



Suicide Attitude and Its Relevant Factors Among Undergraduates

Hou Yongmei* and Guo Haixin

Department of Psychology, School of Humanity and Administration, Guangdong Medical University, China

*Corresponding author: Hou Yongmei, Department of Psychology, School of Humanity and Administration, Guangdong Medical University, China

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Abstract

Objective: To understand the present situation of suicide attitude among undergraduates and explore its major influencing factors.

Methods A: stratified random sampling was used to select 935 undergraduates from 7 full-time colleges in Guangdong province. They were investigated with Suicide Attitude Questionnaire (QSA), Psychological Capital Scale for College Students (PCSCS) and General Well-Being Schedule (GWB).

Results: The total scores of QSA, PCSCS and GWB were (82.42±5.79), (179.98±8.23), (79.55±5.71), respectively. On the attitude of suicide, 24 students hold the attitude of affirmation, recognition, understanding and tolerance; 417 students hold the attitude of contradiction and neutrality; 494 students hold the attitude of opposition, negation, exclusion and discrimination. The result of multivariate stepwise linear regression showed that 9 factors, such as major category, academic performance, part-time job, mother's occupation, gratitude, control of emotion and behavior, Melancholy or happy, worry about health and resilience, were positively correlated with the total score of QSA ($\beta = .104 \sim .759$, all $P < 0.05$); gender was negatively correlated with the total score of QSA ($\beta = -.228$, $P < 0.05$).

Conclusion: The suicide attitude of college students tends to be neutral, which may be related to personality characteristics, family and school education, and practical experience, etc

Keywords: Suicide Attitude; Psychological Capital; Well-Being; Questionnaire Survey; Multiple Stepwise Linear Regression

Introduction

Suicide is a global public mental health problem, the second cause of death for people aged 15-29 in the world [1], and the first cause of abnormal death for college students in China [2]. The detection rate of suicidal ideation of college students in China is 7.1-41.1% [3,4], and that of attempted suicide is 1.7-4.23% [5-7], which is 2-4 times that of the general population [8,9], and it is increasing year by year [10]. Suicide attitude is people's view of suicide phenomenon, which has the characteristics of difference and stability [11]. Suicide attitude has a strong cultural dependence.

Therefore, suicide attitude is also diverse

The most representative views are:

- suicide is a criminal act.
- suicide is immoral.
- suicide is a manifestation of psychosis; and
- suicide is personal freedom [11,12].

Suicide attitude has an important influence on the suicidal ideation and behavior of oneself or others. Those who hold a negative attitude towards suicide, think that suicide can't change others and can't help solve the problem are less likely to commit suicide than those who hold a tolerant attitude towards suicide and think that suicide can change others and help solve the problem [12].

Suicide again is largely caused by others' discrimination and hostile attitude [13,14]. The hostile attitude of medical staff towards suicide will make those who intend to commit suicide or attempted suicide have mental impedance and hinder treatment. If medical staff pay too much attention to, care about or praise suicide, it may strengthen the suicide idea and behavior of the litigants [15-17]. In fact, the influence of social attitude on individual suicide behavior is multi axis and multi-faceted. For example, if the society holds a negative and forbidden attitude towards suicide, even considers suicide a crime, and holds an exclusive attitude towards the family members of suicides, it may have a certain restrictive

effect on those who have suicidal thoughts in deciding whether to take action. At the same time, prejudice and discrimination may make the attempted suicide commit suicide again. Suicide attitude is influenced by demographic factors, family factors, personality characteristics, stressful life events and other factors [4,7-9,11,13,17-18]. However, most of the previous studies can only prove that suicide attitude is related to some factors but can neither prove the role of these factors nor explain the relationship between different factors. Because most of the above studies use one-way ANOVA or bivariate simple correlation analysis. Based on the above analysis, this study intends to explore the current situation and major influencing factors of college students' suicide attitude with a large sample multicenter epidemiological survey model and multiple linear regression analysis.

