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## Knowledge and attitude of teachers on the identification of suicidal tendencies among junior college students in selected colleges of Aurangabad city

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### ABSTRACT

*Suicide is the third leading cause of death among adolescent worldwide. There has been an increase in the rates of suicide in India over the years mostly adolescent, and youth are now the group at highest risk in one-third of the developed and developing countries. Suicide is preventable. Youth who are contemplating suicide frequently give warning signs of their distress. Parents, teachers, and friends are in a key position to pick up on these signs and get help. Most important is to never take these warning signs lightly or promise to keep them secret. The current study aimed to assess the knowledge and attitude of teachers on identification of suicidal tendencies among junior college students. A pre-experimental study consisting of 100 samples from Junior College Aurangabad, Maharashtra, India. The questionnaire was used to assess the knowledge and rating scale was used to assess the attitude of samples before and after administration of structured teaching program. Result: The maximum no. of samples knowledge score was (59%) in moderate level, the average no. of samples (35%) were in Inadequate and minimum no. of samples (6%) were in Adequate in Pre-test and in Post-test, the maximum no. of samples (53%) were in moderate, average no. of samples (36%) were in Adequate and minimum no. of samples (11%) were in Inadequate. The maximum no. of samples attitude was (78%) having positive attitude and minimum no. of samples (22%) were having negative attitude in pre-test. In post-test, the maximum no. of samples (84%) were having positive attitude and minimum no. of samples (16%) were having negative attitude. The findings of the study concluded that teachers had moderate level of knowledge and positive attitude towards junior college student suicide.*

**Keywords:** Suicidal Tendencies, Teachers, Junior College Students, Junior College

### 1. INTRODUCTION

India is a developing country, and the population is growing rapidly. India is the second largest country in the world with the highest population of 133.92 crores after China. As the number of population is growing faster, there is also increase in stress in everyone's day to day routine. This affects the health status of people not only physically but also mentally. The word health can mean different think to different people. To some it may mean freedom from sickness or disease while it means harmonious functioning of all body system to some people.

The stress is been managed differently by individual's. Some can handle stress easily but some may not. If they do not handle stress they may lead to some mental illness. It is most commonly seen in college students between age 15 to 24 years of age. i.e. Adolescence age group.

Adolescence is one of the most stressful periods in development. Adolescents face a host of biological, social, and psychological stressors. Expectations of parents and teachers, peer pressure, interpersonal problems, academic stress, worries about the future, and home environment are some of the stressful issues faced by adolescents. These stressors could lead to mental health problems including adjustment disorder, anxiety, depression, and suicide.

The term "Suicide" is derived from the Latin word "Suicidium" which means "to kill oneself". Sir Thomas Browne was the first person who used the term suicide in his "Religio Medici" in 1642. Suicide is an act of self-killing, self-destruction or self-murder. Since past few decades this evil is increasing rapidly worldwide. Every year more than one million people commit suicide globally. Every year 1100 college students commit suicides and 50% report suicidal ideation at some time in their life. The main factors of suicide among students are academic stress, depression, hopelessness, sexual abuse, failure in examination, broken families, anger, financial problems, ineffective problem solving skills, feeling loneliness, isolation and love breakups etc.

In India the rate of suicide is rapidly growing every year which is alarming. According to WHO, in India suicidal rate (21.1%) is higher as compare to the other countries in the world. Every year more than 1 lakh person commit suicide in India which is 20% of suicide cases globally. In India in every 15 minutes 1 case of suicide is recorded.

Adolescent suicide is a problem worldwide and there is also a notifiable gender difference in the suicidal attempts and completion of suicide. Women are four times more likely than men to attempt suicide i.e. they may try to attempt but not complete, whereas, men are twice more likely than women to complete the act of suicide. India is quoted to experience the highest rate of suicide among the age bracket of 15 to 29 years. National Crime Records Bureau (NCRB) 2015 quoted that every hour one student commits suicide in India. Parents, Teachers and schools cannot prepare children mentally and psychologically for the many triggers in the world. Teachers work with the population i.e. adolescent that has the largest ratio of suicide attempts to completions. Therefore they are in ideal position to identify those at risk for suicide. Nevertheless, teachers are inadequately trained regarding the appropriate steps to take to prevent student or to identify suicidal tendencies among students. This is largely due to lack of information on youth suicide in teacher education programs.

