Asesorías y Tutorías para la Investigación Científica en la Educación Puig-Salabarría S.C.
José María Pino Suárez 400-2 esq a Lerdo de Tejada. Toluca, Estado de México. 7223898475
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TÍTULO: Problemas psicológicos de la tendencia al comportamiento suicida en adolescentes.

AUTORES:

1. Ph.D. stud. Azimova Aygun Sulhiddin.

RESUMEN: El artículo está dedicado al estudio de los problemas psicológicos de la tendencia hacia el comportamiento suicida en adolescentes. El enfoque clave del artículo es detectar el impacto de la depresión, la agresividad y el nivel de ansiedad en el comportamiento suicida; para ello, se utilizaron grupos experimentales y de control. Después de las mediciones, se realizaron trabajos de iluminación con adolescentes y se determinó que existe una relación significativa entre la condición depresiva, la agresión, el nivel de ansiedad y la tendencia al suicidio. La normalización de la condición psicológica de un adolescente permite evitar el comportamiento suicida.

PALABRAS CLAVES: adolescentes, comportamiento suicida, estado depresivo, tendencia al suicidio.

TITLE: Psychological problems of the tendency towards suicidal behavior in adolescents.

AUTHORS:

1. Ph.D. stud. Azimova Aygun Sulhiddin.

ABSTRACT: The article is dedicated to the study of psychological issues of the tendency towards suicidal behavior of adolescents. Key focus of the article is to detect the impact of depression, aggressiveness and the level of anxiety on the suicidal behavior. For this, experimental and control groups were used. After measurements, enlightenment works were carried out with adolescents and it was determined that there is a significant relation between depressive condition, aggression, the level of anxiety and tendency towards suicide. Normalization of psychological condition of an adolescent enables to avoid from suicidal behavior.

KEY WORDS: adolescents, suicidal behavior, depressive condition, tendency towards suicide.

INTRODUCTION.

Increase in tendency towards suicidal behavior among adolescents is one of the urgent issues of concern in the whole world in modern times.

Adolescents of modern period, social adaptation has become weaker live in a complex society. Development of technical progress, computer era, the world of social networks and internet world have different impact on the lives of adolescents.

Increase in tendency towards suicidal behavior in adolescents is related to a number of factors. As an example to these factors, family relationships, relationships at school, internet world, etc., can be noted.

Adolescents always admiring the adult world, on the other hand, try to be saved from the guardianship and control of adults. The discrepancy between the feeling of independence and parental love makes this period of age more critic. Adolescents who are not content with their parents' attitudes often show their objections with suicidal behavior.

In the formation of suicidal behavior, it is necessary to emphasize the relationships at school. Conflict conditions with classmates and exposure to teachers' criticisms damage the psychiatry of adolescents, and in this case, the tendency toward suicidal behavior increases.

Harmful information, social networks, and also virtual communication can not but have a negative impact on the state of mind of teenagers. The formation of suicidal behavior is seriously affected by the individual-psychological characteristics of adolescents, including their emotional state. While these issues are not discovered in time, suicidal risk factors are rising in adolescents, and the job of bringing a good citizen to the society is postponed.

According to the Psychical Health Center of the Ministry of Health of Azerbaijan Republic, 327 completed suicides have been recorded in Azerbaijan in 2016. There were also uncompleted suicides along with completed suicides, their number was 470. However, the number of suicides in Azerbaijan is below the critical situation: "Today, the average number of suicides in the world is 7 suicide cases per 100,000 people, and this case was recorded in five persons per 100,000 persons in Azerbaijan. Compared to the year 2015, there has been a decline in the number of suicides last year. While 515 suicide cases were observed in 2015, in the year 2016, this number was 327" (https://news.milli.az/country/511448.html)

Facts show that family relationships, relationships in school, emergence of sexual adulthood and futility of adolescence emergence of sexual adolescence period and adolescent in despair for the future, etc., may affect the increase in tendency towards suicidal behavior of adolescents. Suicide is assessed as putting an end to the person's life by himself/herself with the influence of emotional, mental or social reasons in investigations carried out.

As the age of adolescence is a sensitive age and there is a high tendency towards hypnosis, parents and teachers must be careful in the solution of problems of adolescents taking into consideration these features. Otherwise, there is a high probability of the occurrence of a suicide.

Description of the studies.

Imaginations about suicide start with the history of creation of human. Attitude towards suicidal behavior has shown itself in different forms from century to century, civilization to civilization. The content and meaning of self-murder, self-destruction and suicide at different stages of the development history of a society have been considered from different nuances.

