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Relationship between Alienation and Suicide Ideation among Malaysian Indians

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ABSTRACT

In response to the high rates of suicide instances among the people of Malaysian Indian ethnicity, a mixed-methods approach was employed to examine the relationship between alienation and suicide ideation among this segment of Malaysian society. A total of 234 Malaysian Indians aged 20 – 40 were recruited for this study. Dean's alienation scale was used and semi-structured interviews were conducted with 15 participants. The qualitative data was thematically analysed and was used for explanatory purposes. A correlation analysis showed that powerlessness and normlessness had a significant positive correlation to suicide ideation. A hierarchical multiple regression analysis, however, showed that powerlessness appeared to be the strongest predictor in explaining suicide ideation, followed by age and income level. From a social perspective, the qualitative data revealed financial hardship and interpersonal comparison and from a cultural perspective; coping with pride, mental health and horoscope belief, contributed to a feeling of powerlessness. It is recommended that in future studies, researchers take into account the social and cultural dimensions when considering suicide prevention strategies.

Keywords: Alienation, Malaysian Indians, normlessness, suicide, powerlessness

INTRODUCTION

The increase in suicide rates since 2012 (World Health Organization [WHO], 2014) has become a global public health concern. Suicide rates are highest in East Asian countries such as Korea, Japan and China

with South Korea ranking first in 2004 and 2005 (Kim et al., 2010). Several countries in Asia including Sri Lanka, China, Japan and South Korea have accounted for the greater part of the world's suicides, which have amounted to an epidemic in Asia (Kwok et al., 2015). The World Health Organization (WHO) estimates that approximately 1.53 million individuals worldwide will die due to suicide by the year 2020; which means in every twenty seconds at least one person will die due to suicide (Sinniah et al., 2014b).

There has been an exponential increase in the rate of suicides in Malaysia over the past 45 years (Ibrahim et al., 2014). This recent significant increase including suicidal behaviour is being considered a major health issue. Sinniah and colleagues (2014b) who had conducted a systemic review on suicidal attempts in Malaysia, over the period from 1969 to 2011, reported that the suicide rate had increased by 60% over the past 45 years. This is approximately 12 persons per 100,000 of the population. However, the actual figure could be higher, because most of the attempted suicide cases being reviewed were only those that were provided in formal reports from government hospital charts and pathological records (Sinniah et al., 2014b). This suicide rate has increased since then and appears to be an emerging social problem in Malaysia. Here, the suicide rate is highest among young adults. The Malaysian Psychiatric Association estimated that approximately seven people, mostly youths and young adults killed

themselves every day (Ibrahim et al., 2014). These are indeed worrying statistics.

LITERATURE REVIEW

Contributing Factors to the Prevalence of Suicide among Malaysian Indians

Personal characteristics such as cognition, emotional and behavioural dimensions are increasingly being studied as contributory factors to suicidal ideation (Khan et al., 2014; Kwok & Shek, 2010). In Malaysia, stress experienced by individuals when faced with academic pressures and relationship issues (Khan et al., 2014) are found to have associations with suicide. Many researchers have also investigated the correlations between psychological factors and suicide. A sense of helplessness, deep depression, negative effects (Khan et al., 2014); suicidal ideas and the enormity of solving social problems (Kok et al., 2015) are some of the examples.

Based on the narrative synthesis of 39 reviewed empirical studies, Armitage et al. (2015) concluded that suicidal behaviour in Malaysia was mainly associated with interpersonal conflict. The relationship and interpersonal difficulties were found to have caused most incidents of suicide and self-harm among Malaysian youths. However, for instances of suicide among older adults, following a review of all recorded suicide related cases from the National Suicide Registry Malaysia (NSRM) in 2009, a report was made listing the contributory factors to suicide among them as due to social factors

such as isolation, life events or stressors like the death of loved ones, mounting debt, physical illness and health issues, and neurological disorders (Rahimi et al., 2015).

Besides attributing factors to a psychological and interpersonal perspective, Shamsuddin and his associates (2013), found that older students from lower-income families in the rural areas were significantly more prone to suicide ideation as compared to those from cities and middle-income families. These findings highlight the influences from the macro living environment including the socio-economic background and geographic location that have added distress to these individuals.

Many studies specifically mention that Malaysian Indians have a higher risk of suicide (Khan et al., 2014; Rathakrishnan et al., 2012). Studies by Armitage et al. (2015) reported that one of the core reasons was the transition from a rural agrarian to an urban-industrial economy that caused people with low incomes, especially those who live in the rural parts of the country to feel marginalized due to the lack of resources. This finding is echoed by Sinniah and her team (2014a) who provided the main explanations for suicide which included poverty. Sinniah et al. (2014a) explained that the majority of Malaysian Indians were from the lower social class and were entrenched in alcoholism, psychical morbidity, caste issues, social stress and several cultural and religious factors which make them more vulnerable to suicide.

Although a minority ethnic group – only 7% of the total population, (Department of Statistics Malaysia, 2019), Malaysian Indians registered the highest number of suicide attempts (Sinniah et al., 2014a) and completions (Bahar et al., 2015) among the three major ethnicities in Malaysia. The suicide rate amongst them was more than two times (more than 20 per 100,000) as compared to the national average suicide rate which is 10-12 suicides per 100,000 people (Ministry of Health Malaysia, 2011). As such, ethnic Indians in Malaysia have been over-represented in the suicide statistics for over 2 decades since 1990 (Bahar et al., 2015; Habil et al., 1992; Vijayakumar, 2004).