## **2. OBJECTIVES**

1. To assess the knowledge of teachers on identification of suicidal tendencies among junior college students.
2. To assess the attitude of teachers on identification of suicidal tendencies among junior college students.
3. To assess the effectiveness of structured teaching programme on knowledge and attitude of teachers on identification of suicidal tendencies among junior college students.
4. To assess the correlation between knowledge and attitude of teachers on identification of suicidal tendencies among junior college students.
5. To find out the association between knowledge regarding suicidal tendencies and socio demographic variable.
6. To find out the association between attitude regarding suicidal tendencies and socio demographic variable.

## **3. HYPOTHESIS**

1.  $H_1$  : There will be significant difference between pre-test and post-test knowledge and attitude score among teachers of junior college students.
2.  $H_2$  : There will be significant association between post-test knowledge score with selected demographic variables.

## **4. METHODOLOGY**

A pre-experimental research design was used in this study. The study population included 100 junior college teachers from two selected junior college of Aurangabad. Based on one of the previous study the sample size was calculated. The permission was obtained from the concerned principals of the respective colleges.

### **Inclusion Criteria**

1. Teachers who are willing to participate,
2. Teachers who are present at the time of study,
3. Teachers who are having more than 2 years of experience in junior college

### **Exclusion Criteria**

1. External teachers and Visiting Teachers.

The purposive sampling technique was used to select the samples. A structured knowledge questionnaire was used to assess the knowledge and rating scale was used to assess the attitude of teachers.

### **Description of structured teaching programme.**

The structured teaching programme was prepared to enhance the knowledge and attitude of junior college teachers regarding identification of suicidal tendencies among students. It consisted the following content area.

- Introduction
- Definition of suicide.
- Concept of suicide.
- Epidemiology of suicide.
- Causes and risk factors of suicide.
- Signs of developing suicidal tendency.
- Identification of suicidal tendency.
- Prevention of suicide.
- Myths and Facts related to suicide.
- How can we prevent suicide?
- Suicide helpline.

**5. PREPARATION OF TOOL**

It comprises of three sections;

**Section A;**

It consist of socio demographic data like age, gender, religion, income, source of information.

**Section B;**

It consist of self-structured knowledge questionnaire. It consist of 30 item for assessing the knowledge of teachers on identification of suicidal tendencies among junior college students. Each item has four options with minimal obtained score of 0 and maximum obtained score of 1.

**Section C;**

It consist of attitude scale having 20 statements for assessing the attitude of teachers on identification of suicidal tendencies among junior college students. The scoring was divided into 3 i.e. Disagree, Uncertain and Agree. If they disagree the score was 0, uncertain score was 1 and agree score was 2.

**6. SCORING PROCEDURE**

To assess the knowledge of teachers on identification of suicidal tendencies, score was group into 3 levels i.e. Inadequate, Moderate, Adequate based on percentage of scores.

**Table 1: The scoring pattern of knowledge is as follows;**

| S no. | Total Score | Percentage | Level of Knowledge |
|-------|-------------|------------|--------------------|
| 1     | 1-10        | 0-35%      | Inadequate         |
| 2     | 11-20       | 36-70%     | Moderate           |
| 3     | 20-30       | 71-100%    | Adequate           |

**SECTION C;**

To assess the attitude of teachers on identification of suicidal tendencies, score was group into 2 levels i.e. Positive and Negative based on percentage of scores.

**Table 2: The scoring pattern of attitude is as follows;**

| S no. | Total Score | Percentage | Level of attitude |
|-------|-------------|------------|-------------------|
| 1     | 0-20        | 0-50%      | Positive          |
| 2     | 21-40       | 51-100%    | Negative          |

The written informed consent from the teachers was obtain before the study. First the pre-test was conducted followed by structured teaching program. Then after 7 days post-test was conducted for the same group.

