iJRASET
International Journal For Research in Applied Science and Engineering Technology



INTERNATIONAL JOURNAL FOR RESEARCH

IN APPLIED SCIENCE & ENGINEERING TECHNOLOGY

Volume: 11 **Issue:** I **Month of publication:** January 2023

DOI: https://doi.org/10.22214/ijraset.2023.48635

www.ijraset.com

Call: 08813907089 | E-mail ID: ijraset@gmail.com

International Journal for Research in Applied Science & Engineering Technology (IJRASET)
ISSN: 2321-9653; IC Value: 45.98; SJ Impact Factor: 7.538
Volume 11 Issue I Jan 2023- Available at www.ijraset.com

A Study to Evaluate the Effectiveness of Structured Teaching Program on Knowledge Regarding the Cause of Teenage Suicides and Its Solution among Teachers Working in Selected Rural Schools

Dev Kumar Mahanta
School of Nursing, ARKA Jain University, Jamshedpur, Jharkhand

Abstract: ***The reasons behind a teen's suicide or attempted suicide can be complex. Although suicide is relatively rare among children, the rate of suicides and suicide attempts increases greatly during adolescence. Suicide rates differ between boys and girls. Girls think about and attempt suicide about twice as often as boys, and tend to attempt suicide by overdosing on drugs or cutting themselves.***
Keywords: Effectiveness, Structured teaching programme, Knowledge, Cause, Solutions, Teenage suicide.

I. INTRODUCTION

"As a child of God, I am greater than anything that can happen to me".
Dr. A. P. J. Abdul Kalam

A **teenager**, or **teen**, is a young person whose age falls within the range from thirteen through nineteen(13–19). "Teenage" is the transitional stage of development between childhood and adulthood which represents the period of time during which a person experiences a variety of biological changes and encounters a number of emotional issues. Adolescence is the name for this transition period from childhood to adulthood.

The ages which are considered to be part of adolescence vary by culture, and ranges from pre-teens to early twenties. According to World Health Organization (WHO) "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 adolescent. India is the second most populous country in the world with a total population of over 1.21 billion, and the adolescent population accounts for 24.3 percent (243 million). Adolescents are the most vulnerable group for suicide or self-harm worldwide.[1]

The term 'suicide' in itself evokes direct reference to violence and aggressiveness. Apparently, Sir Thomas Browne was the first to coin the word 'suicide.' A physician and a philosopher, Browne, based the word on the Latin 'sui' (of oneself) and 'caedere' (to kill). A well-known definition of suicide is the one that appears in the 1973 edition of the Encyclopaedia Britannica, quoted by Shneidman, "the human act of self-inflicting one's own life cessation"[2].

Many factors could lead adolescents to commit deliberate self-harm (DSH). Some of the commonly reported issues are failure in examinations, break- ups in relationship, family discord, sexual abuse etc. Adolescents who are addicted to alcohol and other substances are at a greater risk of suicide.

Many studies report that India has the highest rate of adolescent suicides. A longitudinal study conducted by CMC, Vellore, noted that suicide accounts for one-half to three-quarters of all deaths in adolescent girls and a quarter of deaths in adolescent boys in south India.[3]

In recent years there have been increasing concerns and research in to suicidal behaviours among adolescents.

These concerns have been motivated by international evidence that has suggested rising rates of suicide in adolescent populations in many countries including the United States, Great Britain, and Australia. One issue raised by this research has concerned the relationship that exists between suicidal thoughts or ideation and suicidal behaviors. "Improving the health choices and opportunities of adolescents essentially means contributing to the health and energy of societies" says Gro Harlem Brundtland, WHO's Director General.[4]

©IJRASET: All Rights are Reserved

ISSN: 2321-9653; IC Value: 45.98; SJ Impact Factor: 7.538
Volume 11 Issue I Jan 2023- Available at www.ijraset.com

II. NEED FOR STUDY

"The pessimist sees the difficulty in every opportunity; an optimist sees the opportunity in every difficult."
- Winston Churchill.

It is a time proven fact that all the living organisms on this earth fight for survival and existence. What then makes the man to risk his own life? The tragedy of self – inflicted death has always attracted the attention of the medical as well as the legal fraternity. People who have committed suicide or have been thinking about committing suicide probably feel overwhelmed by their problems. They might not be able to handle that kind of pressure and feel that death would be the only way to escape it.[1]

Suicidal behaviour is thus defined as 'a preoccupation or act that is focused on causing one's own death voluntarily'. Intent to cause one's death is essential in the definition. Suicidal behaviour is usually divided into the categories of suicide ideation, suicide threats, suicide gesture, suicidal attempts, and completed suicide.[2]

According to WHO's estimation, in the year 2000, approximately one million people died from suicide, and 10 – 20 times more people attempted suicide worldwide. This represents one death every 40 seconds and one attempt every 3 seconds, on average.[3]

The numbers of suicides are increasing in India. India accounts for 10% of world's suicides. According to the latest national crime record bureau report, there are over 1.2 lakh suicides in 2006 and 1.3 lakh in 2007. It also states that Bangalore has the highest rate of suicides in India. Till June 2007 there have been around 900 cases of suicide reported from Bangalore city alone. In 2005, 1,480 persons have committed suicide, while in the year 2006, the number was over 2,000, and among all states, Karnataka stands second after Kerala, followed by Maharashtra and West Bengal.[4]

Adolescence is a stressful developmental period filled with major changes: body changes, changes in thoughts, and changes in feelings. Strong feelings of stress, confusion, fear, and uncertainty, as well as pressure to succeed, and the ability to think about things in new ways influence a teenager's problem solving and decision making abilities.[2]

For some teenagers, normal developmental changes, when compounded by other events or changes in their families such as parental divorce or moving to a new community, changes in friendships, difficulties in school, or other losses can be very upsetting and become overwhelming. Problems may appear too difficult or embarrassing to overcome. For some, suicide may seem like a perfect solution.[2]

The adolescent suicide rate has greatly increased in recent years. Suicides in those ages 15 to 24 years once accounted for 5% of all suicides but now it is increased to 14%. This makes suicide the third leading cause of death among adolescents. Suicide rates for males within the age group of 10 – 14 years have tripled, whereas rates for males aged 15 to 19 years have quadrupled. Rates for females have doubled. Males aged 15 to 19 years are nearly 5 times more likely to kill themselves than females in the same age group. Although female adolescents attempt suicide 2 to 3 times more often than their male counterparts. Recorded suicide attempts peak between the ages of 15 and 19years.[5] According to American Association of Suicidology, in 2001, 30,622 people were completed suicide. Of these, 3,971 were people between the ages of 15 and 19 years.[6]

Suicide risk factors vary with age, gender, and cultural and social influences and may change over time. Risk factors for suicide frequently occur in combination with each other.[2] According to a study conducted to investigate the prevalence and risk factors of suicidal behaviour among adolescents in South Korea, the prevalence of suicidal attempt was 5.2%. The risk factors identified were suicidal ideation(odds 31.83), depression(odds 7.98), drugs abuse(odds 4.67), currently smoking(odds 3.19), feeling unhappiness(odds 2.77), stress(odds 2.60), currently drinking alcohol(odds 2.39), sexual activity(odds 2.33), living with neither parent(2.24), initial alcohol drinking by age 9(odds 1.80), health status(odds 2.15), skipped breakfast(odds 1.75), disease(odds 1.65), and school records(odds 1.22).[7]

Recognition and early intervention of mental and substance abuse disorders is the most effective way to prevent suicide and suicidal behaviour. Studies have shown that suicide prevention programmes most likely to succeed are those focused on identification and treatment of mental illness and substance abuse, coping with stress, and controlling aggressive behaviours.[2]

A study conducted regarding preventive interventions for youth suicide in Parkville, Australia, recommended that, there are effective and universal interventions for important risk factors for depression and suicidal behaviour such as school based suicide education programmes and telephone hotlines.[8]

Adolescence is a period of storm and stress. Conflicts at this developmental stage usually make the adolescents at risk for suicidal behaviour. So the adolescents need a proper educational programme regarding risk factors and preventive measures for suicidal behaviour. Psycho – educational programmes are among the most commonly applied suicide prevention approaches for young people.[2]

A study was conducted to evaluate the effectiveness of a school based psycho – educational programme on knowledge, attitudes of adolescents regarding suicide prevention in Belgium.

©IJRASET: All Rights are Reserved

The results showed a positive effect on knowledge and an interaction effect of the programme with gender on attitudes was also found.[9]

Based on the review of literature, it is very well known that, the adolescents are more vulnerable for suicidal behaviour, especially between the age group of 15 to 19 years. Thus the adolescents require knowledge on risk factors and preventive measures for suicidal behaviour. So the investigator felt the need to conduct this study to determine the knowledge of adolescents and to evaluate the effectiveness of structured teaching programme regarding Teenage Suicide Cause and Solutions among Adolescents.

