



" EFFECTIVENESS OF INFORMATION EDUCATION AND COMMUNICATION (IEC) ON KNOWLEDGE REGARDING RISK FACTORS AND PREVENTION OF SUICIDAL BEHAVIOUR AMONG ADOLESCENTS IN SELECTED PU COLLEGES AT BANGALORE."

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ABSTRACT

Background and Objectives:

The word 'suicide' has its origin in Latin, 'sui', of one self and 'caedere', to kill; the act of intentionally destroying one's life. This word "suicide" was first used by Sir Thomas Browne an English Physician and philosopher in 1642 in his book "Relegio Media". Brent, Bridge, Johnson et al. (1996) Stated that Suicidal ideation among adolescents have a unique cause because of developmental transitions that occur in adolescents including changes in family relationships, peer contexts and increased opportunities for alcohol and drug use. Moreover, studies suggest that suicidal behaviour is associated with depression and impulsive aggression. 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 mechanisms, adolescents can become overwhelmed & turn to escapist measures such as drugs, withdrawal & ultimately suicide.

Objectives:

1. To assess the existing level of knowledge of the adolescents regarding risk factors and prevention of suicidal behavior by Structured Knowledge Questionnaire.
2. To evaluate the effectiveness of Information Education and Communication (IEC) on knowledge regarding risk factors and prevention of suicidal behavior among adolescents by comparing pre-test and post-test scores.
3. To find out the association between the level of Knowledge of adolescents on risk factors and prevention of

suicidal behavior with their selected Socio-demographic variables.

Method:

Pre-Experimental design with one group pre- test and post-test design- experimental one group pre-test post-test design will be adopted to evaluate the effectiveness of Information Education and Communication (IEC) on knowledge regarding risk factors and prevention of suicidal behaviour among 100 adolescents by comparing pre-test and post-test scores through Non-probability convenient sampling technique.

Results:

The majority 62% of the adolescents had inadequate knowledge and 38% had moderate knowledge in the pretest. After administration of Information Education and Communication (IEC) majority 49% of the subjects had adequate knowledge and 51% had moderate knowledge regarding the Risk Factors and Prevention of Suicidal Behaviour in the post test

The mean knowledge scores of respondents were found to be 20.49 (51.22%) with standard deviation of 4.974, which indicates that adolescents have moderate knowledge regarding Risk Factors and Prevention of Suicidal Behaviour in the pretest. After administration of Information Education and Communication (IEC) the mean knowledge scores of respondents were found to be 30.91 (77.27%) with standard deviation 4.820, which shows the improvement of the knowledge of adolescents regarding Risk Factors and Prevention of Suicidal Behaviour in the post test.

Interpretation and Conclusion:

There is improvement in the knowledge level of adolescents regarding Risk Factors and Prevention of Suicidal Behaviour after administration of Information Education and Communication (IEC) and concludes the effectiveness of IEC and also There is a significant association between knowledge level of the adolescents and selected variables

CHAPTER - I INTRODUCTION

"Say something positive, and you'll see something positive." —Jim Thompson

Suicide is both a public and mental health problem, and is a leading cause of deaths, especially among adolescents. Suicide is the second leading cause of death for ages 10 to 24 years.¹ World health organization noted that someone commits suicide every 39 seconds, making it one of the leading causes of death in the world. Every year almost one million people die from suicide. About 8, 00,000 people commit suicide worldwide every year out of these 1, 35,000 are residents of India.²

The typical adolescent can experience rapid mood shifts, contempt for authority, and disrespect for parents, grandiose self-confidence, changing ideas or beliefs, and indifference. These shifting states make it especially difficult to differentiate between "normal" and pathologic states in this age group.³ Developmentally, a socio-cognitive maturation also occurs during puberty that permits more mature feelings of despair, self-hate, blame, and hopelessness, as well as the means to act on those feelings in the form of suicide.⁴ Depressive disorders are prevalent and serious in children and adolescents, often causing substantial difficulties in social, personal, family and academic functioning. Increased depressive symptoms are one of the most prevalent mental health problems among adolescents.⁵

Among the non-communicable diseases, suicide is the ultimate mental health crisis and has devastating consequences for the family and the community. While risk of suicide is unique to the individual person, it is possible to recognize some warning signs and symptoms so that it should be possible to access treatment before a suicide attempt. It has been estimated that up to 75% of suicide victims display some warning signs or symptoms. Compared to the cost of prevention of communicable diseases, prevention of suicide is least expensive and definitely preventable.⁶

The word 'suicide' has its origin in Latin, 'sui', of one self and 'caedere', to kill; the act of intentionally destroying one's life. This word "suicide" was first used by Sir Thomas Browne an English Physician and philosopher in 1642 in his book "Releglo Media". Brent, Bridge, Johnson et al. (1996) Stated that Suicidal ideation among adolescents have a unique etiology because of developmental transitions that occur in adolescents including changes in family relationships, peer contexts and increased opportunities for alcohol and drug use. Moreover, studies suggest that suicidal behavior is associated with depression and impulsive aggression⁷.

The times of India on July 17th, 2017, published "Approximately half of India's 1.2 billion people are under the age of 26 years, and by 2030 we are forecast to be the youngest country in the world with a medium age of 29 years. Unfortunately, India has the highest suicide rate in the world among the youth standing at 3.5-5 per 100,000 people. The reason for such high number can be attributed to lack of economic, social and emotional resources. More specifically, academic pressures, work place stress, social pressures, modernization of urban centers, relationship concerns, and the breakdown of support systems".⁸ The

National strategy for suicide prevention (NSSP) expands the paradigm for suicide prevention by including a strategic direction aimed at promoting the general health of broad population to reduce the risk for suicidal behaviors and related problems such as substance abuse, depression, etc. Suicide is a global public health concern. It is the second leading cause of death among 15 to 29 years old. Suicide ideation often emerges in adolescence and is prevalent among this age group. With the help of leaders, teachers as mentors can play an effective role in the prevention of suicide among children and young adults.⁸

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 mechanisms, adolescents can become overwhelmed & turn to escapist measures such as drugs, withdrawal & ultimately suicide.⁹

NEED FOR THE STUDY:

Suicide is considered a major public health problem around the world as well as personal tragedy. Adolescence is a stage of exploration and often and it stressful to cope up with the environment; it is therefore required to give more stress on health of the adolescents as researchers have shown that adolescence is among the risk population in terms of suicide.¹⁰

Knowledge of risk factors for suicide and screening can help in identifying the at-risk person. However, those positive during screening for risk factors should be followed by a more thorough risk assessment. Many preventive measures are present among which educational programs are more effective in preventing suicidal behavior.¹¹

School as an institution that exposes children to frequent contact with caring adults, has a unique role to play in suicide prevention. The school setting offers a significant opportunity to keep children safe from self-harm, not just by identifying warning signs and intervening when attempts occur, but by establishing positive school environments and providing programs and resources that are responsive to student's personal and social emotional needs.⁶

Skill training programs have recently emerged as a method of suicide Prevention. The programs emphasize the development of problem solving, coping and cognitive skills, based on the research indicating that suicidal youth have deficits in these areas. By providing youths with these skills, it is hoped that they will learn how to handle problems and identify when they need help, rather than engaging in self-harm and suicide attempts. The skills

training programs are often included in general health curriculum or as part of a larger prevention program. High expectations from parents, much beyond the aptitude and capability of the child also proves to be fatal. Police records state that there has been a sharp increase in teen suicide cases. Improper balance of handling pressure amongst the adolescents has also been cited a major factor. "Emotional isolation develops suicidal tendencies in a person." The pressure that initially starts from stress, grow into a frustration and in extreme conditions turn into depression, prompting the youngsters, sometimes to initiate extreme step to end their lives¹² Psychiatric nurses particularly nurse working in the field can prevent adolescent suicide by training of teachers, school management and student services personnel from their catchment area. Preventive efforts have included: training and enhance the capacity of the teacher to identify, intervene and refer students who need help also incorporating and coordinating educational programs which teach conflict resolution, decision making, stress management and other skills including the issues of death, grief and suicide, conducting parent awareness groups; liaison and developing links with community resource agencies; finally development of school policy and procedure documents on youth suicide. Mental health nursing departments should also conduct researches to develop different preventive methods of adolescent suicide and their effectiveness. Risk factors that may contribute to thoughts of suicide, attempted suicide and actual suicide includes previous suicide attempts, substance abuse, incarceration, family history of suicide, lack of social support, history of being abused like (emotional, physical, sexual abuse) or witnessing continuous abuse, psychological disorder, being diagnosed with a serious medical condition, such as cancer or HIV, being socially isolated or a victim of bullying, being exposed to suicidal behavior, cultural and religious beliefs, barriers to accessing services, struggling with sexual orientation¹³

Considering these facts, the successful implementation of technologies in the classroom largely depends on the knowledge and attitude of teachers regarding the use of Information Education and Communication (IEC) on knowledge regarding risk factors and prevention of suicidal behavior. Therefore, it is essential to focus on adolescents' perception on the effectiveness of Information Education and Communication among students studying in pre-university colleges.

From the above information and review the researcher felt that adolescent's students need school-based awareness programme which will help them to enhance their knowledge. Hence the study was undertaken a study to evaluate the Effectiveness of Information Education and Communication (IEC) on Knowledge Regarding Risk Factors and Prevention of Suicidal Behavior among Adolescents in selected PU Colleges at Bangalore.

CHAPTER – II OBJECTIVES

This chapter deals with statement of the problem objectives of the study, assumptions to meet the objectives, hypothesis, and limitations of the study, operational definitions and conceptual framework which provides a frame of reference.

STATEMENT OF PROBLEM:

“A Study to Evaluate the Effectiveness of Information Education and Communication (IEC) on Knowledge Regarding Risk Factors and Prevention of Suicidal Behaviour Among Adolescents in Selected PU Colleges at Bangalore”

OBJECTIVES OF THE STUDY:

1. To assess the existing level of knowledge of the adolescents regarding risk factors and prevention of suicidal behavior by Structured Knowledge Questionnaire.
2. To evaluate the effectiveness of Information Education and Communication (IEC) on knowledge regarding risk factors and prevention of suicidal behavior among adolescents by comparing pre-test and post-test scores.
3. To find out the association between the level of Knowledge of adolescents on risk factors and prevention of suicidal behavior with their selected Socio-demographic variables.

OPERATIONAL DEFINITIONS:

- **Effectiveness:**

In this study, effectiveness refers to the extent to which Information Education and Communication (IEC) will enhance the level of knowledge of adolescents regarding Risk Factors and Prevention of Suicidal Behavior in terms of differences in pre-test and post-test score measured by structured knowledge questionnaire.

- **Knowledge:**

In this study, it refers to responses given to questions ask by the investigator provided in structured knowledge questionnaire on Risk Factors and Prevention of Suicidal Behavior

- **Information Education and Communication (IEC):** In this study IEC approach activities include designing and producing the materials to support activities changing or reinforcing health-related behaviors among adolescents in selected PU colleges concerning on Risk Factors and Prevention of Suicidal Behavior within a pre-defined period of time, through communication methods and principles of education.

- **Suicidal behavior:** In this study, Suicidal behavior refers to the characteristics caused by self-directed, harmful behavior with the intent to die with a suicide attempt is a non-fatal, self-directed, potentially harmful behavior with intent to die as well as suicidal ideation refers to thinking about, considering or planning suicide.

- **Adolescents:** In this study, it refers to a young person who is between the ages of about 13 and 17 and studying in selected PU colleges.

- **Selected PU colleges:** In this study, it refers a public/private higher secondary school which offer programs to those of the 11th and 12th grades in higher secondary schools.

ASSUMPTIONS:

The investigator assumes that –

1. Adolescents may have some basic knowledge regarding risk factors and prevention of suicidal behavior.
2. Assessing the adolescent's knowledge regarding risk factors and prevention of suicidal behavior will help them in handling the crisis and emotional situations efficiently.

H1: There will be significant difference between pre-test and post-test knowledge scores after administration of Information Education and Communication (IEC) regarding risk factor and prevention of suicidal behavior among adolescents.

LIMITATIONS:

The study is delimited to only,

- The study is delimited to only the adolescents in selected PU colleges at Bangalore.
- The sample size of 100 Among Adolescents in Selected PU Colleges at Bangalore.

CONCEPTUAL FRAME WORK

The conceptual framework is a global idea about concept in relation to specific discipline i.e., it is a visual diagram by which the researcher explains the specific area of interest. It is overall printing of a study. The overall purpose is to make research findings meaningful and generalizable.²²

The conceptual framework for this study was derived from — Modified J.W. Kenny's Open System Model (1990) interrelated parts in which parts have a function and system as a whole has its own function:- all living systems are open system in which

there is a continuous exchange of matter, energy and information provides input for the system. The system transforms the input in the process known as output. When output is returned into the system as input the process known as feedback. All living system are open in that there is continually exchange of matter, energy

and information with environment from which the system receives input and gives output in the form of matter energy and information.²²

Input

Input is the entry of Knowledge Regarding Risk Factors and Prevention of Suicidal behavior among Adolescents in Selected PU Colleges must be assessed prior to the beginning of the programme.

Throughput

Throughput or the process focus primarily up on actual delivery of the programme.

Output

The information is continuously processed through system and released as output in an altered state. Output usually focuses upon the learning outcome of the participants. Nurses play an important role in helping the PU students to improve their knowledge Regarding Risk Factors and Prevention of Suicidal behavior Among Adolescents and to evaluate the effectiveness of structured teaching programme. Input is assessed by knowledge level of the PU students through the structured questionnaire. Through put was the transformation process which is obtained by delivery of structured teaching programme. Output is assessed through the posttest using same questionnaire.



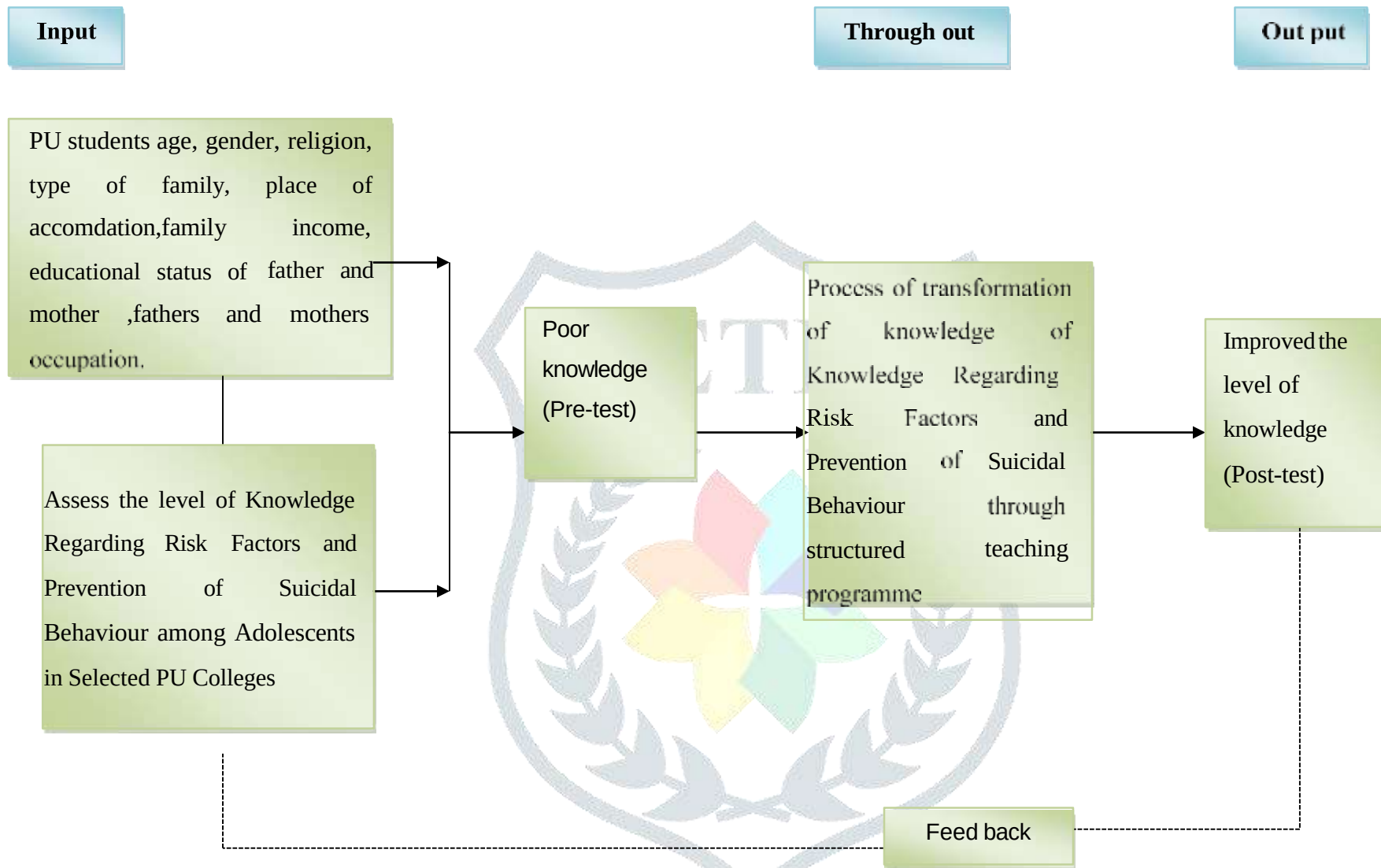


Figure. 1 Conceptual Frame Work based on Modified J.W. Kenny's open System Model

CHAPTER – III REIVEW OF LITERATURE

"Many of life's failures are people who did not realize how close they were to success when they gave up."—Thomas A. Edison

Review of literature is a key step. It is comprehensive and covers all relevant research and supporting documents in print. It refers to an extensive, exhaustive and systematic examination of publications relevant to the research.

