

RELATIONSHIP BETWEEN SOCIOECONOMIC STATUS, AGGRESSION, AND SUICIDAL IDEATIONS AMONG ADULTS



by

Syeda Fatima Sohail
BSP193020

DEPARTMENT OF PSYCHOLOGY
Faculty of Management and Social Sciences
Capital University of Science & Technology,
Islamabad
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Syeda Fatima Sohail
BSP193020

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CERTIFICATE OF APPROVAL

It is certified that the Research Thesis titled “Relationship between socioeconomic status, aggression and suicidal ideations among youth” carried out by Syeda Fatima Sohail, BSP193020 under the supervision of Ms. Irum Noreen, Capital University of Science & Technology, Islamabad, is fully adequate, in scope and in quality, as a Research Thesis for the degree of BS Psychology.

Supervisor:



Ms.Irum Noreen

Lecturer

Department of Psychology

Faculty of Management and Social Sciences

Capital University of Science & Technology, Islamabad

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Syeda Fatima Sohail

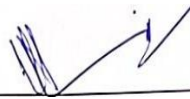
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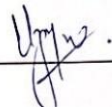
Supervisor

Ms. Irum Noureen



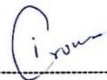
Internal Examiner-I

Dr. Uzma Rani



Internal Examiner-II

Ms. Uzma Mushtaq



Thesis Coordinator

Ms. Irum Noureen



Head of Department

Dr. Sabahat Haqqani

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This thesis work is dedicated to my family and especially my lovely father whose words of inspiration, encouragement, and kindness have helped me a lot to make it through this journey.

DECLARATION

This work has not been submitted in any form for another degree or diploma at any university or other institution for tertiary education and shall not be submitted by me in the future to obtain any degree from this or any other University or Institution. This work is hereby declared to be an original piece of my own work, except where otherwise acknowledged in text and references.

A handwritten signature in blue ink, appearing to read 'Syeda Fatima Sohail', with a stylized flourish at the end.

Syeda Fatima Sohail

BSP193020

July, 2023

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Firstly, I would like to express my gratitude to Allah Almighty for providing me with the courage to overcome obstacles and accomplish my goals. I owe a huge debt of gratitude to my mother who after my father helped me to pass through all the difficulties. You are the one who let me finish my degree on time. I will keep trusting you for my future. I am extremely grateful to my brothers and sister in laws for their emotional support. Their belief in me has kept my spirit and motivation high during this whole process. I had the great pleasure of working with Ms. Irum Noreen, who motivated me to think outside of the box and constantly helped me in improving my work. Her guidance just not only helped me in my thesis but also act as an inspiration for me to grow as a person, student, and researcher. A special thanks to Ms. Ayesha Yaqoob who had consoled me multiple times and was easily approachable. I would like to thank Dr. Sabahat Haqqani, your advice both on my research as well as on my career has been invaluable.

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Abstract

Lower-middle socioeconomic is considered to be related to aggression and suicidal ideation. The aim of the study is to investigate the relationship between socioeconomic status (SES), aggression, and suicidal ideations. The cross-sectional research design was used in this study. A proposed sample of 356 (both male and female) of age 18 to onwards belonging to all socioeconomic statuses were selected from Rawalpindi and Islamabad through convenience sampling. Two questionnaires were used to collect data: Buss Perry's Aggression Questionnaire and Suicidal Ideation Attribution. Moreover, socioeconomic status was measured through income per month. The interpretations of the findings were done by correlational analysis, t-test and one-way anova. The present study revealed that there is an association of socioeconomic status with aggression and suicidal ideation. Findings revealed that there is a positive correlation (.23**), between aggression and suicidal ideation which indicated that the more the aggression is, the more will be the suicidal ideation, and vice versa. Furthermore, the t-test indicated significant differences of job status with aggression and suicidal ideation. For checking mean differences of variables one-way ANOVA and post hoc analyses were carried out which indicated that income plays a significant role in aggression ($p < .05$) and suicidal ideation ($p < .05$). This study might help the policy-makers to increase employment opportunities so that people may not suffer for basic necessities of life, aggression and suicidal ideations and work productively for themselves and for the betterment of the society.

Keywords: Socioeconomic status, Aggression, Suicidal ideations, Income, and job status.

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LIST OF ABBREVIATIONS

SES	<i>Socioeconomic Status</i>
LSES	<i>Lower Socioeconomic Status</i>
MSES	<i>Middle Socioeconomic Status</i>
USES	<i>Upper Socioeconomic Status</i>
BPAQ	<i>Buss and Perry's Aggression Questionnaire</i>
SIDAS	<i>Suicidal Ideation Attribution Scale</i>

Chapter 1: Introduction

Social Problems like poverty, unemployment, injustice, child labor, illiteracy and economic instability are the biggest obstacle for the prosperity of developing country including Pakistan because they are usually go unnoticed (Zafar, 2022). Socioeconomic status is considered one of the major predictors of aggressive behavior thus, lower socioeconomic status positively correlated with aggression (Fatima & Shiekh, 2014). LSES places people at higher risk of anger, frustration, and losing emotional control which may lead to suicidal behavior (Raver, 2015).

Socioeconomic Status (SES)

Poor people are more prone to shocks, irrespective of where they are living because they have lack of basic necessities of life. Any threaten to their assets results in long term consequences because they do have enough resources to deal with threats (Hallegate et al., 2022). People are depressed about the basic necessities of their lives and when these basic necessities are not fulfilled, they bring about problems termed socioeconomic problems. It can cause other social problems like theft, bribery, corruption, lawlessness, injustice, etc. and when such problems are not solved in a timely, they result in the form of deviant behavior, drug abuse, illiteracy, poverty, aggression, suicidal ideation, and many other social evils. Heavy taxes and unemployment crush the people and they are forced to live below the poverty line which results in aggression, violence, criminal behavior, and ultimately suicidal ideation when they are left with no choice (Alex, 2014).

According to the APA dictionary (2022) SES is the status of a person or group of persons on the socioeconomic scale which includes social and economic factors such as income amount and type of education, type of occupation and prestige, place of residence, and sometimes a society or segment which is determined by a combination of factors of social, ethnic, origin or religious background. SES includes factors like occupation, income, wealth, and people place of residence. It is usually classified into three types lower, middle, and upper classes. The lower class is classified as having low basic necessities like food, water, clothes, a home, etc. They are more suffered from poverty, homelessness, and unemployment (Mago, 2013).

One of the most prominent ways through which power and status can be distributed in existing societies is a socioeconomic hierarchy. In the socioeconomic hierarchy, the middle class falls between the lower and upper classes. There is a significant relationship between SES and family structure. There is more child neglect and domestic violence due to aggression in a single-parent household as they have low income and mostly, they belong to lower-middle income families. Children who belong to lower and middle-income families usually tend to have lower social skills and perform poorly in academics thus ultimately having lower incomes, when reaching adulthood, and are likely to suffer from poor mental and physical health as compare to those who belongs to USES (Tarver, 2022).

Individuals who belong to the lower socioeconomic status (LSES) and middle socioeconomic status (MSES) are usually less educated and includes managers, small business owners, secretaries, teacher, etc. While individuals who belong to upper socioeconomic status (USES) are usually highly educated business

and professional people with high income as compared to lower and middle-income people and can include doctors, lawyers, etc. Individuals belonging to the upper class have the highest place and position in society they are considered the richest people, have enough power politically, financially, and economically, and come above all the classes in the socioeconomic hierarchy (Kenton, 2021). People who belong to the USES have more chances to achieve their goals because they have greater opportunities to achieve higher education while people who belong to low-income families do not have such opportunities which restricts one's ability to achieve their goals (Tarver, 2022).

People belonging to LSES usually have low health literacy because of that they are more likely to suffer from various health issues (Stormacq et al., 2019). LSES and MSES families are more prone to be affected by poverty as they have low basic resources as compared to USES. Globally, poverty is one of the major issues that has been in existence for many decades. Poverty is a social problem and is defined as a lack of enough resources to provide the basic necessities of life (Banovcinova, 2014). According to Smith-Carrier et al. (2019), individuals perceive poverty in three ways. First, people who are having LSES and are living in poverty are blamed for being poor as they have made wrong decisions and choices which result in failure. Such people are not motivated to do anything in their life and do not struggle to achieve their goals, they lack ethics and morality. They need reinforcement all the time in order to work effectively. They should get out of wrong behavior like an addiction so that they can have a better life and work for their betterment in order to protect themselves from poverty. The second perception is that

people are poor because of social inequalities that society favors those who belong to the upper and elite classes and limits opportunities for people who belong to LSES and MSES, thus one of the major reasons people are living in poverty is poor socio-economic condition. The third perception is that people are poor because of their bad luck and fate (Smith-Carrier, 2019). However, the current study focuses on the second perception that people are poor because of social inequalities.

Aggression

From an evolutionary perspective, aggression is a protective behavior for survival that helps one to protect one's mates, food, and land. It is an important component of social behavior. However, in humans some forms of aggression are not considered normal and lie under the category of abnormal behavior when they become persistent or pathological behavior which results in self-destruction and in various psychological problems not only in the person showing aggression but also in the victim and witness, such aggressive behavior also places a huge economic burden on society (Falnigan & Russo, 2019).

