

A STUDY TO ASSESS THE EFFECTIVENESS OF PLANNED TEACHING PROGRAMME REGARDING WARNING SIGNS OF SUICIDE FOR AUXILIARY NURSE MIDWIVES (ANMs) IN SOME SELECTED B.P.H.C. AT MURSHIDABAD DISTRICT IN WEST BENGAL

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Abstract

Suicide or deliberate self-harm is a psychiatric emergency. It is not a diagnosis or a disorder; it is a behavior. It is the third leading cause of death for teenagers. Suicide is among the top ten causes of death in India. Suicide in India is slightly above then the world rate. A large proportion of adult suicide deaths were found to occur between the ages of 15 years and 29 years. Age and suicide in India, the plurality of suicides (37.8%) in India are by those below the age of 30 years, and 71% of suicides in India are by persons below the age of 44 years. This imposes a huge social, emotional and economic burden. To develop and validate a planned teaching programme regarding warning signs of suicide. To find out the existing knowledge regarding warning signs of suicide among A.N.Ms. To evaluate the effectiveness of planned teaching programme regarding signs of suicide of suicide among A.N.Ms in terms of knowledge difference of pre test and post test scores. A pre-experimental one group pre-test post-test study, designed to evaluate the effectiveness of a planned teaching programme regarding knowledge on warning signs of suicide, was conducted on thirty (30) Auxiliary Nurse Midwives (A.N.Ms) selected, from three(3) randomly pre decided B.P.H.C. (Block Primary Health Centre) of Murshidabad district in West Bengal, through systemic random sampling technique. The findings of study revealed that there was a significant difference in knowledge scores of the concerned A.N.Ms results of the pre-test and post-test. So planned teaching programme turned out to be an effective method of enhancing the knowledge of Auxiliary Nurse Midwives regarding warning signs of suicide. Moreover there were no significant associations between age, educational status, professional experience, family history of suicide with post-test knowledge scores of the selected ANMs. The recommendation is offered that this study can also can be effectively replicated on a larger sample of any group. To knowledge level of A.N.Ms regarding warning signs of suicide was adequately determined by structured knowledge questionnaire. The planned teaching programme in terms of knowledge of A.N.Ms regarding warning signs of suicide was found to be effective to enhance the knowledge of participants. The post test knowledge of the A.N.M.s regarding warning signs of suicide was significant increased.

Keywords: Effectiveness, planned teaching programmed, warning signs of suicide, Auxiliary Nurse Midwives.

CITATION

“A study to assess the effectiveness of planned teaching programmed regarding warning signs of suicide for auxiliary nurse midwives (A.N.M.s) in some selected B.P.H.C. at Murshidabad district in west Bengal.”

-Mrs Bani Chakraborty

INTRODUCTION

Suicide or deliberate self-harm is a psychiatric emergency. It is not a diagnosis or a disorder; it is a

behavior. It is the third leading cause of death for teenagers. Suicide is among the top ten causes of death in India. Suicide in India is slightly above then the world rate. A large proportion of adult suicide deaths were found to occur between the ages of 15 years and 29 years. Age and suicide in India, the plurality of suicides (37.8%) in India are by those below the age of 30 years, and 71% of suicides in India are by persons below the age of 44 years. This imposes a huge social, emotional and economic burden. Domestic violence and suicide in India, there was a 64% correlation between domestic violence of women and suicidal ideation, and domestic violence was also found to be a major risk factor for suicide. Methods of suicide in India, Poisoning (36.6%), hanging (32.1%) and self-immolation (7.9%) were the common methods used to commit suicide. However, suicide is preventable. Youth who are contemplating suicide frequently give warning signs of there distress. Parents, teacher, and friends are in a key position to pick up on these signs and provide help. When all adults and students in the school community are committed to make suicide; prevention a priority and are empowered to take the correct actions, we can help them to help the concerned youth before he or she engages in such behavior with irreversible consequences. Suicide prevention depends heavily on our ability to recognize those people who are in distress and may be at risk. Many suicidal youths demonstrate observable behaviors that signal their suicidal thinking. Warning signs of suicide may mean certain behaviors present in someone who is at risk for suicide. Risk is greater if behavior is new or has increased and if it related to a painful event, loss, or change as measured by using an assessment scale. In a nut shell, "suicide are preceded by a warning signs," said Dr Harjeet Singh, a city-based psychiatrist, on the occasion of World Suicide Prevention day