Review of literature is a systematic identification, location, scrutiny and summery of written materials that contain information on research and the problem⁹

The researcher presents the review of literature, which helps to study the problem in depth. It also serves as a valuable guide to understand what has been done and what is still unknown and untested¹⁰. In John Best's view "It is brief summary of previous research and the writing of recognized experts provides evidence that the researcher is familiar with what is already known and what still untested."¹¹

An in depth study of any subject involves a systematic review and appraisal of all the relevant scholarly literature on the specific topic. Keeping this in mind, the investigator utilized the available resources such as books, journals, newsletters, reports, websites etc. on the subject matter, so as to gain deeper insight and comprehension of the problem under study.

The literature reviews related to research studies are presented below:

A study was this study is to assess the effectiveness of structured teaching programmed on suicide prevention among adolescents in selected higher secondary schools in Krishna District, Andhra Pradesh. Systematic random sampling method was adapted to select sample of 250 adolescents. The data collection was done through self-administered structured knowledge questionnaire. Data obtained was tabulated and analyzed in terms of objectives of the study using descriptive and inferential statistics. The data showed that in pre-test, majority 199(79.6%) had inadequate knowledge, 49(19.6%) had moderate knowledge and 2(0.8%) had adequate knowledge with mean score value 5.0960. After STP, 4(1.6%) had inadequate knowledge, 61(24.4%) had moderate knowledge and majority 185(74.0%) had adequate knowledge. There was significant gain in knowledge on suicide prevention at $p < 0.001$ level. There was statistically significant association with their demographic variables such as gender, geographical background, education of father, medium of education, father's occupation, mother's occupation, class of study, have you heard about suicide and its prevention and if 'yes' what is the source of the information. The study concluded that there was also need for more research on treatment of repeated self-harm and in prevention of self-harm and suicide in children and adolescents¹⁴

A study examined to evaluate the effectiveness of information education and communication regarding suicide and its prevention among adolescents in experimental group. With 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 analyzed by means of descriptive and inferential statistics by using SPSS (IBM Version 20), and the results showed that the post-test mean score among samples in experimental group was 17.23 ($\sigma = 4.04$) and in control group was 9.58 ($\sigma = 3.24$). Independent 't' test value was 8.0909 for the degree of freedom 58 and it is statistically significant at P value and the study concluded that 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

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A Study was conducted to Assess the Effectiveness of Structured Teaching Programme on the Preventive Measures of Suicidal Ideation among the Adolescents in selected Higher Secondary Schools of Mehsana District with a quantitative approach using pre-experimental pre-test post-test design with one group and the participants are 100 Adolescents Higher secondary school were selected using Non-Probability Convenient sampling technique in Mehsana District. With the interventions structured teaching was given to the Adolescents. By using a tool on Self-Structured Knowledge Questionnaire was used to assess the level of Knowledge among Adolescents. The results in this study revealed that overall the highest percentage in the demographic data including the Age group 91% (16-17 year), Gender 50% (Female) And 50% (Male), Religion 90% (Hindu), Father Education status, 33% in secondary education, Mother Education primary education (35%), Standard of study, 50%

in 11th and 50% in 12th standard, Stream 58% (Arts), Type of family 83% (Joint family), Monthly income 47 % belongs to (Above 15000 Rs.), Area of residence (51%) Urban, 73% adolescent have previous knowledge regarding suicidal ideation, Academic performance 84% belongs to good categories, (The post-test Knowledge mean and SD score (16.74 ± 4.41) was higher than the mean pre- test Knowledge score (12.16 ± 4.16). The calculated 't' value (42.64) was greater than the table value (1.98) at 0.05 level of significance. The Structured teaching Programme was effective in increasing the Knowledge of preventive measure of suicidal ideation among Adolescents. Chi-square test is used to associate the level of knowledge of pre-test with their selected demographic variable. To conclude, the findings of the study revealed that structured teaching programme helps in improving Knowledge regarding preventive measure of suicidal ideation among Adolescents.¹⁶

An experimental study was conducted to assess the effectiveness of structured teaching programme on knowledge regarding risk factor and prevention of suicidal behavior among adolescents at selected schools of Batala. One group pretest – posttest research design was used. Total 60 adolescents were conveniently selected from Baring Union Collegiate Senior secondary school & Guru Nanak Dev Academy District Gurdaspur. The tool used for data collection was Socio demographic data and self-structured questionnaire regarding risk factors and prevention of suicidal behavior among adolescents. Findings regarding knowledge of risk factors and prevention of suicidal behavior among adolescents showed that in pretest, maximum subjects (83.3%) had average knowledge, least (16.7 %) had poor knowledge and in post- test maximum subjects had average knowledge followed by good (46.7 %) and no one had poor knowledge. Posttest knowledge mean and SD score value (16.13 ± 2.473) was higher than the Pretest knowledge mean and SD score value (10.62 ± 2.001), Hence it can conclude that Structured Teaching Programme was effective. The association between post-test knowledge score of adolescents and their demographic variables such as gender and occupation of mother was found to be statistically significant whereas other variables were non-significant.¹⁷

This study was conducted to assess and provide knowledge regarding prevention of suicide among adolescents. A quasi experimental, non- randomized control group research design was used to conduct study on 60 adolescents (30 in experimental and 30 in control group) by using convenient sampling method of non-probability sampling technique. Tool included socio demographic data and structured questionnaire for assessing the knowledge regarding prevention of suicide among adolescents. Two schools were assigned to experimental and control group. Data was collected from 60 adolescents by using structured questionnaire. The result showed that majority of the adolescents had below average level of knowledge in pretest in experimental group (77%) and in control group (80%). Majority (73%) adolescents of experimental group had good level of knowledge in posttest and (77%) adolescents of control group had below average knowledge. Findings revealed that mean posttest value (22.57) was higher in experimental group than in control group (13.60). Finding of the study showed that the posttest mean knowledge score of adolescents regarding prevention of suicide of experimental group was higher than the posttest mean knowledge score of control group at $p < 0.05$ level.

The formulated hypothesis H1 was retained at $p < 0.05$. Hence, it concluded that structured teaching programme regarding prevention of suicide had impact on increasing the knowledge of adolescent girls.¹⁸

A research was conducted to evaluate the effectiveness of structured teaching programme on risk factors and preventive measures for suicidal behavior among adolescents. Methods: An evaluative approach with pre- experimental one group pre-test post-test design was used for the study to accomplish the objectives. The researcher himself developed a structured teaching program and self-structured questionnaire on risk factors and preventive measures for suicidal behavior. Reliability of the tool ($r = 0.902$) was tested by split-half technique. A sample of 50 adolescents was selected by multi- stage random sampling technique. The data collected before and after the administration of STP were analyzed using descriptive and inferential statistics. The results revealed that Assessment of pre- test knowledge revealed that majority (92%) of the respondents had an average knowledge on risk factors and preventive measures for suicidal behavior.

The total mean percentage of the pre- test knowledge score was 45.78% with mean and SD 16.48 ± 2.73 and the mean percentage of post-test knowledge score was 83% with mean and SD 29.88 ± 2.24 . Significance of difference between the pre- test and post-test knowledge scores was statistically tested using paired „t“ test and it was found to be highly significant [$t = 32.9173$, $p < 0.05$]. The overall findings of the study revealed that there was highly significant increase in the knowledge of adolescents on risk factors and preventive measures for suicidal behavior after the administration of structured teaching program. Hence it is concluded that the structured teaching program was highly effective in improving the knowledge of adolescents.¹⁹

The present study was performed to assess the effectiveness of school- based teaching programs on knowledge regarding the recognition and management of adolescent's suicidal behavior among school teachers. a quantitative research approach with a pre-experimental (one group pre-test and post-test) research design was adopted. The study was conducted at Government schools of East Sikkim among 80 secondary school teachers. The samples were assigned through the purposive sampling technique. A pre-designed knowledge questionnaire was used to assess the knowledge of schoolteachers. A pretest was conducted during the first week of data collection, which was followed by a school-based teaching program regarding recognition and management of adolescents' suicidal behavior on the second week. A post-test was conducted during the fourth week using the same pre-designed knowledge questionnaire. Data analysis was done using the SPSS version 25 applying descriptive and inferential statistical methods. Results the study findings revealed that in pre-test knowledge score, 5% had good knowledge, whereas in post-test, score 50% had good knowledge regarding recognition and management of adolescent's suicidal behavior. The mean score during the pretest was 12.78, 2.87 and the mean score during the post-test was 16.44, 2.50. The computed paired “t” value (11.9) was higher than the tabled value ($t_{79} \frac{1}{4} 1.99$; $p < 0.05$). An association was found between pre-test knowledge score regarding recognition and management of adolescent's suicidal behavior with gender, religion, and years of working experience at $p < 0.05$ level.²⁰

A study was conducted to evaluate the effectiveness of information education and communication regarding suicide and its prevention among adolescents in experimental group. 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. Results showed that post - test mean score among samples in experimental group was 17.23 ($\sigma = 4.04$) and in control group was 9.58 ($\sigma = 3.24$). Independent ‘t’ test value was 8.0909 for the degree of freedom 58 and it is statistically significant at P value.²⁴

The Quantitative evaluative approach with pre- experimental one group pre test and post test design

was used in the study to determine the effectiveness of structured teaching programme on knowledge regarding Risk factors and Prevention of Suicidal Behaviour among Adolescents. Systematic purposive sampling technique was used to select the samples, and data were collected from 60 adolescents of AVK College, Bangalore. The paired 't' test value is 7.35 which is significantly higher than the table value of 2.0009 at $p=0.05$ level. Thus the structured teaching programme is effective in improving the knowledge regarding Risk factors and Preventive measures for Suicidal Behavior among Adolescents. The results of the tests conducted using chi-square tests show that the significant association between the levels of knowledge of the adolescent with their selected demographic variables with sex ($\chi^2 = 0.886$), Monthly income of family ($\chi^2 = 10.69$) were statistically significant and there no significant association between other variables like age, education of mother, occupation of family, type of family, has any family member/ friend attempted or committed suicide, History of mental illness in your family and Source of information. There is a significant increase in knowledge score of adolescents after structured teaching programme. Therefore, it is concluded that the structured teaching programme is highly effective in increasing the knowledge of adolescents on Risk factors and Preventive measures for Suicidal Behavior.²⁵ A study was conducted 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. 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 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 behavior and the selected demographic variables at $p < 0.05$ level. Involved. The study concluded that the structured teaching programme was effective among adolescents to improve the knowledge regarding risk factors and prevention of suicidal behavior.²⁶

A cross-sectional study was conducted to analyse the awareness level and existing knowledge gap about suicide prevention among college students by qualitative research design and purposive sampling was used to collect the data. The findings helped to identify the knowledge gaps with regard to young adult suicide prevention, and a brochure was prepared to address the same. It's conceded that the development of young adult suicide prevention IEC resources pertinent to Indian settings is crucial. To bridge the knowledge gap on suicide prevention among college students and raise awareness.²⁷

A study was conducted to assess the existing knowledge regarding risk factors and prevention of suicidal behavior among adolescents and to evaluate the effectiveness of Structured Teaching Program on the knowledge regarding risk factors and prevention of suicidal behavior among adolescents by

comparing pretest and posttest. And also to determine the association between pre-test knowledge scores regarding risk factors and prevention of suicidal behavior among adolescents with selected demographic variables. purposive sampling technique was used to select the samples. The results showed that there was significant difference between the pretest and posttest knowledge scores regarding risk factor and

prevention of suicidal behavior among adolescents. The paired t-test value =9.046 at df (39) was greater than the table value at 0.05 level of significance ,With a significant enhancement in mean (19.03%)and SD (2.3) percentage.. So the results are concluded that structured teaching programme has a significant effect on the improvement of Knowledge regarding risk factor and prevention of suicidal behavior among adolescents. Conclusion: The results of the study show that, developed adequate knowledge after the structured teaching programme.²⁸

An experimental study was conducted to assess the effectiveness of structured teaching programme on knowledge regarding risk factor and prevention of suicidal behavior among adolescents at selected schools of Batala. One group pretest – posttest research design was used. Total 60 adolescents were conveniently selected from Baring Union Collegiate Senior secondary school & Guru Nanak Dev Academy District Gurdaspur. Findings regarding knowledge of risk factors and prevention of suicidal behavior among adolescents showed that in pretest, maximum subjects (83.3%) had average knowledge, least (16.7 %) had poor knowledge and in post-test maximum subjects had average knowledge followed by good (46.7 %) and no one had poor knowledge. Posttest knowledge mean and SD score value (16.13 ± 2.473) was higher than the Pretest knowledge mean and SD score value (10.62 ± 2.001) , Hence it can concluded that Structured Teaching Programme was effective. The association between post-test knowledge score of adolescents and their demographic variables such as gender and occupation of mother was found to be statistically significant whereas other variables were non-significant.²⁹

A quantitative approach using pre-experimental pre-test post-test design with one group study was conducted among 100 Adolescents Higher secondary school were selected using Non-Probability Convenient sampling technique in Mehsana District. In this study overall the highest percentage in the demographic data including the Age group 91% (16-17 year), Gender 50% (Female) And 50% (Male), Religion 90 % (Hindu), Father Education status, 33% in secondary education, Mother Education primary education (35%), Standard of study,50% in 11th and 50% in 12th standard ,Stream 58% (Arts), Type of family 83%(Joint family),Monthly income 47 % belongs to (Above 15000 Rs.), Area of residence (51%) Urban, 73% adolescent have previous knowledge regarding suicidal ideation, Academic performance 84% belongs to good categories, (The post- test Knowledge mean and SD score (16.74 ± 4.41) was higher than the mean pre-test Knowledge score (12.16 ± 4.16). The calculated ‘t’ value (42.64) was greater than the table value (1.98) at 0.05 level of significance. The Structured teaching Programme was effective in increasing the Knowledge of preventive measure of suicidal ideation among Adolescents. Chi-square test is used to associate the level of knowledge of pre-test with their selected demographic variable. The findings of the study revealed that

structured teaching programme helps in improving Knowledge regarding preventive measure of suicidal ideation among Adolescents.³⁰

The study aims to evaluate the understanding of risk factors and preventive measures related to suicidal behavior among adolescent girls and boys aged 16–19 and to compare the knowledge of these aspects between adolescent girls and boys. The study was comparative in nature having 126 adolescent girls and boys (63 boys and 63 girls). The adolescent girls and boys were selected by random sampling technique. Based on the study’s findings, it can be concluded that both adolescent boys (87.10%) and girls (93.85%) possessed moderate knowledge about the risk factors, and 93.85% of boys and 80.65% of girls had knowledge about preventive measures. The results indicate that adolescent boys exhibited a higher level of knowledge regarding both risk factors and preventive measures for suicidal behavior compared to girls. No statistically significant relationship was found with the demographic variables (age, gender, education, family income per month, family type, size of family, marital status of parents, source of information, and family history of suicide).³¹

A study was conducted to overview of the most important risk factors affecting young people during the

latter part of childhood and adolescents and advancement in preventive and interventions. Review study is processed through scoping previous literature PubMed, CrossRef, Google Scholar, and PMC free articles ranging from 2010 to 2022. The overviewed evidences on suicidal risk among young youth\adolescents abled the researchers of this study

to conceptualize and get insightful information's suicidal risk amongst youth\adolescents in different perspectives, taking a background of socio- cultural, gender, age, mental disorders, personality traits, incidence of earlier suicide attempts, familial relationships, genetic, and neuropsychological factors which together produce an intolerable psychosocial distress in youth/adolescents that lead to suicidal behaviours. Further, analysis intellectualized with advancement in prevention and intervention that are helpful in reducing suicidal behaviours in this vulnerable group. It is only by straightening out the information and understanding suicidal behaviours with multifaceted interchangeable factors and walk hand in hand with advancement in prevention and interventions strategies that would reduce this behavioural malaise.³²

A study was conducted to analyse the psychological network structure of suicidal behaviour and putative risk and protective factors in school-aged adolescents. Stratified random cluster sampling was performed. The final sample comprised 1790 students (53.7% female, M = 15.7 years, SD = 1.26). Instruments were administered to assess suicidal behaviour, emotional and behavioural difficulties, prosaically behaviour, subjective well-being, self- esteem, depressive symptomatology, academic performance, socio-economic status, school engagement, bullying, and cyberbullying. Results showed that the estimated psychological network, the node with the highest strength was depressive symptomatology, and that with the highest expected influence value was bullying. Suicidal behaviour was positively connected to symptoms of depression and behavioural problems. In addition, suicidal behaviour was negatively connected to self-esteem and personal well-being. The results of the stability analysis indicated that the network was accurately estimated. Conclusions: Suicidal behaviour can be conceptualised as a dynamic, complex system of cognitive, emotional, and affective characteristics. New psychological models allow us to analyse and understand human behaviour from a new perspective, suggesting new forms of conceptualisation, evaluation, intervention, and prevention.³³

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 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 posttest, 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 posttest 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. The study concluded that the structured teaching programme was effective among adolescents to improve the knowledge regarding risk factors and prevention of suicidal behaviour.³⁴

A study was conducted to analyse the available literature on current approaches that have demonstrated their efficacy in reducing suicidal behavior in adolescents. They analyzed the works presented in the PubMed, MEDLINE, and Web of Science electronic databases. Descriptive analysis was used to generalize the data obtained. The article discusses preventive approaches to suicidal behavior in

adolescents, which are most often studied, and which are also used in practical healthcare. It outlines the problems associated with the implementation and evaluation of the efficacy of these preventive programs. The continuing high rate of suicide among adolescents calls for an urgent concerted effort to develop, disseminate, and implement more effective prevention strategies. School-based approaches are the most convenient in practical terms, but they require systematic and long-term use of anti-suicidal programs. Digital interventions can reduce the economic burden of their use, including assessing suicidal risk and identifying psychopathology associated with suicidality.³⁵

A narrative review method has been used to summarize current knowledge about risk and protective factors for suicide among children and adolescents and to discuss evidence-based strategy for suicide prevention in this

age group. Identified suicide risk and protective factors for children and adolescents largely overlap with those for adults. Nevertheless, developmental characteristics may strengthen the impact of some factors, such as decision-making style, coping strategies, family and peer relationships, and victimization. The implementation of evidence-based suicide preventive strategies is needed. Restricting access to lethal means, school-based awareness and skill training programs, and interventions delivered in clinical and community settings have been proven effective. The effectiveness of gatekeeper training and screening programs in reducing suicidal ideation and behavior is unproven but widely examined in selected settings.

