaching adolescents, the findings of this study can serve as a critical foundation for the development of targeted interventions designed to address the pressing mental health challenges faced by this vulnerable population. Additionally, the outcomes of this research can significantly enrich the broader discourse surrounding the impact of competitive academic environments on the well-being of young individuals, there by guiding the creation of educational ecosystems that are more supportive, nurturing, and conducive to the holistic development of our youth.

The Coaching Environment of Kota

Adolescence is a transitional phase from youth to adulthood and is a period of significant changes in most aspects of functioning. Adolescents and children are able to experience many life stresses ranging from traumatic or catastrophic life events, daily hassles and persistent strain. Academic matters would be the most crucial sources of sporadic and chronic pressure for people that are young in Asian and western countries, and also has considerable associations with mental health issues, like depression, suicidal ideation and anxiety.

According to Srivastava urban area shave served as epicentres of culture and education since ancient times, long before they became the engines of modern progress. In ancient times, students from all over the globe came to study in Indian universities like Takshshila, Nalanda, and Vikramshila. Education from these historic and modern universities is well-respected. However, in recent decades, many urban areas shaved raw enormous numbers of young people, who are mostly studying for entrance exams to the best engineering, medical, and management schools in the country. Many cities in India are expanding due to the influx of students seeking private coaching, which does not lead to a formal degree but does provide pupils with a high-quality education. Many traditional public colleges have been eclipsed in recent years by private coaching centers. Private coaching establishments have given cities a fresh look. Students' influx has altered the area's demographics and economy. Because of the influx of students into the region around the coaching institutions, the surrounding residential neighbourhood shave grown exponentially.

As Darren P. Smith of the United Kingdom recognized and realized in 2002, "studentification" has become one of the latest trends that have affected the urban environment in terms of the physical, psychological, and social aspects of urban life. The word refers to the societal and ecological changes that occur when a big number of students settle in one sector of a city. The term "studentification" refers to the phenomenon through which some communities become mostly occupied by students.

Aniharyati pointed out that only a fraction of factory and industry workers are aware that their employers may soon be forced to shut down as a result of rising pollution levels and efforts by the government and the Supreme Court to address the issue. IIT Delhi alumnus and mechanical engineer with JK Synthetics V. K. Bansal is responsible for introducing the novel idea of coaching to the people of Kota. The city first came to national attention in1986, when a local student named Sanjeev Arora aced the IIT entrance test thanks in large part to tutoring instituted by Bansal. Bansal Classes was formally founded in 1991 as an educational institution. A large number of workers enrolled in V.K. Bansal's Bansal Classes before going on to create their educational institutions like the seven instructors at Bansal Classes who founded Vibrant Academy in 2009. Resonance was founded in 2001 by R.K. Verma, a graduate of IIT Madras; Aakash by a BITS Pilani alumnus; and FIIT JEE by G. K. Goel, a graduate of IIT Delhi. According to Ehrenreich SE et al. [1] currently, Kota is home to a thriving communityofover150 functional coaching institution. The other two main institutions are the 1980-founded Allen Career Institute (originally a medical school but now offering engineering courses as well) and the 1990-founded Career Point. The proliferation of coaching businesses in one location transformed it from a traditional educational district into a "coaching industrial area." There was a zone centered on these towns in southern Kota (Built-up Kota). RIICO, the Rajasthan State Industrial Development, and Investment Corporation, specifically established the Indraprastha Industrial Area so that locals could find work and the city could benefit economically. Efforts to plan for the future were focused on satisfying the demands of today's pupils.

Suicide and Suicidal Ideation

Suicide is a second leading cause of death for youth ages of 10-19 in the us. in India 2016 the number of suicides is increased to 230,314, suicides were the most common cause of death, about 800,000 people die by suicide worldwide every year of these 135,000 (17%) are resident of India. More than 90,000 young adolescents died by suicide in India NCRB report Suicide rates in India have been on the increase gradually and with fluctuation. In thelast20years. The rate of suicide has escalated from 7.9 to 10.3 per 100,000. An Indian study, showed that the suicide

Rate was highest in the age group of 15 to 29 years, The repercussions of suicide extend beyond the tragic loss of life, encompassing a profound impact on the mental, physical, and emotional well-being of family members and friends. The term "suicide," initially coined by Sir Thomas Browne in his work 'Religio Medici' (1642), elicits a spectrum of emotions within the public consciousness. These responses range from anger, derision, and distress to anxiety, tension, fear, and profound sadness. Moreover, the social perception of suicide often carries a burdensome stigma.

The term "suicide" finds its etymological roots in the Latin words "sui" (of oneself) and "caedere" (to kill), encapsulating the essence of self-inflicted harm. Consequently, suicide is understood as the act of intentionally taking one's own life. Beyond the evident loss, the aftermath of suicide reverberates through the social fabric, leaving a trail of psychological distress and emotional upheaval among those connected to the individual who chose this tragic path. Suicidal ideation is a medical term for ideas about an uncommon preoccupation with committing suicide. The variety of suicidal ideation varies considerably from fleeting to unsuccessful attempts, role playing, or detailed planning, which might be deliberately constructed to stop working and be found, or might be completely intended to lead to death. thatexperiencesuicidalideationdon'tcontinuemakingsuicide attempts, a major proportion do. Suicidal ideation is frequently connected with depression; however, it appears to have associations with a lot of other psychiatric problems, life events, and family functions, every one of which might improve the danger of suicidal ideation.

Suicide can be described as "self-inflicted death in which an individual can make an intentional, conscious and direct work to stop one's life". Suicidal ideation generally exists before suicide, though not all suicidal feelings tend to attempt suicide or even commit suicide. It's describe committing suicide as "the careful action of him included destruction, generally known as another dimensional hopelessness associated with a needful unique activity that talks about a problem where the excitement is used as a much better answer. Suicide isn't an useless act. Suicide is viewed as a characteristic in which the objective of the sufferer is usually to die as well as the aim of this goal is acquired. Suicidal ideation is a thought process where folks believe ending the own life of theirs.

It's defined "Suicide as the willing full taking one is very own life". A number of authors described numerous kinds of individuals that commit suicide: death seekers, death darers, death ignorers as well as death initiators. Death seekers evidently want to harm themselves. They've usually been thinking it for many years. The intentions of committing suicide might stay for many years.

Throughout this particular time, they get ready for offering the belongings of theirs, publishing a will, purchasing a gun etc. Death initiators are people who have a definite intention to die, though they feel they're hastening an unavoidable death. Death ignorers are people who see the death of theirs as the start of a better and new life. Individuals with serious illnesses commit suicide. These suicides frequently

get caught in group mass suicides by people of religious organizations, in 1997, the suicides of thirty-nine members of the Gate cult of heaven.

Death darers have ambivalent opinions about dying. They're more likely to die though they don't guarantee they'll die. They might frequently want attention or in order to make another person feel guilty, much more than they would like to die. Suicide is uncommon among young adolescents and children. Suicide rate is rising quickly beginning in the age of fifteen years. Mood disorders, schizophrenia and drug abuse are huge risk factors of suicide in all the age groups. Today, committing suicide will be the 3rd leading explanation of death among children, adults and adolescents, accidents being at place that is first as well as homicides at next.

Adolescence is a transitional phase from youth to adulthood and is a period of significant changes in most aspects of functioning. Adolescents and children are able to experience many life stresses ranging from traumatic or catastrophic life events, daily hassles and persistent strain. Academic matters would be the most crucial sources of sporadic and chronic pressure for people that are young in Asian and western countries, and also has consider able associations with mental health issues, like depression, suicidal ideation and anxiety.

The development and growth of a private life include different phases of living with a few distinct and unique periods which start with end and conception at death. This trend of life pertains to everyone who's born upon this planet. The stage of adolescence is a vital stage of any human being. Adolescence is several human developments and a transitional period between youth and adulthood that every person faces as he/she grows up.

Adolescence is some change. The modification has all spheres of one's life. Physical changes and developments manifest physical changes; psychological changes surface area with their associated problems; behavioural changes happen with pressure from peers, occasionally resulting in substance use and misuse. During this particular developmental stage of adolescence, people face so many obstacles that are part and parcel of this particularly in secure age.

These may be varied - educational issues that happened because of poor academic performance; illnesses due to insufficient nourishment and being body conscious; mental problems of stress and depression; interpersonal problems associated with immature and interpersonal relationships & overdependence on social media. Thus, adolescents may succumb to various stressful factors and also risk factors relating to social problems, particularly suicidal behaviour.

During this particular time of development, adolescents require proper help and direction to experience the difficulties of living and also to cross this particular vulnerable stage of human development to come through as a caring person in the culture. In case adolescents lack proper direction and help during this particular stage of development, they might give in to setbacks, negative events and failures in life especially death.

There's an increasing concern regarding study pressure and also its interactions with mental health issues among adolescents and school kids in India. Suicide will be the 3rd leading reason for death among adolescents, along with unrevealed depression is a significant cause. Academic pressure might be contributing factor in depression. This study aimed to examine the co relation between numerous elements related to suicidal Ideation among adolescents.

Adolescent

The phrase adolescent suggests "to emerge" or perhaps "achieve identity". Adolescence requires living with developmental needs and particular wellness & rights. It's like wise an era to have skills and knowledge, find out how you can handle relationships and emotions, and acquires characteristics and skills that are essential for experiencing the adolescent years and also assuming adult roles. There are causes that are many for the increasing attention to the wellness of adolescents.

Adolescent account for over twenty % of a country's public. Around 1 in six persons in the planet is an adolescent. As this particular cohort ages, the foundations lay during adolescence in terminology of wellness, abilities and education has deep implications for economic and social development of the nations. Healthy, educated and skilled adolescents are vital resource and advantage, with excellent potential to help their countries, communities, and families. Through the years, the recognition continues to grow that adolescents are actors in interpersonal change, not just beneficiaries of interpersonal programs.

Adolescence is described as a stage of life indicated by fast bodily development and growth, physical, social, along with mental maturity and changes, experimentation, sexual maturity, development of adult psychological processes as well as a move from the earlier childhood socio economic dependence towards relative freedom.

Characteristics of Adolescence

Adolescence marks a pivotal phase wherein behavior and attitude undergo significant transformations, shaping an individual's personality and identity. The environment during this developmental period plays a crucial role in influencing

an individual's trajectory. Adolescence is characterized by a series of changes that reflect both past experiences, leaving indelible imprints, and future developments. This transitional period, situated between childhood and adulthood, often engenders confusion as adolescents grapple with their evolving emotions.

Five distinct types of changes commonly unfold during adolescence. Firstly, there is a psychological intensification, the magnitude of which hinges on the pace of concurrent psychological and physical transformations. Secondly, rapid changes occur, particularly in sexually mature individuals who may feel uncertain about their abilities and interests. The third type involves alterations in their bodies, interests, and societal roles, presenting novel challenges. Fourthly, there is a shift in behavioral patterns and interests, and fifthly, ambivalent adjustments manifest.

Adolescents, during this time, strive to break free from parental dependence, a process laden with challenges. The complexity of adolescence arises from two primary factors. First, during their youth, adolescents often rely on parents and teachers to resolve their problems, rendering them inexperienced in self-reliance. Second, a desire for autonomy compels adolescents to seek independence in dealing with their challenges, preferring to navigate their own course without excessive guidance from adults.

This phase is characterized by a quest for identity. Erikson (1968) elucidates how the discovery of identity shapes adolescent behavior. As adolescents seek to define themselves, they grapple with past conflicts, often appointing well-meaning figures as adversaries to establish enduring ideals. The culmination of this process is the formation of ego identity, where individuals craft their unique ideas and goals to address contemporary challenges. Adolescence, inherently marked by unrealistic expectations, contributes to the development of psychological characteristics.

It is during adolescence that individuals stand on the threshold of adulthood, adopting teen stereotypes and reveling in their proximity to adulthood. However, the realization dawns that merely emulating adult behaviors falls short. Adolescents, in their quest for maturity, may experiment with activities such as smoking and drinking, sometimes adopting undesirable habits and engaging in anti-social behavior along the way.

It's really hard to define terminology of adolescence concretely. It might be because of the reality that it's crucial to think about numerous factors, which includes age and relevant or incidental effects for adolescence play a critical role. Western communities have defined adolescence is a really wide time period. For instance, the United States identify adolescence's age between thirteen to twenty-four years. Literature has suggested that adolescence is a brand- new circumstance in the western society. It's a by-product of present social strain particularly to culture. When looking at it to various other cultures, western societies have defined adolescence as being a stage of life. At this point, adolescence faces changes that are several in bodies like physical development, cognitive development, biological development, socio emotional development and moral development.

Suicidal Behaviour Process

Suicidal Behaviour Suicidal behaviour is viewed as a continuum of intensity with specific suicidal ideation at one end and finished suicide in additional seven end. Suicidal behaviour is an extensive term and that includes suicidal ideation, a suicidal strategy, suicide attempt and finished suicide. Nonfatal suicidal behaviour's (NFSB) consist of all of these actions as stated previously besides the finished suicide.

The word suicidal behaviour is usually viewed as a selection of behaviour's, different from someone wishing to be old on the certain act of killing yourself. It describes a compound, multi- factorial and multi-dimensional actions with various behavioural distinctiveness incorporating several self-harming acts precipitated by mental distress and uneasiness. Suicidal ideation falls along a continuum of suicidal behaviour's, including suicidal feelings, gestures, threats, contemplations, completions as well as attempts. Hence, suicidal expression describes entire continuum of suicidal thoughts & actions, while suicidal ideation refers especially to ideas about death, dying, really hurting or even killing thinking, planning, and oneself about the result of any suicide attempt. It's crucial to comprehend the ideas of ending one is daily life or even committing suicide is transitory or momentary often and also is dependent upon the distress that the single encounters.

With increased periods of distress and pain, suicidal ideation is able to increase in frequency and intensity and inflate to be more elaborative and certain. It might include not merely feelings to depart this life or even to kill oneself but also additional thoughts of what it will be to exterminate one and just how one will carry out suicide. Suicidal ideation is a crucial component of the suicide activity because it's the basic stage of the suicide progression; it paves the means to suicide attempts and also finished suicides. The suicide procedure engages suicidal ideation, a suicide program, a suicide attempt and finished suicide.

The following figure depicts the stages in the suicide operation.
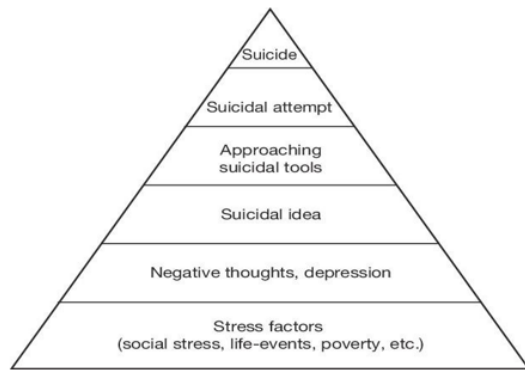
Figure1.1: Steps of Suicidal Process.

Signs of Suicide Among Adolescents

Recently, suicidal ideation as well as suicide rate is growing among youngsters in an astonishing rate. Parents must acknowledge the indications in case somebody might be imagining about suicide, they might be analysed. Many symptoms could be the signs of suicidal ideation and depression, for which treatment that is ideal may be applied. These indicators comprise changes in eating habits, departure from the friends and family, sleeping pattern change, disturbance in activities that are normal, brutal actions, disobedient conduct, walking away, alcohol and drug addiction, bizarre neglect of individual perception, apparent style shift, drop in quality of school work, trouble in concentration, on-going unhappiness for conduct, claims about actual physical symptoms and also losing interest in pleasurable pursuits. Additionally, issues of becoming a terrible person, spoken hints including "nothing things anymore", putting affairs in order, for instance, giving out or even discarding favored possession, getting immediately joyful following many depressions, unforeseen feelings are several of the extra signs.

The study literature concerning adolescent suicide blended the studies of adolescents that have suicide attempters with the number of suicidal behaviour's associated with the attempting or committing suicide. And this also makes the analysis of suicidal behaviour more complex.

Some clinically helpful descriptions have been supplied. Glaser has discussed a fascinating array of powerful subtypes of suicidal adolescents. These include: (a) those for who the suicidal action is a reaction to depression along with a coping mechanism to terminate perceived psychological and physical suffering, (b) individuals that are signalling a cry for help, demonstrating the depression of theirs much more overtly and also trying to pressure an answer to the difficulties of theirs, (c) those people who are psychotic and also being affected by a schizophrenic like disorder, (d) those that create the gesture as an impulsive act plan to get objectives which might not be in the very best interest of the adolescent.

Factors Responsible Suicidal Ideation

Sociological Factors there are various reason a person think of ending his life, because of personal, interpersonal or environmental. It's reported that cultural and social factors impact the suicide factors. Suicides are divided into 3 social categories: the first will be the egoist, the second is altruist and the third one is anomic. Egoistic suicides are induced by people who believe getting separated from others, socially divided. Altruism is the orientation of values and social behaviours where individual gets main factor in the form the interests of others and also believe each people of the neighbourhood as an entire. Anomic suicide is accomplished by people who experience severe depression as a result of some significant changes in the relationship of theirs with society. Anomic is an interpersonal instability, of the values as well as norms of society that are expected to be breaking. Durkheim states that integration as well as socialites in to a culture can prevent suicide in case society discourages suicide. The society should support visit orsto conquer the damaging situations and yes it should inspire them to defeat these problems.

Psychological Factors

Sigmund Freud's Contribution: Sigmund Freud, the founder of psychoanalysis, made significant contributions to the field of psychology and our understanding of human behavior. While Freud is not primarily known for his work on suicide, he did offer some insights into the psychological aspects of suicidal behavior.

Suicide as a Murderous Impulse
- Freud suggested that suicide could be seen as a form of a murderous impulse turned inward. He theorized that individuals who contemplate or commit suicide may be driven by an inner conflict, where they direct their anger or destructive feelings toward themselves rather than others.
- This concept implies that suicide is not just a simple act of self-destruction but a complex psychological phenomenon rooted in inner conflicts and emotions.

