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A qualitative descriptive study on the meaning of suicide among college students

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Abstract

Background: Suicide is a major public health issue, and the underlying causes have not been definitively identified. Suicide instances continue to be prevalent in media coverage, and there is a rise in the incidence of suicides. In 2023, the incidence of suicides among junior high school students was highest in Central Java with 253 cases, followed by East Kalimantan with 128 cases, and North Kalimantan with 4 cases.
Purpose: To investigate the significance, understanding, origins, outcomes, and anticipations of students regarding suicide incidents in coastal regions.
Method: This was a descriptive qualitative study. The participants in this study were students from coastal areas. The number of respondents was 13. Data collection using in-depth interviews with interview guidelines, field notes, and data collection results was analyzed using Collaizzi.
Results: This study identified four themes: comprehension of suicide incidents in coastal border areas, and factors that lead individuals to commit suicide in coastal zones. Events occurring post-suicide and suicide events are absent in coastal villages.
Conclusion: Suicide among students in coastal border regions is shaped by limited awareness, personal and familial stressors, and varied social reactions. While some responses to suicide attempts involve sympathy and support, others perpetuate stigma and exclusion, reinforcing negative narratives.

Keywords: Coastal Border Area; Students; Suicide.

INTRODUCTION

Suicide constitutes a major public health issue, and its underlying causes remain inadequately identified. Suicide incidents frequently feature in media coverage, and there is a rising trend in the frequency of such cases. Despite extensive research on suicide prevention, suicide continues to be a significant contributor to morbidity and mortality globally (Kim, Shin, Myung, Fava, Mischoulon, Papakostas, & Jeon, 2019). Both physical and psychological stressors in an individual's life can trigger the onset of suicidal ideation, which is associated with mental diseases.

There is an increase in mental health needs in US colleges; as many as 35% of students reported "feeling so stressed and having difficulty studying, and another 50% reported having extreme anxiety that made it difficult to succeed academically (Tsong, Young, Killer, Takemoto, & Compliment, 2019). The Center for Collegiate Mental Health (CCMH), an organization that collects mental health data and counseling or mental health centers at more than 263 universities, found that almost 33% of students came to have serious mental health problems, even accompanied by suicidal ideation and attempts, at some point in their lives. A person's inability to manage stress will trigger suicidal behavior (Stuart, 2022).

For instance, suicide in 2019, a student committed suicide in Surakarta and another in Bandung; in addition to these two cases, several other suicide

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episodes among students have occurred. In 2023, East Kalimantan recorded the second highest number of suicides with 128 cases after Central Java with 253 cases (Ministry of Health of the Republic of Indonesia, 2019). North Kalimantan reported 4 suicides, according to police data, including occurrences involving junior high school pupils and many other cases in the city of Tarakan (Statistics Indonesia North Kalimantan Province, 2025). A preliminary 2024 study on students at the University of Borneo Tarakan College revealed that 32% exhibited high suicidal ideation, while 68% demonstrated low suicidal ideation. Additionally, interviews with researchers indicated that some students preferred to consult about their issues via WhatsApp rather than in person due to feelings of embarrassment. Furthermore, students expressed feelings of blame and disappointment with God regarding their circumstances. The situation requires urgent attention to facilitate preventive measures against suicide (Taylor & Dear, 1981).

Faith-based communities (FBCs) serve as pivotal entities in community service, particularly through religious leaders, emphasizing suicide prevention, the significance of religion and spirituality for certain populations, and the role of faith in comprehending and mitigating suicide risk (Kopacz, Nieuwsma, Wortmann, Reyes, & Meador, 2020).

RESEARCH METHOD

This study employed a qualitative descriptive design focused on societal issues, with the aim of elucidating the significance of suicide among students in coastal areas by exploring their lived experiences. The research was conducted at Borneo Tarakan University, which comprises nine faculties. All participants were enrolled students of the university, selected according to predefined inclusion criteria: active participation in lectures, enrollment between the first and seventh semesters, provision of informed consent, and the ability to communicate effectively in Indonesian. Recruitment continued until data saturation was reached, indicated by the absence of new themes in subsequent interviews.