III. OBJECTIVES OF THE STUDY

1) To assess the existing knowledge of teachers regarding cause on Teenage Suicide.
2) To assess the existing knowledge of teachers regarding solutions on teenage suicide.
3) To evaluate the effectiveness of structured teaching programme.
4) To find out the association between the knowledge level with selected socio – demographic variables.

A. *Operational Definitions*

1) *Effectiveness:* It is a process which produces an intended result on knowledge among teachers regarding cause and solutions on teenage suicide.
2) *Structured Teaching programme:* It is a planned teaching and learning process between the investigator and study subjects, which may increase the knowledge of study subjects regarding cause and solution on teenage suicide.
3) *Knowledge:* refers to the awareness that teachers have regarding risk factors and preventive measures for suicidal behavior.
4) *Cause:* refer to anything that increases the chances of developing suicidal behavior among teenagers.
5) *Solutions:* Refer to the measures, which diminish the possibilities of occurrence of suicidal behavior among teachers.
6) *Teenage Suicide:* refers to thoughts or actions of adolescents that may lead to self – inflicted death or serious injury. It is usually divided into the categories of suicidal ideation, suicidal threats, suicidal gesture, suicidal attempts, and completed suicide.
7) *Teachers:* are the individuals, who are working in selected rural schools.

B. *Assumptions*

1) The teachers have some knowledge regarding cause and solutions for teenage suicide.
2) The teachers will cooperate with the investigator in implementation of structured teaching programme.

IV. REVIEW OF LITERATURE

Review of Literature is a key step in research process. Nursing research may be considered as a continuing process in which knowledge gained from earlier studies is an integral part of research in general. In review of literature a researcher analyses existing knowledge before delving into a new study and when making judgement about application of new knowledge in nursing practice. The literature review is an extensive, systematic, and critical review of the most important published scholarly literature on a particular topic.[10]

A school based health survey was conducted to obtain the prevalence of suicidal ideation and to assess the factors that may be associated with suicidal ideation among school going adolescents in rural Uganda. Assessment of association was conducted through both bi – variate and multivariate logistic regression analysis. The results suggested that, among altogether 21.6% of the study participants, 21.3% males and 23.5% females had seriously considered committing suicide within the past 12 months. Loneliness and worry were positively associated with suicidal ideation. Males were less likely to seriously consider committing suicide than females [OR = 0.70; 95% CI (0.50, 0.98)]. The study concluded that, adolescent suicidal ideation is a major public health issue in rural Uganda.[11]

A case – control study was conducted to identify and quantify risk factors for completed suicides in Bangalore, India. The study was conducted with the families of 269 completed suicides and 269 living controls within the broader population of the city using psychological autopsy methods. The results showed that, the significant risk factors for completed suicides were the presence of previous suicidal attempt in self [odds ratio (OR) = 42.62], interpersonal conflicts and marital disharmony with spouse [OR = 27.98], alcoholism [OR = 23.38], presence of mental illness [OR = 11.07], sudden economic bankruptcy [OR =7.1], domestic violence [OR = 6.82], and unemployment [OR = 6.15].

Individuals completing suicides did not have a positive outlook towards life, problem solving approaches and coping skills. The study concluded that, the intervention strategies should include prioritized macro and micro level efforts aimed at individual, family and society.[12]

V. METHODOLOGY

Research methodology is the way to systematically solve the research problem. In this study it refers to the various steps that are generally adopted by a researcher in studying the research problem along with the logic behind them. The present study was aimed at assessing the knowledge and its solution among teachers regarding teenage suicide. This chapter deals with description of methodology and different steps which are undertaken for collecting and organizing data for investigation. It includes research design, research approach, setting of the study, population, sample, and sampling technique, development and description of the tool, data collection procedure and plan for statistical analysis.

A. Research Approach

Research approach is the most significant part of any research. The appropriate choice of the research approach depends upon the purpose of the research study which has been undertaken in order to accomplish the main objectives of the study. In this study descriptive approach was used to assess the knowledge and its solution among teachers regarding teenage suicide. Descriptive studies are undertaken to describe what exists in terms of frequency of occurrence rather than to describe the relation between variables. In this study, knowledge and its solution among teachers regarding teenage suicide was assessed after administration of structured interview schedule for knowledge and its solution.

B. Research Design

Research design is a set of logical steps taken by the researcher to assess the methods used to obtain sample, collect data, analyze, and interpret results. It is the researcher's overall for overall plan for obtaining answers to research questions for testing the research hypothesis. The essential question that research design is concerned with how the subjects will be brought into the research and how they will be employed with the research design. The research design is the plan, structure and strategy of investigator to answer the research questions. The research design provides answers to research questions and control variance. The research design provides an explicit blue print of how research activities will be carried out. The research design which is used to achieve objectives of this study is non experimental descriptive study design was to assess the knowledge and its solution among teachers regarding teenage suicide.

C. Research Variables

Variables are the characteristics that vary among the subjects being studied, it is the focus of the study and reflects the empirical aspects of the concepts being studied, the investigator measures the variables. Two types of variables were identified in this study. They are

- Dependent/study variable.
- Extraneous/demographic variable.

1) *Dependent Variables:* Dependent variables are effect of the action of independent variables and cannot exist by itself. Knowledge and attitude of antenatal mothers regarding cord storage are the dependent variable in this study.
2) *Extraneous Variables:* Extraneous variables are uncontrolled variables that greatly influences the result of this study is called extraneous variables. The extraneous variables in this study include age, gender, religion, education status, occupation, type of family, marital status, monthly income, sources of information, any experience regarding cord storage.

D. Settings of the Study

Setting is the physical location and condition in which data collection takes place. (Polit and Hungler, 1999) The research was conducted at Noble High School, Kotigepalalaya located 6 km away Gayathri College of Nursing. The criteria for selecting were geographical proximity, feasibility of conducting the study and availability of samples.

E. Population

The population is defined as the entire aggregation of cases that meet a designated set of criteria (Polit & Hungler 2005). A complete set of persons or objects that possess some common characteristics that is of interested in study. It refers to the elements, people, objects to which the investigator wants to generalize the research findings. The population of this study is teachers selected rural high schools.

F. Sample and Sampling Technique

Sample is subset of population. In this study teachers irrespective of their age who fulfil the inclusive criteria were selected as samples.

1) *Sample Size:* Sample size is largely a function of purpose of the inquiry, the quality of informants, and the type of sampling strategy used. In this study the sample size was 50 head of teachers fulfil the inclusion criteria.
2) *Sampling Techniques:* Sampling techniques is an important step in the research process. It is the process of selecting representative units or subsets of population of the study in a research. Non-probability random sampling techniques were used to select the sample. The investigator has selected the rural samples from high schools.
3) *Criteria for Sample Selection:* The criteria for sample selection are mainly depicted under two headings, which includes the

G. Inclusion and Exclusion Criteria.

1) *Inclusion Criteria:* This study includes only teachers.
2) *Exclusion Criteria:* Members who are not available at the time of data collection.

Member who are not willing to participate in this study.

H. Development And Description Of The Tool

In this study structured interview schedule were prepared to assess the knowledge and solution among teachers regarding teenage suicide. An Interview schedule was developed by the investigator in order to obtain exact and complete response from the teachers to assess the knowledge and its solution among teachers in selected rural high school.

Based on the review of literature, discussion with experts and with the investigator's personal and professional experience, structured interview schedule consisting of 20 knowledge items and 10 solution statements were developed and planned as follows

1) *Section A: A structured Interview schedule for collecting demographic variables of teachers.*

Interview schedule was be used to assess the demographic variables of teachers consisting of age, gender, religion, education status, occupation, type of family, marital status, monthly income, sources of information, any experience regarding teenage suicide.

2) *Section B: A structured Interview Schedule to assess the pre test knowledge among teachers regarding teenage suicide.*

This section sought information to assess the level of knowledge among teachers regarding teenage suicide.

a) *The structured interview schedule consists of 20 items*

This section consists of questionnaire with items of multiple choices. Each question has four options, in which one option is correct answer and other options are incorrect. Every correct response is given a score of one and every unanswered or incorrect response is given a score of zero. The total score is 20. The samples were expected to choose the correct response.

An answer key was prepared for scoring answer to the structured Interview questionnaire.

3) *Section C: A post test to assess the solution among teachers regarding teenage suicide.*

This section sought information to assess the solution among teachers regarding teenage suicide.