³⁶

A cross-sectional study was conducted to find out awareness regarding suicide among 300 adolescents in a school of Rupandehi district by using enumerative technique. Pretested, validated by experts and self-administered structured questionnaire was used to collect the data. The findings of the study revealed that among 300 respondents, 47.5% had high awareness regarding suicide. Respondents have high awareness regarding meaning, risk groups, consequences and immediate management of suicide but have low awareness regarding risk factors, methods, warning signs, prevention and long-term management of suicide. Based on the findings of the study, it is concluded that nearly half of the respondents have high awareness regarding suicide. Suicide has been recognized as a major public health priority and advocate for the development and implementation of comprehensive strategies, taking into special consideration youth and other vulnerable groups. It is necessary to conduct awareness program on suicide to increase awareness among adolescents.³⁷

CHAPTER – IV

METHODOLOGY

This chapter deals with the methodology adopted for the proposed study and the different steps undertaken after gathering and organizing data for investigation. It is the systematic way of doing the research to solve a problem. It includes research approach, research design, and population, sampling technique, development and description of the tool, pilot study, and method of data collection and plan for data analysis.

RESEARCH APPROACH:

According to Traece and Traece (1980), research approach is the umbrella that covers the basic procedures for conducting research. A research approach tells the researcher what data to collect and how to analyse²¹. In view of the nature of the problem selected for the present study to Assess Knowledge Regarding Risk Factors and Prevention of Suicidal Behaviour among Adolescents and for the objectives to the accomplished Quantitative study with Evaluative approach was considered appropriate.

RESERCH DESIGN:

The research design is defined as a blue print to conduct a research study, which involves the Pre-Experimental design with one group pre- test and post-test design, study setting sampling size, sampling technique, tools and methods of data collection and analysis to answer specific research questions or for testing research hypothesis.²³

Table 1 Pre-experimental one group pre-test–post-test design

Group	Pre-test	Treatment	Post-test
100 adolescents	O1	X	O2



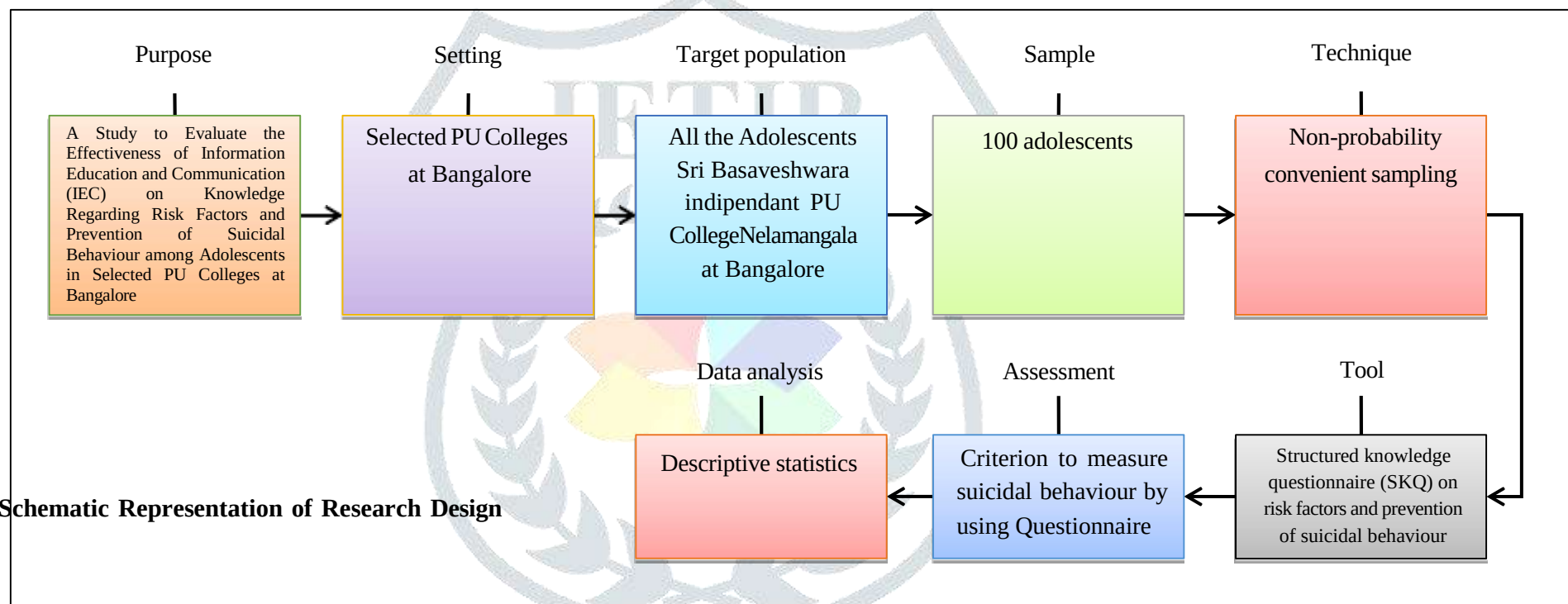


Fig:2 .Schematic Representation of Research Design

VARIABLES UNDER THE STUDY

A concept which can take on different quantitative values is called a variable. The concept can be a person, object or event that is being studied.

There are three types of variables in this study.

Dependent Variables: In this study it is the Knowledge among adolescents Regarding Risk Factors and Prevention of Suicidal behavior.

Independent Variables: In this study it: Information Education and Communication (IEC) regarding risk factor and prevention of suicidal behavior among adolescents

Demographic Variables: Demographic variables of the PU students age, gender, religion, type of family, place of accomadation,family income, educational status of father and mother ,fathers and mothers occupation.

SETTING OF THE STUDY:

Setting refers to the area where the study is conducted and the condition in which data collection takes place.

This study was conducted at Sri Basaveshwara Independent PU College Nelamangala at Bangalore. The criteria for selecting the study setting is the existence and availability of subjects, feasibility of conducting the study and the investigators familiarly with the setting.

POPULATION:

Population is a group whose member possesses specific attributes that a researcher is interested in this all adolescents in selected PU colleges at Bangalore

Target population is the process of selecting a group of people, events, behaviour or other elements with which to conduct the study.

The sample for the present study were 100 adolescents Selected by non-probability convenient sampling.

SAMPLING TECNIQUE:

Sampling defines the process of selecting a group of people or other elements with which to conduct a study. Non-probability convenient sampling technique was used to select the sample.

Criteria for selecting the sample:

Sampling criteria is that which specifies the characteristics that the sample of the target population must possess. The following criteria are used in the present study.

INCLUSION CRITERIA:

The respondents selected are those who:

Adolescents. Who,

- Are willing to participate in the study.
- Are available during the time of data collection.

EXCLUSION CRITERIA:

Adolescents who,

- Are sensitized or exposed to any programme on suicidal prevention in the last six months.
- Are not interested and not willing to participate in the study.
- Are psychologically and physically disturbed during the time of data collection

DESCRIPTION OF THE TOOL

Section 1: Demographic variables

Section 2: Structured knowledge questionnaire

Tool for data collection

Section 1: Demographic Performa consisting of age, gender, religion, type of family, place of accommodation, family income, educational status of father and mother, fathers and mothers occupation.

Section 2: Structured knowledge questionnaire to assess the pretest and posttest knowledge Regarding Risk Factors and Prevention of Suicidal behavior Among Adolescents in Selected PU Colleges. There are totally 40 items each having four options. In which there was one correct answer and three distracters. PU students were instructed to put a tick mark [✓] to the option which they think as the right option.

Scoring technique

The structured knowledge questionnaire consisted of 40 closed ended – multiple choice questions. Each correct answer was given a score of —one and a wrong answer a score was —zero. The maximum score was 40. To interpret the level of knowledge scores were arbitrarily distributed as follows

Interpretation of score

1. In adequate Knowledge 0 – 13
2. Moderate knowledge 14 – 26
3. Adequate knowledge 27 - 40

DEVELOPMENT OF THE STP

Steps involved in the development of IEC were

- Framing the outline of the Information Education and Communication (IEC)
- preparing outline of the content
- Deciding method of instruction and audio visual

Framing the outline of the Information Education and Communication

The outline of the Information Education and Communication (IEC) was formed. This included framing of general and specific objectives, specifying date, venue, size of the group, number of session and duration.

Preparing outline of the content

- Introduction about suicide
- List the warning signs of suicide.
- What are the common factors of suicide?
- Enlist the risk factors of suicide
- Factors influencing suicide.
- Explain the warning signs of suicide.
- Explain suicide risk assessment.

Deciding method of instruction and audio-visual aids

Audio visual aids used are LCD, handouts.

CONTENT VALIDITY

Validity refers to whether a measurement instrument accurately measures what it is supposed to measure.²¹

The prepared questionnaire and lesson plan along with the objectives, operational definition and scoring key for validating the tool was submitted to 6 experts including a statistician. The modifications and suggestions given by the experts were incorporated and the instrument was finalized. The finalized questionnaire contains 40 items.

Criteria checklist

Criteria checklist was prepared to evaluate the tool content.

RELIABILITY

Reliability of the tool is the degree of consistency with which it measures the attributes that is supposed to measure. It refers to the extent to which the same results are obtained on repeated administration of the instrument.

In order to establish the reliability of the tool, test- retests method was used. The reliability of the tool was tested on 18 samples by using Karl Pearson's co relation co-efficient formula. The tool was found to be reliable ($R=0.93$) for the data collection.

PILOT STUDY

Pilot study is a small-scale version or trial run of the main study. This study is conducted to obtain information for improving the main project or for assessing its feasibility and to test the reliability of the tool.

The researcher conducted the pilot study in Harsha international public school Nelamangala Bangalore, after obtaining formal permission from the concerned authority. Data collection was done from 12/04/2025 to 19/04/2025. The researcher selected 10 samples convenient sampling technique. After a brief self- introduction, the investigator explained the purpose of the study and obtained consent from the subjects.

The pretest questionnaire was administered to assess the Knowledge Regarding Risk Factors and Prevention of Suicidal behavior Among Adolescents in Selected PU Colleges On the same day structured teaching programme was administered. Posttest was done on 7th day with the same questionnaire to assess the knowledge level of the subjects. The collected data was analyzed using the inferential and descriptive statistics.

Consultation with statistician was done for data analysis.

DATA COLLECTION PROCESS

The researcher conducted main study from 20/04/2025 to 19/05/2025 after obtaining the permission from concerned authorities at Sri Basaveshwara Independent PU College Nelamangala Bangalore and informed consent from the samples.

The investigator established good rapport with the samples and explained ensured the confidentiality of their responses. An informed consent was obtained from the respondent indicating their willingness to participate in the study.

The data was collected. The investigator sat face to face with each subject and requested to fill the demographic Performa. There after the investigator conducted semi structured interview to obtain the information from the subjects using structured knowledge questionnaire. Instructions were given on answering the structured knowledge questionnaire and doubts were clarified. IEC was given for the samples on the same day. 7 days after the IEC, post test was conducted using the same structured knowledge questionnaire.

The data collection procedure was carried out for a period of 3 weeks. 30 samples per day 15 in each of 2 sessions were selected for data collection. Each sample took about 15-20 minutes to answer the demographic data and multiple- choice questionnaires. The investigator did not find any difficulty in collecting the data from the respondents. And the respondents were cooperative. The data was thus collected and compiled for data analysis.

PLAN OF DATA ANALYSIS

The obtained data was analyzed in terms of the objectives and hypothesis of the study by both descriptive and inferential statistics.

Descriptive statistics: Frequency and percentage was used for analysis of demographic data. Mean and standard deviation was used to proceed with inferential statistics.

Inferential statistics: Chi-square test was used to find out the association between pretest knowledge score and selected demographic variable. Paired t-test was used to examine the Effectiveness of Information Education and Communication (IEC)

ETHICAL CONSIDERATION

Written permission from the authorities selected PU colleges and students informed consent from the subjects were obtained before conducting the study the purpose of the study and requested the participants for their cooperation.

CHAPTER-V RESULTS

Analysis is a detailed examination of the elements or structure of something. In research, analysis means commutation of certain measures along with searching for patterns of relationship that exist among data group.²³

This chapter deals with the analysis and the interpretation of data obtained from 100 adolescents studying in selected PU colleges with the help of structured questionnaires to assess knowledge regarding the Risk Factors and Prevention of Suicidal Behaviour, before and after administering the Information Education and Communication (IEC).

OBJECTIVES

1. To assess the existing level of knowledge of the adolescents regarding risk factors and prevention of suicidal behavior by Structured Knowledge Questionnaire.
2. To evaluate the effectiveness of Information Education and Communication (IEC) on knowledge regarding risk factors and prevention of suicidal behavior among adolescents by comparing pre-test and post-test scores.
3. To find out the association between the level of Knowledge of adolescents on risk factors and prevention of suicidal behavior with their selected socio- demographic variables.

HYPOTHESIS:

H₁: There will be significant difference between pre-test and post-test knowledge scores after administration of Information Education and Communication (IEC) regarding risk factor and prevention of suicidal behavior among adolescents.

H₂: There is a significant association between the pre test knowledge of adolescents regarding Risk Factors and Prevention of Suicidal Behaviour and selected demographic variables.

Descriptive and inferential statistics were used to analyze the data that was collected. The Findings of data has been finalized and organized in accordance with the plan for data analysis. These are presented under the following sections.

Section I : Description of demographic characteristics of adolescents studying in selected PU colleges.

Section II : Knowledge level of adolescents regarding the Risk Factors and Prevention of Suicidal Behaviour.

Section III : Comparison of the pre-test and post-test knowledge score of adolescents studying in selected PU colleges.

Section IV : Association between knowledge scores and selected demographic variables.

SECTION – I: DEMOGRAPHIC CHARACTERISTICS OF ADOLESCENTS STUDYING IN SELECTED PU COLLEGES

Table 1: Frequency Distribution of adolescents according to age

N = 100

1. Age	Frequency	Percentage
a. 16 years	18	18.0
b. 17 years	39	39.0
c. 18 years	43	43.0
Total	100	100

The table 1 depicts that majority 43% of them were aged between 18 years, 39% of subjects were in the age group of 17 years and remaining 18% of subjects were in the age group of 16 years.