The terms of suicidal behavior and suicide were firstly released into scientific circulation by French sociologist E. Durkheim. According to E. Durkheim, suicide (a Latin word, "suicidium" means self-murder) means depriving himself/ herself from the life intentionally. Of course, in case of completed suicide, this intention can be easily determined, but it is very difficult to prove it [Émile Durkheim,1994]. Such a definition of suicide is given in the website of The American Psychological Association: "Suicide is, first of all, an act of self-murder arising as a result of depression and other mental illnesses. 2% of death cases in the US is accounted for suicide. The highest indicator for men is above 65 and this indicator is about 15-24 years old for young people [magazines.russ.ru/oz/2013/5/27r-pr.html108].

According to the suicide concept of A. G. Ambrumova, suicide is the result of social-psychological disadaptation of the personality in micro-social conditions. Along with this, the author differentiates self-murder (real suicide) and attempt for self-murder (uncompleted suicide) [Ambrumova A.G., Postovalova, L.İ., 1987].

According to G.Craig, the term of "suicidal behavior" combines all suicidal activities, including opinions, intentions, sayings and attempts for suicide. This term is actual for the youth age. Therefore, many forms of suicidal behavior are observed at that period of age. Self-murder is rarely observed in children below 13. It is explained with the fact that children at this age depend on their parents, relatives and adults and internal identification has just started. Therefore, opinion on any agressive

and hostility acts against them has not been formed. As the age increases, the number of self-murder also increases [Craig, G., 2000].

The issue of the psychological state of persons who commit self-murder not being normal is clearly denied by the World Health Organization. So, according to the information of that organization, 15% of those who commit self-murder are mentally ill persons, 10-15% are psychiatric patients, 60-70% is are practically healthy individuals. This denies the fact that suicide arises from unhealthy psychological situation. However, in most cases, this factor may be dominant in many cases (https://www.mentalhealth.gov/what-to-look-for/suicidal-behavior)

Among researchers, M. Jassels, V. Harmelen et. al., show that starting from 14, improvement of family atmosphere may cause decrease in suicidal risks for adolescents [Cassels, M., Van Harmelen, A.L, Neufeld, et.al., 2018].

The research conducted by B.Cardoso, S.Szlyket. al. with 534 students dedicated to the study of the manifestations of suicidal behaviors arising with the influence of suicidal opinions and substances leading to depressive situations and depression showed that direct and indirect means affect the emergence of suicide. Although there was not physical violence to the participants of the research, ethnic and verbal threats and "teasings" lead to the formation of depression and in its turn, it leads to the emergence of suicidal behavior. Indirect effects lead to direct depression, suicidal opinions and formed on the basis of neglect and indifference demonstrated by others [Cardoso, B., Szlyk S., Goldbach J., et.al, 2018].

Researchers [Maris, R.W., 2002, Ivarsson T, Larsson B, Gillberg C.,1998] determined that even the fact of the birth of children is associated with the opinions on applying force on them and pupils and adolescents born outside the border may feel the influence of ethnic groups on them much more which leads suicidal behavior in most cases.

The studies of D.Hedley, M.Uljarevic, K.Foleyet. al., showed that nine percent of the children in depression can get out of the depression and 36% remain loyal to the last suicidal thoughts. Women who almost comprise 50% of the example returned relatively higher depression situation than in men, but there was no difference in terms of suicide between men and women (Hedley, D., Uljarevic, M., Foley K., Richdale, et.al.,2018]. Their research showed that satisfaction with social assistance reduces the thought of suicide, but in contrast, it increases. However the fact of any substantial dependence between social assistance and suicidal behavior was not confirmed.

In many studies (Fredrick, S., Demaray, M. Malecki, C. Dorio, N.) an attempt was made to find the relationships between depression and suicidal thoughts. Studies showed that the social support of a parent, classmate and close friend may be a serious basis for finding relationships between depression and suicidal thoughts. It was determined that social support by friends is more important for girls and it makes away them from suicidal thoughts [Brown, R.C., Heines, S., Witt, et.al.,2018].

It should be noted, that suicide is a current psychological and social health problem and one of the leading behaviors of adolescents and young people resulting in death. The study conducted with Spanish adolescents and young people showed that the degrees of spread of suicidal thought and exposure rate for suicide risk is high. Here, main reason is related to the low level of social-emotional regulation and self-control of adolescents. 4.1% of 1.664 participants selected for sample groups were adolescents who attempted to commit a suicide.

