

# AWARENESS REGARDING SUICIDE AMONG ADOLESCENTS IN A SCHOOL: A CROSS SECTIONAL STUDY

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## Abstract

### INTRODUCTION:

Psychosocial problems are highly prevalent problems among children and adolescents and can severely interfere with their everyday functioning. It is crucial to raise awareness around mental health to reduce the negative beliefs and attitudes and provide professional help. This study is aimed to find out the level of awareness regarding suicide among adolescents.

### MATERIAL AND METHODS:

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 and collected data were analyzed by using descriptive and inferential statistics with SPSS-16.

### RESULTS:

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.

### CONCLUSION:

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.

### KEYWORDS:

Awareness, adolescents, suicide

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## INTRODUCTION

Among 15-19 years adolescents Suicide is the fourth leading cause of death. There are so many risk factors for suicide, which include harmful use of alcohol, abuse in childhood, stigma against help seeking, barriers to accessing care and access to means of suicide. Digital media, like any other media, can play a significant role in either enhancing or weakening suicide prevention efforts.<sup>1</sup>

Suicide is the act of deliberately killing oneself. Globally,

approximately 8,00,000 people that is around 1 person every 40 seconds die due to suicide every year. Overall, it is eleventh cause of death and is second leading cause of death among adolescents.<sup>2</sup>

More than half of the suicides that occur globally every year come from South-East Asia and Western Pacific regions. Suicide is among the leading cause of death among young people in many Asian countries. Among all countries, higher rates of suicide that is more than 15 per 1,00,000 are seen in Hong Kong, China, the Republic of Korea, Japan, Sri Lanka and India.<sup>3</sup> Suicide rate in Nepal is 7.2 in general with 8.2 in male, and 6.3 in female per every 100,000 population.<sup>4</sup> Suicide in adolescence is often underreported with possible cause of death being classified as underdetermined or accident to protect the families from possible stigma associated with it.<sup>5</sup>

A cross-sectional study conducted in Chitwan district, Nepal among adolescent students to assess knowledge on psychosocial problems shows that only 30.72% of students had knowledge regarding suicide.<sup>6</sup>

Objective of this study is to identify the level of awareness regarding suicide among adolescents.

## Materials And Methods

A cross-sectional study design was used to find out the level of awareness regarding suicide. All the students of grade 11 and 12 that is total 300 students were taken by using enumerative sampling technique. The study was conducted at Shree Namuna Secondary School, Bhairahawa. Pretested, validated by experts, self-administered structured questionnaire was used for data collection during the month of February 2023. The collected data were analyzed and interpreted by using descriptive and inferential statistics using SPSS version 16.

Ethical approval was obtained from the Institutional Review Committee with the reference number 199/078/079 of Devdaha Medical College and Research Institute, Bhaluhi, Rupendehi. Administrative approval was obtained from concerned authority prior to data collection. Written informed consent by parents and ascent consent was obtained from each respondent by clarifying the objective of the study.

## Results

Among 300 respondents, 37% were of age 18 years and 31% were of age 16 years. Regarding sex, 51.3% of respondents were female. Fifty percent of respondents were studying in grade 11 and 12 respectively. ( Table 1.)

Out of 300 respondents, 87.7% answered the act of killing oneself or taking one's own life as the meaning of suicide (not shown in table).

Among 300 respondents, 60.7% responded that 10-24 years age group was at high risk, whereas 39.3% thought that 25-39 was the high-risk group. Regarding high-risk sex of suicide, 60.7% answered it as female and 39.3% answered it as male. Sixty two percent answered unemployment and poverty however 43.7% answered quarrelsome family as risk factors of suicide. Regarding common

methods of suicide, 97.3% answered hanging and 14% answered drowning as the method of suicide. In the context of warning signs of suicide, 65.3% answered failure to achieve goal and 39% answered sudden mood change as warning sign of suicide whereas 59% answered paralysis, 54.7 answered shame and guilt, 36% answered organ failure and 26% answered injury and fracture as the consequences of suicidal attempt. (Table 2.)

Among 119 (39.7%) respondents, who answered that suicide is preventable, 68.1% answered providing family support and 37% answered organizing various anti-suicide awareness programmes as preventive measures of suicide. 60.7% answered laying the person on flat surface, removing any restriction around neck and anything from mouth and 37% answered blaming them for their act as immediate management of suicidal attempt. Regarding long term management of suicidal attempt, 71.7% of respondents answered providing psychosocial counselling and 38.3% answered providing supportive environment to ventilate their feelings. (Table 3.) Regarding sources of information about suicide, 84.3% answered books and 13% answered newspaper as source of information about suicide (not shown n table).

Among 300 respondents, 47.5% had high awareness regarding suicide. (Table4). Level of awareness is classified according to mean score (20.29). High awareness is categorized equals to and above the mean score and low awareness below mean score.