Increased social rejection and poor academic achievement are the results of physical aggression people show in their early childhood (Grower et al., 2014). When people fail to meet their goals, they get frustrated which ultimately results in aggression (Dzigunov, 2017). The word 'aggression' is derived from the Latin word *aggressio* meaning 'attack'. According to Colman (2018), aggression is forceful or hostile behavior towards another person that can result in violent behavior harming others and even one own self. When one person experiences hindrance or some blockage in achieving his/her goal, one becomes frustrated which creates an aggressive drive and such a

situation then leads to aggressive behavior (Nickerson,2021).

One of the causes of homelessness is violence due to aggression as it negatively affects the person's psychological, and physical health leading to low academic achievement and employment outcomes (Oppenheimer & his colleagues, 2016). Aggression is divided into two categories instrumental aggression and hostile aggression. The end goal of instrumental aggression is to achieve some goal while hostile aggression tends to harm others. Hostile aggression is further divided into two types physical aggression, verbal aggression, and social aggression. Social aggression's purpose is to harm the social status and friendships of others (Salami et al., 2019).

According to Huesmann, 2018 one of the social actions that intend to hurt and harm another person is considered aggression. A contemporary view of the incidence of aggressive behavior is based on four key elements. The first element is that aggressive or violent behavior is always the result of personal tendencies. The second element is that aggressive or violent conduct that becomes ingrained early in life is highly prognostic of aggressive behavior that develops later in life and even of aggressive behavior in children. The aggressive youngster usually grows up to be an aggressive adult (Seiver, 2017). The third element is that variety of interrelated biological and environmental factors, such as genetic predispositions, brain injury and neurophysiological abnormalities, early temperament or attention problems, abnormally high levels of arousal, and harsh social environments, frequently interact to produce predispositions to severe aggression. The fourth element is that early learning plays a crucial role in the formation of a predisposition to act aggressively or

non-aggressively on a regular basis (Huesmann, 2018).

Buss and Perry (1992) published the Buss and Perry's aggression questionnaire (BPAQ) which measures four dimensions of aggression which are anger, physical aggression, verbal aggression, and hostility (Killgore, 2021). According to the APA dictionary (2022) anger is an emotion that is characterized by hostility towards someone or something which might have done something that results from frustration and it is a strong feeling of displeasure as well, hostility is the observable expression of extreme hate towards another person which can be shown in one action, feelings, and attitude and its primary aim is to harm the victim. Physical aggression is a hostile form of aggression that results in physical harm. Its primary aim is to cause physical damage to the victim through kicking, biting, fighting, harassing, hair-pulling, stabbing, etc. Verbal aggression is a type of aggression in which one shows anger orally or in written form in order to frighten the recipient which can be done through acts like insulting with abusive language in order to cause emotional pain (Onukwufor, 2013).

Suicidal Ideations

Most of the studies related to suicide have shown that the presence of aggressive issues generally increased the risk of suicidal ideation and suicide attempts (Conner, 2014). Suicide is one of the major problems all over the world and according to the World Health Organization (2021) around 80,000 people die every year because of suicide. According to Ibrahim et al., 2017 suicidal ideation are the thought patterns that lead to suicidal behavior when a person fails to deal with the difficult circumstances of life. Suicidal ideation mostly called suicidal thoughts is a term used to describe the wish of killing oneself, it is all about thinking about committing suicide

and such thoughts then can lead to suicidal behavior (Harmer et al., 2022).

Suicidal ideation is an umbrella term that explains preoccupations with self-harm, suicide, and death. There are generally two types of suicidal ideation one is passive where one has thoughts of suicide and wishes to die like they don't want to be alive but they are not involved in putting their thoughts into action and don't plan to commit suicide (Harmer et al., 2023). Another is active one where one not only has a thinking pattern of committing suicide only but also plans how one can commit suicide and also put such thoughts into action by attempting suicide (Orentas, 2019). Some of the symptoms of suicidal ideation are feeling of isolation, feeling of hopelessness, feeling of anxiety, self-destructive behavior, mood swings, talking about death, change in sleep and appetite pattern, etc. (Purse, 2022).

Suicidal ideation presents a significant risk for those struggling with mental health issues. Suicidal ideation comes under the category of impulsive behavior. Although one of the causes of suicidal thoughts is biological, however poor family environment that often results in various psychological problems like depression, impulsivity, and aggression which show that environmental factors also contribute to developing suicidal thoughts in an individual (Kumar et al., 2021). More than one-third of adolescents with suicidal ideation commit suicide attempts (Robert M, 2020). Self-medication and self-care strategies along with proper therapy sessions can prevent symptoms of suicidal ideation. If symptoms are excessive one can consult psychiatrists that prescribe them the medicine in order to minimize the severity of symptoms (Orentas, 2019).

However, this study aims to find the relationship between socioeconomic status,

aggression and suicidal ideations as studies done by Gunnell & Chung, 2016 that is higher risk of suicidal behavior results from unemployment and less income and by Wilson et al., 2017 adolescents with LSES and MSES exhibit more aggressive behavior as compared to those who belong to the upper and elite classes shows that socioeconomic status of a person is one of the major predictor of aggression and suicidal ideations.

Literature Review

Socioeconomic Status and Aggression

Individuals who are financially deprived more often use harsh words toward their children because they are already stressed about their living conditions so they transfer such anger to their children when they found no other person to show anger upon. Also, adults who belong to LSES and MSES have difficulty regulating their emotions, and anger thus, because of that they are more likely to give up when faced with hardships in life as compared to USES because they have enough resources and alternatives to deal with the hardships of life (Jenson, 2009).

Pakistan society is a maledominant society where it is acceptable for males to allow aggression and women are mostly like to show more compromise and sacrifice in order to protect their married life and protect them from social stigma of being divorced, in doing so they also suffer from a certain level of domestic violence (Chowdhry, 2013). Moreover, cases of domestic violence in families who belong to the LSES and MSES where husbands are most likely to be unemployed (Ali et al., 2013).

Most of the evidence has suggested that those people who are raised in poor

families are at a higher risk of committing negative behavior including aggression as well as compared to those who raised in elite class (Fatima & Sheikh, 2014). There are influences of socioeconomic factors not only on the health status of families but also on the community at large, also, people with mental health problems are more likely to live in neighborhoods that belong to LSES and MSES (Elliot, 2016). A study conducted in Pakistan on violent behavior among youth has shown that those who are involved in minor criminal acts have more chances to do major crime and shows violent behavior in later life which inhibits their achievements in their later life, thus which later on may result in unemployment (Schaefer, 2012).

Even it has been noted that poor health is attributed to becoming unemployed and taking retirement early. People who belong to LSES have a low level of education, ~~income~~ and lower occupation position and they have more chances to die early even before their retirement age because of their poor health conditions. Even it has been noted that poor health is attributed to becoming unemployed and taking retirement early. Rising unemployment rates are positively associated with suicidal rates. (Schuring et al., 2013).

Children who belong to the LSES and are living in poverty have more chances to have mental issues later in their lives as compared to those who belong to the USES (Jakovljevic et al., 2016). Parents who have low income have more chances that their children will show deviant behavior like excessive aggression, breaking the rule, bullying others, misbehavior, and robbery in comparison to those who belongs to upper class (Piotrowska et al., 2015).

There is an effect of LSES on the relationship between self-esteem and

aggression (Gabriela, 2018). People who are poor are widely believed to cause violence because people having low emotional control are more prone to show deviant behavior when they found no other means to fulfill their basic needs in life (Akinyetun, 2021). Patients who have high scores for anger expression (in and out) and high scores for attempted suicide are at a higher risk of developing psychopathologies (Zatti et al., 2021).

Socioeconomic Status and Suicidal Ideation

Suicide is considered the 15th major cause of death all over the world, with about 800,000 people deaths occurring every year. About 77% of death occur because of suicide in lower- middle-income countries (WHO, 2019). It was estimated that about 75% of the people who belong to lower-middle-income families commit suicide because of poverty (Lund, 2016). Suicidal ideation leads to suicide. Factors that contribute to suicidal ideation are age, gender, low socioeconomic status, lack of social support, previous suicide attempts in closed ones, and exposure to a traumatic event (Rahman, 2022).

Individuals who have experienced poverty in their early are more prone to develop behavioral problems, have lower IQs, and low educational achievements in their later life (Schaefer, 2012), thus which later on may result in unemployment. Even it has been noted that poor health is attributed to becoming unemployed and taking retirement early. People who belong to LSES and MSES have a low level of education, income, and lower occupation position and they have more chances to die early even before their retirement age because of their poor health conditions in relation to USES (Mc.Maughan et al., 2020). Even it has been noted that poor health is attributed to becoming unemployed and taking retirement early. Rising unemployment rates are

positively associated with suicidal rates. (Schuring et al., 2013).

