



Effectiveness of Positive Life Skills Among College Students With Suicide Ideation

KEYWORDS

Suicide Ideation, Life skill intervention, and Adolescents

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ABSTRACT Background: High rates of suicidal ideation (SI) among college students are being reported in India .

Aim: To enhance the life skills to reduce suicide ideation among college students.

Methods: This is a quasi experimental design - Pretest Post test design with control group. After initial Survey of 569 college students from the selected colleges from Coimbatore 302 (including 158 moderate risk) from one college and 267 (including 112 moderate risk) from other college were considered as experimental and control group respectively. Out of 158,106 participants from experimental group and 102 out of 112 from control group were finally selected randomly

Results: The experimental groups mean and standard deviation value is reduced from 18.67±2.56 (pre test), 14.67±2.84 (I-Post test) and 12.08±2.92 in II Post test. The F value is 446.89 at P<0.01 level. The control groups mean and standard deviation value is slightly increased from 19.83±2.74 (pre test), 19.95±2.65 (I-Post test) and 21.65±2.89 in II Post test. The F value is 64.99 at P<0.01 level.

Conclusions: The values show that the experimental group adolescent's suicide ideation was greatly reduced after life skill intervention than control group.

INTRODUCTION

Adolescent suicide is a major public health problem in worldwide that requires evidence based prevention effort. In this global village, adolescents facing many challenges, in the face of globalization, declining joint family system, rapid urbanization, influx of information without proper knowledge about how to utilize it and stagnant discrimination, all put young individuals at great stress. At the same time they search for identity, the craving for freedom, and the push and pull of sexuality which make them very exploitable.

The Youth Risk Behavior Surveillance System (YRBSS) monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults, including, Behaviors that contribute to unintentional injuries and violence, Sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV infection, Alcohol and other drug use, Tobacco use, Unhealthy dietary behaviors, Inadequate physical activity.

This present study aims to enhance the life skills to reduce suicide ideation among college students.

NEED FOR THE STUDY

As we know the statistics of suicide rates are increasing dramatically in recent years. WHO statistics on suicide rates shows almost one million people die every year, and mortality rate of 16 per 1, 00,000, or one death every 40 seconds. Which covers more than 800,000 of deaths worldwide. In the last 45 years, suicide rates have increased by 60% worldwide. It is one among the third leading causes of death among those aged between 15-44 years and

the second leading cause of death in the 10-24 years age group; these figures do not include suicide attempts which are up to 20 times more frequent than completed suicide.

Beautrais, A (2001) expressed Suicide among children is considered to be a rare event, although it is still one of the leading causes of death in children younger than 15 years of age worldwide. Compared to other age groups, the prevalence of suicide in children is more likely to be underestimated.

Pelkonen, M., & Marttunen, M, their study reveals Interpersonal family conflicts, especially parent-child conflicts, are important suicide risk factors in children and younger adults and appear more frequently compared to older adults. This reported that 70.5% of child suicides aged 9-14 years had a family conflict as a triggering factor. Furthermore, it has been reported that parental divorce or a stepparent in the family increases the risk of suicidal behaviors in children and adolescents.

When we estimating global burden of suicide it was represented 1.8% in 1998 and forecasted to increase to 2.4% in 2020. Geographically 75% of suicides are occurring in low and middle-income countries

Park K (2009) enumerates suicide has been increasing at an alarming rate in SEAR countries. Incidence rates of 11 per lac population in Bangladesh, 36 per lac population in India, 8 per lac in Sri Lanka, and 22 per lac in Thailand: per year have been reported. Nearly 70% of suicides in all countries have been reported in the age group of 15-34 years with male-female ratio of 1-1.2 to 1.3 from different countries. Poisoning, Hanging, Self-Immolation and Drown-

ing are the most commonly reported methods of suicide (12).

In India Suicide rates are fluctuating between 8.1 and 58.3/100000 population in different states. It is estimated that over 100000 people die by suicide in India every year. India alone contributes to more than 10% of suicides in the world. The suicide rate in India has been increasing steadily and has reached 10.5 per 100000 of population in 2006 registering it is 67% increase over the value of 1980. Majority of suicides occur among men that too in younger age groups. Out of every three cases of suicide reported every 15 minutes in India, one is committed by a youth in the age group of 15 to 29. Despite the gravity of the problem, information about the causes and risk factors is insufficient

In the Union Territory of Pondicherry, every month at least 15 youths between the ages of 15 and 25 commit suicide. In 2002, there were 10,982 suicides in Tamil Nadu, 11,300 in Kerala 10,934 in Karnataka, and 9,433 in Andhra Pradesh. In 2003, the largest number of farmers around 175 committed suicide in Andhra Pradesh. Kerala, the country's first fully literate state, has the highest number of suicide, 32 people commit suicide in Kerala every day.