Statistically, substantial differences were confirmed according to sex, but serious dependence was not determined. It was determined that the participants who expressed their opinion on suicide have weak psychological health condition and low living standards than non-suicidal group. Such a conclusion was made that adolescents have suicidal thoughts and this is associated with low subjective well-being which highlights the emotional and behavioral problems. These studies showed that means and ways should be developed both for improving the emotional well-being and the

prevention of psychological and psychiatric problems in this sector of the population in health and education systems [Baiden, P., Fallon, B., 2018].

J. Balazs and M. Miklosi et.al. studied the tendency towards suicidal behavior of 134 adolescents at 13-18 for clinical signs. According to the conclusion made by them, sex and age is connected with the risk of suicide and there is a significant dependence between them. The risk of suicide is more vivid in adolescents with more emotional and psychotic problems. It can be concluded, based on this research, that clinists must regularly study the life quality and living style of adolescents for the elimination of suicidal behavior, especially, focus on the adolescents with emotional problems with fellows and conduct intervention and treatment on time in order to raise the quality of life of adolescents [Balazs, J., Miklosi, M., et.al.2018].

Johnson M.E conducted very interesting research related to suicidal risk in children and adolescents. He determined that traumatic effects and the suicidal indicators in children and adolescents brought to court are higher than total population. The model for the study of traumas in children showed that most of children may experience traumatic events falling outside the attention which these traumas may have more harm than the trauma already experienced. The research conducted by Johnson showed that 9 types of traumatic events may increase the formation of suicidal ideas from 22% to 180%. The research showed that the factor of suicidal risk in a child experiencing 5 types of trauma is increased by 2.4 times. These facts show that the issues of bringing adolescents to the court must be approached attentively and one must try to decrease the tendency towards the suicidal risk of that layer of the population [Johnson M.E, 2018].

In Canada, the research conducted by M.A.Ferro and a collective of authors showed that suicidal opinions, plans and attempts for suicide are relatively higher in the persons with chronic diseases than others and there is a significant relationship between them ($P < 0{,}01$).

Tendency towards suicidal acts started decreasing after the correction of chronic disease [OR = 1,28 (1,01 - 1,64), plans [OR = 2,34 (1,22-4,93)] and attempts [OR = 4,63 (from 1.52 to 14,34). The existence and lack of mood disorder were higher than adolescents and young people with chronic disease [OR = 1,89 (1,06-5,28]. In the end, researchers came to such a conclusion that suicidal thoughts, plans and attempts in adolescents and young people with chronic disease are high. It is especially high in those with mood disorder [Ferro, M.A; Rhodes, A.E., et.al., 2017].

Research Aim.

The manifestation of suicidal behavior in adolescents depends on their depressive condition, the level of aggressiveness and anxiety along with a number of factors. Sex and regional factor is not dominant.

Research Methods.

The methodology of A. Beck's"Depression" [Beck, Steer, & Garbin, 1988], "Suicidal risk map" [L.B. Shayder, 2001], and "Suicidal risk survey" [T.N. Razuvaevo, 2005] were used in order to implement experimental and practical direction of the research. The division of information obtained complied with the normal division which the indicators of asymmetry and excession prove it (the representative error was calculated), therefore, Student criteria was used for the comparative analysis of independent choices. The coefficient of correlation was calculated with the help of Pearson criterion. Empirical research information was used from SPSS computer software for data processing.

The research was conducted for adolescents studying in Baku and Ganja. 302 adolescents participated in the survey. 166 of them were women and 136 were men. Respondents were the pupils of 7th, 8th and 9th forms which 116 of them were the pupils of 7th form, 95 of them from 8th form and 91 of them from 9th form. Two groups (control and experimental) were chosen for carrying out comparative analysis. There were 155 persons in both groups. However, the questionnaires of 1 person in the control group and 6 persons in the experimental group were cancelled as they didn't

answer for main information. So, total number of valid questionnaires was 302. Among these, 154 persons belonged to the control group and 148 persons to the experimental group. 148 persons of respondents consisting of the secondary school pupils in Baku and Ganja were from Baku and 154 of them were from Ganja.

Discussion.

The state of control and experiment groups was studied according to A. Beck's Depression Rating Scale was studied to determine the dependence of suicidal behavior on depressive factors and verify this assumption and it was remeasured after the consultations held. The research showed that the level of tendency towards depression in the experimental group where the enlightenment activity was applied is low and it is different from control groups.