In Pakistan, there is a lack of employment opportunities. There is an increase in the number of new graduates but they are finding difficulties in getting jobs and companies who need to give them opportunities are busy discharging the already existing workers because of economic uncertainty in Pakistan. Pakistani people are suffering from mental illness because of a lack of opportunities both in terms of education and occupation (Sadia, 2022).

Parents are making great efforts to pay the fees of their children as the expense of education is getting more and more every day. Having good employment results in having enough money and having a good income is only the way to get out of LSES. When people do not find a job, they start developing mental illness which ultimately results in suicidal ideations (Ferguson et al., 2007). There are many examples in Pakistan where people have committed suicide because of unemployment who belonged from Lahore was an MBBS doctor who committed suicide because of unemployment, and a student from NUST also took his life by taking poisonous pills (Sadia, 2022).

LSES and MSES places people at higher risk of anger, frustration, and losing emotional control which may lead to suicidal behavior but those who belong to upper class do not face such issues because they have enough resources to fulfil their basic necessities even luxuries as well. (Raver, 2015). During a period of recession, there was a significant increase in hospitals of both men and women with financial problems who have attempted suicide, also it was mentioned by women that having insecure income status is a major problem (Hawton et al., 2016). A higher risk of suicidal behavior results from unemployment and less income (Gunnell & Chung, 2016). According to

Hodkinson (2016) individuals who are raised in families which lacks enough resources has poor physical and mental health and have an increased risk of social problem in all stages of life. Globally, diminished wealth and unemployment are associated with suicidal ideation and suicidal behavior (Thompson et al., 2017). Suicide usually occurs between the age of 15 to 29 years in low-income families in relation to high-income families (WHO, 2018). A study by Hill et al., (2018) have shown that violence experienced by African American who belong to LSES and USES are more prone to develop suicidal ideation than those who belong to USES.

Trimboli (2018) found that in low and middle-income countries globally 78% of suicides occurred. McCloskey (2018) has concluded that individuals with aggressive disorder are more likely to indulge in risky behavior of suicide also the mortality rate is generally higher among such individuals. Findings have revealed that poverty is a risk factor for death among young people of age 25 to 40 years, also the suicide rate among young people having low-income status is higher as compared to high-income status (Jae et al., 2019). According to Johnson (2019) children who have faced bullying because of their LSES find it hard to manage their jobs as adults in later life, also some may end up being unemployed which ultimately results in that they have lower resources, less income, and have low social status in the community they live (Johnson, 2019). Children who are raised in poor families are more likely to be bullied by their peer group as compared to people who belong to upper-class families and such bullying has a negative impact on the overall well-being of children which can increase the chances of suicidal ideation (Mowat, 2020).

Socio-economic outcomes are affected by individuals who are being unemployed

for a long period of time and there are chances such people states living in isolation and develop depression and severe depression can lead to suicidal ideations as well which is likely to impact their overall mental health as well (Nguyen, 2020). Family function socioeconomic status and psychiatric comorbidity influence suicide including suicidal ideation or taking life or dying by committing suicide (Saba & Khadeeja, 2021). It has been noted that socioeconomic status is related to suicidal ideations, completed suicide to mental health, and attempted suicides (Gabrielly et al, 2021). One of the main reasons for suicidal thoughts is LSES and MSES as compare to USES (Stack, 2021). Children who are living in poverty are more likely to be suffer from cases like homicide, low academic achievement, and poor mental health problems than those who are not living in poverty (Lee & Zhang, 2021).

Aggression and Suicidal Ideation

Aggression has been found higher in people who have relatives having a psychiatric history and has been found even higher among first-degree relatives of suicide decedents compare to first-degree relatives of control participants (Mann et al., 2009). Most adolescents who have had a background of psychological and emotional problems have committed suicide in later life (Farzaneh et al., 2010) which means having psychological issues in childhood could result in suicidal ideation in adulthood as responsibilities increases with the age. People having aggressive characteristics were strongly correlated with suicide attempts (Nader et al., 2011).

Suicide is one of the major causes of death among adults, also adults who have traits of impulsivity and aggressive behavior have a high chance to commit suicide thus, impulsivity and aggressive behavior are risk factors for teenage suicide (Pandey,

2013). It is also found that increased levels of aggression ease the transformation between suicidal ideation and suicidal attempt. It has been estimated that about 80% of suicide resulted from suicidal ideation. People who are impulsive and have higher aggression tendencies will more likely to act on their suicidal thoughts and make a suicidal try (Yang, 2014). Results of a meta-analysis study done by Moore et al., (2022) have shown that there is a positive correlation between suicide and aggression. 90% of the adults who die by suicide have psychological disorders including aggressive disorder (Qin, 2011 & Rao, 2018).

Suicidal thoughts can be developed when one faces school and family violence and children who have gone through such violence may experience psychological and cognitive problems including aggression problems as well. Such children have difficulty socializing which adds to the strain thus leading to deviant behavior and suicide (Kim, 2021). Constant exposure to family violence which is more in LSES as compare to USES because they are well educated, can increase the risk of aggressive behavior and extreme levels of depression which increase suicidal thoughts and behavior. Also, many individuals who have suicidal ideations and have attempted suicide have shown high scores on aggression traits and are also involved in self-injury behaviors (Hong et al., 2021). Rational aggression which is a form of covert and indirect aggression results in symptoms of depression and extreme level of depression ultimately results in suicidal ideation (Fite et al., 2011). Individuals who have a major depressive disorder and have a trait of impulsivity are more prone to suicidal attempts (Perroud, 2011). Aggression has a deleterious effect on one's social relations, success, and competence which results in a poor image in the peer group,

and social circle, low academic achievement, social rejection, stress, substance abuse, aggression, self-injury and ultimately suicide (Salami et al., 2019).

Girls are more prone to develop suicidal ideation as compared to boys (Zhang et al., 2019). People who have sleep disturbance and anger issues are more prone to develop suicidal ideations and sleep disturbance is more common in females (Kainat & Ijaz, 2019). Suicide rates are 2-4 times higher in male adolescents and adults as compared to females while suicide attempts are 2-3 times higher among female adolescents and adults as compared to males (Eaton et al., 2012). Suicide rates among females become greater with age, with more chances to occur in mid-adolescence (Thompson & Light 2011) while suicide rates become greater in early adulthood among males (WHO, 2014). The higher the prevalence of externalizing disorders (substance abuse, conduct disorders, uncontrolled impulsive and aggressive behavior) more will be the suicide rates among male youth. Meta-analysis of longitudinal studies has shown that suicide rates are more common in males due to substance abuse and exposure to interpersonal violence while suicide attempts are more common in females due to various psychological problems including PTSD, eating disorders, depressive disorders, and being a victim of violence (Mendizabal et al., 2019).

Suicidal ideation is positively correlated with aggressive behaviors, internalizing symptoms, and ongoing stress (Buitron et al., 2017). McCloskey (2018), has concluded that individuals with aggressive disorder are more likely to indulge in risky behavior of suicide also the mortality rate is generally higher among such individuals. Patients who have high scores for anger expression (in and out) and high scores for attempted suicide are at a higher risk of developing psychopathologies

(Zatti, et al 2021). One of the main reasons for suicidal thoughts is LSES (Stack, 2021) Young people who are living in poverty or experiencing maltreatment are most likely to be affected by suicide and suicidal behaviors (Barzilay et al., 2022). A study done by Detullio, D. et al., in 2021 shows that there is a moderate correlation between aggression and suicidality among adolescents.

Anomie/Strain Theory

Anomie theory also called “Strain Theory” was introduced by Merton who used the word anomie in order to explain the lawlessness and ruthlessness in societies. It explains the effects of the social division of labor emerging in early industrialism and the rising suicide rate. Crime rate increases in specific societies as a result of unequal distribution of socioeconomic resources (Wickert, 2019). According to Merton (1938) society has a major influence on individuals so his socioeconomic perspective has established a tradition for considering socioeconomic factors associated with suicide. There is a correlation between suicide and measures of social integration and social regulation, defined as the norms, values, and morality demands of society on its people (Bearman, 1991).

In Pakistani culture, men’s poor health is considered a more serious issue in the family as compared to females also females belonging to LSES set their minds that gender discrimination and inequality are normal thing as since childhood they are trained to consider males as a dominant part of their families, more importance is given to daughters marriage then to her education, which results in that they faced domestic violence without raising their voice in order to protect their marriages because divorced women consider a stigma. Unmarried and divorced women suffer more from psychological

distress which leads to suicidal ideations as compared to married one (Baroli et al., 2017).

According to Merton Strain Theory, a state of anomie occurs when there is a discrepancy between means and goals and when one fails to achieve their goals and there is a blockage in achieving one's desired goals it results in deviant behavior which includes excessive aggression, and acting rebelliously and criminal behavior. The disparity between means and goals also causes psychological and social conflicts. Less there will be social inequality less there will be the chances of anomie.

In Merton's view, people belonging to LSES show more deviant behavior including the extreme level of aggression because they have fewer opportunities to achieve their goals as compared to people belonging to the upper class. Criminal behavior which comes from aggression due to social inequality results predominantly from innovation which is the state where people adopt negative ways and means to achieve their positive goals, examples can be drug dealers, gamblers, and embezzlers (Wickert, 2022).

