



## A Study to Assess the Effectiveness of Structured Teaching Program on Knowledge Regarding Risk Factors and Prevention of Suicidal behavior among Adolescents at Selected Higher Secondary Schools of Pampore Area

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### ABSTRACT

Suicide is a major cause of death, particularly for teenagers, and a mental health and public health issue. The second most common cause of death for those between the ages of 10 and 24 is suicide. According to the World Health Organization, suicide is one of the leading causes of death worldwide, with one person dying by suicide every 39 seconds. A quantitative research approach was used in this investigation. Pre-experimental research design was utilized in the study. Knowledge is the dependent variable in this study, whereas structured teaching program (STP) is the independent variable. Knowledge and STP are two entirely distinct variables. The Government Girls Higher Secondary School in Pampore served as the study's site. The population comprises all the adolescents of selected higher secondary schools of Pampore area. Conclusion: The findings of the present study revealed that structured teaching program helps in improving knowledge regarding risk factors and prevention of suicidal behaviour among adolescents. Considering the high suicide rate in youth. The necessity of imparting knowledge regarding risk factors and prevention of suicidal conduct among teenagers are way by which suicides in Indian adolescents can be averted.

**Keywords :** Suicide, STP, Prevention of suicidal behavior, adolescents

### Introduction

Suicide is a major cause of death, particularly for teenagers, and a mental health and public health issue. The second most common cause of death for those between the ages of 10 and 24 is suicide. According to the World Health Organization, suicide is one of the major causes of mortality worldwide, with one person dying by suicide every 39 seconds. Suicide claims the lives of about a million people annually. Approximately 8,000 suicides occur globally each year, with 35,000 of those suicides occurring in India. In 2012, the two states with the highest suicide rates per one million were Tamil Nadu and Kerala. The act of taking one's own life is called suicide. When someone hurts oneself because they wish to end their life, it is a death. When someone hurts themselves in an attempt to take their life but does not pass away, it is called a suicide attempt.

### Need

Approximately 800,000 people worldwide take their own lives each year. However, according to data from a study conducted in Tamil Nadu at a medical college and hospital by LOGARAJ et al., the age range of 15 to 29 years old accounted for 66% of all reported suicidal attempts. This conveys the idea that they have a weak mentality and mental state, are incapable of handling failure in life, and are only looking to avoid obligations and troublesome situations. Around the world, suicide is regarded as both a personal tragedy and a serious public health issue. Adolescence is a time of exploration, and adjusting to the surroundings can often be stressful. Given that adolescents are among the risk groups for suicide, it is necessary to place greater emphasis on their health. Screening can assist in identifying those who are at risk. According to estimates from the World Health Organization, about one million people die by suicide every year, translating to a global mortality rate of 26 per one million, or one death every 40 seconds.

### RESEARCH OBJECTIVES

- To assess the pre-test knowledge regarding risk factors & prevention of suicide among adolescents.
- To assess the post-test knowledge regarding risk factors & prevention of suicide among adolescents.

- To assess the effectiveness of structured teaching programme by comparing the pre- test & post-test knowledge regarding risk factors & prevention of suicide among adolescents.
- To find out the relationship between the pre-test knowledge and their selected demographic variables.

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## Research Methodology

**Research Approach** In this study, quantitative research approach was adopted for the study.

**Research Design** Pre-experimental research design was adopted in the study.

**Variables** In this study, knowledge and structured teaching program (STP) are two different variables of the study where knowledge is the dependent variable and structure teaching program( STP) is the independent variable.

**Setting of study** The study was conducted at Government Girls Higher Secondary School Pampore.

**Population** In this study, the population comprises all the adolescents of selected higher secondary schools of Pampore area.

**Sample** Adolescents who ful fill the inclusion criteria are the sample of the current study.

**Sample size** 50 adolescents with age group from 13-18 years.

**Sampling method** Non probability purposive sampling technique was used for the present study.

**Data collection tool** The purpose of the current study is to evaluate adolescents' understanding of risk factors and ways to avoid suicidal behavior at a few chosen higher secondary schools in the Pampore area.

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## Description of tool

The tool consists of two sections:

Section I: Demographic variables

Section II: Self-structured questionnaire

**Section I: Demographic variables** The purpose of this instrument is to gather background data from research participants. It includes demographic factors like age, sex, educational attainment, parental education, and parental occupation.

**Section II: Self-structured questionnaire** :It consists of two parts

- I. Questionnaire based on risk factors.
- II. Questionnaire based on prevention.

**Part I: Questionnaire based on risk factors:** It comprises of 15 Knowledge questions regarding risk factors of suicide.Each right answer scored 1 mark and incorrect responses are scored 0. Total score is 15.

**Part II: Questionnaire based on prevention:** It comprises of 15 Knowledge questions regarding prevention of suicide.Each right answer scored 1 mark and incorrect responses are scored 0. Total score is 15.