Table 1. Levels of depression in adolescents.

	Beck depression scale					Total
	0-9 lack of depressive symptoms	10-15 minimal depression	16-19 mild depression	20-29 moderate depression	30-63 severe depression	
Control	60	49	27	14	4	154
Experimental	84	41	10	11	2	148
Total	144	90	37	25	6	302

Table 2. Statistical indicators of the levels of depression in adolescents.

	Independent Samples Test								
	Levene's Test for Equality of Variances		t-test for Equality of Means						
Beck depression scale	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
								Lower	Upper
	.706	.401	2.995	300	.003	.356	.119	.122	.590

As can be seen from Tables 1 and 2, there is a serious difference on the depression scale in the control and experimental group and it is P=0.003 on this sign. This gives us basis for saying that the existing difference is meaningful at the level of 0.05 and intergroup difference is serious, and also the enlightenment works conducted are effective.

Table 3. Indicators of the levels of anxiety in adolescents.

	Anxiety.			Total.
	0-7 low anxiety	8-14 medium anxiety	15-20 high anxiety	
Control	65	84	5	154
Experimental	84	60	4	148
Total	149	144	9	302

As can be seen from Table 3, the state of control and experimental group on the anxiety was very different after consultations. So, the level of depression was very low in the experimental group where the enlightenment works were applied.

Table 4. Statistical indicators of the levels of anxiety in adolescents.

	Independent Samples Test.								
	Levene's Test for Equality of Variances		t-test for Equality of Means						
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference.	
								Lower	Upper
Anxiety	.087	.768	2.376	300	.018	.151	.064	.026	.276

As can be seen from Table 4, there is a serious difference on the sign of anxiety in the control and experimental group and it was P=0.018 for this sign. This gives basis for saying that the existing

difference is meaningful at the level of 0.05 and intergroup difference is serious, and also the enlightenment works conducted are effective.

Table 5. Indicators of the level of frustration in adolescents.

	Frustration			Total
	0-7 low	8-14 medium	15-20 high	
Control	100	49	5	154
Experiment	112	33	3	148
Total	212	82	8	302

As can be seen from Table 5, the state of control and experimental group on the frustration was very different after consultations. So, the level of depression was very low in the experimental group where the enlightnment works were applied.

Table 6. Statistical indicators of the levels of frustration in adolescents.

	Independent Samples Test								
Frustration	Levene's Test for Equality of Variances		t-test for Equality of Means						
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
								Lower	Upper
	11.344	.001	2.003	300	.046	.120	.060	.002	.237

As can be seen from Table 6, there is a serious difference on the sign of frustration in the control and experimental group and it was P=0.046 for this sign. This gives basis for saying that the existing difference is meaningful at the level of 0.05 and intergroup difference is serious, and also the enlightment works conducted are effective.

Table 7. Indicators of the levels of aggressiveness in adolescents.

	Aggressiveness			Total
	0-7 low	8-14 medium	15-20 high	
Control	67	80	7	154
Experiment	79	66	3	148
Total	146	146	10	302

As can be seen from Table 7, the state of control and experimental group on the aggressiveness was very different after consultations. So, the level of depression was very low in the experimental group where the enlightnment works were applied.

As can be seen from Table 8, there is a serious difference on the sign of frustration in the control and experimental group and it was P=0.045 for this sign. This gives basis for saying that the existing difference is meaningful at the level of 0.05 and intergroup difference is serious, and also the enlightment works conducted are effective.

Table 8. Statistical indicators of of the levels of aggressiveness in adolescents.

	Independent Samples Test								
Aggressiveness	Levene's Test for Equality of Variances		t-test for Equality of Means						
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
								Lower	Upper
	.306	.581	1.927	300	.045	.124	.064	.003	.250

Table 9. Indicators of the levels of rigidity in adolescents.

	Rigidity			Total
	0-7 low	8-14 medium	15-20 high	
First stage	43	100	11	154
Second stage	63	79	6	148
Total	106	179	17	302

As can be seen from Table 9, the state of control and experimental group on the rigidity was very different after consultations. So, the level of depression was lower in the experimental group where the enlightenment works were applied.

Table 10. Statistical indicators of the levels of rigidity in adolescents.