Equal distribution of wealth and income act as a protective shield against suicide, he further argued that unequal distribution of wealth leads to suicide and results in anomie. He further speculated that poverty may be protective against suicide since affluence may lead people to have a belief that they are independent, which may give rise to feelings of anomie which is a lack of social or ethical standards in an individual or group (Serpa & Ferreira, 2018).

Merton's ideas together with literature showing the impact of economic factors

on health (Lund et al., 2010) have supported the research findings describing the relationship between suicidal behavior and economic conditions. There has been an association between suicide and economic inequalities and economic shocks (McDaid & Kennelly, 2009). The strong link between suicide and poverty seems to be a function of a range of socio-demographic, geographic, and cultural factors. Research done by Platt & Hawton in 2000 has reached the conclusion that an increased risk of self-harm was associated with low socio-economic status and unemployment.

Rationale

Studying the relationship between socioeconomic status, aggression, and suicidal ideation is a phenomenon worthy enough to focus on. Pakistan comes under a low and middle-income country where suicidal ideation is an underrated and underreported because of the social stigma associated with it. The current study focuses on the relationship between socioeconomic status, aggression, and suicide ideation because human lives are more important than anything.

Pakistan is a male dominant society where male aggression is acceptable so women belonging to low and middle-income families have to face domestic violence in order to protect themselves from the stigma of being divorced which leads to suicidal ideations due to psychological distress. In Pakistan, where growing economic instability especially poverty has forced people to do deviant behavior like killing their own children as they can't provide them with basic necessities, selling body organs, and doing criminal behavior out of aggression, the reason behind the increasing suicide rate is understandable.

In many countries, even though we believe that the primary causes for

aggressive behavior among people are to be found in the household environment in which they are raised but socioeconomic status is also playing a vital role in it. Suicide is one of the major challenges to public mental health. A better understanding of the cause of suicidal ideation will help in developing more effective therapeutic interventions, thus which ultimately result in more effective procedures, timely detection, efficient management, and lastly in better suicidal prevention.

Objectives

1. To examine the relationship between socioeconomic status, aggression, and suicidal ideations among young adults.
2. To examine the role of demographic variables (income and job status) in relation to socio-economic status, aggression, and suicidal ideation among adults.

Hypotheses

1. There is a significant relationship between socioeconomic status and aggression.
2. There is a significant relationship between socioeconomic status and suicidal ideations.
3. There is a significant relationship between aggression and suicidal ideation.
4. There is a significant relationship of unemployment with aggression and suicidal ideations.

Chapter 2: Method

Research Design

The cross-sectional research design was used in order to find the relationship between the study variables and quantitative scales were administered.

Ethical Considerations

Before the conduction of the study, the research was approved by the ethical committee of Capital University of Science and Technology. APA guidelines were followed to keep the process within ethical boundaries, participants were provided with a consent form and make sure about their privacy and confidentiality. They were briefed about the research objectives. As one of the variables of the study was suicidal ideation so the referring form was been prepared in order to refer the participant who had suicidal thoughts to the Centre of Profound Education. Participants had the right to clear any query regarding the study as well as the right to withdraw at any stage

Population and Sample

The sample was selected from Islamabad and Rawalpindi and the total size of the sample was 356. The sample includes both male and female young adults of age 18 and onwards belonging to all socio-economic status.

Sampling technique

A convenient sampling technique was used for the current study.

Inclusion Criteria

- Individuals who belong to all socioeconomic statuses.
- Both males and females of age 18 to onwards belonging to all

socioeconomic status will be selected from Rawalpindi and Islamabad.

- Sample formation must be a minimum intermediate and they should understand and communicate in English.

Exclusion Criteria

- People having an age range below 18 will be excluded because most responsibility starts taking place after the age of 18.
- People who cannot understand English.

Procedure

Participants were selected through convenient sampling having an age range of 18 years to onwards belonging to all socioeconomic statuses from Rawalpindi and Islamabad. Before the conduction of the study, participants were briefed about the purpose of the study and both verbal and written informed consent was taken to make sure they were willingly participating in the study and they can withdraw at any time. All the participants were assured of the confidentiality of their data.

Two scales that was used in the current study are in the public domain, for both scales permission from the author has been taken. After the informed consent was taken from the participants, and before the administration of the questionnaires, all the participants were asked to provide the basic demographic information that includes age, gender, education, occupation, marital status, income and family background and socioeconomic status, etc. Socioeconomic status is measured by focusing on the monthly income of participants provided by world bank for lower, middle, and upper-income classes. After that, they are required to fill out two questionnaires which are Buss and Perry Aggression Questionnaire (BPAQ) and the

Suicidal Ideation Attribution Scale (SIDAS). All the participants were instructed as well to fill the questionnaires with care and not to omit any item in the questionnaire. Participants who were screened out with suicidal ideation were refer to Centre for Profound Education for their treatment.

Instrument

Socioeconomic Status (SES)

Socioeconomic status was measured through income level of participants. World Bank (2022) income criteria was followed to measure the socioeconomic status which is that if person is earning under 40,000 or maximum earning 59,000 per month then he will belong to lower class,if person is earning minimum 60,000 to 179,000 per month, then he will belong to middle class and if earning 180,000 to onwards then he will belong to upper class (“Reducing Economic Anomalies”,2022).

Buss Perry Aggression Questionnaire (BPAQ)

Buss and Perry Aggression Questionnaire (Buss & Perry, 1992) is a self-administer that is used to measure aggression as a personality trait in adults. The BPAQ is a 29-item consisting of four sub-scales measuring four dimensions of aggressive level that assess: anger, hostility, verbal aggression, and physical aggression. The first 1 to 9 items are used to access physical aggression, 10 to 14 items are used to access verbal aggression, 15 to 21 items are used to access anger, and the last 22 to 29 items are used to access hostility. The 7 and 18 items are reverse scored and are worded in opposite direction to aggression. Higher scores indicate more aggressive behavior It is rated on a 1 to 5-point Likert scale (1- extremely uncharacteristic of me, 2-somewhat uncharacteristic of me, 3-neither uncharacteristic nor characteristic of me, 4-somewhat

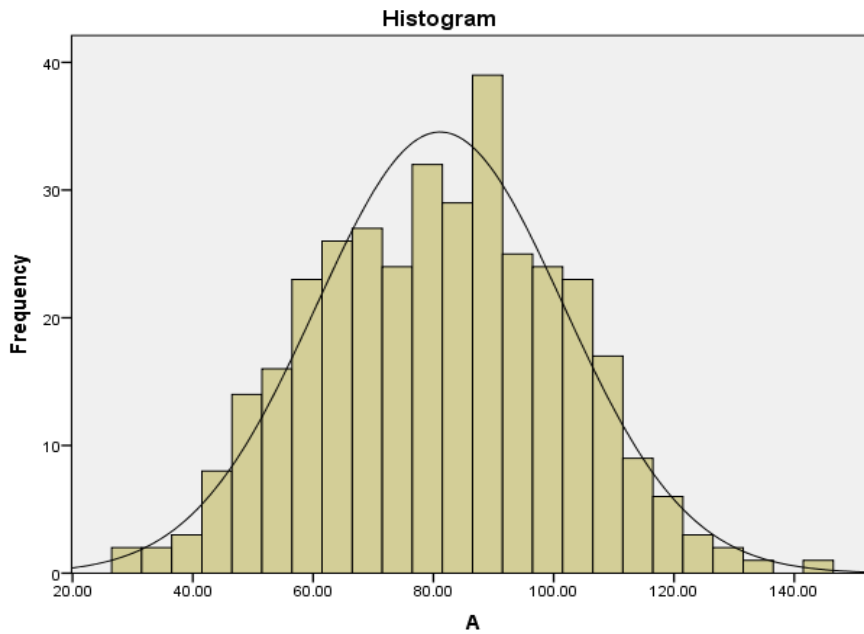
characteristic of me and 5-extremely characteristic of me). It has good reliability of .76.

Suicidal Ideation Attribution Scale (SIDAS)

It is a self-report measure which was introduced by Van et al, (2014) used to identify the current intensity of an individual specific attitude, behavior, and plan to commit suicide in adults. It is used to screen suicidal ideation individuals and the severity of these thoughts. It is a 5-item scale and each item is targeting a specific attribute which are frequency, controllability, closeness to attempt, level of distress which is associated with suicidal thoughts, and impact of such thoughts in daily life functioning. Responses are measured on a 10-point scale strong internal consistency (Cronbach alpha .91). Total score ranges from 0 to 50. A cut-off scores above 21 on the SIDAS test indicates a high risk of suicidal behavior.