Data collection involved in-depth interviews and observation of participants' nonverbal responses. Prior to participation, informed consent was obtained. Semi-structured interviews, lasting 30–40 minutes, addressed several domains: students' understanding of suicide in coastal regions, contributing factors, perceived consequences, and expectations regarding suicide in these contexts. Instruments included a mobile phone voice recorder, an interview guide, and field notes documenting nonverbal cues.

Data analysis followed Colaizzi's phenomenological approach, encompassing nine systematic steps. Transcripts were repeatedly reviewed to capture the essence of participants' experiences. Significant statements were extracted, meanings were formulated, and these were organized into subthemes and overarching themes. To ensure rigor, findings were validated through member checking with participants. Data were subsequently organized and displayed in tables and charts to facilitate interpretation. Conclusions were drawn by synthesizing findings and aligning them with the research objectives, thereby enhancing validity and identifying directions for future inquiry.

Credibility was strengthened through triangulation of interview data with observational notes on nonverbal behaviors, enabling deeper insight and detection of inconsistencies. Transferability was supported by detailed descriptions of the research context, participant characteristics, and interview settings. Dependability was ensured via an audit trail documenting all stages of data collection and analysis. Confirmability was enhanced through reflexive journaling, in which the researcher critically examined personal assumptions and biases, and through peer debriefings among the research team to review coding and interpretation.

Ethical approval was obtained from the Ethics Committee of the Faculty of Health Sciences, Universitas Borneo Tarakan (Approval No. 18/KEPK-FIKESUBT/X/2024).

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RESEARCH RESULTS

Table 1. Demographic Characteristics of Participants

Code	Initials	Age (Year old)	Religion	Education	Gender	Semester
P1	Ms. S	18	Islam	Senior High	Female	One
P2	Mr. R	20	Islam	Senior High	Male	Five
P3	Ms. S	19	Islam	Vocational School	Female	Three
P4	Ms. S	17	Islam	Senior High	Female	One
P5	Mr. R	18	Islam	Senior High	Male	One
P6	Ms. S	18	Islam	Vocational School	Female	Five
P7	Ms. S	20	Islam	Senior High	Female	Five
P8	Ms. S	20	Islam	Vocational School	Female	Five
P9	Mr. R	20	Islam	Vocational School	Male	Three
P10	Mr. R	19	Islam	Senior High	Male	Three
P11	Mr. R	19	Islam	Vocational School	Male	Three
P12	Mr. R	18	Islam	Senior High	Male	One
P13	Ms. S	18	Islam	Senior High	Female	One

Table 1 outlines the demographic profile of the participants. Each participant was assigned a code ranging from P1 to P13, corresponding to their initials. The participants were aged between 18 and 20 years, and all identified as Muslim. Educational attainment varied, with eight participants being high school graduates and five graduates of vocational high schools. The sample comprised six males and seven females. Distribution across semesters included five students in the first semester, four in the third semester, and four in the fifth semester.

Although some participants occasionally used regional dialects, communication was effectively maintained. The researcher, supported by native Javanese speakers, ensured accurate interpretation and mutual understanding throughout the interviews.

Data analysis produced four major themes and five subthemes, representing the core findings of the study. The topic concerning the significance of suicide among students reached saturation, as evidenced by consistent responses from more than four participants across the identified subthemes.

Theme 1: Comprehension of suicide occurrences in coastal border regions.

Suicide constitutes a considerable public health issue, and the underlying causes remain inadequately identified. Instances of suicide frequently feature in media coverage, and there is a rising trend in the incidence of such occurrences. Despite extensive research on suicide prevention, suicide continues to be a significant contributor to morbidity and mortality globally (Kim et al., 2019). Mental diseases, triggered by both physical and psychological stressors in an individual's life, are associated with the onset of suicidal ideation. The initial issue of the study, specifically the comprehension of suicide episodes in coastal border regions, is categorized into a singular sub-theme concerning the understanding of suicide. According to observations and comprehensive interview data with participants, the most often mentioned outcomes during interviews include comprehension, have heard, comprehend, know, have never heard, lack knowledge, and lack understanding.