	Independent Samples Test								
Rigidity	Levene's Test for Equality of Variances		t-test for Equality of Means						
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
								Lower	Upper
	6.277	.013	2.746	300	.006	.177	.065	.050	.304

As can be seen from Table 10, there is a serious difference on the sign of rigidity in the control and experimental group and it was P=0.006 for this sign. This gives basis for saying that the existing difference is meaningful at the level of 0.05 and intergroup difference is serious, and also the enlightenment works conducted are effective.

Table 11. Indicators of the map of suicide risk.

Crosstabulation				
Count				
	Map of suicide risk			Total
	<9 risk insignificant risk	9-15.5 there is a suicide risk	>15.5 significant suicide risk	
First stage	112	26	16	154
Second stage	123	22	3	148
Total	235	48	19	302

As can be seen from Table 11, the state of control and experimental group on the rigidity was very different after consultations. So, the level of depression was lower in the experimental group where the enlightenment works were applied.

Table 12. Statistical indicators of the map of suicide risk.

	Independent Samples Test								
Map of suicide risk	Levene's Test for Equality of Variances		t-test for Equality of Means						
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
								Lower	Upper
	34.240	.000	2.866	300	.004	.187	.065	.060	.315

As can be seen from Table 12, there is a serious difference on the map of suicide risk in the control and experimental group and it was P=0.004 for this sign. This gives basis for saying that the existing difference is meaningful at the level of 0.05 and intergroup difference is serious, and also the enlightenment works conducted are effective.

Table 13. Indicators of the levels of depression in adolescents according to regions.

	Beck depression scale.					Total
	0-9 lack of depressive symptoms	10-15 minimal depression	16-19 mild depression	20-29 moderate depression	30-63 severe depression	
Baku	41	60	26	16	5	148
Ganja	103	30	11	9	1	154
Total	144	90	37	25	6	302

As can be seen from Table 13, the state of control and experimental group on the Beck depression scale was very different after consultations. So, the level of depression was lower in the experimental group where the enlightenment works were applied.

Table 14. Statistical indicators of the levels of depression in adolescents according to regions.

	Independent Samples Test								
Beck depression scale	Levene's Test for Equality of Variances		t-test for Equality of Means						
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
								Lower	Upper
	3.428	.065	5.930	300	.000	.677	.114	.452	.902
			5.910	288.037	.000	.677	.115	.452	.903

As can be seen from Table 14, there is a serious difference on Beck depression scale in the control and experimental group and it was P=0.000 for this sign. This gives basis for saying that the existing difference is meaningful at the level of 0.01 and intergroup difference is serious, and also the enlightenment works conducted are effective.

Table 15. Indicators of the level of anxiety in adolescents according to regions.

	Anxiety			Total
	0-7 low anxiety	8-14 medium anxiety	15-20 high anxiety	
Baku	62	81	5	148
Ganja	87	63	4	154
Total	149	144	9	302

As can be seen from Table 15, the state of control and experimental group on the anxiety was very different after traps and consultations. So, the level of depression was lower in the experimental group where the enlightenment works were applied.

Table 16. Statistical indicators of the level of anxiety in adolescents according to regions.

	Independent Samples Test								
Anxiety	Levene's Test for Equality of Variances		t-test for Equality of Means						
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
								Lower	Upper
	.073	.787	2.422	300	.016	.154	.064	.029	.279

As can be seen from Table 16, there is a serious difference on Beck depression scale in the control and experimental group and it was P=0.016 for this sign. This gives basis for saying that the existing difference is meaningful at the level of 0.05 and intergroup difference is serious, and also the enlightenment works conducted are effective.

Table 17. Indicators of the level of frustration in adolescents according to regions.

	Frustration			Total
	0-7 low	8-14 medium	15-20 high	
Baku	94	51	3	148
Ganja	118	31	5	154
Total	212	82	8	302

As can be seen from Table 17, the state of control and experimental group on the frustration was very different after traps and consultations. So, the level of depression was lower in the experimental group where the enlightenment works were applied.

Table 18. Statistical indicators of the level of frustration in adolescents according to regions.

	Independent Samples Test								
Frustration	Levene's Test for Equality of Variances		t-test for Equality of Means						
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
								Lower	Upper
	7.442	.007	1.985	300	.048	.119	.060	.001	.237

As can be seen from Table 18, there is a serious difference on frustration in the control and experimental group and it was P=0.048 for this sign. This gives basis for saying that the existing difference is meaningful at the level of 0.05 and intergroup difference is serious, and also the enlightenment works conducted are effective.