Chapter 3: Results

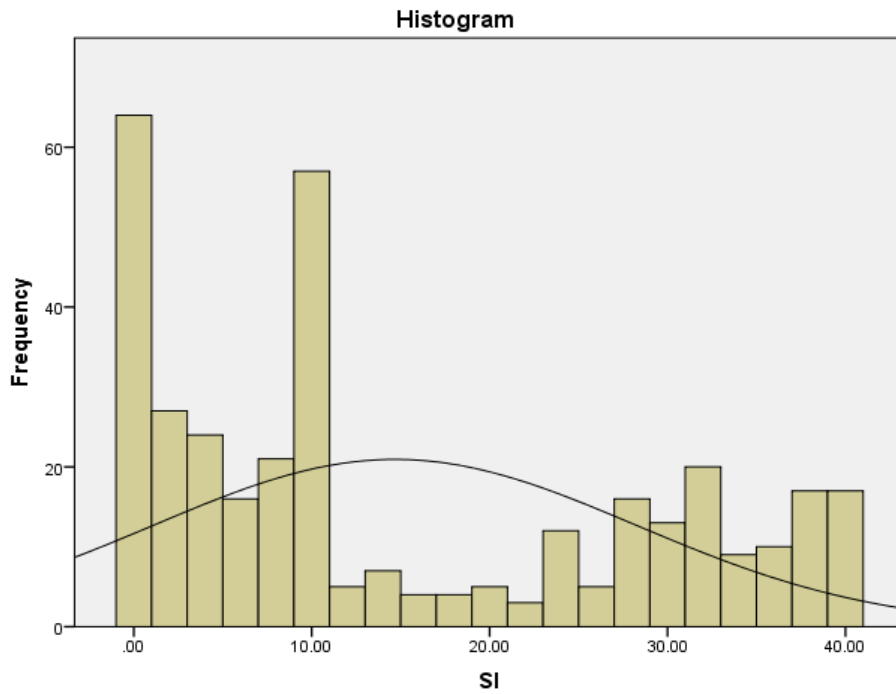
The current study is to find the relationship between socioeconomic status, aggression, and suicidal ideation. The demographic variables of the current study were age, gender, family system, marital system, job status, and income. For statistical analysis SPSS-21 was applied. Histograms were plotted in order to check the normality of the data. For categorical variables, a frequency table was drawn in order to show their frequency and percentages. For continuous variables mean, standard deviation, range skewness, and kurtosis were calculated using descriptive analysis. Reliability for both scales was determined by Cronbach's alpha reliability coefficient. Data was normally distributed so parametric testing was performed. Pearson correlation was calculated to determine the relationship between aggression and suicidal ideation. An Independent t-test was computed for the job status in order to find the significant differences of job status with aggression and suicidal ideation. One-way ANOVA was computed in order to the significant differences in income with aggression and suicidal ideation. For normality testing current study focused on histogram, skewness and kurtosis, and mean and median.

Graph 1*Histogram for Aggression (N=356)*

Graph 1 shows that data for aggression is normally distributed as there is only 1 point difference between the mean (81.10) and median (82.00). Moreover, there is no outlier in the data, and values of skewness and kurtosis are also within the range of -2 to +2.

Graph 2

Histogram for Suicidal ideation (N=356)



Graph 2 shows that data for suicidal ideation is normally distributed as there is a small 3 points difference between the mean (14.67) and median (10). Moreover, there is no outlier in the data, and values of skewness and kurtosis is also within the range of -2 and +2.

Table 1*Demographic characteristics of Sample (N = 356)*

Variables	<i>n</i>	%
Age		
18-29	197	55.3
30-49	121	34
50 above	38	10.7
Gender		
Male	210	59
Female	146	41
Family System		
Nuclear Family	206	57.9
Joint Family	150	42.4
Marital Status		
Single	183	51.4
Married	151	42.4
Separated	22	6.2
Job Status		
Employed	211	59.3
Unemployed	145	40.7

Income

No income	100	28.1
Under 40,000 to 59,000 per month	105	29.5
60,000 to 179,000 per month	95	26.7
180,000 onward	56	15.7

Note: f= Frequency, %= Percentage

Table 1 illustrates the frequency and percentages of demographic variables. The variable includes age, gender, family system, marital status, job status, and income. The table shows that those aged 18-29 have a higher frequency of 197 with a percentage of 55.3% which is higher for those of age 30-49 and aged 50 above whose percentages are 34% and 10.7% respectively. Males have a higher frequency of 210 as compared to females 146 with percentages of 59% and 41% respectively. The table also shows that the nuclear family system has the highest frequency of 206 than the joint family system 150 with a percentage of 57.9% and 42.4%. The frequency of single participants was higher which is 183 with a percentage of 51.4%, as compared to married and separated which is 42.4% and 6.2%. There were 211 participants who were employed with a higher percentage of 59.3 as compared to 145 participants who were unemployed with a percentage of 40.7% respectively. 100 Participants who have no income were 28.1%, of under 40,000 to 59,000 per month were 29.5% with a frequency of 105, of 60,000 to 179,000 per month were 26.7% with a frequency of 95, and of 180,000 to onward were 15.7% with a frequency of 56 respectively.

Table 2*Descriptive Statistics of Aggression Questionnaire, and Suicidal Ideations (N=356)*

Variables	α	<i>M</i>	<i>SD</i>	Range		Skewness	Kurtosis
				Actual	Potential		
A	.91	81.05	20.94	29-142	29-145	-.17	-.43
SI	.75	14.67	12.49	0-40	0-50	.69	-1.02

Note: n= Sample, R= Range, Min= Minimum, Max= Maximum, M= Mean, A= Aggression and SI= Suicidal Ideation

Table 2 indicates the descriptive statistics of aggression and suicidal ideation. The reliability of aggression is .91 and that of suicidal ideation is .75. The mean of aggression is 81.05 and that of suicidal ideation is 14.67. Skewness and kurtosis for aggression and suicidal ideation are within a range that is -2 to +2.

Table 3*Correlational analyses Of Aggression and Suicidal Ideations*

Variables	1	2
1. Aggression	-	.268**
2. Suicidal Ideation		-

*Note: p** < .01*

Table 3 shows the correlation between variables. Aggression has a significant positive correlation with suicidal ideation which is 268** (p<.01).

Table 4*Independent sample t-test for Job Status (N=356)*

Variable	Group 1		Group 2		t	df	p	95% CI		Cohen's d
	(employed)		(unemployed)					Upper	Lower	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>						
A	80.18	21.19	87.84	19.77	-3.44	354	.00	-12.03	-3.28	0.3
SI	16.08	11.40	21.30	13.37	-3.84	276	.00	-7.89	-2.54	0.4

Note: M=Mean, SD=Standard Deviation, p=Significance Value, df=degrees of freedom,

CI= Confidence Interval, A= Aggression, SI= Suicidal Ideation

Table 4 indicates the mean differences scores for employment and unemployment with scales. Significant differences in job status are observed for both aggression and suicidal ideations. The mean of aggression with unemployment is greater than employed which indicates aggression was more found in unemployed people. Similarly, the mean of suicidal ideation with unemployment was greater than employed ones which also indicates suicidal ideation was more in unemployed people. Cohen's d values for aggression are 0.3 and for suicidal ideation is 0.4 which is considered a small effect size.

Table 5

One-way ANOVA for socioeconomic status based on study variables (N= 356)

<i>Variables</i>	(No income)		Under 40,000		(60,000 to		(180,000		F	<i>p</i>
	LSES		to 59,000 per		179,000 per		onwards)			
			month) LSES		month) MSES		USES			
	M	SD	M	SD	M	SD	M	SD		
A	89.75	20.60	85.45	19.32	20.38	2.10	21.64	2.94	8.21	.00
SI	25.09	12.77	23.85	13.17	9.28	2.62	9.64	2.65	55.65	.00

Note: M=Mean, SD= Standard deviation, A= Aggression, SI= Suicidal Ideation, LSES= Lower socioeconomic status, MSES=Middle socioeconomic status and USES=Upper socioeconomic status

Table 5 indicates the mean differences of socioeconomic status with aggression and suicidal ideation. There is a significant difference of income with aggression and suicidal ideation ($p < .05$). Mean scores indicate that aggression and suicidal ideation is higher in lower and middle socioeconomic status as compared to upper socioeconomic status.

Table 6

Post hoc analysis for socioeconomic status based on study variables (N=356)

Dependent Variable	Groups		MD (I-J)	p	95% Confidence Interval	
	I	J			LL	UL
A	No income	Under 60,000 to 179,000 per month	11.49*	.00	3.76	19.22
		180,000 onwards	14.01*	.00	4.91	23.10
	Under 40,000 to 159,000 per month	180,000 onwards	9.71*	.02	.71	18.72
SI	No income	60,000 to 179,000 per month	15.81*	.00	11.98	19.64
		180,000 onwards	15.45*	.00	10.94	19.95
	Under 40,000 to 59,000 per month	60,000 to 179,000 per month	14.57*	.00	10.79	18.35
		180,000 onwards	14.21*	.00	9.74	18.67
	60,000 to 179,000 per month	40,000 to 59,000 per month	-14.57*	.00	-18.35	-10.79
	180,000 onwards	Under 40,000 to 59,000 per month	-14.21*	.00	-18.67	-9.74

Note: MD= Mean differences, S.E= Standard error, LL= Lower limit, UL= Upper limit,

A=Aggression, SI=Suicidal Ideation

Table 6 indicates that aggression is significant between no income and under 60,000 to 179,000 per month (MD= 11.49) and no income and 180,000 onwards (MD= 14.01). Aggression is also significant between under 40,000 to 159,000 per month (MD=9.71). Suicidal ideation is significant between no income and 60,000 to 179,000 per month (MD= 15.81) and no income and 180,000 onwards (MD=15.45). Suicidal ideation is significant between under 40,000 to 59,000 per month and 60,000 to 179,000 per month (MD=14.57)

and under 40,000 to 59,000 per month and 180,000 onwards (MD= 14.21). Suicidal ideation is also significant between 60,000 to 179,000 per month and 40,000 to 59,000 per month (MD=-14.57). Moreover, suicidal ideation is significant between 180,000 onwards and under 40,000 to 59,000 per month (MD=-14.21).

