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# **Original Article**

# A Study to Assess the Effectiveness Of Structured Teaching Programme on Knowledge Regarding Suicidal Prevention among Parents of Adolescents in Selected Area of Udaipur City

## Hardik Pandya

Professor, Akshar Nursing College, Modasa, Gujarat

Corresponding Author: Mr. Hardik Pandya, Professor, Akshar Nursing College, Modasa, Gujarat

Corresponding E-mail: tinkupandya1988@gmail.com

#### **Abstract**

**Introduction:** Adolescence is a crucial developmental period, yet suicide remains a significant concern, particularly in countries like India with large adolescent populations. This study examines the effectiveness of a structured teaching program (STP) aimed at improving parental knowledge of suicide prevention.

**Methodology:** Research approach used in this study was evaluative research approach. pre experimental one group pre-test and post-test design was adopted for this study. This study was conducted in selected area of Udaipur city. In the present study, population consisted of all parents of adolescents in selected area of Udaipur city. In the present study the sample consisted of all the parents of adolescents in a selected area of Udaipur city and sample size were 60. According to sampling criteria, Non Probability Convenient Sampling technique was adopted to select 60 samples.

**Results:** The study highlights the importance of addressing knowledge gaps among parents regarding suicide prevention. Initial assessments revealed inadequate knowledge, prompting the implementation of an STP. Following the program, significant improvements in knowledge were observed among participants, indicating its effectiveness.

**Conclusions:** This study emphasizes the importance of collaborative efforts in addressing adolescent suicide, with nursing professionals playing a key role in educating and supporting parents. By addressing knowledge gaps and implementing evidence-based interventions, strides can be made in preventing adolescent suicide and promoting mental well-being.

**Keywords:** Assess; Structured Teaching Programme; Knowledge; Suicidal; Prevention.

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#### Introduction

The World Health Organization defines adolescents as individuals aged 10 to 19, and India is home to one of the world's largest adolescent populations, totaling 243 million. These young people are crucial to shaping India's future, making it imperative to address their health and developmental needs. Suicide, the voluntary act of ending one's own life, has gained recognition as a psychiatric illness since the 19th century. It affects not only the individual but also those around them, causing grief and guilt. Adolescence is a period marked by a significant increase in suicide rates, making it the third-leading cause of death among 15- to 24year-olds, surpassing accidents and homicide. Girls tend to attempt suicide more frequently, while boys often use more lethal methods, leading to higher death rates. Risk factors for adolescent suicide include psychological disorders like depression, substance abuse, feelings of hopelessness, previous suicide attempts, family history, abuse, lack of support networks, and social isolation. Adequate support from friends, family, and communities can mitigate these risks, highlighting the importance of preventive measures and understanding the complex factors contributing to adolescent suicide.

## **Objectives**

- 1. To assess the pre test knowledge score of the parents of adolescents regarding suicidal prevention.
- 2. To assess the post test knowledge score of the parents of adolescents regarding suicidal prevention.
- 3. To assess the effectiveness of structured teaching programon knowledge of the parents of adolescents regarding suicidal prevention.
- 4. To find out the association between the pre test knowledge score of parents of adolescents with the selected socio demographic variables.

## **Hypotheses of The Study**

**H**<sub>1</sub>: There will be significant difference between the pretest and post- test level of knowledge regarding suicidal prevention.

 $\mathbf{H}_2$ : There will be significant association between the pre-test knowledge score of parents of adolescents regarding suicidal prevention with selected demographic variable.

## Methodology

**Research Approach:** Research approach used in this study was evaluative research approach.

**Research Design:** In this study pre experimental one group pre test and post test design was adopted for this study

**Setting of The Study:** This study was conducted in selected area of Udaipur city.

**Population:** In the present study, population consisted of all parents of adolescents in selected area of Udaipur city.

**Sample & Sample size:** In the present study the sample consisted of all the parents of adolescents in a selected area of Udaipur city and sample size were 60.

**Sampling Technique:** According to sampling criteria, Non Probability Convenient Sampling technique was adopted to select 60 samples.

## **Development and Description of The Tool**

The tool development process involved several key steps to ensure its validity and reliability. Firstly, a blueprint was created to guide the construction of a structured questionnaire, which included domains of knowledge, comprehension, and application. Content validity was established by submitting the instrument, along with objectives, operational definitions, blueprint, and scoring key, to five experts for review and feedback.

The tool comprised two parts:

Part 1 gathered demographic data from participants, including age, gender, education, occupation, and more.