**7. DATA COLLECTION METHOD**

Data was collected from 26<sup>th</sup> Nov 2019 to 4<sup>th</sup> Dec 2019 by giving the pre-test forms which consist of self-structured knowledge questionnaire and attitude scale followed by Structured Teaching Programme and after 7 days post-test was conducted for 100 samples at selected junior college of the city by using non-probability convenient sampling technique tool was provided to samples at a same time approximately 15-20 min were given to them for solving the self-administered knowledge questionnaire and attitude scale.

**8. ETHICAL CONSIDERATION**

The propose study was conducted after the approval of dissertation committee of Mahatma Gandhi Mission’s Mother Teresa College of Nursing, Aurangabad. Permission was obtained from selected colleges of the city. Consent of each subject was obtained before starting the data collection and their information was kept confidential.

**9. RESULTS**

**Table 3: Description of samples according to their demographic characteristic. n=100**

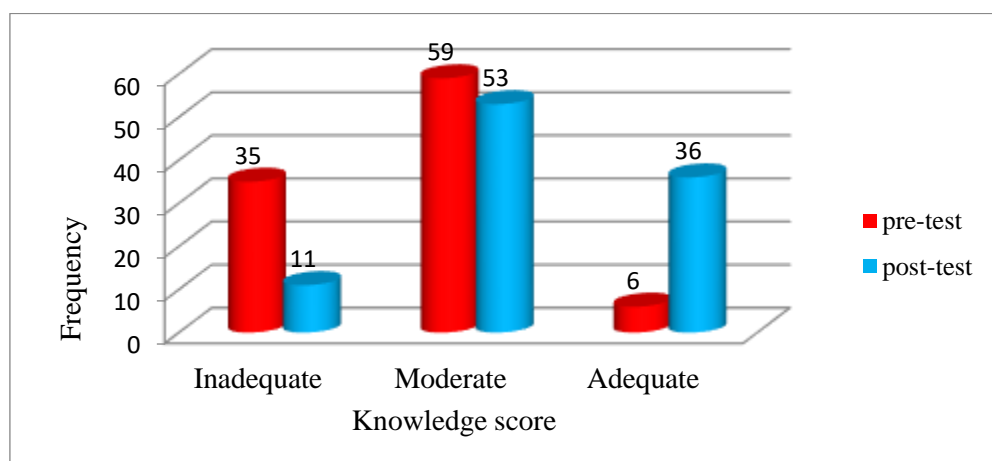
| Demographic variables |              | Percentage (%) |
|-----------------------|--------------|----------------|
| Age                   | 26-30        | 23             |
|                       | 31-35        | 6              |
|                       | 36-40        | 22             |
|                       | 41 and above | 49             |
| Gender                | Male         | 57             |
|                       | Female       | 43             |
| Religion              | Hindu        | 80             |
|                       | Muslim       | 11             |
|                       | Christian    | 8              |
|                       | Other        | 1              |
| Marital status        | Married      | 71             |
|                       | Unmarried    | 23             |
|                       | Divorced     | 0              |
|                       | Widow        | 6              |
|                       | Nuclear      | 64             |

|  |                      |    |
|--|----------------------|----|
| Type of family   | Joint                | 32 |
|  | Extended             | 4  |
| If married, no. of children's                                  | None                 | 27 |
|  | One                  | 29 |
|  | Two                  | 40 |
|  | Three or more        | 4  |
| Any child in adolescent age group                              | Yes                  | 37 |
|  | No                   | 63 |
| Educational level  | Graduate             | 26 |
|  | Post-Graduate        | 6  |
|  | P.HD                 | 65 |
|  | Other                | 3  |
| Monthly income   | >5000                | 1  |
|  | 5001 – 10,000        | 4  |
|  | 10,001 –15,000       | 24 |
|  | 15,001 & above       | 71 |
| Importance of your role in identification of suicidal students | Not at all important | 4  |
|  | Not that important   | 3  |
|  | Important            | 72 |
|  | Very important       | 21 |
| Teaching stream  | Science              | 41 |
|  | Commerce             | 31 |
|  | Arts                 | 28 |
|  | MCVC                 | 0  |
| Source of information  | Mass media           | 51 |
|  | Health professional  | 16 |
|  | Friends & relatives  | 12 |
|  | Others               | 21 |
| Suicide prevention training within 2 yrs                       | Yes                  | 23 |
|  | No                   | 77 |