I. Content Validity of the Tool

Validity refers to the degree to which an instrument measures what it is supposed to be measured. Content validity refers to the degree to which the items in an instrument adequately represent the universe of content. Content validity has a special relevance to individuals designing a test to assess the knowledge and its solution among teachers regarding teenage suicide. To ensure content validity of the tools which includes demographic data, structured interview schedule to assess the knowledge of teenage suicide, among teachers regarding teenage suicide were submitted to one physician, one biostatistician and five nursing experts. Their suggestions were taken in to consideration and the modifications were incorporated in the final preparation of the demographic variable, structured interview schedule, with pre test and post test.

J. Ethical Consideration

Formal permission was obtained from Medical Officer of Yelachiguppe PHC Bengaluru. Informed consent was obtained from the subjects after explaining about the purpose of the study and assuring consideration of collecting data. No ethical issues were raised during the data collection period.

K. Pilot Study

Pilot study is small scale version or trial run for main study to test the practicability, appropriateness and feasibility of both the study and tool. Formal approval was obtained from medical officer for pilot study. The pilot study was conducted in the month of April for period of one week.

The investigator selected fulfil the inclusion criteria as samples for the study by using a non probability random sampling technique.

After a brief self introduction, the investigator explained the purpose of the study and obtained consent from them. Structured questionnaire was interviewed to teachers to assess the level of knowledge and solution regarding teenage suicide. Data collected and analyzed and the results indicated that there was inadequate knowledge and moderately favorable solutions towards teenage suicide.

The subjects cooperated well during this study. Correlation between the knowledge and solutions r=0.65, which showed there is positive correlation between knowledge and solutions among teachers regarding teenage suicide.

The statistical analysis of the pilot study showed feasibility and practicability of the study and as there was no modification, the investigator proceeded with the main study.

L. Procedure for Data Collection

Data collection is the gathering of information needed to address research problem. Formal written permission was obtained from the Principal, Noble High School for conducting the study. The investigator conducted the main study in the month of June for a period of four weeks.

The samples of 50 teachers were selected on the basis of inclusion criteria by using simple random sampling technique. The investigator introduced herself and developed rapport with the subjects.

The investigator explained the purpose of the study and reassured that the data collected would be kept confidential. The investigator obtained consent from the subjects prior to the study.

The data collection was done in two phases.

1) *Phase 1:* After obtaining the permission from the significant authorities' demographic data was assessed for 10 minutes.
2) *Phase 2:* Structured interview schedule was taken for 30 minutes to assess pre test level of knowledge experienced by teachers regarding teenage suicide.
3) *Phase 3:* Assess the post test solutions among teachers regarding teenage suicide.

a) *Processing of the Data:* Data collected was processed every day. Missed out data identified and immediately it was rectified. During the data collection subjects were cooperative and the investigator was able to collect all the necessary information from the subjects without any problems.
b) *Plan for the Data Analysis:* The data obtained was analyzed on the basis of the objectives of the study using descriptive and inferential statistics.

M. Descriptive Statistics

1) Frequency and Percentage distribution were used to study demographic variables of teachers such as age, gender, religion, education status, occupation, type of family, marital status, monthly income, sources of information, any experience regarding teenage suicide.
2) Mean and Standard deviation were used to assess the pre test and post test of teachers regarding teenage suicide.
3) Distribution of scores on the pre test and post test among teachers regarding teenage suicide to be interpreted by summarizing into three categories such as inadequate, moderate, adequate.

N. Inferential Statistics

1) Correlation co-efficient were used to compare pre test and post test score of teachers regarding teenage suicide
2) "T" tests were used to determine the association of pre test and post tests among teachers with the selected demographic variables.

ISSN: 2321-9653; IC Value: 45.98; SJ Impact Factor: 7.538
Volume 11 Issue I Jan 2023- Available at www.ijraset.com

VI. RESULTS

The data themselves do not provide us with answer to our research questions ordinarily; the amount of data collected in a study is extensive to be reliably described by mere perusal.

In order to answer the research questions, the data must be presented and analysed in some orderly manner, so that the relationship can be described. Kerlinger (1976) has defined analysis as categorizing, ordering, manipulated, and summarizing of data to obtain answer to research hypothesis questions.

The purpose of analysis is to reduce the data into an interpretable and meaningful form so that the results can be compared and significance can be identified.

This chapter deals with the analysis and interpretation of data collected from Fifty teachers to assess the knowledge and its solution among teachers regarding teenage suicide.

The data was organized, tabulated, analysed, and interpreted by using descriptive and inferential analysis. The analysis and interpretation was based on the data collected through questionnaire and attitude scale.

The Objectives of the Study:

1) To assess the existing knowledge of teachers regarding the cause of teenage suicide
2) To assess the solution among teachers regarding teenage suicide.
3) To correlate the pre test and post test among teachers regarding teenage suicide.
4) To associate the effectiveness of knowledge and solution among teachers regarding teenage suicide with selected demographic variables.

A. Organization and Presentation of Data

The data collected were edited, tabulated, analyzed, interpreted, and findings obtained were presented in forms of tables and diagrams represented under following two parts and five sections.

- *Section A*

Part-1

Description of demographic characteristics of teachers

- Frequency and distribution of antenatal mothers according to selected demographic variables such as age, gender, religion, education status, occupation, type of family, marital status, monthly income, sources of information, any experience regarding teenage suicide.

- *Section B*

Assessment of pretest knowledge of teachers regarding teenage suicide.

- Frequency and percentage distribution of knowledge of teachers regarding teenage suicide
- Mean, standard deviation & mean percentage of knowledge of teachers regarding teenage suicide.

- *Section C:*

Assessment of the posttest knowledge among teachers regarding teenage suicide.

- Frequency and percentage distribution of solution among teachers regarding teenage suicide.
- Mean, standard deviation & mean percentage of solution among teachers regarding teenage suicide.

- *Section D:*

Part-II

Testing of hypotheses: Correlation between pretest and posttest among teachers regarding teenage suicide.

- *Section E:*

Association of knowledge and solution among teachers regarding teenage suicide

©IJRASET: All Rights are Reserved

A. Part – 1

1) Section – A

Description of demographic characteristics of teachers

Table – 1 (a) Frequency and percentage distribution were used to study demographic variables of teachers such as age, religion, educational institution, type of family.

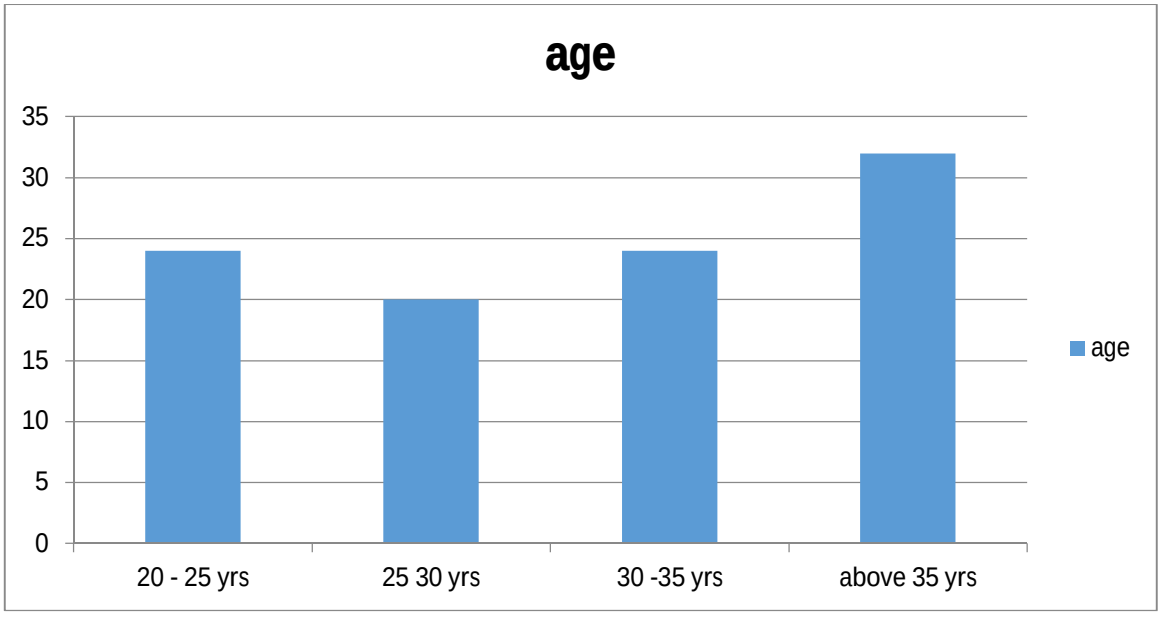
Sl. No.	Demographic	Categories	Frequency	Percentage
1	Age	20 - 25 years	12	24
		26 -30 years	10	20
		31 – 35 years	12	24
		Above 35 yrs	16	32
2	Religion	Hindu	12	24
		Muslim	10	20
		Christian	28	56
		Any others	-	-
3	Educational institution	Government	8	16
		Private	36	72
		Trust	6	12
		Any other	-	-
4	Type of family	Nuclear	25	50
		Joint	18	36
		Extended	7	14

The Above table shows the frequency and percentage distribution of demographic variables of antenatal mothers such as age, religion, education institution, type of family.

