"A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING SUICIDAL CAUSATIVE TENDENCY FACTORS AND ITS PREVENTION AMONG ADOLESCENTS IN SELECTED COLLEGE AT CHENNAI".

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ABSTRACT Objective: The aim of the study was to find out the effectiveness of Structured teaching programme on knowledge regarding suicidal causative tendency factors and its prevention and associate with Demography variables among adolescents in selected college at Chennai **Methods:** An experimental Pre-test and post-test design was selected with a sample size of 40 adolescents. Pre-test was conducted and structured teaching programme was administered, after seven days post test was conducted to the same group. Pre-test and post-test effectiveness was assessed with the structured tool. The data was analysed using descriptive and inferential statistics .**Result:** There was an increased mean difference in the post-test mean score in pre-test 9.8, post-test 14.75) which was significant at $p < 0.05$. **Conclusion:** The finding of the study concluded that the structured teaching programme on knowledge regarding suicidal causative tendency factors and its prevention was effective.

Key words: structured teaching programme, knowledge, suicidal causative tendency

INTRODUCTION

Suicide is an enormous public health problem in the United States and around the world. Each year over 30,000 in the United States and approximately 1 million people worldwide die by suicide. Suicide is the tenth leading cause of death among persons of adolescence in United States.

Approximately 60% of suicide are associated with mood disorder and a past suicidal attempt is the strongest predictor of future attempt. A recent report from the institute of medicine estimated that in the United States the value of lost productivity due to suicide is 11.8 billion per year. Reports from the world health organization indicate the suicide accounts for the largest share of intentional injury burden in developed countries and that suicide projected to become an even greater contributor to the global burden of disease over the coming decades.

Langhinrichsen Rohlinget (1998) to assess the gender differences in suicidal youth by assessing how they engaged in behaviours that were defined as either life enhancing or life diminishing. The reasoning behind the study was that overly suicidal behaviour has been directly associated with a broad of other potentially self-destructive and life threatening behaviour. The results indicated that males engage in more risk taking behaviour.

In worldwide about 8, 00,000 people commit suicide in every year. The suicide rates increased from 7.9-10.3 per 1, 00,000 with higher suicide rate in southern and eastern states of India. In 2012, Tamilnadu (12.5%), Maharashtra (11.9%), west Bengal (11.0%) had the highest suicide proportion of suicides. Among large population states, Tamilnadu and Kerala had the highest suicide rates per 1, 00,000 people in 2012.

A study done by LOGARAJ etal on suicide attempts reported at medical college, hospital in Tamilnadu gives statistics that more number of reported suicidal attempts were found in the age group of 15 to 29 years (66%). This gives an impression that their personality, mental makeup is week and they are unable to face any failure in life and just want to escape from the responsibilities and the problem situation.

MATERIAL AND METHODS:

The study was conducted in Meenakshi College of nursing. The institutional ethical committee approved the study. Experimental approach with one group pre-test and post-test was adopted. The study comprised of all the BSc nursing III year students aged between 19 to 21 years, 40 students selected through a simple random sampling method. After the verbal explanation about the study written concern was taken from patient. The demography variables such as age, gender, religion, socioeconomic status, food pattern, type of your parents' marriage, type of family were assessed. Pre-test was conducted by using structured question related to knowledge on suicidal causative tendency factors and its prevention and structured teaching programme was administered, after seven days post test was conducted to the same group. The study period was two weeks. The difference between pre-test and post-test knowledge regarding suicidal causative tendency factors and its prevention was measured by using descriptive(frequency, mean , standard deviation) and inferential statistical method with significance level of $p<0.05$.

RESULT

TABLE-1: FREQUENCY AND PERCENTAGE DISTRIBUTION IN PRETEST AND POSTTEST

S.NO	LEVEL OF KNOWLEDGE	PRE TEST		POST TEST	
		n	%	n	%
1	Inadequate knowledge	4	10%	2	5%
2	Moderate knowledge	36	90%	13	32.5%
3	Adequate knowledge	0	0%	25	62.5%

N=40

TABLE-2: COMPARISON OF PRETEST AND POSTTEST MEANKNOWLEDGE   N=40

S.NO	VARIABLES	MEAN	STANDARD DIVIATION	't' VALUE
1.	Pre-test	9.8	2.143	7.07
2.	Post test	14.75	3.929	

TABLE -3: MEAN, MEAN DIFFERENCE, STANDARD DEVIATION OF DIFFERENCE BETWEEN TOTAL PRE AND POST TEST KNOWLEDGE OF SUICIDAL CAUSATIVE TENDENCY FACTORS AND ITS PREVENTION

N=40

Total mean score		Total Mean Difference	Standard Deviation Difference	't' Value	'p' Value
Pre Test	Post Test				