The Role of Guilt
- Freud also posited that feelings of guilt could be a significant factor in suicide. The individual may experience guilt for their aggressive or hostile feelings directed in ward, and suicide could be seen as both a form of punishment and a means of compensation for these feelings.

Retroflexed Murder and Death Instinct
- Freud described suicide as a "retroflexed murder,"

suggesting that it is our versed form of homicide. In this view, the individual's anger and hostility are redirected toward themselves, resulting in self-destructive behavior.

- He linked this concept to his broader theory of the death instinct, which posits that humans have an innate drive toward self-destruction or a return to an inanimate state.

Subsequent Psychodynamic Theories: While Freud's ideas have contributed to our understanding of suicide from a psychodynamic perspective, subsequent theorists have built upon and modified these concepts. Some key points to consider:

Self- Centered Anger

- Many contemporary psycho dynamic theories of suicide emphasize self-centere danger as a central factor. Individuals experiencing intense anger or resentment may turn these feelings inward, leading to self-harm or suicidal thoughts.

Suicidal Ideation and Attempt

- Modern psycho dynamic approaches often focus on understanding suicidal ideation and attempts, recognizing that not all individuals who contemplate suicide necessarily act on these thoughts.

Complexity of Suicidal Behavior

- Psychodynamic theories acknowledge the complexity of suicidal behavior, which can result from a combination of psychological, emotional, and interpersonal factors.

Coping Mechanisms

- Suicide is sometimes seen as a coping mechanism, albeit a maladaptive one, to deal with overwhelming emotional pain, despair, or perceived hopelessness.

Biological Factors

Biological Factors in Suicidal Behavior
Twin and Family Studies

Research on twins, both monozygotic (identical) and dizygotic (fraternal), has been instrumental in highlighting the genetic component of suicidal behavior. Studies have consistently shown a higher concordance rate for suicide among monozygotic twins compared to dizygotic twins. This suggests a genetic predisposition to suicide.

Familial Aggregation

Suicidal behavior tends to run in families. Individuals with a family history of suicide are more likely to be at risk themselves. This familial aggregation suggests that genetic factors play a role in susceptibility to suicidal behavior.

Adoption Studies

- Adoption studies have further supported the genetic influence on suicidal behavior. Natural relatives of adopted individuals who have completed suicide show a higher rate of suicide compared to the natural relatives

of control subjects. This indicates that genetic factors, rather than solely environmental influences, contribute to suicide risk.

Neurobiological Factors
Neurotransmitters

- Recent research has focused on the role of neurotransmitters in suicidal behavior. Notably, serotonin, norepinephrine, and dopamine have been implicated. Low levels of serotonin, for example, are associated with mood disturbances and impulsive behavior, which are risk factors for suicide.

Brain Structure and Function

- Neuro imaging studies have revealed differences in the brain structure and function of individuals with suicide al tendencies. These differences may involve areas of the brain responsible fore motion regulation, impulsivity, and decision- making.

Genetic Transmission
Direct Genetic Transmission

- While familial and twin studies suggest a genetic predisposition to suicide, direct genetic transmission of suicidal behavior is still being studied. It is complex and likely involves multiple genes rather than a single genetic factor.

Age-Related Findings

- Some studies have indicated that genetic factors may have a stronger influence on suicidal behavior during adolescence. This suggests that there may be age- related variations in genetic vulnerability to suicide.

Relationship Between Gender and Suicidal Ideation on Young Coaching

Yosep I, et al. [2] stated that the act of intentionally ending one's own life is known as suicide. It is a common occurrence in every culture on the planet. The spectrum of suicidal conduct is defined by Ahrens, Linden, Zaske, and Be Rzewski as beginning with the belief that one's existence is meaningless to progressing via suicidal ideation and action. There are three distinct sorts of suicide, as described by Durkheim. In other words, these three groups all point to a rift between people and their communities. In an egoistic suicide, the person considers neither their society nor their participation in it to be of any importance. Urban settings, in contrast to rural ones, are characterized by a decline in the quality of life and by a corresponding decline in social integration because of a lack of meaningful social connections.

Choi J, et al. [3] analysed that the rates of suicide attempts and suicidal thoughts are greater than those of successful suicide, although suicide remains the third greatest cause

of death among teenagers worldwide, accounting for 11% of all fatalities among children aged 12 to 19 between 1999 and 2006. The Centre's for Disease Control and Prevention report that annually,157,000 young people (10-24) seek treatment for injuries they have caused upon themselves in hospital emergency rooms. According to results from the 2011 National Youth Risk Behaviour Survey, almost one in five young people (18-29) have given significant thought to suicide in the last year; 12% have made a plan, and 8% had attempted suicide in the year leading up to the survey. Sapura pointed out that most studies on youth suicide look for psychological causes and concentrate on personal risk factors such as mental illness, drug misuse, and a history of trauma. Important as it is to better understand the factors that put certain people at greater risk of suicide, this study also gives clear intervention techniques to address the many pathways that lead to suicidal thinking. This method, however, obscures some of the more systemic (and more difficult-to-evaluate) socio economic elements that may under lie suicide risk in different groups.

The idea that social and cultural factors play a significant role in suicidal behaviour can be traced back to Emile Durkheim's Suicide: A Study in Sociology, published in 1897. In this work, Durkheim referred to the relatively constant suicide rates across societies as a "social fact" and outlined some of the social mechanisms that lead to higher or lower suicide rates.

Academic stress has long been recognized as a substantial risk factor for the development of a variety of mental health issues in school-aged children and teenagers. Many students feel over whelmed by their course work, their parents' expectations, and their own un happiness with their academic performance. When coping mechanisms are depleted, students who are under an excessive level of academic stress (also known as educational stress) may experience significant psychological symptoms such as depression, anxiety, and even suicidal ideation and behavior. Many people assume that Chinese children feel a lot of pressure to succeed in school because of the high standards their parents set and the intense rivalry among their classmates. Better education and mental health initiatives may benefit from an understanding of the causes and consequences of academic stress. The purpose of this review is to provide an over view of the reported literature on the topic of educational stress and its relationships with mental health problems around the world, as well as an analysis of the current state of research on this topic among Chinese adolescents, and to suggest avenues for future study.

Adolescents and Schoolwork

Both Western and Asian youths experience significant amounts of stress related to academic issues on a regular and episodic basis. Millar and Gallagher1 surveyed 3,983 post-primary adolescents in Northern Ireland(ages13-19) and found that academic concerns were the most prevalent cause of stress, followed by financial concerns, concerns about making friends, and uncertainty about the future. Brown, et al. 2 conducted a study with 1004 American preteens (aged 9-13 years) and found that academic performance was the number one source of daily anxiety. This was followed by concerns about physical appearance, family issues, friendships, health, the future, failure, and disappointing loved ones.

42% of participants reported worrying about their grades every day, while the majority of the rest worried at least periodically (weekly, monthly, or infrequently). Examinations and study outcomes were cited as the most stressful school-related situations by seniors in an Australian study, followed by too much to do, worry about the future, career choices, the large amount to learn, the need to do well imposed by others, and the need to do well imposed by the students themselves.

Results from a 2007 4 survey of Chinese youth online performed in 10 provinces revealed that 66.7% of elementary and secondary school pupils found 'too much academic pressure' to be the most distressing situation they had ever had. This percentage was much higher than those who reported stress due to "having too little recreation time" (30.3%) or "too few people understanding me" (27.6%). Therefore, 'to increase academic successes was identified as the 'most wanted item' by 83.5% of the participants, followed by 'to have more freedom in life' (39.3%), and 'to make more friends' (34.1%).

Causes and Effects of School Pressure

Finding the causes of teenage stress might help in the fight against stress and the promotion of mental health. Students' educational stress has been linked to their gender, race/ethnicity, and socioeconomic position. Women are more likely than men to report feeling overwhelmed by schoolwork. One possible explanation is that girls are more prone to be anxious about doing poorly in school than boys.

Students of color, particularly those of Asian descent, in the West may experience higher levels of academic stress than their majority-white peers do. Research shows that students from low- income families face more academic pressure. Identified a strong correlation between high levels of academic pressure and poor family income among a sample of 538 Chinese junior high school students. Another study 10 of Jewish and Arab college freshmen found that individuals from poor socioeconomic backgrounds and Arab communities had more difficulty coping with academic pressure than their more privileged and Jewish peers.

Stress related to schoolwork tends to increase as pupils go through higher grades. those in China's last year of secondary education (grade in junior school, grade in senior school) exhibit higher levels of stress than those in earlier years. This is because the most essential exams, the transitional test in to high school and the National Unified College and University Entrance test, are taken by students at the end of grade 9 and grade.

Underperformance in the classroom is a major contributor to students' emotional distress. Stress is more common among children who do poorly in school. Bjorkman observed a significant connection (r=-0.42) between overall GPA and felt academic stress among 268 US students in grades 6-8. Students with lower grades reported much greater academic pressure than students with intermediate or higher academic success, according to a study by Li and colleagues including 538 Chinese junior high school students.

Psychological Health and School Stress

Mental health is described by the World Health Organization (WHO) as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community". Mood disorders, anxiety disorders, suicidal behavior, substance-related disorders, and eating disorders are just a few examples of the wide variety of conditions that fall under the umbrella term of "mental and behavioral disorders," each of which has its own unique set of symptoms. These illnesses place a significant strain on society anywhere they are found. About 14% of the worldwide burden of disease 3 is attributable to neuropsychiatric disorders, which the WHO attributes mostly to the persistently debilitating character of depression and other prevalent mental illnesses, alcohol-use and substance-use disorders, and psychoses. The World Health Organization (WHO) introduced the essential idea of "no health without mental health" due to the fact that mental health issues not only represent a significant burden in and of itself, but also raise the risks for communicable and non-communicable illnesses and lead to accidental and deliberate accidents.

Adolescent and child mental health issues have emerged as a big social problem. Epidemiological evidence is piling up to show that up to half of all children and adolescents have mental health issues throughout their lifetime. For those aged 10 to 24, suicide is only behind automobile accidents as the greatest cause of mortality worldwide16. Unipolar depressive disorders, schizophrenia, bipolar disorder, alcohol use, and self-inflicted injuries are among the top 10 causes of the disease burden, accounting for 22% of all disability-adjusted life years (DALYs) lost in people aged 12–24 years, according to the World Health Organization's

Global Burden of Disease (GBD) study.

Young people's academic concerns are a major cause of stress, and research shows that stress has a significant role in the onset and progression of psychopathology in children and adolescents18, 19. Not unexpectedly, several academic pressures have been linked to depression and behavioral issues (including suicidal behavior) in teenagers (ages13–28). These include academic underachievement, extended home work hours, and test failure.

Academic stress from expectations of self and significant others was strongly linked with depression and suicide thoughts in a sample of 1,108 secondary school students in Singapore, Ang and colleagues29 observed. According to Bjorkman11's research on academic stress in the United States, students in grades 6-8 reported higher levels of internalizing (anxiety, depression, and somatization) and externalizing (aggression, hyperactivity, and conduct problems) behaviors when they were under more pressure. Depression (r=0.59) and anxiety (r=0.57) were shown to have the highest relationships with academic stress.

Objectives of The Study
- To investigate the impact of socio-economic status on suicidal ideation among young and adolescent individuals in the context of competitive coaching centers in Kota, India.
- To assess the influence of Intelligence Quotient (IQ) on suicidal ideation among young and adolescent individuals attending coaching centers in Kota.
- To examine the relationship between Emotional Quotient (EQ) and suicidal ideation among young and adolescent students in coaching centers in Kota.
- To analyze the impact of loneliness on the occurrence of suicidal ideation among young and adolescent individuals in the coaching environment of Kota.
- To explore the relationship between academic achievement and suicidal ideation among young and adolescent students in Kota's coaching centers.
- To investigate the potential impact of gender on the prevalence of suicidal ideation among young and adolescent individuals in the context of Kota's coaching centers.
- To assess the influence of the coaching environment itself on the likelihood of suicidal ideation among young and adolescent students in Kota.
- To examine the impact of drug addiction on the presence of suicidal ideation among young and adolescent individuals attending coaching centers in Kota.
- To investigate the relationship between food habits and the occurrence of suicidal ideation among young and adolescent students in the coaching centers of Kota.

Hypothesis of The Study

H01: There is no significant impact of socio-economic status on suicidal Ideation among the young and adolescents

H02: There is no significant impact of Intelligence quotient on suicidal Ideation among the young and adolescents.

H03: There is no significant impact of Emotional quotient on suicidal Ideation among the young and adolescents.

HA3: There is no significant impact of loneliness on suicidal Ideation among the young and adolescents.

H04: There is no significant impact of academic achievement on suicidal Ideation among the young and adolescents.

H05: There is no significant impact of gender on suicidal Ideation among the young and adolescents.

H06: There is no significant impact of coaching environment on suicidal Ideation among the young and adolescents.

H07: There is no significant impact of drug addiction on suicidal Ideation among the young and adolescents.

H08: There is no significant impact of food habits on suicidal Ideation among the young and adolescents.

Significance of The Study

Suicide represents the third leading cause of death among adolescents worldwide, making up a significant portion of all child deaths in the age group of 12 to 19. Beyond the tragic loss of life, it's important to recognize that rates of suicidal ideation (thoughts of suicide) and attempted suicide are even higher. Here's an expansion of the key aspects and significance of your study:

- **Addressing a Global Public Health Concern:** Adolescent suicide is a significant public health issue with far-reaching consequences. Your study contributes to the understanding of this problem by examining the intricate relationship between suicidal ideation and several critical psychological factors, namely hopelessness, loneliness, and depression. This multifaceted approach can provide a more comprehensive picture of the factors contributing to suicide risk among adolescents.

- **Exploring Family Environment:** Adolescents spend a substantial portion of their formative years within their family environments. Your study's focus on different dimensions of family environment adds depth to the investigation. Understanding how family dynamics, support, and interactions relate to suicidal ideation can offer insights into potential sources of support or stress that adolescents experience within their home

- **Correlational Analysis:** By examining correlations between suicidal ideation, hopelessness, loneliness, depression, and family environment, your study aims to establish connections and associations between these variables. This can help identify patterns and potential risk factors that can guide prevention and intervention efforts.

- **Analyzing the Impact of Psychological Factors:** Your study goes beyond identifying correlations and seeks to analyze the effects of hopelessness, loneliness, depression, and family environment on suicidal ideation among adolescents. This causal analysis can provide valuable insights into which factors may have the most significant influence on the presence of suicidal thoughts.

- **Gender-Wise Comparison:** Recognizing the potential for gender differences in the experience of suicidal ideation and its associated factors is crucial. Your study's gender-wise comparison can reveal whether these variables affect males and females differently, which can inform gender-specific strategies for suicide prevention and support.

- **Informing Prevention and Intervention Strategies:** The findings of your study can inform the development of targeted prevention and intervention programs. Understanding the inter play of these psychological factors and family dynamics can help mental health practitioners, educators, and policy makers design strategies that address the specific needs of adolescents at risk of suicidal ideation.

- **Raising Awareness:** Research in this area raises awareness about the prevalence and complexity of adolescent suicide and its precursors. This awareness can lead to more open discussions, reduced stigma around mental health, and increased support for adolescents struggling with these challenges.

- **High Prevalence of Suicidal Ideation:** Suicidal ideation among young individuals, especially adolescents, is a global concern. In the context of Kota's competitive coaching centers, where students face immense academic pressure and other stressors, understanding the prevalence and contributing factors of suicidal ideation is crucial. Your study can provide valuable insights into the extent of this problem and its underlying causes in this unique environment.

- **Unique Educational Environment in Kota:** Kota'scoachingcenters have gained notoriety for their rigorous academic programs and the influx of students from across India. This distinctive setting presents a unique opportunity to study the impact of intense academic competition and separation from family support systems on the mental health of adolescents. Your research can shed light on the specific challenges faced by young coaching adolescents.

- **Potential for Targeted Interventions:** By identifying the factors associated with suicidal ideation, your study can pave the way for targeted interventions. Mental health practitioners and educators can use your findings to design and implement programs aimed at reducing suicidal ideation, improving mental health, and providing the necessary support to at-risk students.

- **Contribution to Academic Knowledge:** Your research addresses a significant gap in the academic literature. There is limited empirical research on suicidal ideation

in the context of coaching adolescents in Kota. Your study will contribute to the body of knowledge on adolescent mental health, academic stress, and the specific challenges faced by students in this setting.

- **Policy Implications:** Policy makers in education and mental health can benefit from your study's findings. Evidence-based data on the factors contributing to suicidal ideation can inform policy decisions related to coaching centers, curriculum design, mental health support in educational institutions, and the overall well-being of young learners.

- **Parental Awareness and Support:** Your study can raise awareness among parents about the mental health challenges their children may encounter while pursuing education in Kota. This awareness can lead to more proactive and supportive parenting, helping adolescents cope with stress and emotional struggles.

- **Broader Societal Conversation:** Your research has the potential to ignite a broader societal conversation about the mental health and well-being of young individuals in highly competitive academic environments. It can prompt discussions about the balance between academic excellence and mental health, encouraging a more holistic approach to education.

- **Preventing Suicides:** Ultimately, your study has the potential to contribute to suicide prevention efforts in Kota and beyond. By understanding the risk factors and protective factors associated with suicidal ideation, your research can inform strategies to identify and support vulnerable individuals.

Review of Literature

Introduction

Groff EC, et al. [4]. Bulling and peer Aggression in children and adolescents. Implications for suicide management, Extant research indicates that an association with bullying in any capacity is associated with higher rates of suicidal ideation.

Naresh Nebhinani, Kartik Singhai Suicide is a multifaceted issue with complicated interaction of natural, social, psychological and safety factors and environmental threat. Committing suicide prevention is everyone's duty, so we need to join hands and assist others with humane care as well as sort compassion. This review, particularly reference to the adolescent along with youth, shall 1st speak in short regarding safety factors and the chance regarding suicide. It's crucial that you have a great understanding about them to have the ability to contemplate upon the preventive methods. This shall be adhered to by a discussion as well as evaluation of the suicide preventive strategies/programmers and finally, the missing back links as well as three ways ahead. Unless

specified, the term younger/young age class suggests the age group of 10 twenty-four years.

