

SOCIOLOGICAL PERSPECTIVE OF SUICIDES**Ahmet MALOKU¹****Elda MALOKU²****Abstract**

This paper elaborates the sociological perspective of suicide. Suicide is one of the social phenomena, which is present in every society or culture and is considered as one of the problems and challenges of modern society (post) which belongs to the individual and the family itself as a functional unit of society. The paper analyzes the research data in the study of the sociological approach to suicide and the influence of sociological factors on suicide such as: gender; marriage and family; unemployment; age and education. The aim of this study is evaluation, analyze and the role of these sociological factors that affect suicide. The research results also show that the sociological aspect of suicide viewed from the historical context, has been seen as a single phenomenon from different perspectives of social epochs. Taking into consideration the available data, the sociological point of view has been clarified as one of the most important approaches in the analysis of suicide as a social phenomenon. From the available literature, different views have been seen on the phenomenon of suicide and the difficulties in determining it, namely the determination of the causes and consequences, and effective methods of suicide prevention. This paper contributes to the existing scientific literature, especially in the fields of Sociology, Psychology, Criminology and Victimology. Moreover, this paper is likely to contribute to the work of NGOs, but also to the work of state bodies to prevent suicide, which is and remains a universal challenge.

Keywords: Sociological Factors, Suicide, Social Isolation, Lack of Integration, Émile Durkheim

1. Introduction

Suicidere is a Latin word that was formed by the combination of two words means “sui” which means “I” and “cedere” which means “to kill”. This portmanteau word, which means “killing one’s self” was transferred into the English language as “suicide”. Word of suicide is made up by mixture of two Latin Suicidere is a Latin word that was formed by the combination of two words means “sui” which means “I” and “cedere” which means “to kill” (Volant, 2005, cited by Kaya 2014:4).

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The suicidal act is a very complex and controversial phenomenon of extreme personality reaction to self-destruction with psychopathological features. It is the absurd and unnatural phenomenon of the deliberate and violent destruction of his life. Suicidology is a special scientific discipline that deals with the study of suicides (Maloku, 2019: 292). Suicide is a deeply intimate, personal act and at the same time the most individual act. At its core, suicide is also a social phenomenon because it is a consequence of the disturbed relationship between the individual and society. As a problem, suicide has occupied society for many centuries. The term Suicidology for scientific research in this field was first used by the Dutch professor V.A Bogner in 1929. This term in general use came into use at the first meeting of the American Society of Suicidology in 1968 (Selaković - Buršić i Bujišić, 1995: 47 - 50). Today, suicide is a huge preoccupation for sociologists, psychologists, criminologists, victims, philosophers, theologians, etc., where each of their perspectives has been given a certain scientific dimension.

In war-torn countries, countries in transition, the phenomenon of suicide has become much more frequent, becoming a phenomenon which poses a serious danger to society itself.

It is impressive that most of suicidal works, giving a historical summary of this phenomenon, usually beginning with antiquity, focus on the outward appearance of things, dealing specifically with the views of pro et contra, without explaining causation, development and meaning of suicidal behavior so diverse. However, looking at the historical context is necessary to see a single phenomenon, in this case suicide from different perspectives of social epochs. In this way, we complement the image of suicide, which allows us to better understand and help professionally. Throughout human history, suicide has been understood and accepted in different ways, depending on the eras, human groups, cultures, and religions.

In prehistoric period, suicide was an act by which an individual helped a group survive to store food.

In primitive societies, suicide was treated as a magical act. Later it was treated as a sin against God, or as evil against the state and society. This affected to take measures and punishments, such as excommunication from the religious community, taking names and property and various moral and physical punishments. Individual and group suicides were often seen as an act of escape from violence and terror. The act of suicide was voluntarily practiced by the Australian bourgeoisie, the Autoctone American inhabitants, the Vikings, the Eskimos, the Roman soldiers, as well as the Japanese suicide bombers or today the self-sacrifices of the Mujahideen and other extremist groups in the Middle East. For some individuals or groups of peoples, suicide in the fire (Indian women) is an act of loyalty to relatives (especially to the husband) or devotion to an idea, or as a privilege of the seriously ill, or self-sacrifice for free thought, or an act of bravery of the brave or an act of betrayal of the weak (Modly, 1991, cited by Halili, 2011: 132-133).