BACKGROUND

Suicide prevention is an umbrella term for the collective efforts of local citizen organizations, mental health practitioners and related professionals to reduce the incidence of suicide. Indians are among the world's most depressed people. According to a World Health Organization sponsored study, around 9% of people in India a reported having an extended period of depression within their life time, while nearly 36% suffered from what is called Major Depressive Episode

(MDE). MDE is characterized by sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy and poor concentration, besides feeling depressed. World Health Organization ranks depression as the fourth leading cause of disability world wide and projects that by 2020, it will be the second leading cause. Suicide is a potentially preventable public health problem. Men take their lives nearly four times than the rate of women and account for 79% of all suicides in the U.S. Education is the means of gaining knowledge. It ushers us from the darkness of ignorance to the bliss of knowledge. No one can have understanding without knowledge and information. Knowledge helps open up our inner eyes and understand the ultimate truth of the universe. The National Mental Health Programmed, Ministry Of Health and Family Welfare, Government of India is observing World Mental Health Day (10 October 2012) in order to create much needed awareness that encourage positive attitude and sensitive in society. If early warning signs of suicide are recognized, suicide can be prevented. The focus of efforts is to encourage reaching out and talking about problems and conflicts before they escalate. There is hope to overcome feelings of despair. The study recommended that the patients with suicidal ideation or attempt need careful evaluation, early intervention and long term follower.

AIM OF THE STUDY

Suicide is the leading problem now -a-days and if some warning signs are assessed by health care provider, then it can be prevented easily. For prevention of suicide, warning signs are to be identified and risk factors are to be determined by any professional. If those professional or health care providers become knowledgeable, then maximum outcome can be achieved. Identifying warning signs and clues of suicide

could be an essential goal for the ANMs. ANMs are posted in every sub Centre as a part of health policy set by Government of India. They are closely and regularly connected to the local people through ASHAs are in the key position to detect any behavior deviated from normal among the community people and take appropriate action. During clinical and life experience of the investigator it was seen that some clients have some warning signs related to suicide which can be prevented to some extent. Hence an attempt was made to conduct a study in this area in order to assess the knowledge among Auxiliary Nurse Midwives regarding the warning signs related to suicide among people in community. One teaching programmed had also been planned to enhance their knowledge to prevent suicidal incidence in our society.

OBJECTIVES OF THE STUDY

1. To develop and validate a planned teaching programmed regarding warning signs of suicide.
2. To find out the existing knowledge regarding warning signs of suicide among A.N.Ms.
3. To evaluate the effectiveness of planned teaching programmed regarding signs of suicide of suicide among A.N.Ms in terms of knowledge difference of pre test and post test scores.

ASSUMPTION

- There are some recognizable warning signs before any suicidal activity.
- ANMs have opportunity to identify warning signs of suicide among general people.
- Knowledge level of ANMs is measurable.

HYPOTHESES

H₁: The mean post test knowledge score of ANMs is significantly higher after administering the planned teaching programmed than that of pre test knowledge score as evidence by a structured knowledge questionnaire at 0.05 level of significance.

OPERATIONAL DEFINITIONS

Planned teaching programme: It referred to the systematically organized teaching programme regarding warning signs of suicide designed for ANMs and planned to be administered with the help of audio-visual aids.

Warning signs of suicide: It referred to the concept about suicide, risk factors of suicide, methods of suicide, preventive aspects of suicide and SAD PERSONS Scale, which identifies risk factors for suicide.

Effectiveness: It is the power to bring about a change in the knowledge level of the ANMs regarding warning signs of suicide. For the present study it would be determined by the deference in knowledge scores of the A.N.Ms before and after administration of planned teaching programmed.