Kasthuri Thakur ,Saugata Basu (2006) study focuses on examining the role of reasons for living conceptualized as cognitive barriers and protective factors against suicidal ideation among 280 under graduate college students comprising of 140 males and 140 females of six different colleges in Kolkata. Findings of the study suggest a significant difference in the pattern of coping between high suicidal ideation and low suicidal ideation. Students with low suicidal ideation resort to problem focused and social support seeking patterns of coping whereas students with high suicidal ideation more frequently avail emotion focused patterns of coping.

The developed countries taking numerous steps to prevent self harm behavior and post counseling for suicide attempters. But developing nations need to initiate many measures to bring down the suicide statistics.

The Suicide -Prevention Multisite Intervention Study on Suicidal behaviors (SUPRE-MISS), launched by the World Health Organization (WHO) in 2000, aimed at increasing the knowledge about suicidal behaviors and the effectiveness of brief interventions for suicide attempters in culturally diverse places around the world and Chennai was the centre in India. The brief intervention and contact (BIC) employed in the SUPRE-MISS trial is an adaptation of brief interventions used to reduce suicidal behavior in those who have attempted suicide. The study was carried out in the Government Royapettah General Hospital in Chennai. Persons who attempted suicide were initially seen in the emergency department and all were routinely admitted to the intensive medical care unit of the hospital. The 680 enrolled participants were randomly assigned to the BIC (n=320) or treatment as usual (TAU) (n=360) group. Completed and attempted suicide was found to be significantly lower in the BIC group after intervention at 18 months' follow-up compared to the TAU group. Taking into consideration the human and economic resource limitations in India, interventions like BIC are readily implementable in the healthcare sector. BIC can be a cost-effective strategy to reduce subsequent suicidal behavior after a suicide attempt (24).

Effective and evidence-based interventions can be implemented at population, sub-population and individual levels to prevent suicide and suicide attempts.

In this regard NIMHANS (the National Institute of Mental Health and Neurosciences, Bangalore) , has initiated a public outreach programme to spread awareness on suicides and prevent people from taking the extreme step when they manifest early signs of a suicidal streak. Already 28 countries round the world undertake such programmes. This programme, called Gatekeeper, involves training people from all walks of life with knowledge and basic skills on suicidal instinct identification. These gatekeepers would infiltrate society and keep their senses open to detect cases which they report for counseling, Dr Harshvardhan union health minister, revealed.

J Janet(2010) in her study she emphasis on life skill education in school during the formative years of adolescent life can ensure mastery over skills which will enable psychological competence in them to face the challenges of everyday life at school home and the community at large.

Hence the study is taken to identify the suicide ideation and effectiveness of positive life skill programmes among adolescents.

STATEMENT OF THE PROBLEM

Effectiveness of Positive life skills among college students Adolescents with Suicide Ideation

OBJECTIVE:

- To assess the suicidal ideation among Adolescents.
- To compare the suicide ideation mean score before and after positive life skill intervention among Adolescents in experimental group.
- To compare the suicide ideation post mean score after positive life skill intervention among Adolescents in control group and experimental group.

HYPOTHESIS

- H₁: There will be a significant difference in suicide risk score before and after Life Skill Intervention among Adolescents in experimental group.
- H₂: There will be a significant difference in the mean difference of suicide risk score among Adolescents in control group and experimental group.

METHODOLOGY:

Research Design: This is a quasi experimental design - Pretest Post test design with control group.

Experimental group	Pre Test	Intervention PLST	Post Test I	Post Test II
Control group	Pre Test	No Interventions	Post Test I	Post Test II

Setting: Adolescents studying in selected colleges in Coimbatore.

Sampling Technique: Table 1.1 Initially Survey was done to assess suicide ideation among 569 adolescents, 302 in experimental group setting and 267 in control group set-

ting. Among them 270 adolescents were identified with moderate risk suicide ideation, 158 in experimental group and 112 in control group. By using power analysis Confidence interval-10 Confidence level-95% and convenient sampling method the sample size was decided 100 in each group.

Sample size: 208 (106 in experimental group and 102 in control group).

Tool :

➤ **Demographic Factors:**

Demographic tool includes 22 basic demographic factors like age, gender, religion, type of family, occupation, income, parenting style, history of abuse, academic performance, family/ friend's suicide history.