Subjects and Methods

Objects

Sample Size Estimation

The minimum sample size is calculated by G* Power 3 [19]. As the detection rate of suicidal ideation among domestic college students is 7.1-41.1% [3,7], and the test effect value is at medium level [3,7], that is, d value is 0.50-0.80 [20]. In this study, we set the effect value $d = 0.70$, the statistical test power $1 - \beta = 0.80$, the type I error probability $\alpha = 0.05$, and the minimum sample size for the survey is calculated as 786. The minimum sample size is determined as 897 due to a 20% of possible follow-up loss rate.

Sampling

A total of 1000 undergraduates are selected by stratified random sampling from 7 full-time colleges including Guangzhou University, South China Agricultural University, Guangdong University of technology, Guangdong Medical University, Guangzhou Academy of fine arts, Guangzhou Institute of physical education and Zhuhai School of Beijing Technology Institute as the survey objects. The average score of the final evaluation of the research Objects in the last semester is taken as the reference of academic performance, and the top 27% is the excellent group, the last 27% is the poor group, and the middle is the medium group. 935 valid questionnaires were collected, with an effective rate of 93.5%. Among them, there are 464 boys and 471 girls; 351 from countries, 306 from towns and 278 from cities; 184 freshmen, 193 sophomores, 195 juniors, 191 seniors and 172 fifth year students; 241 excellent academicians, 475 middle academicians and 219 poor academicians; 434 have ever had part-time job and 501 have never had part-time job.

Tools

Suicide attitude questionnaire, QSA

It is compiled by Xiao Shuyuan et al. [21]. There are 29 questions, divided into four dimensions: "attitude to suicidal behavior (its nature)", "attitude to suicides (including those who died and attempted suicide)", "attitude to the families of suicides"

and "attitude to euthanasia". The Liketer 5-points scoring method is used to score from 1 to 5 points corresponding to "not at all" to "completely yes". If the total average score or some dimension average score of the scale is less than or equal to 2.5, the object would be considered hold a positive, approval, understanding and tolerant attitude towards suicide (or the dimension content); if the total average score or some dimension average score of the scale is more than 2.5 and less than 3.5, the object would be considered hold a contradictory or neutral attitude towards suicide (or the dimension content); if the total average score or some dimension average score of the scale is more than or equal to 3.5, the object would be considered hold an attitude of opposition, negation, exclusion and discrimination towards suicide (or the dimension content). In this study, the Cronbach's a coefficient of the total scale is 0.875, and the Cronbach's a coefficient of each dimension is 0.787-0.831.

Psychological capital scale for college students, PCSCS

Compiled by Zhou Lixia [22], PCSCS has 45 questions, divided into six dimensions: hope, self-confidence, cooperation, optimism, resilience and gratitude. The liketer 7-points scoring method is used to score from 1 to 7 points corresponding to "completely non-compliant" to "completely compliant". The higher the total score, the higher the psychological capital. In this study, the Cronbach's a coefficient of the total scale is 0.835, and the Cronbach's a coefficient of each dimension is 0.677-0.804.

General well-being schedule, GWB

It was compiled by Fazio (1977) and revised by Duan Jianhua (1996) into Chinese version [27]. There are 18 items, which are divided into six factors: satisfaction and interest in life, worry about health, energy, melancholy or happy, control of emotion and behavior, relaxation and tension. The higher the score, the higher the happiness. In this study, the Cronbach's a coefficient of the total scale is 0.914, and the Cronbach's a coefficient of each dimension is 0.803-0.864.

Self-compiled questionnaire for general information and living conditions of college students

The CNKI, Wanfang database, VIP database, Baidu, Pubmed and other search engines were used to search the literatures about suicide and suicides among undergraduates (4538 in Chinese and 64410 in foreign). Based on that, the basic contents of the questionnaire were constructed, with a total of 14 items. Combined with the results of 3 collective discussions with 10 representatives of undergraduates and 5 experts in the field of higher education, 3 items were deleted, and 2 items were added. The final questionnaire for general information and living condition of college students consists of 13 items, including gender, grade, school category, major category, academic performance, part-time job, family economic status, place of origin, only child or not, father's education level, mother's education level, father's occupation, mother's occupation, etc.