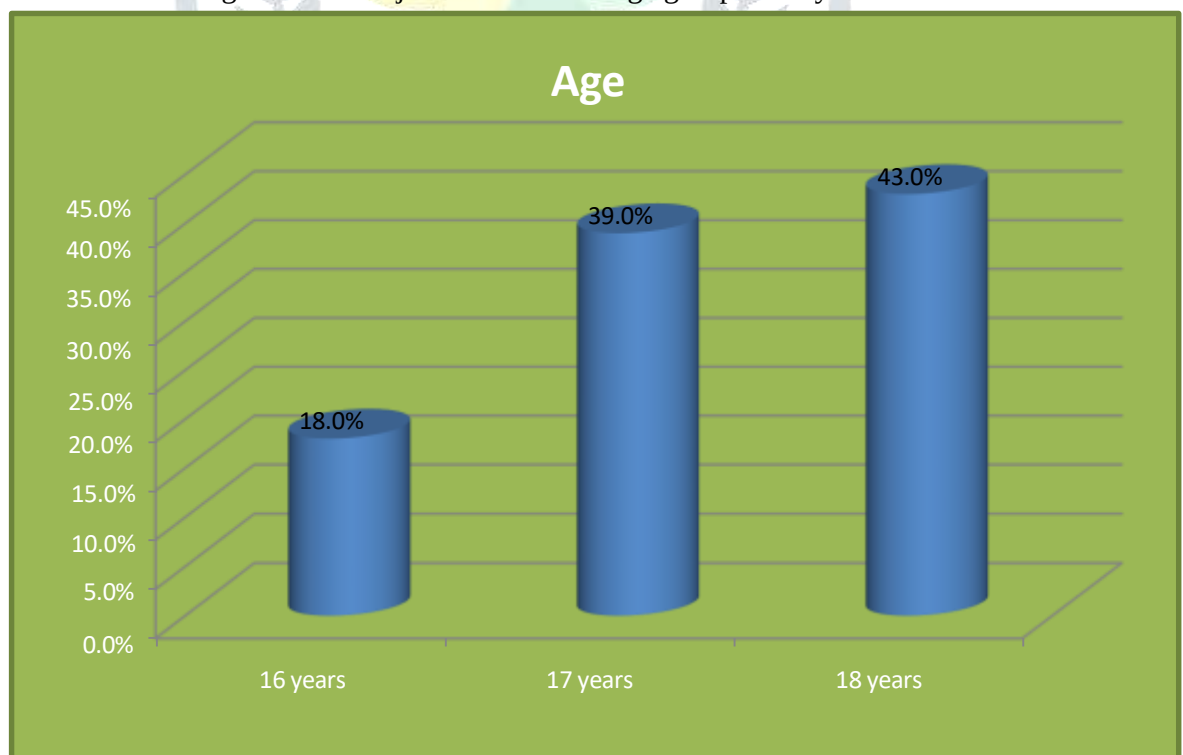


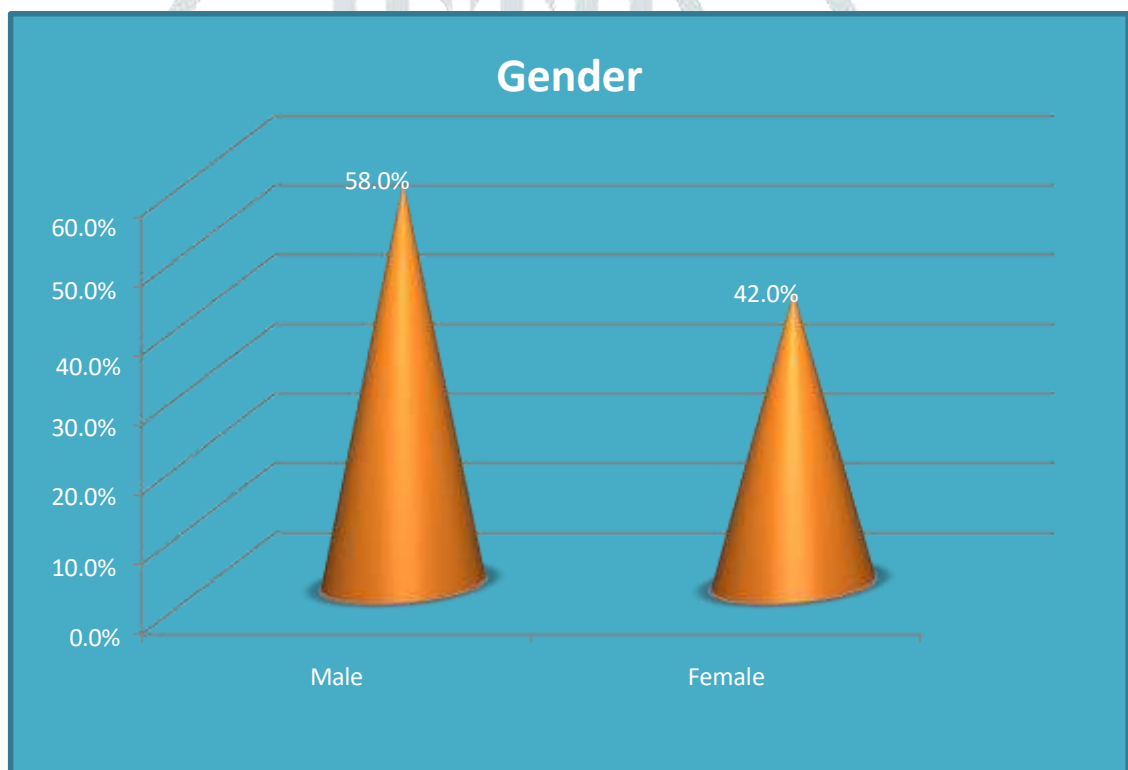
Fig 3: Distribution of subjects by age

Table 2: Frequency distribution of adolescents according to Gender

N = 100

2. Gender	Frequency	Percentage
a. Male	58	58.0
b. Female	42	42.0
Total	100	100

The table 2 shows that the majority 58% of the subjects were males and remaining 42% of them were females.

**Fig 4: Distribution of subjects by Gender****Table 3: Frequency distribution of adolescents by Religion**

N = 100

3. Religion	Frequency	Percentage
a. Hindu	74	74.0
b. Muslim	17	17.0

c. Christian	6	6.0
d. Others	3	3.0
Total	100	100

The table 3 depicts that among adolescents 74% were belongs to Hindu religion, 17% were belongs to Muslim religion, 6% were belongs to Christian religion and remaining 3% of them belongs to other religions.

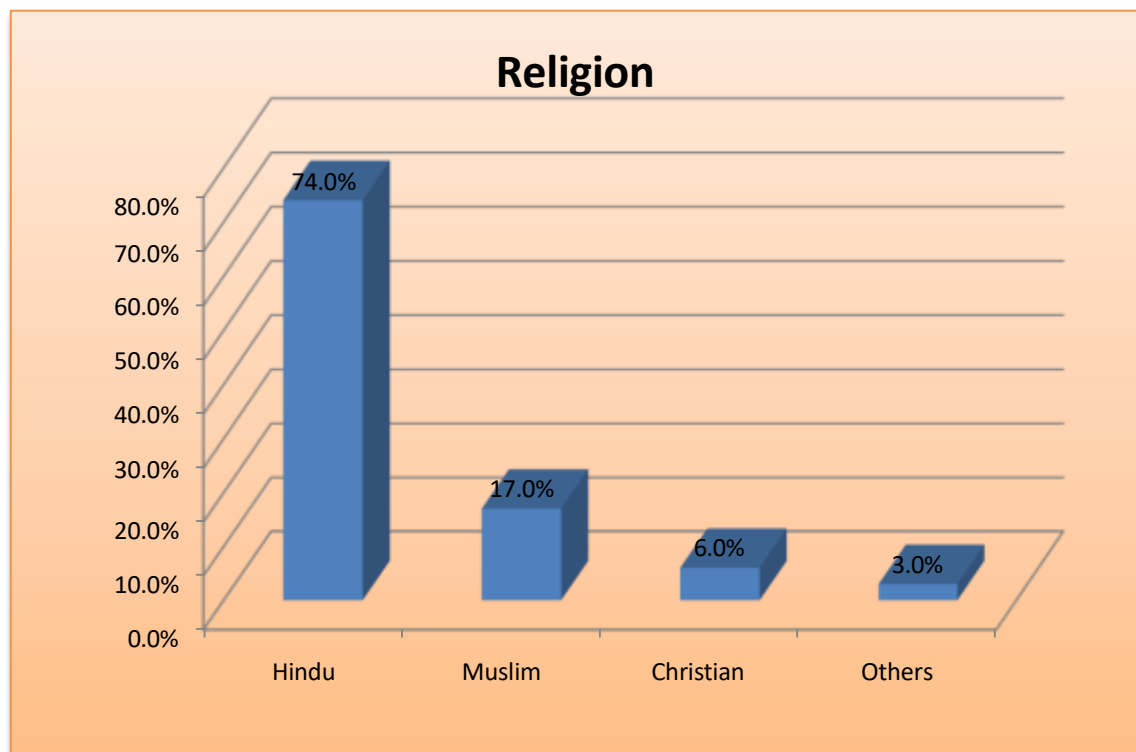


Fig 5: Distribution of subjects by Religionable 4: Frequency distribution of adolescents according to family type

N = 100

4. Family type	Frequency	Percentage
a. Nuclear family	76	76.0
b. Joint family	24	24.0
Total	100	100

The table 4 shows that majority 76% subjects were living in nuclear family, and remaining 24% of them were living in joint family.

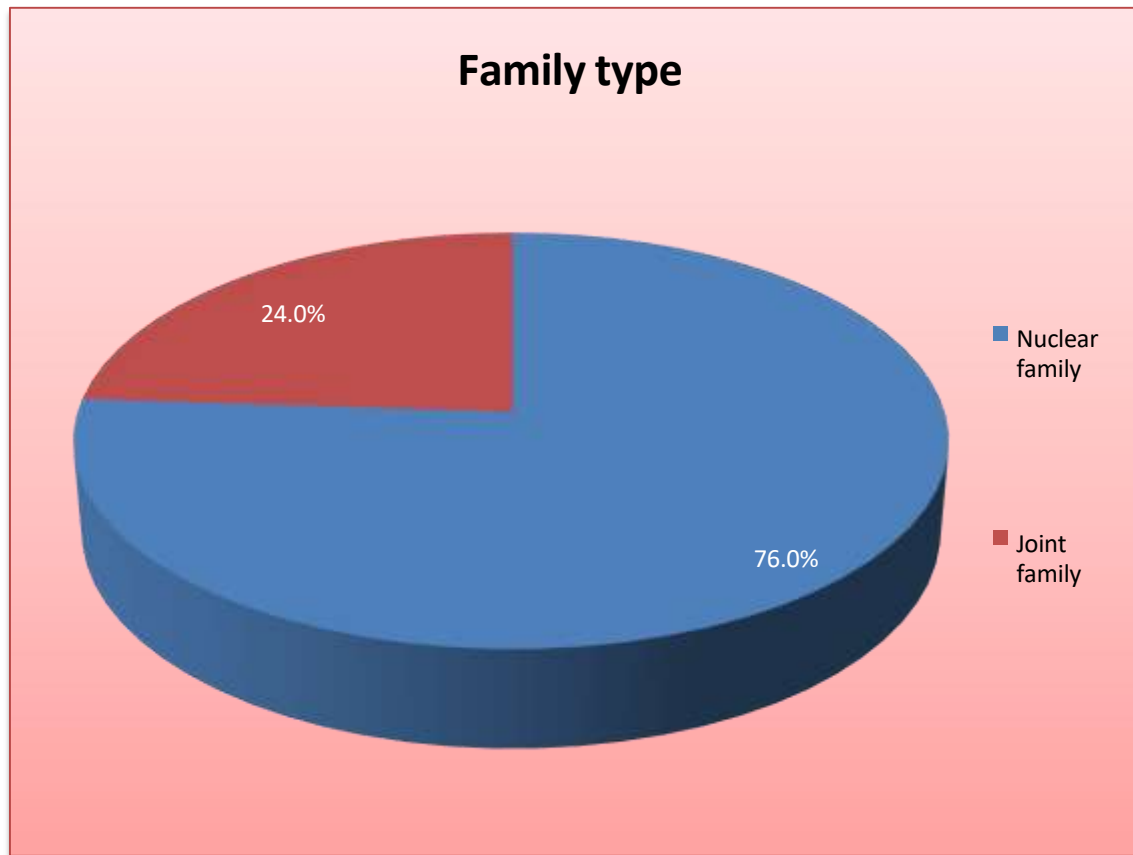


Fig 6: Distribution of subjects by family type

Table 5: Frequency distribution of adolescents by place of accommodation

N = 100

5. Place of accommodation	Frequency	Percentage
a. Hostel	45	45.0
b. Home	55	55.0
Total	100	100

The table 5 depicts that among adolescents 45% were staying in Hostel and remaining 55% of them were staying at home.

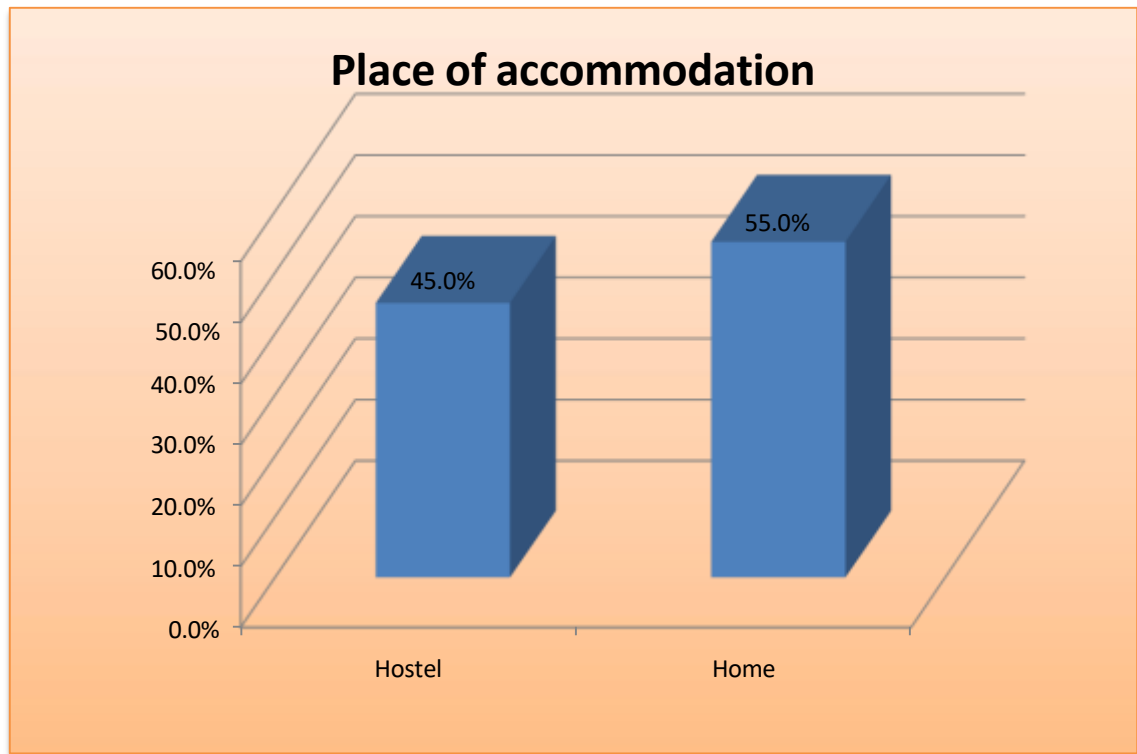


Fig 7: Distribution of subjects by place of accommodation

Table 6: Frequency distribution of adolescents by family income

N = 100

6. Family income	Frequency	Percentage
a. Less than Rs. 10000	23	23.0
b. Rs. 10001-20000	46	46.0
c. More than Rs. 20001	31	31.0
Total	100	100

The table 6 depicts that among adolescents' majority 46% of them had family income between Rs. 10001-20000, 31% of them had family income more than 20001 and remaining 23% had family income less than Rs. 10000.

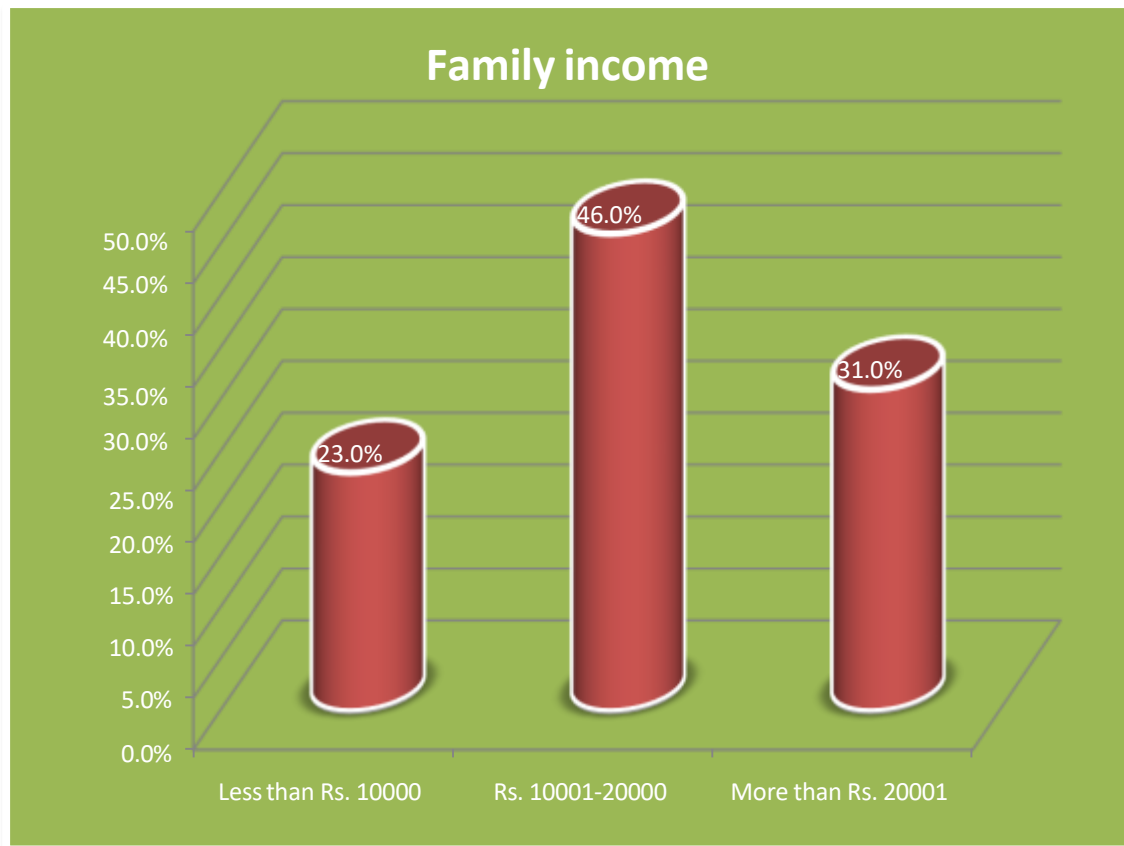


Fig 8: Distribution of subjects by family income.

Table 7: Frequency distribution of adolescents according to Education of father

N = 100

7. Education of father	Frequency	Percentage
a. No formal education	21	21.0
b. Primary Education	30	30.0
c. Higher secondary Education	27	27.0
d. Graduate	22	22.0
Total	100	100

The table 7 depicts that among adolescents' fathers 30% had primary education, 27% had higher secondary education, 22% were graduates and remaining 21% had no formal education.