The above table no. 3 describes the distribution of samples according to their demographic characteristics. In age maximum no. of samples (49%) belongs to 41-and above years. In Gender maximum no. of samples (57%) were Males. In religion maximum no. of samples (80%) were Hindu. In Marital Status maximum no. of samples (71%) were Married. In Type of family maximum no. of samples (64%) were from Nuclear family. In No. of children maximum no. of samples (40%) were having two children. In any children in adolescent age group maximum no. of samples (63%) said No. In educational Level maximum no. of samples (65%) had done P.HD. In monthly income maximum no. of samples (71%) were having from Rs. 15,001 and above. In teaching years of experience in junior college maximum (41%) of samples were having 9 years and above experience. In Identifying students who are suicidal maximum no. of samples (72%) said it is Important. In stream maximum no. of samples (41%) were from Science stream. In source of Information on suicide rate maximum no. of samples (50%) said they got it from Mass media. In suicide prevention training maximum no. of samples (77%) said No.

#### Distribution of samples in relation to their knowledge scores of pre-test and post-test.

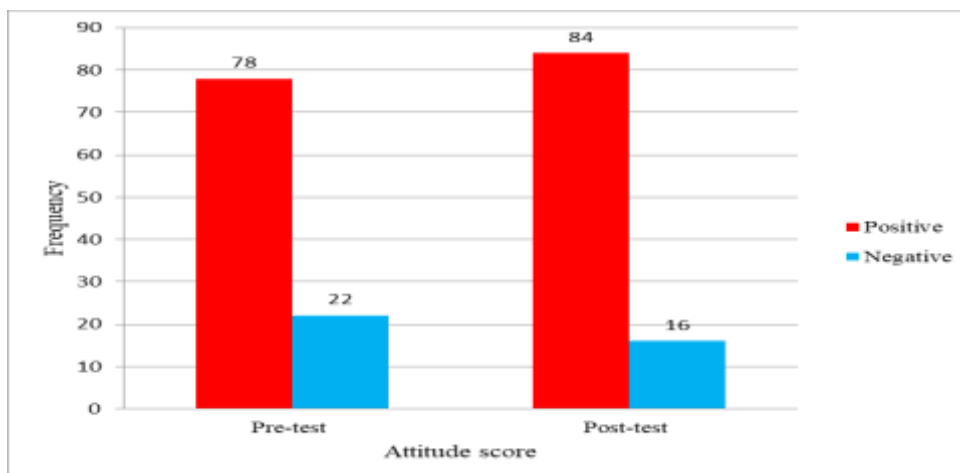
The below graph no. 1 reveals percentage wise distribution of samples according to their knowledge scores. In pre-test the maximum no. of samples (59%) were in moderate level, the average no. of samples (35%) were in Inadequate and minimum no. of samples (6%) were in Adequate. In Post-test, the maximum no. of samples (53%) were in moderate, average no. of samples (36%) were in Adequate and minimum no. of samples (11%) were in Inadequate.



Graph no. 1 Distribution of samples in relation to their knowledge scores of pre-test and post-test.

**Distribution of samples in relation to their attitude scores of pre-test and post-test.**

The below graph no. 2 reveals percentage wise distribution of samples according to their attitude scores. In pre-test the maximum no. of samples (78%) were having positive attitude and minimum no. of samples (22%) were having negative attitude. In post-test, the maximum no. of samples (84%) were having positive attitude and minimum no. of samples (16%) were having negative attitude.



**Graph no. 2 Distribution of samples in relation to their attitude scores of pre-test and post-test.**

**Table 4: Effectiveness of structured teaching programme on teachers level of knowledge. n=100**

| Test      | Mean  | SD   | T     | DF | P     | Result |
|-----------|-------|------|-------|----|-------|--------|
| Pre-test  | 12.88 | 4.89 | 25.32 | 99 | <0.05 | S      |
| Post-test | 17.83 | 5.16 |       |    |       |        |

The above table no. 4 shows that the knowledge level has got increased in post-test and the calculated t value is less than the table value at 0.05 level of significance. Hence there is an effectiveness of structured teaching programme on teachers regarding identification of suicidal tendencies among junior college students. Hence H1 hypothesis is accepted.