Results

Descriptive statistics of the total score and factor scores of each scale

It can be seen from Table 1 that the total scores of CSPCS and

GWB of college students are (179.98±8.23) and (79.55±5.71), respectively, which are higher than the norm [22,23]. The score of "attitude to suicidal behavior" in QSA was lower than 2.5, the total score of QSA and the other three dimensions were higher than 2.5 but lower than 3.5.

Table1: Descriptive statistics of the scores of each scale (n=935).

Factor (Dimension)	M±SD	Min	Max	Average Score of each item
Total score of QSA	82.42±17.39	66	121	2.84±.58
Attitude towards suicidal behavior	21.37±5.87	14	33	2.37±.66
Attitude towards suicides	32.05±7.82	23	49	3.21±.68
Attitude towards families of suicides	14.66±3.73	9	20	2.93±.51
Attitude towards euthanasia	14.34±2.05	9	20	2.87±.41
Total score of PCSCS	179.98±18.23	158	225	4.00±.47
Hope	48.00±9.15	35	67	4.00±.75
Self-confidence	32.21±6.43	22	43	4.03±.71
Cooperation	31.96±6.20	22	42	4.00±.73
Optimistic	23.88±5.60	15	33	3.98±.78
Resilience	24.03±5.45	16	33	4.01±.74
Gratitude	19.89±2.69	13	30	3.98±.54
Total score of GWB	79.55±5.71	59	99	4.42±.62
Satisfaction and interest in life	8.48±1.20	6	13	4.24±.60
Worry about health	10.45±2.10	6	15	5.23±1.02
Energy	15.11±2.19	9	21	3.78±.55
Melancholy or happiness	16.13±2.18	9	21	5.04±.73
The control of emotion and behavior	13.00±1.55	9	17	4.33±.52
Relaxation and tension	17.41±2.17	11	23	4.35±.54

Suicide attitude of college students

On the attitude to the phenomenon of suicide, 24 students hold the attitude of affirmation, recognition, understanding and tolerance, 417 students hold the attitude of contradiction and neutrality, 494 students hold the attitude of opposition, negation, exclusion, and discrimination. On the attitude to suicidal behavior, 296 students hold the attitude of affirmation, recognition, understanding and tolerance, 638 students hold the attitude of contradiction and neutrality, and one student holds the attitude of opposition, negation, exclusion, and discrimination. On the attitude to suicides, 11 students hold the attitude of affirmation, recognition, understanding and tolerance, 730 students hold the attitude of contradiction and neutrality, 194 students hold the attitude of opposition, negation, exclusion, and discrimination. On the attitude to families of suicides, 89 students hold the attitude of affirmation, recognition, understanding and tolerance, 805

students hold the attitude of contradiction and neutrality, 41 students hold the attitude of opposition, negation, exclusion, and discrimination. On the attitude to euthanasia, 173 students hold the attitude of affirmation, recognition, understanding and tolerance, 705 students hold the attitude of contradiction and neutrality, 57 students hold the attitude of opposition, negation, exclusion, and discrimination.

Multiple stepwise linear regression analysis of factors related to the attitude towards suicide among undergraduates

Variable assignment

First, values are assigned to the possible situations (alternative answers) of demographic and psychosocial classification variables that may affect the total score of QSA, and the results are shown in Table 2.

Table 2: Aariable Assignment.

Item	Options and variable assignment
1.Gender	0=male,1=female
2.Grade	0=freshman,1=sophomore,2=junior,3=senior,4=fifth-year student