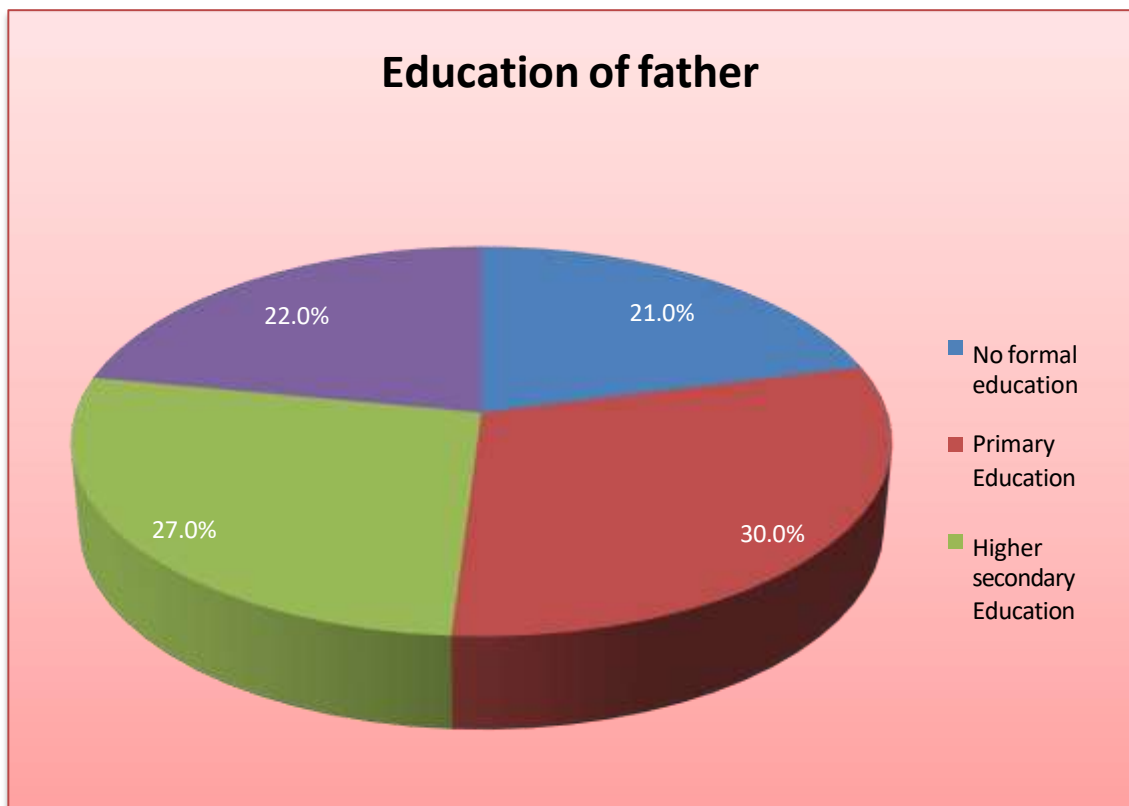


Fig 9: Distribution of subjects by Education of father

Table 8: Frequency distribution of adolescents by education of mother

N = 100

8. Occupation of mother	Frequency	Percentage
a. No formal education	20	20.0
b. Primary Education	35	35.0
c. Higher Education	28	28.0
d. Graduate	17	17.0
Total	100	100

The table 8 depicts that among adolescents' mothers 35% had primary education, 28% had higher secondary education, 17% were graduates and remaining 20% had no formal education.

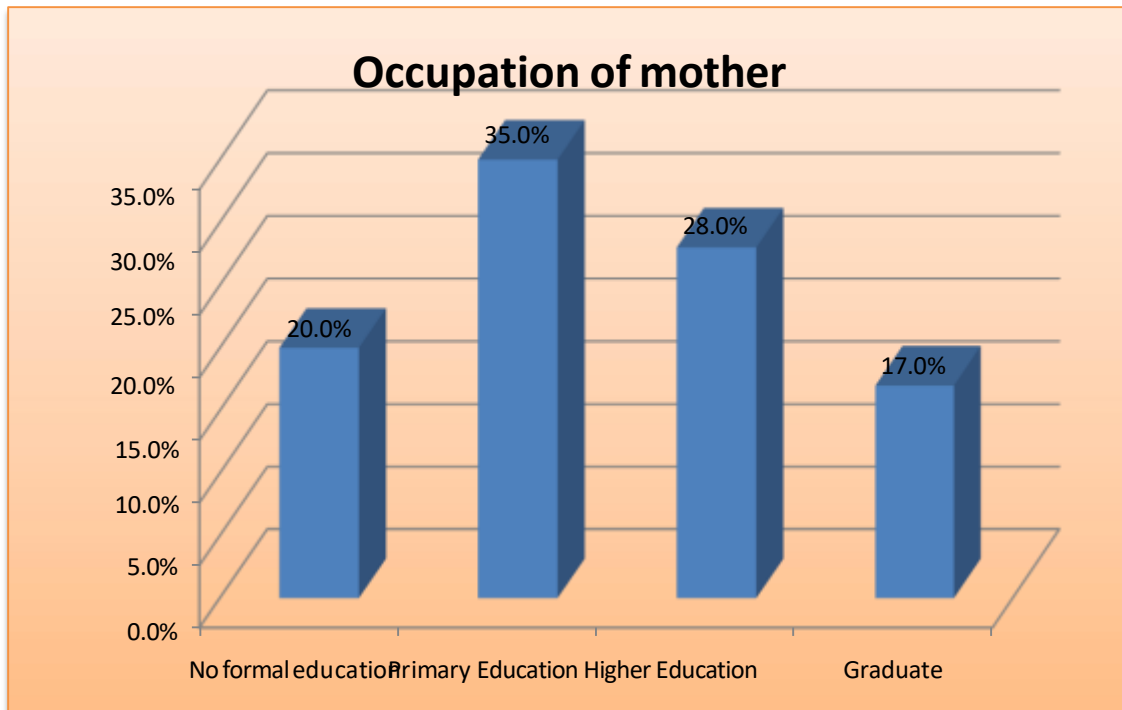


Fig 10: Distribution of subjects by education of mother

Table 9: Frequency distribution of adolescents by occupation of father

N = 100

9. Occupation of father	Frequency	Percentage
a. Unemployed	11	11.0
b. Self employed	45	45.0
c. Private employee	25	25.0
d. Government employee	19	19.0
Total	100	100

The table 9 depicts that among adolescents' fathers 45% were self employed, 25% of were private employees, 19% were government employees and remaining 11% of them were unemployed.

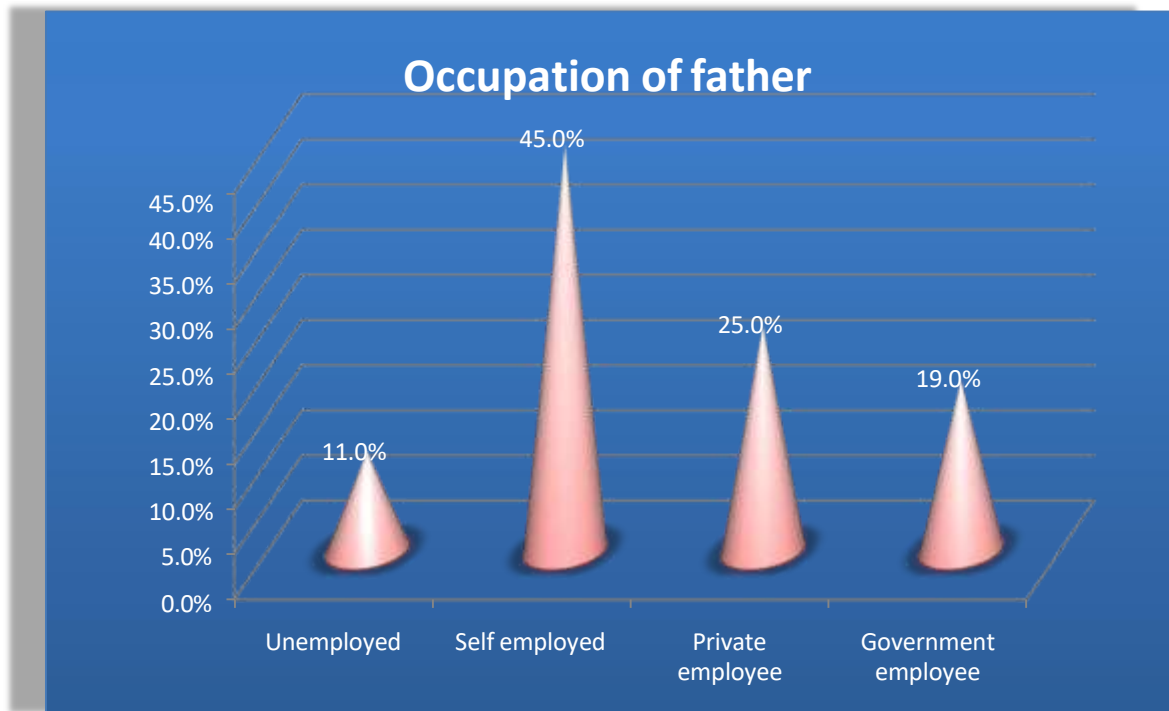


Fig 11: Distribution of subjects by occupation of father

Table 10: Frequency distribution of adolescents by occupation of mother

N = 100

10. Occupation of mother	Frequency	Percentage
a. Home maker	53	53.0
b. Self employed	25	25.0
c. Private employee	13	13.0
d. Government employee	9	9.0
Total	100	100

The table 10 depicts that among adolescents' mother 53% were homemakers, 25% of were self-employed, 13% were private employees and remaining 9% of them were government employees.

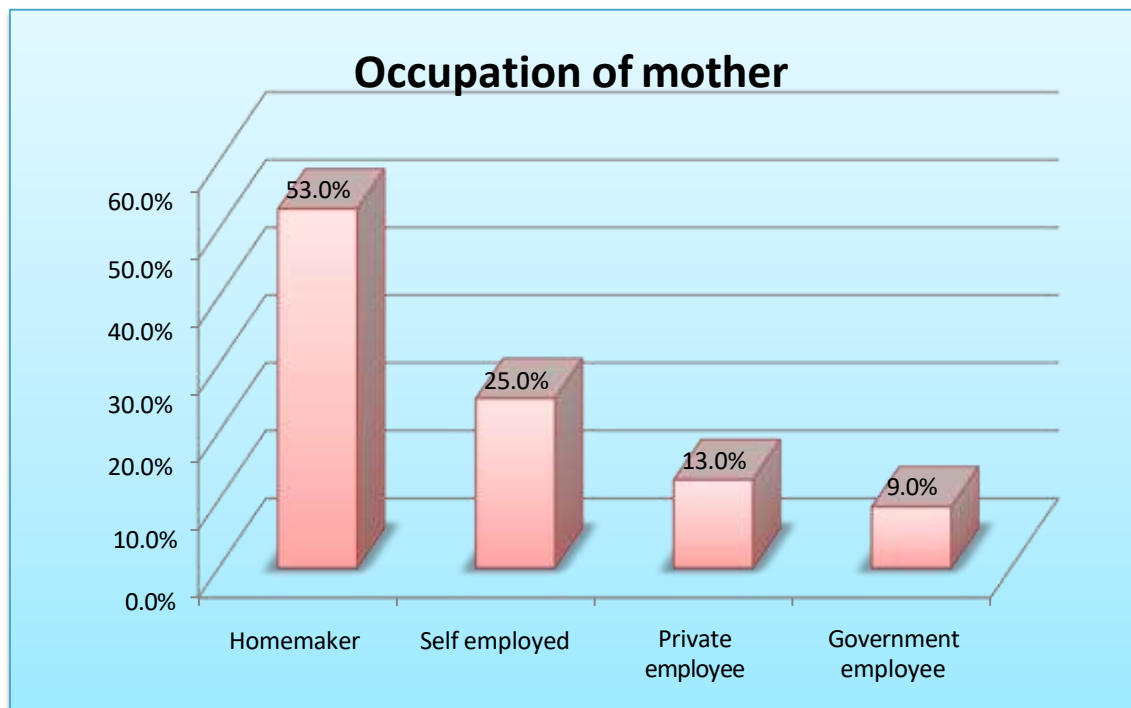


Fig 12: Distribution of subjects by occupation of mother

SECTION II:
KNOWLEDGE LEVEL OF ADOLESCENTS REGARDING THE RISK FACTORS AND PREVENTION OF SUICIDAL BEHAVIOUR

Table 11: Overall pretest and posttest knowledge scores of the adolescents.
N = 100

Knowledge level	Pre-test		Post test	
	Frequency	%	Frequency	%
a. Inadequate knowledge	62	62.0	0	0.0
b. Moderate knowledge	38	38.0	51	51.0
c. Adequate knowledge	0	0.0	49	49.0
Total	100	100	100	100

Table 11 depicts that majority 62% of the adolescents had inadequate knowledge and 38% had moderate knowledge in the pre test. After administration of Information Education and Communication (IEC) majority 49% of the subjects had adequate knowledge and 51% had moderate knowledge regarding the Risk Factors and Prevention of Suicidal Behaviour in the post test.

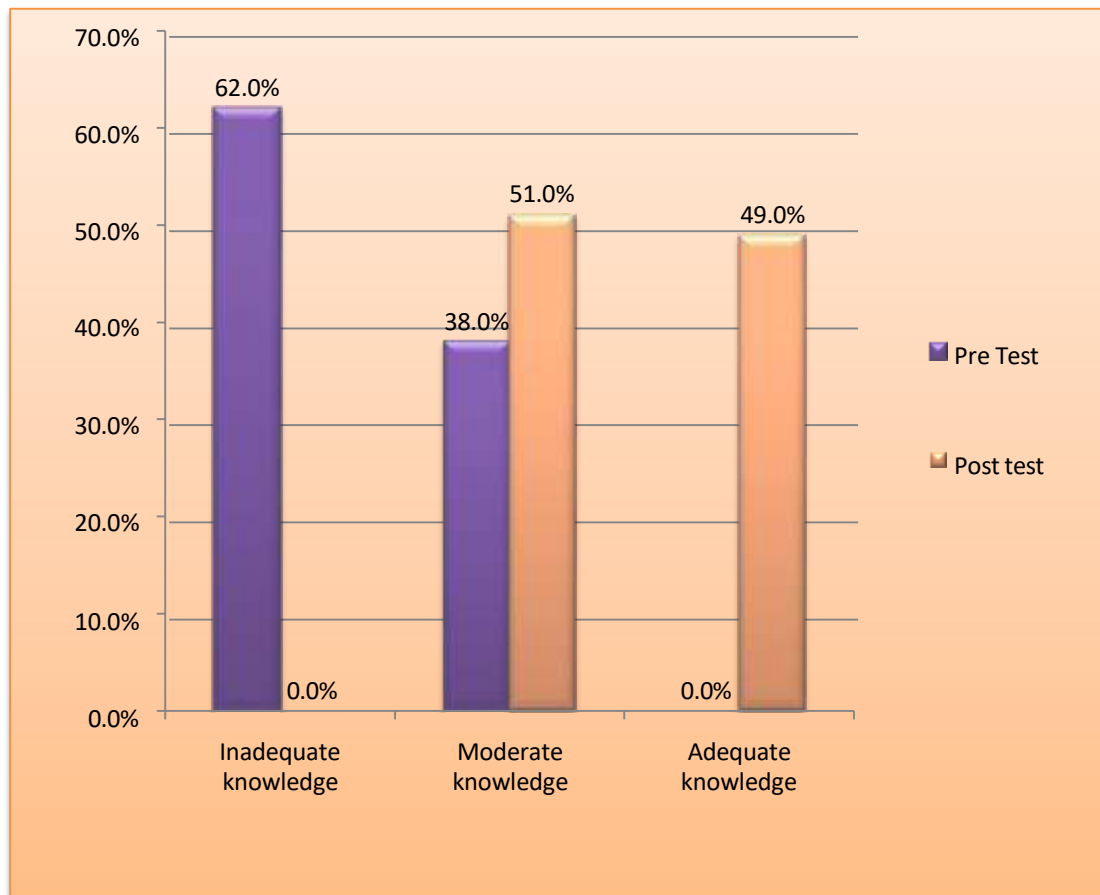


Figure 13: Overall pre test and post test knowledge level of adolescents

Table – 11: Analysis of pre

N = 100

Knowledge	Number of Items	Maximum Score	Mean	Mean %	Median	SD
Pre test	40	40	20.49	51.22	18	4.974
Post test	40	40	30.91	77.27	30	4.820

Table 11 depicts that the mean knowledge scores of respondents were found to be 20.49 (51.22%) with standard deviation of 4.974, which indicates that adolescents have moderate knowledge regarding Risk Factors and Prevention of Suicidal Behaviour in the pre test. After administration of Information Education and Communication (IEC) the mean knowledge scores of respondents were found to be 30.91 (77.27%) with standard deviation 4.820, which shows the improvement of the knowledge of adolescents regarding Risk Factors and Prevention of Suicidal Behaviour in the post test.

