



## RESEARCH ARTICLE

### **A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE OF PARENTS REGARDING SUICIDAL BEHAVIOR AMONG ADOLESCENTS IN A SELECTED COMMUNITY AREA AT MANGALORE"**

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#### ABSTRACT

Adolescence is one of the most dynamic and demanding stages of human development. In recent decade, India is having second leading cause of injury and death due to suicidal behavior among adolescents. Parents are the key person, who can play the integral role in proper guidance by maintaining open communication and teaching how to manage the life stresses among their children. The study attempts to assess knowledge of parents regarding suicidal behavior among adolescents in a selected community area in Mangalore. The descriptive research approach was adopted with purposive sampling to collect the data from 100 parents who had adolescent children between 10 and 19 years residing in selected community, Mangalore. Data was collected by using a structured knowledge questionnaire. The mean score of parents' knowledge regarding suicidal behavior among adolescents was 17.83 (52.44%) with  $SD \pm 3.65$ . The majority of parents (92%) had moderately adequate knowledge regarding suicidal behavior among adolescents. There was a significant association between parents' knowledge and selected variables such as education, occupation, monthly family income and previous knowledge regarding suicidal behavior  $p < 0.05$  at 0.05 level of significance.

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## INTRODUCTION

According to World Health Organization, adolescence is the transitional stage of physical and psychological human development that occurs between ages 10 and 19 years. The world is home to 1.2 billion adolescents aged 10–19 years and account for more than one-fifth of the world's population<sup>1</sup>.

India has the largest national population of adolescents (243 million), followed by China (207 million), United States (44 million), Indonesia and Pakistan (both 41 million). In India, this age group forms 21.4% of the total population. So one of the most important commitments a country need to make for future financial, societal, and political progress and stability, by addressing the health and developmental needs and issues of adolescents<sup>2</sup>.

Suicidal behavior is a complex phenomenon that usually occurs progressively from suicidal thoughts, planning, attempting suicide, and finally dying by suicide<sup>3</sup>. The numerous research studies showed that Southern states of India have a higher number of suicides. In Karnataka state, the number of people ending their life in a voluntary or by deliberate act has varied from 12 to 13,000 per year during the years 2005 to 2007 which resulted 12,304 total suicides cases in the year 2007 (rate of 21.6/100,000 population)<sup>4</sup>. Among people committed suicide, the majority of the suicides were in between 15-29 age group. The suicide rate in between 15-19 age group adolescents in South India reported as 148 per 100,000 for girls and 58 per 100,000 for boys<sup>5</sup>. Several factors like acute economic crisis, alcohol use, domestic violence, the presence of mental illness (especially

depression and alcohol dependence) and previous suicidal attempts are established as risk factors<sup>6</sup>. Similarly; the protective factors like coping ability of an individual, open communication, families bonding relationship, religiosity, and availability of help during troubles are found lacking in many of the suicide attempters.

So, effective suicidal behavior prevention depends upon the early identification of its risk factors and causes<sup>4</sup>.

Suicide is the second leading cause of death among youth between 10 and 19 years of age. Adolescents who are planning suicide recurrently give warning signs of their distress. As suicidal ideation becomes more specific and characterized by feelings of hopelessness, self-blame, negative thoughts and social withdrawal, inhibited aggression turned toward the self, suicidal fantasies and planning, somatic symptoms like sleep problems, fatigue, and loss of appetite can be seen among adolescents<sup>7</sup>. An adolescent with adequate support of friends, family, religious affiliations, good peer relationship, or involve in various extracurricular activities can provide an outlet to deal with everyday frustrations. But many adolescents don't know about the fact and isolate from family and friends which increases the risks of suicide<sup>8</sup>.

Suicidal tendencies also increase with greater expectations from the parents and with academic pressure. The different study results showed that more and more adolescents are taking the extreme step of suicide due to failure in exams, rejection by the society or generation gap between parents. Today most of the families, both parents are working and

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hardly have time to deal with the problems of their children<sup>9</sup>. So this present study is trying to assess parent's knowledge regarding suicidal behavior which provides the basis for planning effective preventive measures on existing risk factors regarding suicidal behavior among adolescents.