The Romans turned the suicide into fashion. There were special arenas for suicide. The whole market was full of young gladiators, who even for a little money agreed to make their death as painful as possible. The ancient Romans threw early Christians to the lions because they themselves wanted to be torn apart and eaten by them in order to escape the hell of life and be closer to God (Ramljak & Simović, 2006: 261).

In ancient times, the primacy belonged to religion. Religion has influenced the system of human values, in the sense of man for the world. Religious attitudes about suicide are very reflective in all religions, as they contradict essential religious postulates, there is only one difference in Hinduism and Buddhism, who are more liberal in the act of suicide.

If Religion affects our attitudes, it also affects our attitude toward suicide. Different beliefs address this different action. Therefore, religion is one of the possible factors of suicide - it can encourage or prevent a person from committing this act (Čimbuović et al, 2013).

In the Middle Ages, in the domination of Christianity, suicide was banned in the year 563 AD. Suicide people are buried without religious rites, often they were buried outside cemeteries. Sanctioned both religiously and legally aspect were the families of the perpetrators who committed suicide (Čejović, 1966).

In the age of humanism a liberal attitude towards suicide developed, human self-destructive behavior is considered to be a free choice, the free will of every individual. Every individual has the freedom to dispose of his life and neither religious institutions nor the state can deprive him of this right. This attitude towards suicide was maintained until the 19th century, when interest returned to investigate the causes of this phenomenon after the rapid increase in the number of suicides.

In the nineteenth century, sudden changes occurred that disrupted social integration, urbanization and industrialization appeared, which had various consequences. One of the consequences was an increase in the incidence of suicide. Phenomena such as prostitution, murder, alcoholism, suicide were considered moral problems of the society of that time. These phenomena were considered to be indicative of the moral condition of society.

The phenomenon of suicide in the world, historically, seems to have been attempted to be minimized due to many factors such as depression, socio-economic status, drug abuse, etc. However, in addition to the above-mentioned factors, the period of socio-economic transitions of the society, the socio-economic factor, the lack of integration and many other factors that directly or indirectly affect the individuals to perform have had and still have an impact on the above-mentioned factors suicide.

2. Literature Review

Interest in suicide research has grown steadily. For example, as early as 1976, according to Farberou, 308 articles and seven books on the subject were published.

Nordstrom, in 1995, has encountered over 3,000 suicide references from a sociological point of view alone, these references being published from 1981 to 1993, according to data provided by the Social Sciences Index. Numerous researchers have made significant contributions to human self-destructive behavior. Indeed, these studies may reveal inconsistencies, often with completely opposite perspectives, even extremely volatile ones. This should not be discouraging, on the contrary, the determination of syntheses and the placement of systematizations in the sense of a eventually accepted, position would certainly prevent further progress. Above all, history is replete with examples where various currents of thought after codification lost their original liveliness and faded, suffocated within the defined system (Hawton, 2011: 145-153).

Criminologist Hysi Vasilika in the book *Criminology* (2010), among others, analyzes gender, age, ethnic type and social position as a negative phenomenon. This book also analyzes from this aspect the urbanism, emigration and mobility of people (Hysi, 2010: 170-180; 355-360).

According to Durkheim (1997) in his work "Suicide" every social community actually has a characteristic dose of collective tendency to commit suicide, because it is the source of all individual tendencies. However, it must be demarcated that the collective tendency to commit suicide is not the result of individual provisions.

The author Ragip Halili in the book *Criminology* (2010), analyzes extremely well the external (objective) factors that influence the emergence of negative phenomena. In particular, it analyzes the socio-economic factors such as: industrialization, urbanization; human migration; crises, economic depressions; poverty; difficult living conditions; profession (Halili, 2010: 223-233).

Sladana M. Dragišić Labaš (2019) in the book *Suicide - Different Discourses*, sheds light on the phenomenon of suicide from various discourses and then presents epidemiological data and research findings on important risks and proactive factors coming from society, the environment, family and personality, and at the end of the book she gives suggestions for suicide prevention.

Alija Ramljak and Simović Miodrag (2006) from Bosnia and Herzegovina in their book *Victimology* from page 261 to page 275, give an extremely good analysis of the suicide from the victimological point of view. This analysis starts from: the historical aspect; anthropological interpretations; sociological concept; psychological concept; suicidal components, suicide syndrome, suicide and attempted suicide, "psychic autopsy" to suicide and criminal offenses.