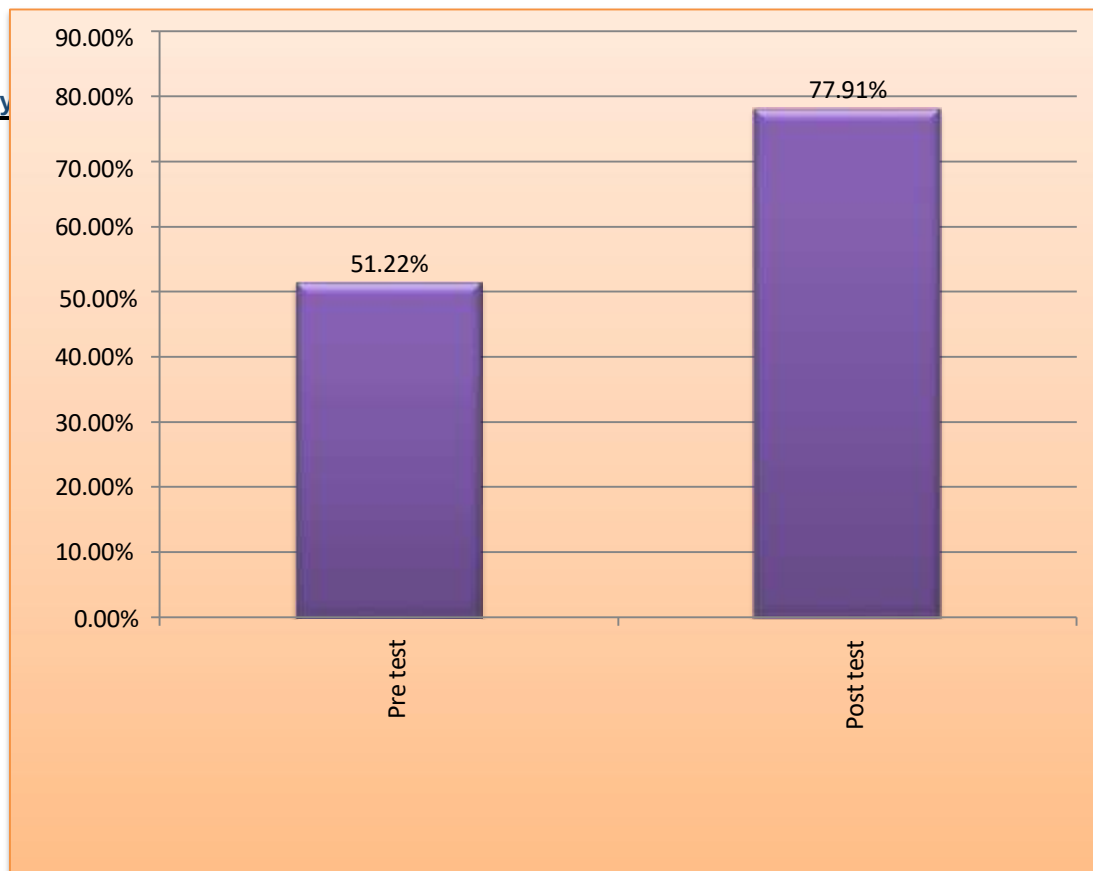


Figure 14: Mean percentage of pre test and post test knowledge scores of adolescents

SECTION III: COMPARISON OF THE KNOWLEDGE LEVEL OF ADOLESCENTS STUDYING IN SELECTED PU COLLEGES

Table 13: Comparison of knowledge scores of adolescents

N = 100

Sl No	Knowledge	Mean	SD	Mean difference	t value	df	Inference
1	Pre test	20.49	4.974	10.420	15.524	99	S
2	Post Test	30.91	4.820				

From the table 13 it is evident that the obtained "t" value 15.524 is greater than the table value both at 0.05 level of significance. Therefore, "t" value is found to be highly significant. Hence the hypothesis stated that There is a significant difference in the pre test and post test knowledge scores of adolescents regarding Risk Factors and Prevention of Suicidal Behaviour is accepted. It means that there is improvement in the knowledge level of adolescents regarding Risk Factors and Prevention of Suicidal Behaviour after administration of Information Education and Communication (IEC) and concludes the effectiveness of IEC.

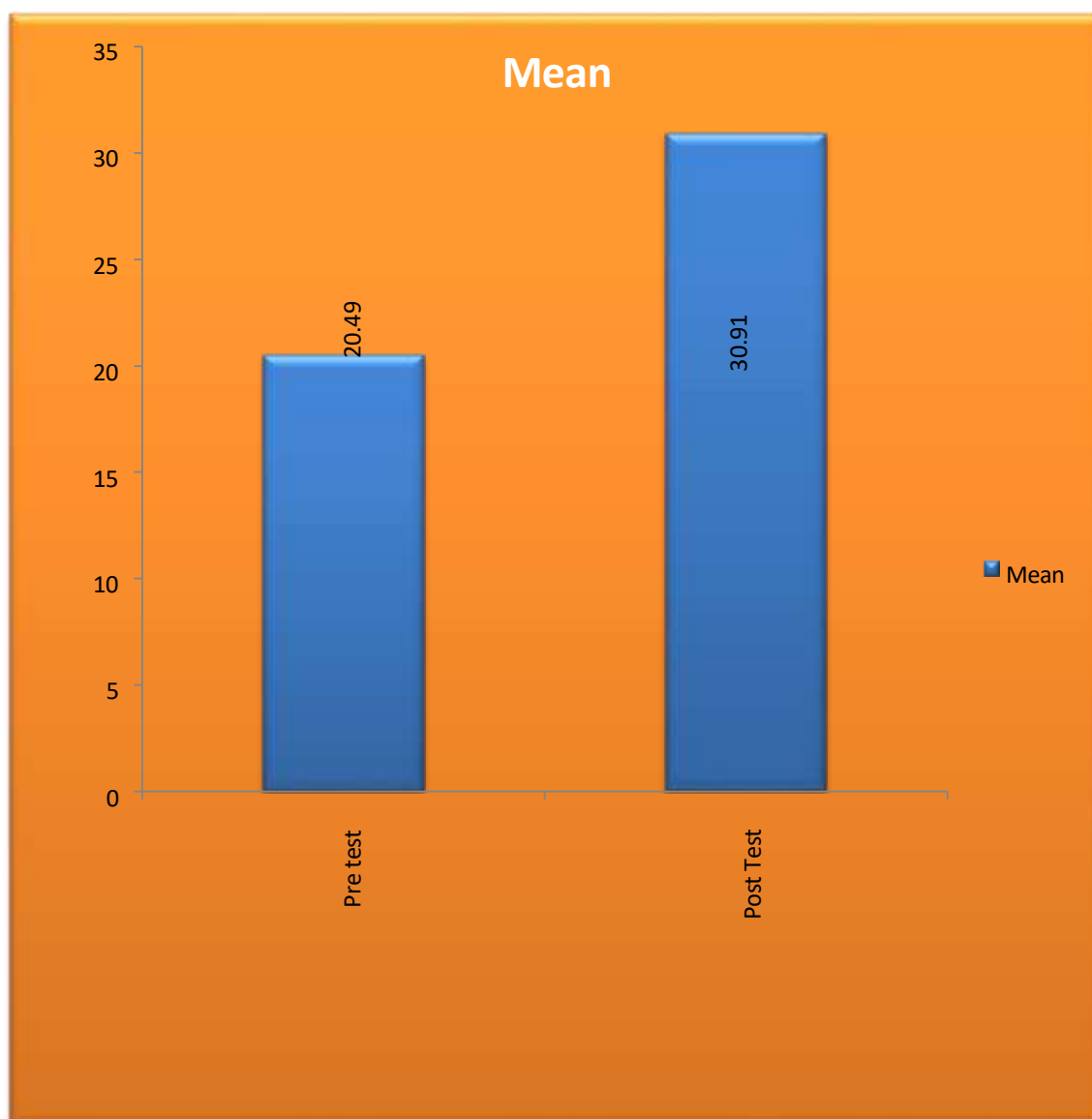


Figure 15: Comparison of mean percentage of pre-test and post-test scores

SECTION IV: ASSOCIATION OF THE PRE TEST KNOWLEDGE SCORES OF ADOLESCENTS WITH THE DEMOGRAPHIC VARIABLES

Table – 14: Association of pre test knowledge score of adolescents with the demographic variables.

N= 100

Variables	Below Median	Median and above	Chi square	Df	P value	Inference
1. Age in years						
a. 16 years	8	10	2.127	2	0.345	NS
b. 17 years	13	26				
c. 18 years	11	32				
2. Gender						

a. Male	15	43	2.391	1	0.122	NS
b. Female	17	25				
3. Religion						
a. Hindu	25	49	1.577	3	0.665	NS
b. Christian	5	12				
c. Muslim	2	4				
d. Others	0	3				
4. Family type						
a. Nuclear family	20	56	4.702	1	0.030	S
b. Joint family	12	12				
5. Place of accommodation						
a. Hostel	12	33	1.070	1	0.301	NS
b. Home	20	35				
6. Family Income						
a. Less than Rs. 10000	11	12	3.489	2	0.175	NS
b. Rs. 10001-20000	13	33				
c. Rs. 20001 and above	8	23				
7. Education of father						
a. No formal education	6	15	3.292	3	0.349	NS
b. Primary Education	11	19				
c. Higher Education	11	16				
d. Graduate	4	18				
8. Education of Mother						
a. No formal education	6	14	2.249	3	0.522	NS
b. Primary Education	13	22				
c. Higher Education	10	18				
d. Graduate	3	14				
9. Occupation of mother						
a. Unemployed	7	4				

b. Self employed	13	32	5.726	3	0.126	NS
c. Private employee	7	18				
d. Government employee	5	14				
10. Occupation of father						
a. Home maker	19	34	1.232	3	0.745	NS
b. Self employed	8	17				
c. Private employee	3	10				
d. Government employee	2	7				

The table 14 shows χ^2 value computed between the knowledge level of adolescents studying in selected PU colleges on Risk Factors and Prevention of Suicidal Behaviour and selected demographic variables. Variables such as family type was significant at 0.05 level. Thus it can be inferred that there is a significant association between knowledge level of the adolescents and selected variables. Therefore the hypothesis stated there will be significant association between knowledge level of adolescents and the selected demographic variables is accepted.

LIST OF STATISTICAL FORMULAE USED

1. Mean =

$$\frac{\sum x}{N}$$

2. Standard deviation SD

$$= \sqrt{\frac{\sum d^2}{N}}$$

3. Spearman's Brown prophecy formula for reliability $r^1 = \frac{2r}{1+r}$

r = the correlation coefficient calculated on the split halves.

r^1 = the estimated reliability of the entire test. For comparing the coefficient of correlation the formulas used were :-

4. Reliability

Raw score method

$$r = \frac{\sum xy - \frac{\sum x \sum y}{n}}{\sqrt{(\sum x^2 - \frac{(\sum x)^2}{n})(\sum y^2 - \frac{(\sum y)^2}{n})}}$$

5. Paired 't' test

$t = \frac{\text{Mean}}{\text{SE}}$

SE

SE = SD/n ; SD = Standard deviation n = no. of paired observations.

6. Chi-square

$$\chi^2 = \frac{(O-E)^2}{E}$$

Where

O = Observed frequency E = Expected frequency

$$df = (r-1)(c-1)$$

CHAPTER – VI DISCUSSION

The purpose of the discussion which is considered the heart of the paper is to state one's interpretations and opinions, explain the implications of one's findings and make suggestions for future research. Its main function is to answer the questions posed in the introduction and explain how the results support the answers.

Pre-Experimental design with one group pre- test and post-test design was adopted to evaluate the effectiveness of Information Education and Communication (IEC) on knowledge regarding risk factors and prevention of suicidal behaviour among 100 adolescents at Sri Basaveshwara Independent PU College Nelamangala Bangalore by comparing pre-test and post-test scores through Non-probability convenient sampling technique.

The findings were discussed under the demographic characteristics and objectives.

- Description of demographic characteristics of adolescents studying in selected PU colleges.
- Knowledge level of adolescents regarding the Risk Factors and Prevention of Suicidal Behaviour.
- Comparison of the pre-test and post-test knowledge score of adolescents studying in selected PU colleges.
- Association between knowledge scores and selected demographic variable

Demographic characteristics of the respondents:

- The Majority 43% of them were aged between 18 years, 39% of subjects were in the age group of 17 years and remaining 18% of subjects were in the age group of 16 years.
- The majority 58% of the subjects were males and remaining 42% of them were females.
- Among adolescents 74% were belongs to Hindu religion, 17% were belongs to Muslim religion, 6% were belongs to Christian religion and remaining.
- The Majority 76% subjects were living in nuclear family, and remaining 24% of them were living in joint family. g 3% of them belongs to other religions.
- Among adolescents 45% were staying in Hostel and remaining 55% of them were staying at home.
- Among adolescents' majority 46% of them had family income between Rs. 10001-20000, 31% of them had family income more than 20001 and remaining 23% had family income less than Rs. 10000.
- Among adolescents' fathers 30% had primary education, 27% had higher secondary education, 22% were graduates and remaining 21% had no formal education.
- Among adolescents' mothers 35% had primary education, 28% had higher secondary education, 17% were graduates and remaining 20% had no formal education.
- Among adolescents' fathers 45% were self-employed, 25% of were private employees, 19% were government employees and remaining 11% of them were unemployed.
- Among adolescents' mother 53% were homemakers, 25% of were self- employed, 13% were private employees and remaining 9% of them were government employees.

Objective I: Assess the existing level of knowledge of the adolescents regarding risk factors and prevention of suicidal behavior by Structured Knowledge Questionnaire

The findings of the study revealed that the following. Majority 62% of the adolescents had inadequate knowledge and 38% had moderate knowledge in the pre test. A study was conducted to evaluate the effectiveness of information education and communication regarding suicide and its prevention among adolescents in experimental group. 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. Results showed that post - test mean score among samples in experimental group was 17.23 ($\sigma = 4.04$) and in control group was 9.58 ($\sigma = 3.24$). Independent 't' test value was 8.0909 for the degree of freedom 58 and it is statistically significant at P value.²⁴

A cross-sectional study was conducted to analyse the awareness level and existing knowledge gap about suicide prevention among college students by qualitative research design and purposive sampling was used to collect the data. The findings helped to identify the knowledge gaps with regard to young adult suicide prevention, and a brochure was prepared to address the same. It's conceded that the development of young adult suicide prevention IEC resources pertinent to Indian settings is crucial. To bridge the knowledge gap on suicide prevention among college students and raise awareness.

Objective II: Evaluate the effectiveness of Information Education and Communication (IEC) on knowledge regarding risk factors and prevention of suicidal behavior among adolescents by comparing pre-test and post-test

scores.

After administration of Information Education and Communication (IEC) majority 49% of the subjects had adequate knowledge and 51% had moderate knowledge regarding the Risk Factors and Prevention of Suicidal Behaviour in the post test.

A study was conducted 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. 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 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. Involved. The study concluded that the structured teaching programme was effective among adolescents to improve the knowledge regarding risk factors and prevention of suicidal behaviour. ²⁶

Objective III: find out the association between the level of Knowledge of adolescents on risk factors and prevention of suicidal behaviour with their selected Socio-demographic variables.

χ^2 value computed between the knowledge level of adolescents studying in selected PU colleges on Risk Factors and Prevention of Suicidal Behaviour and selected demographic variables. Variables such as family type was significant at 0.05 level. Thus it can be inferred that there is a significant association between knowledge level of the adolescents and selected variables.

A quantitative approach using pre-experimental pre-test post-test design with one group study was conducted among 100 Adolescents Higher secondary school were selected using Non-Probability Convenient sampling technique in Mehsana District. In this study overall the highest percentage in the demographic data including the Age group 91% (16-17 year), Gender 50% (Female) And 50% (Male), Religion 90 % (Hindu), Father Education status, 33% in secondary education, Mother Education primary education (35%), Standard of study, 50% in 11th and 50% in 12th standard ,Stream 58% (Arts), Type of family 83%(Joint family), Monthly income 47 % belongs to (Above 15000 Rs.), Area of residence (51%) Urban, 73% adolescent have previous knowledge regarding suicidal ideation, Academic performance 84% belongs to good categories, (The post- test Knowledge mean and SD score (16.74 ± 4.41) was higher than the mean pre- test Knowledge score (12.16 ± 4.16). The calculated 't' value (42.64) was greater than the table value (1.98) at 0.05 level of significance. The Structured teaching Programme was effective in increasing the Knowledge of preventive measure of suicidal ideation among Adolescents. Chi-square test is used to associate the level of knowledge of pre-test with their selected demographic variable. The findings of the study revealed that structured teaching programme helps in

improving Knowledge regarding preventive measure of suicidal ideation among Adolescents.³⁰ The study aims to evaluate the understanding of risk factors and preventive measures related to suicidal behavior among adolescent girls and boys aged 16–19 and to compare the knowledge of these aspects between adolescent girls and boys. The study was comparative in nature having 126 adolescent girls and boys (63 boys and 63 girls). The adolescent girls and boys were selected by random sampling technique. Based on the study's findings, it can be concluded that both adolescent boys (87.10%) and girls (93.85%) possessed moderate knowledge about the risk factors, and 93.85% of boys and 80.65% of girls had knowledge about preventive measures. The results indicate that adolescent boys exhibited a higher level of knowledge regarding both risk factors and preventive measures for suicidal behavior compared to girls. No statistically significant relationship was found with the demographic variables (age, gender, education, family income per month, family type, size of family, marital status of parents, source of information, and family history of suicide).³¹

Discussion in relation with the hypothesis of the study:

H1: There will be significant difference between pre-test and post-test knowledge scores after administration of Information Education and Communication (IEC) regarding risk factor and prevention of suicidal behaviour among adolescents.