Pengpid [5] assessed suicidal ideation and related factors in school going adolescents in the Association of Southeast Asian Nations (ASEAN) member states. It was discovered that loneliness was correlated with suicidal ideation together with some other variables like women, older age (fourteen or maybe fifteen years), living in a decreased middle-income nation, having absolutely no friends, loneliness, bullying victimization, having been in an actual fight in the previous twelve months, not enough parental or maybe guardian assistance, tobacco use/ substance abuse and also having a history of alcoholism.

Bakhiyi et al. examined the connection between negative and positive life functions as well as suicidal ideation (The interaction and si) between life events as well as reason behind living on suicidal ideation. It was discovered the only negative life event related to suicidal ideation were health related occasions. Family-related good life functions as well as reason behind living (RFL) had been negatively associated with suicidal ideation. No substantial interactions in between the amount of good life functions as well as reason behind coping with present suicidal ideation were recognized. Family-related positive life events as well as reason behind living didn't have any preservative impact on suicidal ideation. Positive life events didn't moderate the association between health-related negative life events as well as suicidal ideation. It's apparent from the research which individuals with history of suicide attempts might be much less vulnerable to damaging life events, except for all those associated with overall health.

Khan-Hamdan A, et al. [6] examined the prosperous coping types as well as interpersonal assistance on suicidal ideation and academic anxiety. Prosperous coping types as well as social assistance were considerable mediators of the connection between suicidal ideation and academic anxiety amongst Malaysian along with Indian Adolescents. The results demonstrated that Indian pupils found higher suicidal ideation as well as academic pressure than did Malaysian pupils, along with Malaysian pupils received much more social support and also had better problem-solving coping types than did Indian pupils. By and large, pupils who were male, non-religious, and from low-income families, reported more suicidal ideation and much more academic stress. Prosperous coping types and in general cultural assistance strongly impacted the connection between suicidal ideation and academic anxiety with the individuals of both countries.

Badr examined the occurrence of suicidal behaviour's (ideation, preparation, and also attempts) among adolescents and determined the psychosocial correlates of suicidal

behaviours. The likelihood of suicide ideation, attempts, and planning were 20.0 %, 14.0 % along with 18.1 % respectively. Approximately twenty-six % of adolescents found they encountered no less than one such suicidal behaviour, while 8.5 % had all 3 suicidal behaviours. Additionally, the study revealed the considerable correlates of suicidal behaviours. They're breakdown of interactions with the other sex, smoking habit, actual physical violence, practical experience of loneliness, contact with bullying at college, and also getting non empathetic parents. Additionally, suicidal ideation emerged as a predictor of suicide attempt much more than suicidal preparation in the total population and also individually by gender.

Bazrafshan, Sharif, Mani as well as Molazem [7] investigated the risk factors for suicide attempt amongst adolescents applying semi structured interview. The study revealed that specific experiences and specific factors, social factors and family factors have been related to suicide attempt amongst adolescents. Personal encounters and individual factors normally include psycho emotional issues, puberty, religious beliefs, stress management methods, love and marriage, amount and area of education; family elements relate to family system, family relationship, family financial characteristics, family health conditions; community variables include suicidal behaviour of others, media influence, expert support.

Thakur M, et al. [8] analysed the occurrence of suicidal ideation and the predictors of its among school going adolescents. It was discovered that 218 topics, i.e., approximately 30.9 %, had suicidal ideation. Talking about issues with parents, having relations that are good with school teachers, as well as useful classmates reduced the likelihood of having suicidal ideations. On the other hand, adolescents that had stressing problems in the household, record of physical or verbal body and abuse image consciousness had increased likelihood of suicidal ideations.

Hooper LM, et al. [9] investigated suicidal ideations in a longitudinal test of Black American adolescents aged eleven to eighteen years. It was discovered that record of past suicidal ideation as well as traumatic stress functions have been helpful precursors of potential suicidal ideation of the adolescents. The likelihood of potential suicidal ideation was greater among adolescents with a record of prior suicidal ideation; along with distressing stress level was improved as the adolescents advanced in age.

Thirthalli studied suicidal behaviour and cognitions & committing suicide ideas in a sample of adults in India. The individuals of the analysis were individuals, the attendants of theirs as well as health professionals in the businesses. It was discovered that a significant proportion of participants reported lifetime suicidal cognitions: among the participants

44.2 % regarded living not really worth living; 26.9 % experienced a death wish; 24.6 % had suicidal ideas; 12.4 % considered suicidal plans; along with 7.1 % had a previous history of suicide attempt. These suicidal cognitions had been significantly linked with committing suicide effort among them. There were distinct views regarding committing suicide of all the participants: it was viewed as a sin by 66.2 %, but 10.4 % sensed that the religion of theirs and belief enabled it in a few scenarios. The the greater part of the participants conceded that suicide was avoidable.

Ibrahim, Suen as well as Amit examined the mental factors accountable for suicidal ideation among Malaysian adolescents. Results revealed considerable correlations between depression, anxiety, and tension with suicidal depression and ideation was labeled as a predictor for suicidal ideation. Depression might be connected to different reasons, specifically lack of social support, worthlessness, the paucity of problem-solving abilities in times of traumatic life events.

Khan, Upmanyu, Kumar investigated the job of depression, hopelessness, anxiety, cognitive rigidity, affective dysregulation, and family atmosphere as predictors of suicidal ideation amongst adolescents in Chandigarh, India. The analysis demonstrated that the mix of moral religious focus of family environment as well as depression had been the powerful predictors of suicidal ideation among male adolescents.

Kim SM, et al. [10] examined coping actions regarding suicidal ideation as well as gender differences in adolescents. It was discovered that in both female and male groups, patterns like consuming alcoholic drinks as well as smoking cigarettes had been positively correlated with suicidal ideation; addiction to watching tv, engaging online/ mobile activities, and sleeping had been badly correlated with suicidal ideation. In males, doing sports was badly associated with suicidal ideation and in women, venting one's thoughts by speaking with others in addition to over eating have been elements adversely linked to suicidal ideation. The results suggest that there was genders disparities in the influences of coping actions on adolescent suicidal ideation, which acquiring adaptive coping designs might help in lessening suicidal behaviour amongst adolescents.

Soor, et al. determined patterns of suicide with female and male adolescents in Ontario. In examining the fads of committing suicide, the scientists studied earlier try, historical past of psychiatric therapy, place committed and technique of suicide with the adolescents. There seemed to be a commonality within the suicide attempt. It was discovered that male adolescent committing suicide was two times as typical as female suicide. Guys had been much more apt to

employ violent strategies as well as females were much more likely to possess a previous heritage of suicide attempt.

Patel et al. [11] attempted to know committing suicide mortality speed amongst adolescents in India found 2010. It was reported that approximately three % of surveyed deaths (2684 of 95,335) in people aged fifteen years or even older was due to committing suicide, corresponding to roughly 187,000 committing suicide deaths in India of the entire year 2010 in this particular age group (115,000 males as well as 72,000 females). The survey exposed that with the era set of 15 29 yrs and more mature, guys accounted for forty % of committing suicide deaths (45,100 of 114,800), while the figure for women have been fifty-six % (40,500 of 72,100).

Grover KE, et al. [12] studied hundred two hospitalized adolescents and discovered the interactive and unique effects of problem-solving abilities and stress on suicidal behaviours. The results demonstrated that traumatic life events as well as continual stress greatly predicted suicidal ideation as well as suicide effort among inpatient adolescents. Problem-solving also substantially expected suicidal ideation, but on the flip, side didn't predict committing suicide effort. Additionally, problem solving skills moderated the connection between living event anxiety and even suicidal behaviours, as well as between suicidal ideation and chronic anxiety, but not between continual anxiety as well as suicide attempt. This plainly suggested that at improved stress levels, the inpatient adolescents with bad problem-solving capabilities experienced a greater number of suicidal ideation and also has been at greater risk of working with a nonfatal committing suicide effort. The active effects of problem-solving abilities and stress have been decreased to non-significance when depressive symptoms & hopelessness had been controlled.

Sharma R, et al. [13] analysed the occurrence of suicidal behaviour and its epidemiological correlates amongst adolescents in South Delhi. 550 adolescents have been selected by cluster sampling that belonged to the age group of fourteen to nineteen years. It was discovered the adolescents (15.8 %) reported having thoughts of suicide and several of them had really attempted committing suicide (5.1 %). The study even discovered the rates of suicidal ideation as well as attempt had been higher among female adolescents compared to males. There were statistically significant associations with the era of the adolescent, living condition of parents, working conditions of mom, so the working circumstance of the adolescent (part time work). Two variables have been found considerable with the adolescents: the number and female gender of significant role models they'd in life.

Liu X, et al. [14] examined Chinese adolescents with regard to the prevalence of and psychosocial factors associated with parent reported suicidal behaviour. Scientists discovered

that overall, 2.4 % of the research sample consideration and also conveyed about committing suicide in the previous 6 weeks, 3.2 % consciously and intentionally hurt themselves or maybe attempted suicide, and 5.1 % had sometimes suicidal conversation or even self-harm behaviour. With an increased the era of adolescents, the speed of suicidal behaviour even increased. The next elements had been significantly associated with increased risk for suicidal behaviour amongst adolescents: depressive/anxious symptoms, bad maternal health, physical punishment as well as family conflict of parental discipline style.

Jena examined suicidal ideation and also attempt among adolescents of the age group 12 19 years in Delhi. The analysis discovered the occurrence of suicidal ideation (lifetime) was 21.7 %, suicidal ideation (past year) was 11.7 %, suicide attempt (lifetime) was eight % and suicide attempt (past or previous year) was 3.5 %. This obviously suggests that likelihood of suicidal ideation was higher compared to the suicide attempts in adolescents. The study even found the risk factors that have been accountable for suicidal ideation. They were: religion (Hindu religion), women, older era, people with abuse that is physical by father and mother, perceived parental abandonment, history of shedding or perhaps walking from college, getting a buddy that had already attempted committing suicide or even who had committed suicide, past and death desires planned self-harm behaviour.

Reflections of Medical Students on Causes of Rising Suicide Among Medical Aspirants

Ravi S, et al. [15] analysed that the number of medical professionals in India is among the highest worldwide. Over a million medical professionals call India home. There are more than 529 medical institutions in India, and each year more than 80,000 students graduate as physicians. Like its predecessor, the new medical curriculum in India does not require MBBS graduates to demonstrate any knowledge or ability in psychiatry as part of their licensing exams. This has a chilling effect on medical students' awareness of mental health issues. The medical field is widely acknowledged to be one of the most demanding in the world, but the stigma around mental illness persists. The suicide rate among physicians is 2.5 times that of the general population. More than four hundred British medical professionals committed suicide between 2011 and 2015. Between 2008 and 2016, 51 Chinese medical professionals committed suicide. Hanafi M, et al. [16] stated that there is little scientific research into physician suicide in India despite reports of it in the media. This is due to several factors, including the stigma attached to suicide and the lack of centralized information collection by professional bodies like the Indian Medical Association (IMA) or the Medical Council of India.

According to Yusoff M, et al. [17] in 2017, approximately 197 million Indians had mental health problems of varying degrees. This includes over 45 million with depressive disorders and another 44 million with anxiety disorders. It is no secret that India has a suicide problem; last year, there were 134,516 recorded cases. Kaur W, et al. [18] stated that doctors, like everyone else, are susceptible to emotional distress and even suicidal thoughts, thus India's healthcare system must take these considerations into account. Compared to farmers, physicians had an 80% reduced chance of suicide, whereas teachers have a greater risk. However, the prevalence of suicidal thoughts among medical students is significant, with rates ranging from 1.8% to 53.6%. Substance abuse, inadequate coping mechanisms, exhaustion, financial obligations, legal disputes, and the perceived stigma associated with getting treatment all to raise the risk for physicians. Some research has examined characteristics of physicians' personalities that may enhance their vulnerability to mental health problems, such as self-doubt, guilt, an inflated sense of duty, perfectionism, an unhealthy obsession with work, and an inability to relax. James S, et al. [19] stated that for this reason, several nations require a yearly evaluation and report from medical trainees and trainers on a wide range of subjects, including mental health, reflecting the sensitivity of the profession. Physicians in training and practicing physicians alike may take use of their discreet services. The biennial worldwide practitioner health summit conference has also addressed the mental health of physicians; the 2018 London conference's topic was "the wounded healer." But there have been zero similar attempts in India. This study is part of a larger attempt to investigate the causes of and provide solutions to the tragically common occurrence of physician suicide in India.

Depression in Kota Coaching Students About Motivation-Type and Perceived Ability

Gautam pointed out that located on the Chambal River in Rajasthan in Northern India, the city of Kota is the third-largest in the state and a popular tourist destination. Equally well-liked by India's young people are the country's Coaching Institutes, which help students prepare for competitive exams including those for universities' medical and engineering schools. To be ready for the IIT and NEET, many students go to Kota. Approximately 15 lakh students call Kota home; some are as young as 13, according to a study in INDIAN EDUCATION Magazine. The city is home to more than 150 coaching facilities. To fully prepare for their exams, students often spend between two and three years living on campus. According to an article published by the Times of India on June 15, 2019, Kota coaching centres extended their winning streak after declaring exceptional success on the NEET and AIIMS exams with the announcement of the JEE-Advanced results.

Kotera Y, et al. [20] pointed out that private tutoring centres seem to be flourishing throughout the nation. Kota and a few other areas where students are compelled to study for long hours under duress have seen an increase in student suicide. The high levels of stress and competitiveness in Kota's coaching industry have earned it a reputation as a "Suicide City," and the city's leaders have done too little to alleviate those factors (INDIAN EXPRESS, 2018). There has been a rise in the number of reported student suicides in the city over the previous several years. 45 student suicides were recorded in the city in 2014, according to the National Crime Record Bureau report. In 2015, there were 16, in 2016, there were 17, and in 2018, there have been 7. P Ricotta, (2018) analysed that the parents continue to show their support for these growing coaching industries despite tragedies and performance pressures. Sunny (2018), believes that Kota city has become the suicide capital, it was formerly known as the "education hub," "second name to IIT and medical coaching," and "a dream destination to be for any IIT or medical aspirants." One may think of several causes for it, including a rapid shift in environment, (ii) test results, (iii) batch rearrangement difficulties, and (iv) parental pressure. Other than these professional concerns, there are many other factors to think about, such as problems with romantic partners, pregnancies among teenage girls who hang out with the wrong crowd, substance abuse, and the possibility of murder resulting from feelings of guilt.

According to Gleason BH, et al. [21] many reporters went to Kota to cover their stories and report on their personal experiences there. They said that the hardships of daily living in Kota were much greater than the stress of school. It is not simple to manage day-to-day living when you are far from your parents. In addition, they are completely alone. It is difficult to find someone you can trust when your buddies are also your competition. Eventually, they find themselves completely alone in this zany show. A lot of up-and-coming champions might become depressed if this happens. There has to be an urgent solution to the issue of student depression in Kota. According to Turner 121 million people worldwide suffer from depression, according to the World Health Organization, and between 6 and 35 percent of Indians seeking psychiatric assistance for depression live in India. Depression is a mental illness marked by feelings of melancholy and hopelessness, a lack of motivation, a preoccupation with negative thoughts about one's life, and a diminished appetite and increased weariness, among other physical symptoms.

Researchers have found a link between parental expectations and teenage depression. In contrast to a "meritocracy," which distributes educational and financial incentives based on

talents and efforts, a "parental desire" system requires a child's education to conform to the riches and wants of parents rather than the child's abilities and efforts. A favorable correlation was found between parental expectations and a depressed state of mind. Negative associations were found between depression and adolescents' self-efficacy, family and school support, and the importance of academic achievement. In contrast to what they believe their children are capable of doing, parents' ambitions are the hopes, dreams, and ideals they have for their kids' future success.

According to Asgar untreated depression at its worst, brought on by unmet expectations and demands, might end in suicide. Each group exerts its unique kind of pressure on its members. "What would people say if I did not get into an elite university like IIT or IIM?" My dad would be very delighted if I was accepted into an IIT. What if I don't, though? Parents who put undue pressure on their children to succeed in standardized tests may be surprised to learn that their offspring are reluctant to discuss topics that are of personal interest. When a kid reaches the adolescent years, they undergo profound changes on both the psychological and cognitive levels, and as a result, they often feel as if they have no one to turn to for support. This may lead to a youngster being at risk for developing depression.

Gleason BH, et al. [21] analysed that an adverse impact on academic performance and long-term mental health was discovered for students with externalizing behavioural disorders. More study is needed to determine the efficacy of various pedagogical approaches in raising students' and parents' optimistic expectations and fostering open dialogue about mental health issues. shown a causal link between high parental expectations and successful academic outcomes for adolescents. However, the harmful impact of parental expectations on teenagers' emotional well-being has received little consideration.

Tenney ER, et al. [22] pointed out that the first item that comes to mind has a significant impact on how one's abilities are evaluated. The student's mental image of his or her skill is shaped by the expectation. One's confidence in his or her abilities may determine how well they do in a variety of situations, including tests. It is a measure of how well you are thought to be doing academically as a whole. A person's self-efficacy refers to their opinion of their abilities and performance. It is also the kind of thing that may lend credence to a depressive aspect. Faries stated that some preliminary evidence from the literature lends credence to the hypothesis that self-perceptions of competence contribute to the onset of depression symptoms. In their study, Zhang, et al. looked at the underlying psychological processes connecting adversity to school performance in Chinese youth. The relationship between anxiety and confidence is significantly inverse, and

there are no significant variations between the sexes.