The extremely good approach from the psychiatric, criminology and victimological point of view gives the professor from Sarajevo, dr. Alija Ramljak (2007), in the book *Medical Criminology*, published by the Faculty of Criminology Sciences, Sarajevo together with AAB College, Prishtina. The author in this book analyzes the factors that influence the commission of suicide, as well as the author brings from his experience many ways of committing suicide.

The sociology dictionary of the author Ali Pajaziti (2009), among others, includes sociological factors that affect suicide such as poverty, unemployment, urbanization, gender, age, marriage. The author also includes the types of suicides in this dictionary Anomine, etc.,.

3. Research Methodology

The scientific methods used in this paper are mainly methods of analysis, synthesis and comparative, which help to analyze, synthesize and compare the theoretical views of local and foreign authors, who have researched from the sociological, criminological, victimological point of view the sociological aspect of suicides. Since it is clear that this is a problem that has a historical, cultural, scientific, religious and global dimensions, the paper also uses the content analysis method, as a necessary method to study multidimensional research on suicide throughout history to the present day.

4. Research Results and Discussion

Suicide is a denial of life itself on a voluntary basis, without the participation of others. Unfortunately, in modern society, a form of account settlement with life is quite often. The causes of suicide can be completely different, a person makes a decision to commit suicide based on certain difficulties from the psychological and sociological point of view. The paper analyzes the research findings only from the sociological point of view.

Suicide is a very challenging phenomenon in pathological sociology, both in the past and in the present, and more in the focus of research in the future. In particular, especially according to Dirk, suicide makes sense to be researched only as a massive phenomenon, namely, the variables of two social determinants: social integration and social regulation (Ramljak & Simović, 2006: 265).

Perhaps there is no more complete publication in the field of sociological interpretation of suicide, not to mention the cornerstone not only in suicidology but also in sociology: Émile Durkheim's famous monograph "Suicide" of 1896 year. The general conclusion of Durkheim is that suicide varies inversely with the degree of integration into the social community, of which the individual is an integral part (Durkheim, 1997). Suicide - writes Durkheim - is one of the most individual and lonely actions that only man is capable of doing. Durkheim has researched suicides in a number of countries, trying to reach some joint constants during a long period of time. Thus, he concluded that the occurrence of suicide had nothing to do with geographical location, political and religious affiliation, genetic predisposition, etc. He testified that the suicide rate is higher in cities than in rural areas, that the suicide rate is much higher among Protestants than among Catholics, that the suicide rate is higher for widows and divorced women than for married people, etc. According to Durkheim, these changes in suicide levels can only be explained by social relationships or solidarity (Durkheim, 1997).

According to sociologist and suicide researcher Émile Durkheim the use of such a term is intended to separate real murders from casual murders. The individual makes this decision being fully convinced that the final result will be ending of personal life,

whether as a negative or even positive act, depending on the acceptance we make. The term suicide is applied in all cases of death as a direct or indirect result of a negative or positive act of the victim himself, for which he knows that he will bring this result (Durkheim, 2004: 19).

Émile Durkheim in his famous work "Suicides" of 1897 identified four types of suicides, for which he considers that in terms of character, they can only be socially constructed. These are: (Shabani & Maloku 2019: 153-154).

• **Selfish suicide**, results from the poor integration of the individual into society, and where he / she addresses himself / herself. Usually these individuals have physical, mental, intellectual or sensory disabilities developing skills, and these individuals find it difficult to adapt and as such with half-heartedness, are accepted by society.

• **Altruistic suicide**, occurs as a result of over-integration into the community. For the community person it is something more important than the self, these are communities that have excessive control over the individual and make him dependent on him. This form is often encountered in primitive societies.

Te In altruistic suicide there are three categories of these suicides:

- Suicide of people on the verge of old age or sick people (Denmark-warriors, Goths, Thracians, India, Fiji, etc.);

- Suicide of women after the death of their husband (Tibet, India);

- Suicide of a defender or servant after the death of their master (in Gaul, Ashanti, Hawaii);

• **Abnormal suicide** occurs when society is unable to integrate an individual and have adequate control over it. This type of suicide occurs when society changes value and the normative system in the event of long crises or sudden economic prosperity. A state of hopelessness is created. Durkheim argues that anomie in modern societies is a regular and specific factor of suicide, it is one of the sources from which the annual suicide contingent emerges.