The socio-economic background and the wider environments in which these individuals had been entrenched and embedded in, apparently has a strong influence towards suicidal tendencies and behaviours (Armitage et al., 2015, Khan et al., 2016). It is suggested that culture has a strong influence on suicidal behaviour as different religious and socio-cultural values provide worldviews and interpretations of life experiences (as cited in Bahar et al., 2015). Chen and his associates' study (2005) reported that the significantly high suicide rates among Indians could be due to certain beliefs in Hinduism, for example, reincarnation, where some religious interpretations may see suicide as "a route to a better life" (Khan et al., 2016). Studies of suicide in Malaysia, therefore, need to understand the macro environment

and the cultural contexts of the target groups (Milner & Diego, 2010).

Background of Malaysian Indians

Rapid industrialization and urbanization had changed the lives of Malaysian Indians. Most Indian families, predominantly Tamils from India and Sri Lanka, are descendants of the migrants to Malaysia after the 1890s, when the then British rulers expanded the number of Chinese and Indian immigrants; creating an artificial occupational segregation along ethnic lines (Malays in agriculture, Chinese in commerce, and Indians in the plantation sector) (Oorjitham, 2006; Sandhu, 2006). This had reinforced a sense of inter-ethnic divisions; and, thus, prevented any kind of solidarity among these major ethnic groups. The British colonial administration initially settled these Malaysian Indians in rubber estates and plantations. They were also employed in road and railway construction. While many saw economic growth in Malaysia in the late 1980s, these Malaysian Indians were trapped working as plantation labourers and were left behind. Nagarajan (2008) held that the Indian community in Malaysia felt they had been marginalized as the majority of them were trapped in the exploitative plantation economy.

The socio-economic information on Malaysian Indians appears to be contradictory. Official statistics report that the Indian community is quite well off and it has a disproportionately high number of doctors, lawyers and veterinary surgeons given its small population. Malaysia's richest man, Anantha Krishnan, is an Indian. However, the disparity of inequality across and within their ethnic groups would be undermined if we only look at the few richest Indians or being misled by the overall picture of the Malaysian Indian's household incomes. The income inequality among Malaysians was found to have widened between 1957 and 1976 across all ethnic groups. It was found that the income of the top 10% of Malays had increased by 9.9% while the income of the poor at the bottom 40%, had declined by 6.9%, while among the Indians, those at the top 10% had increased their income by 10.5%, whereas those at the bottom 40% found their income had decreased by 6% (Grove, 1986). Tikamdas (2006) reported the stark reality of many Indians living in poverty due to unemployment, which further had led to alcoholism and other social crimes. More than 300,000 Indians were uprooted from their plantation settlements between 1950 and 1967 when the British sold the plantations (Sandhu, 2006). Due to urbanization and industrialization, many of them had to accept low wage jobs such as security guards, drivers, gardeners or cleaners. Furthermore, many Indians were reported to have become involved in gangsterism (Baxstrom, 2005). Many may view themselves as being victimized as the majority found themselves serving as unskilled workers in the low wage sector.

Alienation and Suicide

As mentioned earlier, both psycho-social and macro socio-economic and cultural environments have contributed to suicidal

behaviours. Given the high suicide rates among Malaysian Indians and the mentioned socio-economic environment, the traditional sociological theory on suicide initiated by Durkheim's (1897/1951), was adopted. Durkheim proposed that the core issue of suicide is a lack of social integration. Over the years, it has been shown that integration was inversely associated with the suicide rates in European countries and the United States. It was proposed that poverty, educational failure and disruption of relationships are important indicators of the lack of integration. Kubrin (2003), who investigated young black males, held that some environmental factors, associated with externalized violence, will apply to violence against the self, which is suicide. Sampson and Wilson (1995) suggested that social isolation will create a sense of hopelessness.

Alienation. Alienation, a term adopted from a sociological perspective with its sociological root in Durkheim's, and used by Seeman; and which identifies three components: powerlessness, social isolation and normlessness (Seeman, 1959). Dean (1961) developed an "alienation scale" to measure the levels of social isolation, powerlessness and normlessness. Powell (1994) and Wenz (1979) suggested that social alienation was one of the factors that correlate with suicide.

Seeman (1975) defined powerlessness as an individual perception that one's behaviour could not predict the results, which means there was no control over his/her own destiny. There is a strong helpless feeling of being manipulated for purposes benefiting others than one's own self. "Normlessness" is a class terminology from Durkheim's concept of "anomie." It also refers to the absence of values or clear guidelines to the purpose of life and the strong feeling of uncertainty due to conflicting norms. The concept of "isolation" used by Dean (1961) refers to low social participation. This term is very close to Durkheim's sociological concept of integration, as low social integration will result in isolation and withdrawal from the situation (community or society) in which the individuals are embedded in (Graeff & Mehlkop, 2007).

In this study, the concept of "alienation" initiated by Seeman and employed by Dean in his "Dean's alienation scale", was adopted to investigate the relationship between alienation and suicide ideation among young Malaysian Indians (Refer to Figure 1). Indian youths aged 20 – 40 years, according to the definition adopted by National Youth Development Policy (Ministry of Youth and Sports, 2015) are also included. We aim to investigate and unravel the relationship between alienation (isolation, powerlessness, normlessness) (Dean, 1961) and suicide ideation.