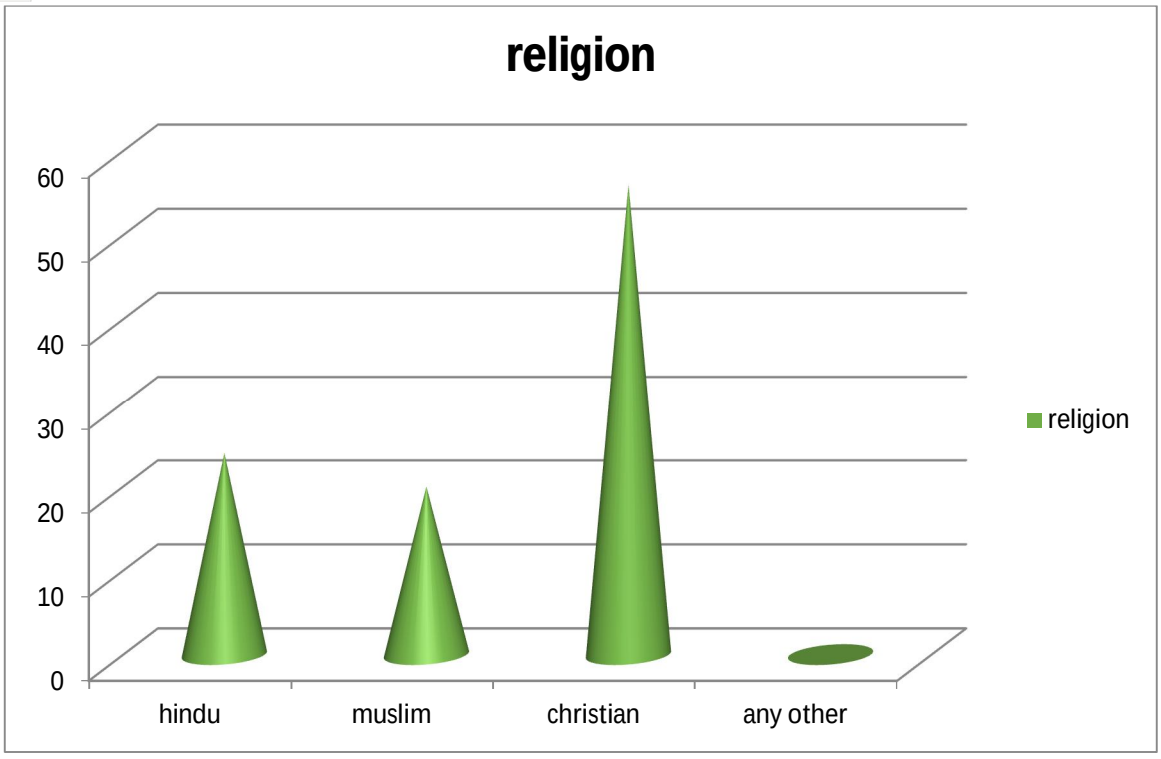
Regarding age 12 (24%) were 20 – 25 years, 10(20%) were 25 -30 years, 12(24%) were 30 – 35 years and 16(32%) were above 35 years.

Regarding religion, 12(24%) were Hindu, 10(20%) was Muslim and 28(56%) was Christian Considering their educational institution 8(16%) were having government, 36(72%) were having private, and 6(12%) were having trust.

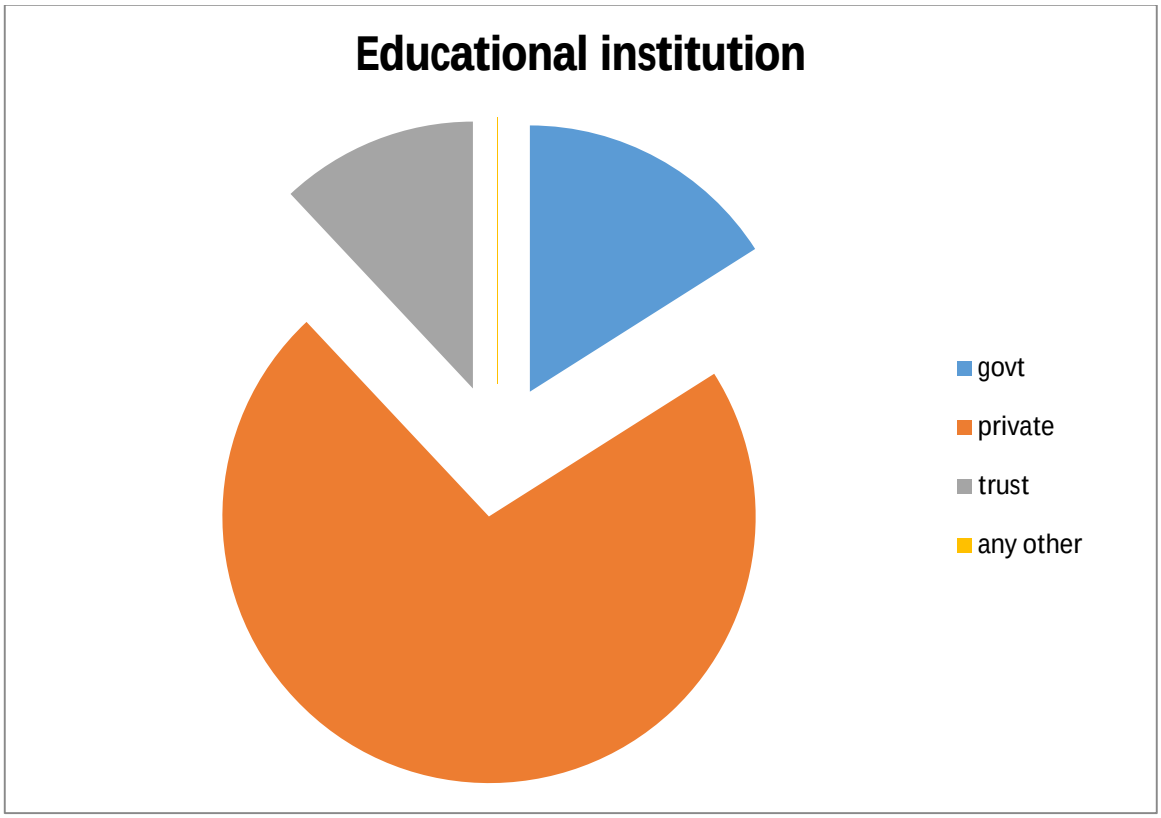
Considering their types of family 25(50%) were having nuclear, 18(36%) were having joint, 7(14%) were having extended family.



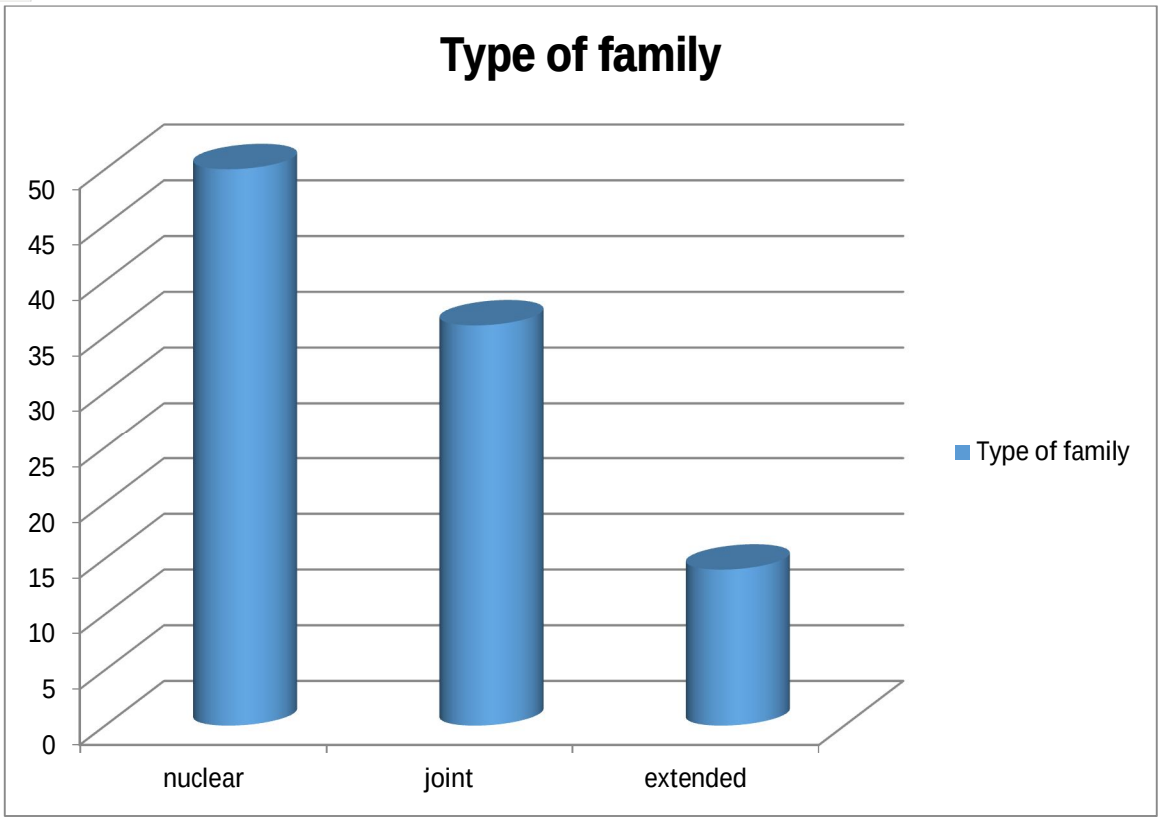
Graph 1 : Percentage distribution of teachers according to age.