• **Fatalistic suicide** comes at a time when strong and intense social control prevails, which mercilessly blocks the individual from the future and forcibly preserves passion through oppressive discipline. It is characteristic of servants who cannot withstand the rules imposed on them, armies that did not obey orders, married women, young spouses, and so on.

In all four cases, the causes must be sought in the individual's relationship with society, but the question of why this relationship becomes problematic, in the sense that the individual is forced to commit suicide, in all four cases we have different answers. Some commit suicide because they are not fully integrated, when their inner emptiness prevails, others are killed because they are very integrated and therefore value their lives a little. Others commit suicide because their expectations cannot be join with those that

seem socially achievable to them. In this regard, Durkheim introduces the important notion of Anomi. According to Durkheim, Anomia is a situation of disorder or relative lack of norms in a social group (Maloku, 2020: 171). Anomie is a condition in which society always loses its integrative forces in the process of development. The forces of social control and the forces that unite it are weakening. Previous norms and standards are abandoned and new ones accepted. Society is disorganized, fragmented, and atavized. It is a state of insecurity, disorder, entropy and chaos. In this way comes social isolation, which increases proportionally with the increase of social mobility, on the stage comes the individual who lives for himself and his interests (Shabani & Maloku 2019: 71). Anomie (lack of norms) appears in industrial society when social control is weakened, and moral norms are not strong enough to restrain those who break the rules of conduct. Then come industrial conflicts, suicides, divorces and other pathological phenomena. Thus, dynamic social phenomena determine frustration, resignation, anxiety, psychosis, and dissatisfaction. This imposes the need for a new moral consensus on what we can expect from life. The state of anomie, e.g. loss of status, transition from village to city, declining competitive living conditions result in an anomic type of suicide. Considering that pathological phenomena are an integral part of daily life, Durkheim is especially interested in explaining how the relationship between the individual and society works in these conditions and to what extent this relationship is a generator of the pathological condition in society. In his study "Suicide" has provided some basic explanations regarding the relationship and coexistence of the individual and society. In relation to this report has defined the important category which explains the essence of the function of actors - the individual and society, and this is the category "organic solidarity" in the life of the individual. This means the individual's ability to communicate with society and to engage in social life through various activities and forms of action, on the one hand and on the other hand the opportunities that society offers to this individual as a real chance to be involved in these activities. He sees the solution in the interaction of the two mentioned forms of engagement and traversal of individual human activity and social activity. Durkheim calls this relationship between the individual and society a moral bond without which the individual could not be successfully integrated, and the lack of this "moral bond" results in the non-socialization of the individual with all the other effects of social introversion. Durkheim called these societies, pathological societies or societies with limited solidarity. They generate the largest number of suicides and suicidal behaviors and actions. In this way the pathological condition is established after the normal one, while the normal one towards the optimal one, while all forms of suicide are interconnected and conditioned by social factors and not by biological and other non-social factors (Repovac, 2005: 167). Some authors have criticized, supplemented, challenged, or supported Durkheim's views, and some authors with sociological-suicidological orientations have also attempted to come up with entirely new hypotheses.

4.1. Gender As A Sociological Factor

Completed suicide rate in men is higher than in women. However, attempted suicide is more common among women than men. The world average is that men commit suicide four times more than women, while women try to commit suicide three times. The reason women are not so suicidal is that they have more psychological support, more easily decide to seek help, and thus find it harder to fall into a state of social isolation. This is the result of traditionally different education for women and men. Among those who commit suicide successfully, there are more men than women in the 2: 1 to 4: 1 ratio, which varies from one country to another. Explanations include biological gender changes, different ways of expressing aggression, diversity in learning social and gender roles, etc. (Pilić 1998). Wilson explains this phenomenon by the fact that women are more likely to seek help in crisis situations than men. Likewise, women have more social roles than men, so failure on the one hand is more easily offset by success on the other. In some cultures, however, this ratio is either equal or we have a predominance of women committing suicide (India - where women are required to commit suicide after the death of their husbands, while among those who remain attempted suicide also dominate more women than men, then the same is true in some provinces of China and Turkey, for which there are no specific reasons other than extremely low socio-economic living conditions) (Cavor, 2017: 9).

Men, although they may be more sensitive to the consequences of breaking off important relationships, very strongly value independence and determination, and consider the need for help as a weakness and avoid it. However, women value interdependence, are happy to consult with friends, share opinions, and accept help. Women have greater social assistance and support that will take them away from suicide and help them seek psychological and medical help. For example, marriage and children are protective factors for a woman, but not for a man.