METHODS

It is difficult to find a single method approach to adequately capture this very pressing social phenomenon of suicide. A mixed-
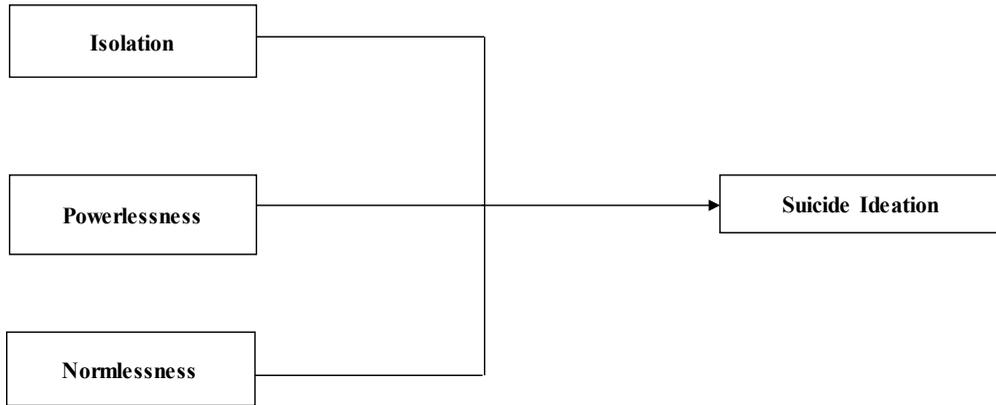
Figure 1. The framework of the relationship of alienation and suicide ideation among Indian adults in Malaysia

mode method was used for data collection. This approach triangulates ecological and individual data from multiple sources of data collection to investigate the extent to which what happened in the environment affects the individuals. A survey questionnaire was used to collect quantitative data and semi-structured interviews were used to collect qualitative data for explanation and triangulation purposes. Durkheim's original theory was frequently criticized as it lacked social and cultural meanings (Wray et al., 2011). This mixed-method design is sequential explanatory in nature. Two student research assistants of Malaysian Indian ethnicity involved in the interview process approached Malaysian Indian people in various restaurants in a town in the state of Perak and Kuala Lumpur to recruit participants. After completing the quantitative survey, they would invite the participants who were available for a half-hour interview. Using Tamil, the common spoken language by Malaysian Indians, they attempted to build a better rapport with the research participants to be able to capture and solicit for their perceptions on the issue of suicide. Initially, it was planned to have 12 participants for the interview session, however, due to the emergence of new themes, the interviews were continued until data saturation (Creswell & Creswell, 2018) and when the number had reached 15 participants (6 males and 9 females). Seven (7) of them were from a town in Perak and eight (8) from Kuala Lumpur. It was hoped that the qualitative data collected through the interviews could provide in-depth explanations for the data collected in the quantitative phase to provide possible explanations for the findings.

Quantitative Study

Samples. The respondents of the study were 234 Malaysian Indian adults aged 20 to 40 years old (see Table 1). The respondents were recruited using a convenience sampling method using a paper and pencil survey questionnaire. The gender distribution was 50% for each gender. The respondents

reported incomes of more than RM 2,000 per month (estimated USD491) were 53.8% while 46.2% of them had monthly incomes below RM 2,000. More than half of the respondents had a university degree qualification (59.4%), followed by Diploma (23.1%) and a secondary education (17.5%).

Procedure. The targeted respondents were briefed on the objectives of the study, their rights as respondents, the benefits and risks of participation, as well as the privacy and confidentiality issues. The respondents were requested to sign the consent form as an agreement of participation. All the procedures were reviewed and approved by the Institutional Scientific and Ethnical Review committee.

Questionnaire. Dean's alienation scale (Dean, 1961) was used to measure the individual's alienation. This scale, which consists of 24 self-rated items with a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree), also comprises three subscales namely, social isolation (9 items), powerlessness (9 items) and normlessness (6 items). The total score was computed; with high scores indicating high alienation on that specific subscale. The Cronbach alpha coefficient of the sub-scales ranged from 0.666 to 0.843.

The Scale for Suicide Ideation (SSI; Beck et al., 1979) was used to measure the current intensity of specific attitudes, behaviours and plans to commit suicide. Having a reliability score of 0.866, this 19-item scale was measured using a 3-point

Table 1

Demographic information of respondents (N=234)

	n	%
Age (year old)		
20 – 29	169	72.2
30 – 39	65	27.8
Gender		
Male	117	50.0
Female	117	50.0
Education Level		
Secondary	41	17.5
Diploma	54	23.1
Degree	139	59.4
Family Income		
< RM2000	108	46.2
≥ RM2000	126	53.8

scale ranging from 0 to 2 (no ideation to strong ideation) to rate the respondents' suicidality and tendencies. The total score was computed; with high scores indicating high suicide ideation.

Qualitative Study

Semi-structured Interview. Fifteen Indian participants aged between 27 and 40 years were recruited for this study. Respondents from the quantitative study who were willing to share narrative of suicide cases they knew were invited for an interview session. The interview questions included:

1. Do you have a friend or a relative who has committed suicide? (For those who did not have, the interview would be: "Do you know someone from your community who has committed suicide?"

2. If you can, tell me more what happened?

3. Can you think of some of the reasons why the suicide rate among the Indian community is quite high?

The aforesaid semi-structured questions aim to serve as a guide to invite participants to share their thoughts and feelings on the possible events or reasons that could have triggered and have given rise to the increasing suicide ideation and incidence among Malaysian Indians. With the permission of the participants, all the interview sessions were audio-recorded. After transcribing the audio-recordings, the transcripts were discussed and analysed using the thematic approach whilst complying with the procedures suggested by Braun and Clarke (2019).

RESULTS

Quantitative Data Analysis

The correlation analysis of the variables is presented in Table 2. Both powerlessness and normlessness showed a significant positive correlation with suicide ideation. Malaysian Indians with high powerlessness and normlessness tend to harbour and display high suicide ideation. Interestingly, social isolation also appears to have an

Table 2

Correlation analysis among social isolation, powerlessness, normlessness, and suicide ideation

Variables	Mean	Standard Deviation	1	2	3	4
1. Social isolation	27.07	4.797	1.00			
2. Powerlessness	31.42	6.228	.416***	1.00		
3. Normlessness	20.36	3.805	.269***	.751***	1.00	
4. Suicide ideation	9.35	6.638	.111	.317***	.253***	1.00

Note: *** $p < 0.001$. $n = 234$.

insignificant relationship with suicide ideation.

