A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING PREVENTION OF SUICIDE AMONG ADOLESCENTS

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Abstract

The transitional stage of development between childhood and adulthood which represents the period of time during which a person's experiences a variety of biological changes and encounters a number of emotional issues, is known as adolescents. According to World Health Organization Adolescents are persons in the age group of 10-19 years. There are about 1.2 billion adolescents worldwide and one in every five people in the world is an adolescents. Aim of the study to assess and provide knowledge regarding prevention of suicide among adolescents. A quasi experimental, non randomized control group research design was used to conduct study on 60 adolescents (30 in experimental and 30 in control group) by using convenient sampling method of non probability sampling technique. Tool included socio demographic data and structured questionnaire for assessing the knowledge regarding prevention of suicide among adolescents. Two schools were assigned to experimental and control group. Data was collected from 60 adolescents by using structured questionnaire. The result showed that majority of the adolescents had below average level of knowledge in pre test in experimental group (77%) and in control group (80%). Majority (73%) adolescents of experimental group had good level of knowledge in post test and (77%) adolescents of control group had below average knowledge. Findings revealed that mean post test value (22.57) was higher in experimental group that in control group (13.60). Finding of the study showed that the post test mean knowledge score of adolescents regarding prevention of suicide of experimental group was higher than the post test mean knowledge score of control group at p<0.05 level. The formulated hypothesis H_1 was retained at p<0.05. Hence, it concluded that structured teaching programme regarding prevention of suicide had impact on increasing the knowledge of adolescent girls.

Keywords : Effectiveness, Prevention, Suicide, Schools, Structured teaching programme, Adolescents

INTRODUCTION

Risk factors that may contribute to thoughts of suicide, attempted suicide and actual suicide includes previous suicide attempts, substance abuse, incarceration, family history of suicide, lack of social support , history of being abused like (emotional, physical, sexual abuse) or witnessing continuous abuse, psychological disorder, being diagnosed with a serious medical condition, such as cancer or HIV, being socially isolated or a victim of bullying, being exposed to suicidal behavior, cultural and religious beliefs, barriers to accessing services, struggling with sexual orientation.

Suicide is the second leading cause of death among youth. suicidal ideation characterized by feelings of hopelessness, self-blame, negative thoughts and social withdrawal, inhibited aggression turned toward the self, suicidal fantasies and planning, somatic symptoms like sleep problems, fatigue and loss of appetite can be seen among adolescents. Suicidal tendencies also increase with greater expectations from the parents and with academic pressure. Most people who have suicidal thoughts do not go on to make suicide attempts, but suicidal thoughts are considered risk factors. Suicidal ideation associated with depression and other mood disorders.

The common cause for suicide due to poison is the most common method among males (31%), followed by hanging (26%), firearms (16%), burns (11%), drowning (10%), and, finally, falling from a height (6%). The distribution of cause of death among females shows that suicide due to poison among females (48%), followed by burns (12%), drowning and falling from a height (7% and 6% each), hanging (24%), and finally firearm (3%). According to the lethality ratio, hanging was found to be the most lethal suicide method, followed by jumping from a height and drowning. Drug poisoning and stabbing were relatively less lethal methods of suicide.

NEED FOR THE STUDY

High expectations from parents, much beyond the aptitude and capability of the child also proves to be fatal. Police records state that there has been a sharp increase in teen suicide cases. Improper balance of handling pressure amongst the adolescents has also been cited a major factor. "Emotional isolation develops suicidal tendencies in a person.'' The pressure that initially starts from stress, grow into a frustration and in extreme conditions turn into depression, prompting the youngsters, sometimes to initiate extreme step to end their lives.

World Health Organization reported that about 1 million suicides a year, which would be a rate of about 14 per 100,000 in a global population of 7 billion. By comparison, the U.S. had 37,790 suicides in 2010, or a rate of 12.2 per 100,000, while India's rate under the Lancet's projected suicide tally of 187,000 would be near 16 - far higher than earlier reports and estimates of around 10. Overall, the report uses a national government survey of deaths in 2001-03 to estimate 187,000 suicides took place in 2010, making it the cause of 3 per cent of deaths that year.

OBJECTIVES

1. To assess the pretest knowledge regarding prevention of suicide among adolescents.
2. To assess the post test knowledge regarding prevention of suicide among adolescents.
3. To compare the pretest and post test knowledge regarding prevention of suicide among adolescents.
4. To find out the relationship between the knowledge and selected demographic variables such as age (in years), gender, standard of education, religion, qualification of mother, qualification of father, occupation of mother, occupation of father, family monthly income (in rupees) and source of information.