**Table 5: Effectiveness of structured teaching programme on Attitude of knowledge. n=100**

| Test      | Mean  | SD   | T     | DF | P     | Result |
|-----------|-------|------|-------|----|-------|--------|
| Pre-test  | 15.04 | 5.76 | 50.42 | 99 | <0.05 | N.S    |
| Post-test | 15.95 | 7.10 |       |    |       |        |

The above table no. 5 shows that the attitude level has got increased in post-test and the calculated t value is more than the table value at 0.05 level of significance. Hence there is no effectiveness of structured teaching programme on attitude of teachers regarding identification of suicidal tendencies among junior college students. Hence H1 hypothesis is rejected.

**Table 6: correlation between knowledge and attitude of teachers regarding identification of suicidal tendencies among junior college students in junior colleges. n=100**

| Domain    | Correlation Between    | Mean Score                      | Karl Pearson Correlation Coefficient (r) | P     |
|-----------|------------------------|---------------------------------|--|-------|
|           |                        | Mean ±SD                        |  |       |
| Pre-test  | Knowledge and attitude | 12.88±15.04<br>and<br>4.89±5.76 | -0.02                                    | <0.05 |
| Post-test | Knowledge and attitude | 17.83±15.95<br>and<br>5.16±7.10 | 0.15                                     | <0.05 |

The above Table no.6 shows that, in pre-test there was negative correlation (-0.02) between knowledge and attitude score. In post-test there was positive correlation (0.15) between knowledge and attitude at 0.05 level of significant. Thus the findings suggests that the structured teaching programme was effective regarding identification of suicidal tendencies among teachers of junior college students in improving knowledge and attitude.

**10. DISCUSSION**

The research study findings have been discussed with relevance to the objectives and with other research study findings.

- ✓ In this research study in pre-test the maximum no. of samples knowledge score was (59%) in moderate level, the average no. of samples (35%) were in Inadequate and minimum no. of samples (6%) were in Adequate and in Post-test the maximum no. of samples (53%) were in moderate, average no. of samples (36%) were in Adequate and minimum no. of samples (11%) were in Inadequate. In pre-test the maximum no. of samples attitude was (78%) having positive attitude and minimum no. of samples (22%) were having negative attitude. In post-test, the maximum no. of samples (84%) were having positive attitude and minimum no. of samples (16%) were having negative attitude.



- ✓ In present study findings reveals that post-test mean knowledge (17.83) and attitude (15.95) score was higher than pre-test mean knowledge score (12.88) and attitude (15.04) score. Paired t test result indicates that ( $P < 0.05$ ) the significant difference in pre-test & post-test mean knowledge and practice score was significant at 0.05% level. So, it can be concluded that structured teaching programme was effective in teachers regarding identification of suicidal tendencies.

A study findings are supported by a study conducted by Linson C.C, Christopher Sudhakar, Radha Y Aras on Identification of suicide clues, depression signs, knowledge and attitude towards adolescent suicide prevention strategies among high school teachers. The total samples consisted of 90 high school teachers were selected for the study. The result showed that maximum number of teachers had moderate (48%) level of knowledge and attitude towards suicide is positive (65%). Therefore the study suggested that teachers are having moderate knowledge while the attitude is positive. To conclude, results from the present study and those in the earlier studies support the conclusion that structures teaching programme was effective in increasing the knowledge and attitude of teachers to prevent suicide among junior college students.

## 11. CONCLUSION

The present study is effectiveness of structured teaching programme regarding adolescent suicide among teachers was conducted on 100 samples of the selected Junior colleges of the city. The findings of the study showed that teachers had moderate level of knowledge and positive attitude towards junior college student. The post-test knowledge and attitude score were significantly greater than pre-test score of teachers. This study also proved that structured teaching programme was effective method to enhance the knowledge and attitude of teachers to prevent suicide among junior college students.

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