3.School category	0=science and engineering, 1=liberal arts, 2=agriculture, 3=medicine, 4=sports, 5=art, 6= comprehensive
4. Major category	0=science, 1=Engineering, 2=agronomy, 3=management, 4=medicine, 5 =liberal arts, 6=sports, 7=art
5. Academic performance	0=poor, 1=medium, 2=excellent
6. Origin	0= country, 1=town, 2= city
7. Have you ever worked part time	0=no, 1=yes
8. Family economic status	0=poor, 1= poverty-line, 2=well-off, 3=affluent
9. Only child	0=no, 1=yes
10. Father's education level	0 = primary school or below, 1 = junior high school, 2 = senior high school or technical secondary school, 3 = junior college, 4 = University or above
11. Mother's education level	0 = primary school or below, 1=junior high school, 2=senior high school or technical secondary school, 3=junior college, 4=university or above
12. Father's Occupation	0=real estate, 1=finance, securities and insurance, 2=commerce and trade, 3=manufacturing, 4=IT and communication, 5=energy industry, 6=tourism and transportation, 7=journalism, 8=education, 9=medical treatment, 10=others
13. Mother's Occupation:	0=real estate, 1=finance, securities and insurance, 2=commerce and trade, 3=manufacturing, 4=IT and communication, 5=energy industry, 6=tourism and transportation, 7=journalism, 8=education, 9=medical treatment, 10=others

Multiple stepwise linear regression analysis of factors related to suicide attitude among undergraduates

Taking the total score of QSA and the scores of its four dimensions as dependent variables, respectively, the 6 dimensions of PCSCS, 6 dimensions of GWB and 13 factors that may be related to the total score of QSA (including demographic variables and psychosocial factors) as independent variables, the multiple stepwise linear regression analysis was carried out within 95% confidence interval. From Table 3, it can be found that major category, academic performance, part-time job, mother's occupation, control of emotion and behavior, melancholy and happiness, gratitude, worry about health and resilience, were positively correlated with the total score of QSA ($\beta = .104 \sim .759$, all $P < 0.05$). Gender was negatively correlated with the total score of QSA ($\beta = -.228$, $P < 0.05$). Seven factors such as part time job, academic performance, gratitude, optimism, resilience, melancholy or happiness, control of emotion and behavior, were positively correlated with the score of attitude to

suicidal behavior ($\beta = .155 \sim .707$, all $P < 0.001$). Father's education level was negatively correlated with the score of attitude to suicidal behavior ($\beta = -.161$, $P < 0.05$). Six factors such as Major category, part-time job, gratitude, resilience, melancholy or happiness, control of emotion and behavior were positively correlated with the score of attitude to suicides ($\beta = .159 \sim .606$, all $P < 0.01$). worry about health was negatively correlated with the score of attitude to suicides ($\beta = -.244$, $P < 0.01$). Part time job, gratitude, cooperation and mother's educational level were positively correlated with the score of attitude towards the families of suicides ($\beta = .106$ to $.338$, $P < 0.05$), while major category and gender were negatively correlated with the score of attitude towards the families of suicides ($\beta = -.172$, $-.231$; $P < 0.01$). Mother's occupation, academic performance, part-time job or not were positively correlated with the score of attitude to euthanasia ($\beta = .197$ to $.285$, all $P < 0.05$), while gender and worry about health were negatively correlated with the score of attitude to euthanasia ($\beta = -.301$, $-.433$; $P < 0.01$).

Table 3: multiple stepwise linear regression analysis of influencing factors related to the total score and scores of the four dimensions of SAQ.

Dependent Variable	Independent Variable	Regression Coefficient		β	t	P	R^2	R_{adj}^2
		B	SE					
SAQ total score	Constant	62.855	1.278		49.18	<.001	0.669	0.664
	Part time job	0.588	0.075	0.323	32.63	<.001		
	Resilience	0.687	0.089	0.631	13.446	<.001		
	Gender	-0.486	0.067	-0.228	5.803	<.001		
	Melancholy or happy	0.771	0.084	0.716	4.566	<.001		
	Control of emotion and behavior	0.741	0.741	0.759	2.23	0.028		
	Worry about health	0.517	0.075	0.416	-2.641	0.013		
	Academic performance	0.39	0.055	0.26	2.71	0.007		
	Mother's occupation	0.262	0.073	0.149	2.227	0.026		
	Gratitude	0.301	0.048	0.207	2.126	0.034		
	Major category	0.178	0.031	0.104	2.094	0.037		