## **MATERIAL AND METHODS**

A descriptive research design was adopted to assess knowledge of parents regarding suicidal behavior among adolescents. Total 100 parents (biological) of adolescents were selected through purposive sampling technique in the selected community area.

### **Instrument for data collection**

Data collection tools are the instruments used by the researcher to measure the key variables in the research problem. After an extensive review of literature, discussion with the guide and various experts related to the subject matter and based on the researcher's personal experience the data collection tool was developed.

The data collection tool used for the study consisted of two sections:

#### **Section A: Baseline Proforma**

Baseline Proforma included 9 items to obtain the related information such as age, gender, religion, education, types of family, occupation, family monthly income and previous knowledge regarding suicidal behavior.

#### **Section B: Structured knowledge questionnaire on suicidal behavior of adolescents**

A structured knowledge questionnaire which consisted of 34 items parent's knowledge.

#### **Inclusion criteria**

Parents who

- were willing to participate.
- had adolescents children between 10-19 years of age.
- were able to understand English or Kannada.
- were available at the time of data collection.

**Exclusion criteria:** Parents who were mentally ill were excluded from the study.

#### **Data collection procedure and analysis**

The researcher obtained permission from the respective authority of the institution (Yenepoya University) and ethical clearance from the ethics committee of Yenepoya University. Formal written permission was obtained from the District Health Office and the authority of selected community. The investigator took informed consent from the participant who fulfilled the inclusion criteria. Pretesting and reliability of the tool was done. Reliability was found to be 0.89 which was considered as reliable. The data collection was made from 20<sup>th</sup> to 27<sup>th</sup> April from selected community, Mangalore. Collected data were analyzed using descriptive and inferential statistics.

## **RESULTS AND DISCUSSION**

### **RESULTS**

The results regarding the age distribution of samples showed that the majority of parents (45%) belonged to the age group

of 31-35 years, 32% belonged to the age group of 36-40 years, 15% belonged to the age group of 26-30 years and remaining parents (8%) were above 40 years. The majority of parents (54%) were males and remaining (46%) were females. Maximum percentages of parents (40%) were Hindus, 33% were Muslims and remaining (27%) were Christians. More than half of parents (58%) had a secondary level education, 27% had a primary level education, and while (11%) had graduate education and 4% parents had no formal education. Nearly half of parents (46%) had private job, 23% had their own business while 18% were working as cooli workers and remaining 9% were working as government employees and 4% were having any other occupation (housewives). The monthly income of the majority of family (51%) was Rs 5001-10000, 24% of them were had Rs 10001-15000, 16% had less than Rs 5000 whereas only 9% of the parents had more than Rs 15001. Majority of them (53%) belonged to joint family and remaining 43% were belonged to nuclear family.

The majority of parents (72%) had previous knowledge regarding suicidal behavior among adolescents. Among them, 43.1% gained information from mass media, 40.1% gained through health education from health professionals, 15.3% gained information from friends and the remaining (1%) from other sources (relatives).

**Table 1** Frequency and percentage distribution of Parents knowledge score regarding suicidal behavior of adolescents.

Level of knowledge	scoring	Frequency	Percentage
Adequate	24-34	2	2.0
Moderately adequate	12-23	92	92.0
Inadequate	0-11	6	6.0

N=100

The table 1 shows that most of the parents (92%) had moderately adequate knowledge, 6% had inadequate knowledge and only 2% had an adequate knowledge regarding suicidal behavior among adolescents.

The combined mean of parents knowledge score regarding suicidal behavior among adolescents was 17.83(52.44%) with SD±3.65 whereas median was 18.50.

High mean percentage of parents' knowledge obtained from general information [2.21 (73.67%) with SD ±. 91] and lower mean percentage obtained in the prevention and management of suicidal behavior [17.87(49.93%) with SD ±3.65].

This table 3 shows that there was a significant association between knowledge score of parents and selected variables like education, occupation, family income and previous knowledge on suicidal behavior at p<0.05 level and there was no significant association between knowledge score of parents and selected variables like age, gender, religions and type of family at p >0.05 level.