While men, the bearers of the family in our tradition, with the loss of jobs, partners, and other "connections" that make it "complete," see the only way out in suicide. They react more strongly to changing socio-economic conditions, so employment stress, income height and wealth have a greater impact on men's suicide than women. Higher mortality in men can be explained in part by a greater propensity for violent behavior and a more frequent choice of the most effective means of execution (Knežić & Savić 2010). Men have different motives for suicidal behavior in relation to women, but the motives vary with age. Thus, younger men are more likely to have "romantic motives", where it has to do with breaking an emotional bond or unrealized love, while in middle age they face unemployment, poor material status and alcoholism, whereas in older age they are poorly health (Weaver, 2009: 162). In the elderly of both genders, the risk factors for suicide are: somatic disease and functional disability (O'Riley, Smith, 2012: 126, according to Dragišić Labaš, 2019: 63).

4.2. Marriage And The Family As A Sociological Factor

Studies show that unmarried people and widows are more likely to commit suicide than married people (Kaplan & Sadocks, 1994), and yet they are more likely to decide to commit suicide if they have no children. Divorced people are more likely to commit suicide than those who have never been married. There are 2 times more suicides among unmarried, divorced and married persons who do not have children. Suicides are more common among people who have in a close or extended family a member who has committed suicide (Cavor, 2017: 10). There are various life situations in which a person does not see solutions or the end of his problems, and such a situation leads to emptiness and giving up his own life. One of the important risk factors for suicide is the social and economic factor that changes the role in society and leads to disagreements in male-female relationships, increased divorce rate, increased competition for jobs, lack of social assistance.

Marriage and the family, if stable, provide social and emotional security, financial support, facilitate easier integration into society and the community, reduce social isolation, and as such, marriage and the family present are the protective factors of many deviant phenomena including suicide. However, a divorce and a ruined home (death, separation from loved ones) present unfavorable conditions and stressful situations that can end in suicide. Suicide is more common among those who are single, divorced or widowed.

Of course, any community, whether marital or extramarital (cohabitation), is important for mental health, and therefore marriage can be a protector but also a risk factor for suicide. However, marriage (partnership) that has children is more of a protective factor, as shown by therapeutic work experiences. Marriage causes different spouses to have positive and negative conditions that prevent them from committing suicide or to protect them from the purpose of suicide, such as: obligation, suffering, overcoming disagreements "for the sake of children" (children are the motive of saving lives even though marriage is not the best), finding different ways to overcome problems, coming up with constructive solutions, a greater tolerance between spouses, hope that it could be better, seeking professional help... However, as in many findings, marriage has a more protective function for men in most societies. Social expectations for a woman to be more "submissive" and a "controlling" man affecting women's worse position in the marital system, although there are other protective factors against suicide in women. However, a significantly higher number of women are trying to commit suicide or attract attention, in this case, to their poor marital status (Dragišić Labaš, 2019: 69).

Studies show that divorced and widowed women have a 4-5 times higher risk of suicide, and that women without children are more likely to commit suicide than those with children. (Knežić & Savić, 2010). Although divorce is a stressful event for most people, men and women react differently to it. The reason for this, we assume, is that women are more likely to create a wider social support network and nurture meaningful friendships regardless of marital status, which in situations of losing a partner due to

divorce or death is a resource of emotional and social support, which is generally lacking for men. Divorce can create feelings of isolation and weakness, and increase the risk of depression and suicidal behavior.

4.3. Unemployment As A Sociological Factor

Unemployment is the condition of people who are simply unemployed and without income based on the profession they deal with. They are people who have searched and are looking for socially acceptable jobs and have not found yet. If unemployment is massive, then it is about the significant exclusion of people from work, for those who want to work, who have been employed and have lost their jobs, or those who have applied to the relevant employment institutions for employment purposes (Bolcic, 2004 quoted according to Maloku 2019: 217). Unemployment, poverty and social isolation are intertwined and lead to a significant deterioration in living standards and the risk of poverty. Research shows that unemployment is a risk factor not only for socio-economic reasons, but also for socio-psychological reasons (Knežić & Savić, 2010). Employment is not the most important determinant of people's position, but it creates social stability and quality of life and participation in society. Unemployment and poverty prevent participation in social activities, and so tensions arise in family and marital relationships, as well as in relationships with friends and neighbors.

