

Effectiveness of Structured Teaching Programme on Knowledge regarding Risk factors and Prevention of Suicidal Behaviour among Adolescents in a selected College, Salem, Tamil Nadu

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ABSTRACT

Background & Objectives: The aim of this study is to assess the knowledge regarding risk factors and prevention of suicidal behavior, to evaluate the effectiveness of structured teaching programme on knowledge regarding risk factors and prevention of suicidal behaviour among Adolescents, and to associate the pre-test knowledge regarding risk factors and prevention of suicidal behaviour among adolescents with their selected demographic variables. **Materials & Methods:** A quantitative evaluative approach with a pre-experimental (one group pre test- post test) design was adopted; the setting of the study was Sri Vidya Mandir College, Salem, Tamilnadu. A Structured Self-administered questionnaire was used to assess the knowledge of the adolescents. The systematic random sampling technique was used and 60 adolescents involved on Structured Teaching Programme regarding Risk factors and prevention of Suicidal Behaviour by using a Power-point slide presentation followed with pre-test. On 7th day, the post test was conducted. The data collection period of the study was 09.12.2014 to 15.12.2014. **Results:** The study findings revealed that during Pre-test, the knowledge regarding risk factors and prevention of suicidal behaviour among adolescents, 45(75%) had inadequate knowledge, 15 (25%) had moderately adequate knowledge and none of them had adequate knowledge. During post test, 23 adolescents (38.33%) had adequate knowledge, 37(61.67%) had moderately adequate knowledge and none of them had inadequate knowledge. The mean score during pre-test was 9.9 ± 3.88 and the mean score during post test was 17.03 ± 4.12 . The paired 't' value was 16.84 which were significant at $p < 0.05$ level. Thus it shows that the structured teaching programme was effective in improving knowledge regarding risk factors and prevention of suicidal behaviour among adolescents. There was no significant association found between the pre-test scores on knowledge regarding risk factors and prevention of suicidal behaviour and the selected demographic variables at $p < 0.05$ level. **Conclusion:** The study concluded that the structured teaching programme was effective among adolescents to improve the knowledge regarding risk factors and prevention of suicidal behaviour.

Key words: adolescents, Knowledge, prevention, Suicide, risk factors,

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INTRODUCTION

There are major developmental changes and challenges associated with the period of adolescents. As the youth acquires and consolidates the competencies, attitudes, and

values, so the social capital is necessary to make a successful transition into adulthood.¹ The WHO estimates that about one million people die by committing suicide every year. It is the third leading cause of death. This

represents a "global" mortality rate of 16 per 100,000 during 2010. One death occurs every 40 seconds. Suicide is one of the leading causes of death in the age group between 15 and 29 years.² Worldwide, the suicidal rate is estimated to represent 1.8% of the total global burden of disease in 1998 and the rate may get increase up to 2.4% in 2020.³

Suicide is not only a personal tragedy; it represents a serious public health problem. Suicidal behaviour can be conceptualized as a continuum ranging from suicidal ideation to suicide attempts and completed suicide. Suicide prevention must be transformed by integrating injury prevention and mental health perspectives to develop basic public health interventions that address the diversity of populations and individuals whose mortality and morbidity contribute to the burdens of suicide and attempted suicide.⁴

Adolescents with adequate support network of friends, family, religious affiliations, peer groups or extracurricular activities may have an outlet to deal with everyday frustrations. But many adolescents don't believe that they have it and feel disconnected and isolated from family and friends. These teens are at increased risk of suicide.⁵ The prevention program has been designed to comply with the requirements for students and teacher education in suicide prevention which are now in effect in many countries across the globe.⁶ The data regarding the adolescents knowledge on risk factors and prevention of suicidal behavior are lacking in Salem, Tamilnadu. During literature review, investigator was found that the adolescents need to be improve their knowledge with proper teaching programmes. Hence, the present study was carried out.⁷

The aim of this study was to assess the knowledge regarding risk factors and prevention of suicidal behavior, to evaluate the effectiveness of structured teaching programme on knowledge regarding risk factors and

prevention of suicidal behaviour among Adolescents, and to associate the pre-test knowledge regarding risk factors and prevention of suicidal behaviour among adolescents with their selected demographic variables.

