

**Brief Communication****Reflections of medical students on causes of rising suicide among medical aspirants**

Naresh Nebhinani, Pooja Patnaik Kuppili, Vandana Kapoor, Vaishali R, Kartik Singhai,  
Mamta

**Address for correspondence:** Department of Psychiatry, All India Institute of Medical Science, Jodhpur, Rajasthan, India. Email id: drnaresh\_pgi@yahoo.com

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**Abstract**

Youth suicide is rising among medical aspirants. The index study was planned among students pursuing MBBS, with an aim to assess their views about the causes of rising suicide among medical aspirants. After obtaining informed consent, 158 medical students were recruited through convenient sampling from MBBS first, second and third years. Through Think-Pair-Share strategy, students were asked about possible factors for rising youth suicide among medical aspirants.

Assessment carried out through the think-pair-share technique demonstrated that the students thought that a plethora of factors related to the students, family, coaching institute was associated with increased suicide amongst the medical aspirants. They suggested several solutions to prevent suicide such as improving skills for stress management, effective communication, coping, addressing expectations, pressure from parents and peers as well as improving the study environment and infrastructure in the coaching institute. Hence, medical students' reflection about causes and possible solutions for rising youth suicide among medical aspirants is important for planning effective, multidisciplinary intervention plan.

**Keywords:** Medical aspirants, youth, suicide, prevention, India

## **Introduction**

There is an increasing rate of suicidal attempts as well as completed suicides among medical aspirants in India. This has led to many of the coaching centres for training medical aspirants being blamed for the increasing suicides by the media [1, 2]. However, the data is primarily derived from newspapers. A search on electronic search engine PubMed with terms "Medical aspirants," "Suicide," "Students," and "India" revealed no studies. It is necessary to understand the perspectives of medical aspirants for effective prevention of suicides as the profile of the medical aspirant is unique compared to the general population in terms of sociodemographic and educational profile. With this background, a study was conducted on medical students belonging to first, second, and final year MBBS (who were medical aspirants and preparing for entrance examination earlier) with an aim to assess their views on causes of rising suicide among medical aspirants.

## **Methods**

The study was carried out among medical students after approval from college authorities. The study design is of a cross-sectional study, carried out on a single day. The total enumeration method, i.e., recruiting all the students available on the day of study, was used for intake of the study participants. Being present on the day of conducting the study and willing to participate in the study were the only selection criteria. Introduction about the study topic, researchers and, the study procedure was given to the students, and the information was collected after informed consent was taken. The discussion was conducted in the college lecture theatres. Proforma including details of sociodemographic profile, prior experience with patients with suicidal ideation or attempts, past or family history of psychiatric illness was recorded. Think-Pair-Share strategy (TPS) was used to assess the students' views about the causes and preventive strategies against suicide attempts among medical aspirants. TPS is a learning method devised by Lyman comprising three steps [3].

The first step included the teacher posing the question, as in this study, “What are the causes of rising suicide among medical aspirants in India?” and giving them a minute to think about appropriate responses. The second step involved pairing the students and sharing the views with the partner. Further, in the third step, all the student dyads’ responses were discussed with the entire class. All the responses of the students were recorded as written by an independent person. While discussing the responses, the student identities were kept anonymous. The data collection was ended when it was deemed by the researchers that there was no new data coming out.

## **Results**

A total of 158 medical students (of first, second, and final year MBBS) were recruited, and the mean age was 18 years. The sample was predominantly male (66%) and belonged to an urban area (69%). Two participants had a history of psychiatric illness. About 25% and 42% of participants reported that they had exposure to manage patients with suicidal ideation and attempt respectively during their clinical postings. A majority of the students have studied at coaching institute.

The responses by the students could be broadly categorised into the student-related, coaching institute related, and family-related and other factors. (Table-1)

The responses were analysed in-depth by the investigators, and the portion of the data deemed as a suitable finding was labelled accordingly. The labels were finalized after discussion among the investigators to rule out any discrepancies or duplicate labels. The labels are mentioned in the columns of table-1 under the sub-headings. Similar labels were grouped into the four broad categories as described above and in table-1.

