ISSN: 2309-5288 (Print)
ISSN: 2309-6152 (Online)
CODEN: JCLMC4

Journal of Coastal Life Medicine

A Study to Assess the Effectiveness of a Suicide Prevention Program on Selected Student of Sumandeep Nursing College Sumandeep Vidyapeeth Piparia Vadodara

Received: 24 October 2022, **Revised:** 22 November 2022, **Accepted:** 26 December 2022

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Key Words:

Suicide Prevention Program

Abstract:

The study's objective was to evaluate people's understanding about suicide prevention. The third most common cause of mortality for young adults globally is suicide. Prevention tactics increasingly are understood to need to be adapted to a country's regional demographics and conducted with cultural sensitivity. Utilising a pre-experimental, pre-test, and post-test design, quantitative research methods were employed. Non-Probability The 150 students that made up the sample were selected using a practical sampling technique, and self-structured checklists were used for data collection. Descriptive and interferential statistics were employed to analyse the data. In the pre-test, 48 (32%) of the sample had insufficient knowledge, 102 (68%) had adequate knowledge, and 0% had moderately adequate knowledge. In the post-test, 20 (13.333%) of the sample had insufficient knowledge, 60 (40%) had adequate knowledge, and 70 (46.66%) had moderately adequate knowledge. The study's findings indicated that the programme for preventing student suicide was successful. The paired t-test result was 9.1 at the 0.05 level of significance, indicating that the suicide prevention programme was successful.

1. Introduction

The teenage years are marked by significant developmental changes and difficulties. A successful transition into adulthood depends on the adolescent developing and consolidating the competencies, attitudes, and values. According to the WHO, nearly a million people die by suicide each year. It is the third most common reason for death. In 2010, this equates to a "global" mortality rate of 16 per 100,000. Every 40 seconds, one person passes away. One of the top causes of death for people between the ages of 15 and 29 is suicide.2 The suicide rate was predicted to account for 1.8% of the worldwide disease burden in 1998 and is predicted to rise to 2.4% in 2021.1 Boys and girls have different suicide rates. Girls are more likely than boys to consider suicide, make an attempt, and think about suicide. Overdosing on medicines or self-inflicted injuries are two typical suicide methods. Boys are four times more likely than girls to die by suicide. They often employ more lethal techniques, such using firearms, hanging, or jumping from great heights, so that's possible. Students who are attending college who have a strong support system of friends, family, religious groups, peers, or extracurricular activities may have a way to deal with daily challenges. However, a lot of teenagers don't think they have that and feel distant from their family and friends. These teenagers have a higher risk of suicide. "Every citizen can contribute to this admirable endeavour. Suicides do not only happen in certain families. Anywhere can experience it. The government must build facilities for treatment and rehabilitation as well as raise awareness about suicide prevention.2 A psychological disorder, including depression, bipolar disorder, and alcohol and drug abuse (about 95% of suicide deaths are caused by a psychological disorder at the time of death).Distress, irritation, or agitation feelings Depression and a previous suicide attempt are frequently accompanied by feelings of worthlessness and hopelessness. A history of depression or suicide in the family (depressive disorders may have a genetic component, making some teenagers more likely to experience serious depression)Sexual or physical abuse inadequate connections with parents or peers, a lack of a support system, and a sense of social isolation dealing with homosexuality in a hostile family, community, or educational setting. According to estimates, 1.5 million

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people would die by suicide worldwide between 2004 and 2020. Suicide is the second most common cause of death for those between the ages of 15 and 29.3 The third most common cause of mortality for young adults globally is suicide. Prevention tactics increasingly are understood to need to be adapted to a country's regional demographics and conducted with cultural sensitivity. The historical, epidemiological, and demographic causes of suicide in India are explored in this article along with the methods used to prevent suicide. Unlike risk variables related to the global demographics, In India, married status is not always protective and the suicide rate is greater among women than men. The causes and methods of suicide differ from those in western nations. Locally executed preventive measures and the identification of susceptible people may be more successful than international ones.4