According to Yu it has been noted that pupils in Kota may be divided into two groups: those who are self-motivated and those who are parent-motivated. It is unclear how these goals contribute to sadness and how they interact with boys' and girls' perceptions of their abilities to increase despair. Gardner AC, et al. [23] analysed that the purpose of this research was to shed light on this topic by putting these theories to the test: Depression severity would vary significantly among groups defined by gender, motivation style, and self-perception of competence, and (ii) the independent variables, namely gender, motivation style, and self-perception of competence, would interact, changing the effect of one variable or resulting in different levels of the other independent variables.

Examining the Role of Psychological, Social, and Educational Factors in the Suicide of Indian Adolescents

According to Manzar MD, et al. [24] one definition of suicide is "a fatal act of self-injury wherein there is some evidence of intent to die". More than 800,000 individuals commit suicide every year throughout the world. One in every five deaths in the world in 2020 will be a suicide, according to projections. In 2015, one person died by suicide every 20 seconds, at a rate of 10.7 per 100,000. As the 15th biggest cause of death worldwide, suicide is responsible for 1.4% of all fatalities. By a wide margin, males outnumber women in terms of suicide rates. Generally speaking, the male-to-female ratio is higher in more prosperous nations, ranging from 4 to 1 in Europe and the Americas to 1.5 to 1 in the Eastern Mediterranean and Western Pacific areas. Although these estimates have improved, they likely still do not reflect the true extent of the problem of suicide. Suicide registration is a difficult procedure that often involves the courts. As a result, suicides may go unreported or be incorrectly labelled as accidental deaths or other causes of death. Due to the delicate nature of suicide and the persisting taboo, it is not often recorded or recognized (5). Nonfatal suicidal behaviour, such as suicide attempts, is far more common than suicide itself. About 3 out of every 1,000 individuals will report making a suicide attempt each year. Approximately 2.5% of the population will attempt suicide at some point.

Marraccini E, et al. [25] pointed out that the prevalence of suicide varies widely around the world. Eighty percent of the world's suicides take place in developing and middle-income nations. In South-East Asia, the suicide death rate is 15.6 per 100,000 people, whereas, in the Eastern Mediterranean area, it is 5.6 per 100,000. Compared to the rest of the world, Europe has a far higher suicide mortality rate, at 14.1 per 100,000. There is a significant range throughout Europe,

with Azerbaijan having the lowest rate (3.3 per 100,000) and Lithuania having the highest (32.7 per 100,000). The suicide mortality rate is greatest in the nations of Eastern and Central Europe, average throughout Europe, and lowest in the Mediterranean region.

Zamora K, et al. [26] stated that although suicide affects people of all ages, it is apparent that the risk increases with age on a global scale. Death rates for those aged 80 and beyond were the highest in the globe (60.1 for every 100,000 males and 27.8 for every 100,000 females), followed by those aged 70-79 (42.2 and 18.7 respectively), and finally, those aged 60-69. (28.2 and 12.4 respectively). Rates of 15.3 and 11.2 per 100,000 males and females between the ages of 15 and 29 are much lower than the rates of 0.9 and 1.0 per 100,000 children and adolescents between the ages of 5 and 14. Rates in Europe show a similar pattern, falling from 53.2% and 14.0% for men and women aged 80+ to 19.9% and 4.2% for those aged 15-29 and 1.0 and 0.4% for those aged 5-14, respectively. According to Lee, (2020) suicide is the second greatest cause of death among those aged 15–29 worldwide, despite lower suicide rates among younger age groups. Even while suicide rates among young people in Europe are decreasing, it remains the second leading cause of death there among those aged 10 to 19. Even more shocking, it is the leading killer of teenage girls (6.15 per 100,000). Nearly 24,000 Europeans between the ages of 15 and 29 die by suicide each year. This accounts for about 20% of all fatalities in this age group. In contrast, suicide is outside of the top 10 leading causes of mortality among the elderly. Together, these facts plus the discovery that these numbers have not tended to fall clearly and gradually over the last several decades have prompted considerable worry among scientists and policymakers.

Doria CM, et al. [27] pointed out that the general public is also becoming more aware of the terrible repercussions of juvenile suicidality, not only in terms of the loss of many young lives but also in the disruptive psychological and detrimental socio-economic ramifications on a societal scale. Effective suicide prevention among young people is a top priority from the standpoint of public mental health. Because of this, it is crucial to learn as much as possible about the causes of suicidal thoughts and actions among young people. This mini-review provides a concise synopsis of the most significant risk variables, as determined by scientific research in this field, and discussed below.

Risk Factors for Suicide in Youth
Beattie TS, et al. [28] analysed that limiting "youth" to a certain age range is subjective and changes over time and between countries. Preschoolers who take their own lives are unusual. During adolescence, these young individuals are more susceptible to mental health issues due to their age and development. Movement, change, and transition from one state to another define this period across several dimensions. Decisions concerning education, housing environment, social group, etc., are all examples of major, tangible life orientations that young people must decide. They are faced with fresh obstacles on the path of discovering who they are, boosting their confidence, becoming more self-reliant, forming healthy bonds with others, etc. Meanwhile, they are experiencing continuous, ever-evolving mental and bodily processes of their own. They also have to deal with the sometimes-unreasonable demands of close family and friends. Feelings of helplessness, uncertainty, worry, and loss of control are normal reactions to such predicaments. Young people need major bolstering resources, such as a secure home, close friendships, a solid support system, and financial security, to tackle these obstacles and manage these emotions. In contrast to the risk factors that weaken or prevent access to these supports, the protective factors work to fortify and safeguard these assets and function as a buffer against the negative effects of the risk factors.

Lindsey MA, et al. [29] stated that several population-based psychiatric autopsies of suicides in the past several decades, including interviews with key informants and review of records, and follow-up studies of persons who have tried suicide, have found critical information concerning the risk factors for teenage suicide. No one denies that several elements, including genetic, biological, psychological, and social ones, interact in extremely specific and complex ways to produce suicidal thinking and conduct. However, it is feasible to identify many elements that are demonstrably linked to an elevated risk of juvenile suicide, which is of great relevance for prevention.

Mental Disorders
According to Lindsey MA, et al. [29] suicide and mental health problems are related closely, according to the majority of research. Roughly nine out of ten suicidal persons have a history of mental illness. According to the research, mental health problems account for 47%-74% of the suicide risk. The most common condition in this setting is an affective disorder. Fifty percent to sixty-five percent of suicide cases met the criteria for depression, more often in females than men. Substance abuse, and especially alcohol usage, is highly linked to suicidal ideation and behaviour, particularly in middle and high school boys. Thirty to forty percent of those who take their own lives had a diagnosable personality disorder like borderline or antisocial before they took their own lives. Lastly, it was discovered connections between anxiety disorders and suicide, while it is difficult to evaluate the role of co-occurring mood and drug misuse problems. The risk of suicide rises dramatically when many mental health issues coexist. The high rate of overlap between mood and drug addiction disorders is particularly relevant here.

Previous Suicide Attempts

Manzar MD, et al. [24] stated that previous suicide attempts or a history of self-harm are strongly associated with suicide, according to several studies. Males are more likely to have attempted suicide before committing it, although this affects around a quarter to a third of all female suicides as well. The risk of suicide for boys who have tried suicide is 30 times higher than for boys who have never attempted suicide. Suicide risk is double for girls who have tried suicide before. 1–6% of persons who attempt suicide die by their hand within a year, according to prospective research. It was concluded that the act of self-infliction itself is associated with a higher suicide risk than the level of suicidal intent behind it.

Personality Characteristics

Goodwill JR, et al. [30] analysed that suicide attempts are associated with a lack of discipline. Although suicidal behaviour may build up over the period of weeks, months, or even years, the transition from suicidal ideation and attempted suicide to a completed suicide is often sudden, unexpected, and impulsive, especially among adolescents. The inability to manage the myriads of emotions and mood swings that come with dealing with unique and ever-evolving difficulties in several domains is another risk factor for teenage suicide that is likely influenced by bio-neurological factors. Suicidal youth were also shown to have worse problem-solving abilities than their classmates. They tended to take a passive stance and wait for someone else to step in and fix things for them, whether the issue at hand was a basic one or a more nuanced interpersonal one. A lack of specific recall of successful former solutions is cited as a memory problem by some studies. Others have linked it to young people's often inflexible way of thinking. There is little room for subtlety and gradation in this method of thinking, sometimes known as "dichotomy thinking," since events and expressions of experience are seen and heard as either "black" or "white," good or terrible. Consequently, their sense of self-worth may be explained in this way as well. When combined with perfectionist dispositions, this failure to solve problems and maintain a stable emotional state may lead to feelings of inadequacy, poor self-efficacy, and low self-esteem, as well as rage, violent behaviour, emotional crises, and suicide ideation.

Family Factors

According to Green D, et al. [31] the family in which a young person is now living or has previously lived is one of the most essential sources of assistance in resolving the various issues faced by kids. Several family-related risk variables have been identified in various research to be associated with suicidal conduct. Researchers have shown that familial circumstances have a role in half of all incidents of adolescent suicide. Personal history of mental illness in immediate family members, particularly major depressive disorder and drug addiction, is a significant predictor. It is unclear if these mental problems have a direct impact on the child's suicidal conduct or whether they act as a trigger for other mental disorders in the home setting. Suicidal thoughts and actions were also more prevalent among the families of young people who died by suicide, according to the study's authors. The procedures that led to this conclusion have been the subject of much debate. Although there may be some degree of mimicry on the part of the kid, adoption studies have shown that suicidal tendencies are more likely to be shared by biological than by adopted relatives. This latter explanation is consistent with research showing that parents' suicidal conduct might occur in the past without the child's awareness.

Memon A, et al. [32] pointed out that there are probably a few factors at play here, including genetics and modeling. In many instances of youth suicide, there is often a history of strained family relationships and a failure to effectively communicate with the kid or discuss the child's difficulties. Parents' direct disagreements have a significant effect, but so do parents' failure to communicate and children's unmet communication requirements. In addition, domestic violence seems to play a role in the lives of young people who take their own lives, but not usually as a manner of settling disagreements between family members but rather as if the youngster were the target. The minimum link between parental divorce and child suicide may be obscured, however, by the practical, economic, and societal consequences of being raised by a single parent, as well as by relational background aspects associated with divorce.

Specific Life Events-Traits

Standley C, et al. [33] pointed out that there is a wide variety of event stressors that have been connected to adolescent suicide, although certain kinds of stressors are more common than others. Most teenagers place a high value on belonging to a peer group, expanding their network of close friends, and feeling safe and secure as they take on new tasks and develop their sense of identity. It is hardly shocking, therefore, that one in five incidents of juvenile suicide includes interpersonal losses like relationship failure, bereavement, or social exclusion. Garg N, et al. [34] stated that the home and the classroom are both major sources of tension that might lead a person to consider suicide.

Among those who took their own lives, 14 percent cited troubles in school or academic stress. Due to the absence of structure and predictability, suicidal thoughts are far more common among "drifting" youth who are not involved in any positive activities like school or work. Young individuals under the age of 15 are most at risk for suicide after returning home for an extended length of time. Forty percent of those who commit suicide had recently had major arguments with a parent. Bullying, cyberbullying, mental and physical/sexual

abuse, and disciplinary difficulties, e.g., with police, were also shown to be tangible stressful events connected with suicide.

Contagion-Imitation

Baiden P, et al. [35] analysed that teenagers and young adults are more easily influenced by the actions of others around them. Rather than "contagion," other scholars advocate for the use of the word "imitation." The word "contagion" makes one think of a contagious sickness that renders its victims unable to make independent decisions. The term "imitation" is used to describe the process of acquiring new behavioural patterns via seeing a model's actions. Both macro-level stimuli (such as media coverage) and micro-level stimuli (such as direct interaction with peers) are likely to prompt children to behave in ways that are an imitation of suicidal conduct (e.g., peer groups, friends, and school environment). Multiple elements, according to the available evidence, may influence the success of an imitation. The model's specifications are crucial, to begin with. Similarities between the young person and the model (in age, gender, emotional state, or life circumstance), a close link between the two, or the model being someone they like all contribute to a more pronounced mimicking effect (e.g., celebrities). According to Bartgis two, the degree to which the model's behaviour is reinforced matters. Young people are more inclined to act in this way if they perceive it to be acceptable, comprehensible, or even commendable and courageous. Thirdly, the frequency and manner in which the model's behaviour is presented are crucial, for example, the size and quantity of headlines, the number of repeats, and whether the narrative is true or not. There seems to be a dose-response relationship, according to the available data. Suicide clusters occur when there is a series of real suicides, most often among teens, in a contiguous region and time frame, and are a result of this kind of copycat behaviour.

Availability of Means

Marraccini E, et al. [25] analysed that people who are contemplating suicide often feel conflicted about taking their own lives. Among young people, the leap from suicidal thoughts to taking one's own life is generally an abrupt response to intense psychological and social pressures. Suicide options, including the means to carry them out, may play a significant role in facilitating a successful transition, depending on the circumstances. There may be a connection to regional or even national suicide trends. In this vein, common methods of suicide among young people nowadays include hanging, leaping from great heights or dashing into traffic, and poisoning with accumulated prescription medicines. Tingey L, et al. [36] pointed out that teenagers use a wider range of tactics, including the usage of guns among young males. Reducing people's easy access to lethal measures is an effective suicide prevention strategy by several authors. Cognitive availability, such as sensationalized media reporting or in-depth online

knowledge regarding means and ways of committing suicide, might play a major role in adolescent suicide, particularly in the suicidal phase leading up to suicide.

Forster M, et al. [37] stated that teen suicide is a huge public mental health issue. Teenagers, in particular, are more likely to have mental health problems than adults. While suicide is relatively rare among children and teenagers, it becomes a serious issue throughout this developmental period. Even while suicide rates among European youth are decreasing, many young lives are lost tragically and much avoidable suffering and societal harm are done as a result of suicide. Because every suicide is the result of a complex dynamic and unique interplay between numerous contributing components, individual efforts to predict and prevent suicide typically fail. However, our awareness of possible risks is fast growing.

Whitaker K, et al. [38] stated that mental illness, past suicide attempts, personality features, genetic loading, and family dynamics all increase the risk of adolescent suicide, as may exposure to triggering psychosocial stressors, role models, and availability of fatal tools. Coordinated and multi-sector (primary, secondary, and tertiary) preventive measures aiming at reducing these risk factors and increasing protective variables to the greatest extent possible are the only way forward. Promoting mental health education, awareness through campaigns on mental resilience, careful media coverage, and limiting access to means of suicide are some of the most effective population-wide and targeted approaches to preventing suicide.

The Role of Sexual and Religious Knowledge, Attitudes and Practices Among Suicidal Ideation Among Single, Pregnant Adolescents

According to Chan L, et al. [39] Pregnancy among adolescents has become an international public health concern, affecting both wealthy and poor nations. There is a growing body of research that highlights the mental health morbidity and mortality among pregnant teens, in addition to the well-established unfavourable physical health repercussions for both mother and child. Previous studies on adolescent depression during pregnancy found that 16% of pregnant teens fulfilled the diagnostic criteria for Major Depressive Disorder.

Suicidal Behaviour& Teenage Pregnancy

Tshomo U, et al. [40] pointed out that one of the most tragic outcomes of maternal sadness is suicide. According to statistics, suicidal ideation is a prevalent consequence of teen pregnancy in Bangladesh. These authors observed that the risk of suicide was three times as high for unmarried pregnant teens as it was for married women of the same

age. Pregnant Brazilian adolescents had a much greater risk of suicidal thoughts and attempts (20%) than their non-pregnant counterparts (6.3%). Suicidal behaviour (ideation and attempts) is more common among pregnant adolescents who have been exposed to risk factors such as psychiatric disorders; physical abuse; a history of abortion; limited educational opportunities; and parental bonding styles (such as paternal neglectful parenting and maternal affectionless control).

Suicidal Behaviour & Adolescent Risky Sexual Behaviours

Wangamati CK, et al. [41] analysed that unwanted pregnancies and STDs are only two examples of the kinds of negative outcomes that may arise from unsafe teenage sexual conduct (STIs). Early sexual debut (age less than 15 years at first intercourse), several sexual partners, and irregular condom usage are all examples of dangerous sexual activities. Adolescents who engaged in hazardous sexual activities, such as infrequent condom usage or who were diagnosed with a sexually transmitted infection, were more likely to attempt suicide. Oral sex usage was shown to be substantially connected with suicidal ideation among juvenile offenders, in addition to non-sexual characteristics including alcohol addiction and incarceration.

Religiosity, Adolescent Sexual & Suicidal Behaviour

Uddin R, et al. [42] analysed that the research on the intersection of healthy teenage psychosexual development and high-risk sexual practices has been expanding. Adolescent sexual practices are influenced by a wide range of factors, some of which vary from culture to culture. Teenagers in collectivist societies are more likely to adhere to traditional sexual mores than their counterparts in individualistic societies. A higher level of religion has been linked to less sexually hazardous behaviours among adolescents, including a later initiation of sexual participation and greater resistance to suicide ideation among the general population.

According to Lara L, et al. [43] adolescent sexual behaviour is influenced by a wide range of contextual factors. Adolescents' dangerous sexual and suicidal conduct, as well as the variables that safeguard them, must take into account the cultural variations that form every given society's view and value system. Pregnant teenagers are not immune to the effects that one's worldview and religious affiliation might have on their sexual risk behaviours, mental health, and even suicidal thoughts and actions. Sexual knowledge and attitudes were strongly linked with cultural norms and religious values among Malaysia's multi-ethnic adolescent Malay-Muslim majority, suggesting that adolescent mothers' moral judgments on issues of sexuality, young motherhood, and marriage may be influenced by the social pressures they face (Department of Statistics, Malaysia, 2011). In a culturally conservative Asian culture, for example, there

is still a big vacuum in our knowledge of how sexual and religious beliefs impact the suicidal thoughts and acts of pregnant teens. When considering suicide prevention from a clinical and public health perspective, it is crucial to first determine what characteristics are shared across different sociocultural contexts.