CONCEPTUAL FRAMEWORK

The conceptual framework adopted for the present study was based on system model to assess the knowledge of A.N, Ms regarding warning signs of suicide through structured knowledge questionnaire before and after administration of planned teaching programmed. According to general system theory, a system is a group of elements that interact with one another in order to achieve goal. An individual is a system because he or she receive input from the environment. This input when processed provides an output. This system is cyclical in nature and continues to be so as long as when processed provides an output. This system is cyclical in nature and continues to be so as long as those few components keep interacting. If there are changes in any one component there will be changes in all the components. Feedback from within the system or from the environment provides information which helps the system

to determine whether it meets goal.

DELIMITATION

The study was delimited to the A.N. Ms who were willing to participate in the study

METHODOLOGY

Research approach: The research approach adopted for the present study was pre-experimental in nature.

Research design: One group pre-test post-test design was utilized to reach the objectives of the study. Research design is presented schematically in figure 2 And figure 3.

01 X 02

Figure 2: Showing schematic representation of the design

O₁ - Pre test knowledge regarding warning signs of suicide before introduction of planned teaching programmed.

X - Administration of independent variable i.e. planned teaching programmed on warning signs of suicide.

O₂- *Post-test knowledge regarding warning signs of suicide after introduction of planned teaching programme.*

VARIABLES

Independent variable: Planned teaching programme regarding signs of suicide.

Dependent variable: Planned teaching programme regarding warning signs of suicide

SETTING OF THE STUDY

Three B.P.H.C. of Murshidabad district of West Bengal were selected as the settings of the final study through simple random technique (by Lottery method) from 26 B.P.H.C. of the district.

POPULATION The population of the present study comprised of Auxiliary Nurse Midwives.

SAMPLE AND SAMPLE SIZE In this study the sample comprised of Auxiliary Nurse Midwives.

SAMPLING TECHNIQUE Simple random sampling technique was used in this study.

ETHICAL CONSIDERATION

- Ethical permission had been taken from ethical committee of IPGMER and S.S.K.M. Hospital.
- Informed consents were obtain from Auxiliary Nurse Midwives.
- Administration permission had been taken from principal, W.B. Govt. Collage of Nursing.
- Formal permission had been taken from D.H.S. and D.M.E. of W.B.
- Formal permission had been taken from D.D.H.S. of Nursing.
- Formal permission had been obtain from C.M.O.H, Murshidabad district, C.M.O.H., South 24 parganas and copy forwarded to D.P.H.N.O.
- Formal permission had been taken from B.M.O.H. and copy forwarded to B.P.H.N.

DEVELOPMENT OF THE TOOLS

- A survey of both research and non research literature on warning signs of suicide, tools Had been conducted in order to obtain necessary information.

- Consultation done with guide and co-guide and other experts to ensure the clarity & appropriateness.

STEPS OF DEVELOPMENT OF STRUCTURED QUESTIONNAIRE WERE AS FOLLOWS

Step - 1: A blue print was developed on different areas concerning warning signs of suicide in the domain of knowledge, understanding and application.

Step - 2: First draft of structured questionnaire was Modifications as per their suggestions.

Step - 3: Content validity of the same was established by seeking experts, opinion and bringing modifications as per their suggestions.

Step - 4: Final draft of structured knowledge questionnaire was prepared.

Step- 5: Translation of the prepared tool from english version to Bengali version and linguistic Validation was done.

Step- 6: Reliability was computed.

DEVELOPMENT OF THE TOOLS

- A study of both research and non research literature on warning signs of suicide, tools had been conducted in order to obtain necessary information.
- Consultation done with guide and co-guide and other experts to ensure the clarity and appropriate of items.

DESCRIPTION OF THE TOOLS

Tool 1 Consisted of

Demographic profile of the subject: It was composed of 7 items on social demographic data such as age, marital status, education, working experience, income and exposure of the ANMs to awareness programmed on suicide.

Tool - 2: Consisted of 24 items

- Knowledge regarding suicide consisted of twelve items (1-12)
- Knowledge regarding warning signs of suicide consisted of six items (19-24)

DATA COLLECTION TOOLS AND TECHNIQUES

Based on the fact and considering the objectives of the study following data collection tools were developed in order to obtain necessary information.