Table 19. Indicators of the level of aggressiveness in adolescents according to regions.

	Aggressiveness			Total
	0-7 low	8-14 medium	15-20 high	
Baku	60	85	3	148
Ganja	86	61	7	154
Total	146	146	10	302

As can be seen from Table 19, the state of control and experimental group on the aggressiveness was very different after traps and consultations. So, the level of depression was lower in the experimental group where the enlightenment works were applied.

Table 20. Statistical indicators of the level of aggressiveness in adolescents according to regions.

	Independent Samples Test								
	Levene's Test for Equality of Variances		t-test for Equality of Means						
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
								Lower	Upper
Aggressiveness	4.176	.042	1.989	300	.047	.128	.064	.002	.254

As can be seen from Table 20, there is a serious difference on frustration in the control and experimental group and it was P=0.047 for this sign. This gives basis for saying that the existing difference is meaningful at the level of 0.05 and intergroup difference is serious, and also the enlightenment works conducted are effective.

Table 21. Indicators of the level of rigidity in adolescents according to regions.

	Rigidity			Total
	0-7 low	8-14 medium	15-20 high	
Baku	40	100	8	148
Ganja	66	79	9	154
Total	106	179	17	302

As can be seen from Table 21, the state of control and experimental group on the aggressiveness was very different after traps and consultations. So, the level of depression was lower in the experimental group where the enlightenment works were applied.

Table 22. Statistical indicators of the level of rigidity in adolescents according to regions.

	Independent Samples Test								
	Levene's Test for Equality of Variances		t-test for Equality of Means						
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
								Lower	Upper
Rigidity	12.997	.000	2.382	300	.018	.154	.065	.026	.281

As can be seen from Table 22, there is a serious difference on frustration in the control and experimental group and it was P=0.018 for this sign. This gives basis for saying that the existing difference is meaningful at the level of 0.05 and intergroup difference is serious, and also the enlightenment works conducted are effective.

Table 23. Indicators of the map of suicide risk according to regions.

	Map of suicide risk			Total
	<9 risk insignificant risk	9-15.5 there is a suicide risk	>15.5 significant suicide risk	
Baku	101	39	8	148
Ganja	134	9	11	154
Total	235	48	19	302

As can be seen from Table 23, the state of control and experimental group on the aggressiveness was very different after traps and consultations. So, the level of depression was lower in the experimental group where the enlightenment works were applied.

Table 24. Statistical indicators of the map of suicide risk according to regions.

	Independent Samples Test								
Map of suicide risk	Levene's Test for Equality of Variances		t-test for Equality of Means						
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
								Lower	Upper
	13.815	.000	2.595	300	.010	.170	.066	.041	.300

As can be seen from Table 24, there is a serious difference on the map of suicide risk in the control and experimental group and it was P=0.010 for this sign. This gives basis for saying that the existing difference is meaningful at the level of 0.05 and intergroup difference is serious, and also the enlightenment works conducted are effective.

CONCLUSIONS.

The research conducted for adolescents showed that there are many complex factors which condition the emergence of suicidal behavior.

The study showed that attempts for suicide in adolescents may occur in cases when depression, aggressiveness and anxiety are high. So, there is dependence between suicidal behaviors in adolescents and depressive state, including, aggressiveness and frustration. This dependence varies depending on regions. However, there is no serious difference in terms of content.

Boys tend to commit suicide more than girls according to sex factors. No any difference in terms of the number of children was find in the control group with women who attempted for suicide in an

investigation conducted in 60s (Vinoda 1966). A similar finding was found in another case where a suicide was committed.

Unlike these studies, there is a negative relationship between the potential of suicide and family composition in the work of Wenz, F.V. (1981). Birtchnell (1981) stated that there is any meaningful relationship between family composition and the risk of suicide. For this, Lester (1972) noted that there are no satisfactory statistical works that investigate the impact of the number of children and existence of children on the suicidal potential of mother and father.

Existing working data aroused doubts on the topic that the number of children is a significant factor in terms of suicidal potential. Pfeffer, C. (1986) studied the relationship between public isolation, marital relationship and family composition with depression. It is mentioned in the work of Adam (1982) that the lack of one of the significant persons in the life of adolescents shows itself more effectively at the age of 0-5 which belongs to early childhood and 17-20, but some of them are different.