Graph 2 : Percentage distribution of teachers according to religion.



Graph 3 : Percentage distribution of teachers according to educational institution.

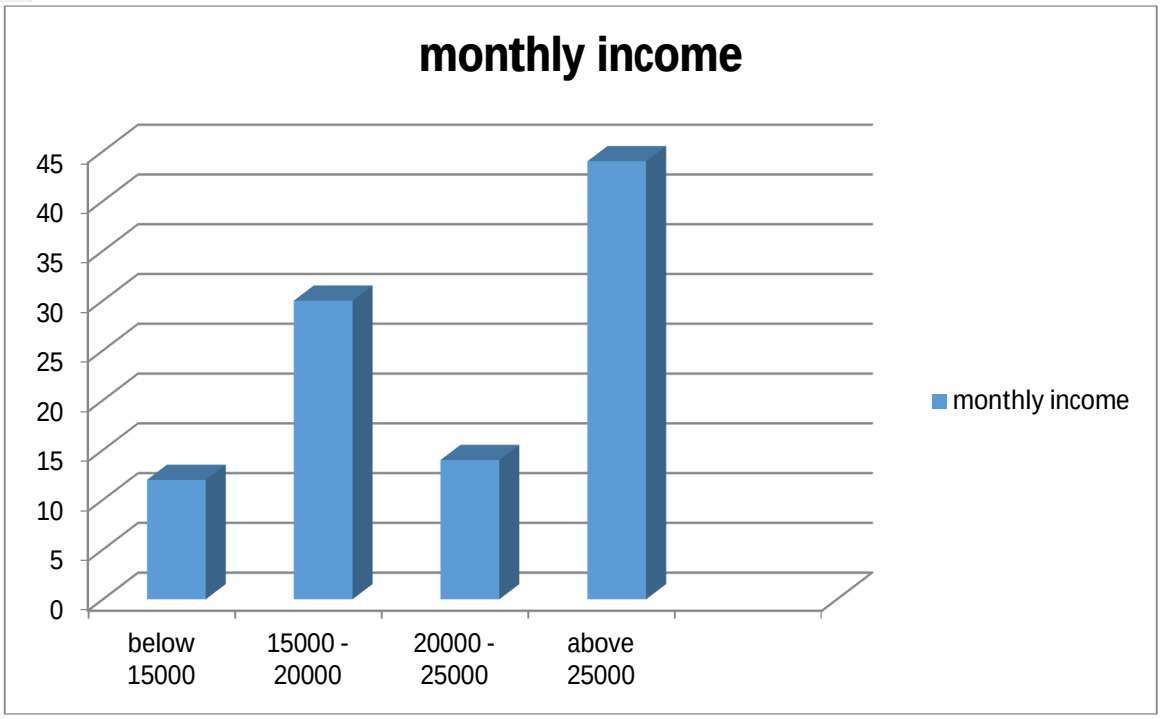


Graph 4 : Percentage distribution of teachers according to type of family.

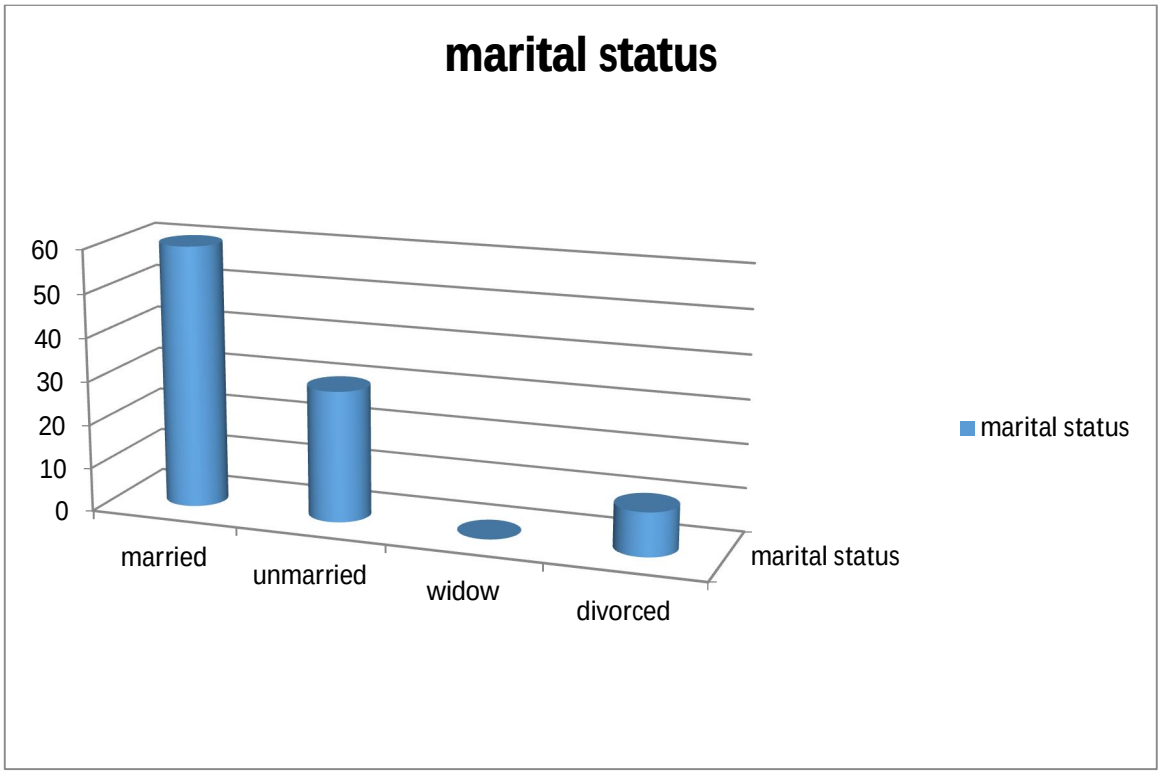
Table 1 (b): Frequency and percentage distribution of teachers according to selected demographic variables such as monthly income of family, marital status, type of diet, family history of suicidal attempt.