Part 2 consisted of a 30-item structured questionnaire focusing on suicidal prevention, covering general and preventive aspects of suicide.

The comprehensive nature of the tool aimed to gather robust data on participants' knowledge and demographics, facilitating effective analysis and intervention in suicide prevention efforts.

**Score System** 

Maximum Score: 30 Minimum Score: 0

For each correct answer will be given one (1) mark for each incorrect answer will be given zero (0) mark

The resulting scores were ranged as follows:

- 1. Adequate knowledge->75%
- 2. Moderately adequateknowledge-51-75%
- 3. In adequate knowledge-below- ?50%

## **Results**

# **Section -A: Demographic Profile of Parents of Adolescents.**

**TABLE 1: Classification of Demographic Characteristics of Respondents.** 

N = 60

S.N.	VARIABLE	Category	Respondents		
1	Age (In years)	30-40 year	16	26.66	
		41-45 year	24	40	
		46-50 year	12	20	
		Above 50 year	8	13.34	
2	Gender	Male	38	63.33	
		Female	22	36.67	
3	Religion	Hindu	35	58.33	
		Christian	5	8.33	
		Muslim	15	25	
		Others	5	8.34	
4	Educational Status	No Formal Education	18	30	
		Primary	23	38.34	
		Education			
		Secondary	14	23.33	
		Graduate/ Post Graduate	5	8.33	
5	Occupation	Daily Wages	15	25	
	-	Private Employee	15	25	
		Govt. Employee	2	3.34	
		Businessman	4	6.67	
		Unemployed	24	40	
6	Income of the Family Per Month (In Rs)	Less Than 3000	24	40	
		3001-6000	18	30	
		6001-9000	14	23.33	
		Above 9000	4	6.67	
7	Number of Children	One	12	20	
		Two	25	41.66	
		Three	17	28.34	
		More Than Three	6	10	
8	Type of Family	Nuclear	32	53.33	
	-	Joint	19	31.67	
		Extended	9	15	
9	Source of Information	Mass Media	32	53.33	
		Health Professional	10	16.66	
		Friends and Relatives	11	18.34	
		Others	7	11.67	

## Section B: Overall Level of Knowledge Scores in Pre Test & Post Test

N=60

Categories	Pre-test		Post	-test
	Scores	%	Scores	%
Inadequate	48	80	-	
Moderately adequate	12	20	22	36.67
Adequate	-	-	38	63.33
Combined knowledge score	60	100	60	100

# Section C: Aspect Wise Pre-test Knowledge Score on Suicide Prevention

N=60

Area Wise Pre-Test Knowledge Scores of Parents of Adolescents on Suicidal	Inadeq	uate	Moderately A	Adequate	Total		
Prevention	Number	%	Number	%	Number	%	
General Aspects of Suicide	46	76.67	14	23.33	60	100	
Preventive Aspects of Suicide	51	85	9	15	60	100	
Combined Knowledge Score	48	80	12	20	60	100	

# Section D: Aspect Wise Post-Test Knowledge Scores on Suicidal Prevention

N=60

Area wise post-test knowledge cores of parents	Moderately	adequate	Adequ	ate	Total		
of adolescents	Number	%	Number	%	Number	%	
General aspects of suicide	48	80	12	20	60	100	
Preventive aspects of suicide	24	40	36	60	60	100	
Combined knowledge score	24	40	36	60	60	100	

# Section-E: Evaluation of Effectiveness of Structured Teaching Programme on Suicidal Prevention Among Parents of adolescents.

Mean, Mean%, SD & 't' value of pre & post test scores.

N=60

Area wise knowledge	Pre-test			Post-test			Mean	t-	Inference
scores of parents of adolescents			2 5				difference	value	
	Mean	Mean%	SD	Mean	Mean%	SD			
General aspects of suicide	4.8	40	2.44	8.33	69.41	1.26	29.41	12.19	HS**
Preventive aspects of suicide	7.51	41.72	2.32	13.41	74.53	1.88	32.81	18.11	HS**
Combined knowledge score	12.31	20.52	8.8	32.85	21.75	36.25	1.23	16.87	HS**

Note: \*Significance at 5% level for d.f. (i.e. P<0.05)

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Section-F: Association Between Knowledge and Selected Demographical Variables

Table 6- Association between selected demographic variables and the overall pre-test knowledge scores on suicidal prevention. N=60

