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Effectiveness of Information Education and Communication on Knowledge Regarding Suicide and its Prevention among Adolescents in Selected Schools of Panipat

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Abstract

Background: Suicide is a problem of both public and mental health and is a leading cause of death especially among adolescents. Considering the high rates in adolescents the importance of providing information education and communication helps in promoting social integration and preventing suicide among adolescents.

Aims and Objectives: Study intended to evaluate the effectiveness of information education and communication regarding suicide and its prevention among adolescents in experimental group.

Materials and Method: Evaluative research approach was selected and true experimental research design was adopted to evaluate the effectiveness. Total sample size was 60 and in each group 30 samples were recruited through systematic random sampling technique. Structured knowledge questionnaire was developed and data was collected from the samples through self –reporting questionnaire method. The collected data were analysed by means of descriptive and inferential statistics by using SPSS (IBM Version 20).

Results: The post - test mean score among samples in experimental group was 17.23 (σ = 4.04) and in control group was 9.58 (σ = 3.24). Independent 't' test value was 8.0909 for the degree of freedom 58 and it is statistically significant at P value <0.05.

Conclusion: Evidence obtained from the current study shows improvements in adolescent's knowledge and awareness about suicide and its prevention. This programme also increased the problem-solving skills and self-efficacy as well as reductions in self-reported suicide vulnerability.

Keywords: *Suicide, Knowledge, Adolescents, Suicide Prevention.*

Introduction

The theme of world suicide prevention day 2017 is **'Take a minute, change a life'** highlights the importance of speaking up, taking the time, and listening.[1] for 2016 the theme of world suicide prevention day is **'connect, communicate & care'**.[2] these three words are at the heart of suicide prevention. Suicide is derived from the Latin word for "self- murder." It is a fatal act that represents the person's wish to die. There is a range, however, between thinking about suicide & acting it out. Some persons have ideas of suicide that they will never act on; some plan for days, weeks, or even years before acting; & others take their lives seemingly on impulse, without premeditation. Suicide also needs to be considered in terms of devastating legacy that it leaves for those who have survived a loved one's suicide, as well as the ramifications for the clinicians who cared for the decedents.[3]

Adolescent's age group is a very susceptible age group. These children are in the phase of transition & are undergoing physical, social, hormonal, psychological & behavioral changes. Any problem during this sensitive phase of these children prevents them from becoming productive & useful adult. Adolescents suffer with a feeling of loss of their childhood they leave behind, & undergo an arduous period of adjustment to the new adult identity. Faced with these feelings & lacking coping mechanism, adolescents can become overwhelmed & turn to escapist measures such as drugs, withdrawal & ultimately suicide.[4]

The rates of suicide have greatly increased among youth, & youth are now the group at highest risk in one third of the developed & developing countries. The emerging phenomenon of "cyber- suicide" in the internet era is a further cause of concern; also because the use of new method of suicide are associated with epidemic increases in overall suicide rates.[5] Childhood and adolescence are key suicide "prevention window" periods. Approximately one half of emotional and behavioural disorders that are well-defined risk factors for suicide have onset of symptoms by age 14 years.[6] Many effective programs for children and adolescents prevent or reduce the severity of these mental, emotional, and behavioural problems, according to a recent National Academy of Sciences review.[7]

Although young people are often reluctant to seek professional help research conducted in a high school setting has found that students most frequently rated the school counsellor as the most likely to be helpful when it comes to mental–health difficulties, compared to other health professionals.[8] Indeed, schools are an obvious and accepted environment for implementing suicide – prevention initiatives for young people displaying early signs of suicide risk.[9]

Materials and Method

In this research, true experimental research design was used to evaluate the effectiveness of information education and communication on knowledge regarding suicide and its prevention among adolescents. Samples were selected from the classes IX and X standards. 30 samples were selected in each group with the help of systemic random sampling method. Equal numbers of samples 15 from class IX and X standard were placed in both groups. Data were collected by means of self-reporting questionnaire followed by the pre–test and Information Education and Communication (IEC) was given with the help of AV aids like PowerPoint and LCD. Post–test data were obtained on the seventh day from the teaching. Same method was followed to collect data from control group but no IEC was given. The collected data were analysed by using descriptive and inferential statistics,

Findings of the Study

The following findings were obtained on the analysis of the collected data and the significant findings were presented here.

