

A Study to Assess the Impact of Structure Teaching Programme On Knowledge & Attitude Regarding Suicidal Prevention Among Parents of Adolescents at Rural Community Jaipur

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Abstract

Introduction: The word suicide is come from Latin words 'Sui' means 'self' and 'cedere' means 'to kill self'. Thus suicide is an act of willfully harm own life. Suicide is a deliberate self-harm (DSH) and is defined as a human act of self-intentioned and self – inflicted cessation (death).

Materials and Methods: An evaluative pre-experimental (pre-test and post-test) research design was adopted to assess the effectiveness of a structured teaching programme on knowledge and attitude regarding suicide prevention among parents of adolescents. The study was conducted in the rural community of Vatika, Jaipur, among 300 parents selected using non-probability convenience sampling. Inclusion criteria included parents aged 30–60 years who could understand Hindi or English and were willing to participate. Data were collected using a structured tool consisting of socio-demographic variables and a 30-item knowledge questionnaire on suicide prevention.

Result: The findings showed a significant improvement in post-test knowledge and attitude scores compared to pre-test, indicating the effectiveness of the structured teaching programme. A partial association was found between pre-test scores and selected demographic variables, suggesting that the intervention was beneficial in enhancing parental awareness of adolescent suicide prevention.

Conclusions: The study revealed a statistically significant improvement in knowledge ($t = 60.31$) and attitude ($t = 8.90$) scores at the 0.05 level, confirming the effectiveness of the structured teaching programme. Significant associations were also found between parental knowledge and demographic variables such as gender, occupation, and number of children.

Keywords: Assess, Impact, Structure teaching Programme, Knowledge, Attitude, Suicidal Prevention

Introduction:

It is a fact that all the living organisms on this planet fight for survival. What then makes the human to risk his own life? The struggle of self-inflicted death has regularly attracted the attention of the medical as well as the legal fraternity. People who have committed suicide or have been thinking about committing suicide probably feel affected by their problems.¹

As youth acquire and consolidate the competencies,

attitudes, and values, so the social capital is necessary to make a successful transition into adulthood. Late adolescents and the period following, often referred to as emerging adulthood, have been noted as particularly important for setting the stage for continuous development through the life span as individuals begin to make choices and engage in a variety of activities that are influential on the rest of their lives.²

Risk factors for suicide include mental and physical

illness, alcohol or drug abuse, chronic illness, acute emotional distress, violence, a sudden and major change in an individual's life, such as loss of employment, separation from a partner or other adverse events or in many cases, a combination of these factors. A number of psychological states increase the risk of suicide including hopelessness, loss of pleasure in life, depression and anxiousness, failure in love or educational problems, separation, physical or sexual abuse, emotional neglect, exposure to domestic violence while mental health problems play a role which varies across different contexts, and other factors, such as cultural and socio-economic status are also particularly influential.³

Suicide is the third leading cause of death among young worldwide. Suicide is the final outcome of complex interactions of biological, genetic, psychological, sociological and environmental factors. It is an increasingly important public health issue: from 1990 to 2010 the number of global suicides increased by 32%. It is particularly important among young adults 15 to 49 years of age among whom it accounts for 4.8% of all female deaths and 5.7% of all male deaths.⁴

Suicidal etiquettes are defined as “a preoccupation or act that is focused on causing death of own self. Suicidal tendency is usually divided into categories of suicidal ideation, suicide threats, suicide gesture, suicidal attempts, and completed suicide.⁵

Suicide risk factors different with age, gender, and cultural and social and also change over time. Risk factors for suicide continuously occur in combination with each other. Knowledge regarding Suicide or prevention programmes can be given in a variety of settings such as schools, colleges, churches, or in the community as a whole Learning more about factors that might lead an adolescent to suicide may help to prevent further tragedies.⁶

Primary prevention programs are aimed at preventing people from attempting and completing suicide. These types of programs utilize public education and awareness messages or campaigns targeting people in the community. Crisis telephone lines, and other resources available for suicidal persons reaching out for help, are considered primary prevention strategies. Educational training programs aimed at health professionals are also part of primary prevention strategies.⁷

Suicides, attempts, and ideation take an immense emotional, physical, and economic toll on individuals, families, and communities, inclusive of our health care system, schools, workplaces, places of worship, and beyond. By one estimate, for every death by suicide, 6 people are directly affected (ie, survivors).⁷

Materials and Methods:

Methodology is a methodical, theoretical examination of the approach used in the research study; it includes the theoretical examination of the body of methodology and the principles related to the field of study.