Table-1: Data collection tools and techniques

SI No.	Tools	Variables To be measured	Technique
1.	Structured questionnaire	Demographic profile	Paper-pencil test
2.	Structured Knowledge questionnaire	Knowledge level of ANMs regarding warning signs of suicide	Paper-pencil test

PLAN FOR DATA ANALYSIS

- Knowledge scores of Auxiliary Nurse Midwives regarding warning signs of suicide would be analyzed in terms of frequency and percentage, mean median and standard deviation.
- Effectiveness of planned teaching programme would be analyzed by testing the hypothesis by t-test.

ANALYSIS AND INTERPRETATION OF THE DATA

The collected data were analyzed by descriptive and inferential statistics according to the objectives of the study. Data were organized under the following headings:

Section 1: This section describes the data collected and validated in relation to the planned teaching programmed regarding warning signs of suicide for the Auxiliary Nurse Midwives. The planned teaching programmed was analyzed using percentage of agreement among experts and presented in Table 2 and 3.

Table-2: Percentage of agreement by experts against criteria identified for consent validity of teaching materials and comments

Criteria	Agree No. of experts (%)	Partially agree No. of experts (%)	Remarks of Experts	Modification done
Content				
Content reflects the objective	85.27	14.28	Some points to be eliminated.	Modified.
Content is relevant	85.72	14.28	Some additional points to be included.	Additional points have been included
Content is adequate	85.72	14.28		
Organization				
Logical sequence	85.72	14.28		
Continuity	85.72	14.28	Sequence to be changed in some area.	Sequence has been changed.
Integrity	85.72	14.28		

Data presented in table 2 depicted the fact that majority of the experts (85.72%) agreed the content selected for the teaching programmed reflected the objective whereas A few experts (14.28%) were of the opinion of partially modifying the content. Nearly 86% of the experts agreed that the content was relevant and adequate whereas 14.28% suggested including some additional points. Logical sequence of continuity and integrity of the content

Notched up a massive (85.72%) agreement with respect to the 14.28% of experts who liked this organization partially. Sequence had been changed according to their preference.

Table-3: Percentage of agreement by experts against criteria identified for content validity of teaching material and comments.

Criteria	Agree No. of experts (%)	Partially agree No. of experts (%)	Remarks of experts	Modification Done
Language				
Simple and understandable	100	-	-	-
Comprehensive at the level of the subject	85.72	14.28	Need some modification in language	Language modified
Feasible & practicability				
Acceptance to the subject	100	-		-
			No. remarks	

Suitable for community setting	100	-		-
Overall organization				
Attractive	100	-		
			No. remarks	
Relevant	100	-		

Data presented in table 3 revealed that 100% of the experts agreed that the language used for the teaching programme was simple and understandable. Again 85.72% of the experts agreed regarding the language comprehensiveness at the level of the subjects. All (100%) the experts were of the view that content of the teaching programme would be acceptable and suitable for the community settings. All (100%) the experts agreed that overall organization and of the teaching material was attractive and relevant.

Section -II Description of the sample characteristics

Table-4: Frequency and percentage distribution of sample according to age, level of education and professional experience.

Sample Characteristics	Frequency	Percentage
Age in years		
23 - 33	10	33.33
33 - 44	11	36.66
44 - 55	09	30
Level of education		
Secondary	13	43.33
Higher secondary	10	33.33
Graduate	07	23.33
Professional experience		
1 - 10 years	18	60
11 - 20 years	04	13.33
21 - 30 years	08	26.66

Data presented in table 4 depicted that 33.33% Auxiliary Nurse Midwives (ANMs) belonged to the age group of 23 to 33 years, 36.66% ANMs belonged to the age group of 33 to 44 years and rest (30%) belonged to the age group of 44 to 55 years. It was also revealed from the same table that maximum number (13) of the ANMs (43.33%) had studied up to secondary level of education, 33.33% ANMs had studied up to higher secondary education and rest 23.33% ANMs were graduate. Sixty percent (60%) of the ANMs had an experience of 1-10 years, whereas 13.33% ANMs had an experience of 11 – 20 years and rest (26.66%) of the ANMs had an experience of 21 – 30 years.

Table-5: Frequency and percentage distribution of sample according to their exposure to any awareness programme on suicide and family history of suicide.

