

Analysis of Risk Factors in the Self-Regulation Adolescent with Suicidal Intent

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ABSTRACT

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

Objective: to analyze the risk factors in the self-regulation adolescent with suicidal intent.

Methods: a study of traverse descriptive type was used. The study population conformed to for 36 adolescents. The main variables were: age, sex, used family operation that it was obtained starting from an applied survey and the contained data in the clinical histories of the patients.

Results: the feminine sex it prevailed with 77.7 % of the participants and the group ages of 15 - 19 years with 55.5 % of the same ones.

Conclusions: it was corroborated that the suicidal intents in the adolescence were associated with risk factors as family for a 50 %, in the personal a 25 %, for the school a 16.6 % and social for a 10 %.

Keywords: adolescence; suicidal intent; suicide; risk factors

INTRODUCTION

Adolescence and youth are primarily psychological ages, since it is assumed that development is a process that does not occur automatically or fatally determined by the maturation of the organism, but rather has a historical social determination.¹

According to the World Health Organization (WHO)², when analyzing the suicide widely, it states that every 40 seconds a person commits suicide in the world, which brings to an annual million the number of those who decide to end their lives, a epidemic that increasingly extends to young people.

Adolescence is framed by exploration and precisely motivating behaviors of suicidal ideas due to the existence of psychosocial risks, which can compromise at a given moment the health, survival and life projects of the individual.

The suicidal intent is defined as an act with any grade of lethal intention and the suicidal idea,

constituted by thoughts, plans or persistent desires of making suicide.³

The family constitutes the basic cell of the society, of which depends in great measure the structure it bases of the physical and psychic health of people. In her the socialization process begins.⁴

At present the phenomenon of suicidal attempt generates a social and individual problem from the inappropriate behavior of adolescents which motivated to carry out the present investigation in a community mental health belonging to the teaching polyclinic "José Ramón León Acosta" of Santa Clara, Villa Clara, Cuba with its general objective to analyze the risk factors in the self-regulation adolescent with suicidal intent.

METHODS

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

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September 2018. The universe consisted of 36 adolescents who met the following criteria to participate in the study.

Inclusion Approaches

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

Exclusion Approaches

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

Exit Criteria

- That they abandoned the investigation

Methods of the Theoretical Level

- Synthetic analytical: It made possible the interpretation of each one of the studied texts, to conform the criterion assumed in the epigraphs and paragraphs, as well as to particularize in the data obtained in the surveys to integrate them and to establish the corresponding generalizations.
- Inductive-deductive: It facilitated going from the particular to the general in each of the analyzes carried out in the theoretical study and in the processing of the obtained information.
- Generalization: It allowed the establishment of the regularities that were revealed in the study carried out.

Methods of the Empiric Level

- Open interview: It made it possible to provide information on the adolescents.
- Clinical histories: Contribute to identify the risk of factors in adolescents with suicidal intent.

Collection of Information

In order to carry out the research, the documentary review and individual clinical histories were used as techniques in order to obtain extended information.

The following variables were used from the data obtained: age, sex and risk factors in the suicidal intent.

Statistic Analysis

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

RESULTS

Table1. Distribution of adolescents according to age and sex

Groups of ages	Sex				Total	
	Female		Male		No.	%
	No.	%	No.	%		
10-14 years	14	38.8	2	5.5	16	44.4
15-19 years	14	38.8	6	16.6	20	55.5
Total	28	77.7	8	22.2	36	100

Source: Open interview

As you it can appreciate in the chart 1 the female sex it prevailed with 77.7 % of the participants and the group ages of 15 - 19 years with 55.5 % of the same ones. This belongs

together with the groups of intent risk commit s suicide in which it prevails in female sex in a relationship 4:1 and the superior ages at the 15.

Table2. Distribution of adolescents according to risk factors in the suicidal intent

Risk of factors in the suicidal intent	Total	
	No	%
Family	18 with family conflicts, alcoholism, mental illnesses and low tolerance to the frustrations.	50
Personal	9 with depression	25
School	6 with low self-esteem	16.6
Social	3 with inadequate interpersonal relationships	10

Source: Clinical histories

The identification of the factors that increase or they diminish the level of suicidal risk it is of

great importance for the narrow relationship that keep with this behavior. The level of risk

increases proportionally to the number of present factors.

It was corroborated that the suicidal intents in the adolescence were associated with risk factors as family for a 50 %, in the personal a 25 %, for the school a 16.6 % and social for a 10 %.

DISCUSSION

The behavior of suicide rates in some European countries are identified as incidences for Spain 8.3 per 100,000 inhabitants; France 6.1 for every 100,000. In Latin America, the region reveals that 1.9 per 100,000 Peruvian men end their lives, compared to 10.8 per 100,000 Chilean men. Colombia is not out of these figures, it is estimated that five people take their lives every day in the country. In 2011 this phenomenon accounted for 7% of violent deaths in Colombia, with 1889 cases and a rate of 4 suicides per 100,000 inhabitants.⁵

Estimates made by the WHO World Health Organization (WHO) indicate that in the year 2020 the victims could amount to 1.5 million. It was evidenced in the series studied an increase in suicide attempts in Villa Clara of 117 attempts in ages between 10-14 years and 261 between 15-19 years for a total of 378 cases, coincides with the report made according to the 2016 Statistical Yearbook in Cuba.⁵

Failure in school performance; the overly high demand of parents and teachers during the exam period; unwanted pregnancy or another sexually transmitted infection; like suffering from a serious physical illness; be a victim of natural disasters; rape or sexual abuse; and be subject to threats; be cause for ridicule at school; and breaching the expectations deposited by parents, teachers, or other significant figures also stand out as risk factors.⁶

In the reviewed bibliography ⁷ it was found that those who are more likely to risk suicidal attempts are those adolescents exposed to the socio-cultural pathway, among which is male alcohol consumption. This approach corresponds to the results obtained in the survey conducted with the group where they said they drink toxic substances when they go out for a walk, at parties and sharing tastes and preferences with friends. As a motivation, they refer that they do it "... by group contagion", "... to be approved by the group", "... to comply with rules of friends", "... to seek group pleasure", "... to avoid family conflicts".

Usually, it is reported that the age of onset of consumption, begins in early adolescence,

however, there are other authors who place it after 14 years.⁸

Alcoholism is a disease caused by the abusive consumption of alcoholic beverages and by the addiction that this habit creates. The figures of adolescents and young consumers increase every year.⁹

To eradicate these risks as a scourge that threatens the lives of adolescents, it is necessary to adopt preventive measures to reduce their impact.¹⁰

That is why dysfunctional relationships that are generated in a family environment, could be considered as a predictor of suicide attempt and this could increase the risk that adolescents generate clinical symptoms.^{11,12}

Usually, it is reported that the age of onset of drug use begins in early adolescence, however, there are other authors such as Paterno CA¹³ and Righetti J.¹⁴ that place it after 14 years, constituting an open door to the attempt suicide.

The most used method for the suicide attempt was the ingestion of drugs specifically psychopharmaceuticals, the easy access to these substances in the home and the predominance of the female sex could somehow explain the preference, where similar findings are found in other research contexts in countries like Chile, Peru, Colombia.¹⁵⁻¹⁶

CONCLUSIONS

As a conclusion, a high prevalence of the female sex prevails from the family context with factors of risks like the alcoholism, conflicts family and low tolerance to the frustrations. The author insists in the necessity of proposing educational intervention actions for the family members to prevent the suicidal intent in adolescents.

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