Relationship Between Academic Stress and Suicidal Ideation Among Students

Khan A, et al. [6] pointed out that multiple factors contribute to suicide, making it a huge public health issue. It is a complex, baffling, and deadly phenomenon. This is because most persons who commit suicide try to keep their plans a secret, making it very difficult (if not impossible) for anybody else to learn about or approach them if they are suicidal. So, despite national preventive efforts, WHO found that one person was still killing themselves every 40 seconds. According to Nguyen T, et al. [44] thus, it has risen to the position of second among the causes of mortality among young people. While Snowdon and Choi found that suicide reports were uncommon among children less than 10, they found that this trend reversed among adolescents and young adults aged 10–14 and 15–24 in the industrialized world. Aditya and Oladipo found that the frequency was highest among those aged 13 to 29, whereas the Nigeria National Youth Policy found that it was highest among people aged 18 to 35. The age at which suicidal thoughts first appear varies from person to person due to cultural and developmental factors. Arun P, et al. [45] stated that this may explain why studies have shown significant adolescent and youth suicide rates in 32 poor and moderate-income nations in sub-Sahara Africa (without reference to a particular age bracket). High rates of adolescent sociality have been reported in Uganda, Botswana, Kenya, Zambia, and Nigeria. These young people, who are in the "transitory-into-productive" age range, are considered as making the transition from postsecondary institutions into the volatile labour markets of the developing (and, to a lesser extent, western) world. Moreover, it seems that there were several contributing factors to the suicide, necessitating a multifaceted approach to the investigation. Therefore, we wanted to know how coping and resilience affect the relationship between school pressure and thoughts of suicide.

Im Y, et al. [46] pointed out that the need for proper coping expertise is as widespread in society as the stresses involved with finishing a postsecondary degree, as are worries about unemployment, poverty, destitution, economic crises, feelings of insecurity, marginalization (including prejudices), and economic disempowerment. When young people are unable to cope, they are more likely to drift away from the conventional values and moral rules that appeared to give moral basis and direction in the past, and this may lead to

suicidal ideation. This may explain why research shows that young people are more likely to contemplate suicide than older people.

Abdullahi A, et al. [47] analysed that people are all familiar with stress now that it has infiltrated every facet of our life. Academic pressure is hence the focus of the current investigation. Challenges and unpleasant situations may arise at any time, even throughout college. Adjusting to a new school, taking on more coursework, improving grades, paying attention in class, working excessive hours, worrying about finding a job after graduation, and dealing with social and financial pressures are all examples. Undergraduates' coping (adaptive or maladaptive) ability is significantly influenced by both acute and chronic stresses. Protecting students against suicide and suicidal thoughts is good (adaptive) coping, whereas ineffective/dysfunctional (maladaptive) coping among students suffering chronic scholastic stress and negative emotions increase suicide risk. There is a lot of research showing that school pressure might increase the risk of suicidal thoughts. There has been a lot of focus in the field of epidemiology of mental diseases on the part that traumatic experiences play in the development of suicidal thoughts, attempts, and acts. To further study suicide, prevention, and therapy, it is important to comprehend the moderating effects of specific components in the found link between academic stress and suicidal thoughts. The findings of this research add significantly to the existing corpus of literature. Suicide has been linked to stress, and there are currently no effective treatments for those who have expressed suicidal thoughts.

Kim S, et al. [48] stated that according to Lambert and Lambert, coping is an intentional action taken to lessen the impact of stressful situations via the development of effective strategies for tolerance, reduction, and minimization of adverse effects. As a result of conceptual and categorical inconsistencies, the literature on coping strategies is confusing. Although people have different ideas on what coping entails, it certainly has a major effect on stress levels and suicidal thoughts in general, including in the academic world. Isolation and guilt may lead to suicidal thoughts and actions. Ineffective coping strategies and bad emotions both contribute to a greater risk of suicide. Passive coping (often imagining) also encourages suicidal thinking. Suicide was less likely in those who engaged in active coping and positive reframing, and more likely in those who engaged in these behaviours rather than in those who engaged in self-distraction, substance abuse, disengagement, venting, or self-blame.

Rahman E, et al. [49] stated that besides these direct associations, authors have looked at psychopathological traits like hopelessness and psychological suffering as possible mediators between life stress and suicidal thoughts.

The ability to recover quickly from adverse situations, or to exhibit no negative consequences at all, is a hallmark of resilient people. Wagnild defined resilience as the capacity to bounce back from adversity. It is a survival trait that helps people stay healthy and reduces the detrimental effects of stress. Maintaining mental stability in the face of adversity and maintaining positive social functioning and morale and physical health are all benefits of developing resilience. Therefore, it seems that gaining an appreciation for resilience might help one achieve equilibrium and stamina. Having a healthy perspective on oneself was linked to resilience in research examining the connection between the two concepts. Abdollahi A, et al. [50] analysed that greater levels of psychological distress were linked to more suicidal ideation, whereas higher levels of perceived resilience were linked to lower levels of suicide ideation. Anxiety, mental health, resilience, and everyday stress have all been shown to play significant roles in the relationship between depression and suicidal thoughts. Previous suicide attempters showed a substantial inverse correlation between shame, interpersonal sensitivity, depression, and resilience aspects including social resources and family cohesiveness.

According to Bantjes students who regularly engage in adaptive or functional coping strategies may be better able to manage the negative experiences, anxiety, and psychological distress that arise as a result of academic stress, which makes it all the more important to propose and in still such an approach to academic survival. This finding may have implications for students even after they leave school. Every member of society feels the heat of the current suicide pandemic among college freshmen, a group that flows from generation to generation. Since the research found that teaching and practicing adaptive coping skills and resilient tactics reduced suicidal thoughts and improved health, the authors urge relevant parties to do so.

There are many different causes of suicide, making it a huge public health issue. It's a complex, baffling, and deadly phenomena. This is due to the fact that most persons contemplating suicide try to disguise or conceal their intentions making it very difficult (if not impossible) for others to know about or approach them. World Health Organization said that despite national preventive efforts, one person still dies by suicide every 40 seconds. As a result, it has risen to the position of number two in causes of mortality among young people. While Snowdon and Choi found that suicide reports were uncommon among children under the age of 10, they found that the rates began to rise among adolescents and young adults between the ages of 10 and 14 and again between 15 and 24 in the industrialized world. When looking at their Nigerian counterparts, Adewuya and Oladipo found a predominance between the ages of 13 and 29, whereas the Nigeria National Youth Policy found

that the age range between 18 and 35 was more common. The age at which suicidal thoughts first appear varies from person to person due to cultural and developmental factors. High suicide rates among teenagers and young people (without specifying specific age group) have been attributed by researchers to this phenomenon in 32 poor and middle-income nations in sub-Sahara Africa. Teens in Uganda, Botswana, Kenya, Zambia, and Nigeria are more likely to have suicide thoughts than teens everywhere else. Young people in the "transitory-into-productive" age range are often seen as making a transition from higher education into the job market in the developing (and sometimes developed) world. In addition, there seems to be a complex web of factors at play in every suicide case necessitating a multifaceted approach to investigation. Our research thus looked at how coping and resilience can lessen the effects of academic stress and suicidal thoughts in students.

The need for effective coping strategies is as widespread in modern society as the stresses associated with completing postsecondary education. These include worries about unemployment, poverty, destitution, economic crises, feelings of insecurity, marginalization (including biases), and economic disempowerment. If young people are unable to cope, they are more likely to drift away from the moral norms and standards that served as a guiding light in the past, increasing the likelihood that they may consider ending their own lives. Scholarly publications suggest that suicide ideation is more prevalent among younger age groups; this may explain why.

As a result of its pervasiveness, stress is now something everyone is familiar with. This research thus focuses on the pressures of school. Challenges and unpleasant situations may arise at any point throughout college. Adjusting to a new school, taking on more coursework, improving grades, attending more classes, working longer hours, worrying about finding a job after graduation, and so on are just a few examples of the many factors that might contribute to stress. Undergraduates' coping (adaptive or maladaptive) ability is significantly influenced by these stresses, whether they are short-term or long-term. Positive (adaptive) coping reduces the risk of suicide and suicidal thoughts, whereas negative (maladaptive) coping increases the risk of suicide for students dealing with chronic scholastic stress and unpleasant emotions. Academic pressure has been linked to thoughts of suicide in several studies. The prevalence of suicide thoughts, attempts, and deaths is a major research focus in the field of epidemiology of mental diseases. In order to further study information on suicide, intervention, and therapy, it is important to understand the moderating effects of specific components in the observed connection between academic stress and suicidal thoughts. The findings of this research add significantly to the existing corpus of literature. Suicide has been linked to stress and there are currently no effective treatments for those who have expressed suicidal thoughts but have been detected.

According to Lambert and Lambert coping is a "active process of reducing stress through the development of adaptive responses to adversity." There is inconsistency in how coping strategies are conceptualized and categorized in the literature Coping has huge effects on stress (including academic stress) and suicide thoughts, regardless of how one defines coping. Ineffective coping strategies and negative emotions, for example, increase the risk of suicide. Similarly, behavioural disengagement and self-blame increase suicidal vulnerability while ineffective coping strategies and problem-solving skills increase suicidal ideation. Suicide was shown to be negatively correlated with coping strategies like active coping and positive reframing, and favorably correlated with coping strategies like self-distraction, drug abuse, behavioral disengagement, venting, and self-blame.

Life stress and suicide thoughts have been directly linked to one other, but psychopathological characteristics including depression hopelessness and psychological discomfort have also been investigated as mediators between the two. The ability to recover quickly from adverse situations, or to exhibit no negative consequences at all, is an indicator of resilience.

Resilience, as defined by Wagnild, et al. is the capacity to bounce back from adversity. It's a survival trait that helps people stay healthy under pressure and mitigates the unfavorable effects of stress. Maintaining emotional steadiness in the face of adversity and coping well with stressful situations are all benefits of developing resilience. Therefore, it seems that gaining an appreciation for resilience provides homeostasis and individual endurance. A positive self-concept was linked to resilience in research examining the dynamics between the two concepts. Suicidal ideation was shown to be lower among teens who saw themselves as resilient, whereas it was found to be higher among those who experienced more psychological suffering, according to research by Cleverly and Kidd. Depression is also associated with thoughts of suicide, with factors including anxiety, mental health, resilience, and everyday stress. Subjects who had attempted suicide before showed a substantial inverse correlation between humiliation, interpersonal sensitivity, and depression and resilience aspects such social resources and family cohesiveness.

There hasn't been research looking at academic stress and suicide thoughts while also considering coping and resilience as modifiers. Instead, the available research has either examined the relationship between general stress or coping and suicide thoughts. We believe it is necessary to investigate as many of these promotive factors (including coping and resilience) as possible in relation to suicidal ideation, despite Zimmerman's

helpful theoretical explanations and understandings of how some 'promotive factors' could interrupt the pathways to mental health difficulties among youths. This research has the potential to bolster and advance the theoretical explanations presented by Zimmerman. It's worth noting, however, that not all stress is equal, and some researches have looked at coping as a mediator in the connection between stress and suicidal thoughts. We hypothesize that students who develop more adaptive or effective coping strategies will be less likely to have suicide thoughts or be negatively affected by academic stress. We further argue that resilience will reduce the correlation between school pressure and thoughts of suicide. A student who is stressed yet uses dysfunctional or inadequate coping strategies (such as blaming oneself for difficulties, ignoring them, or fleeing via daydreaming thoughts) may contemplate suicide as a way to stop the disruption when faced with the aforementioned possible stressors. Positive reevaluation, making a plan, and reaching out for support are all examples of successful or functional techniques that reduce suicidal ideation. In other words, coping mechanisms may either amplify or dampen the impact of academic stress on suicide thoughts, whereas resilience aids recovery from the stresses of school. Accordingly, we postulated that (1) academic stress would predict suicidal ideation; (2) adaptive coping style would not predict suicidal ideation, but maladaptive coping style would; (3) adaptive coping style would moderate the association between academic stress and suicidal ideation, such that at low or moderate levels of adaptive coping styles, academic stress would be positively associated with suicidal ideation, but at high levels of adaptive coping styles, it would not be. Finally, resilience would act as a negative predictor of suicidal ideation and as a moderator of the association between academic stress and suicidal ideation, such that students with low and moderate resilience would show a positive association between academic stress and suicidal ideation, while students with high resilience would not show such an association.

Few research has examined the impact of coping and resilience on academic stress and suicide thoughts among Nigerian students. Additionally, protective and risk variables for suicide behavior and thoughts have been mostly dominated by research using Nigerian (and maybe other) populations. Our research is important because it contributes to the search for interventions that might help students and school officials cope with academic stress without it leading to suicide thoughts.

It is crucial to propose and instill a positive academic survival approach based on the understanding that adaptive or functional coping skills may reduce suicidal ideation among undergraduates and that students who practice functional coping skills may suppress the negative experiences, anxiety, and psychological distress that emanate from academic stress.

It's possible that students may carry this result into other areas of their life, even after they graduate. Undergraduates are a generationally mobile group; thus, this information is equally crucial for politicians, educational administrators, parents, students, and society at general. Since the research found that teaching and practicing adaptive coping skills and resilient tactics reduced suicide thoughts and improved health, the authors urge relevant parties to do so.

Consistent with previous research, we found that students who experience academic stress are more likely to entertain suicide thoughts. The strong connection between school pressure and suicide thoughts has been found elsewhere in the literature as well. In keeping with our objective of investigating the moderating effects of coping strategies in expanding our understanding of suicide, prevention, and therapy, we discovered that effective coping with academic challenges was crucial to preventing suicidal thoughts among students. Since stressors are inherent to the lives of undergraduate students, especially in our society and at this perilous time, this finding is very important as it suggests that educational administrators and policy makers should incorporate courses and teachings of effective coping skills into their programs, particularly for young students.

Given the widespread nature of stress in today's undergraduate curriculum, the development of effective coping mechanisms has emerged as a silver bullet against the emergence of suicidal thoughts. However, we did find that poor or moderate coping with academic stress was associated with an increased risk of suicide thoughts, suggesting that adaptive coping techniques may play a moderating role in the association between the two. Whether it's adjusting to a new school, juggling many commitments, dealing with academic pressure, or worrying about life after college and finding a job, students face a number of obstacles. This is in line with the widespread anxiety about the state of the economy, joblessness, poverty, homelessness, food insecurity, social isolation, and a lack of personal agency in the marketplace. When a student's guardian, parents, or sibling who foots the tab for their education dies or becomes almost penniless, the situation is exacerbated.

Students who are resilient are able to bounce back from adversity, but only if they have developed healthy coping mechanisms. Academic stress was positively correlated with resilience, while suicide ideation was predicted negatively by resilience. This confirms the notion that resilience would serve as a buffer between academic pressure and suicide thoughts. Those who are able to deal with academic pressure effectively have a lower risk of suicide and a greater likelihood of recovery. Tugade et al. found similar results, highlighting how resilient individuals exhibit significantly more adaptive behaviors, particularly in the realms of

social functioning, morale, and somatic health, and how these individuals consistently experience positive emotions despite experiencing stress. According to Richardson's Resilience hypothesis, traits like optimism, hope, and meaningful engagement boost the immune system more so than traits like helplessness, despair, and depression (which are antecedents to suicide). The ability to bounce back quickly from academic setbacks is a direct result of developing resilience.

According to Aaron Antonovsky's Salutogenic Model of Resilience, our results make sense. However, the salutogenic model lays less emphasis on risk exposure as a necessary condition for the term "resilient" and more on characteristics that contribute to health and welfare in its explanations of resilience. In the face of adversity and danger, the salutogenic model emphasizes the identification of coping strategies that may contribute to resilience and successful adjustment. Resilient pupils are able to persevere in the face of adversity because they have developed effective coping mechanisms that allow them to swiftly reestablish equilibrium. Students that are able to bounce back from adversity are those who have faith in themselves and their talents. They are not under any pressure to fit in and instead relish their individuality. Existing research has shown a correlation between resilience and happiness. Depression, anxiety, mental health, resiliency, and daily stresses have all been linked to suicidal ideations and are noted to play a significant role in suicidal ideation while higher psychological distress was associated with higher suicidal ideation. To the best of our knowledge, no prior research has specifically examined how coping and resilience influence the relationship between academic pressure and thoughts of suicide. Therefore, our research is relevant reading for students, faculty, and non-governmental suicide prevention groups.

Our research is not without its flaws. For instance, it's possible that our study's sample size wasn't big enough to reliably draw cross-cultural conclusions. Similarly, the sampling strategy did not account for variations in university offerings and socioeconomic position, both of which would have helped assure a more representative sample. Future research should account for institutional variables like these and include information about different sorts of courses that might have an effect on student stress and suicide. Again, since this is cross-sectional research, we cannot draw firm conclusions regarding the direction of any causation. Since a self-report measure was used, there is a risk of response biases; participants may have given more socially acceptable answers than the truth, or they may not have been able to give an accurate self-assessment. Tools used in this research, such as the Lakaev Academic Stress Response Scale, the Scale for Suicidal Ideation, the Brief Community of Occupational Psychologists and the Resilience Scale, should not be considered diagnostic but rather screening assessments to identify those at risk within a population. Results from these instruments provide insight into students' perspectives on their health but do not constitute medical proof. Therefore, future research should think about drawing more directed implications, maybe from a more controlled experimental examination and also from differences in suicide ideation among cultural groups. As pointed out by Rizvi and Fitzpatrick, there are a number of different types of suicidal ideation that we could not account for. While most students experience suicidal feelings and thoughts (with or without active planning), the academic environment may have contributed to their prevalence, persistence, severity, and future probability. More research is needed in this direction. Finally, the study's internal validity can be compromised by selection bias. However, it is possible that this methodology will not significantly alter the results of this investigation. However, we won't know for sure until more research is done taking into account the concerns voiced here. We see this as a shortcoming of the sampling approach used and urge against drawing too many broad conclusions from the data presented here. Future research should assure sufficient representativeness, greater homogeneity, etc. based on the aforementioned restrictions to encourage generalizations of the results.