χ^2 value computed between the knowledge level of adolescents studying in selected PU colleges on Risk Factors and Prevention of Suicidal Behaviour and selected demographic variables. Variables such as family type was significant at 0.05 level. Thus it can be inferred that there is a significant association between knowledge level of the adolescents and selected variables.

Therefore the hypothesis stated there will be significant association between knowledge level of adolescents and the selected demographic variables is accepted.

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. 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. The study concluded that the structured teaching programme was effective among adolescents to improve the knowledge regarding risk factors and prevention of suicidal behaviour.³⁴

CHAPTER – VII

CONCLUSION

Pre-Experimental design with one group pre- test and post-test design was be adopted to evaluate the effectiveness of Information Education and Communication (IEC) on knowledge regarding risk factors and

prevention of suicidal behaviour among 100 adolescents at Sri Basaveshwara Independent PU College Nelamangala at Bangalore by comparing pre-test and post-test scores through Non-probability convenient sampling technique.

Data were analyzed and interpreted by applying respective statistical methods.

The conclusions drawn from the present study on the basis of the findings of the study were as follows:

- The Majority 43% of them were aged between 18 years, 39% of subjects were in the age group of 17 years and remaining 18% of subjects were in the age group of 16 years.
- The majority 58% of the subjects were males and remaining 42% of them were females.
- Among adolescents 74% were belongs to Hindu religion, 17% were belongs to Muslim religion, 6% were belongs to Christian religion and remaining.
- The Majority 76% subjects were living in nuclear family, and remaining 24% of them were living in joint family. g 3% of them belongs to other religions.
- Among adolescents 45% were staying in Hostel and remaining 55% of them were staying at home.
- Among adolescents' majority 46% of them had family income between Rs. 10001-20000, 31% of them had family income more than 20001 and remaining 23% had family income less than Rs. 10000.
- Among adolescents' fathers 30% had primary education, 27% had higher secondary education, 22% were graduates and remaining 21% had no formal education.
- Among adolescents' mothers 35% had primary education, 28% had higher secondary education, 17% were graduates and remaining 20% had no formal education.
- Among adolescents' fathers 45% were self-employed, 25% of were private employees, 19% were government employees and remaining 11% of them were unemployed.
- Among adolescents' mother 53% were homemakers, 25% of were self- employed, 13% were private employees and remaining 9% of them were government employees.

Nursing implications

The findings of the study have implications on the field of nursing education, nursing practice, nursing administration and nursing research.

Nursing education

The nursing curriculum consists of knowledge related to health information and appropriate strategy for imparting that knowledge. This study is useful for the nursing students of all specialties especially the psychiatric and community health nursing specialties. It helps the students to acquire knowledge at basic level as well as develop effective preventive and management skills.

The study implies that health personnel must be properly trained on educating the students regarding prevention and management of suicidal behaviour patients.

The curriculum should give importance to health education. This can be done by equipping the nursing curriculum with dissemination of health information using various educational technology. The curriculum should incorporate activities like preparation of booklets, pamphlets and other teaching materials for disseminating knowledge among healthcare professional, teachers and also lay person on prevention and management of suicidal behaviour patients.

Nursing practice

Nurses are the members of healthcare team and act as key providers of preventive and curative services to individuals and communities. Health education is the basic element of all health activity. It is of paramount importance in changing the behaviour, views and practices of people. There is still lack of knowledge regarding effective

preventive methods of food- and water-borne diseases among the people, especially in adolescents. Therefore, it is the responsibility of the healthcare professionals to educate the adolescents with right knowledge. The present study is very much useful in nursing practice as it stresses on the need of educating the adolescents regarding prevention and management of suicidal behaviour patients.

Community health nurses as well as nurses working in hospital settings can identify the problems regarding prevention and management of suicidal behaviour. Health education can be imparted in schools, paediatric OPDs, CHC and even community settings and also information can be passed by providing awareness programme, distributing pamphlets or information booklets etc.

Nursing research

Nursing research worldwide is committed to rigorous scientific inquiry that provides a significant body of knowledge to advance nursing practice, shape health policy, and impact the health of people in all countries. Instructional materials can be developed in order to increase the awareness among adolescents regarding prevention and management of suicidal behaviour. The materials can be tested for its effectiveness in facilitating proper practices in prevention and management of suicidal behaviour problems. Nurses should take initiative to conduct research; protocols may be developed in effective prevention and management of suicidal behaviour.

Nursing administration

It is important for nursing administrators to facilitate activities for improving knowledge and skills of the people towards significant health problems. An in-service education could be conducted for all staff nurses and nursing personnel at various levels about effective preventive measures and management to be adopted for prevention and management of suicidal behaviour problems among adolescents. The administrators should enable the nurses to develop newer skills through continuing education. They should plan and organise programmes that are cost effective. The staffs should be encouraged to prepare teaching materials regarding the topic. Administrative support should be provided to conduct health education programmes and necessary materials must be supplied for effective outcome of the programmes.

Limitations

- The study was confined to only selected PU Colleges.
- Sample size was limited to 100 PU students.
- Data was collected over a single period. No follow-up was done to assess the change in knowledge level after the awareness programme.
- Structured knowledge questionnaire used for data collection restricts the amount of information.

Recommendations

On the basis of the findings of the present study, the following recommendations are formed for future study:

- A programmed health education regarding effectiveness of mental health services could be arranged by health professionals in schools and hospitals and community settings for the children and other people.
- The teaching materials like flash cards, posters, booklets and pamphlets can be prepared and placed in schools which can help the children to understand the concept and also these study materials can be distributed for future reference.

- Role play can be done in order to educate the adolescents regarding prevention and management of suicidal behaviour patients
- A study could be conducted to find out the effectiveness of awareness programme on Suicide and its risk factors.
- A study could be conducted in rural community settings.
- A study could be conducted to find out the knowledge and attitude of primary school teachers.
- A follow-up study of planned health teaching programme could be carried out to find out the effectiveness in terms of retention of knowledge.
- A comparative study may be conducted to find out similarities or differences in common reason for suicide among adolescents in urban and rural areas.
- A study could be conducted to assess the knowledge among staff nurses regarding common causes and risk factors for suicide among adolescents.
- A study could be conducted to assess practices followed by PU college Lectures during management of such students.

CHAPTER – VIII

SUMMARY

This chapter deals with the summary of the study and its major findings, along with implications and recommendations. The present study was concerned with Assessment of Effectiveness of Information Education and Communication (IEC) on Knowledge Regarding Risk Factors and Prevention of Suicidal Behaviour among Adolescents in Selected PU Colleges at Bangalore. The present study was aimed to achieve the following objectives.

OBJECTIVES:

1. To assess the existing level of knowledge of the adolescents regarding risk factors and prevention of suicidal behavior by Structured Knowledge Questionnaire.
2. To evaluate the effectiveness of Information Education and Communication (IEC) on knowledge regarding risk factors and prevention of suicidal behavior among adolescents by comparing pre-test and post-test scores.
3. To find out the association between the level of Knowledge of adolescents on risk factors and prevention of suicidal behavior with their selected Socio- demographic variables.

Review of literature and related studies enhanced the investigator to gather the relevant information to support the study, design the methodology, develop the conceptual framework and in the development of the tool.

The conceptual framework adapted for the study was based on health belief model by Backer. This model is characterized by individual perception, modifying factors and likelihood of action.

The research design used to achieve the objective was one group pretest and post test method and also Non-probability convenient sampling technique was used to select the sample to assess the effectiveness of Information Education and Communication (IEC) on knowledge regarding risk factors and prevention of suicidal behavior among adolescents. The tool developed and used for data collection was structural questionnaire among among 100 adolescents.

Content validity of the instrument was established by 6 experts. The reliability was established by using split half technique.

Pilot study was conducted at Harsha international school at Nelamangala Bangalore Rural from 12/04/2025 to 19/04/2025 and also conducted main study at Sri Basaveshwara Independent PU College Nelamangala Bangalore rural from 20/04/2025 to 19/05/2025. The data collected were formulated and analysed using descriptive statistics based on the objectives stated in the study.

Major findings:

- ❖ The major findings of the study are summarized as follows – Findings related to demographic data:
- ❖ The Majority 43% of them were aged between 18 years, 39% of subjects were in the age group of 17 years and remaining 18% of subjects were in the age group of 16 years.
- ❖ The majority 58% of the subjects were males and remaining 42% of them were females.
- ❖ Among adolescents 74% were belongs to Hindu religion, 17% were belongs to Muslim religion, 6% were belongs to Christian religion and remaining.
- ❖ The Majority 76% subjects were living in nuclear family, and remaining 24% of them were living in joint family. g 3% of them belongs to other religions.
- ❖ Among adolescents 45% were staying in Hostel and remaining 55% of them were staying at home.
- ❖ Among adolescents' majority 46% of them had family income between Rs. 10001-20000, 31% of them had family income more than 20001 and remaining 23% had family income less than Rs. 10000.
- ❖ Among adolescents' fathers 30% had primary education, 27% had higher secondary education, 22% were graduates and remaining 21% had no formal education.
- ❖ Among adolescents' mothers 35% had primary education, 28% had higher secondary education, 17% were graduates and remaining 20% had no formal education.
- ❖ Among adolescents' fathers 45% were self-employed, 25% of were private employees, 19% were government employees and remaining 11% of them were unemployed.
- ❖ Among adolescents' mother 53% were homemakers, 25% of were self-employed, 13% were private employees and remaining 9% of them were government employees.
- ❖ Major findings related to knowledge level among adolescents. The findings of the study revealed that the following. Majority 62% of the adolescents had inadequate knowledge and 38% had moderate knowledge in the pre test.
- ❖ Major findings regarding the evaluate the effectiveness of Information Education and Communication (IEC) on knowledge regarding risk factors and prevention of suicidal behavior among by comparing pre-test and post-test scores.

The mean knowledge scores of respondents were found to be 20.49 (51.22%) with standard deviation of 4.974, which indicates that adolescents have moderate knowledge regarding Risk Factors and Prevention of Suicidal Behaviour in the pre test. After administration of Information Education and Communication (IEC) the mean knowledge scores of respondents were found to be 30.91 (77.27%) with standard deviation 4.820, which shows the improvement of the knowledge of adolescents regarding Risk Factors and Prevention of Suicidal Behaviour in the post test..

- ❖ Major findings related to the t association between the level of Knowledge of adolescents on risk factors and prevention of suicidal behavior with their selected Socio-demographic variables.

χ^2 value computed between the knowledge level of adolescents studying in selected PU colleges on Risk Factors and Prevention of Suicidal Behaviour and selected demographic variables. Variables such as family type was significant at 0.05 level. Thus it can be inferred that there is a significant association between

knowledge level of the adolescents and selected variables.

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CHAPTER-X ANNEXURE - A

LETTER SEEKING PERMISSION TO CONDUCT THE STUDY

From,

Mr. HEMANT SINGH
2nd Year Msc. Nursing Harsha College of nursing
Nelamangala, Bangalore-562123

To,

The Principal,
Harsha College Of Nursing Nelamangala, Bangalore-562123

Respected Sir,

Sub: Requested for permission to conduct pilot study and research study.

In partial fulfilment of M.Sc (N), I am to undertake a research project in Psychiatric Nursing. Topic **"EFFECTIVENESS OF INFORMATION EDUCATION AND COMMUNICATION (IEC) ON KNOWLEDGE REGARDING RISK FACTORS AND PREVENTION OF SUICIDAL BEHAVIOUR AMONG ADOLESCENTS IN SELECTED PU COLLEGES AT BANGALORE."**

I would like to seek administrative permission for the pilot study and main study. So I request you to kindly introduce me to the concerned offices to proceed with my study.

Thanking you,

Yours faithfully

(MR. HEMANT SINGH.)

LETTER GRANTED TO CONDUCT PILOT STUDY



Sri Srinivasa Charitable Trust*
HARSHA COLLEGE OF NURSING
Recognized by Govt. Of Karnataka, Karnataka State Nursing Council, Affiliated to Rajiv Gandhi University of Health Sciences, Bangalore, Recognized by Indian Nursing Council.

LETTER SEEKING PERMISSION TO CONDUCT THE PILOT STUDY

From ,
 Hemant singh
 2nd year MSC Nursing (psychiatric)
 Harsha college of Nursing
 Nelamangala, Bangalore

To ,
The Principal
Harsha International school
Nelamangla , Bangalore

Respected Sir/Madam,

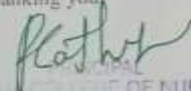
Subject: Requesting permission to conduct Pilot study – Reg.....

This is to introduce, Mr. Hemant singh a final year student of Master of Science in Nursing at Harsha College of Nursing, Bangalore. He has selected the following topic for his research to be submitted to Rajiv Gandhi University of Health Sciences in partial fulfilment of the curricular requirement of Master degree in Nursing.

TOPIC : "A Study to Assess the Effectiveness of information education and communication (IEC) on knowledge regarding risk factor and prevention of suicidal behaviour among adolescents in selected PU College at Bangalore"

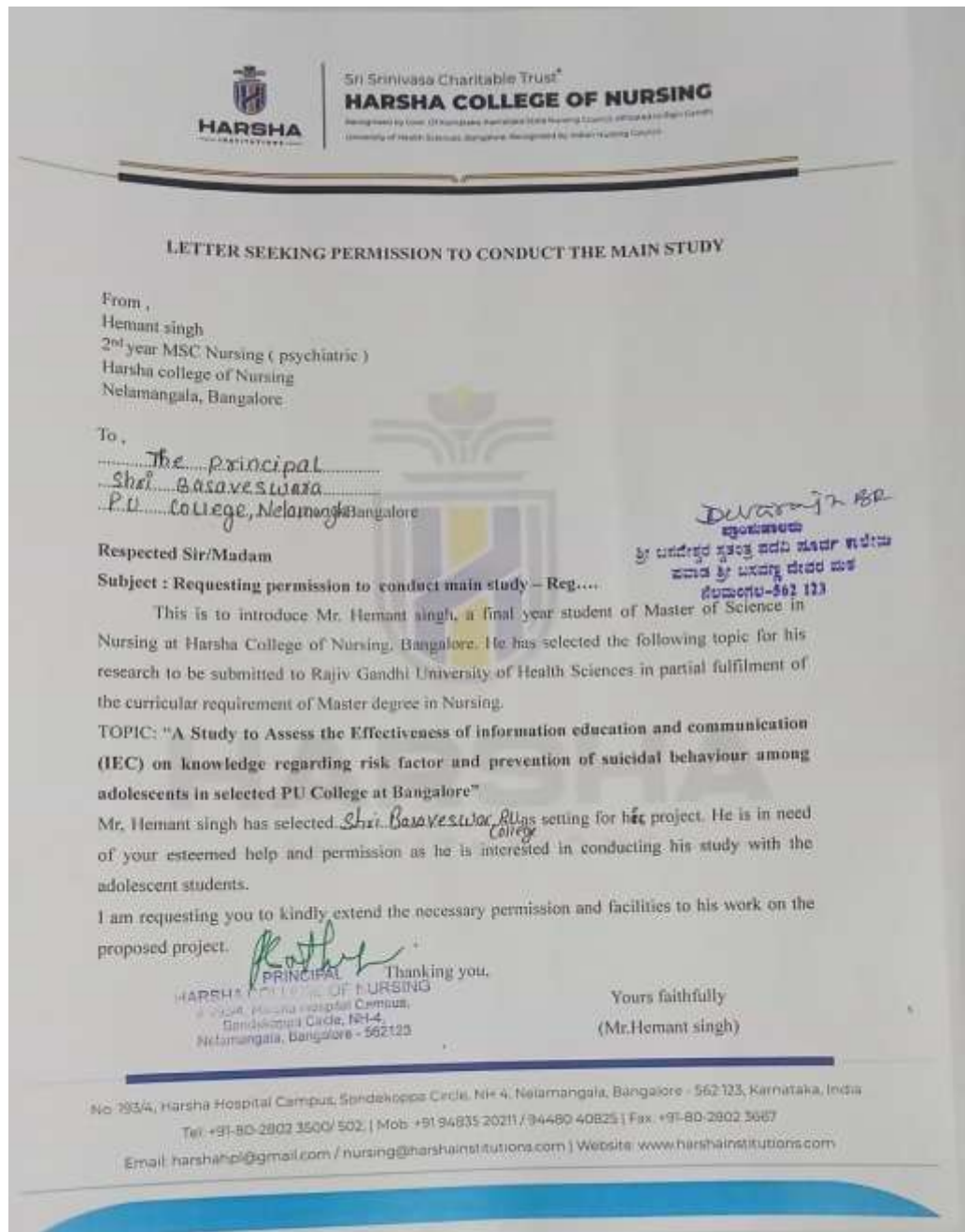
Mr. Hemant singh has selected *Harsha International school* site as setting for his project. He is in need of your esteemed help and permission as he is interested in conducting his study with the adolescent students -

I am requesting you to kindly extend the necessary permission and facilities to his work on the proposed project.

Thanking you,

 Yours faithfully
 Mr.Hemant singh


HARSHA COLLEGE OF NURSING
103/4, Harsha Hospital Campus,
 Sankeskoppa Circle, NH-4,
 Nelamangala, Bangalore - 562123

HARSHA INSTITUTIONS
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ANNEXURE – B

ETHICAL CLEARANCE CERTIFICATE



HARSHA
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Sri Somvasa Charitable Trust
HARSHA COLLEGE OF NURSING
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University of Health Sciences, Bangalore. Recognized by Indian Nursing Council, New Delhi.

