



A Descriptive Study to Assess the Knowledge of Parents Regarding Suicidal Tendency in Adolescents in Selected Secondary Schools of Mumbai City

KEYWORDS

Deliberate Self Harm, suicide, adolescents, and parents.

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ABSTRACT Adolescence is a period of turmoil, if not dealt with it effectively. The perplexity which adolescents face could compel them to resort to such an act which could be harmful. The academic failure, loss of loved ones during the period of adolescence can affect them seriously. They may turn to the decision of ending their lives by deliberate self-harm i.e. suicide. There is increasing concern about suicide rates in the vulnerable developmental stage of adolescence. A descriptive study was done to assess the knowledge of parents regarding suicidal tendency in adolescents in selected secondary schools of Mumbai city. The study was conducted with a descriptive survey design. A structured questionnaire was developed to assess the knowledge. 500 parents were selected with a probability multistage sampling technique. The collected data was analysed with descriptive and inferential statistics. Study concluded that the majority of parents had poor knowledge and there was a significant association of gender, income and education with their knowledge regarding suicidal tendency in adolescents.

INTRODUCTION

Adolescence is a crucial stage of life.¹ It is a period of great psychological upheaval and disturbance.² There is increasing concern about suicide rates in the vulnerable developmental stage of adolescence.³ Suicide is a common problem worldwide.⁴ Suicide is a grievous and preventable tragedy, sadly standing among the leading causes of death for teens.⁵ Suicide is a major public health problem.⁶ According to National Centre for Disease Control⁷, suicide is the third leading cause of death in people between the ages of 15 and 24 after motor vehicle accidents and homicides. The global suicide rate stands at 14.5 deaths per 100,000, with suicide the fourth leading cause of death in the 15 to 19 age group. The incidence of teen suicide in four years representing 6.7 percent of each 100,000 adolescent deaths in 2003 to 9.4 percent in 2007. Radhakrishnan and Andrade⁸ cite the report of WHO, 2009, those India ranks 43rd in descending order of rates of suicide with a rate of 10.6/100,000. The rates of suicide have greatly increased among youth. Unni⁹ mentioned that the Indian adolescents face a highly competitive examination system. Stress is compounded by the fact that rote learning is the norm. Parental expectations and pressure increases the load on them. Adolescents were found to spend one third of their waking time in school-related activities. The stress on under-achieving adolescents often leads to conflict, regression, and narcissistic defenses. Hence the need to invest in and protect these often neglected adolescents from further submission to negativism and social isolation with detrimental consequences.

The biggest causes of stress in adolescents are School work (78%), Parents (78%), Romantic relationships (64%), Problems with friends (64%), and Sibling's rivalry (64%). Effective parenting, healthy child parent relationship, mutual respect, providing opportunity of doing work to children, shared enjoyments, parents and children spending time with each other daily, and encouragement are needed to prevent suicidal behaviour

in children.¹⁰

Bloch¹¹ reviewed international research on adolescents for the purpose of raising awareness, reported that suicide is consistently the second or third leading cause of death from the ages of 13-19 years, and the third leading cause of death among 15-24 year olds. Some detection technologies must be made available to parents or teachers, as a suicidal adolescent is unlikely to approach a mental health professional on his or her own. The U.S. Preventive Services Task Force suggested the use of uniform suicidal ideation checklist and questionnaire of known risk factors. Both tests require teachers or parents to check whether their charges exhibit any or a number of behaviors, and approaches to primary prevention of adolescent suicides needs to be followed.

The parents of the adolescents can be a great source in the prevention of the suicide in adolescents. The investigator developed the interest in doing this study as to see the level of knowledge of parents regarding suicidal tendency in adolescents.

MATERIAL AND METHODS

A descriptive survey design was used for the study. The total 500 parents of adolescents in selected secondary schools of Mumbai city were selected by probability multistage sampling. A structured questionnaire of 52 items was developed, which was validated from the experts. The split-half method was used to assess the reliability of the tool. Cronbach's alpha was found to be 0.83. So the tool was found to be reliable. The participants were asked to fill in their questionnaires. The collected data was analysed in terms of frequency, percentage and ANOVA was done to determine the association of selected demographics with their knowledge.