Sample Characteristics	Frequency	Percentage
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Attended any awareness related to mental health or suicide		
Yes	Nil	--
No	30	100
Family history of suicide		
Yes	04	13.33
No	26	86.22

Data presented in table 5 also revealed that none of the ANMs participated in the present study had any experience of attending any awareness programme related to mental health or suicide. Majority (86.22%) of ANMs had no family history of suicide whereas 13.33% of ANMs had family history of suicide.

Section - III: Findings related to knowledge score of the Auxiliary Nurse Midwives

This section describes the analysis, description and interpretation of data collected to evaluate the effectiveness of planned teaching regarding warning signs of suicide among Auxiliary Nurse Midwives by using descriptive and inferential statistics.

Table - 6: Mean, Median and standard deviation of pre test and post test knowledge score of respondents

Group	Test	Maximum Possible	Mean	Median	Standard deviation
Auxiliary Nurse Midwives	Pretest	24	10.33	10.50	3.20
	Post test	24	22.60	23.00	1.56

Data presented in table 6 showed that the mean post- test knowledge score (22.60) of Auxiliary Nurse Midwives was apparently higher than their mean pre test knowledge score (10.33). The data further indicated that median of the post-test knowledge score (23) was visibly higher than median of the pre-test knowledge score (10.50). The pre-test knowledge scores (sd 3.20) seemed to be more dispersed whereas post-test score (sd 1.56) indicated more homogeneity among the participants.

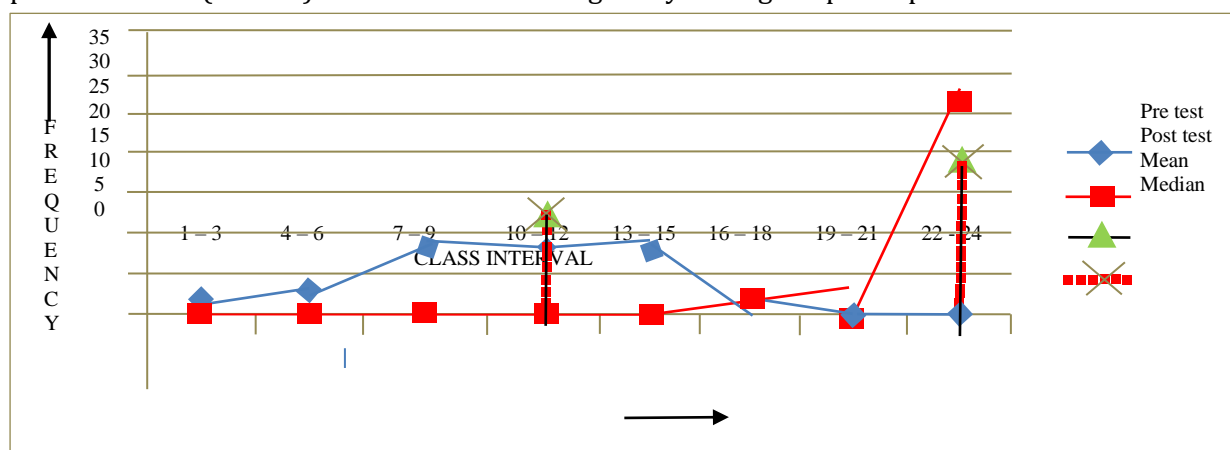


Figure 5 showing the frequency polygon.

The frequency polygon in figure 5 showed the distribution of pre-test and post-test knowledge scores of the respondents with the depiction of mean and median. The pre-test knowledge scores of the ANMs regarding warning signs of suicide ranged from 3 to 16 with the mean 10.33 and median 10.50, the

maximum frequency (9) lied in class interval of 7 – 9 and 13 – 15. The post-test knowledge scores of the ANMs regarding warning signs of suicide ranged from 18 to 27 with the mean 22.60 and median 23.00, the maximum frequency (27) lied in class interval of 22 – 24. In order to establish the significance of difference between mean post-test and mean pre-test knowledge scores, difference between mean and median was found out. In case of pre-test and post-test skewness was negligible. It was evident from the graph that post-test knowledge scores fell beyond the pre-test knowledge scores indicating that there was considerable gain in knowledge suggesting the effective ness of planned teaching programme.

