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Relationship between Culture and Self-Efficacy with Risk of Suicide among High School Adolescents in Langke Rembong District, Manggarai Regency, East Nusa Tenggara

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Abstract

The changing times have resulted in a greater variety of problems that cause stress and the weaker one's ability to cope with stress. This results in higher cases of suicide and a higher risk of suicide. Assessment of the risk of suicide is important to pay attention to cultural factors other than individual factors. Various attempts have been made to reduce the suicide rate. One of the efforts that can be done to reduce suicide rates is to increase individual self-efficacy. This study aimed to determine the relationship between self-efficacy and culture with the risk of suicide among adolescents in Langke Rembong District, Manggarai Regency, East Nusa Tenggara Province. A cross-sectional study design was applied in this study. The population in this study were adolescents in Manggarai Regency with a sample size of 274 people. Data collection was carried out using the Assessment of Suicidal Intention (ASI), Cultural Assessment of Risk for Suicide (CARS) General Self Efficacy Scale (GSES). The results showed a significant relationship between CARS and GSES with a p-value <0.05. a significant relationship between ASI and GSES with a p-value of 0.003. The Manova test results showed a significant relationship between self-efficacy and the risk of suicide using CARS and GSES. p-value <0.05. Good self-efficacy can be a protective factor against suicide risk. Vice versa, low self-efficacy can be a risk factor for suicide.

Keywords: risk of suicide, culture, self-efficacy.

INTRODUCTION

Suicide is the number 15 cause of death, with more than 800,000 people dying each year. Thus it can be estimated that suicide is the cause of 1.4% of all deaths worldwide (1). The Indonesian Ministry of Health's Health Research and Development Agency in 2014 conducted an extrapolation study and showed the suicide rate in Indonesia was 1.77 per 100,000 population. The National Commission for Child Protection (KPAI) in 2014 reported 89 cases of suicide in children and adolescents. Nine cases ranged in age from 5 to 10 years, While 12 to 15 years, there are 39 cases. Meanwhile, those aged over 15 years had 27 cases (2).

Manggarai Regency, which is located in East Nusa Tenggara Province, from early 2019 to August 2019, recorded 12 suicides. More than 50% of these cases occur in adolescents. Suicide cases have various causes, including economic factors, social isolation, and due to prolonged illness.

Various studies have concluded that suicide is a complicated problem with risk factors in the form of social, cultural, environmental, personal, financial, or mental health factors (3,4). National efforts towards suicide prevention often highlight depression, encouraging early diagnosis and treatment of depression to save lives. However, in reality, limited mental health facilities and mental health cares and stigmatization often preclude the early diagnosis of depression and its treatment (5,6).

Causes of suicide can be environmental and interpersonal factors. Self-efficacy as an interpersonal factor has been studied as a measure to avoid suicide attempts (7). Low self-efficacy is often associated with higher depression and anxiety symptoms, resulting in suicidal ideation and suicide attempts (8). Suicidal behavior is often the result of experiencing humiliation and shame, lack of support from family members, failure to meet expectations, or environmental factors. There are cultural influences on how people perceive physical health and how they perceive mental health stress. One article explains that African-American men aged 15 to 34 who live in low urban areas have an increased suicide rate than those who live in suburban areas. This illustrates the cultural influence where a person lives with suicide (9)

Various attempts have been made to reduce the suicide rate. However, these efforts are more directed at physical treatment due to physical damage due to suicide attempts. Meanwhile, early diagnosis of the risk of suicide and factors that cause suicide are often overlooked. Early diagnosis is the right preventive effort to prevent the worse impact of the risk of suicide. Assessment of the risk of suicide and the causative factors in self-efficacy and culture is considered necessary as an appropriate preventive measure.

OBJECTIVE

The study aimed to examine the relationship between self-efficacy and culture with the risk of suicide among adolescents in Langke Rembong District, Manggarai Regency, NTT Province.

METHOD

This research was conducted in Lengke Rembomg Subdistrict, Manggarai Regency, NTT, using a cross-sectional study approach. The population in this study were adolescents in Manggarai Regency. About 274 samples were selected by using accidental technique sampling during one year period.

Three questionnaires were carried out to measure the variables. We used the Assessment of Suicidal Intention (ASI) to measure suicide risk. Assessment of Suicidal Intention (ASI) contains 20 items, each scoring from 1 to 3 points. The total score of 15–19 was recorded as low intent, score 20–28 was recorded as medium intent, and score 29 and above was recorded as high intent. Psychometric results showed that the internal consistency reliability coefficient of the SIQ-JR was high, r_{α}= 0.91, and the test-retest reliability coefficient was 0.89 (10). The

Cultural Assessment of Risk for Suicide (CARS) questionnaire was used to measure the cultural factors, while the measurement of respondents' self-efficacy used General Self Efficacy Scale (GSES). CARS included an initial set of 52 items developed to assess for the four cultural risk categories of the Cultural Model of Suicide (Cultural Sanctions, Idioms of Distress, Minority Stress, and Social Discord) to guide the researcher or clinician in incorporating cultural factors into risk assessment efforts. Items are rated on a 6-point Likert scale (1=*strongly disagree*, 2=*moderately disagree*, 3=*slightly disagree*, 4=*slightly agree*, 5=*moderately agree*, and 6=*strongly agree*), and participants are instructed to "Choose the response that best applies to you." Higher scores on the CARS indicate greater suicide risk (11).