Depressed mood or loss of interest or pleasure in nearly all activities (although children and adolescents may be more irritable than sad) are essential features of major depressive disorder, which is characterized by the presence of at least four additional symptoms, including depressed and irritable mood most of the day, nearly every day, significant weight gain or loss, hypersomnia or insomnia occurring nearly every day, and persistent negative thoughts and feelings.

Chronic, excessive, and inappropriate feelings of guilt (which may be based on hallucination) anxiety, depression, indecision, and other mental health issues daily, and none of these symptoms could possibly be attributable to anything else, Using drugs, alcohol, etc. The transition from childhood to adulthood may be a tumultuous time for both the Throughout this time period, a wide range of family-related difficulties surface, social interactions, learning, sense of self, and self-assurance adolescence as a possible tipping point that leads one to Depression. Recurrent thoughts of suicide, often known as suicidal ideation, have associated with Depression and a cause for worry for young people. While resilience was favourably connected with academic stress and adversely predicted suicide ideation, effective coping mechanisms were necessary for students to be resilient and recover from stress. The correlation between academic stress and suicide thoughts is supported by our results, but we also find that kids who are academically robust are able to overcome setbacks. Resilient pupils are

less likely to entertain suicidal thoughts if they have access to effective coping mechanisms that help them overcome the negative effects of stress. Our pupils need to develop healthy responses to challenging school settings and learn to persevere through them.

Our results add to the expanding body of data showing that young people may prevent suicide thoughts by developing competent coping with academic pressures and resilience abilities. Even while resilience is favourably connected with academic stress and adversely predicts suicide thoughts, students who have developed effective coping mechanisms have an easier time recovering from stressful situations. Those who are able to maintain their mental health in the face of academic pressure are more likely to recover and less prone to entertain suicidal thoughts.

Research Gap Identified

Suicide is a rare occasion, though it remains among the major causes of death throughout the adolescent time. Nevertheless, the prevalence as well as risk factors for the quick precursors to suicide suicidal ideation, plans along with attempts are not popular, particularly during low- and middle-income nations. Suicidal ideation is thought to be a part of a constellation of suicidal actions which culminates in suicide. There's minimal info on the cross-national prevalence of suicidal ideation or perhaps of severe suicidal ideation in spite of its probable public health value. Based on National Mental Health Association (1997),' Adolescent committing suicide is an international issue, which makes it the 3rd leading reason for death among adolescents & the 2nd leading cause of death of all the college age population'. These alarming figures have stimulated fantastic problem in the general public in particular and also have led community scientists to warn of an impending increase in the quantity of suicidal efforts and suicides among adolescents. A lot of re-search literature seems to be centered on suicide per se. Nevertheless, professionals are frequently focusing on the antecedent actions. Suicidal behaviour is usually preceded by thoughts, threats, and unsuccessful attempts at suicide. Apart from this it is also observed that no such research has been conducted in the Kota city.

Kota city is an established coaching hub where student come from all across India. The city is famous for IIT-JEE and pre medical preparation. Committing suicide rates in India have revealed a gradually increasing trend. In Kota, the situation of committing suicide found by CID Crime Branch in 2011 is eighty-eight while this particular statistic indicates a rise in 2012 by a full amount of ninety-one cases reported. Nevertheless, likelihood of committing suicide is under reported in the planet as a result of a selection of factors: In certain situations, and for various reasons, (for instance religious and/or sociable explanations) committing suicide as the main cause for death is hidden; in certain places it's totally unreported. In several places across the planet, especially those which are much less evolved simple info on the prevalence as well as risk factors for suicide and its immediate precursors - suicidal ideation, efforts and blueprints - are unavailable. Therefore, actual figures might be higher than reported. Consequently, a requirement is felt for having a precise analysis concerning suicidal ideation among adolescent. So, the problem is stated as "An Empirical Study of Suicidal Ideation on Young Coaching Adolescent in Special Reference to Kota".

Research Methodology

Introduction

A very simplified definition of research would be the methodical gathering of data and information, followed by an analysis of that data, with the purpose of advancing one's knowledge in any area. The purpose of research is to use systematic processes in order to find answers to intellectual as well as practical questions. In the field of research, the term methodology refers to the plan that a researcher devises in order to achieve the goals of their study. It is a method that has been carefully deliberated about in order to get to the bottom of a study mystery. A research method is a way of doing research that outlines the procedures that must be performed by the researcher in order to provide results that are reliable, accurate, and provide an answer to the research questions [51].

It contains the data that they will collect, where that data will come from, as well as the techniques that will be employed to obtain that data and assess it. A research method provides the investigation with validity and generates results that are supported by reliable scientific evidence. The plan's specifications have the extra benefit of keeping researchers on track, which ultimately results in a process that is both effective and able to be controlled. In research, the part titled methodology clarifies the researcher's approach to the many methods that they used [52].

Adolescence is the time between puberty and full adulthood, when a person's physical and mental maturity are both changing rapidly. There are three distinct ages that mark distinct transitions during the teenage years. According to the American Academy of Pediatrics (2015), early adolescence is defined as the years 12–14, intermediate adolescence as 15–17, and late adolescence as 18–20.

Family environment refers to the "circumstances and social conditions within families" Enrique H, et al. that affect the family's interpersonal relationships, the adolescent's

personal development within the family, the family's rules and regulations, and the family's ability to uphold its various norms. Thirdly, "academic stress" refers to the mental anguish one feels when one anticipates experiencing basic frustrations in regards to assignments, academic failure, or academic hurdles.

Definition of self-esteem from the literature "respect for oneself," "realization of one's own worth," "a positive attitude," and" confidence in one's own abilities."

National Institute of Mental Health (2016) defines depression as "a state characterized by persistentfeelingsofsadnessand/orirritabilityandbyphysicalsymptomsincludingsignificant weight loss or gain, insomnia or Hypersomnia, fatigue, inappropriate feelings of guilt and worthlessness, and impaired ability to concentrate that cannot be attributed to any other cause."

Recurrent thoughts about, or an extraordinary fixation with, suicide. These might range from brief ideas to thorough plans to elaborate role-playing to aborted attempts.

Research Design

A research design is a methodical approach to investigating a scientific subject. The type of study (descriptive, correlation, semi-experimental, experimental, review, meta-analytic) and sub-type (e.g., descriptive-longitudinal case study) as well as the research questions, hypotheses, independent and dependent variables, experimental design, and, if applicable, data collection methods and a statistical analysis plan are all defined by the design of a study. A research design, according to Rubin et al. is the notion and explanation of a project's basic strategy or technique. The planning center is located here. If the concept is in line with the study's objectives, it will ensure that client expectations are met.

(1999) Analysis, according to Mukarromah, is conceived in the inquiry program, structure, and technique for eliciting answers to study questions and tracking variance. A research design, according to Green and Tull, is "the definition of procedures and techniques for getting the required data"(1970). This is the project's general operational pattern or framework, which specifies which data will be acquired from which media and via which procedures."

The quantitative approach and the qualitative approach are the two major empirical research traditions in the social sciences. The method that will most successfully solve the research problem will determine whether to use a quantitative or qualitative empirical research method. Both a quantitative and qualitative approach will be used in this research.
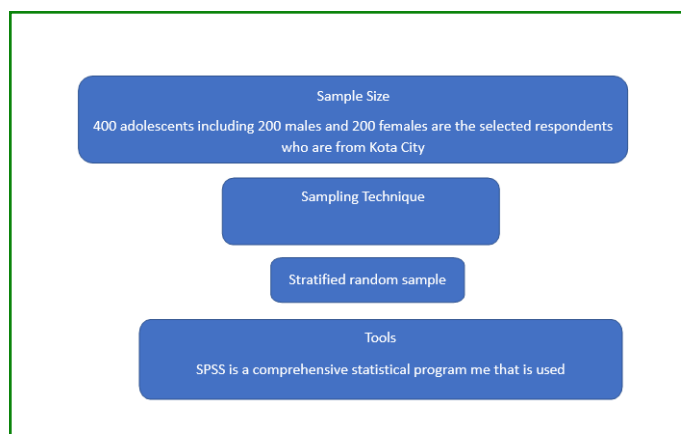
In the analysis, the history of how the research was set up is very important. Before starting some research work, it needs to be setup in a way that makes sense. As before building a house, you need to help plan how it will be set up. In the same way, the plan must be ready. The foundation of research work is research about how things are setup. The purpose of this study is to describe. In this study, both a descriptive correlation and an experimental design are used.

Sample and Sampling Procedure

The current research is based on quantitative research. In this context, researcher has applied stratified Random sampling technique for selecting the specific sample size [53].

Before beginning to collect a stratified random sample from a population, the population must first be divided up into smaller categories known as strata. Stratification, which may also be referred to as stratified random sampling, is the process of dividing people into groups that have demographic and socioeconomic characteristics that are comparable to one another.

The analysis of demographic characteristics and life expectancy is only one of the many applications and benefits that may be derived from using stratified random sampling. When doing analysis or research on a group of things that have similar characteristics, authors may find that some populations are too large for them to analyse in an efficient manner.

By concentrating their efforts on a smaller portion of the total population, analysts may be able to save both time and resources. A sample is a representative representation of a larger population that is chosen at random for the purpose of drawing conclusions about the whole population.

One of the many methods that may be used in order to get a sample that is representative of a broader population is known as stratified random sampling.

N	S	N	S	N	S
10	10	220	140	1200	291
15	14	230	144	1300	297
20	19	240	148	1400	302
25	24	250	152	1500	306
30	28	260	155	1600	310
35	32	270	159	1700	313
40	36	280	162	1800	317
45	40	290	165	1900	320
50	44	300	169	2000	322
55	48	320	175	2200	327
60	52	340	181	2400	331
65	56	360	186	2600	335
70	59	380	191	2800	338
75	63	400	196	3000	341
80	66	420	201	3500	346
85	70	440	205	4000	351
90	73	460	210	4500	354
95	76	480	214	5000	357
100	80	500	217	6000	361
110	86	550	226	7000	364
120	92	600	234	8000	367
130	97	650	242	9000	368
140	103	700	248	10000	370
150	108	750	254	15000	375
160	113	800	260	20000	377
170	118	850	265	30000	379
180	123	900	269	40000	380
190	127	950	274	50000	381
200	132	1000	278	75000	382
210	136	1100	285	1000000	384

Note.—N is population size.   S is sample size.

Source: Krejcie & Morgan, 1970

The Morgan and K jercie formula, also known as the Morgan and K jercie sample size formula, is used to calculate the required sample size for a simple random sample with a specific level of precision and confidence level. The formula is commonly used in survey research.
The formula is as follows: n = (Z^2 * p * q) / E^2
where:
n=required sample size
Z=Z-score associated with the desired confidence level (e.g.,1.96 for a 95% confidence level)
p = estimated proportion of the population with a particular characteristic (expressed as a decimal)
q=1 -p (the complement of p)
E=desired margin of error (expressed as a decimal)

It is important to note that the values for p and q are typically based on previous research or pilot studies, or they can be estimated conservatively (0.5) if no prior information is available.

Keep in mind that the Morgan and K rejcie formula assumes a simple random sample, and the population is relatively large (often at least 10 times larger than the sample size). If the population is small or finite, a correction factor may need to be applied to the formula.

This formula helps researchers determine the appropriate sample size needed to achieve a desired level of precision (margin of error) and confidence in the survey results. A larger sample size generally leads to more accurate and reliable estimates of population parameters.

Current population for adolescents: 181239 (As per census India Website). Putting the above formula and table for random sampling 400 can be the sample size.

The table given above display the morgan table to find out the appropriate sample size. As per the table it can be seen that if the population size is 50000, sample size must be kept as 381. However, to further improve the reliability of the data, researcher has taken sample size as 400 instead of381 as suggested by Morgan test. Taking larger sample size will improve the reliability of the data to a greater extent.

Sample Distribution

With the application of stratified Random sampling technique, the researcher has selected 400 respondents as the sample size. Close-ended questions in the form of survey have been conducted among the selected 400 respondents. The questionnaire survey has been created and circulated among the participants with the purpose of getting their valuable responses. By using stratified random sampling, researchers are able to obtain a sample population that is a good reflection of the entire population they are studying [54]. In the process of statistical inference, a representative sample is chosen to stand in for the entire population.

In order to collect data using a method known as stratified random sampling, one must first divide a population into a number of distinct categories, also known as strata. A technique known as "proportional stratified random sampling" involves selecting samples at random from a number of different strata in order to obtain a sample that is representative of the population. It is essential to be aware of the fact that the strata do not accurately reflect the frequency with which the population occurs in a sample that is disproportionate [55]. Each possible sample in a stratified random sample has the same chance of occurrence as a sample drawn at random from the entire population. This ensures that the results of both types of samples are comparable.

Social Economic Status
A person's social background is a quantitative indicator of their level of education, training, and work experience, in addition to their family's and the community's relative wealth and power. A person's family and the community in which they live determine this status. Checklists for self-evaluation can be utilised by a person in order to get an idea of their socioeconomic standing. When determining the socioeconomic status of a family, several factors, including the household's occupation, level of education, and income,

are taken into consideration and analysed. It is possible to assign a low, high and middle socioeconomic status to a person by evaluating factors such as their level of education, income, and the kind of job they hold [50]. The level of one's wealth and education are just two indicators of one's socioeconomic status. Other indicators, such as low levels of education and economic deprivation, are also considered to be included in this category including self-check list, gender and EQ.

In recent years, the concept "emotional" has become popular, and with excellent purpose: it refers to something like an individual's ability to deal with that and learn to navigate the sentimental challenges they face. This capacity has become a buzzword in recent years. A person's emotions can run the gamut from love and hatred to rage and happiness and everything in between. Emotional intelligence is a set of skills that might be beneficial in the area of human resources. There are given dimensions considered for emotional quotient including knowing one's emotions, recognizing emotions in others, controlling one's emotions, recognizing emotions in others, improvement in emotions control and controlling emotions in others.

Gender
Gender Disparities in Suicide Rates: The differences in suicide rates between males and females have been a subject of significant research and concern for public health officials and mental health professionals. These disparities are often described as the "gender paradox in suicide" due to the contrasting patterns of suicidal behavior between the sexes.

Suicidal Ideation and Attempts
- Females are more likely to experience suicidal ideation, which refers to thinking about or planning suicide. They often report higher rates of self-harm ideation.
- On the other hand, males are more likely to die by suicide compared to females. They have a higher completed suicide rate.

Suicide Rates by Age
- Suicide rates vary by age, with older individuals, particularly those over 65, having a higher prevalence of suicide than younger generations.
- In the elderly population, men are at a significantly higher risk of completing suicide compared to women.

Methods of Suicide
- One key factor contributing to the gender paradox is the choice of suicide methods. Men tend to use more lethal and violent means, such as firearms, hanging, or jumping from heights, which are more likely to result in death.
- In contrast, women often choose less lethal methods like drug overdoses or self- poisoning, which are less likely to be fatal if discovered in time.

Intensity and Authenticity of Suicidal Thoughts

- Some research suggests that there may be differences in the intensity or authenticity of suicidal thoughts between genders. For example, it has been proposed that men are more likely to act impulsively on their suicidal thoughts, while women may engage in self-harming behaviors as a way to cope with emotional distress without necessarily intending to die.

Societal and Cultural Factors
- Societal and cultural factors also play a role in gender disparities in suicide. Traditional gender roles and expectations may affect how individuals express their emotional distress and seek help.
- Stigma surrounding mental health issues and help-seeking behaviors may discourage both men and women from seeking support.

Access to Lethal Means
- Access to lethal means, such as firearms, can significantly impact the likelihood of a suicide attempt becoming fatal. In regions where firearms are more accessible, the gender gap in suicide rates may be more pronounced.

Mental Health and Coping Strategies
- Gender differences in mental health issues and coping strategies can influence suicide rates. Men maybe less likely to seek mental health treatment or disclose their emotional struggles, which can lead to a higher risk of suicide.

In summary, the gender paradox in suicide reflects the complex interplay of biological, psychological, social, and cultural factors that contribute to distinct patterns of suicidal behaviour between males and females. Understanding these differences is crucial for developing targeted suicide prevention strategies and support systems that address the specific needs of both genders. It also underscores the importance of raising awareness about mental health issues and reducing the stigma associated with seeking help, regardless of gender.

Emotional Intelligence
When discussing suicide or suicidal thoughts, it is fairly unusual for individuals to have unease in themselves. It's possible that the guilt and shame that come with committing suicide are to blame. Unfortunately, negative perceptions and biases are allowed to continue to exist because people don't speak about suicide. To add insult to injury, it may also prevent folks from obtaining the therapy they need or openly discussing the anguish they are feeling. This is an additional barrier that adds insult to injury. There is the potential for an act of suicidal impulsiveness. Having said that, this is a time-consuming process, so before to taking any action, one may find it necessary to give it some careful consideration [56]. People often turn to suicide when they think there is no other way for them to escape the suffering they are experiencing. Eight out of ten people who either successfully

commit suicide or try to do so leave some form of clue or communicate about their intentions.

Academic Achievements

The Global Burden of Disease Study found that among children and adolescents aged 10–19 in low- and middle-income countries, suicide is the leading cause of mortality. Suicide has risen from the 14th leading cause of death in the 10-14 age group to the 10th in 2013 (a 17% increase); in the 15-19 age group, suicide has remained the second leading cause of death (a 18% increase). Completed suicide rates in Mexico have been on the rise consistently and significantly among those aged 15 to 29, a demographic that is already disproportionately students had attempted suicide in the preceding academic year. Academic success, mental health, and suicidal tendencies are all affected by students' interactions with peers, instructors, and families. Academic success is correlated with mental health because it helps students build their sense of self, connect with their classmates, learn new skills like critical thinking and problem solving, and prepare for a brighter future.

Loneliness

Most of the people, at sometime in our lives, will feel lonely. Even when surrounded by people you know and care about very well, such as those at your place of employment or your closest friends and relatives, you may still feel lonely. None the less, if this feeling of isolation persists over an extended period of time, it may be detrimental to our health. There is a correlation between the ages of 16 and 24, when young individuals report feeling lonely, and older age groups. Both loneliness and suicide are multifaceted issues; not all young people who experience loneliness will be suicidal, and not all people who commit suicide will do so because they feel lonely. However, people do know that there is a correlation between loneliness and suicide on a macro level. Therewere1,588 suicides among personsundertheageof35 in the United Kingdom in 2017. However, no young person should ever feel that they have no choice but to end their own life, and suicide is entirely avoidable. We must learn more about the causes of this problem and the solutions available if people are to preserve future generations.