**Level of Knowledge will be graded as:**

| Level of Knowledge            | Score Range |
|-------------------------------|-------------|
| Inadequate Knowledge          | 0-10        |
| Moderate lyadequate knowledge | 11-20       |
| Adequate knowledge            | 21-30       |

**Minimum score = 0 Maximumscore=30**

**DATA ANALYSIS AND INTERPRETATION****Table1: Frequency and Percentage distribution of study subjects according to their demographic variables.**

N=5

| Characteristics                           | Frequency and Percentage distribution of Socio-demographic Variables |           |            |
|---|--|-----------|------------|
|   | Content  | Frequency | Percentage |
| Age<br>(in years)                         | 13-14  | 15        | 30         |
|   | 15-16  | 27        | 54         |
|   | 17-18  | 8         | 16         |
|   |  |           |            |
| Gender                                    | Male   | 0         | 0          |
|   | Female   | 50        | 100        |
|   | Others   | 0         | 0          |
| Educational<br>Qualification              |  |           |            |
|   | 9 <sup>th</sup>  | 12        | 24         |
|   | 10 <sup>th</sup>   | 5         | 10         |
|   | 11 <sup>th</sup>   | 9         | 18         |
|   | 12 <sup>th</sup>   | 24        | 48         |
| Educational<br>qualification of<br>father | Noformal education   | 11        | 22         |
|   | Primaryeducation   | 15        | 30         |
|   | Highereducation  | 16        | 32         |
|   | Graduateorabove  | 8         | 16         |
| Educational<br>Qualification of           |  |           |            |
|   | Noformal education   | 24        | 48         |
| Mother                                    | Primaryeducation   | 5         | 10         |
|   | Higher education   | 0         | 0          |
|   | Graduateorabove  | 21        | 42         |
| Fathers occupation                        | Farmer   | 8         | 16         |
|   | Businessman  | 6         | 12         |
|   | Private employee   | 33        | 66         |
|   | Govt employee  | 3         | 6          |
| Mother's<br>occupation                    |  |           |            |
|   | Housewife  | 46        | 92         |
|   | Businesswomen  | 0         | 0          |
|   | Private employee   | 0         | 0          |
|   | Govt employee  | 4         | 8          |

**Table3: Frequency and percentage distribution of post-test level of knowledge regarding risk factors & prevention of suicide among adolescents**

N=50

| Post-test level of knowledge             | Frequency | Percentage |
|--|-----------|------------|
| Inadequate knowledge<br>(0-10)           | 0         | 0          |
| Moderately adequate knowledge<br>(11-20) | 0         | 0          |
| Adequate knowledge<br>(21-30)            | 50        | 100        |

**Section III: Comparison between pre-test and post-test knowledge scores of study subjects regarding risk factors & prevention of suicide among adolescents.**

**Table6: Comparison between pre-test and post-test knowledge regarding risk factors & prevention of suicide among adolescents**

| Knowledge categories                   | Pre-test knowledge score |            | Post-test knowledge score |            |
|--|--------------------------|------------|---------------------------|------------|
|  | Frequency                | percentage | Frequency                 | Percentage |
| <b>Inadequate Knowledge<br/>(0-10)</b> | 0                        | 0          | 0                         | 0          |
| <b>Moderate Knowledge<br/>(11-20)</b>  | 38                       | 76         | 0                         | 0          |
| <b>Adequate Knowledge<br/>(21-30)</b>  | 12                       | 24         | 50                        | 100        |

### Major findings of the study

#### Depiction of demographic characteristics:

All of the adolescents, or 100% of the sample, are female; the most number of adolescents, 27, are between the ages of 15 and 16, making up 54%. The majority of teenagers, or 48% of the sample, are enrolled in class 12. The majority of 16 (32%), or 16 percent, of teenage dads have a college degree, whereas the majority of 24 (48%), or moms of adolescents, have no formal education. The majority of adolescents—33, or 66%—have fathers who are employed by commercial companies. The mothers of 46 (91%) of the adolescents are employed as housewives.

#### ❖ Findings related to assess the pre test knowledge regarding risk factors and prevention of suicide among adolescence.

According to the study, out of the 50 participants, the majority of schoolgirl adolescents, or 38 (76%) have moderately adequate knowledge, while 12 (24%) have adequate knowledge based on the pretest knowledge score.

#### ❖ Findings related to assess the post test Knowledge regarding risk factors and prevention of suicide among adolescence:

Fifty percent of the teens who participated in the poll said they knew enough. Post-test understanding of suicide prevention and risk factors.

#### ❖ Findings related to assess the effectiveness of STP by comparing the pre test and post test knowledge regarding risk factors and prevention of suicide among adolescents:

The majority of teenagers in the sample, 38 (76%) had adequate knowledge, compared to 12 (24%), and no student has inadequate knowledge based on their pretest knowledge scores. In the posttest, all 50 schoolgirls (100%) have appropriate knowledge.

❖ **Findings related to find out the relationship between the pre test knowledge and selected demographic variables:**

Only the mother's occupation demographics showed an association with knowledge among the variables provided; the chi-square value was higher than the chi-square table value. Other variables, including age, gender, education, parental qualification, and father's occupation, were computed to be lower than the chi-square table value, indicating no association.

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## CONCLUSION

According to the current study's findings, structured educational programs aid in raising adolescents' awareness of risk factors and preventing suicide behavior. given the high rate of youth suicide. Suicides among Indian adolescents can be prevented by educating people about risk factors and preventing suicidal behavior in such individuals.

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