MATERIALS AND METHODS

A pre-experimental research design (one group pre-test post-test design) was used to assess the effectiveness of structured teaching programme on knowledge regarding risk factor and prevention of suicidal behavior among adolescent in a selected college, Salem, Tamilnadu. Prior to data collection written permission was obtained from the managing director of the college and informed consent was obtained from the samples. Sixty adolescents between 18–21 years were selected by systematic random sampling technique in Sri Vidhya Mandir Arts and Science College at Neikkarapatti Salem, Tamilnadu. Those who were in the age group of 18–21 years and can able read and write Tamil and English. The pre-test was done on 09.12.2014 by using a structured self administered questionnaire and the adolescents were subdivided into 4 groups (15 in each group) followed with, the structured teaching programme was given to each group regarding definition of suicidal behaviour, causes, risk factors, warning signs of suicide, facts and fables of suicide, prevention of suicide and suicidal awareness through LCD power point presentation for about 45 minutes. Post-test knowledge was assessed on 7th day (15.12.2014) by using the same tool.

The tool consisted of 24 questions. Each correct answer was given a score of '1' and wrong answer was given a score of '0', thus making the total possible score as 24. The reliability of the tool was checked and established by using test-retest method, and the obtained $r = 0.9$.

All the data were entered in data sheet and

Table 1: Demographic distribution of the respondents (n=60)

SN	Personal variables	No.	%
1.	Age in years		
	18-19	28	46.67
	19-20	22	36.67
	20-21	10	16.66
2.	Sex		
	Male	25	41.67
	Female	35	58.33
3.	Religion		
	Hindu	59	98.33
	Christian	0	0
	Muslim	1	1.67
	Others	0	0
4.	Type of family		
	Nuclear family	41	68.33
	Joint family	19	31.67
5.	Place of accommodation		
	Hostel	3	5
	Home	57	95
6.	Family monthly income (Rs)		
	<5000	38	63.33
	5001-10000	19	31.67
	>10001	3	5
7.	Educational status of father		
	No formal education	33	55
	Primary education	17	28.33
	Higher education	9	15
	Graduate	1	1.67
8.	Educational status of mother		
	No formal education	40	66.67
	Primary education	16	26.67
	Higher education	3	5
	Graduate	1	1.66
9.	Father's occupation		
	Unemployed	7	11.67
	Self employed	37	61.67
	Private employee	10	16.66
	Government employee	6	10
10.	Mother's occupation		
	Home maker	52	86.66
	Self-employed	4	6.67
	Private employee	4	6.67
	Government employee	0	0

analyzed by using SPSS version 16.0. The collected data were planned to be organized, tabulated and analyzed by using descriptive statistics i.e. percentage, mean and standard deviation by inferential statistics. Paired t-test was utilized to check the effectiveness and the chi-square test was used to test the association between demographic variables with knowledge scores.

RESULT

Demographic details of the respondents: With regards to the demographic variables of adolescents, 28 (46.67%) of them belonged to 18-19 years of age, 35 (58.33%) of them were females; 59 (98.33%) were Hindus, 41 (68.33%) of them were living in nuclear family, 57(95%) of them were coming from home, 38(63.33%) of them had a family monthly income of below Rs.5000, 33(55%) of the adolescent's fathers have no formal education, 40(66.67%) of the adolescent's mothers have no formal education, 37(61.67%) of the adolescents fathers were self employed and 52(86.67%) of the adolescent's mothers were home makers. (Table 1)