Sl. No.	Demographic	categories	Frequency	Percentage
1	Monthly income	Below 15000	06	12
		15000 – 20000	15	30
		20000 – 25000	07	14
		Above 25000	22	44
2	Marital status	married	30	60
		Unmarried	15	30
		Widow	-	-
		divorced	5	10
3	Type of diet	Veg	28	56
		Non - Veg	22	44
4	Family history of suicidal attempt	Maternal side	18	36
		Paternal side	10	20
		No family history	22	44

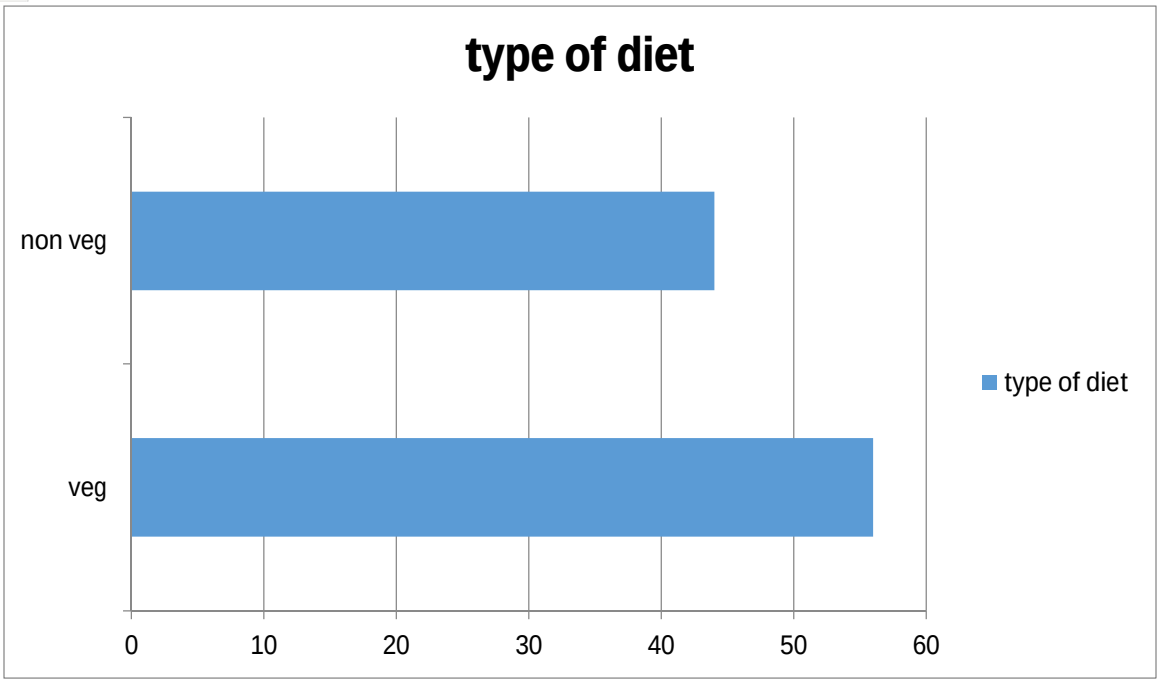
In relation to monthly income, 6(12%) were below 15000, 15(30%) were between 15000 -. 20000, 7(14%) were 20000 – 25000 and 22(44%) were above 25000.
With regard to marital status 30(60%) were married, 15(30%) were unmarried 5(10%) were divorced.
In relation to type of diet 28(56%) were vegetarian and 22(44%) were non vegetarian.
Regarding family history of suicidal attempt 18(36%) have maternal side, 10(20%) have paternal side, 22(44%) have no family history.



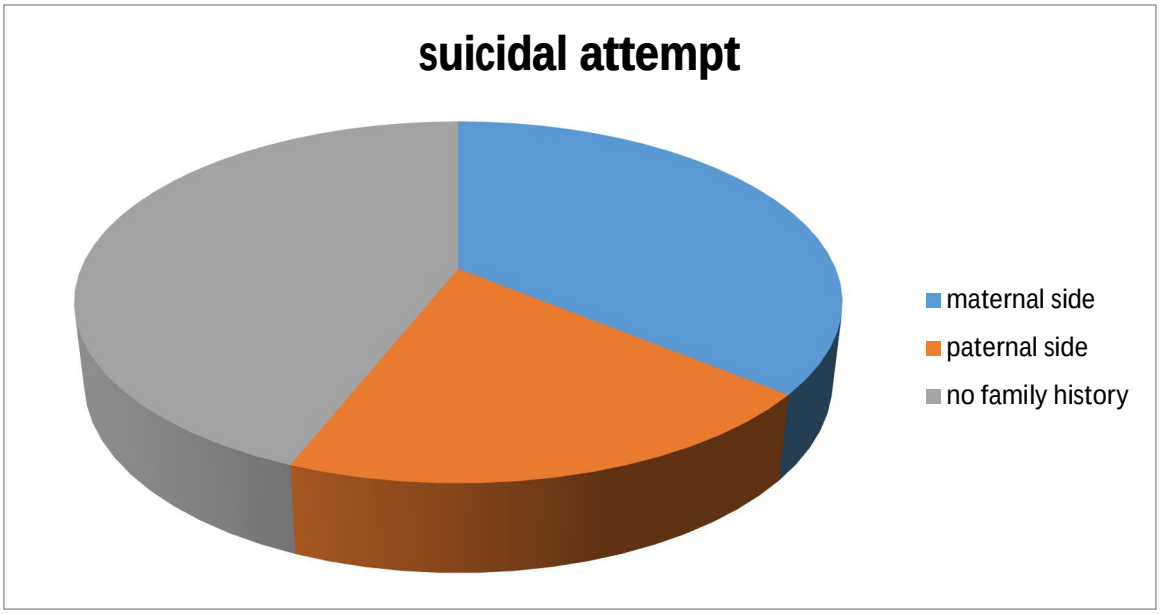
Graph 5 : Percentage distribution of teachers regarding monthly income.



Graph 6 : Percentage distribution of teachers regarding marital status.



Graph 7 : Percentage distribution of teachers regarding type of diet.



Graph 8: Percentage distribution of teachers regarding family history of suicidal attempt.

2) Section B

Data analysis related to pre test knowledge regarding the cause of teenage suicide and its solution among teachers.

Table 2 Overall pre test knowledge score.

Knowledge	No. of question	Min – max score	Knowledge score		
			mean	S.D	%
Total	30	0-30	16.66	6.08	75.8

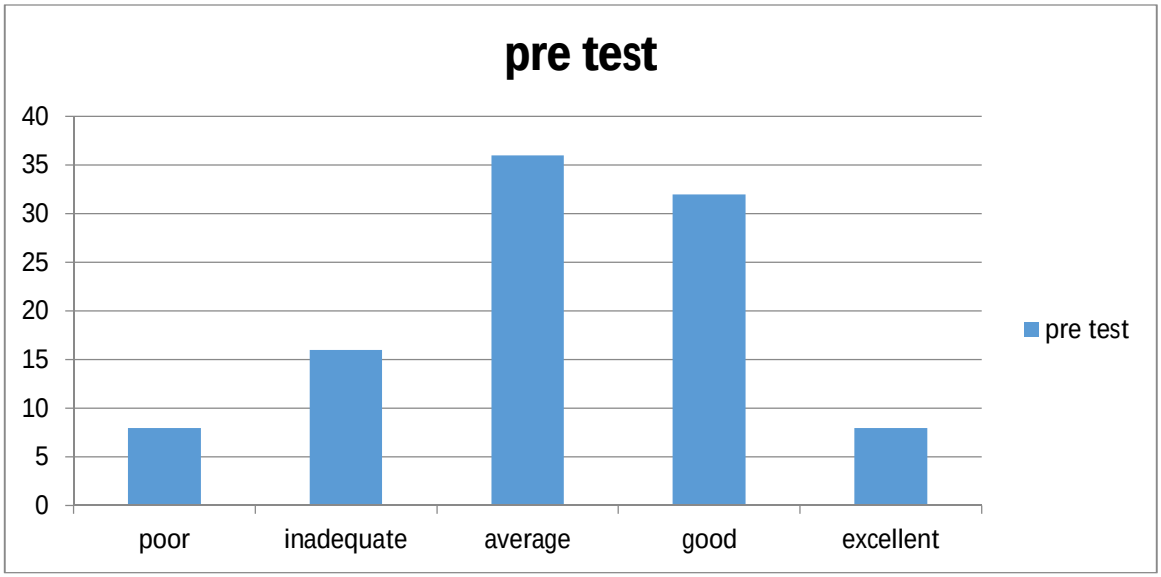
Table 2 shows the percentage of knowledge of teachers regarding the cause of teenage suicide and its solution and having average of 75.8% knowledge score.

Table 2.1 Pre test level of knowledge

Level of knowledge	No. of teachers	Percentage
Poor	4	8
Inadequate	8	16
Average	18	36
Good	16	32
Excellent	4	8
Total	50	100

Table no. 2 shows the level of knowledge of teachers regarding the cause of teenage suicide and its solution among teachers.

Graph 9



Graph 10 represents the pre test level of knowledge.