Chapter 4: Discussion

In the current study, we explored the relationship between socioeconomic status aggression and suicidal ideation among youth. SES was measured by using world bank categories of socioeconomic status based on income which is under 40,000 to 59,000 per month (LES), 60,000 to 179,000 per month (MES), and 180,000 onward (UES) (Dawn, 2020). Aggression was calculated by using BPAQ (Muhammad et al., 2021). Suicidal ideation was measured by using the SIDAS (Eskin 2013). Previous studies indicated a significant relationship between SES, aggression, and suicidal ideation. In previous studies, there is a one-to-one relationship between these three variables that is SES, aggression, and suicidal ideation. The aim of the current study was to explore the interrelationship between all these three variables.

According to Greitemeyer and Sagioglou, (2018) people having LSES and MSES have higher aggression levels as compared to people having USES. Literature also shows people having LSES and MSES are more prone to develop negative thoughts of attempting suicide (Pirkis et al., 2017). A longitudinal relationship study done by Start et al., 2019 indicated that people who exhibit higher aggression are more likely to report suicidal ideation as compared to people who reported less aggression. Previous studies have shown that unemployment is a stronger predictor of aggression that can result in violence as well (Mauri et al., 2019). Unemployment is also associated with more suicidal ideation (Amiri, 2022).

The sample of the present was 356 adults of Islamabad and Rawalpindi having ages of 18 to onwards. Sample characteristics (see Table 1) are made up of

various demographic variables i-e, age, gender, family system, marital status, job status, and income. Descriptive statistics are used for continuous variables.

In the present study, a correlational coefficient was used to determine the relationship between both scales of aggression and suicidal ideation, a t-test was carried out to determine the significant differences of job status with aggression and suicidal ideation. Moreover, one-way ANOVA was used to find the significant differences of income with aggression and suicidal ideation in order to test whether participants with the LSES and MSES background than USES tend to have more aggression and suicidal ideation.

First hypothesis of the present study that there is a significant relationship of socioeconomic status with aggression. Statistical analysis of one-way ANOVA was carried out in order to test this hypothesis. The hypothesis was supported by the analysis. The finding indicated significant differences of SES with aggression. The mean score of participants having LSES and MSES is higher as compared to those having USES which supports our hypothesis that people who belong to LSES and MSES tend to have more aggression as compared to those who belong to USES.

These findings are consistent with previous research that has shown that people with LSES and MSES backgrounds were more prone to aggression and they show more violent acts out of aggression due to their difficult life conditions because of low income or no income as compare to USES (Reingle et al., 2015). Similarly, adolescents with LSES and MSES exhibit more aggressive behavior as compared to those who belong to the upper and elite classes (Wilson et al., 2017). People who are poor are widely believed to cause violence because people having

low emotional control are more prone to show deviant behavior when they found no other means to fulfill their basic needs in life (Akinyetun, 2021).

The second hypothesis was that there is a significant relationship of socioeconomic status with suicidal ideation. Statistical analysis of one-way ANOVA was carried out in order to test this hypothesis. The result accepted the hypothesis. The finding indicated the significant differences of SES with suicidal ideation. The mean score of participants having LSES and MSES is higher as compared to those having USES which supports our hypothesis that people who belong to LSES and MSES tend to have more suicidal ideation as compared to those who belong to USES. Also, a number of studies have shown that people with LSES and MSES tend to have more suicidal ideation.

A study done by Kolves et al., (2019) concluded that people tend to develop more suicidal ideation due to their LSES background than those from USES backgrounds because of low levels of income, unemployment, low level of education, and living in a single-parent household with limited resources. Similarly, a meta-analysis study including data from multiple countries found that there is a positive relationship between aggression and suicidal ideation (Oexle et al., 2020). A study by Hill et al., (2018) have shown that violence experienced by African American who belong to LSES and USES are more prone to develop suicidal ideation than those who belong to USES.

The third hypothesis was that aggression has a significant relationship with suicidal ideation. Pearson correlation was carried out in order to find the relationship between aggression and suicidal ideation. The finding supports the

hypothesis that is a strong positive correlation of suicidal ideation with that of aggression. Thus, the hypothesis was accepted. It is also consistent with that of studies done by previous researchers Detulio et al., (2022) who have done a meta-analysis study, and their findings also revealed that aggression is significantly correlated with suicidal ideation. A previous cross-sectional study done by Min et al., (2012) shows that individuals with suicidal ideation had a higher mean score with aggression which shows that aggressive people tend to have more suicidal ideation as compared to non-aggressive individuals.

The result of another result reveal that people with more aggression level was associated with depressive symptoms which in turn has a strong link with that of suicidal ideation thus it indicates that aggression and suicidal ideation are positively correlated with each other. (Fite at el., 2011). Start et al., in (2018) studied the relationship between aggression and suicidal ideation while controlling all other extraneous variables including alcohol use, depression, sleep problems, etc. They examine that participants reporting aggression were significantly more likely to report suicidal ideation thus aggression is a risk factor for developing suicidal ideation.

Fourthly, it was hypothesized that unemployment is significantly correlated with aggression and suicidal ideation. Findings have shown that the mean score of unemployment with aggression and suicidal ideation is higher as compared to that of employment which indicates aggression and suicidal ideation are more found in people who are unemployed which is according to our hypothesis. It is also consistent with existing literature (Schommer et al., 2021) that aggression and

suicidal ideation has a significant relationship with unemployment. Studies have also shown that people who were unemployed and are currently unemployed reported stronger aggression as compared to people who are employed also, unemployment and low socioeconomic status push the jobless people into indulging in various deadly crimes including murder, kidnapping, domestic violence, terrorism, etc out of aggression (Ajaegbo, 2012). Dalglish et al., (2015) conducted a study to see the effect of job strain and unemployment. Results indicated that people who are unemployed reported more suicidal ideation.

Conclusion

The present study was conducted to explore the relationship between SES, aggression, and suicidal ideation among adults. It has been found that people belonging to LSES and MSES tend to have more aggression and suicidal ideation. Aggression is positively correlated with suicidal ideation. Moreover, it has been found that people who are unemployed exhibit more aggression and suicidal ideation thus unemployment is considered to be the stronger indicator of aggression and suicidal ideation. Strong empirical support has been provided by the present study about the importance of SES which can be contributed to aggression and suicidal ideation. This study highlights the negative consequences of LSES and MSES and unemployment as well as of aggression and suicidal ideation on the well-being of adults.

Limitations and Suggestions

There are several limitations of the current study. The first limitation of the present study is that it is a cross-sectional and quantitative design due to limited resources. So future researchers are suggested to do an in-depth understanding of the relationship between socioeconomic status, aggression, and suicidal ideation. Furthermore, the longitudinal design is suggested with the same sample which will help in developing interventions for aggression and suicidal ideation. The second limitation of the study is that data is collected from two cities of Pakistan that are Rawalpindi and Islamabad. The sample of the study fulfilled normal distribution but it is limited to only these cities. So future researchers can replicate this study with a more diverse sample from different cities in Pakistan to obtain more generalizable results. The sample of the study is adults so one can conduct research on adolescence and middle adulthood. Another limitation was that the scales used in this research were self-report in nature. Although detailed information was provided to participants. They were told about the research purpose but the disadvantage with self-report measures includes the element of social desirability. People are reluctant to give an honest response because of fear of being judged though they were ensured confidentiality still social desirability affects the responses

Implications

As there are a few limitations of this research but this research is also useful in terms of its implications. This study will help to improve the understanding of suicidal ideation thus offering an opportunity to search for possible prevention guidelines. To prevent suicide rates lifestyle strategies should be adopted such as awareness about psychological disorders, financial support steps by the government, and providing basic facilities (health, education, electricity, roads) to common people so that migration can be reduced. This study might help the policy-makers to increase employment opportunities so that people may not suffer from basic necessities of life, aggression, and suicidal ideations and work productively for themselves and for the betterment of the country. After the identification of emotional problems by this study it will be helpful in increasing awareness in adults to better understand about their problems and to cope with them effectively. Education plays a vital role in eliminating poverty, so making education accessible to those who are living in poverty can be the one major factor in eradicating poverty so that they may not suffer from aggression and suicidal ideations. Aggression is considered to be an important indicator of suicidality for service members. It will help to develop interventions to reduce suicide risk by understanding the link between aggression and suicidal ideations.