IQ

Suicidology lacks research on the link between cognitive ability, and specifically general intelligence, and suicide risk. Only a small number of research have looked at whether or not high IQ test scores are associated with successful suicide attempts, and the results have been mixed. Suicide rates seem to be higher among those with high IQs, according to some research. A favourable ecological link between regional intelligence and completed suicide incidence was identified in seven areas of Denmark in a single ecological investigation of the general population. According to research conducted on Israeli military draftees, those who later commit themselves after serving their mandatory minimums tend to have higher intellect levels. The lifetime completed suicide rate for talented persons was 2.25% in a prospective cohort study from the Terman Genetic Study of Genius, which is about four times the suicide fatality rate for the general population.

Yet other research has shown that a lower IQ predicts a greater likelihood of suicide. A large record-link age study of Swedish conscripts found that the risk of suicide was two to three times higher among those with the lowest compared to the highest intelligence test scores, and a cohort study of Australian conscripts found that suicide completers had a lower mean score on the army general intelligence test than individuals who did not attempt suicide. Low IQ at age 3 was associated with an increased risk of suicide in males but not in women, according to a 40-yearfollow-upanalysisofoneSwedis hcohortinthegeneralpopulation.Theriskofsuicide and suicidal ideation was shown to be higher in those with lower IQs in recent research of Swedish males drafted in 1969–1970.

Coaching Environment

As mandated by the 21st Century Cures Act, SAMHSA's National Mental Health and Substance Use Policy Laboratory (Policy Lab) is pleased to disseminate information on evidence-based practices and service delivery models to prevent substance misuse and aid those with substance use disorders (SUD), serious mental illnesses (SMI), and serious emotional disturbances (SED) in receiving the t. It may be difficult to assess the efficacy of services, therapies, and supports for SUD, SMI, and SED because of the wide range of variables that influence treatment and recovery, including location, socioeconomic status, culture, gender, race/ethnicity, and age. Despite these differences, however, there is a wealth of data that may guide the selection of interventions for lowering drug abuse, all eviating the symptoms of mental illness, and enhancing quality of life.

Drug Addiction

The act of taking one's own life is defined as suicide. Many in the medical community see suicide as one of the nation's worst health crises, and it is one of the major causes of death in the United States, particularly among young people. As of 2020, suicide ranked as one of the top 9 primary causes of mortality for persons in the10–64 age bracket. Depression, substance abuse, and suicidal ideation are all intricately linked to one another. Suicide victims had a far higher rate of mental health problems than the general population. There is a vicious loop between depression and drug misuse that often ends in suicide. Many people with Major Depression, Bipolar Disorder, Obsessive Compulsive Disorder, and other disorders that cause severe depression seek solace in drugs, alcohol, gambling, and other dangerous habits to dull the pain

and/or ease the unpleasant emotions they are experiencing.

Substance misuse and addiction, on the other hand, make depressive episodes worse and last longer, despite the fact that they may at first seem to alleviate symptoms (suicidal ideation). The risk of suicide is already elevated by the destructive effects of addiction on personal, professional, and financial connections. Suicide attempts a real so significantly increased by the use of numerous narcotics because of the negative effects they have on judgment.

Veg/Non-Veg Food Habits

Vegetarianism has strong ethical underpinnings, with many people choosing to abstain from eating meat because they disagree with the way animals are treated in the meat industry. Amato, et al. conducted a worldwide (but mostly North American) postal survey in which 67% of respondents cited ethical considerations as a primary reason for their vegetarian lifestyle, while 38% cited health concerns and 17% cited aesthetic preferences (12 per cent). Since many vegetarians provide more than one reason for their diet, it stands to reason that these numbers would overlap. A lot of people care about it for both moral and medical grounds. The main motivations of respondents have been identified in certain studies, while others have attempted to distinguish between secondary and primary motivations.

In contrast to non- vegetarians, vegetarians are more likely to provide a single explanation for why they continue the diet. In a1992–1991 study of 125 vegetarians conducted by the author, 31% cited primary moral grounds for embracing vegetarianism, 36% cited primary health reasons, and 48% cited primary reasons relating to taste, society, the environment, economics, and other factors. According to a survey of 601 vegetarians conducted in 1992 in North America by a market research firm and published in Vegetarian Times magazine, 46% of vegetarians were motivated by health concerns, while 20% were motivated by ethical concerns and animal welfare.

Dependent Variable

Suicidal Ideation

The medical name for the unusual obsession with suicide is suicidal ideation. Suicidal thoughts may range from transient to persistent, from failed attempts to role playing and thorough planning that may be purpose fully designed to fail and be discovered or may be wholly planned to result in death. Although most people with suicidal thoughts do not go on to actually attempt suicide, a sizable minority do. Although suicidal ideation is most often associated with depression, there seems to be connections with a wide range of other mental disorders, life events, and family roles that may all contribute to an increased risk of suicidal

thoughts.
- Socio Demographic Datasheet (self)
- Suicidal Ideation questionnaire by Dr. Devendrn Singh Sisodia & Dr. Vibhuti Bhatnagar
- Emotional Intelligence Scale by Anukool Hyda & Sanjyet Pathe & Upinder Dher
- Intelligence-Dr. P.N. Mahrotra's Mixed type group test of Intelligence (MGTI)
- Loneliness scale by dr Praveen kumar jha
- Veg/Nonveg food habits-self checklist
- Academic Achievement-Record of last six month
- Coaching Environment-self checklist
- Drug addiction-Self checklist
- Social economic status -Self checklist
- Gender-Self checklist

Research Plan Schedule

The sample will undergo testing using all the tools mentioned in the 'Tools and Techniques' section above, and a test result will be determined on correlation of variables with suicidal ideation

Limitations of the study

Time Constraints: Conducting a comprehensive study on such a complex and sensitive topic requires a significant amount of time for data collection, analysis, and interpretation. Time constraints limited the depth and scope of the research. With more time, additional data could have been gathered, allowing for a more nuanced analysis of the relationship between suicidal ideation, hopelessness, loneliness, depression, and family environment factors. This limitation might have affected the completeness of your findings and the ability to draw more definitive conclusions.

Research Design Limitations: Empirical research, while valuable, has inherent limitations. It provides insights into relationships between variables but may not offer a complete understanding of causality. In your study, the empirical approach restricted your ability to definitively establish causative links between the studied factors and suicidal ideation. It's important to acknowledge that other unexplored variables may also influence these outcomes.

Data Collection Challenges: Collecting data for a study of this nature can be challenging, particularly when dealing with sensitive issues like suicidal ideation and mental health. Respondents may be hesitant to provide accurate information, leading to potential biases in the data. Additionally, accessing relevant statistical data for analysis may have been constrained by data availability, reliability, or confidentiality concerns.

Gender Wise Comparison Complexity: Conducting a gender-wise comparison of variables related to suicidal ideation, hopelessness, loneliness, depression, and family environment adds complexity to the research. Variations in how these factors manifest among different genders require careful consideration. Time constraints and limited resources may have constrained the extent to which gender-specific nuances could be explored.

Sample Size and Diversity: The effectiveness of any empirical study depends on the size and diversity of the sample. If the study's sample size was limited or not representative of the broader population of young coaching adolescents in Kota, the, generalizability of your findings could be restricted. This limitation might affect the applicability of your results to a wider context.

Scope of Variables: While your study focused on key variables like hopelessness, loneliness, depression, and family environment, there are numerous other factors that can influence suicidal ideation. The study's scope may not have encompassed all potentially relevant variables, leaving some aspects unexplored.

Resource Constraints: Empirical research often requires significant resources, including time, funding, and personnel. Resource constraints may have limited your ability to conduct a more extensive and exhaustive study.

Ethical Considerations: Research involving sensitive topics, such as suicidal ideation, must adhere to ethical guidelines, including the well-being and confidentiality of participants. These ethical considerations may have imposed restrictions on data collection and access.

Data Analysis & Interpretation

Introduction

The subsequent steps in the research process involve the analysis and interpretation of the data, leading to the formulation of conclusions and generalizations to derive a meaningful understanding. This analytical phase inherently employs formulas, symbols, and abbreviations to enhance presentation.

Consequently, the presentation in this section of the research work is quantitative, characterized by the frequent use of technical terms, including formulas, symbols, and associated terminologies related to factors and variables.

The analysis and interpretation of data entail the application of deductive and inductive logic to the research process. Interpretation demands a critical examination of data

gathering limitations and subjective attitudes. When interpreting results derived from statistical analyses of complex data, it is crucial to assess the significance of observed differences in statistical measures (mean, SD, t, r).

This involves questioning whether the differences are significant and, if so, determining the degree of significance. To address these questions, the collected data were tabulated, and relevant statistical measures were applied to test the formulated hypotheses.

In this research, data analysis aligned with the hypotheses and objectives necessitated the application of specific statistical techniques. Central tendencies, t-tests to assess the significance of differences, and correlation analyses were employed. The statistical analysis was conducted using SPSS (Statistical Package for Social Science) Version 21.

Subsequent to the analysis, the presentation of the data in the results format requires the inclusion of table illustrations to effectively convey the findings. These tables serve as visual aids, enhancing the clarity and comprehensibility of the research outcomes. The main purpose of this empirical study was to explore suicidal ideation on young coaching adolescent in special reference to Kota. Socio Demographic Datasheet (self), Suicidal Ideation questionnaire, Emotional Intelligence Scale, Mixed type group test of Intelligence (MGTI), Loneliness scale, Veg. or Nonveg food habits-self check list, Academic Achievement-Record, Coaching Environment-self checklist, Drug Addiction-Self checklist, Social economic status -Self checklist, Gender-Self checklist was used in present research as tools.

In order to meet major objectives, the obtained data was processed for statistical analysis. The descriptive statistics (Mean, Std. deviation), Corelation and t-test were worked out. The result of these analyses is simply described here; their interpretations and implications are discussed in next chapter.

1. Correlation
IQ and its effect on Suicide ideation (Table1)
The EQ and its effect on suicidal ideation (Table2)
Loneliness will not have significant effect on suicidal ideation. (Table5)

2. Descriptive Statistics: Mean, Standard Deviation and 't' test
Coaching Environment (IIT Coaching & NEET Coaching) and its effect on suicide ideation (Table 4)
Suicidal Ideation in High and Low Socio-Economic status students (Table8)
Suicidal Ideation in Boys' and Girls' Students (Table9).

		IQ	Suicide Ideation
IQ	Pearson Correlation	1	-0.007
	Sig (2-tailed)		0.883
	N	400	400
Suicide Ideation	Pearson Correlation	-0.007	1
	Sig (2-tailed)	0.883	
	N	400	400

Table 1: IQ and its effect on Suicide ideation.
**correlation is significant at.883level (2-tailed)

Interpretation

Pearson co-efficient of correlation was used to find the relationship between IQ and its effect of suicide ideation. Table no. 1 shows the obtained co-efficient of correlation between IQ and its effect of suicide ideation is-.007 which lies in the range of 0.0to+0.2 which indicates very weak or no association. There is a low correlation between IQ and its effect of Suicide Ideation. A negative correlation indicates that the variables move in opposite directions. As two variables are negatively correlated, a decrease in one variable is associated with an increase in the other and vice versa. The result obtained clearly shows that there is no effect of IQ on Suicide Ideation. So, Hypothesis-1 is accepted that I.Q. does not have significant effect on suicidal ideation. Our results support previous studies that's how that there is no association between IQ and its effect on suicidal ideation (Park, S. J., Yi, K., Lee, J. D., & Hong, J. P. 2015)

| Correlations			
		Suicide Ideation	Emotional Quotient
Suicide Ideation	Pearson Correlation	1	0.028
	Sig.(2-tailed)		0.573
	N	400	400
Emotional Quotient	Pearson Correlation	0.028	1
	Sig.(2-tailed)	0.573	
	N	400	400

Table 2: The EQ and its effect on suicidal ideation.
**correlation is significant at.573level (2-tailed)

Table no. 2 shows that the obtained co-efficient of correlation between EQ and its effect on suicidal ideation which was .028 and which falls under the range of 0.0 to +0.2 category of very weak or no association which indicates that the correlation

between EQ and suicide ideation is weak. Hence it can be interpreted that the students EQ has no impact on suicide ideation. Zavala, et al. and Alizadeh et al. who used the EQ-i to measure E I, found similar results, concluding that there was a negative correlation between EI and suicidal tendency. The investigations of Kwok K, et al., Abdollahi A, et al. [50], and Abdollahi A, et al. [47] used EIS to analyse the relationship between EI and suicidal ideation, among other variables. All the studies found a negative correlation between both variables.

Variables	N	Mean	SD	t-Value
Male Students	200	69.09	9	6.153**
Female Students	200	61.02	13.3	

Table 3: Showing Comparison of Mean score of Academic achievements in Male and Female Students.
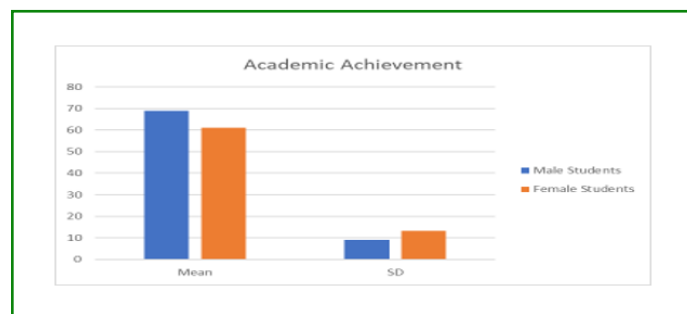
Variables	N	Mean	SD	t-Value
IIT Coaching	200	54.84	14.52	3.02**
NEET Coaching	200	48.33	15.9	

Table 4: Showing Comparison of Mean score of Academic achievements (IIT Coaching & NEET Coaching)
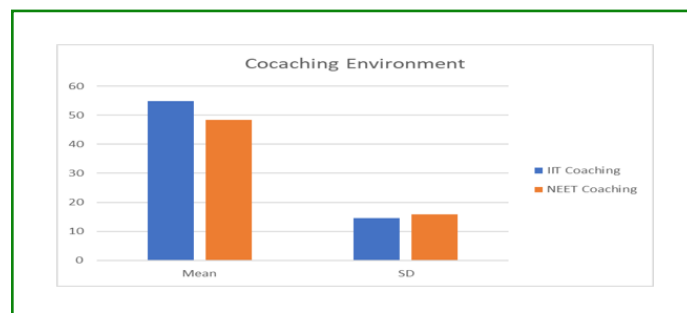**significantat0.01 level

Table 4 shows that mean and standard deviation of Suicidal ideation of IIT aspirant students is (54.84, 14.52) and NEET aspirant students is (48.33, 15.90) and t-value is 3.02. This

shows significant difference in the level of Suicidal ideation of IIT aspirant students and NEET aspirant students. So, hypothesis-2 is accepted and shows that there is significant difference in level of Suicidal ideation of IIT aspirant students and NEET aspirant students. IIT aspirant students has higher level of suicidal ideation as compare to NEET aspirant students. This finding was consistent with the result of a previous study done by Sheetal Yadav, S.K.

Srivastava (2020) that concluded IIT aspirant student's suicidal ideation is higher than NEET aspirant students.

Correlations			
		Suicide Ideation	**Loneliness**
Suicide Ideation	Pearson Correlation	1	-0.016
	Sig.(2-tailed)		0.745
	N	400	400
loneliness	Pearson Correlation	-0.016	1
	Sig.(2-tailed)	0.745	
	N	400	400

Table 5: Loneliness will not have significant effect on suicidal ideation.
**correlation is significant at.745level (2-tailed)

Table no. 5 shows the obtained co-efficient of correlation between loneliness and suicide ideation which was -.016 and which falls under the range of 0.0 to -0.2 and in the category of very weak- or no association which indicates that the correlation between loneliness and it effect on suicide ideation is negatively very weak. Hence it can be interpreted that loneliness has no significant effect on suicide ideation among adolescents. CPeng et al. found that there was no significant association between loneliness and suicide ideation.

Correlations			
		Alcohol Addiction	**Suicide Ideation**
Suicide Ideation	Pearson Correlation	1	-0.02
	Sig.(2-tailed)		0.684
	N	400	400
Alcohol Addiction	Pearson Correlation	-0.02	1
	Sig.(2-tailed)	0.684	
	N	400	400

Table 6: Alcohol addiction will not have significant effect on suicidal ideation.

Correlations			
		Food Practice (Veg- Non-Veg)	**Suicide Ideation**
Food Practice (Veg- Non-Veg)	Pearson Correlation	1	0.004
	Sig.(2-tailed)		0.931
	N	400	400
Suicide Ideation	Pearson Correlation	0.004	1
	Sig.(2-tailed)	0.931	
	N	400	400

Table 7: Veg or non-Veg food options will not have significant effect on suicidal ideation.

Li, et al. found adults who have a life time history of suicide attempts significantly under consumed fruits and vegetables. Males were 2.47 times more likely to under-consume vegetables while females were 2.36 times more likely to under-consume fruit. Logan stated food containing dietary fiber such as fruits and vegetables tend to be avoided by those who commit suicide. The research conducted by Zhang L, et al. supports this claim as they identified participants who reported attempting suicide had lower daily dietary fibre intake than non-attempters.

Variables	N	Mean	SD	t-Value
High Socio-Economic status	200	22.46	7.66	.30**
Low Socio-Economic status	200	22.26	7.28	

Table 8: Showing Comparison of Mean score of high and low Socio-Economic status students.