3) Section C

Data analysis related to post test knowledge regarding the cause of teenage suicide and its solutions

Table 3 Overall post test knowledge score

Knowledge	No. of question	Max – min score	Knowledge score		
			mean	S.D	%
Total	30	0-30	24.56	3.37	93.1

Table no. 3 shows the percentage of teachers regarding the cause of teachers regarding the cause of teenage suicide and its solution is 93.1%

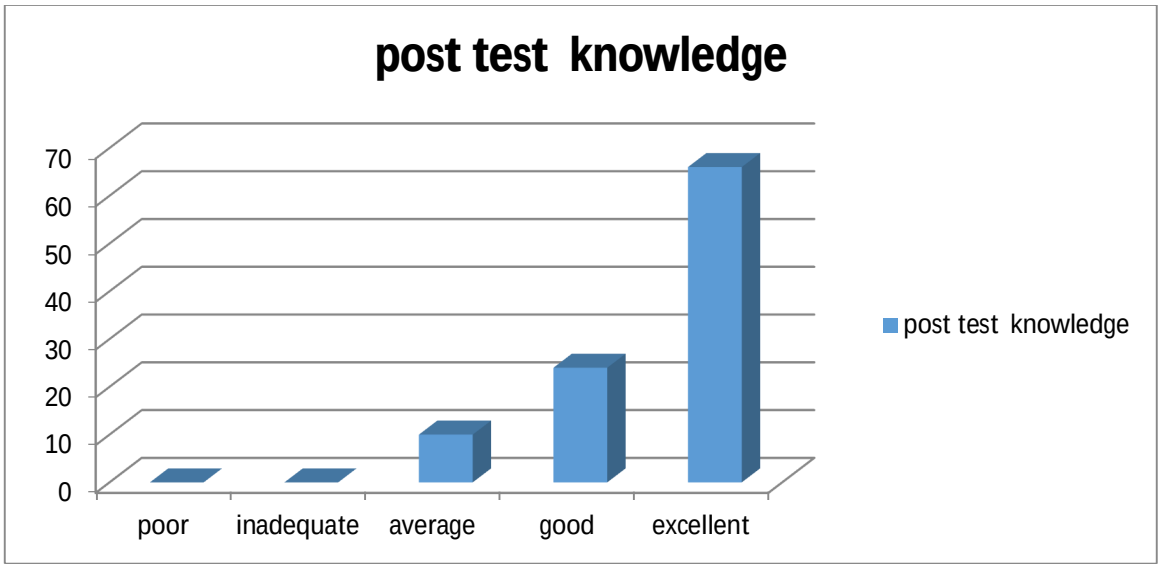
Table 3.1 Post test knowledge.

Level of knowledge	No. of teachers	Percentage
Poor	0	0
Inadequate	0	0
Average	5	10
Good	12	24
Excellent	33	66
Total	50	100

Table 3.1 shows the level of knowledge of teachers regarding the cause of teenage suicide and its solution.

©IJRASET: All Rights are Reserved | SJ Impact Factor 7.538 | ISRA Journal Impact Factor 7.894 |

Graph 10



Graph 10 represents post test level of knowledge.

4) Section D

Effectiveness of Structured teaching programme regarding the cause of teenage suicide and its solution.

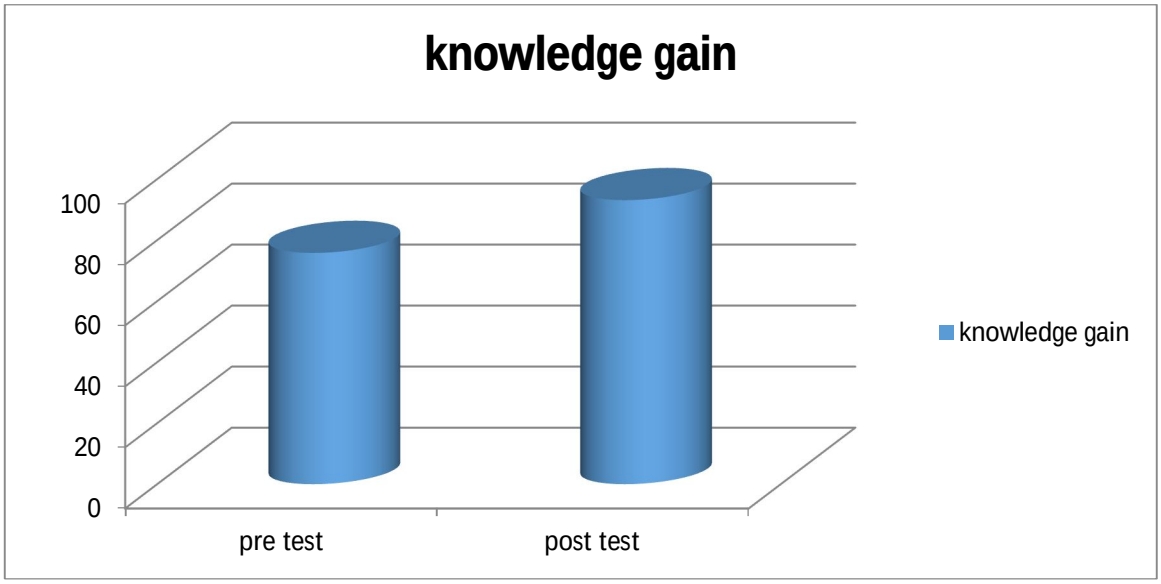
Table 4

	pretest		Post test	
knowledge	mean	S.D	Mean	S.D
	16.66	6.08	24.56	3.37

Table 4.1Percentage of knowledge before and after structured teaching programme.

	Pre test	Post test	Percentage gain
Knowledge	75.8%	93.1%	17.3%

Graph 11 Knowledge gain



5) Section –E

Co-Relation Between Pre And Post Knowledge Score

Table 5 Correlation Between Knowledge Of Pre Test And Post Test By Karl Person Correlation Coefficient.

group	mean	S.D	Karl Pearson coefficient correlation	Interpretation
Pre test	16.66	6.8	0.53	Significant Positive correlation that increase their knowledge from pre test to post test.
Post test	24.56	3.37		

Interpretation for "r" value:-

Pearson correlation coefficient is denoted by "r".

" r " always lies in between -1 to +1

0.0-0.2 poor correlation

o.2-0.4 fair correlation

0.4-0.8 moderate correlation

0.6-0.8 substantial correlation

0.8-1-0 strong correlation

Table 6Paired t test with degree of freedom

Pre test		Post test		Paired T test	Df
Mean	S.D	Mean	S.D	10.97	48
16.66	6.8	24.56	3.37		

Total calculation is 10.97, degree of freedom(df) 48 with t table 2.01, at level of significant =0.05 (5%) fixed.

So we conclude that the paired t value is highly significant means that average mean of pre test and post test value has some association.

VII. CONCLUSION

Suicide is a very crucial topic that should taken very seriously when intervening in a teen's life. Teen suicide can be triggered my many things and it is important to be able to recognize the warning signs that can lead to an attempted or successful taking of one's life. Teen's take their own lives for numerous reasons including feeling depressed and hopeless. There are several ways that you can help a teen if you feel that they are at risk at attempting suicide: call the physician, remove any harmful items from the house, and talk to them openly about their problems! Teen suicide is the third leading cause of death for adolescents in the United States. Together, hopefully, we can decrease that statistic and save lives![18]

In conclusion we all agree that teenage suicide is dangerous as it causes various types of deaths. We have suggested various ways to prevent teens from suicidal attempts. First, we must give these teens the support they require. We have seen that if we deny our teens what they require but they understand that we are denying them, they will develop depression that is very harmful. There are various healthy ways to help a stressed teen to cope with stress that includes doing exercise, family support as well as plenty of sleep. A decision to support the needy helps by offering these teens the reason to make them believe that they are required and have a good reason to live. This will help them visualize their true picture as well as their future goals as shown by Maxwell Malts (Maltz, 1960).To sum up my reviews, teen suicide ought not to be an issue to be overlooked from today and even in future. We as society need to step up and help these teens from dangers in our world. I propose that our teens require help and we should urge them to receive our help. In conclusion, I urge all parents to reach your teens and their friends so as to stop to this curse we face called suicide as human cost is incalculable.[19] A problem that people will always have to face is depression. Everyone goes through a phase of depression in their life, but it is how the person handles it that takes them to the next level toward happiness, or deeper into their depressed state. Once deeper into that state, suicide seems to come to mind. What causes them to want to end their lives, specifically teenagers? What sociological factors influence them to come to that conclusion?

Teenagers commit suicide because of influences of society, the environment that surrounds them, and the stresses of the world today. In an article by the American Foundation for Suicide Prevention, it is the eighth leading cause of all deaths in the country; third for persons aged 15 to 24. Statistics show that more than 13 of every 1000,000 teenager took their life in 1998, and that number is rising every year. In fact, suicide kills teens 3 to 6 times more than homicide. Although suicide rates over the past 40 years are relatively stable, the incidence of suicide among 15-24 years olds has tripled, while the rate among 15-19 year olds has quadrupled. The numbers of deaths by teen suicide are rising quickly, and it must be stopped.[20]

On the basis of the findings the following conclusion were made

The findings of the study revealed that antenatal mothers had inadequate knowledge and moderately favorable attitude towards teenage suicide

A. Nursing Implications

The investigator has drawn the following implication from the studies, which are of vital concern to the field of Nursing Practice, Nursing Education, Nursing administration and Nursing research.