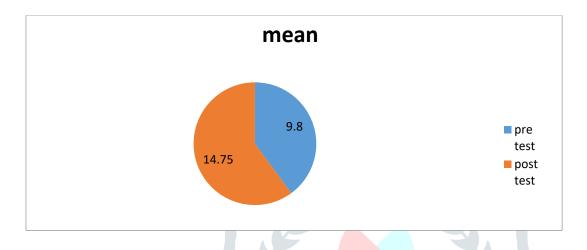| 9.8	14.75	4.95	1.786	707	00.5

TABLE- 4 ASSOCIATION OF KNOWLEDGE GAIN SCORE WITH SELECTED

DEMOGRAPHIC VARIABLES

S.NO	VARIABLES	INADEQUATE KNOWLEDEGE		MODERATE KNOWLEDEGE		AQEUATE KNOWLEDEGE		CHISQUARE
		n	%	n	%	n	%	
1.	AGE							25.889
	A) 18-19 yrs.	0	0%	1	7.69%	8	32%	(s)
	b) 20-21 yrs.	1	50%	10	76.92%	17	69%	
	c) 22-23 yrs.	1	50%	2	15.38%	0	0%	
2.	GENDER							2.0812
	a)male	1	50%	2	15.38%	3	12%	(NS)
	b)female	1	50%	11	84.61%	22	88%	
3.	RELIGION							
	a)Hindu	0	0%	9	69.23%	9	36%	
	b)Christian	2	100%	3	23.17%	14	56%	26.191
	c)Muslim	0	0%	1	7.69%	2	8%	(NS)
	d)others	0	0%	0	0%	0	0%	
4.	SCIOECONOMIC STATUS							
	a)low	0	0%	0	0%	0	0%	0
	b)middle	2	100%	13	100%	25	100%	(NS)
	c)high	0	0%	0	0%	0	0%	
5.	FOOD PATTERN							
	a)vegetarian	1	50%	0	0%	0	0%	43.167
	b)non vegetarian	1	50%	13	100%	25	100%	(S)
6.	TYPE OF PARENT 'S MARRIAGE					0.76%		11
	a)consangious	0	%	4	69.23%	7	28%	(S)
	b)non consangious	2	100%	9		18	72%	
7.	TYPE OF FAMILY							
	a)nuclear	1	50%	10	76.92%	20	80%	2.951
	b)joined	1	50%	3	23.07%	5	20%	(NS)

TABLE-4 Deals with the findings of associations of selected demographics variables with the pre-test and post-test of knowledge. The data presented in the table shows that the calculated chi square value was less than the table value. Hence there was significant association between knowledge and selected demographic variables such as age, religion, and food pattern showed significant association at p<0.05 level. There was no association between genders, socio economic status type of your parent's marriage type of family.

FIG.2: COMPARISON OF PRETEST AND POST TEST MEAN KNOWLEDGE ON SUICIDAL CAUSATIVE TENDENCY

DISCUSSION

The overall findings concluded that the mean distribution (mean score of pre-test 9.8 and post-test 14.75)the knowledge regarding suicidal causative tendency factors and its prevention was significantly higher in post-test than the pre-test. Hence the research hypothesis was accepted at 0.05 level of significance. **HASHIMOTO ET AL (2016)** was in accordance with this study there was significant improvement in post-test mean score (18.4) after giving a lecture towards suicide prevention gate keeper- training for university administrative staff in japan. **CIMINI ET AL (2014)** supported the present study findings that the effect of STP teaching programme on suicidal risk among college students was statistically significant improvement in mean score after post-test. The result is supported by **KING KA STRUNK ET AL (2011)** who revealed that there was major improvement mean score (pre-test mean 9.8 & post-test mean 14.1) after STP this shows STP was more effective towards suicidal prevention and depression programme on adolescents sucidality and self-efficacy in performing help seeking behaviours.

CONCLUSION

Suicidal persons should be made to understand that suicide is not a solution to any problem many of them have a wrong notion that suicide is an option. If one considers suicide as a choice it takes away the options & life even before a solution can be found and put into practice.
In pre-test majority of the adolescents over all knowledge regarding suicidal causative tendency factors and its prevention was inadequate. But in post-test majority of adolescents overall knowledge on suicidal causative tendency factors and its prevention was adequate. Therefore, the structured teaching programme was effective which helped the sample to gain knowledge regarding suicidal causative tendency factors and its prevention.

BIBLIOGRAPHY

REFERENCES:

1. Anthony spirit (2003), "textbook on evaluating and treating adolescent suicide attempters", second edition. California: Elsevier publications, page no: 250.
2. Dana worchel (2010), "textbook on suicide assessment and treatment", first edition. Springer's company publications. Page no: 150.
3. Robert A King (2003), "textbook on suicide in children and adolescents". First edition, Cambridge: university of Cambridge publications. Page no: 86,150.

JOURNALS:

1. Lakshmi vijayakumari, "Indian research on suicide". Indian journal of psychiatry. Volume. 52 No. 7 2010. Page no: 291-296.
2. Cimini, M.D (2014)," implementing an audience specific small group gatekeeper training programme to respond to suicide risk among college students: a case study journal of American college health: 62 (2), 92 – 100.
3. Hashimoto et al (2016), effectiveness of suicide prevention gate keeper – training for university administrative staff in japan. Psychiatry and clinical neuroscience, 70(1), 62 – 70.
4. King. K.A. Strunk et al (2011), preliminary effectiveness of surviving the teen's suicide prevention and depression awareness programme on adolescents suicidality and self-efficacy in performing help seeking behaviours. The journals of school health, 81 (9), 581 –590.
5. Robinson (2014) can an internet based intervention reduce suicidal ideation, depression and hopelessness among secondary school students. Results from a pilot study early intervention in psychiatry, 10 (1), 28 – 35.
6. Shilling et al (2014) "Signs of suicide" shows promise as a middle school suicide prevention programme. Suicide and life threatening behaviour, 44 (6), 653 – 667.