The transition, privatization and devastated industry in the Western Balkans have contributed to the disappearance of the middle class. In a once stable society, these reasons, related to the great differences between the poor and the rich, contribute to an increase in suicide rates. With the closure of large enterprises, people were laid off after many years or decades of work, and so people were left without socio-economic stability, often and not infrequently at an age where it was almost impossible for people to find new jobs. Unemployment and the inability to find work probably feel like a failure of their existence. In such situations, they have no mercy or justification for themselves, and often for their family members. The rapid rise in standards, the displacement, the rapid urbanization, the depression, the decline of the circle of friends, the alienation of each other, all lead to a predisposition to suicide.

In the inability to provide quality of life for themselves, and especially for close family members, individuals turn to suicide. This is a common occurrence in the elderly, mainly men, who do not have the ability to have a stable material income for living.

Not only the unemployed are at risk of suicide, suicide also happens to employees, especially when it comes to high-risk occupations: doctors (anesthesiologists, psychiatrists), pharmacists, farmers and reputable professions and high incomes. In addition to these professions, there are specific risk groups where suicide is a taboo subject: the military and the police where suicide is a much more common occurrence than in the general population (Knežić & Savić, 2010). But we must also keep in mind that other risk factors also play a large role in people who have committed suicide.

4.4. Age As A Sociological Factor

According to the latest international statistics, suicide as a cause of death ranks 13th in the elderly population, but the suicide rate increases in elderly ages in both genders, especially in the 75+ age group. In the US, the highest suicide rates are among men over 85 (48.7%). In Canada, the overall suicide rate is 11.9%, while for older men it is 22.7% and 5.5% for women. The standardized suicide rate in EU countries (1980-2006) ranges from 39.13% to 54.52% for men and 13.9% to 17.27% for women. In the older EU member states, the level decreased over time from 26.52% to 17.67% (Amore et al. 2012: 268, according to Dragišić Labaš, 2019: 66). Physical health disorders, mental and malignant diseases are essential for the suicide of the elderly. Chronic illness in the elderly, which is not uncommon, is a risk factor for suicide. Also in the elderly, feelings of helplessness, abandonment, feelings of loneliness, great financial hardship and poor relationships with children, hopelessness, aging, poverty, and psychopathological diseases are key socio-pathological, social, medical, and family problems, which needs to be worked on a lot. Because, these problems affect the elderly to have difficulties in relationships with the community. Also in old age, losses, decreased mental and physical resilience, retirement, death of spouses and friends, and adaptation to a new lifestyle are problems in which sociologists, psychologists, psychiatrists, and victimologists must work hard to prevent suicide.

Often, it is difficult for men to experience old age, especially if they have lost their partner, and sometimes even the loss of a job that again causes loss of self-esteem, a feeling of being worthless, loss of physical movement and thus the ability to fight for a better life. Losses in old age can lead to depression. Women fit much easier retire age or their children to be far from the home and other changes brought about by old age. One of the age groups that has recently taken over when it comes to suicide is young people.

The transition from childhood to adulthood is often difficult for a child. Adolescence can be a time of disorientation and discovery. This transitional period can bring issues of adolescent independence and self-identity. Many teens and their peers face difficult choices about school, sexuality, drugs, and alcohol, as well as social life. Peer groups, romantic interests and their appearance seem to grow naturally in the perceived importance for some time during the journey of an adult adolescent (Maloku, 2019: 15). Therefore, the social element plays a major role in the life of a young person when it comes to the "survival" of that period. Youth suicides often occur in families with degraded relationships, but it is impossible to rule out a number of other factors, from social, cultural, family, psychological and biological..

The most common forms of suicidal behavior in children are despair, behavioral changes, loss of interest in hobbies and early friends, withdrawal from the environment, concentration problems, learning disabilities, fatigue, security and many more (Folnegović- Almalc, et al, 2001). But what is always a warning sign is a change in the

child's behavior. Each of these changes that occur must be answered and not allow the child to fall into major depression that can result in a suicide attempt or suicide.

According to the WHO report, suicide among young people aged 15 to 29 is the second leading cause of death after road accidents. In the last 12 years, there has been a 9% decrease, especially in the Europe region and the Western Pacific, while in 50 countries there has been an increase in suicides, among which there are also high-income countries. Suicide reduction is linked to the decriminalization of suicide and the search for help for suicidal thoughts, the treatment of depression, access to psychiatric services and psychotherapy in developed countries, but also the unavailability of means to commit suicide (WHO, 2016: 62– 64, according to Dragišić Labaš, 2019: 69).