B. Nursing Practice

The present study has revealed that health education can be effective to improve the knowledge among teachers regarding teenage suicide Nurses can inform population regarding teenage suicide. So the study carries an implication that the Community Health Nurse plays an important role in imparting knowledge regarding teenage suicide.

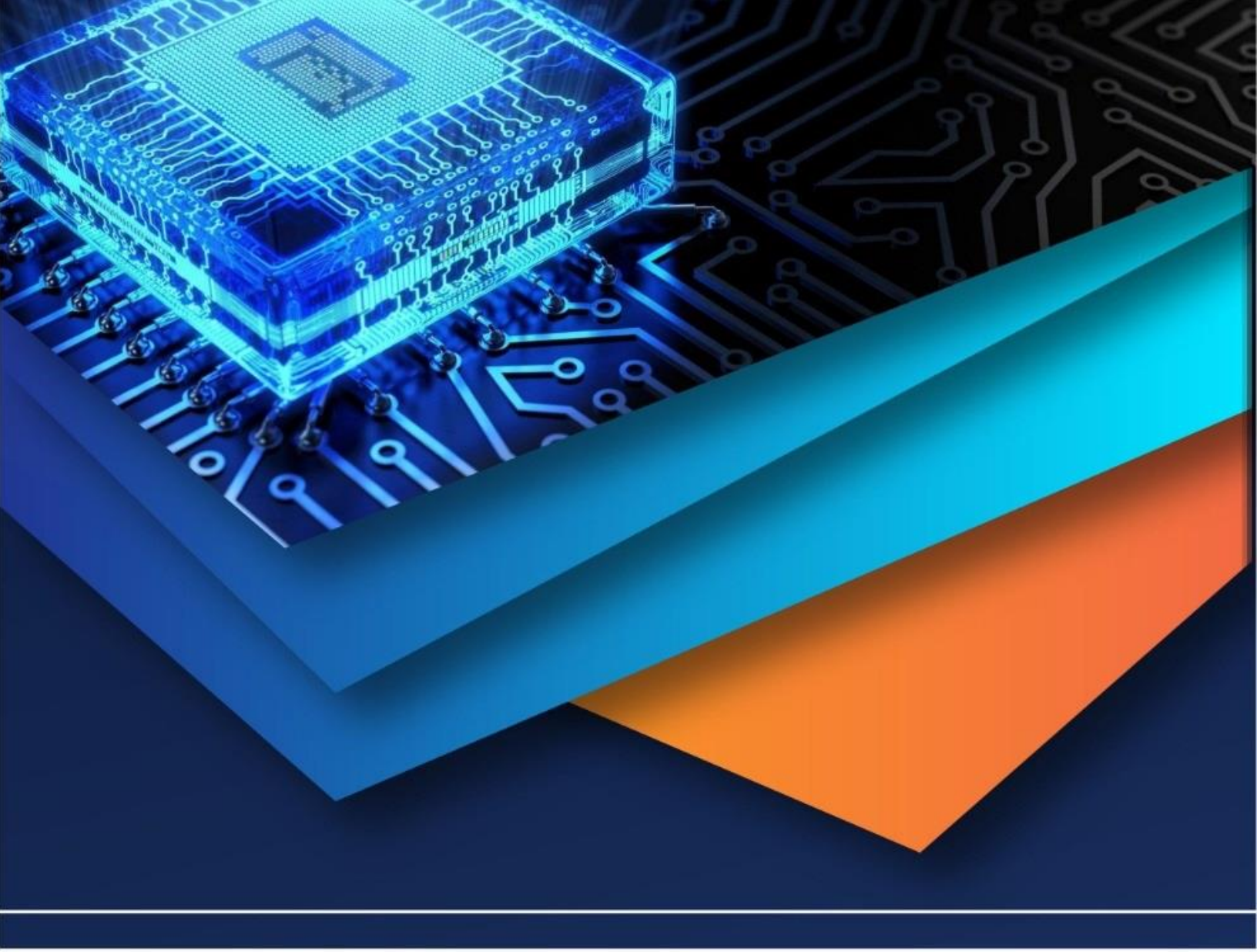
BIBLIOGRAPHY

[1] Alonso J. Why do people think suicide is the answer to their problems? 2008 Mar. Available from http://www.wikianswers.com.
[2] Ashley Charleston. Adolescent medicine. 2008 Jan. Available from http://www.musckids.com/health_library/adolescent/suicide.html.
[3] WHO. Worldwide suicide information; Figures and facts about suicide. 2004. Available from http://www.suicideandmentalheathassociationinternational.org.
[4] Gururaj G. Youths are the most vulnerable. 2008 Oct. Available from http://www.thehindu.com2008/09/10/stories/200809105947030.html.
[5] Marlow. R .Dorothy, Redding. A .Barbara. A text book of paediatric nursing. 6th ed. Saunders Elsevier Science, India; 2002. Page no.1231.
[6] Youth suicide fact sheet. 2005 Jun. Available from http://www.suicidology.org/associations/1045/files/2005youth.pdf.
[7] Park E. the influencing factors on suicide attempt among adolescents in South Korea. Taehan kanho hakhoe chi. 2008 Jun; 38(3): 465-73.
[8] Burns TM, Patton GC. Preventive interventions for youth suicide: a risk factor- based approach. Aust N2J Psychiatry.2000 Jun; 34(3): 388-407.
[9] Portzky G, VanHeeringenk. Suicide prevention in adolescents: a controlled study of the effectiveness of a school – based psycho – educational programme. J child psycho psychiatry. 2006 Sep; 47(9): 910-8.
[10] Wood GL and Haber J, Nursing research methods, critical appraisal and utilization.1st edition; St Louis: Mosby; 1990. Page no. 510.
[11] Rudatsikira E, Muula AS, Siziya S, Twa – Twa J. Suicidal ideation and associated factors among school going adolescents in Rural Uganda. BMC Psychiatry. 2008 Feb 23; 7:67.
[12] Gururaj G, Isaac MK, Subbakrishna DK, Ranjani R. Risk factors for completed suicides: a case – control study from Bangalore, India. Inj control saf promot. 2007 Sep; 11(3): 183-91.
[13] Swartz KL, Kastelic EA, Hess SG, Cox TS, Gonzales LC, Mink SP, et al. The effectiveness of a school – based adolescent depression education programme. Health educ behav. 2007 Jul 25; 84:15.
[14] Kalafat J, Elias M. An evaluation of a school – based suicide awareness intervention. Suicide life threat behav. 2006; 24(3): 224-33.
[15] Aseltine RH, DeMartino R. An outcome evaluation of the SOS suicide prevention programme. AMJ public health. 2004 Mar; 94(3): 446-51.
[16] Eggert LL, Thompson EA, Herting JR, Nocholas LJ. Reducing suicide potential among high – risk youth: tests of a school – based prevention programme. Suicide life threat behav. 2004; 25(2): 276-96.
[17] Orbach I, Bar – Joseph H. The impact of a suicide prevention programme for adolescents on suicidal tendencies, hopelessness, ego identity, and coping. Suicide life threat behav. 2003; 23(2): 120-9.
[18] Emilysearlteensuicide.weebly.com/conclusion.html
[19] Marcovitz(2004) Teen and suicide. Philadelphia: Mason Crest publishers
[20] www.studymode.com/subject/conclusion-for-teenage-suicide-page 1.html
[21] Kidshealth.org/en/parents/suicide.html.
[22] Sourander A, Klomek AB, Niemela S, et al. Childhood predictors of completed and severe suicide attempts: findings from the Finnish 1981 Birth Cohort Study. Arch Gen Psychiatry. 2009 Apr;66(4):398–406. [Pub Med]This study found that one in 20 boys with co morbid conduct and emotional disorders completed suicide or made a serious suicide attempt during adolescence or early adulthood, compared with only one in 250 boys without such problems. No predictors of suicide outcome were found among girls.
[23] Brezo J, Barker ED, Paris J, et al. Childhood trajectories of anxiousness and disruptiveness as predictors of suicide attempts. Arch Pediatr Adolesc Med. 2008 Nov;162(11):1015–1021. [PubMed]

ELECTRONIC MEDIA

[1] www.google.com
[2] www.nursing times.com
[3] www.wikipedia.com
[4] www.pubmed.com

©IJRASET: All Rights are Reserved | SJ Impact Factor 7.538 | ISRA Journal Impact Factor 7.894 |



10.22214/IJRASET

45.98

IMPACT FACTOR: 7.129

IMPACT FACTOR: 7.429

INTERNATIONAL JOURNAL FOR RESEARCH

IN APPLIED SCIENCE & ENGINEERING TECHNOLOGY

Call : 08813907089 (24*7 Support on Whatsapp)