Hierarchical Multiple Regression Analysis. A hierarchical multiple regression analysis was performed to assess the ability of powerlessness and normlessness in predicting suicide ideation, after controlling the effect of age, gender and income level (refer to Table 3). Preliminary analyses were conducted to rule out the assumptions of normality and multicolinearity, and the predictors were tested at bivariate levels to ensure the relationship. The respondents' demographic information was included in the first model to explain the 4.8% of the variance in suicide ideation.

The inclusion of both powerlessness and normlessness in the second model, where the total variance explained by the model as a whole was 15.1%. $F(5, 228) = 9.289$, $p < 0.001$. The two predictors explained an addition of 10.9% of the variance in suicide ideation, after controlling the effect of age, gender and income level, R^2 change = 0.111, F change $(2, 228) = 14.963$, p < 0.001. In the final model, powerlessness (β = 0.318, $p=$ 0.001) appeared to be the strongest predictor in explaining suicide ideation, followed by age (β = 0.242, $p < 0.001$) and income level (β = 0.144, $p=$ 0.021). According to Cohen's (1988) effect size calculation, effect size of 0.13 indicated a small to medium effect for the predictors in explaining the suicide

Table 3

Summary of hierarchical multiple regression analysis for variables predicting suicide ideation

Variables	b	$\hat{a}$	SE B	b	$\hat{a}$	SE B
Model 1						
Age (0= 20-29 years old; 1= 30-39 years old)	3.074	0.208**	0.973	3.578	0.242***	0.925
Gender (0=Male; 1=Female)	1.800	0.136*	0.857	1.369	0.103	0.836
Income Level (0=Less than RM 2,000; 1=More than RM 2,000)	1.836	0.138*	0.869	1.916	0.144*	0.823
Model 2						
Powerlessness				0.339	0.318**	0.098
Normlessness				0.037	0.021	0.165
Adjusted R^2		0.048			0.151	
F		4.910**			9.289***	
f ^{2}	0.13					

Notes: $n = 233$. *$p < 0.05$. **$p < 0.01$. ***$p < 0.001$. f^2= effect size.

ideation among the Malaysian Indian population (refer to Table 3).

Qualitative Data Analysis

According to Creswell and Creswell (2018), qualitative data helps to provide insights for better understanding of the results of the quantitative data. Almost all of the participants interviewed knew someone from their family, neighbourhood or community who had committed suicide. They described those who committed suicide as 'coward', 'selfish', 'dumb', 'irrational', 'do not think of others especially their family members. "He could have taken a moment to think about his wife and 3 children, nope, he didn't. All he did was to die."

Most participants shared that suicide ideation and behaviours might have been pushed forced onto them by the environment. They believed that when people feel trapped and are not able to find a way out, it can lead to feelings of powerlessness and hopelessness and consequently towards committing suicide. In the data analysis process, religious beliefs which provide a worldview for an interpretation of life events was classified under the theme of culture. The intergeneration gap was also classified as a cultural dilemma as it is a part of Malaysian Indian hierarchy culture to believe there should be honour and respect for older family members. However, the younger members could have been influenced by the values of a modern society. Therefore, as it is quite obvious that the two prominent themes were related to the social and cultural aspects these themes were grouped under social and cultural aspects. In order to elaborate on these aspects better, their income details are included together with their directly quoted verbatim.

Social Aspect.

Financial Hardship. The hardships faced in their lives included financial burdens and hidden debt. Participants shared that Indian families very often incur debts to support their children's education and for funding their children's marriages. Most of the time, only the parents know about the family debt. Suddenly, when the parents commit suicide, only then do the children come to know of the parent's debts to other people. Sometimes, parents are known to take loans from loan sharks at ridiculous interest rates just to fund a grand wedding for their children.

> My aunty took her EPF money for her son to get married. For girls' family it is even worse. The normal practice is for girls to give not less than 10 pounds of gold. It will be about RM 14000, not inclusive workmanship. The traditional practice is, since your girl is coming to our house, so what does she bring. Besides, comparing of consume, saree during engagement ceremony…50 to 80 thousands changing rings etc… The stress could make parents suicidal. (Male, a policeman, aged 40, earning RM2000 per month, from Puchong, KL).

Interpersonal Comparison. A few participants volunteered examples of interpersonal comparisons, such as comparing lifestyles and their ability to pursue their desires and dreams. They felt that their life was not as good, has been underrated or unappreciated. It was observed that the participant felt powerless, hopeless and useless due to so many restrictions set on them from outside, be it by family members and relatives, the community, society, and from religious and cultural taboos.

> Suicide is an option when someone feels powerless to act and couldn't accomplish what he/she desires in life. This is like they are always losing the battle…this makes them feel they might just quit fighting… so taking own life is one of the ways to escape. (Male, aged 30, cafeteria helper, earning RM600 per month).

Cultural Aspects.

Coping with Pride. It is a cultural tradition in Malaysian Indian families that the oldest male child in the family has to take up the responsibility to provide for the family. This first-born has to bring up the family, take care of the aging parents and younger siblings. One participant knew of an Indian man, a chef, who borrowed money to support his family. Only when he committed suicide, his family members knew that he

was deep in debt. She explained that Indian people are very concerned about what other people would think about them – this is cultural pride. They need to look good and feel proud in front of others, in the community and in society.