Subtheme 1.1: Awareness of suicide

The prevalence of suicide occurrences frequently results from an insufficient understanding of the underlying causes of suicide. Participants in interviews frequently articulate phrases indicating comprehension, awareness, and familiarity. As articulated by the participants below:

"Concerning suicide, ma'am, we acknowledge that it is a detrimental act." (P1)

"I am aware of suicide and comprehend its implications" (P2).

"I am aware of suicide, ma'am, and I comprehend it, ma'am." (P5).

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"I comprehend, madam, the concept of suicide" (P6).
"I have previously encountered discussions regarding suicide, ma'am; I received this explanation during counseling at the health center" (P3).
"I have previously encountered discussions about suicide, albeit a considerable time ago" (P6)
"I became aware of suicide during our treatment at the hospital, ma'am." (P7)
"I am aware of suicide, ma'am, and comprehend it" (P5).
"I have received an elucidation regarding suicide, and I comprehend it, ma'am." P6.
"I comprehend, madam, the concept of suicide" (P7).
"Upon elucidation of this act of suicide, I comprehended it, ma'am." (P9)
"I have received an elucidation regarding suicide; I comprehend it, ma'am, about this act." (P11)
"This act of suicide has been elucidated, ma'am, I comprehend the concept of suicide" (P2).
"I am already acquainted with the concept of suicide, ma'am; I possess some knowledge regarding its nature." (P3).

Theme 2: Factors Leading to suicide in coastal Regions

Suicide is often the result of an individual's failure to cope with extreme stressors. Suicide is often influenced by psychological and emotional factors such as despair, loss, and severe depression; socioeconomic factors such as lack of sufficient income and inadequate access to health services; and environmental factors such as environmental stressors and easy access to self-harm (Potter, Perry, Stockert, Hall, & Peterson, 2016). The second theme of the study, namely activities leading to suicide in coastal regions, is categorized into a singular sub-theme concerning occurrences that precipitate suicide. Observations and comprehensive interview data reveal that participants frequently report experiencing stress, numerous challenges, heartbreak, insults from peers, disappointment, embarrassment, recurrent anger, victimization, lack of affection, parental separation, and discrimination.

Subtheme 2.1: Events that result in individuals committing suicide

Suicide exhibits a high incidence rate attributable to multiple circumstances. Numerous factors can precipitate suicide, leading an individual to take their own life. Suicide events frequently arise in society as a result of stress, numerous issues, shame, and recurrent reprimands or physical abuse. The term frequently articulated by interview participants is stress, as seen by the following statements:

"The majority of individuals who take their lives do so due to stress, ma'am." (P1).
"Madam, this sensation of stress can lead individuals to contemplate suicide, correct?"(P3).
"This stress is significant, ma'am, and it drives individuals to commit suicide today."(P7)
"Numerous individuals encounter insurmountable issues, leading them to contemplate suicide due to their inability to resolve these problems."(P8)
"Numerous factors contribute to suicide, including the presence of multiple issues." (P9)
"Madam, suicide typically transpires due to the presence of numerous issues." (P10)
"Numerous individuals encounter insurmountable issues, leading them to contemplate suicide as a solution." (P13)

Theme 3: Events experienced following a suicide attempt.

A suicide attempt is the most extreme form of maladaptive response; after the attempt, the patient is usually in a state of helplessness and despair. The conditions experienced after a suicide attempt include psychological problems such as: ambivalence (the emergence of feelings of hesitation between the desire to die and the desire to stay alive), feelings of shame and guilt (individuals often feel stigmatized or feel they have failed, either failing to end their lives or failing to face life's problems), experiencing decreased self-esteem (post-event, the patient's self-esteem reaches its lowest point such as low self-esteem which, if not immediately addressed, can trigger a more fatal re-attempt (Yosef & Sutini, 2016). The third issue in the study pertained to the events after the act of suicide. Divided into two sub-themes: positive behavior and negative behavior. Observations and comprehensive interview data with participants revealed that the predominant themes throughout interviews were negative values, ridicule, ostracism, disparaging narratives, pity, caring, assistance, and affection.