The study finding shows that there is statistically significant association between age ( $p= 0.022$ ) and sex (0.000) of respondent with level of awareness regarding suicide. (Table 5)

**TABLE 1: Respondents' Socio-demographic Variables**

Variables	Frequency	Percentage
n= 300		
<b>Age</b>		
16 years	96	32.0
17 years	93	31.0
18 years	111	37.0
<b>Sex</b>		
Male	146	48.7
Female	154	51.3
<b>Educational level</b>		
Grade 11	150	50.0
Grade 12	150	50.0

Mean age + SD: (17.05 + 0.831 years)

**TABLE 2: Respondents' Awareness Regarding Risk Factors, Common Methods, Warning Signs and Consequences of Suicide**

n= 300

Variables**	Frequency	Percentage
<b>Risk factors of suicide</b>		
Broken family*	160	53.3
Quarrelsome family*	131	43.7
Failure in love relationship*	178	59.3
Physical, psychological and sexual abuse*	178	59.3
Unemployment and poverty*	186	62.0
Failure in education*	160	53.3
Previous history of suicidal attempt*	133	44.3
Chronic physical and psychiatric illness*	110	25.3
<b>Common methods of suicide</b>		
Hanging*	292	97.3
Poisoning*	290	96.7
Jumping*	264	88.0
Drowning*	42	14.0
Cutting vein*	76	25.3
<b>Warning signs of suicide</b>		
Decreasing interaction with family and friends*	191	63.7
Staying alone*	151	50.3
Always talking about death*	149	49.7
Complaining about psychosomatic problems*	163	54.3
Always feeling sad, guilty, hopeless and irritated*	149	49.7
Change in daily activities*	138	46.0
Sudden mood change*	117	39.0
Failure to achieve goal*	196	65.3
<b>Consequences of suicidal attempt</b>		
Paralysis*	177	59.0
Deafness	202	67.3
Organ failure*	108	36.0
Injury and fracture*	78	26.0
Shame and guilt*	164	54.7
Chest infection	198	66.0

\*Correct response, \*\*Multiple response

**TABLE 4: Respondents' Overall Awareness Regarding Suicide**

n= 300

Level of awareness	Frequency	Percentage
High	143	47.5
Low	157	52.3

Mean score- 20.92

High level of awareness- ≥20.92

Low level of awareness- <20.92

**TABLE 3: Respondents' Awareness Regarding Prevention and Management of Suicidal Attempt**

n= 300

Variables	Frequency	Percentage
<b>Preventive measures of suicide**</b>		
Providing family support*	81	68.1
Not bothering about their activities	62	52.1
Treating illness (if any)*	47	39.5
Motivating to involve in those activities which make their mind busy*	61	51.3
Organizing various anti-suicide awareness program*	44	37.0
Increasing access to means to suicide	69	58.0
<b>Immediate management of suicidal attempt**</b>		
Calling for medical help*	166	55.3
Laying the person on flat surface, removing any restriction around neck and anything from mouth*	182	60.7
Assessing for presence of breathing, pulse and consciousness. If breathing not present, providing mouth to mouth respiration*	128	42.7
Blaming them for their act	111	37.0
Identifying and collecting means of suicide*	179	59.7
Leaving them alone	120	40.0
<b>Long term management of suicidal attempt**</b>		
Providing psychosocial counselling*	215	71.7
Punishing them for their act	143	47.7
Finding the cause and managing it*	132	44.0
Providing awareness regarding suicide	202	67.3
Involving them in activities that are difficult to achieve	142	47.3
Providing supportive environment to ventilate their feelings*	115	38.3

\* Correct response, \*\*Multiple responses

## Discussion

The findings of the study showed that 53.3% of respondents had awareness about broken family and 43.7% about quarrelsome family as risk factor of suicide which is inconsistent with the study findings of Crawford et al. (2009) 7 shows that 62.7% of respondents had awareness about broken and quarrelsome family as risk factor of suicide respectively.

The study findings showed that 59.3% of respondents were aware about physical, psychological and sexual abuse as risk factor of suicide, which is inconsistent with the finding of Williamson (2009) 8 shows that 89.6% of the respondents had awareness about physical, psychological and sexual abuse as risk factor of suicide.

The findings of the study showed 97.3% of respondents had awareness about hanging as the method of suicide which is

not supported by the study finding of Arya (2015) 9 that shows 72.5% of respondents had awareness about hanging as the method of suicide.

The findings of the study showed that 63.7% of respondents had awareness about decreasing interaction with family and friends as warning sign of suicide which is contradicted with study finding of Williamson (2009)8, shows that 83.3% of respondents had awareness about decreasing interaction as warning sign of suicide.

The findings of the study showed that 59% of respondents had awareness regarding shame and doubt as consequence of suicidal attempt. The finding is inconsistent with the finding of Kim et al. (2007), 10 that shows that 82% of respondents had awareness regarding shame and guilt as consequence of suicidal attempt.

The findings of the study showed that 68.1% of respondents were aware about providing family support as preventive measure of suicide. The finding is inconsistent with the finding of Leech (2012), 11 which shows that 60% of respondents had awareness about providing family support as preventive measure of suicide.

The findings of the study showed that 55.3% of respondents had awareness about calling for medical help as immediate management of suicidal attempt. The finding is inconsistent with the finding of Wright (2012),12 that shows that 62.7% of respondents had awareness about calling for medical help as immediate management of suicidal attempt.

The findings of the study showed that 71.7% of respondents had awareness about providing psychosocial counseling as long-term management of suicidal attempt. The finding is inconsistent with the finding of Wright (2012), 12 that shows that 89.2% of respondents had awareness about providing psychosocial counseling as long term management of suicidal attempt.

## Conclusion

It is concluded that nearly half of the respondents have high awareness regarding suicide. Respondents have high awareness regarding meaning, risk groups, consequences and immediate management of suicide but respondents had low awareness regarding risk factors, methods, warning signs, prevention and long term management of suicide.

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