Attitude to suicidal behavior	Constant	26.383	0.507		64.828	<.001	0.413	0.41
	Resilience	0.751	0.089	0.573	17.736	<.001		
	Optimistic	0.533	0.076	0.467	4.344	<.001		
	Part time job	0.369	0.042	0.258	15.97	<.001		
	Melancholy or happy	0.782	0.095	0.609	8.346	<.001		
	Control of emotion and behavior	0.811	0.087	0.707	6.119	<.001		
	Academic performance	0.545	0.161	0.155	-5.395	<.001		
	Gratitude	0.643	0.088	0.351	4.428	<.001		
	Father's education	-0.212	0.099	-0.161	-2.142	0.032		0.585
Attitude to Suicides	Constant	25.287	0.325		77.896	<.001	0.586	
	Resilience	0.586	0.083	0.517	4.05	<.001		
	Part time job	0.448	0.068	0.269	27.374	<.001		
	Melancholy or happy	0.696	0.094	0.564	5.337	<.001		
	Gratitude	0.624	0.075	0.427	6.217	<.001		
	Worry about health	-0.374	0.069	-0.244	-8.232	<.001		
	Control of emotion and behavior	0.734	0.072	0.606	2.235	0.024		
	Major category	0.276	0.049	0.159	2.656	0.008		
Attitude to the families of Suicides	Constant	13.558	0.271		50.058	<.001	0.314	0.311
	Major category	-0.276	0.051	-0.172	18.77	<.001		
	Gratitude	0.544	0.078	0.338	23.97	<.001		
	Part time job	0.22	0.035	0.252	9.718	<.001		
	Cooperation	0.577	0.074	0.334	7.166	<.001		
	Gender	-0.313	0.055	-0.231	-4.907	<.001		
	Mather's education	0.156	0.028	0.106	2.175	0.03		
Attitude to euthanasia	Constant	8.313	0.296		28.103	<.001		
	Worry about health	-0.493	0.064	-0.433	-15.341	<.001		
	Gender	-0.373	0.085	-0.301	-20.561	<.001		
	Part time job	0.248	0.079	0.285	9.901	<.001		
	Academic performance	0.442	0.075	0.197	5.873	<.001		
	Mother's occupation	0.27	0.06	0.23	2.33	0.02		

Discussion

In the total score and four dimensions of QSA, more than 44.60% (417 / 935) of college students hold contradictory and neutral attitude, which is consistent with the results of previous literature [7,9,24-26], suggesting that the attitude of college students towards suicide is vague in general. College students lack sufficient cognition of the nature and harm of suicide phenomenon, and they still hope for the role of suicide (whether it can change the behavior of others, whether it can change the progress of the situation, and even solve problems, etc.). This may be due to the fact that college students are in the forming stage of values and world outlook, immature understanding of suicide and immature coping styles when they encounter setbacks. In addition, the popularity of Internet media in recent years and the frequent reports of star suicides make college students have a one-sided understanding of death and blindly imitate it [14]. Multiple stepwise linear regression

showed that major category, part-time job, gratitude, mother's occupation, academic performance, control of emotion and behavior, Melancholy or happy, worry about health and resilience were positively correlated with the total score of SAQ, while gender was negatively correlated with the total score of SAQ.

There is a positive correlation between major category and total score of QSA, which is reflected in the positive correlation between major category and attitude towards suicides and the negative correlation between major category and attitude towards families of suicides, which is consistent with the results of previous studies [7,24,27]. It is suggested that students of different majors have different opinions on the personality characteristics and the consequences of suicide. Compared with students of science and engineering, students of other majors more inclined to think that suicides are cowardly, incompetent, impulsive and irresponsible, so they are more opposed and rejected to suicides, and more