Subtheme 3.1: Achieving good behavior

The behavior exhibited by an individual is frequently constructive, thereby preventing suicide. Suicide does not transpire since it typically prompts

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adverse behavior in individuals who have not encountered it. Participants frequently conveyed a desire for pity, care, and affection during interviews, as illustrated by the following participant:

"Individuals who have taken their lives deserve compassion. Avoid ostracism; it is unfortunate if others marginalize or disparage you. (P5).

"I empathize with you, ma'am, as I witness individuals who, after committing suicide, receive disinterest from their families." "In our neighborhood, individuals who have taken their lives receive attention, ma'am..." (P5).

"Individuals who have attempted suicide require support, ma'am, to prevent the recurrence of such actions." "Do not reject them, madam; they require affection, madam."(P2).

"We should show compassion to individuals who commit suicide to prevent the recurrence of such actions" (P3).

Subtheme 3.2: Engaging in undesirable conduct

Suicide is prevalent in society and is influenced by various causes, including environmental and familial elements. Suicide typically leads individuals who have encountered it to exhibit maladaptive behavior. The sentiments frequently articulated by participants during interviews were negative values and unfavorable narratives, as indicated by the participants below:

"At times, individuals who have taken their own lives are viewed unfavorably." (P3)

"Madam, individuals who have taken committed suicide have been evaluated unfavorably; they are deemed no longer beneficial" (P5).

"Individuals typically express negative sentiments directly towards those who have taken their own lives" (P8).

"Individuals frequently convey negative narratives directly to those who have taken their own lives" (P5).

Theme 4: Suicide instances are absent in coastal towns.

Suicide is a universal phenomenon that can occur anywhere but is influenced by various risk factors. Suicide can occur due to a range of self-protective responses such as self-enhancement (adaptive response), destructive risk (harmful traits begin to emerge), self-injury (injuring oneself but not wanting to die), and suicide (culminating in maladaptive response) (Yusuf, Fitryasari, & Nihayati, 2015). To prevent suicide, it is important to pay attention to maintaining good relationships with children, having no history of suicide in the family, and avoiding conditions of social isolation and job loss or poverty. In coastal areas of Indonesia, a very significant cause of suicide is economic factors that trigger psychosocial stressors (Yusuf, Fitryasari, Nihayati, & Tristiana, 2019). The fourth theme in the study pertained to the experiences following the act of suicide. Categorized into one sub-theme: Prevent activities that lead to suicide. Based on observations and comprehensive interview data with participants, the predominant issues that surfaced during interviews included suicidal ideation, aversion to solitude, the exhortation to refrain from self-harm, and the emphasis on persistent prayer and increased patience

Subtheme 4.1: Prevent activities that lead to suicide.

Suicide is prevalent in society and is influenced by various causes, both environment and family. Suicide occurrences typically lead to adverse behavioral changes in individuals who have encountered them. Participants frequently articulated attitudes during interviews that involved narrating challenges, evading suicidal thoughts, and exhibiting devoted prayer and increased patience, as illustrated by the following participants:

"Ma'am, in my opinion, if there is a problem, tell it so that undesirable things don't happen" (P1)

"Tell me about the problem, ma'am, so that suicide doesn't occur" (P3)

"So that there are no suicides every time the problem is told, don't be a burden on yourself" (P9)

"In my opinion, it's better to avoid committing suicide if there's a problem; there's no point" (P1)

"Suicide is not good, ma'am; it's better to avoid suicide if there is a problem" (P2)

"If I have a problem, ma'am, I will avoid committing suicide, because that is a big sin, ma'am" (P3)

"Suicide is done if there is a problem, you should pray devotedly ma'am, if you have a serious problem" (P2)

"You should pray devotedly, ma'am, if you have a problem, tell the people closest to you" (P3)

"You should pray devotedly, ma'am, if you have a

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serious problem, don't just keep quiet" (P2)

"The act of praying devotedly is a way to ask for guidance if there is a problem, ma'am," (P3)

"If there is a problem, you should be more patient, accept reality, and surrender" (P1)

"You have to surrender, ma'am. If there is a problem, you have to be more patient in dealing with every problem" (P2)

"No matter how difficult the problem you are facing, you have to be more patient, ma'am, in facing all of this" (P3)