2. Methodology

The study was carried out using a quantitative research approach and a pre-experimental pre-test and post-test design. The research study was carried out in the school, which served as the study's setting. A non-probability practical sampling technique was used with 150 Sumandeep Nursing College students. To evaluate one's degree of knowledge regarding suicide prevention, a self-structural knowledge checklist is used. The Sumandeep Vidyapeeth Institutional Ethics Committee (SVIEC) (SVIEC/ON/NURS/BNPG19/D20055), located in Vadodara, provided ethical approval for the study's execution. Administrative approval and authorization were requested from the concerned Vadodara college authorities. The consent form was prepared for the study participant regarding their willingness to participate in the research study. The research tool for data collection it consists two sections:

Section:1 Socio-demographic data:

Demographic Variables: Age, Gender, Religion, Education, Education Status, Occupation of Parents, Income of Family, Types of Family, Sources of information about Suicide Prevention, Any Suicidal history or attempts from relatives or friends.

Section:2: Checklist of self-structured knowledge for suicide prevention:

There are a total of 30 questions that will assist determine how well-versed the chosen students are in suicide prevention. The top score is 30. Minimum rating: a 00 Each accurate response received one (1) mark, and each erroneous response received zero (0). Students were chosen. The statistical software for the social sciences (SPSS version 20.0) was used to conduct the statistical analysis. To explain socio-demographic variables, frequency, percentage, means, median, and standard deviation were employed. 0.05 was regarded as the threshold for significance.

3. Result:

SECTION A: -Description of samples according to their demographic characteristics

Majority of participates were 18-20 year of age 94.6% and majority of participate were female 70.0% and majority participates were hindu religion 89.33% and majority participates were b.sc nursing education 60.7% majority participates were graduate and post graduate education stutus of parerents 36.7% and majority of participates were bussiness of occupation of parents 31.3% and above 9000 income of family 54.0% and majority participates were joint family 56.7%.and majority participates were media was source of information about suicide prevention 44.7% and majority participates were no about the and suicidal history of or attempt from relations or friends 61.3%.

Section 2; Association of level of knowledge with selected socio-demographic variables.

In this part, Chi-square analysis is used to examine the relationship between selected students' knowledge levels and certain demographic factors. It displays the relationship between the pre-test knowledge score among the chosen students and the pre-test and post-test demographic characteristics that were examined using the chi-square test. Since the x2(chi-square) value is less than the value in the table, there is no significant relationship between level of knowledge and any other demographic variable. H02 was approved as a result.

SECTION 3-Comparison of post-test score to check the level of knowledge among the students

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Table 3: Despite Mean, SD, Mean Difference, ‘value, df, ‘value of experimental group. n=150

Effectiveness of Program	**Mean**	**SD**	**Mean D**	**T Value**	**DF**	**“Value**
Pre test	1.680	0.46804	O.2335	9.149	149	o.o o5
Post test	2.3333	O.7015 55				

The comparison of post-test knowledge level scores is shown in the above table. Among the chosen students, the mean post-test knowledge level score was 1.68000.46804, while in the experimental group, it was 2.33330.701555 with a mean difference of 0.2335. The Unpaired t-test (Independent t-test) was used to compare the Post-test score of the Level of Knowledge in the Pre-test and Post-test, and the results showed that there was a higher level of knowledge in the Post-test than the Pre-test (t=9.149, df=149, p=0.005). H01 hence fails to accept.

4. Discussion

According to the students' evaluation, 23.33% have fairly adequate knowledge, 40% have poor knowledge, and 46.66% have knowledge that is sufficient. The amount of suicide prevention knowledge was evaluated using a self-structured knowledge checklist, and the majority of students were found to have appropriate understanding, according to discussion.

5. Conclusion:

The current study evaluated the level of suicide prevention knowledge among a sample of Sumandeep Nursing College students in Piparia, Vadodara. and discovered that 48 (32%) of the students in the pre-test sample had a majority of inadequate knowledge. 102 (58%) of the sample had moderately adequate knowledge, 00% of the sample had adequate knowledge, and post-test 20 (23.33) of the sample had insufficient knowledge, 60 (40.00) of the sample had moderately adequate knowledge, and 46.66% of the sample had appropriate knowledge. We observed that a sample of people had 46.66 percent effective knowledge of suicide prevention.

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ISSN: 2309-5288 (Print)
ISSN: 2309-6152 (Online)
CODEN: JCLMC4

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