HYPOTHESIS

H1: The mean post test knowledge score of adolescents will be significantly higher than the mean pre test knowledge score in experimental group at p< 0.05 level significance.

MATERIAL AND METHOD

Research design: Non-randomized control group design

Research setting: Study was conducted in two schools (one for experimental group and another for control group)

Sample size: 60 adolescents (30 in each group)

Sampling technique: Convenient sampling technique

Dependent variable: Dependent variable was knowledge regarding prevention of suicide among adolescents.

Independent variable: Independent variable was structured teaching programme regarding prevention of suicide

Demographic variables: Age in years, gender, standard of education, religion, qualification of mother, qualification of father, occupation of mother, occupation of father, family monthly income (in rupees) and source of information

Description of the tool

Part I: Sample characteristics such as Age in years, gender, standard of education, religion, qualification of mother, qualification of father, occupation of mother, occupation of father, family monthly income (in rupees) and source of information

Part II: Structured questionnaire to assess the knowledge regarding prevention of suicide among adolescents.

ETHICAL CONSIDERATIONS

Permission was taken from research and ethical committee of Dr. Shyam Lal Thapar College of Nursing, Moga. Written permission was obtained from Principals of both the schools. Written consent was taken from the parents of adolescents for their participation in the study. They were also informed about their right to refuse from participation in the study. The adolescents were assured that the information given by them will be kept confidential and will be used only for research purpose.

DATA ANALYSIS AND INTERPRETATION

Section I:

Table no. 1 Percentage distribution of sample characteristics (N=60)

S. No.	Groups	Experimental		Control		df	χ^2
	Characteristics	**n**	**%**	**n**	**%**		
1.	Age in years						
	a) 12-13	12	40	12	40	2	0.131[NS]
	b) 14-15	12	40	13	43		

	c) 16-17	6	20	5	17		
2.	Gender						
	a) Male	17	57	16	53	1	0.067^{NS}
	b) Female	13	43	14	47		
3.	**Standard of Education**						
	a) 7th standard	13	43	13	43	2	0.000^{NS}
	b) 8th standard	11	37	11	37		
	c) 9th standard	6	20	6	20		
4.	**Religion**						
	a) Muslim	2	7	3	10	3	0.490^{NS}
	b) Christian	7	23	7	24		
	c) Sikh	12	40	13	43		
	d) Hindu	9	30	7	23		
5.	**Qualification of Mother**						
	a) Illiterate	7	23	9	30	3	1.045^{NS}
	b) Primary	14	47	13	43		
	c) Secondary	5	17	6	20		
	d) Graduate and above	4	13	2	7		
6.	**Qualification of Father**						
	a) Illiterate	7	23	5	17	3	0.020^{*}
	b) Primary	10	33	13	43		
	c) Secondary	9	30	8	27		
	d) Graduate & above	4	14	4	13		
7.	**Occupation of mother**						
	a) Home maker	18	60	16	53	2	0.784^{NS}
	b) Self employed	10	33	10	33		
	c) Labourer	2	7	4	14		
8.	**Occupation of the Father**						
	a) Unemployed	-	-	-	-	2	2.373^{NS}
	b) Self employed	8	27	13	43		
	c) Labourer	13	43	12	40		
	d) Govt. Service	9	30	5	17		
9.	**Family Monthly Income (in rupees)**						
	a) ≤ 5000	2	7	2	7	3	0.348^{NS}

	b) 5001-10,000	14	47	13	43		
	c) 10,001 -15000	9	30	11	37		
	d) ≥15001	5	16	4	13		
10.	Source of information						
	a) Mass media	8	27	7	23		
	b) Peer group	9	30	11	37		
	c) Health care Professional	7	23	8	27	3	0.733 [NS]
	d) Relatives	6	20	4	13		

The table no. 1 shows that in experimental group according to age maximum number 12 (40%) adolescents were belong to age group of 12-13 and 14-15 years, 17 (57%) adolescents were male, 13 (43%) adolescents were in 7th standard, 12 (40%) of adolescents belongs to sikh religion, 14 (47%) of mothers of adolescents were educated upto primary level, 10 (33%) fathers of adolescents were educated upto primary level, 18 (60%) of mothers of adolescents were home maker, 13 (43%) of fathers of adolescents were labourer, 14 (47%) adolescents who had family monthly income 5001-10000 and 9 (30%) of adolescents who were getting information from peer group respectively.