Table 1: Frequency distribution and percentage on level of knowledge among samples in experimental group (n = 30)

Sr. No	Level of knowledge	Pre-test score f %		Post-test score f %	
1	Low	16	53.33	0	0.00
2	Average	12	40.00	9	30.00
3	High	2	6.66	21	70.00

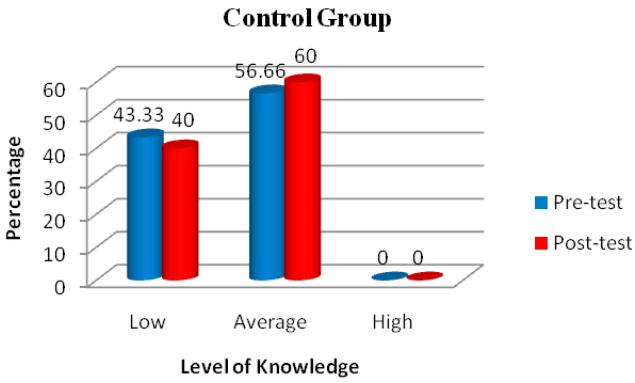

Figure 1: Cylindrical Bar Diagram Showing Frequency of percentage on level of knowledge among samples in control group

With regard to the level of knowledge among samples in experimental group, during pre–test a little above one half of the total sample 16 (53.33%) had low level of knowledge and in post–test majority of the samples 21 (70.00%) had high level of knowledge.

As given in figure 2, in control group majority of the samples 17 (56.66%) had average knowledge followed by this 13 (43.33%) had low level of knowledge. None of the samples were having good level of knowledge during pre and post - test. In post - test majority of the samples with average knowledge were 18 (60.00%) and those who were having low knowledge 12 (40.00%).

Table 2: Effectiveness of Information Education and Communication on knowledge regarding suicide and its prevention (N = 60)

S. No	Groups	Post–test Mean	Post–test Mean Difference	Standard Deviation	't' value	'P' value
1.	Experimental Group	17.23	7.65	4.04	8.909*	0.0001
2.	Control Group	9.58		3.24		

(* indicates statistically significant at 'P' value <0.05)

Table 2: shows the post–test mean score among samples in experimental group were 17.23 and standard deviation value was 4.04 and in control group the post–test mean score was 9.58 with standard deviation 3.24. the post–test mean difference was 7.65. Independent't' test value was 8.909 which was found statistically significant at the 'P' level was 0.0001.

Table 3: Level of association between post-test of knowledge of samples in control group with socio-demographic variables

S. No	Demographic Variables	Level of Knowledge		χ^2 value	'P' Value
		f	%		
1.	**Age (Years)**			7.09*	0.03
	a. 13	1	12		
	b. 14	7	7		
	c. 15	2	1		
2.	**Education status**			5.40*	0.02
	a. VIII	2	13		
	b. IX	8	7		

(* indicates statistically significant at 'P' value < 0.05)

The above table shows the level of association between post–test level of knowledge and selected demographic variables in control group. Among all the demographic variables like age, gender, birth order, education status, family pattern, father education, mother education, father's occupation, mother's occupation and family income. There was statistically significant association between post-test level of knowledge and age (χ^2 = 7.09, 'P' value = 0.03). There was also a statistically significant association between post-test level of knowledge and education status (χ^2 = 5.40, 'P' value = 0.02).

Discussion

Results of the present study were discussed based on the objectives with the supported literatures. The first objective of the study was to assess the pre-test knowledge regarding suicide & its prevention among adolescents in experimental & control groups.

With regard to an experimental group majority of samples in pre-test 16 (53.33%) had low level of knowledge. Similarly in control group majority of samples 17 (56.66%) had average level of knowledge. These findings were supported by a similar study done in Tamil Nadu by **Loganathan K (2015)** 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.[10]

The second objective of the study was to evaluate the effectiveness of information, education & communication regarding suicide & its prevention among adolescents. Independent 't' test value was estimated to find the effectiveness of IEC. It was found the 't' test score was 8.909 with the 'P' value <0.0001. these findings were similar to the following study. **Khagi Maya Pun (2019)** conducted a study to assess an effectiveness of structured teaching program and compare the level of

knowledge and attitude, between experimental and control groups before and after a structured teaching program, result shows there is no significant differences in the pre-test mean score of knowledge and attitude between experimental and control groups. Whereas, in the post-test, after structured teaching program, there is a significant difference between the experimental and control groups ($P< 0.00$).[11]

Conclusion

The study results conclude that information education and communication on improving knowledge on suicide and its prevention among adolescents has a significant effect on gaining knowledge of adolescents in the selected setting. This programme also increased the problem-solving skills and self-efficacy as well as reductions in self-reported suicide vulnerability.

Clinical Implication:

1. Nursing professionals can counsel the patients about coping strategies.
2. Nursing professionals can identify the people in crisis and can teach them.
3. Nursing professionals can look for warning signs and discuss them with patient.
4. The present study results will sensitize the nursing professionals to plan interventions to curb the problems of adolescents due to increased stressful lifestyle.

Recommendations: On the basis of the present study the following recommendations have been made for the future researchers.

1. Similar kind of study can be done with knowledge and attitude of the adolescent's students
2. Similar kind of study can be replicated with large population in different settings.
3. Similar type of study can be conducted to see the factors responsible for suicide among youth and its impact on families.

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Conflict of Interest: There are no conflicts of interest.

Ethical Clearance: Prior to collecting data, the current study was presented in the ethical committee of Ved Nursing College–Panipat. Ethical Clearance obtained from the college and Pandit B.D Sharma University of Health Sciences. Rohtak.

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