Honour and shame are very important for Indian families. The family will feel shameful in cases of a broken relationship. Parents feel worried if their daughter is in a relationship. Like what if the guy leaves their daughter then later the daughter will feel ashamed as the Indian community is very small, everyone will know about it. (Female, age 32, a lecturer in a university in Perak)

Mental Health Issues. Culturally, Malaysian Indians see poor mental health as taboo and there is a strong stigma attached to those afflicted by mental health issues (Tuti et al., 2009). This belief is a cultural belief, peculiar to the Malaysian Indian ethnic group and is therefore classified under the cultural dimension. High stress causes incapacity to cope, resulting in stress/anxiety/ depression-related disorders. The shame of being stigmatized, aggravates the situation and leads to acute mental health issues.

An Indian female (30-year old, mother of two young children, working part-time in a restaurant in KL shared her experience):

> She was my relative. As family members all could see so obviously she suffered from poor mental health as she imagined

bad things that might happen to her young children. We all saw it was not realistic. But later after she committed suicide, the family members think that it is better for her to end her life that way than living because living was too painful for her.

Horoscope Belief. Malaysian Indians tend to put their trust and believe in horoscopes. One woman (government civil servant, aged 33), shared how her cousin who committed suicide had been affected by this traditional Indian belief. The poor lady had attempted suicide because of her misplaced belief in the horoscopes. Her sister had always been thought to bring good luck but she was being seen as bringing bad luck and misfortune to her family. She attempted suicide but fortunately, was saved.

> …horoscopes, this is the belief of most Hindu in Malaysia and this is our culture. It's based on the time and date of birth. There is no specific horoscope that will bring bad luck. it depends on the planet's rotation around the sun. So the bad luck or good luck of the horoscope of a person changes according to that particular planet (such as Leo, Cancer) place from the sun when you were born. The people from the temple can help you to know exactly about your fate. This horoscope will also dictate which month is considered unlucky to have a wedding or deliver a baby. Indian months again are different from that English calendar. they tend to start the middle of the month for

example 15 July to 14 August is what we call *adhi* month. It's supposed to be a month for prayers. not allowed to get married or is consider if have a baby during this month the child or the family will encounter difficulties such as bad financial situation of bad health. May be my cousin was born having bad luck, or may be she didn't go to the temple to do her remedy properly. There are prayers or rituals in the temple to get better luck….

This lady explained that although the present younger generation may not believe in horoscopes but due to their parent's beliefs and concerns, they had to adhere to them, especially when it concerned marriage. The belief is that the horoscopes of the bride and groom must be compatible. Otherwise, the marriage may end up in disaster for the couple. As such, when and if there is an unfortunate suicide incident, it is blamed on the incompatible, unmatched horoscope. Hence, the importance of trust and belief in horoscopes as a cultural dimension.

Generation Gaps. A few participants lamented on the generation gap between the young and older generations. The following narrative relates to the cultural aspect where it is a common practice in Asian society for grown-up children to continue to stay with their parents, in spite of the frequent squabbles, flare-ups and frustrations due to the generation gap.

> Traditionally eldest son should provide and stay with parents, however, my

aunty let her son married with an educated girl, now the daughter-in-law doesn't want to stay with the parents". There were incidences of grown-up sons staying with parents but not paying. Therefore, uneducated parents face financial issues that effected their

wellbeing. (Female, 24, sale person, from KL).

As a summary, Table 4 shows how both the quantitative and qualitative findings can be integrated when the emerging themes from the qualitative study help to provide explanations for the quantitative findings.

Table 4

Themes from both quantitative and qualitative findings

Significant findings from quantitative study	Major themes from qualitative study	
Powerlessness	Social	Economic Interpersonal Comparison
Normlessness	Cultural	Coping with cultural pride Mental health Horoscope Generation gaps

DISCUSSION

The aims of this study were to examine the relationship between alienation and suicide ideation among members of the Indian ethnic group in Malaysia. This alienation includes three dimensions: social isolation, powerlessness and normlessness. Findings from correlation analysis of the variables indicated that both powerlessness and normlessness were significantly and positively correlated to suicide ideation. There were significant correlations between powerlessness and normlessness and suicide ideation among the Malaysian Indians.

Powerlessness

Powerlessness appeared to be the strongest predictor in explaining suicide ideation

followed by income level. In explaining this finding, Durkheim's sociological perspective which established a tradition for considering socio-economic factors associated with suicide is indeed very relevant (Durkheim, 1897/1951; Taylor, 1982). Durkheim provided evidence of correlations between suicide and measures of social integration and social regulation, defined as the moral and normative demands of society on individuals (Endo et al., 2017; Hoffman & Bearman, 2015). Durkheim conceptualized that equality in income and wealth was protection from suicide. He argued that income inequality threatens social integration and results in anomie. The demographic findings showed that the respondents' income level of less than

RM2000 was low. Most of the respondents belonged to the lower income group, and, it could be said that their lack of economic resources had contributed to their powerlessness. This finding is consistent with previous studies where Armitage et al. (2015), and Khan et al. (2016) held that the socio-economic aspect had a strong influence on suicide.

The qualitative findings further explain the ways economic hardship from a social condition had contributed to the feeling of powerlessness among those of Indian ethnicity. Most of the participants came from low-income families and their lack of economic wellbeing made them powerless to act and make changes. Economic factors have also been found to be associated with suicide rates (Isabel et al., 2017). Nagarajan (2008) also wrote about the general poverty levels of the Indians in Malaysia and how it affected their feeling of alienation. However, from the sharing of the participants, there was no mention about the political issues; most of them were more concerned with the social, economic and cultural issues. Economic hardship such as poverty has created a sense of powerlessness. Income inequality among the different ethnic groups in Malaysia needed to be looked into. Policymakers need to work on improving the economy of the country to reduce both the intra-and inter-ethnic inequality. Durkheim's analysis of economic crises says that economic downturns cause suffering, which then leads to an increase in the suicide rate. Nonetheless, Durkheim's economic observation can be divided into two claims.