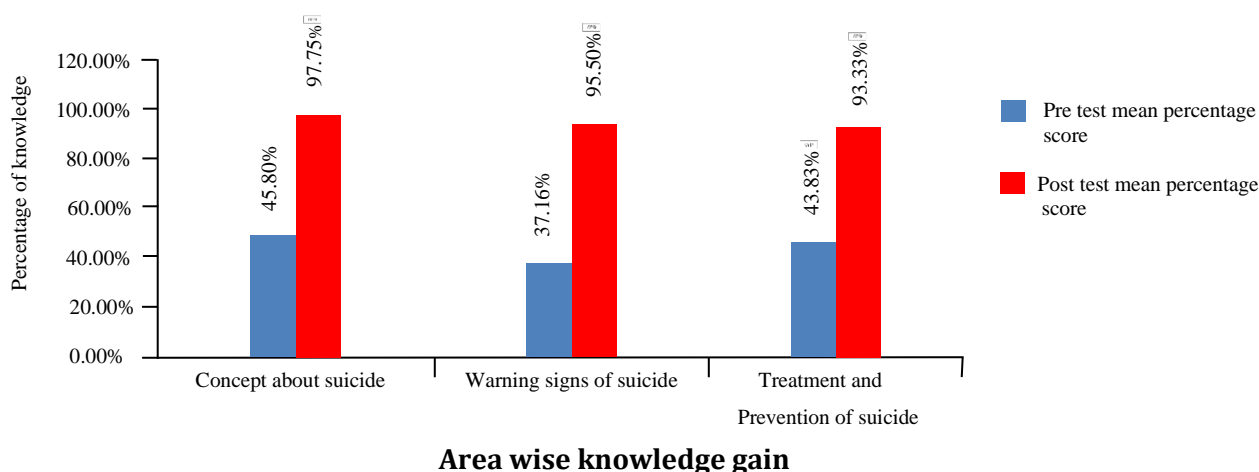


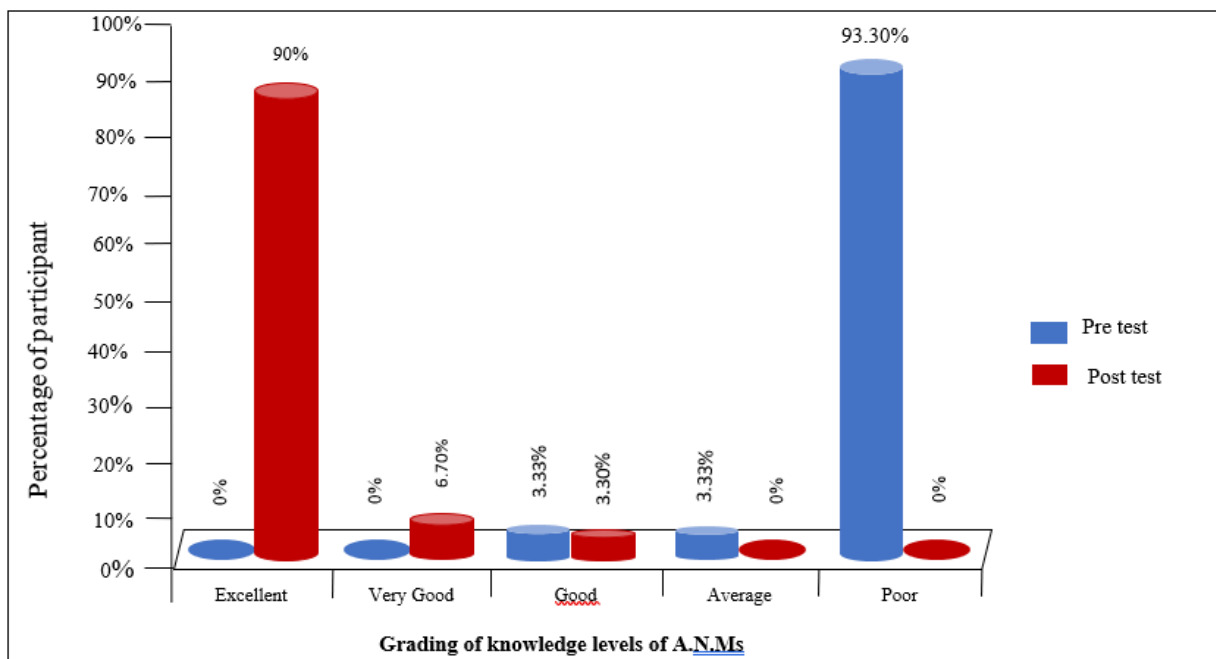
Figure 5: Bar diagram showing the comparison of the area wise mean percentage score of pre and post test knowledge scores of the ANMs.