Where as in control group maximum number 13 (43%) adolescents were belong to age group of 14-15, 16 (53%) adolescents were male, 13 (43%) adolescents were in 7th standard , 13 (43%) of adolescents belongs to Sikh religion, 13 (43%) of mothers of adolescents were educated upto primary level, 13 (43%) fathers of adolescents were educated upto primary level, 16 (53%) mothers of adolescents were home maker, 13 (43%) of fathers were self employed, 13 (43%) of adolescents who had family monthly income 5001-10000 and 11 (37%) of adolescents who were getting information from peer group respectively

Section II

Table no. 2 Frequency and Percentage distribution of pre-test and post-test knowledge scores of adolescents regarding prevention of suicide in Experimental and Control Group, according to level of knowledge

Group	Experimental				Control			
Level of Knowledge	Pretest		Posttest		Pretest		Posttest	
Score	n	%	n	%	n	%	n	%
Good	-	-	22	73	-	-	-	-

Average	7	23	8	27	6	20	7	23
Below average	23	77	-	-	24	80	23	77

Table no. 2 depicts that in experimental group the maximum number 23 (77%) of adolescents had below average knowledge and minimum 7 (23%) adolescents had average knowledge in pre test. In post test maximum number 22 (73%) adolescents had good knowledge score and minimum number 8 (27%) had average knowledge.

Whereas in control group maximum number in pretest 24 (80%) adolescents had below average knowledge score and minimum number 6 (20%) adolescents had average knowledge. In post test maximum number 23 (77%) adolescents had below average knowledge followed by minimum number 7 (23%) adolescents had average knowledge score.

Hence it was concluded that structured teaching programme was effective, it helped the adolescents to improve their knowledge regarding prevention of suicide.

Table no. 3 Comparison of mean pretest and posttest knowledge score regarding self concept among adolescent girls in experimental and control group.

S.No.	Group	Pre test		Post test		"t" Value	df
		Mean	SD	Mean	SD		
1	Experimental	13.20	2.82	22.57	2.74	27.22**	29
2	Control	13.20	2.89	13.60	2.72	0.531[NS]	29

*Significant at p<0.001

Table 3 showed that in experimental group mean pre-test knowledge score was (13.20) and post-test knowledge score was (22.57). In control group mean pre-test knowledge score was (13.20) and post-test knowledge score was (13.60). The difference between mean pre-test knowledge score and post-test knowledge score was highly significant at level at $p<0.01$ level. The mean pre-test knowledge score and post-test knowledge score of control group was non-significant at $p<0.05$ level in F ratio.

Hence it was concluded that structured teaching program regarding prevention of suicide had impact on increasing the knowledge of adolescents

Section III:

Table no. 4 Finding related to the relationship between knowledge and selected socio demographic variables

Demographic Variable	Experimental		Control		df
	Pretest F value	Posttest F value	Pretest F value	Posttest F value	
Age in years	2.575^{NS}	0.353^{NS}	0.499^{NS}	1.137^{NS}	27
Gender	0.489^{NS}	0.122^{NS}	0.001^{NS}	1.044^{NS}	28
Standard of education	0.316^{NS}	0.630^{NS}	1.322^{NS}	1.162^{NS}	27
Religion	0.671^{NS}	0.132^{NS}	0.577^{NS}	0.233^{NS}	26
Qualification of mother	2.462^{NS}	0.816^{NS}	2.181^{NS}	0.508^{NS}	26
Qualification of father	3.894^{NS}	0.759^{NS}	1.936^{NS}	0.623^{NS}	26
Occupation of mother	1.209^{NS}	1.505^{NS}	1.507^{NS}	2.367^{NS}	26
Occupation of Father	1.189^{NS}	0.468^{NS}	0.274^{NS}	1.343^{NS}	27
Family Monthly Income	2.939^{NS}	1.933^{NS}	1.126^{NS}	0.637^{NS}	26
Source of Information	0.100^{NS}	0.542^{NS}	2.704^{NS}	0.216^{NS}	26

*=Significant NS= Non-significant

Table no. 4 shows that no any demographic variable was found to have significant relationship with knowledge score regarding prevention of suicide in experimental and control group

CONCLUSIONS

From all the above mentioned findings, it can be concluded that the administration of structured teaching programme regarding prevention of suicide had definite impact on the knowledge of adolescents. This clearly indicates that the structured teaching programme on prevention of suicide was effective in improving the knowledge of adolescents.

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