First, sudden economic changes result in anomie. Second, wealth increases the risk of anomie and since these desires are more easily satisfied; the imagination grows and the individual is accustomed to satisfaction, and cannot cope with frustrations of desire when they arise (Max, 2014).

The feeling of powerlessness was not only triggered off by financial hardship but also interpersonal difficulties. It was found that from the participants' narratives that interpersonal comparisons (for instance, the comparison between the rich and the poor) gave rise to feelings of powerless, despair and depression. Khan et al. (2016) also showed that socio-economic status and religion were correlated to suicide ideation and depression. Participants felt powerless not solely by the economic difficulties they encountered, but also from the consequences of the economic hardships. Previous studies have shown that mental health problems among Indians were due to economic issues. Depression is an alienating experience (Kok & Lai, 2017) and many depression and suicide cases among Malaysian Indians were related to low-income and non-religious factors (Khan et al., 2016). However, even with religious supports, the spiritual interpretation may also provide misleading interpretations that could lead to a delay of medication (Kok & Low, 2019). Different religions provide different worldviews and interpretations. As an important cultural component, religion plays a role in suicidal behaviours. For a Muslim, to attempt suicide is a serious breach of the faith (Morris & Maniam, 2001), while for a Hindu believer,

he/she may see suicide as "a route to a better life" (Khan et al., 2016) as indicated by one participant who mentioned that after her successful suicide attempt, the deceased was in a better world. Apparently, the Hindu religion has traditionally sanctioned certain forms of suicide (Maniam et al., 2013).

Normlessness

Suicide ideation and suicide behaviours may be precipitated by some environmental stress, but it also involves other psychosocial and cultural issues, such as interpersonal comparison, belief in horoscopes and traditional norms of honour and shame that underlie suicide risks that have contributed to the feeling of powerlessness. Indian religious and cultural practices do not seem to serve as a protecting factor from suicide. Therefore, some might see suicide as a way out to escape the stressors of lives. It is important to note that cultural values shape our shared frame of reference. While cultural pride upholds the dignity of providing for one's family, economic hardship prevents them from doing so, resulting in feelings of powerlessness which become a further detriment to mental health that could result in suicide.

Cultural norms have been found important in providing direction and guidance to lives, without which individuals feel normless. This view is supported by researchers Chen and his team (2005) and Khan et al. (2016). However, it was found that when social changes occur and cultural norms become disintegrated, a rigid application of cultural norms without intergenerational communication, could cause confusion and frustration. The qualitative findings reveal various cultural themes, namely, coping with pride, attitude towards mental health, and horoscope belief were cultural beliefs. Upholding family pride to resist the feeling of being defeated by the external economic hardship of wanting to be successful are noble values for Asian people. However, as described by some participants, traditional values may be disrupted and religious guidelines may become a less normative restraint and resulted in general gaps. As society progresses, there seems to be a paradigm shift in the understanding of generation gaps, the stress of staying with parents and of traditional horoscope beliefs.

The significance of this study is that, it highlights the macro socio-cultural environment that has influenced suicide ideation amongst the Malaysian Indian population. It further provides insights on some of the sociological and cultural perspectives to understand better the high rates of suicide ideation and suicide incidences. In his theory of alienation, Durkheim notes passingly that alienation happened when anomic suicide is generated by a lack of regulation. However, the findings from this study have provided detailed description of the social and cultural dimensions that have led to it. On top of that, these findings have also added a richer understanding to the theoretical framework of alienation theory proposed by Dean and which originated from Durkheim's theory. Lastly, this study implies that suicide

prevention programmes need to include not only psychological services, but also education on the awareness of how social factors and cultural values affect the ways we view life and death.

CONCLUSION

The disproportionately high suicide figures among Malaysian Indians is a worrying phenomenon. This quantitative study shows that there is a positive co-relationship between alienation and suicide ideation amongst the Indian population in Malaysia and powerlessness appeared to be the strongest predictor in explaining suicide ideation. The qualitative analysis provided explanations from a social and cultural dimension. Due to the specific social-cultural contexts of the samplings, the findings of this study may not be generalized. It is hoped that suicide prevention strategies should include social and cultural dimensions to address the challenges faced by this Indian ethnic group in Malaysia. These findings should also encourage future research to investigate the ways social and cultural aspects influence on suicide ideation. The community-based programmes can focus on educating parents on the importance of parent-child communication from a social-cultural dimension.

A social and public health approach acknowledges that suicide is preventable and promotes a framework for systematic interventions across multiple levels within society including the individual, family, community, and health care systems. A key step in such an approach involves modifying attitudes towards suicide via educational efforts. These results provide important implications for the direction of future research into the factors associated with Indian youth suicidal behaviours, as well as in designing intervention and prevention programmes.

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REFERENCES

Armitage, C. J., Panagioti, M., Rahim, W. A., Rowe, R., & O'Connor, R. C. (2015). Completed suicides and self-harm in Malaysia: A systematic review. *General Hospital Psychiatry, 37*, 153-165. https://doi.org/10.1016/j.genhosppsych.2014.12.002

Bahar, N., Wan Ismail, W. S., Hussain, N., Haniff, J., Bujang, M. A., Yusuff, Y., … Ali, N. H. (2015). Suicide among the youth in Malaysia: What do we know. *Asia-Pacific Psychiatry, 7*(2), 223-229. https://doi.org/10.1111/appy.12162

Baxstrom, R. (2005). *Wrecking balls, recognition, reform: The ambivalent experience of law, justice, and place in urban Malaysia* (Unpublished Doctoral dissertation), Johns Hopkins University, USA.