## **DISCUSSION**

### **Findings related to Knowledge of parents regarding suicidal behavior among adolescents in a selected community area**

The present study revealed that 92% of parents had moderately adequate knowledge, 6% had inadequate knowledge and only 2% had adequate knowledge on suicidal behavior among adolescents.

**Table2** Distribution of parents knowledge score mean, mean %, median and standard deviation according to area wise.

Area of knowledge	Max.possible score	Mean	Median	Mean%	Standard deviation
General information on suicidal behavior	3	2.21	2	73.67	.91
Risk factor of suicidal behavior	8	4.01	4	50.13	1.31
Warning sign of suicidal behavior	8	4.12	4	51.50	1.44
Prevention and management of suicidal behavior	15	7.49	7	49.93	1.87
Overall knowledge scores	34	17.83	18.50	52.44	3.65

**Table 3** Association between parent's knowledge on suicidal behavior and variables

Sn	Selected variables	<Median 18.5	>Median >=18.5	Df	P value	Table value	Chi-square value
	<b>Age in years</b>						
1.	a. 26-30	6	9				
	b. 31-35	21	24	2	.427	5.99	1.700
	c. 36 and above	23	17				
	<b>Gender</b>						
2.	a. Male	24	30				
	b. Female	26	20	1	.229	3.84	1.449
	<b>Religion</b>						
3.	a. Hindu	21	19				
	b. Christian	11	16	2	.522	5.99	1.299
	c. Muslim	18	15				
	<b>Education</b>						
4.	a. Primary and below	29	2				
	b. Secondary	20	38	2	.000	5.99	36.466*
	c. Graduate	1	10				
	<b>Occupation</b>						
6.	a. Cooli worker	16	2				
	b. Private	18	28				
	c. Business	11	12	3	.003	7.810	13.799*
	d. Government and others	5	8				
	<b>Family income</b>						
7.	a. <5000	13	3				
	b. 5001-10000	26	25	2	.007	5.99	9.936*
	c. 10001 and above	11	22				
	<b>Type of family</b>						
8.	a. Nuclear	25	22				
	b. Joint	25	28	1	.548	3.84	.361
	<b>Previous knowledge</b>						
9.	a. Yes	25	47				
	b. No	25	3	1	.000	3.84	24.008*

N=100

\*significant at p&gt;0.05 level

The findings of the present study are consistent with a comparative study conducted in Mumbai City among 70 parents and 70 teachers of secondary level school. This study showed that 69 (98.57%) parents had average knowledge whereas 1 (1.43%) had poor knowledge on suicidal behavior among adolescents<sup>10</sup>.

#### Findings related to the association between knowledge of parents regarding suicidal behavior among adolescents and selected baseline variables.

In the present study chi-square was computed between knowledge of parents regarding suicidal behavior among adolescents and selected variables, which showed that there was significant association between knowledge of parents and selected baseline variables such as education ( $\chi^2 = 36.466, p < 0.05$ ), occupation ( $\chi^2 = 13.799, p < 0.05$ ), family income ( $\chi^2 = 9.936, p < 0.05$ ) and previous knowledge on suicidal behavior ( $\chi^2 = 24.008, p < 0.05$ ) and there was no significant association between knowledge of parents and selected baseline variables such as age, gender, religions and type of family at  $p > 0.05$  level. The result of the present study findings is consistent with the findings of another study which was conducted in Mumbai city showed that gender, income and education of parents were found to have significant association with the knowledge of parents

regarding suicidal tendency in adolescents at  $p < 0.05$  level. This also supported the findings that age, religions and types of family were not having a significant association between knowledge of parents at  $p > 0.05$  level<sup>11</sup>.

## CONCLUSION

The study concluded that the majority of parents (92%) had a moderately adequate knowledge regarding suicidal behavior among adolescents. The findings of the study can be utilized while planning the education session for the community people based on the existing risk factors and warning signs.

The study was confined to a specific geographical area which is a limitation for generalization of the findings. Correlation research study can be conducted between parent's knowledge and attitude regarding suicidal behavior among adolescents.

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