References

- Addae-Korankye, A. (2015). *Causes of Poverty in Africa: A Review of Literature*.
- Argabright, S. T., Visoki, E., Moore, T. M., Ryan, D. T., DiDomenico, G. E., Njoroge, W., Taylor, J. H., Guloksuz, S., Gur, R. C., Gur, R. E., Benton, T. D., & Barzilay, R. (2022). Association Between Discrimination Stress and Suicidality in Preadolescent Children. *Journal of the American Academy of Child and Adolescent Psychiatry, 61*(5), 686–697. <https://doi.org/10.1016/j.jaac.2021.08.011>
- Ali, T. S., Mogren, I., & Krantz, G. (2013). Intimate partner violence and mental health effects: A population-based study among married women in Karachi, Pakistan. *International Journal of Behavioral Medicine, 20*(1), 131-139.
- Ali, H., Rahman, S. U., Nosheen, F., & Ashraf, I. (2021). An Analytical Study of Conflicts and Violence on Socio-Economic Status in Pakistan. *Journal of Accounting and Finance in Emerging Economies, 7*(2), 357-364. <https://doi.org/10.26710/jafee.v7i2.1709>
- Amanda R Start, Yvonne Allard, Amy Adler, Robon Toblin. (2019). Practicing suicide ideation in the military: the independent role of aggression. *Suicide and Life-Threatening Behavior 49* (2).
- Brito, N. H., Fifer, W. P., Myers, M. M., Elliott, A. J., & Noble, K. G. (2016). Associations among family socioeconomic status, EEG power at birth, and cognitive skills during infancy. *Developmental Cognitive Neuroscience, 19*, 144-151.

- Bantjes, J., Iemmi, V., Coast, E., Channer, K., Leone, T., McDaid, D., Palfreyman, A., Stephens, B., & Lund, C. (2016). Poverty and suicide research in low- and middle-income countries: systematic mapping of literature published in English and a proposed research agenda. *Global Mental Health (Cambridge, England)*, 3, e32. <https://doi.org/10.1017/gmh.2016.27>
- Choi, J. W., Kim, T. H., Shin, J., & Han, E. (2019). Poverty and suicide risk in older adults: A retrospective longitudinal cohort study. *International Journal of Geriatric Psychiatry*, 34(11), 1565–1571. <https://doi.org/10.1002/gps.5166>
- Conger, R. D., Wallace, L. E., Sun, Y., Simons, R. L., McLoyd, V. C., & Brody, G. H. (1994). Economic pressure in African American families: A replication and extension of the family stress model. *Developmental Psychology*, 30(3), 355-363.
- Dawn, (2022 June 13). *Reducing Economic Anomalies* <https://www.dawn.com/news/1694577>
- De Oliveira Santos, E. G., Vedana, K., & Barbosa, I. R. (2022). Prevalence and factors associated with suicidal ideation. *Plos One*, 17(9), e0273625. <https://doi.org/10.1371/journal.pone.0273625>
- Dubois, D., & Ordabayeva, N. (2015). Social Hierarchy, Social Status, and Status Consumption. In M. I. Norton, D. D. Rucker, & C. Lambertson (Eds.), *The Cambridge Handbook of Consumer Psychology, Cambridge Handbooks in Psychology*. Cambridge: Cambridge University Press.

- Eskin. (2013). The effects of individualistic-collectivistic value orientations on non-fetal suicidal behavior and attitudes and in Turkish adolescents and young adults: *Scandinavian Journal of Psychology* 54 (6), 493-501.
- Hye Ji Min, Duk-In Jon, Myung Hun Jung, Narei Hong, Min A Song, Young Shin Kim, Jill M Harkayy-Friedman. (2012). Depression, aggression and suicidal ideation in first graders: a school-based cross-sectional study. *Comprehensive Psychiatry* 53 (8), 1145-1152.
- Harmer, B., Lee, S., Duong, T. V. H., & Saadabadi, A. (2023). Suicidal Ideation. In *StatPearls*. StatPearls Publishing.
- Kim, J. M. (2021). Development of structural model on suicidal ideation in adolescents' exposure to violence. *International Journal of Environmental Research and Public Health*, 18(6), 3215.
- Kolves, K., Milner, A., King, K., & Pirkis, J. (2019). Socioeconomic determinants of suicidal ideation among persons aged 15–24 years in 38 low-income and middle-income countries: A population-based study. *The Lancet Child & Adolescent Health*, 3(3), 193-201.
- Iemmi, V., Bantjes, J., Coast, E., Channer, K., Leone, T., McDaid, D., Palfreyman, A., Stephens, B., & Lund, C. (2016). Suicide and poverty in low-income and middle-income countries: a systematic review. *The Lancet. Psychiatry*, 3(8), 774–783. [https://doi.org/10.1016/S2215-0366\(16\)30066-9](https://doi.org/10.1016/S2215-0366(16)30066-9)
- Lee, K., & Zhang, L. (2022). Cumulative Effects of Poverty on Children's Social-Emotional Development: *Absolute Poverty and Relative Poverty*.

Community Mental Health Journal, 58(5), 930-943.

- López Barreda, R., Guerrero, A., de la Cuadra, J. C., Scotoni, M., Salas, W., Baraona, F., Arancibia, F., & Uriarte, P. (2020). Poverty, quality of life and psychological wellbeing in adults with congenital heart disease in Chile. *PloS one*, 15(10), e0240383. <https://doi.org/10.1371/journal.pone.0240383>
- Liu, X., Ruan, J., Zhou, F., & Guo, P. (2021). Financial strain and suicidal ideation among urban low-income residents in China: A moderated mediation model. *BMC Public Health*, 21(1), 1-11.
- Lindstrom Johnson, S., Waasdorp, T. E., Gaias, L. M., & Bradshaw, C. P. (2019). Parental responses to bullying: Understanding the role of school policies and practices. *Journal of Educational Psychology*, 111(3), 475.
- Mowat, J. G. (2020). Interrogating the relationship between poverty, attainment and mental health and wellbeing: the importance of social networks and support—a Scottish case study. *Cambridge Journal of Education*, 50(3), 345-370.
- Majeed, S., & Malikda, F. (2016). Phenomenology of anger expression in children within Pakistani cultural context. *Health Science Journal*, 10(2), 0-0.
- Miranda-Mendizabal, A., Castellví, P., Parés-Badell, O., Alayo, I., Almenara, J., Alonso, I., ... & Alonso, J. (2019). Gender differences in suicidal behavior in adolescents and young adults: systematic review and meta-analysis of longitudinal studies. *International Journal of Public Health*, 64(2), 265-

283.

- Mattingly, M. J., Bean, J. A., & Schaefer, A. P. (2012). Over sixteen million children in poverty in 2011.
- Muhammad, Saha, Bijon & Jannatul. (2021). Reducing aggressive behavior among undergraduate students through psychoeducation: *Jagannath University Journal of Life and Earth Sciences*, 6(1), 49-58
- Massimo C Mauri, Giovanna, Chira Di, Pace, Silvia Palette, Alessandra Reggiori, Carlo A. (2019). Aggressiveness and violence in psychiatric patients: a clinical or social paradigm. *CNS Spectrums* 24 (5), 564-573.
- Nickerson, C. (2021). Frustration-Aggression Hypothesis. *Simply Psychology*.
- Odgers, C. L., Moffitt, T. E., Tach, L. M., Sampson, R. J., Taylor, A., Matthews, C. L., ... & Caspi, A. (2015). The protective effects of neighborhood collective efficacy on British children's mental health. *Psychological Science*, 26(4), 471-482
- Park, J. I., Yang, J. C., Han, C., Park, T. W., & Chung, S. K. (2016). Suicidal ideation among Korean elderly: risk factors and population attributable fractions. *Psychiatry*, 79(3), 262- 281.
- Perroud, N., Baud, P., Mouthon, D., Courtet, P., & Malafosse, A. (2011). Impulsivity, aggression and suicidal behavior in unipolar and bipolar disorders. *Journal of Affective Disorders*, 134(1-3), 112-118.
- Pirkis J, Currier D, Butterworth P, Milner A, Kavanagh A, Tibble H, Robinson J, Spittal MJ. (2017). Socio-Economic Position and Suicidal Ideation in

Men. *International Journal of Environmental Research and Public Health*.
14 (4), 365. <https://doi.org/10.3390/ijerph14040365>

Paula J Fite, Laura Stoppelbein, Leilani Greening, Teresa M Preddy. (2011).
Associations between relational aggression, depression, and suicidal
ideation in a child psychiatrist inpatient sample. *Child Psychiatry & Human
Development*

Rao, V. (2019). Process-Policy & Outcome-Policy: Rethinking How to Address
Poverty & Inequality. *Daedalus*, 148(3), 181-190.