Beck, A. T., Kovacs, M., & Weissman, A. (1979). Assessment of suicidal intention: The scale for suicide ideation. *Journal of Consulting and Clinical Psychology, 47*(2), 343-352. https://doi.org/10.1037/0022-006X.47.2.343.

Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis, *Qualitative Research in Sport, Exercise and Health, 11*(4), 589-597. https://doi.org/10.1080/2159676X.2019.1628806

Chen, P. C. Y., Lee, L. K., Wong, K. C., & Kaur, J. (2005). Factors relating to adolescent suicidal behavior: A cross-sectional Malaysian school survey. *Journal of Adolescent Health, 37*(4), 11-16. https://doi.org/10.1016/j.jadohealth.2004.10.018

Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches.* Thousand Oaks, USA: Sage.

Dean, D. G. (1961). Alienation: Its meaning and measurement. *American Sociological Review, 26*(4), 753-758. https://doi.org/10.1007/s10597-015-9937-6

Department of Statistics Malaysia. (2019). *Current population estimates, Malaysia, 2016 – 2017.* Retrieved March 16, 2020, from https://www.dosm.gov.my/v1/index.php?r=column/cthemeByCat&cat=155&bul_id=a1d1UTFZazd5ajJiRWFHNDduOXFFQT09&menu_id=L0pheU43NWJwRWVSZklWdzQ4TlhUUT09

Durkheim, E. (1951). *Suicide: A study in sociology* (J. A. Spaulding & G. Simpson, Trans.). Glencoe, USA: Free Press. (Original work published 1897)

Endo, K., Ando, S., Shimodera, S., Yamasaki, S., Usami, S., Okazaki, Y., … Nishida, A. (2017). Preference for solitude, social isolation, suicidal ideation, and self-harm in adolescents. *Journal of Adolescent Health, 61*, 187-191. https://doi.org/10.1016/j.jadohealth.2017.02.018

Graeff, P., & Mehlkop, G. (2007). When anomie becomes a reason for suicide: A new macro-sociological approach in the Durkheimian tradition. *European Sociological Review, 23*(4), 521-533. https://doi.org/10.1093/esr/jem020

Grove, J. D. (1986). Restructuring the cultural division of labor in Malaysia and Sri Lanka. *Comparative Political Studies, 19*(2), 179-199. Retrieved April 20, 2018, from http://profile.nus.edu.sg/fass/polhaque/abs.pdf

Habil, M. H., Ganesvaran, T., & Agnes, L. (1992). Attempted suicide in Kuala Lumpur. *Asia Pacific Journal of Public Health, 6*, 5-7. https://doi.org/10.1177/101053959300600201

Hoffman, M. A., & Bearman, P. S. (2015). Bringing anomie back in: Exceptional events and excess suicide. *Sociological Science, 2*(1), 186-210. https://doi.org/10.15195/v2.a10

Ibrahim, N., Amit, N., & Suen, M. W. Y. (2014). Psychological factors as predictors of suicidal ideation among adolescents in Malaysia. *PLoS ONE, 9*(10), e110670. https://doi.org/10.1371/journal.pone.0110670

Isabel, R. P., Miguel, R. B., Antonio, R. G., & Oscar, M. G. (2017). Economic crisis and suicides in Spain: Socio-demographic and regional variability. *The European Journal of Health Economics, 18*(3), 313-320. https://doi.org/10.1007/s10198-016-0774-5

Khan, A., Hamdan, A. R., Ahman, R., & Mustaffa, M. S. (2016). Problem-solving coping and social support as mediators of academic stress and suicidal ideation among Malaysian and Indian adolescents. *Community Mental Health Journal, 52*(2), 245-250. https://doi.org/10.1007/s10597-015-9937-6

Khan, A., Mustaffa, M. S., Hamdan, A. R., & Ahman, R. (2014). Influence of psychological factors on suicide ideation among Malaysian and Indian adolescent. *Procedia-Social and Behavioral Sciences, 143*, 347-351. https://doi.org/10.1016/j.sbspro.2014.07.418

Kim, C., Jung, S. H., Kang, D. R., Kim, H. C., Moon, K. T., Hur, N. W., … Suh, I. (2010). Ambient particulate matter as a risk factor for suicide. *Am Journal of Psychiatry, 167*, 1100-1111. https://doi.org/10.1176/appi.ajp.2010.09050706

Kok, J. K., & Lai, W. Y. (2017). Not myself and the connected self: Cases of youth depression

and recovery in Malaysia. *British Journal of Guidance & Counselling, 45*(1), 32-41. http://dx.doi.org/10.1080/03069885.2016.1263825

Kok, J. K., & Low, S. K. (2019) Risk factors contributing to vulnerability of mental health disorders and the protective factors among Malaysian youth. *International Journal of School & Educational Psychology, 7*(2), 102-112. http://dx.doi.org/10.1080/21683603.2018.1499573

Kok, J. K., Schalkwyk, G., & Chan, H. W. (2015). Perceived stressors of suicide and potential prevention strategies for suicide among youths in Malaysia. *International Journal of School & Educational Psychology, 3*(1), 55-63. http://dx.doi.org/10.1080/21683603.2014.920285

Kubrin, C. E. (2003). Structural covariates of homicide rates: Does type of homicide matter? *Journal of Research in Crime and Delinquency, 40*, 139-170.