RESULTS

Table 1. Demographics

Variable	Group	Parent	
		Frequency	Percentage
Age (Yrs.)	30 – 40 years	275	55.0%
	41 – 50 years	189	37.8%
	Above 50 years	36	7.2%
Gender	Male	120	24.0%
	Female	380	76.0%
Religion	Hindu	470	94.%
	Christian	12	2.4%
	Muslim	10	2.0%
	Buddhist	8	1.6%
Place of Residence	Urban	445	89.0%
	Rural	4	0.8%
	Slum	51	10.2%
Type of Family	Nuclear	252	50.4%
	Joint	230	46.0%
	Extended	17	3.4%
	Single parent	1	0.2%
Family Income	Less than Rs. 5000	67	13.4%
	Rs. 5001- 10000	217	43.4%
	Rs. 10,001- 15000	96	19.2%
	Rs. 15,001 and above	120	24.0%
Education of parents	Primary	113	22.6%
	Secondary	236	47.2%
	Higher secondary	74	14.8%
	Graduate	51	10.2%
	Post-graduate	25	5.0%
	Other	1	0.2%
Occupation of parents	Business	18	3.6%
	House wife	269	53.8%
	Labourer	8	1.6%
	Professional	26	5.2%
	Service	179	35.8%

Table 1 depicts the demographics of the parents. The majority 55.0 % parents were in 30 – 40 yrs. age group. 76% subjects were females, 94 % subjects were Hindus, 89% of the subjects were from urban regions, 50.4 % subjects were from nuclear families, 43.4 % subjects had income between Rs.5001-10000 and 47.2 % of subjects were secondary educated. More than half 53.8% of the subjects were housewives.

Table 2. Parents knowledge regarding suicidal tendency in adolescents. (n = 500)

Knowledge levels	Parents	
	Frequency	Percentage
Poor (<50%)	261	52.2%
Average (50%-80%)	238	47.6%
Good (>80%)	1	0.2%
Total	500	100%

Table .2 shows that the majority 52.2% of the parents of adolescents had poor knowledge regarding suicidal tendency in adolescents.

Table 3 Association of knowledge with selected demographic variables (n=500)

Demographic variable	F	p-value
Age of respondent	0.2	0.856
Gender	15.9*	< 0.001
Religion	2.5	0.060
Residence	1.0	0.354
Type of family	1.3	0.271
Income	12.4*	< 0.001
Education of parent	10.1*	< 0.001
Occupation of mother	1.9	0.103

Table 3 shows that p-values corresponding to 'Gender', 'Income' and 'Education of parents' are small (less than 0.05). The corresponding demographic variables were found to have significant association with the knowledge of parents of adolescents regarding suicidal tendency in adolescents.

DISCUSSION

A descriptive study was conducted to assess the knowledge regarding suicidal tendency in adolescents among the parents of adolescents of selected secondary schools in Mumbai city. In this study; 55.0 % parents were in 30 – 40 yrs. age group. 76% subjects were females, 94 % subjects were Hindus, 89% of the subjects were from urban regions, 50.4 % subjects were from nuclear families, 43.4 % subjects had income between Rs.5001-10000, 47.2 % of subjects were secondary educated and more than half 53.8% of the subjects were housewives.

In this study, 52.2 % of the parents of adolescents had poor level of knowledge, 47.6% had average level of knowledge and 0.2 % parents had good level of knowledge regarding suicidal tendency in adolescents. Findings of the present study are congruent with the study by Kimberly et al¹² towards the goal to understand the attitudes, beliefs, and perceptions of adolescents and parents of adolescents, from a variety of backgrounds, regarding adolescent suicide. Result shows that both adolescents and parents recognized adolescent suicide as a major problem, but not for their own communities. All parent and adolescent groups identified many risk factors for suicide. Most adolescents reported drug and alcohol use as risk factors for suicide. However, parents often viewed drug and alcohol use as normal adolescent behaviour. Both adolescent and parent groups suggested securing or removing guns if an adolescent was known to be suicidal. All participants requested information about adolescent suicide. The study concluded that, adolescents and parents need help in understanding that suicide is an under identified problem in their own communities. Both adolescents and parents are interested in learning more about how to identify and to intervene with a suicidal adolescent. Paediatricians are well positioned to provide this information in the office and in the community.

From the study it came forth that the majority of parents had poor levels of knowledge regarding suicidal tendency in adolescents and also there was a significant association of their knowledge with their demographic variables such as 'Gender', 'Income' and 'Education' at p < 0.05.

CONCLUSION

The study concludes that the parents had poor knowledge regarding suicidal tendency in adolescents.

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