Winch (1981) investigated the impact of the suicide of one of the family members on the other members and met with different reactions. According to W.Winch, these reactions help to highlight the issues about who need assistance at such period of age and its stages even if the differences in the explanation are not enough. Based on the research conducted by us, such a judgment can be made that decreasing anxiety, aggressiveness, including frustration cases in adolescents, the suicidal behavior can be prevented. This factor must be taken into consideration by parents and teachers.

BIBLIOGRAPHIC REFERENCES.

1. Hüseynova D. R. İntiharın psixologiyası, Bakı: Adiloğlu, 2012, 115 s.
2. İsmayılov N.V. Tibbi psixologiya. Bakı: Azərnəşr, 1991, 310 s.

3. Амбрумова А.Г., Постовалова Л.И. Мотивы самоубийств // Социологические исследования. 1987. №6.
4. Войцех В. Ф. Что мы знаем о суициде. М.: 2007, 30 с.
5. Дюркгейм Э. Самоубийство: социологический этюд, Москва, 1994, 151 с
6. Ефремов В.С. Основы суицидологи. М., 2004, 480 с.
7. Личко А.Е. Психопатии и акцентуации характера у подростков. Л.: Медицина, 1977, 220 с.
8. Литмен. Р. Зигмунд Фрейд о самоубийстве // Практической психологии и психоанализа, 2003, №1, с.175
9. Старшенбаум Г.В. Суицидология и кризисная психотерапия. М.: Ког¬и¬то-Центр, 2005, 130 с.
10. Шнейдман Э. Душа самоубийцы/ Пер. с англ. - М.: Смысл. - 2001.
11. Эрдынеева К.Г., Филиппова В. Суицид как психологический феномен // Фундаментальные исследования, Москва, 2007, № 12 (часть 2), с. 304-306.
12. Adam K.S., (1982) Parental loss and family stability in attempted suicide. Arch. Gen. Psychiatry. Vol. 39, 1081-1085.
13. Birtchnell, J. (1981) Some familial and clinical characteristics of female suicidal psyciatric patients.
14. Baer A. Der selbstmond in kindlichen lebensalter. Leipzig 1901.
15. Bode-Jänisch S et al. Suicide in children, youths and young adults. Arch Kriminol 2011; 227 (1–2): 33–42.
16. Ivarsson T, Larsson B, Gillberg C. A 2–4 year follow-up of depressive symptoms, suicidal ideation and suicide attempts among adolescent psychiatric inpatients. 1998; 7: 96–104.
17. Maris RW. Suicide. Lancet 2002; 360: 319–26.

18. Cassels, M., Van Harmelen, AL, Neufeld, S., Goodyer, I., Jones, P., Wilkinson, P. Poor family functioning mediates the link between childhood adversity and adolescent nonsuicidal self-injury // Journal of Child Psychology and Psychiatry, AUG 2018, C. 59 Vol., 8 p. 881-887.
19. Cardoso, B., Szlyk S., Goldbach J., Swank P., Zvolensky M. General and Ethnic-Biased Bullying Among Latino Students: Exploring Risks of Depression, Suicidal Ideation, and Substance Use // Journal of Immigrant and Minority Health, AUG 2018, C. 20, Vol. 4, p.816-822, DOI:¬10.¬1007¬/s10903-017-0593-5
20. Hedley, D., Uljarevic, M., Foley K., Richdale, A. Trollor, J. Risk and protective factors underlying depression and suicidal ideation in Autism Spectrum Disorder // Depression and Anxiety, JUL 2018, C. 35, vol, 7, pp. 648-657, DOI: 10.1002/da.22759
21. Brown, R.C., Heines, S., Witt, A. Braehler, E. Fegert, J.M., Harsch, D. Plener, P.L. The impact of child maltreatment on non-suicidal self-injury: data from a representative sample of the general population // BMC PSYCHIATRY, İssuse 18, 181, DOI: 10.1186/s12888-018-1754-3
22. Baiden, P., Fallon, B., Examining the association between suicidal behaviors and referral for mental health services among children involved in the child welfare system in Ontario, Canada // Child Abuse & Neglect, İssuse 79, may 2018, pp.115-124, DOI: 10.1016/j.chiabu.2018.01.027
23. Can social support buffer the association between depression and suicidal ideation in adolescent boys and girls? // Psychology in the Schools, MAY 2018, Том: 55, Выпуск: 5 Стр.: 490-505, DOI: 10.1002/pits.22125
24. Fonseca-Pedrero, E, Inchausti, F, Perez-Gutierrez, L. İ basxqalari. Suicidal ideation in a community-derived sample of Spanish adolescents // Revista de Psiquiatria y Salud Mental, APR-JUN 2018, Том: 11 Выпуск: 2 Стр.: 76-85, DOI: 10.1016/j.rpsm.2017.07.004