Kwok, S. Y., & Shek, T. L. (2010). Cognitive, emotive, and cognitive-behavioral correlates of suicidal ideation among Chinese adolescents in Hong Kong. *The Scientific World Journal, 10*, 366-379. http://dx.doi.org/10.1100/tsw.2010.42

Kwok, S. Y., Yeung, J., Low, A. Y., Lo, H. H., & Tam, C. H. (2015). The roles of emotional competence and social problem-solving in the relationship between physical abuse and adolescent suicidal ideation in China. *Child Abuse & Neglect, 44*(1), 117-129. https://doi.org/10.1016/j.chiabu.2015.03.020

Maniam, T., Chinna, K., Lim, C. H., Kadir, A. B., Nurashikin, I., & Salina, A. A. (2013). Suicide prevention program for at-risk groups: Pointers from an epidemiological study. *Preventive Medicine, 57*, S45-S46. https://doi.org/10.1016/j.ypmed.2013.02.022

Max, C. (2014). *Anomie: Concept, theory, research promise* (Unpublished senior honors thesis). Oberlin College, USA.

Milner, A., & Diego, D. L. (2010). Suicide research and prevention in developing countries in Asia and the Pacific. *Bulletin of the World Health Organization, 88*, 795-796. https://doi.org/10.2471/BLT.09.070821

Ministry of Health Malaysia. (2011). *National Suicide Registry Malaysia: Annual report 2009*. Retrieved April 28, 2018, from http://www.crc.gov.my/wp-content/uploads/documents/report/NSRM_report_2009.pdf

Ministry of Youth and Sports. (2015). *Target groups.* Retrieved August 2, 2017, from http://www.jbsn.gov.my/en/targetgroup.html

Morris, P., & Maniam, T. (2001). Ethnicity and suicidal behaviour in Malaysia: A review of the literature. *Transcultural Psychiatry, 38*(1), 51-63. https://doi.org/10.1177/136346150103800105

Nagarajan, S. (2008). Indians in Malaysia: Towards vision 2020. In K. Kesavapany, A. Mani, & P. Ramasamy (Eds.), *Rising India and Indian Communities in East Asia* (pp. 375-398). Singapore: Institute of Southeast Asian Studies.

Oorjitham, S. (2006). Urban working-class Indians in Malaysia. In K. S. Sandhu & S. Mani (Eds.), *Indian communities in Southeast Asia*. Singapore: Institute of Southeast Asia.

Powell, W. E. (1994). The relationship between feelings of alienation and burnout in social work. *Families in Society: The Journal of Contemporary Social Services, 75*, 229-223. https://doi.org/10.1177/104438949407500404

Rahimi, R., Ali, N., Md Noor, S., Mahmood, M. S., & Zainun, K. A. (2015). Suicide in the elderly in Malaysia. *Malaysian Journal of Pathology, 37*(3), 259-263.

Rathakrishnan, B., Molugulu, N., Parasuraman, B., & Narasappa, K. (2012). The relationship of stress, alcoholism and sexual behavior with mental health among secondary school students: A study in Sabah, Malaysia. *European Journal of Social Sciences, 31*(3), 376-383.

Sampson, R. J., & Wilson, W. J. (1995). Toward a theory of race, crime and urban inequality. In J. Hagan & R. D. Peterson (Eds.), *Crime and Inequality* (pp. 37-54). Stanford, USA: Stanford University Press.

Sandhu, K. S. (2006). The coming of the Indians to Malaysia. In K. S. Sandhu & S. Mani (Eds.), *Indian communities in Southeast Asia*. Singapore: Institute of Southeast Asian Studies.

Seeman, M. (1959). On the meaning of alienation. *American Sociological Review, 24*(6), 783-791. https://doi.org/10.2307/2088565

Seeman, M. (1975). Alienation studies. *Annual Review of Sociology, 1,* 91- 123.

Shamsuddin, K., Fadzil, F., Wan Ismail, W. S., Shah, S. A., Omar, K., Muhammad, N. A., … Mahadevan, R. (2013). Correlates of depression, anxiety and stress among Malaysian university students. *Asian Journal of Psychiatry, 6*(4), 318-323. https://doi.org/10.1016/j.ajp.2013.01.014

Sinniah, A., Maniam, T., Sidi, H., & Oei, T. (2014a). Suicide ideation and intent in Malaysia: A review of the literature. *Comprehensive Psychiatry, 55*(1), 95-100. https://doi.org/10.1016/j.comppsych.2013.01.005

Sinniah, A., Maniam, T., Tian, P., & Subramaniam, P. (2014b). Review article: Suicide attempts in Malaysia from the year 1969 to 2011. *The Scientific World Journal*, 1-13. https://doi.org/10.1155/2014/718367

Taylor, S. (1982). *Durkheim and the study of suicide.* London, England: Macmillan.

Tikamdas, R. (2006). *The right to identity and citizenship under the constitution and international law.* Paper presented at Proceeding at ERA Consumer Forum on Statelessness: An Obstacle to Economic Empowerment, Kuala Lumpur, Malaysia.

Tuti, M. D., Nursyuhaida, M. N., & Faridah, H. Z. (2009). Stigma arising from family members of mentally ill patients in Hospital Taiping. *Malays Journal Psychiatry, 18,* 13-22.

Vijayakumar, L. (2004). Suicide prevention: The urgent need in developing countries. *World Psychiatry, 3*(3), 158-159.

Wenz, F. V. (1979). Sociological correlates of alienation among adolescent suicide attempts. *Adolescence, 14*(53), 19-30.

World Health Organization. (2014). *Preventing suicide: A global imperative.* Retrieved May 27, 2019, from http://www.who.int/mental_health/suicide-prevention/world_report_2014/en/

Wray, M. K., Colen, C., & Pescosolido, B. (2011) Sociology of suicide. *Annual Review of Sociology, 37*, 505-524. https://doi.org/10.1146/annurev-soc-081309-150058