Table-8 shows that on the suicidal ideation variable mean score of High Socio-Economic status students' group is 22.46 and Low Socio-Economic status students' group is

22.26. Thet-ratio is0.30 which is non-significant. This shows that High Socio-Economic status students and Low Socio-Economic status students don't differ significant Lyon the suicidal ideation. In adolescents, the role of socio-economic status has received not significant, indicating that the association between SES and suicidal ideation.

Variables	N	Mean	SD	t-Value
Male	200	20.15	7.6	6.91**
Female	200	24.56	4.1	

Table 9: Showing Comparison of Mean score of Suicidal Ideation in Male and Female Students.
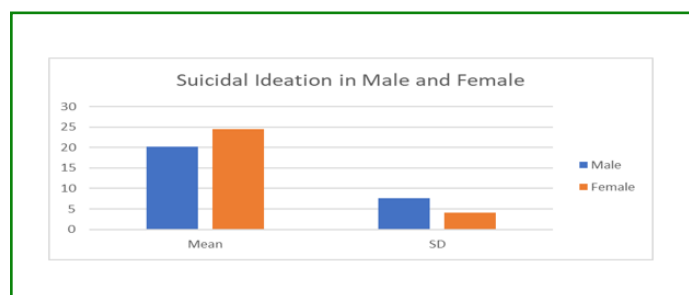
The results of Table-9, indicate the suicidal ideation is significantly higher in the female compared to male students. The mean difference between subjects of both groups is significant at 0.01 level, t-ratio is 6.91. The mean and standard deviation of male students is 20.15 and 7.60 whereas the mean and standard deviation of female students is 24.56 and 4.10. It highlights that subject of both groups has high tendency toward the suicidal ideation and the possible reason behind that maybe related to the distance from their home, lack of social support, Future and career related anxiety, parent-child conflict, higher emotional unavailability of their mother and father, parental pressure and troubled relationships, family problems (other than conflict with parents), financial struggles, and other personal, professional, and academic events. The result is thus in the expected direction as the incidence of suicidal ideation is usually found to be almost twice compared to males. Agreement with the earlier studies reporting higher level of suicidal ideation in females.

Results and Analysis

Introduction

The study is based on conducting an empirical study of suicidal ideation of the young coaching adolescent within special reference in Kota. The chapter results and analysis will provide the results that come from conducting research for gathering data. The researcher has used empirical research methods which involve using support able evidence for arriving the research outcomes and understanding theoretical background of the research topic by analysing the detailed study conducted in the literature review. The research has conducted by taking a sampling size of 400 adolescents (200 males and 200 females) in Kota City.

This chapter will provide a detailed analysis of the data collected by the researcher. The researcher has also discussed adolescent and their requirements that shows that they require developmental needs and particular wellness and rights [57]. It has been shown that in every 1 in the six people in the planet is an adolescent and healthy, skilled and educated adolescents are considered as a vital and helps communities, countries and families. Adolescence is considered as threshold of adulthood.

With the increase in the educational level, students are feeling more stressed and feels pressurised because of competition, the suicidal ideation are increasing with in adolescent sand so as suicidal activities. The researcher has also analysed the factors that are responsible for suicidal ideation like sociological factors, psychological factors and biological factors that are considered as major cause of the suicidal activities. The researcher has determined various patterns of the suicidal ideation with female and male adolescents for analysing the gender wise comparison of variables of suicidal ideation, hopelessness, loneliness, depression, different dimensions of family environment among adolescents. While conducting research, social economic status, gender and EQ (Emotional quotient), EI (emotional intelligence) is considered as an independent variable in the study. This chapter will help reader in understanding the significance of the study and assess factors that leads to suicide attempt among adolescents (Co entre and Góis, 2018). Here Socio Demographic Datasheet(self), Suicidal Ideation questionnaire, Emotional Intelligence Scale, Mixed type group test of Intelligence (MGTI), Loneliness scale, Veg. or Nonveg food habits-self check list, Academic Achievement-Record, Coaching Environment-self checklist, Drug Addiction-Self checklist, Social economic status -Self checklist, Gender-Self checklist are used for conducting the research. The results and analysis of the data gathered is representing an inductive and deductive logic towards research process. Here the data presented in the tabular and graphical form will be interpreted for gaining understanding about the research topic.

From Table-2 The EQ and its effect on suicidal ideation, it has been identified that 0.28 is the co-efficient of correlation between EQ and its effect on suicidal ideation. 0.28 is falling under the range of 0.0to+0.2 which shows there is a weak or no correlation between EQ and suicide ideation. The table shows that EQ of students is having no impact on the suicidal ideation.

The data analysed in the next table Coaching Environment (IIT Coaching & NEET Coaching) and its effect on suicide ideation shows the mean and standard deviation (SD) of

suicidal deviation of IIT aspirant students which is M-54.84, SD-14.52, for NEET aspirant students it is 48.33, 15.90 and t-value is 3.02. The values show major difference in between the suicidal ideation in between IIT and NEET aspirants' students. This accepts hypothesis-2 which shows that there is significant difference in level of Suicidal ideation of IIT aspirant students and NEET aspirant students. The next table Loneliness will not have significant effect on suicidal ideation is showing co- efficient of correlation between loneliness and suicidal ideation that is 0.16 that indicates that there is no or weak correlation in between loneliness and its effect on suicide ideation. Therefore, it has been interpreted that loneliness has not having any significant effect on suicide ideation among adolescents.

From the table Alcohol addiction will not have significant effect on suicidal ideation, it has been analysed from the co-efficient of correlation in between alcohol addiction and suicidal ideation which is 0.20, which comes under the range of 0.0 to +0.2 which shows there is a weak or no corelation between alcohol addiction and suicide ideation. The tables how's that of alcohol addiction in students is having no impact on the suicidal ideation.

Further, from the table Veg or Non-Veg food options will not have significant effect on suicidal ideation, it has been analysed that consumption of veg or non-veg food by the students is having no relation with suicidal ideation. Table-8 Suicidal Ideation in High and Low Socio-Economic status students shows that on the suicidal ideation, the variable mean score of High Socio- Economic status students' group is 22.46 and for Low Socio-Economic status students' group this score is 22.26. The value of t-ratio is 0.30 that is considered non-significant. From the graph, it has been analysed that there is no major difference in between High Socio-Economic status students and Low Socio-Economic status students and not create impact on suicidal ideation.

From the next table Suicidal Ideation in Male and Female Students, it has been analysed that the suicidal ideation is pointedly higher in the female students as compared to male students. Thet-ratio identified is 6.91 and mean difference in between subjects of both groups are at 0.01 level. The mean and standard deviation of male student sis 20.15 and 7.60 respectively and for female students M-24.56 and SD-These value shows that both the groups are having an high tendency towards suicidal ideation and there are many possible reasons associated with it for example lack of social support, distance from home, anxiety related to their future and career, conflict between parents and child, parental pressure, emotional unavailability of parents, family issues, financial problems etc. From the graph, it has been identified that incidence related with suicidal ideation in female students is frequently found to be almost twice as compared to male students.

Findings and conclusions

Major Findings and Conclusions

Suicidal ideation is known as a medical term that shows ideas about an uncommon preoccupation with committing suicide. In the current time, adolescents are facing various challenges to achieve their educational dreams and it has been identified that suicidal ideation is directly related with young coaching within adolescent. Adolescence is considered as quite tricky age. The problems faced by adolescents are managed by their parents, also adolescents want to really feel they're free; hence they expect the best to cope their very own issues rather than taking help from their parent and teachers [57].

The research has identified that Adolescence age is known as the threshold of adulthood. Adolescents have the teen's stereotypes and are pleased by the simple fact that they're near to adults. According to Adolescents, dressing up and working as adults may not be sufficient. Thus, they start focusing on actions which are associated with the condition of adults as smoking, drinking etc. Hence Adolescents, at times feels that they adopt a few bad habits and anti-social behaviour which will look smart (Co entre and Góis, 2018). It has been identified from the research conducted that the issue of suicidal ideation or suicide rate is rising among youngsters majorly. there are some indicators that shows symptoms of suicidal ideation such as brutal actions, walking away, alcohol disobedient conduct and drug addiction, bizarre neglect of individual perception drops in quality of school work, apparent style shift trouble in concentration etc.

The research has also identified factors that leads to increase in the suicide attempt among adolescents. By examining the Role of Psychological, Social, and Educational Factors in the Suicide of Indian Adolescents, it has been identified that cultural and social factors are majorly responsible for suicidal ideation. Similarly, Psychological factors are also considered as a major cause of suicidal ideation and its elements play a crucial role in analysing the life patterns. Biological factors are also considered as major cause in the increase in the suicide attempt among adolescents. The research also analysed the relationship in between gender and suicidal ideation in the adolescents, it has been analysed that the suicidal ideation is pointedly higher in the female students as compared to male students.

The research has identified that socio-demographic factors create a major impact on suicidal ideation among adolescents. According to study, it has been found out that

Suicide is consider a third leading cause of death among adolescents at the global level that accounts for 11% of all child deaths that comes in between the age group of 12 and 19 in between the year 1999 and 2006 which shows that rates of suicidal ideation and attempted suicide are far higher in these years [58]. The research study has effectively observed the relationship between suicidal ideation, hopelessness, loneliness, depression, and different dimensions of family environment among adolescents by analysing various factors. In the current time, suicidal ideation developed as a analyst of suicide attempts much more than suicidal preparation in the total population and also individually by gender. The results in the research shows that incidence and activities related with suicidal ideation in female students is frequently found to be almost twice as compared to male students. The research shows many possible reasons that associated with the cause of suicidal ideation and rise in the suicidal rates in the adolescents for example lack of social support, distance from home, anxiety related to their future and career, conflict between parents and child, parental pressure, emotional unavailability of parents, family issues, financial problems etc.

It has been discussed that adolescence is quite a tricky age and there are many factors and reasons due to which adolescents feel stressed and depressed. Some factors such as stressing problems in the household, record of physical or verbal body and abuse image consciousness had increased likelihood of suicidal ideations in the society makes them feel like suicide is the only way of handling situation. According to the research study done by various scholar mentioned in the literature review, it has been identified that socio-demographic factors are majorly influencing adolescents and their way of thinking. With the rise in competition in every sector, every parent wants their child to achieve that helps them in shaping their career, without knowing the fact that at the same time they are pressuring their child. This leads to making actions related to suicidal ideation, and these actions are significantly associated with increased risk for suicidal behaviour within adolescents that is depressive/anxious symptoms disturbed and bad mental health, physical punishment as well as family conflicts, parents and their discipline towards child.

According to research done in the medical, it has been identified that mental health is creating a major impact on the suicidal ideation and increase in the rate of suicidal rates. India is having a major number of medical professionals with having more than 529 medical institutions in India, and each year more than 80,000 students graduate as physicians and it has been found that the suicide rate among physicians is 2.5 times that of the general population. Further, the researcher has also discussed about depression in the students studying in the Kota, Rajasthan.

Kota is considered as an educational hub of India with having many Coaching Institutes, which help students of IIT and NEET prepare for competitive exams including those for universities' medical and engineering schools [59]. It has been identified from this context due to high level competition of education and ranking in Kota, the city has faced rise in the number of reported student suicides in previous several years. The increased expectation of parents made students feels depressed and they feel hopelessness, a lack of motivation, a pre occupation with negative thoughts about one's life, and a diminished appetite and increased weariness that also shows changes in their physical symptoms.

The research has showed various dimensions of family environment on suicidal ideation among adolescents by discussing various examples and finding a negative relation in between depression and adolescents' self-efficacy, importance of academic achievement and family and school support to a student. Oppositely, parents thinks that their children are capable of doing everything and fulfils parents' ambition that made an adolescent feels more depressed and took actions to end their life [35]. The researcher has identified various risk factors that are related with increase in suicide rates in youth. As during adolescence, the young individuals are more vulnerable to mental health issues because of their surroundings and age factor. In the current time, young individuals need everything fast like resources that boosts their personal life, a secure home, close friendships, a solid support system, and financial security, to tackle these obstacles and manage these emotions and if they are notable to receive these resources, they will take actions like suicide and feels depressed.

The relation in between academic stress and rise in suicidal ideation in between students is also analysed in the research study. Academic stressed faced by students make them feel more depressed and creates mental tension as compare to any other factor. The school pressure and thoughts of suicide in the students is increasing because of academic pressure. It has been analysed that When students are not able to cope with the academic pressure and stress, they are more likely to drift apart from the predictable values and moral rules which shows to give moral basis and direction in the past, and this might lead to suicidal ideation in the students [35]. According to the study conducted, it is identified that school pressure faced by students might increase the risk of suicidal thoughts. The factors self-awareness, empathy, self-motivation, emotional stability, managing relations, integrity, self-development, value orientation, commitment and altruistic behaviour are analysed for identified how all these factors will help an adolescent in managing suicidal ideation.

The researcher has also discussed about the role of sexual and religious knowledge, attitudes and practices among

Suicidal ideation among single, pregnant adolescents. The teenage pregnancy is creating a risk of suicide three times as high as compared for married women of the same age. In the context of religiosity, it has found that a major level of religion has been linked to less sexually hazardous behaviours among adolescents, including a later initiation of sexual participation and greater resistance towards suicide ideation among the general population.

Recommendations

After analysing the study based on conducting an empirical study of suicidal ideation of the young coaching adolescent within special reference in Kota it has been found that the suicidal rates are increasing rapidly in the adolescents and it requires a major focus of the parents and government to minimise the increase in the suicidal rates in the young students who are feel depressed and facing mental health issues because of academic pressure. The suicidal behaviour is widely developing and hence it is recommended for the Indian government and so as the parents of young children to plan interventions for reducing the suicidal behaviour among adolescents [60]. According to experts and psychologists, their unique way of treating the students can helps in treating the issues of mental health and depression and reducing the problems related to suicide. These are some ways recommended through which suicidal ideation can be reduced within adolescents:

- By improving the suicidal risk predictions- As suicide is a major issue faced by the people at global level, it is associated with psychology. It is seen that various risk factors are associated with the increase in the suicide risk like socio-demographic factors, depression, anxiety, but it has been analysed that anyone who are suffering from depression is having suicidal thoughts. By improving the areas and predicting suicidal risks, the experts can assess areas that might cause issues in the students.
- Changing perception of parents-Parents plays a major role in supporting adolescents and taking their academic decisions. Hence it is recommended to the parents of adolescents that they need to change their perception and stop creating educational pressure on their children which are making them more depressed and feels low. The parents need to stop comparing their children to others and making them feel low in front of others.
- Creating positive surroundings for adolescents- It has been mentioned earlier that adolescence is consider as a very sensitive age group. Hence it is recommended for parents and family members to create positive surroundings around their children in which they feel safe and motivated [61]. The mental illness in immediate family members, mainly major depressive disorder and drug addiction are consider as negative factor and it affects the surrounding of an adolescents and it might

create an impact on the child's suicidal conduct.

- Assessment and screening of the suicidal risk- For reducing the increase in the suicidal risk, it has been recommended to the government of India that they need to implement various effective programs that includes assessment and screening of the suicidal risks and their impacts on the adolescents.
- Increasing involvement of psychologists- many people feel shame to visit to psychologists and accept about the fact that they are facing mental issues and problems. Hence it is recommended to parents to take their adolescents to psychologists who can understand their problems and provides interventions that helps in reducing the risk of suicidal interventions in the adolescents [62-70]. People are suggested to take the help of psychologists who are able to put lots of efforts for understanding the genetic signatures and the activities of brain of the adolescents that are associated with the suicidal behaviours.

Scope for Future Research/Further Research

- Longitudinal Studies: Future research can benefit from conducting longitudinal studies that track the mental health and well-being of young coaching adolescents over an extended period. Such studies would provide valuable insights in to how these factors evolve overtime and whether the observed relationships persist or change as students' progress through their academic journeys [71-75].
- Causality and Intervention Studies: While your empirical study identified correlations between various factors and suicidal ideation, future research could delve deeper into causality. Conducting intervention studies that explore the impact of specific interventions (e.g., mental health programs, counselling, family support) on reducing suicidal ideation and related factors would provide actionable insights [76-80].
- Comparative Analysis with Other Regions: Expanding the geographical scope of research by comparing Kota's coaching adolescents with those in other regions with different educational systems and stressors can help identify region-specific and universal factors contributing to suicidal ideation. Such comparative studies can contribute to a broader understanding of the issue [81-85].
- Incorporating Qualitative Research: Qualitative research methods, such as in-depth interviews and focus groups, can provide a richer understanding of the experiences and perceptions of young coaching adolescents. These methods can help uncover hidden factors, motivations, and coping mechanisms that quantitative research may overlook [85-92].
- Exploring Cultural and Socioeconomic Influences: Investigating how cultural norms and socioeconomic

factors unique to Kota and similar regions impact suicidal ideation is crucial. Future research should delve into how cultural expectations, family dynamics, and economic pressures contribute to the problem.

- Digital and Social Media Influence: The role of digital and social media in the lives of young coaching adolescents is significant. Future research could explore how online interactions, cyber bullying, and exposure to certain online content affect mental health and contribute to suicidal ideation.

- Parental and Educational Interventions: Research can focus on developing and evaluating interventions targeting parents and educators. These interventions can help parents recognize signs of distress in their children and equip educators with tools to provide better support in high-pressure academic environments.

- Mental Health Services in Educational Settings: Assessing the availability and effectiveness of mental health services with in coaching centers and schools is essential. Future research can evaluate the impact of such services on reducing suicidal ideation and enhancing overall well-being.

- Risk and Protective Factors Interaction: Future research should explore how various risk and protective factors interact with each other. For instance, how does family support mitigate the impact of academic stress, or how does gender intersect with other factors in influencing suicidal ideation?

- Holistic Approaches: Future studies can adopt a holistic approach to understanding adolescent well-being, considering not only mental health but also physical health, lifestyle factors, and overall life satisfaction. Such comprehensive research can provide a more nuanced perspective on the factors affecting suicidal ideation.

- Cross-Cultural Studies: Comparing the experiences of young coaching adolescents in Kota with those in other countries with similar educational pressures or exploring cross- cultural differences can offer insights into the role of culture in shaping adolescent mental health.

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