25. Fonseca-Pedrero, E, Inchausti, F, Perez-Gutierrez, L. İ basxqalari. Suicidal ideation in a community-derived sample of Spanish adolescents // Revista de Psiquiatria y Salud Mental, Apr-Jun 2018, Том: 11 Выпуск: 2 Стр.: 76-85, DOI: 10.1016/j.rpsm.2017.07.004
26. Roberts, C., Kane, R.T., Rooney, R.M., Pintabona, Y., Baughman, N. And otrhez. Efficacy of the Aussie Optimism Program: Promoting Pro-social Behavior and Preventing Suicidality in Primary School Students. A Randomised-Controlled Trial // Frontiers in Psychology, FEB 26 2018, Том: 8, Номер статьи: 1392, DOI: 10.3389/fpsyg.2017.01392
27. Balazs, J., Miklosi, M., Halasz, J., Horvath, L., Szentivanyi, D., Vida, P. Suicidal Risk, Psychopathology, and Quality of Life in a Clinical Population of Adolescents // FRONTIERS IN PSYCHIATRY, FEB 5 2018 Том: 9, Номер статьи: 17, DOI: 10.3389/fpsyt.2018.00017
28. Lester, D. (1972) Why peaple kili themselves? Charles C. Thomas Pub: Sprinfield I Llino
29. Pfeffer, C. (1986) The Suicidal Child. The Guilford Press: N. Y. 140-150.
30. Johnson, Micah E.Childhood trauma and risk for suicidal distress in justice-involved children // Children and Youth Services Review, Dec 2017,Том: 83 Стр.: 80-84, DOI: 10.1016/j.childyouth.2017.10.034.
31. Joiner J., Conwell Y, Fitzpatrick K., Witte T., Schmidt N., Berlim M., Fleck M., Rudd M. Four studies on how past and current suicidality relate even when "everything but the kitchen sink" is covaried // Abnormal Psychologiya, 2005 May;114(2):291-303.
32. Ferro, MA, Rhodes, A.E.., Кимбер, M., Duncan, L., Бойл, M.H., Георгиадес, K.,Гонсалес, A., MacMillan, H.L. Suicidal behavior among adolescents and young adults with self-reported chronic illness // Canadian Journal of Psychiatry-Revue Canadienne de Psychiatrie, Dec 2017,Том: 62 Выпуск: 12 Стр.: 845-853, DOI: 10.1177/0706743717727242
33. Otto U. Suicidal acts in children and adolescents. A follow up study. Acta Psychiat Scand 1972; (Suppl. 233): 133–48.

34. Predicting suicidal risk in a cohort of depressed children and adolescents. S.Hetrick, A.-Parker,J. Robinson et al. Crisis 2011; 6: 1–8.

35. Reyes JC et al. Polydrug use and attempted suicide among Hispanic adolescents in Puerto Rico. Arch Suicide Res 2011; 15 (2): 151–9.

36. Suicidal depressed vs non-suicidal depressed adolescents: differences in recent psychopathology. J.Csorba, S.Rozsa, J.Gadoros, A.Vetro.J Affe¬ct Dis 2003; 74 (3): 229–36.

37. Vinch V., (1981) The nature of the suicidal death as a factor in understanding the reactions of surviving family members, İn J, P. Soubrier. J. Vedrienne (eds) Depression et Suicide. Pergamon Press, Paris, 523-532.

38. Vinoda, K.S. (1966) Personality characteristics of attempted suicide. Brit. J. of Psychiatry, 112, 1143-50.

39. Wenz, F.V. (1981) Family size, depression and parent suicide risk İn J.P. Soubrier J. Vedrienne (eds) Depression et Suicide. Pergamon Press, Paris.

40. belmapo.by/downloads/psihiatriy/2009/teorii_suic_povedenia.DOC
http://gigiena.minskregion.by/ru/obraz/statyi?id=1139

DATA OF THE AUTHOR.

1. Azimova Aygun Sulhiddin. Candidate for a degree at the Department "Psychology and Age Physiology" at the Institute Education of the Azerbaijan Republic, Baku. Khatai, Azerbaijan. Email: aygun.azimova@mail.ru azimova.aygun@inbox.ru

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