The validity test results on the CARS questionnaire showed an alpha Cronbach value of 0.90, and the total summed overall CARS score also demonstrated excellent internal consistency, [alpha] = 0.90 (12). The GSEs questionnaire consists of 1- statements, with an assessment using a 1-4 Likert scale, namely: 1; strongly disagree, 2; disagree, 3; agree, 4; totally agree. This questionnaire's total score is 10-40, then categorized into 2, namely good, if the total score is ≥ 76% of the absolute maximum score, and bad if the total score is <76% of the total maximum score. The validity and reliability tests on 30 respondents showed a validity value of 0.38-0.73 with an alpha Cronbach value of 0.88 (13).

The research questionnaire was prepared in the google form. The questionnaire was distributed to adolescents in Manggarai Regency through social media such as WhatsApp, Facebook, and email. The questionnaires that respondents have filled will be collected in the form of a google sheet. The data that has been collected will be analyzed using the SPSS application. The analytical method used consists of correlational analysis and multivariate analysis. Correlational and multivariate analysis is used to see the relationship between self-efficacy and culture on suicide risk. The correlation analysis used was Pearson correlation and the multivariate analysis used was the Manova test.

Presentation of research data is presented by tables or frequency distributions of the variable suicide risk, self-efficacy, and culture. The display of research data is also in cross-tabulation (crosstab) to see the relationship between variables. With this analysis, it will be known the tendency of the research findings, whether there is a relationship or linkage between suicide, self-efficacy, and culture or not.

Respondents who are willing to participate in this study were required to sign informed consent. The researcher guarantees the anonymity of respondents and the confidentiality of data provided by respondents. This research has received an ethical permit with the ethical license number is 06/SK-IIIa/WAREK 1-02/k/02/2020.

RESULTS

Frequency of The Cultural Assessment of Risk for Suicide, Assessment of Suicidal Intention and General Self Efficacy

Table 1 showed the frequency of CARS. The findings explained that most of the Cultural Assessment of Risk for Suicide were medium (80.3%). More than half of ASI was low category (62.7%). More than half of GSES also was good category (55.8%).

Table 1. Distribution of cultural assessment of risk for suicide, assessment of suicidal intention and general self-efficacy scale

Variable	f	%
Cultural Assessment of Risk for Suicide		
Medium	220	80.3
High	54	19.7
Total	274	100
Assessment of Suicidal Intention		
Low	184	67.2
Medium	90	32.8
Total	274	100
General Self Efficacy Scale		
Good	153	55.8
Bad	121	44.2
Total	274	100

Relationship between cultural assessment of risk for suicide, assessment of suicidal intention and general self efficacy scale.

Tables 2 and 3 showed the relationship between self-efficacy and culture of suicide risk and self-efficacy with general suicide risk. The relationship between self-efficacy and suicide risk culture shows a significant relationship with a p-value of <0.01. Meanwhile, the relationship between self-efficacy and risk of suicide showed a relationship between two variables with a p-value >0.01.

Tabel 2. relationship between the cultural assessment of risk for suicide and general self efficacy

Variable	Mean	Pearson Correlation	p-*value*	Information
Cultural Assessment of Risk for Suicide and general self-efficacy	2.20	0.176	0.000	Significant

Sig.<0.01 level (2-tailed).

Tabel 3. relationship between assessment of suicidal intention and general self efficacy

Variable	Mean	Pearson Correlation	p-*value*	Information
assessment of suicidal intention and general self-efficacy		0.261	0.003	Significant

Sig.<0.01 level (2-tailed)

Multivariate statistical tests to measure the effect of the General Self Efficacy Scale (GSES) variable on the Cultural Assessment of Risk for Suicide (CARS) and Assessment of Suicidal Intention (ASI).