sympathetic to the pain of their families. Gratitude is positively correlated with the total score of QSA, which is reflected in the positive correlation between gratitude and the attitude towards suicidal behavior and suicides, and the negative correlation between gratitude and the attitude towards suicides' families, which is consistent with the results of previous research [28], suggesting that gratitude is helpful to improve college students' sympathy and understanding for the families of suicides, and make them more inclined to oppose suicidal behaviors and suicides. The positive correlation between control of emotion and behavior and QSA total score is reflected in the positive correlation between control of emotion and behavior and attitude towards suicidal behavior and suicides, which is consistent with the previous research results [12,26,28], suggesting that college students with high ability of control of emotion and behavior are more inclined to think that suicide is an impulsive, irrational and irresponsible behavior, so suicides are not worthy of sympathy and put forward the "stress sustainability model [29]" from the perspective of neurobiology, and found that different individuals have different responses to the same experience or encounter, which is closely related to the individual's performance in face-to-face stimulation and how the quality factors interact with the environment. Self-control is the key quality characteristic of interaction between individual and environment. Those with strong self-control ability are more difficult to be disturbed by life events, and they advocate and insist on calm response when encountering life events and solve problems reasonably (control environment).

Melancholy or happy is positively correlated with the total score of QSA, which is reflected in the positive correlation between Melancholy or happy and the attitude towards suicidal behavior and suicides, which is consistent with the results of previous research [30], suggesting that mood can affect attitude. Happy can make college students experience the fun and meaning of life, love and cherish life, and tend to oppose suicidal behavior and suicides; depressed is on the contrary. Resilience is positively correlated with the total score of QSA, which is reflected in the positive correlation between resilience and attitudes towards suicidal behavior and suicides, which is consistent with the results of previous research [28], suggesting that people with different levels of resilience have different evaluations on the nature of suicidal behavior and the quality of suicides. People with high resilience think that individuals can recover from setbacks with their own efforts, and suicide is to avoid problems, not to help solve problems, and suicides are cowardly and irresponsible, so they are against suicidal behavior and suicides. There is a positive correlation between part-time job and the total score of QSA, which is reflected in the positive correlation between part-time job and the scores of four dimensions: attitude to suicidal behavior, attitude to suicides, attitude to suicides' families, and attitude to euthanasia, which is consistent with the results of previous research [27], suggesting that social practice experience can comprehensively affect the individual's concept of phenomena related to suicide. Part time job exerts the ability of college students, makes them have a clearer goal

and reasonable expectation for their future, have a more objective understanding of themselves, others and society, and have a firmer belief in life. They are more able to deal with life setbacks rationally and cherish life more [31]. Academic performance is positively correlated with the total score of QSA, which is reflected in the positive correlation between academic performance and the score of attitude towards suicidal behavior, and the negative correlation between academic performance and the score of attitude towards euthanasia, which is consistent with the results of previous studies [18,26], suggesting that those with high academic performance can treat life more rationally (not just cherish life). They prefer to face difficulties bravely, actively solve problems, and oppose suicide as a way to solve problems, but they prefer euthanasia as a way to solve end-stage pain.

There is a negative correlation between gender and the total score of QSA, which is reflected in the significant negative correlation between gender and the scores of attitude towards the families of suicides and the attitude towards euthanasia. Female students are more sympathetic to the families of suicides than male students, and more identify with euthanasia, which is consistent with the results of previous studies [7,18,26,27]. It is suggested that gender has a significant effect on suicide attitude. What are the reasons? Whether it is due to the effect of sex hormones [32] or the influence of parenting style [31,32] remains to be proved by follow-up studies. The positive correlation between the occupation of mother and QSA total score is reflected in the positive correlation between the occupation of mother and the score of attitude to euthanasia, which is consistent with the result of previous study [11], suggesting that as the main caregiver, the mother's view of life and death has an important influence on the attitude of death of children. The reason may be that the mother's occupation can affect her own attitude to death [8], and then influence the children's death attitude (euthanasia attitude) through words and deeds. Worry about health is negatively correlated with the total score of SQA, which is reflected in the negative correlation between worry about health and the attitude towards suicides and euthanasia, which is consistent with the result of previous research [17], suggesting that worry about health may reduce college students' evaluation of the value of life and make them more inclined to sympathize with and tolerate suicide.

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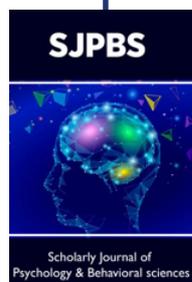
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