Data presented in figure 5 revealed that maximum knowledge gain based on pre and post test mean percentage scores, was in the area of “concept of suicide”. The second highest knowledge gain was in the area of “warning signs of suicide” followed by the area like “treatment and prevention of suicide”, thereby indicating the effectiveness of planned teaching programme.

Table 7: Area wise mean pre test and post test Knowledge scores, actual gain, possible gain and modified gain scores of Auxiliary Nurse Midwives.

Area	Maximum Possible score	Pre test Mean score	Post-test Mean score	Actual gain	Possible gain	Modified gain
Concept about suicide	12	5.5	11.73	6.23	6.5	0.95
Warning signs of suicide	6	2.23	5.73	3.5	3.77	0.92
Treatment and prevention of suicide	6	2.63	5.6	2.97	3.37	0.88

Data presented in table 7 revealed that maximum gain in data presented in table 7 revealed that maximum gain inknowledge was in the area of “concept of suicide”. The second highest gain was in the area of “warning signs of suicide”. There was also gain in other, the area like “treatment and prevention of suicide”, thereby indicating the effectiveness of planned teaching Programme.



Grading of knowledge levels of A.N.Ms

Fig 6: Bar diagram showing the comparison of grading of knowledge level o A.N.Ms between the pre test and post test.

The data presented in figure 6 indicated that during pre test, no ANMs belonged to excellent category whereas in post 90% of the ANMs scored excellent There was no one eligible to be included in very good category during pre test which became 6.7% during post test. During both pre and post test 3.3% of A.N.Ms belonged to category. Pre test result signified that 3.3% of ANMs fell into average category whereas in post test no one was average as far as the scores of the ANMs were concerned. During pre-test 93.3% ANMs were poor in their knowledge regarding suicide whereas no ANMs belonged to this category during post test.

Section IV: Findings related to the effectiveness of planned teaching programme regarding warning signs of suicide

Table 8: Mean, Mean difference, Median, Standard deviation and 't' value of knowledge score of Auxiliary Nurse Midwives

Group	Test	Mean	Mean Difference	Median	S.D	't'
Auxiliary	Pre test	10.33		10.50		
					3.20	
Nurse			12.27			2.72*
Midwives	Post test	22.60		23.00	1.56	

* Significant at 0.05 level

't' (29) =2.05, p<0.05.

Data given in table 8 showed that the mean post-test knowledge score (22.60) of planned teaching programme regarding warning signs of suicide was higher than the pre-test knowledge scores (10.33) with a mean difference 12.27 which was found to be statistically significant as evident from the 't' value

2.72, $t'28=2.05$, $p<0.05$). This showed that the obtained mean difference was a true difference and not by chance. Thus, the null hypothesis was rejected and research hypothesis was accepted which showed that planned teaching programme was effective in developing knowledge of the Auxiliary Nurse Midwives regarding warning signs of suicide

Table 9: Opinionnaire regarding the effectiveness of planned teaching programme as expressed by the A.N.Ms

Criteria	Strongly agree	Agree	Disagree	Strongly Disagree
The teaching programme is clear and understandable language	100%	-	-	-
The teaching programme is interesting.	100%	-	-	-
Content areas are relevant to the topic and adequate also	100%	-	-	-
The A.V. aids used is attractive	93.33%	6.77%	-	-
This teaching programme helps in gaining knowledge regarding warning signs of suicide	96.22%	3.88%	-	-

Table 9 depicted that 100% participants strongly agreed that the teaching programme was clear, understandable and interesting also. They also strongly agreed about the relevancy and adequately of the content. 93.33% participants strongly agreed that AV AIDs were attractive whereas 6.77% participants agreed to it. 96.22% participants strongly agreed that the teaching programme helped in gaining knowledge regarding warning signs of suicide.