Tabel 4. MANOVA Test Result

Source	Dependent Variable	Mean Square	F	Sig.
General Self Efficacy Scale (GSES)	Cultural assessment of risk for suicide (CARS)	2.96	19.96	0.000
	Assessment of suicidal intention (ASI)	1.87	8.7	0.003

DISCUSSION

The research aims to see the suicidal risk on adolescents by considering the cultural factors. Culture in the research context is gender, sexual orientation, ethnicity, and other factors that characterize an individual in an area. Minority group variations in suicide rates may reflect fundamental differences in other important aspects of suicide such as expression, experience, risk factors, or protective factors (14). Cultural differences in assessing suicide risks, such as ethnicity and sexual orientation of minorities, can influence the questions to predict suicide risk. Questioning methods that reduce the potential for stigma or embarrassment can produce a more accurate picture of risk for someone prone to convert suicidal ideation. Assessing family conflict is also a significant indicator of suicide risk for individuals (12).

This study's measuring instrument to see the relationship between culture and suicidal risk is the Cultural Assessment of Risk for Suicide. The results showed that the CARS value was 80.3% at the medium value and 19.7 % at the high value. This study shows that most of the respondents had a medium risk of suicide by considering cultural factors. The CARS questionnaire can identify the extent to which a person experiences disagreement with family members, one's access to various social resources as a protective factor in situations of psychological stress, assess stress related to sexual or gender orientation, assess problems associated with minority groups, assess anger expression, somatization, risk behavior, or feelings of shame, assess cultural variations in the expression of suicidal intent, as well as assess family factors that can trigger or protect a person against suicide risk (12)

This study also looked at the risk of suicide using the Assessment of Suicidal Intention questionnaire. The results showed that 67.2% of respondents were in a low category, and 32.8% were in the medium category. The categorical differences shown by the Cultural Assessment of Risk for Suicide with the assessment of Suicidal Intention can mean that some respondents' risk of suicide can only be seen by reviews involving cultural factors. Assessment of Suicidal Intention is used to measure and assess suicidal intent and has an adequately high correlation with clinical estimates of suicide and self-harm risk. Assessment of Suicidal Intention is sensitive to changes in depression and hopelessness levels and has a link between hopelessness, depression, and suicidal ideation (15).

Various factors can contribute to the risk of suicide. Among those who had suicidal ideation, 9.8% had thoughts about suicidal intent attributed to the female gender, low education, people living alone or separately, a history of psychiatric disorders, substance abuse, poor mental health, and physical health attributed (16). This study focuses on internal factors in the form of self-efficacy. GSE aims to effectively assess personal competence in dealing with various stressful situations, which may reflect generalizations across different functional domains. People with higher self-efficacy were more likely to commit to self-regulatory

behavior (17). Several studies have shown a positive association of self-efficacy with behavior. Self-efficacy and learning motivation are important factors that affect the academic performance of an individual/student. This shows the influence and relationship of self-efficacy as a motivator and contributor to individual academic performance (18).

The results showed that the average respondent's answers to self-efficacy statements were at a mean value of 3, which means most respondents agreed to each self-efficacy statement. Meanwhile, self-efficacy statements in the form of "having no difficulty in carrying out my intentions and goals" and "If I face difficulties, usually I have many ideas to overcome them" are in the range of disagreeing with the mean value is 2. Self-efficacy statements that have a positive impact on one's positive behavior. The results showed a relationship between the risk of suicide and self-efficacy. Self-efficacy is closely related to the risk of suicide. Self-efficacy is considered to be a factor that can lead to high and low levels of suicidal ideation. Several studies have shown that self-efficacy can be used as a variable to prevent suicide. The results of other studies suggest that suicidal ideation can be prevented by increasing self-efficacy. This is evidenced by the increase in self-efficacy, which causes a decrease in suicidal ideation to be two times lower than before (95% confidence interval = 1.53 - 3.06) (1) Low self-efficacy is associated with lifetime suicidal ideation, attempted suicide. Previous self and future suicidal intentions (16).

This study showed a significant and positive relationship between self-efficacy and suicidal ideation. This means that the better the self-efficacy a person has, the lower the suicidal desire is. Vice versa, the lower the self-efficacy, the higher the risk of suicide. The results of other studies show that self-efficacy partially weakens the relationship between stress and suicidal ideation, and it prevents stress-induced suicidal thoughts (19). This study indicates that optimism and self-efficacy protect from the effects of stress on suicidal ideation. High self-efficacy and optimism have a substantial negative impact on suicidal ideation. (8,20) This study suggests that specific strengths (such as self-efficacy and optimism) may be necessary for understanding individual suicide risk and provide potential ways to improve the chance.

CONCLUSION

The results showed the suicide risk was low to medium range. Meanwhile, self-efficacy was a good category. The results of correlation and multivariate tests showed a significant relationship between self-efficacy and the risk of suicide. This proves that low self-efficacy can be a risk factor for suicide and vice versa. Good self-efficacy can be a protective factor against suicide risk.

Recommendation

This study was conducted using the MANOVA to determine the relationship between the variable dependent and variable Independent. A mixed-method study design needs to be undertaken to obtain more in-depth information about suicide risk and self-efficacy.

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