4.5. Education As A Sociological Factor

The higher a person's social status, the higher the risk of suicide. Likewise, a sudden drop in social status poses a high risk of suicide. In general, work is considered protect factor for suicidal. According to research, doctors in the US have a higher risk of suicide, compared to different professions. Research in the UK and Scandinavian countries shows that at the same age, male doctors commit suicide in significantly smaller numbers than in the US This means, in this profession, contrary to other scientific knowledge, male doctors commit suicide more often than female doctors. According to the Specializations, they lead the primary care, anesthesiologists, oncologists and psychiatrists (Cavor, 2017: 9).

But author of the book *Suicide - Different Discourses* Dragišić Labaš (2019), points out that the suicide rate is higher among men with low education. Studies on the link between education and suicidal behavior are very rare, although this link is considered an important research topic, especially important for prevention. However, research on the socioeconomic characteristics of people who have committed suicide includes education as one of the variables. The results are varied and conditioned by social and cultural factors, although the differences are reduced in the elderly population, in whom the rate is generally higher and less related to education. Low education is mainly conditioned by the lower socio-economic status that affects physical and mental health. Poor health prevents entry into the labor market. This situation can be dangerous for suicide. The suicide rate is higher among men with low education and there is a link between lower socioeconomic status and higher suicide rates among young and middle-aged men. Thus, low education and low income are important socio-economic factors for suicide. Including these factors, suicide prevention would consist of encouraging people to be educated, but above all in enabling education and job security.

5. Conclusions

From a sociological point of view, suicide is not only an individual act but also a social act, because a number of external factors shape the decision to commit suicide. The paper notes that there are many different explanations for suicide across different social systems, social classes, and different historical periods. The paper also notes that

suicide during different periods was punishable if the resource was by personal weaknesses, problems and crises, or justified in many different states during different periods if suicide was based on altruism, noble interests and wider social interests or various codes of honor, tradition and customs.

The paper clearly analyzes the impact of various sociological factors on suicide such as unemployment as sociological factors. As richer the society is, the poorer have much more risk of suicide, because economic differences are combined with greater social rejection and isolation, although the social response to poverty in different cultural settings is more important than poverty itself. Also within this factor it is seen that the failure to achieve the ambitious goal, or the set standard are the most common causes that lead to suicide in other developed countries. So from this point of view it is clear that it is not possible to make a big difference which layer, the rich or the poor, is more affected by suicide. Unemployment, poverty and social isolation are intertwined and lead to a significant deterioration in living standards and the risk of poverty. Gender as a sociological factor in the paper found that men react more strongly to changing socio-economic conditions and they have a greater influence on suicide participation than women. The other sociological factor, however, is that marriage and the family have been found to have a significant influence on the different spouses who have positive and negative conditions because they prevent them from committing suicide or, to put it better, protect them from the purpose of suicide. The next sociological factor that was analyzed in the paper is age. In this factor, it was observed that older people are more at risk of suicide compared to middle age and young age, because the elderly have a feeling of helplessness, abandonment, feelings of loneliness, great financial difficulties and poor relationships with children. , hopelessness, aging, poverty, and psychopathological diseases, which are key socio-pathological, social, medical, and family problems that need to be worked on extensively. The last sociological factor that affects suicide that is analyzed in the paper is education, the findings of this sociological factor proved to us, even those with higher, secondary education but also those with low education may be at risk of suicide.

Each individual suicide, in its form and analysis is a story in itself, with its own circumstances, the motivation, and the “identity card” that makes it what it is, a set of specific circumstances that led to that fatal act. Therefore, there is no unique formula for a general explanation of why people kill themselves. To answer this question, many different factors must be considered that are at different levels, and these factors are dealt with by different sciences: psychiatry that studies the biological and psychopathological aspects; psychology-elements of motivation; sociology - socio-pathological circumstances.

In particular, to understand the mental state of suicidal individuals during various social crises and all other factors that directly or indirectly contribute to suicide. The psychological studies that have been lacking in this paper are of great importance, as sociological studies alone do not reach a comprehensive conclusion.

Undoubtedly, much remains to be done to uncover the complex sociological paths that affect in suicide, so that individual, family, community, society, social institutions, and NGOs can help in the best way to prevent suicide.

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