Section- V: Association between post test knowledge score of the Auxiliary Nurse Midwives and their age, educational level, professional experience, attending any awareness programme, family history of suicide

Table 10: Chi-square values showing the association between post test knowledge score of the Auxiliary Nurse Midwives with their ages.

Age	Knowledge level		Total	Chi value (X ²)
	Below median	At & above median		
Below 40 years	5	13	18	
At & above 40 years	1	11	12	1.7
Total	6	24	30	

$X^2(1) = 3.84$, $p > 0.05$

Table 11: Chi-square- values showing the association Between post test knowledge score of the Auxiliary Nurse Midwives and their educational levels

Educational level	Knowledge level		Total	Chi value (X ²)
	Below median	At & above median		
Below H.S	3	10	13	

At & above H.S	3	14	17	0.13
Total	6	24	30	

$$X^2 (1) = 3.84, p > 0.05$$

Data presented in table 11 showed that 3 participants with below higher secondary level of educational had scored below median of total knowledge score and 10 Participants of the same category had scored at and above median. Similarly 3 participants with at and above higher secondary level of education had scored Below median of total knowledge score whereas 14 Participants of the same category had score at and above median. Chi² test of association was computed and it was not found to be statically significant at 0.05 level of significant. So it could be concluded that there was no ignificant association between post test knowledge score of the Auxiliary Nurse Midwives and their educational status.

Table 12: Chi-square values showing the association between post test knowledge score of the Auxiliary Nurse Midwives and their professional experience

Professional experience	Knowledge level		Total	Chi value (X ²)
	Below median	At & above median		
Below 10 years	5	13	18	
At & above 10 years	1	11	12	1.70
Total	6	24	30	

$$X^2 (1) = 3.84, p > 0.05$$

Data presented in table 12 showed that 5 participants with professional experience below 10 years had scored below median of total knowledge score and 13 participants of the same category had scored at and above median. Similarly 1 participant with at and above 10 years professional experience had score below median of total knowledge score whereas 11 participants of the same category had scored at and above median. Chi² test of association was computed and it was not found to be statically significant at 0.05 level of significant. So it could be concluded that there was no significant association between post test knowledge score of the Auxiliary Nurse Midwives and their professional experience.

Table 13: Chi-square values showing the association between post test knowledge score of the Auxiliary Nurse Midwives and their family history of suicide

Family history of suicide	Knowledge level		Total	Chi value (X ²)
	Below median	At & above median		
Yes	2	2	4	2.59
No	4	22	26	
Total	6	24	30	

$$X^2 (1) = 3.84, p > 0.05$$

Data presented in table 13 showed that 2 participants With family history of suicide had scored below median of total knowledge score and 2 participants of the same category had scored at and above median. Similarly 4 participants with no family history of suicide had scored below median of total knowledge score whereas 22 participants of the same category had scored at and above median. Chi² test of association was computed and it was not found to be statically significant at 0.05 level of significant. So it

could be concluded that there was no significant association between post test knowledge score of the Auxiliary Nurse Midwives and their family history of suicide.

CONCLUSION ON THE BASIS OF THE FINDINGS OF THE STUDY, THE FOLLOWING CONCLUSIONS COULD BE DRAWN

- ✓ The knowledge level of A.N.M.s regarding warning signs of suicide was adequately determined by structured knowledge questionnaire.
- ✓ The planned teaching programme in terms of knowledge of A.N.M.s regarding warning signs of suicide was found to be effective to enhance the knowledge of participants.
- ✓ The post test knowledge of the A.N.M.s regarding warning signs of suicide was significantly increased.

RECOMMENDATION

- The study can be replicated on large sample by extending the hours of data collection
- The study can be conducted in rural and urban setting
- A similar study can be done on high school student as well as college students.
- A similar study can be conducted on parent and school teacher.
- A longitudinal study can be conducted to compare the knowledge and attitude of the participant after 3 months and 6 months.

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