Reingle, J. M., Jennings, W. G., & Maldonado-Molina, M. M. (2014). The
relationship between neighborhood disadvantage and adolescent alcohol
use: A diffusion study. *Journal of Youth and Adolescence*, 43(9), 1426-
1441.

Shekhani, S. S., Perveen, S., Hashmi, D. E. S., Akbar, K., Bachani, S., & Khan,
M. M. (2018). Suicide and deliberate self-harm in Pakistan: a scoping
review. *BMC Psychiatry*, 18(1), 1-15

Shameem, F., & Hamid, S. (2014). Socioeconomic status and adolescent
aggression: the role of executive functioning as a mediator. *The American
Journal of Psychology*, 127(4), 419– 430.
<https://doi.org/10.5406/amerjpsyc.127.4.0419>

Tran, T., Hoang, A. D., Nguyen, Y. C., Nguyen, L. C., Ta, N. T., Pham, Q. H., ...
& Nguyen, T. T. (2020). Toward Sustainable Learning During School
Suspension: *Socioeconomic, Occupational Aspirations, and Learning*

Behavior of Vietnamese Students During COVID-19 Sustainability,
12(10), 4195.

Kaur, R., & Garg, S. (2008). Addressing domestic violence against women: an unfinished agenda. *Indian Journal of Community Medicine : Official Publication of Indian Association of Preventive & Social Medicine*, *33(2)*, 73–76. <https://doi.org/10.4103/0970-0218.40871>

Weber, A. N., Michail, M., Thompson, A., & Fiedorowicz, J. G. (2017). Psychiatric Emergencies: Assessing and Managing Suicidal Ideation. *The Medical Clinics of North America*, *101(3)*, 553–571. <https://doi.org/10.1016/j.mcna.2016.12.006>

Wilson, R., DiPerna, J., & Rosenthal, B. (2017). Socioeconomic status and adolescent aggression: A systematic review and meta-analysis. *Journal of School Violence*, *16(3)*, 285-305.

Appendices

Inform Consent

The department of Psychology at Capital University of Science and Technology supports APA's ethical considerations for the protection of human participation in research. The following information provides you with information regarding the experiment. If you agree to participate, please be aware you are free to withdraw anytime without any penalty.

I, Syeda Fatima Sohail psychology student at Capital University of Science and Technology. I am currently doing my research work on the Relationship between socioeconomic status, aggression, and suicidal ideation among youth adults which is the requirement of my degree. You are voluntarily participating in my research work. If you will participate in my research work, all you need is to fulfill the questionnaire carefully without omitting any questions. Your identity will not be revealed, and all the information you provide will remain confidential. You have the right to withdraw at any time but it will be a great help if you participate in this research and fill out each question all the questionnaire honestly. If you have any ambiguity regarding this study, you are free to contact me through email.

Email: fatimashah1962@gmail.com

Signature: _____

Syeda Fatima Sohail

Thankyou.

Demographic Sheet

1. Age
 - a. 18 to 29
 - b. 30 to 49
 - c. 50 above
2. Gender
 - a. Male
 - b. Female
 - c. Other
3. Family System
 - a. Nuclear family
 - b. Joint family
4. Marital Status
 - a. Single
 - b. Married
 - c. Separated
5. Job Status
 - a. Employed
 - b. Unemployed
6. Income
 - a. No income
 - b. Under 40,000 to 59,000 per month
 - b. 60,000 to 179,000 per month
 - c. 180,000 onwards

Referring Form

I Syeda Fatima Sohail opt to conduct research on the topic relationship between poverty aggression and suicidal ideation. As this topic has a sensitive item which is suicidal ideations and I consider this my foremost duty to refer a participant who is screened out with suicidal ideations so if I find out any participant who has been screened out as a suicidal subject, I will refer them to psychiatrist/ psychologist who work in center of profound educational clinic so that people who are not able to pay for sessions can also take free sessions and have proper cognition's related to suicidal thoughts. Centre for Profound Education is a registered charitable Trust with the Government of Pakistan, catering for children and young adults with special needs; learning disabilities and autistic spectrum disorders. As part of their pro-inclusion anti-discrimination strategy, they deliver quality services across all social strata irrespective of color, creed and religion. A nominal fee is charged to those who are able to pay, for others we have to seek sponsorship from their friends. They use the latest psycho-social and learning techniques in their educational program and their staff is trained by highly qualified professionals from the United Kingdom. Centre for Profound Education envisions individuals with special needs to become valued and integral members of a society built on foundations of de-stigmatization, non-discrimination and social inclusion. They also run awareness and educational programs for the prevention of mental handicaps and autistic spectrum disorders.

Contact no: 051- 5508473

Instruments

Buss and Perry's Aggression Questionnaire

Scale-1

Using the 5- point scale shown below, indicate how uncharacteristic or characteristics each of the following statements is in describing you. Place your rating in the box to the right of the statement.

Extremely uncharacteristic of me	Somewhat uncharacteristic of me	Neither uncharacteristic of me	Somewhat characteristics of me	Extremely characteristic of me
1	2	3	4	5

1. Some of my friends think I am a hothead.

--	--	--	--	--

2. If I have to restore to violence to protect my rights, I will

--	--	--	--	--

3. When people are especially nice to me, I wonder what they want.

--	--	--	--	--

4. I tell my friends openly when I disagree with them.

--	--	--	--	--

5. had become so mad that I have broken things.

--	--	--	--	--

6. I can't help getting into arguments when people disagree with me.

--	--	--	--	--

7. I wonder why sometimes I feel so bitter about things.

--	--	--	--	--

8. Once in a while, I can't control the urge to strike another person.

--	--	--	--	--

9. * I am an even – tempered person.

--	--	--	--	--

10. I am suspicious of overly friendly strangers.

--	--	--	--	--

11. I have threatened people I know.

--	--	--	--	--

12. I flare up quickly but get over it quickly.

--	--	--	--	--

13. Given enough provocation, I may hit another person.

--	--	--	--	--

14. When people annoy me, I may tell them what I think of them.

--	--	--	--	--

15. I am sometimes eaten up with jealousy.

--	--	--	--	--

16. * I can think of no-good reason for ever hitting a person.

--	--	--	--	--

17. At times I feel I have gotten a raw out of life.

--	--	--	--	--

18. I have trouble controlling my temper.

--	--	--	--	--

19. When frustrated, I let my irritation show.

--	--	--	--	--

20. I sometimes feel that people are laughing at me behind my back.

--	--	--	--	--

21. I often find myself disagreeing with people.

--	--	--	--	--

22. If somebody hits me, I hit back.

--	--	--	--	--

23. I sometimes feel like a powder keg ready to explode.

--	--	--	--	--

24. Other people always seem to get the breaks.

--	--	--	--	--

25. There are people who pushed me so far that we came to blows.

--	--	--	--	--

26. I know that 'friends' talk about me behind my back.

--	--	--	--	--

27. My friends say that I'm somewhat argumentative.

--	--	--	--	--


28. Sometimes I fly off the handle for no good reason.


--	--	--	--	--





29. I get into fights a little more than the average person.

--	--	--	--	--

Approval mail for using Buss Perry's Aggression Scale

Permission request for using your scale Inbox 

 me 3 Oct
Hi Dear, Hope my email finds you well. I Syeda Fatima...

 Anderson, Craig A [PSYCH] 5 Oct  
to me 

Feel free to use the attached scales. I do not own the copyright to the Buss-Perry, but both of the scales are in the public domain, so permission is not needed.

Regards,

Craig

Craig A. Anderson, Ph.D.
Distinguished Professor of Psychology
Iowa State University
Editor in Chief, *Aggressive Behavior*
Home page: www.CraigAnderson.org
Google Scholar page: [click here](#)

Free pdf version of 2020 book: [Game On! Sensible Answers about Video Games and Media Violence.](#)

Suicidal Ideation Attribution

Scale-2

No Permission Required

1. In the past month, how often have you had thoughts about suicide? (0 = Never, 10 = Always)

0 1 2 3 4 5 6 7 8 9 10

2. In the past month, how much control have you had over these thoughts? (0 = No control, 10 = Full control)

0 1 2 3 4 5 6 7 8 9 10

3. In the past month, how close have you come to making a suicide attempt? (0 = Not close at all, 10 = Made an attempt)

0 1 2 3 4 5 6 7 8 9 10

4. In the past month, to what extent have you felt tormented by thoughts about suicide? (0 = Not at all, 10 = Extremely)

0 1 2 3 4 5 6 7 8 9 10

5. In the past month, how much have thoughts about suicide interfered with your ability to carry out daily activities, such as work, household tasks or social activities? (0 = Not at all, 10 = Extremely)

0 1 2 3 4 5 6 7 8 9 10

Note: Respondents who respond “0 – Never” to the first item skip all remaining items and score a total of zero.

Scoring

Total SIDAS scores are calculated as the sum of the five items, with controllability reverse scored (10=0, 9=1, ..., 0=10). Total score ranges from 0 to 50.

Syeda Fatima Sohail

ORIGINALITY REPORT

7 %

SIMILARITY INDEX

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PRIMARY SOURCES

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