DISCUSSION

The exploration of suicide among students in coastal border regions was structured into four principal components: (1) awareness and comprehension of suicide, including prior exposure, understanding, and knowledge; (2) contributing factors such as stress, social humiliation, frequent reprimands, and feelings of burden; (3) repercussions characterized by both sympathetic responses (pity, care, affection) and adverse narratives (scorn, ostracism, negative judgment); and (4) aspirations for prevention, encompassing communication of concerns, avoidance of self-harm, prayer, and cultivation of patience. The study identified four themes and five sub-themes, with the most prominent being students' comprehension of suicide episodes, which ranged from recognition of its brutality to a lack of understanding due to ignorance or misinformation. Another central theme was the catalysts for suicidal behavior, including personal stressors (relationship breakups, disappointment, shame) and parental issues (reprimands, deprivation of affection, separation, discrimination). Reactions following suicide attempts varied, with some students receiving sympathy and assistance, while others faced ridicule and ostracism. Preventive aspirations emphasized communication, companionship, and spiritual practices as protective measures.

Suicide is defined as a deliberate act to end one's life, manifesting in signals, threats, or attempts (Stuart, 2016). Suicide risk denotes the heightened likelihood of self-harm with fatal intent (Indonesian National Nurses Association, 2017). Despite extensive prevention efforts, suicide remains a major contributor to global morbidity and mortality (Kim et al., 2019). Insufficient attention to adolescent mental health exacerbates vulnerability, as minor issues can escalate into severe crises. Cultural narratives, such as Thirteen Reasons Why, highlight the role of bullying, harassment, and depression in precipitating suicidal ideation (Djohar, Salsabila, Nisa, Rahayu, Prameswari, & Oktasari, 2024). Misunderstanding of suicide among students is linked to inadequate information and exposure, underscoring the importance of awareness and comprehension.

Suicide involves contemplation of timing, location, and method, often perceived as the optimal solution to personal difficulties, particularly when knowledge is lacking (Krisnandita & Christanti, 2022). Contributing factors include economic hardship, familial discord, mental health disorders, and cultural influences, necessitating interventions in mental health services, economic empowerment, and social support (Botha, 2024). Depression, anxiety, unemployment, poverty, and societal pressures are recurrent catalysts (Aliverdinia & Pridemore, 2020). Reactions to suicide vary, with some individuals receiving compassion and assistance, while others experience ridicule and exclusion (Fauziah & La Kahija, 2017; Quarshie, Cheataa-Plange, Annor, Asare-Doku, & Lartey, 2019). The importance of self-expression is emphasized, as suppression of emotions may heighten vulnerability to suicidal tendencies (Kertamuda, 2023).

Suicide is increasingly perceived by youth as a solution to stress and mental health challenges, contributing to rising mortality rates in Indonesia (Kurniawan, 2019). Early emotional support and awareness of mental health needs can mitigate crises, fostering patience and resilience (Hidayah & Seprian, 2022). Preventive strategies include open communication, companionship, prayer, and avoidance of isolation. Bullying, anxiety, and behavioral disorders remain prevalent among adolescents, with peer relationship problems frequently linked to suicide. The findings underscore the necessity of prioritizing adolescent mental health, particularly within Generation Z, whose social dynamics differ markedly from those of preceding cohorts (Hidayah, Florensa, Seprian, & Turnundo, 2023).

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CONCLUSION

The analysis of suicide among students in coastal border regions was organized into four thematic domains. First, *student knowledge*, encompassing awareness, comprehension, prior exposure, and understanding of suicide. Second, *causal factors*, which include stress, multiple challenges, feelings of shame, frequent reprimands, and excessive burdens as contributors to suicidal behavior. Third, *consequences of suicide incidents*, reflected in responses such as pity, care, affection, negative perceptions, and adverse narratives, which were further classified into primary and secondary themes. Finally, *student expectations*, which highlight aspirations to voice concerns, avoid self-harm, engage in intensive prayer, and cultivate patience, also structured into a main theme and a subtheme.

Preventive aspirations emphasize communication, companionship, prayer, and patience. Strengthening adolescent mental health literacy and support systems is essential to reduce suicide risk and foster resilience.

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