**Table-1: Reasons for increasing suicides among medical aspirants**

<b>Student related</b>	<b>Coaching related</b>	<b>Family related</b>	<b>Others</b>
<ul style="list-style-type: none"> <li>-Lack of guidance</li> <li>-Loneliness</li> <li>-Parental pressure</li> <li>-Lesser number of seats: 15 Lac aspirants, 61000 seats</li> <li>-Peer pressure</li> <li>-Relationship issues</li> <li>-Drug dependence &amp; behavioural addiction (cyber addiction)</li> <li>-Fear of failure, shame-guilt upon failure</li> <li>-Lifestyle factors</li> <li>-Personality issues: impulsive, introvert</li> <li>-Poor skills to manage: stress, interpersonal relationship issues</li> <li>-Poor assertiveness &amp; communication skills</li> <li>-Financial issues</li> <li>-Adjustment issues at new surroundings</li> <li>-Homesickness</li> </ul>	<ul style="list-style-type: none"> <li>-Business strategy: foundation course, classroom course, crash course, etc.</li> <li>-Too much cost, the competition to earn more</li> <li>-No clear exit/ refund policy</li> <li>-Autonomous, lack of regulation</li> <li>-Poor teacher to student ratio</li> <li>-Lack of recreation, motivation, counsellors, mentors</li> <li>-Segregation of students: high vs. low performers, discrimination, bias</li> <li>-Highly competitive exams/ mock tests</li> <li>-Lack of regular appreciation</li> <li>-Lack of problem-based discussion</li> <li>-Poor redressal</li> <li>-Poor supervision, monitoring, support system</li> <li>-Education system: too many exams, lack of integrated exam approach</li> </ul>	<ul style="list-style-type: none"> <li>-Stream decision: choices forced by parents/ elders</li> <li>-Comparison of the child with others (outside or within the family)</li> <li>-High expectation</li> <li>-Poor sharing &amp; communication</li> <li>-Gender bias, discrimination</li> <li>-Financial issues</li> <li>-Parental psychopathology, stress, coping, conflicts</li> <li>-Poor support system</li> <li>-Overprotective parents</li> <li>-Generation gap</li> </ul>	<ul style="list-style-type: none"> <li>-Peer pressure</li> <li>-Social discrimination</li> <li>-Availability of weapons objects potential to harm</li> <li>-Media role in suicide/ suicide prevention</li> <li>-Politicizing suicide</li> <li>-Reservation issues</li> <li>-Lack of career counselling, aptitude test</li> <li>-Lack of screening test before joining the course for medical entrance</li> <li>-Social pressure</li> <li>-Stigma to consult mental health professionals</li> </ul>

Subsequently, they have also suggested following solutions to prevent youth suicide like skill-building (like training for communication skills, stress management skills); handling their loneliness, adjustment issues, high expectations, parental and peer pressure; to address high demand but lesser medical seats, rising expenses for coaching, poor teacher to student ratio; stopping segregation of students on the basis of low vs. high performance; formulating fair exit policy/refund, regulation for coaching institutions; and adding facility of mentors, counsellors and other mental health professionals for timely help and effective liaison.

## **Discussion**

Some of the reasons enumerated by the medical students in our study have earlier been reported as major factors of stress among students attending coaching centres at Kota, which houses one of the highest numbers of coaching institutes in India. The expectations of getting a good position or rank, getting demoralized due to display of ranks, expectations of parents, decreased sleep, improper orientation/ strategy, financial and relationship issues, lack of sports were some of the factors listed by students aspiring for medical or engineering courses of Kota [4]. Another study from Kota which assessed students (aspirants of medical and engineering courses), teachers and hostel owners noted that limited time for leisure activities, decreased sleep, parental expectations, decreased interest of the aspirant in pursuing the course, unsatisfactory hostel living conditions (staying alone in hostels, no medical facilities, no support), paucity of counsellors or mental health professionals were reasons for suicide among the students [5].

Studies conducted on medical students reported that loneliness, being sad, personality issues, poor family support, poor interpersonal relationship, inhibition to share about suicidal intent, need for punishing self, cultural restrictions, poverty, unemployment were reasons for suicide in general [6, 7]. It is further disheartening to note that half to two-thirds of students did not have a positive attitude dealing with suicide attempters [6, 7]. Hence, it is imperative that not only their perspectives about suicide are considered, but also, they are sensitized about the prevention and management of suicide attempters. This can be carried out by actively involving the students in learning, such as by TPS strategy rather than the lecture method. They have also suggested effective solutions to prevent youth suicide, as detailed above.

The unique methodology of our study, which served teaching as well as research purposes is advantageous, especially in a low resource setting. Obtaining perspectives of medical students, who themselves had personal experience at the coaching centres is the strength of

the study. However, the study is bound by certain limitations. The TPS technique could have certain disadvantages such as unequal contribution by the participants, discussion on irrelevant topics that can affect the responses of the participants. Also, no information was collected about the students' prior experience with TPS. No attempts were made to monitor the students' use of technology (to seek answers) during the study, which could also alter the responses. Further, the responses given are from one institute, which affects the generalizability of the study.

There is a need for well-designed qualitative studies about generating data about reasons for suicide among medical aspirants for guiding the policymakers for designing and implementing effective preventive strategies against suicide.

**Conflict of interest:** None declared

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Naresh Nebhinani, Additional Professor, Pooja Patnaik Kuppili, Former Senior Resident, Vandana Kapoor, Intern, Vaishali R, former MBBS student, Kartik Singhai, Junior Resident, Department of Psychiatry; Mamta, Lecturer, College of Nursing, All India Institute of Medical Science, Jodhpur, Rajasthan, India.