HCON/IEC/2023-24/08 **28/03/2024**

From,
The Institutional Ethics Committee,
Harsha College of Nursing,
Nelamangala, Bangalore-562123

To,
Mr. Hemant Singh,
1st year M.Sc(N), in Psychiatric Nursing,
Harsha College of Nursing,
Nelamangala, Bangalore

This is to certify that the Institutional Ethics Committee of Harsha College of Nursing Nelamangala, Bangalore has examined and unanimously approved the M.Sc(N) Topic **"Effectiveness Of Information Education And Communication (IEC) On Knowledge Regarding Risk Factors And Prevention Of Suicidal Behaviour Among Adolescents In Selected Pu Colleges At Bangalore"** of Mr. Hemant Singh, under the guidance of **Dr. Rajesh.R.** HOD of Psychiatric Nursing Department, Harsha College of Nursing, Nelamangala.

Composition of the committee:

Sl.No	Names	Designation	Position in the committee
1	Dr. R. Rajesh	Principal, HOD of Psychiatry (N) Dept	Chairperson
2	Dr. Jayaprakash Janarthanan	Principal, HIPT	Member
3	Dr. Bhavani	Medical Officer	Member
4	Dr. Mamatha G C	Academic Dean, Harsha Institutions	Member
5	Dr. Karabi Das	Lecturer Dept. of Pharmacology, HIAHS	Member
6	Mr. Krishna	Advocate	Member
7	Mr. Harish	Journalist	Member
8	Mr. Girish Aradhya	Religious leader	Member
9	Mrs. Bindu Sharma	Principal, HIPS	Member
10	Mr. Chandrashekar	Bio-Statistician	Member
11	Mrs. Ashwini Nisha D' Souza	HOD of Paediatric (N) Dept	Member Secretary


Member Secretary


Chairperson
PRINCIPAL
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ANNEXURE - C

TOOL FOR DATA COLLETION

Section-A

Socio-demographic Data

Instruction: I request you to participate in this study by giving your valuable answer to the questions being asked your responds will be kept confidential and used only for the intended work.

1. Age in years

- a. 18-19
- b. 19-20
- c. 20-21

2. Gender

- a) Male
- b) Female

3. Religion

- a) Hindu
- b) Christian
- c) Muslim
- d) Others

4. Type of family

- a) Nuclear family
- b) Joint family

5. Place of accommodation

- a. Hostel
- b. Home

6. Family monthly income (Rs) <5000

7. Mother's occupation

- a. Home maker
- b. Self-employed



- c. Private employee
- d. 5001-10000
- e. >10001

8. Educational status of father

- a. No formal education
- b. Primary education
- c. Higher education
- d. Graduate

9. Educational status of mother

- a. No formal education
- b. Primary education
- c. Higher education
- d. Graduate

10. Father's occupation

- a) Unemployed
- b) Self employed
- c) Private employee
- d) Government employee



Tool: 1**CRITERIA CHECK LIST FOR DEMOGRAPHIC PROFORMA**

Q.NO:	SA	A	DA	Remarks and Suggestions
1				
2				
3				
4				
5				
6				
7				
8				
9				

Suggestions, if any:

Signature of validator

Tool 2

PART – 2: STRUCTURED QUESTIONNAIRES TO ASSESS KNOWLEDGE REGARDING RISK FACTORS AND PREVENTION OF SUICIDAL BEHAVIOUR AMONG ADOLESCENTS

Instruction

Kindly read the following questions carefully and place a tick mark [✓] against the appropriate response in the space provided. This section consists of questionnaire with items of yes or no type. Each correct response is given a score of one and every unanswered or incorrect response is given a score of zero and all respondents are requested to give your valuable response to the question being asked. The information obtained will be kept confidential and is used only for intended work.

1. Which of the following is NOT a risk factor for suicide?

- a. Access to firearms
- b. Social isolation
- c. Female gender
- d. Good mental health

2. Which statement about suicide prevention is TRUE?

- a) Openly asking someone if they are considering suicide may encourage them
- b) Most suicidal individuals do not truly want to die
- c) People who talk about suicide rarely go on to attempt it
- d) Discussing suicide only increases the likelihood of attempts

3. Which of the following may indicate increased risk for suicide?

- a. Withdrawing from social contact
- b. Putting affairs in order
- c. Increased substance abuse
- d. All of the above

4. If someone is experiencing thoughts of suicide, it is important to:

- a) Call emergency services immediately
- b) Ask direct questions about suicide
- c) Listen without judgment and convey care and concern
- d) Promise to keep their thoughts a secret

5. Which of the following reduces the risk of suicide?

- a. Restricting access to lethal means like firearms or medications
- b. Social support and community involvement

- c. Treatment for mental health conditions
- d. All of the above

6. Most common method of suicide completion among older adults is:

- a. Firearms
- b. Poisoning
- c. Asphyxia
- d. Falls from heights

7. Suicide risk is higher in individuals with which psychiatric diagnosis:

- a. Major depressive disorder
- b. Schizophrenia
- c. Bipolar disorder
- d. All of the above

8. Warning signs of suicide risk include:

- a. Withdrawal from friends and loss of interest
- b. Dramatic mood changes
- c. Putting affairs in order and giving away prized possessions
- d. All of the above

9. Which of the following is NOT an effective way to help prevent suicide:

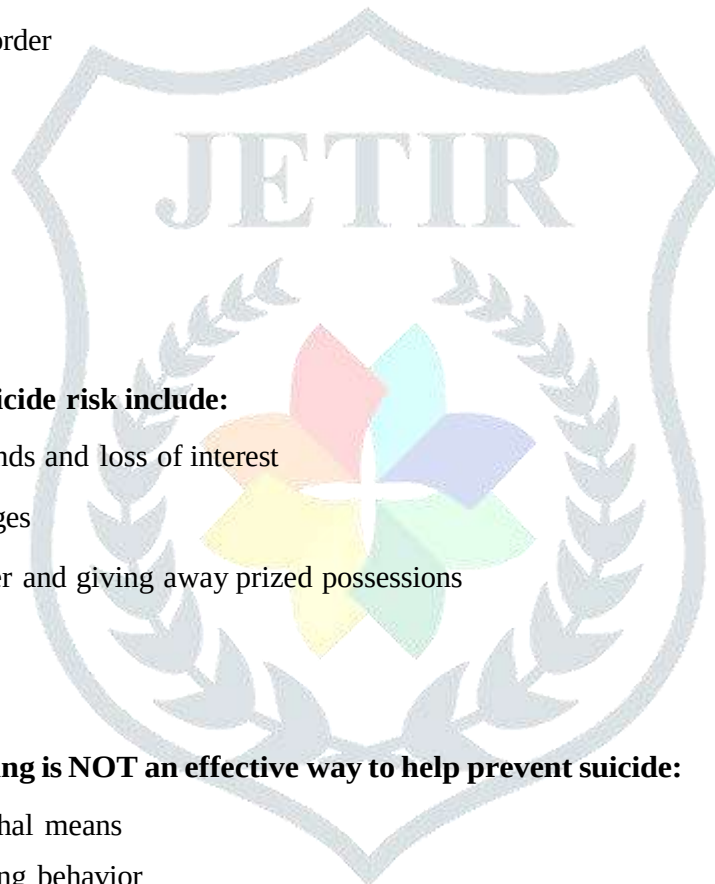
- a. Limiting access to lethal means
- b. Promoting help-seeking behavior
- c. Asking less questions about suicidal thoughts
- d. Caring for individuals in a non-judgmental manner

10. According to the Centers for Disease Control, suicide rates in the INDIA have:

- a. Decreased over the past decade
- b. Remained stable
- c. Increased by over 30% since 1999
- d. More than doubled in the past 20 years

11. An effective way to help prevent suicide is to:

- a. Avoid asking direct questions about suicide



- b. Focus on alternative solutions to problems
- c. Be empathetic and non-judgmental in listening
- d. Promise to keep suicidal thoughts a secret

12. Warning signs of imminent suicide risk include:

- a. Insomnia
- b. Loss of interest
- c. Giving away prized possessions
- d. All of the above

13. Which demographic has the highest suicide rate in the INDIA?

- a. Elderly males
- b. Young adult females
- c. Middle aged males
- d. Adolescent females

14. The suicide rate in INDIA has:

- a. Declined over the past 20 years
- b. Remained relatively stable
- c. Increased significantly in recent years
- d. More than doubled since 2000

15. Research shows that the strongest predictor of suicide is:

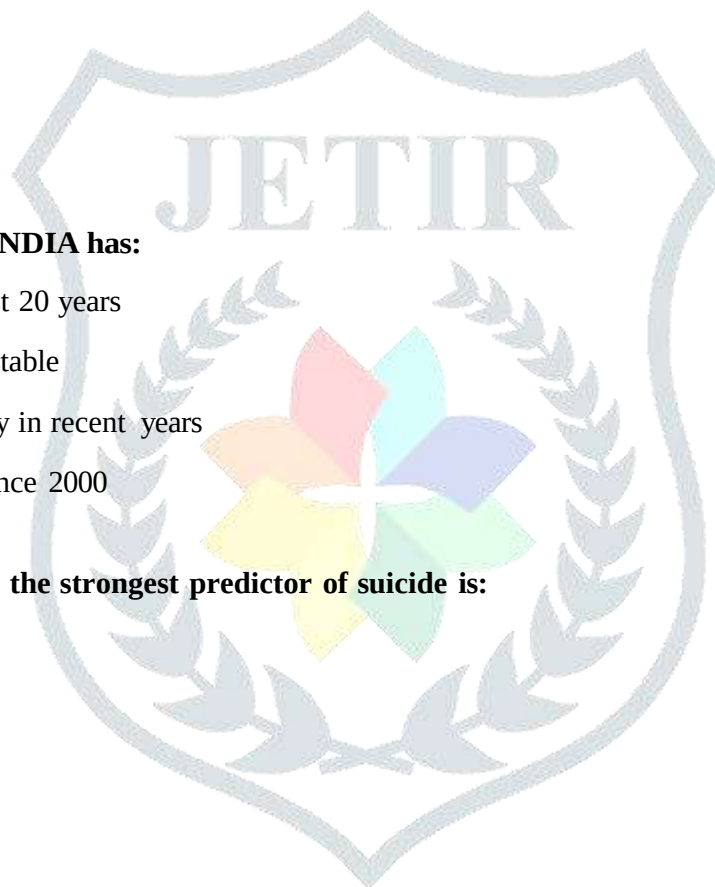
- a. Depression
- b. Alcoholism
- c. Schizophrenia
- d. Bipolar disorder

16. Which is NOT an evidence-based approach to suicide prevention?

- a. Limiting access to lethal means
- b. Screening for risk factors
- c. Promising confidentiality
- d. Supporting help-seeking behavior

17. Warning signs of suicide risk do NOT include:

- a. Withdrawal from friends
- b. Sudden calmness after a period of depression
- c. Sudden cheerfulness after a period of depression



- d. Putting affairs in order

18. Which statement about suicide is TRUE?

- a. Most suicidal individuals truly want to die
- b. Talking about suicide is unlikely to increase risk
- c. Asking direct questions can encourage suicidal behavior
- d. Suicidal thoughts always indicate severe mental illness

19. Which group has seen the largest percentage increase in suicide rates in recent years?

- a. Middle aged males
- b. Adolescent males
- c. Elderly females
- d. Young adult male

20. Asking someone directly if they are considering suicide is:

- a. Recommended to assess risk
- b. Not recommended as it may increase rather than decrease risk
- c. Only helpful if they have shown other warning signs
- d. Culturally inappropriate in most contexts

21. Protective factors against suicide include:

- a. Responsibilities like childcare obligations
- b. Strong social support network
- c. Ready access to firearms in the home
- d. Recent substance abuse treatment

22. Which intervention has been shown to effectively reduce access to lethal means:

- a. Counseling and therapy
- b. Limiting alcohol availability
- c. Firearm safety counseling
- d. Reducing access to medications

23. Risk factors for suicide in veterans include:

- a. Depression and other mental health conditions
- b. Access to firearms
- c. Social isolation
- d. All of the above

24. Effective treatments for reducing suicide risk include:

- a. Psychotherapy
- b. Antidepressant medications
- c. Coordination of care
- d. All of the above

25. Warning signs indicating acute risk include:

- a. Insomnia
- b. Rage or anger
- c. Giving away prized possessions
- d. None of the above

26. Reducing access to highly lethal means (such as firearms) has been shown to:

- a. Increase suicide attempts but decrease completions
- b. Have no impact on suicide rates
- c. Increase the overall suicide rate
- d. Only impact suicides among gun owners

27. Protective factors against suicide include:

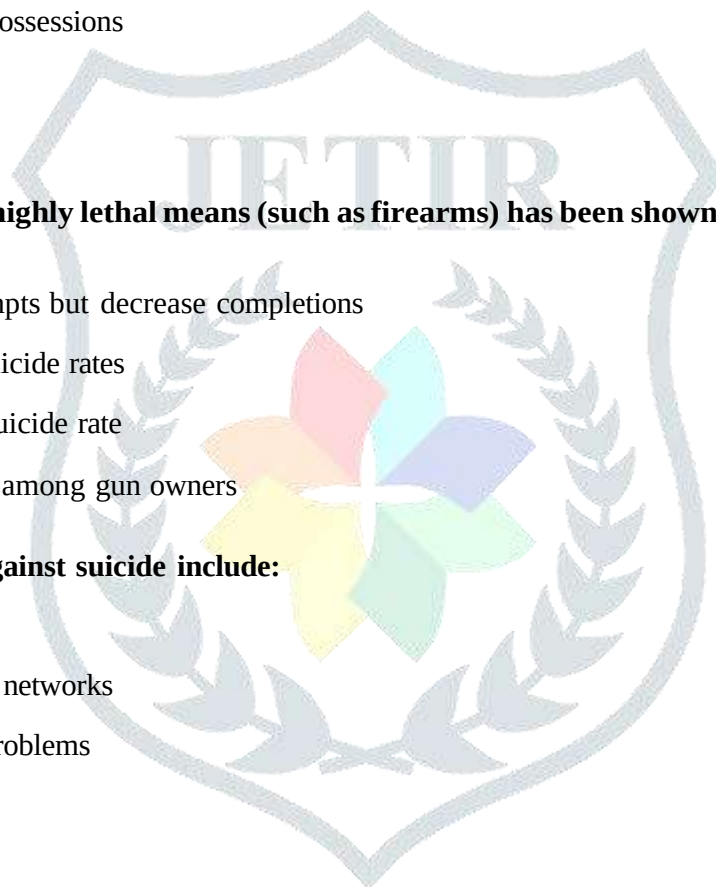
- a. Financial problems
- b. Strong social support networks
- c. Recent relationship problems
- d. Access to firearms

28. Effective postvention strategies aim to:

- a. Prevent suicide contagion
- b. Assess and treat risk factors in vulnerable contacts
- c. Coordinate wraparound support services
- d. All of the above

29. Risk factors for suicide among LGBTQ populations include:

- a. Family rejection due to sexual orientation or gender identity
- b. Experiences of discrimination, victimization and abuse
- c. Both of the above
- d. Neither of the above



30. Warning signs that indicate high immediate suicide risk:

- a. Insomnia
- b. Agitation or panic attacks
- c. Suddenly seeming calm or happy after a depressive period
- d. Drug or alcohol abuse

31. According to the National Strategy for Suicide Prevention, a priority is to:

- a. Promote connectedness between individuals and their communities
- b. Foster resilience, prevention and early intervention
- c. Recognize that suicide prevention requires a multi-pronged approach
- d. All of the above

32. Research has found that suicide contagion can occur through:

- a. Stories about suicide in the news media
- b. Accounts shared on social media
- c. Both (a) and (b)
- d. Suicide has not been shown to be contagious

33. Which of the following has NOT been shown to effectively reduce suicide rates:

- a. Improving economic conditions
- b. Limiting access to lethal means
- c. Coordinated community-based prevention programs
- d. Counselling and therapy alone

34. Risk factors for suicide among veterans include:

- a. Depression from Post-Traumatic Stress Disorder
- b. Use of firearms
- c. Substance abuse disorders
- d. All of the above

35. Regarding warning signs for suicide, which statement is FALSE?

- a. Most people display a noticeable change in behavior before trying
- b. Suicidal thoughts are always a sign of severe mental illness
- c. Changes in sleep or appetite can indicate increased risk
- d. Preoccupation with death and dying is a common warning sign

36. An effective way to help prevent suicide contagion is to:

- a. Provide extensive news coverage of suicide deaths
- b. Report on suicide in a sensationalized manner
- c. Encourage responsible media reporting from medical experts
- d. Not report on suicide at all to avoid awareness

37. Characteristics of communities with lower suicide rates include:

- a. Economic distress
- b. Strong social supports
- c. Easy access to lethal means
- d. High unemployment rates

38. Which strategy is NOT considered an effective component of community-based suicide prevention programs?

- a. Limiting access to lethal means for at-risk groups
- b. Coordinating care between behavioral health and medical services
- c. Social media-based messaging campaigns
- d. Suicide awareness and education training

39. Protective factors against suicide include:

- a. Financial problems
- b. Easy access to firearms
- c. Responsibilities like childcare
- d. Severe physical illness

40. Risk assessment should explore all of the following EXCEPT:

- a. Access to lethal means
- b. Warning signs and protective factors
- c. Suicidal thoughts without any plans or intent
- d. Substance abuse or mental health condition.