The pretest mean score was 9.9 ± 3.88 , and the post test mean score was 17.03 ± 4.12 . The paired 't' test value was 16.84 which are significantly higher than the table value of 4.05 at $p \leq 0.05$ level. Thus it becomes evident that the structured-teaching programme is effective in improving the knowledge regarding Risk factors and Prevention of Suicidal Behaviour among Adolescents. (Table-3)

There was no significant association found between the knowledge regarding Risk factors and Prevention of Suicidal Behaviour among adolescents with their selected demographic variables at $p \leq 0.05$ level. (Table-4)

DISCUSSION

Adolescent suicide behaviour should be viewed as a serious problem. Measures can be taken to

Table 2: Comparison of area-wise Mean, SD, Mean percentage, Differences in mean percentage of pre test and post test knowledge score regarding risk factors and Prevention of Suicidal Behaviour among Adolescents. (n=60)

SN	Area of knowledge	Maximum score	Pretest			Post test			Difference in Mean %
			Mean	SD	Mean %	Mean	SD	Mean %	
1.	General information	3	1.35	0.70	45	2.08	0.75	69.33	24.33
2.	Risk factors & Warning signs	11	4.45	1.35	40.45	7.27	1.50	66.09	25.64
3.	Prevention of Suicidal Behaviour	10	4.1	1.83	41	7.68	1.87	76.80	35.80
Over all		24	9.9	3.88	41.25	17.03	4.12	70.95	29.71

Table 3: Mean, standard deviation, paired 't' test value of knowledge among adolescents before and after Structured teaching Programme. (n=60)

Knowledge	Mean	S.D	't' Value	Df	Table value
Pre test	9.9	3.88	16.84*	59	4.05
Post test	17.03	4.12			

Table 4: Association between the pretest knowledge regarding Risk factors and Prevention of Suicidal Behaviour among Adolescents and their selected demographic variables (n=60)

SN	Demographic variables	Df	χ^2	P value
1.	Age in years	2	5.01	0.0817
2.	Sex	1	2.76	0.0966
3.	Type of family	1	0.025	0.8744
4.	Place of accommodation	1	0.11	0.7401
5.	Religion	1	0.34	0.5598
6.	Family monthly income	2	5.09	0.0785
7.	Educational status of the father	3	3.06	0.3825
8.	Educational status of the mother	3	3.97	0.2647
9.	Father's occupation	3	4.36	0.2251
10.	Mother's occupation	2	1.43	0.4892

prevent suicide by looking at the factors significantly linked to suicidal behaviour among the adolescents. Steps can then be taken to identify adolescents who have serious suicidal ideation so that intervention can be taken to reduce the suicidal rate, and the nurses play a major role in making education

programmes among those risk group population.⁸

In this present study the pretest result shows that 45(75%) of the adolescents had inadequate knowledge, 15(25%) had moderately adequate knowledge and none of the adolescents had adequate knowledge regarding Risk factors and Prevention of Suicidal behaviour.

During pretest, the mean score was 9.9 ± 3.88 and the post test mean and standard deviation score was 17.03 ± 4.12 . The paired 't' test value was 16.84 which are significantly higher than the table value of 4.05 at $p \leq 0.05$ level. This reveals that the structured teaching programme was effective in increasing the knowledge regarding Risk factors and Prevention of Suicidal behaviour among Adolescents.

In a study from Karnataka, 60 college going adolescents participated in the planned teaching programme during 2012 showed that paired 't' test value was 25.91, greater than the tabulated value of 1.960 which was significant at $p \leq 0.05$ level. Hence the structured teaching programme was effective on the adolescents.⁷

In this present study, there was no significant association found between the pretest

knowledge among adolescents and their selected demographic variables at $p \leq 0.05$. Thus it's very important to give education programmes to the adolescents in order to decrease the suicidal rate in the general population.

CONCLUSION

This study intervention would help the adolescent to run healthy life without any distress, reduce the risk of suicidal behaviour and also encourage them to help those who have suicidal risk in the public or among friends.

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