S. N.	Demographic Variables	Categories	No. of Sample	Combined Pre- Test Knowledge Score		Chi- Square Value	d.f. Value	Table	Inference
				Below Median	Above Median				
1	Age in year	30-40	16	10	6	4.17	8	15.51	NS
		41-45	24	18	6				
		46-50	12	8	4				
		Above 50	8	6	2				
2	Gender	Male	38	12	11	.86	1	3.84	NS
		Female	22	30	7				
3	Religion	Hindu	35	25	10	.15	8	15.51	NS
		Christian	5	4	1				
		Muslim	15	10	5				
		Others	5	3	2				
4	Educational	No Formal Education	18	12	6	2.32	8	15.51	NS
	status	Primary	23	20	3				
		Secondary Education	14	7	7				
		Graduate/Post Graduate	5	3	2				
5	Occupation	Daily Wages	15	12	3	.63	15	25	NS
		Private Employee	15	10	5				
		Govt. Employee	2	1	1				
		Businessman	4	3	1				
		Unemployed	24	16	8				
6	Family income	Less Than 3000	24	15	9	.86	8	15.51	NS
		3001-6000	18	14	4				
		6001-9000	14	11	3				
		Above 9000	4	2	2				
7	No. of children	One	12	11	1	.15	8	15.51	NS
		Two	25	14	11				
		Three	17	13	4				
		More Than Three	6	4	2				
8	Type of family	Nuclear	32	25	7	.15	3	7.82	NS
		Joint	19	12	7				
		Extended	9	5	4				
9	Source of	Mass Media	32	22	10	.08	8	15.51	NS
	information	Health Professional	10	8	2				
		Friends and Relatives	11	8	3				
		Others	7	4	3				

## **Discussion of findings:**

In this study it shows that, in pre-test there were 80% was inadequate knowledge, 20% was moderate knowledge & nobody having adequate knowledge.

This study is supported by a study which was conducted Maharashtra among the college going students where it shows that in pre-test there were 59 % was inadequate knowledge 38% was moderate knowledge & only 3% was adequate knowledge.

In this study it shows that, in post- test there were 63.33% was adequate knowledge, 36.67% was moderate knowledge & nobody having inadequate knowledge.

This study is supported by a study which was conducted Maharashtra among the college going students where it shows that in post-test there were 81 % was adequate knowledge 19% was moderate knowledge & nobody having inadequate knowledge.

Previously mentioned both study shows that STP was having highly effect to improve the Knowledge. In this study it shows that there is no significant association with demographic variables so  $\rm H_2$  is rejected. This study is supported by a study which was conducted Odisha among the nursing students in that study it shows that only family was significant association & other was not associated so there was also  $\rm H_2$  was rejected.

#### **Conclusions**

After the detailed analysis, this study leads to the following conclusion: -The initial knowledge of parents of adolescents regarding suicidal prevention was found to be inadequate, with a pre-test score of 48, while a moderately adequate score was 12. Following the structured teaching program (STP), there was a considerable improvement in knowledge, with 36 participants achieving adequate scores and only 24 achieving moderately adequate scores in the post-test assessment. Statistical analysis using the t-test revealed a significant difference between pre-test and post-test knowledge scores, indicating the effectiveness of the STP. Specifically, the mean pre-test knowledge score was 12.31, while the post-test mean score was 21.75, showing a high mean difference of 9.44. Overall, the STP was found to be more effective in improving knowledge compared to the pre-test assessment, as demonstrated by area-wise findings. Interestingly, the study found no significant association between pre-test knowledge scores and selected demographic variables.

## **Implications of the study include:**

- V Nursing education: Highlighting the importance of incorporating structured teaching programs on suicidal prevention into nursing curricula to equip future healthcare professionals with necessary knowledge and skills.
- V Nursing practice: Emphasizing the role of nurses in providing education and support to parents of adolescents regarding suicidal prevention.
- V Nursing administration: Advocating for the implementation of structured teaching programs within healthcare settings to improve community awareness and support for suicidal prevention efforts.
- V Future studies: Suggesting the need for further research to explore additional factors influencing knowledge and attitudes towards suicidal prevention among various populations and to evaluate the long-term effectiveness of educational interventions.

### **Recommendation:**

On the basis of findings, it is recommended that:

- V The similar study may be replicated on large scale.
- V The similar study can be conducted to evaluate the knowledge on prevention of suicide.
- V This study can be conducted in community health setting by using large sample of adolescents.

**Ethical approval:** The ethical clearance certificate was obtained from research ethical committee, after presenting the research proposal with condition not to violet the rights of human beings/animals.

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**Conflicts of interests:** The authors declare that they have no conflict of interest with regard to the content of the report.

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