➤ **Questionnaire To Assess Suicide Ideation Among Adolescents:**

Modified suicidal behavior questionnaire includes 20 items to measure the mental status and suicidal ideation

Positive life skills Intervention: It covers all ten core life skills namely self awareness, communication, empathy, IPR, decision making, problem solving, coping with stress and emotion critical and creative thinking. These skills were introduced through small group discussions, situation analysis and case studies, games and simulation, brain storming techniques, role plays, debate and storytelling. This was introduced in experimental group only (N=106).

INCLUSION CRITERIA

Adolescents aged between 17-19 years, female and male with moderate suicide ideation were selected.

EXCLUSION CRITERIA

Individuals who are having history of suicide attempt and depression, also who are not actively participated during intervention were excluded.

Table 1.1 SUICIDAL IDEATION AMONG ADOLESCENTS.

	EXPERIMENTAL GROUP	CONTROL GROUP	TOTAL
SURVEY	302	267	569
MODERATE RISK	158	112	270
CONVENIENT SAMPLING	106	102	208

RESULTS AND DISCUSSION:

I. **Data analysis of suicide risk score before and after life skill intervention among adolescents in experimental group.**

Data analysis was done to analysis the mean, standard deviation (SD), and 't' value of experimental group and control group separately. Each group values was analyzed three times respectively pre test, post test I and post test II.

Table-1.2 Repeated measure ANOVAs was found the distribution to assess the effectiveness of positive life skill intervention among adolescents with moderate suicide ideation in experimental group.

Group	Mean	SD	F-Value	P-value
Pre	18.67	2.56	446.89	0.01**
1 st post	14.67	2.84		
2 nd post	12.08	2.92		

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1 st post	14.67	2.84		
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*P<0.05, significant and **P<0.01 &***P<0.001 , Highly significant				

Table 1.2 shows the experimental group mean and standard deviation values 18.67±2.56 (pre test), 14.67±2.84 (I-Post test) and 12.08±2.92 in II Post test, This indicates that there is a reduction of suicide scores from pretest to post test I and further reduction in post test II . The mean difference shows between pretest and 2st Post test is 13, and 't' value is 24.27, it is highly significant at p<0.01** level. Repeated measure ANOVAs was found the distribution of suicide ideation in experimental group. The F value is 446.89 at P<0.01 level. It proves that the positive life skill intervention is effective in reducing suicide ideation among adolescents experimental group .So the research hypothesis (H₁) is accepted and null hypothesis is rejected.

II. **Data Analysis Of Suicide Risk Score Before And After Life Skill Intervention Among Adolescents In Control Group**

Table 1.3 shows the control group mean and standard deviation values 19.83 ±2.74 (pre test), 19.95 ±2.65 (I-Post test) and in 21.64 ±2.88 II Post test, This indicates that there is a increase of suicide scores from pretest to post test I and further increase in post test II . The mean difference shows between pretest and 2st Post test is 3 ,and 't' value is 8.08 ,it is significant at p<0.01** level. Repeated measure ANOVAs was found the distribution of suicide ideation in control group. The F value is 64.99 at P<0.01 level.

Table-1.3: Repeated measure Anova was found the distribution to assess the effectiveness for level of suicide risk behavior in control group.

Group	Mean	SD	F-Value	P-value
Pre	19.83	2.74	64.99	0.01**
1 st post	19.95	2.65		
2 nd post	21.65	2.89		
*P<0.05 ,significant and **P<0.01 &***P<0.001 , Highly significant				

III. **Data Analysis Of Suicide Risk Score After Life Skill Intervention Among Adolescents In Experimental Group And Control Group**

Table 1.4 shows the unpaired t test for control group mean and standard deviation values is 21.64 ± 2.88 and experimental group mean and standard deviation values is 12.07 ± 2.92. This indicates that there is a increase of suicide scores in control group than experimental group. The mean difference shows between group is 19, and 't' value is 23.76, it is significant at p<0.01** level.

Table 1.4

Unpaired T Test For Control 2nd Post Test And 2nd Post Test Scores Of Among Adolescents With Suicidal Ideation

CONTROL GROUP		EXPERIMENTAL GROUP		Difference in mean %	't'-value	P-value
Mean %	Mean ±SD	Mean %				
21.64 ± 2.88	43	12.07 ± 2.92	24	19	23.76	p<0.01**

So the above data is proving that there is a significant difference in the mean difference of suicide ideation score in the mean difference of suicide ideation score among Adolescents in control group and experimental group. Also it conforms the suicide prevention intervention is effective in reducing suicide ideation among adolescents.

CONCLUSION

There are many measures to enhance behavior changes; this study proves the life skill intervention is effective in reducing suicide ideation among college students. Also recommending this type of intervention may be included in their regular curriculum to promote healthy young generation.

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