Research Approach

Evaluative approach is considered as appropriate one for present study. Pre experimental approach helps to explain the effect of independent variable on the dependent variable. It includes manipulation, control and non-randomization.

Research Design

In the present study, pre-experimental (pre-test and post-test) design is used to assess the impact of structured teaching programme on knowledge & attitude of suicidal prevention among parents of adolescents at rural community Jaipur. Research approach adopted in this study is Pre- Experimental design

Research Setting

It refers to the physical location and condition which data collection takes place in the study. This study has been conducted at Vatika rural community, Jaipur.

Population

Population refers to the entire aggregate of individual or objects having common characteristic. In the present study the target population comprises of Vatika rural community, Jaipur.

Sample and Sample Size

The samples selected for the present study comprises rural community, Jaipur. The sample size for present study consists of 300 parents of adolescents of rural community, Jaipur.

Sampling Technique

In this study, samples were selected by using Non-probability convenient sampling method.

Sampling Criteria

The following criteria were set to select samples

Inclusion Criteria

- Age group between 30 to 60 years.
- Who can understand, read & speak English & Hindi.
- Parents of adolescents who were willing to participate in the study.
- Parents of adolescents who could follow the instructions.

Exclusion criteria

- The parents of adolescents who were not living at rural communities Jaipur.
- Parents of adolescents who were not available at the time of data collection.
- Parents of adolescents who were not willing to participate in the study.

Description of The Tool

Part – I: Demographic variables

It Consist of selected socio-demographic variables such as: Age, Gender, Religion, Education Qualification, Occupation, Income, Marital Status, Number of Children, Type of Family and Previous Source of Information about suicidal prevention.

Part – II: Structured knowledge questionnaire

It Consist of structured knowledge questionnaire on suicidal prevention consists of 30 items on selected aspects.

- General aspects of suicide-12 items
- Preventive aspects of suicide-18items

Scoring

The Scoring scale consists total 30 items. '0 to 1' score for each response. The scores ranged from minimum of

'0' to maximum score of '30'. The levels of knowledge have been classified as follows based on the scores obtained: for each correct answer '1' (one) mark was given and for each incorrect answer '0' (zero) mark was given.

Data Collection Procedure

Data collection is the gathering of information needed to address research problems. Formal written permission was obtained from the medical officer primary health center Vatika, Jaipur. The main study is conducted from 29/5/2024 to 28/1/2026 The sample included 300 Parents of adolescents, who available during the periods of data collection and selected by Non-probability convenient sampling.

Objectives of The Study

- To assess the knowledge on suicidal prevention among parents of adolescents before and after a structured teaching programme.
- To assess the attitude on suicidal prevention among parents of adolescents before and after a structured teaching programme.
- To assess the effectiveness of a structured teaching programme on knowledge of suicidal prevention among parents of adolescents.
- To associate pre-test score of knowledge on suicidal prevention among parents of adolescents with selected demographic variables.
- To associate pre-test score of attitude on suicidal prevention among parents of adolescents with selected demographic variables

Result

The data were organized according to the objectives of the study.

Section- A Description of the Samples According Their Demographic Characteristics

Table: 1 Frequency and percentages distribution of samples, according to their demographic characteristic.

SR.NO	CHARACTERISTICS	FREQUENCY	PERCENTAGE
1.	Age in (years):		
	a) 35-40	145	48.3%
	b) 41-45	57	19%
	c) 46-50	48	16%
	d) Above 50	50	16.7%

2.	Gender:		
	a) Male	90	30%
	b) Female	210	70%
3.	Educational status:		
	a) Illiterate	71	23.7%
	b) Primary education	116	38.7%
	c) Secondary education	71	23.7%
	d) Graduate/ post graduate	42	14%
4	Religion:		
	a) Hindu	114	38%
	b) Christian	78	26%
	c) Muslim	71	23.7%
	d) Others....	37	12.3%
5.	Occupation:		
	a) Private employee	120	40%
	b) Government employee	86	28.7%
	c) Businessman	59	19.7%
	d) Unemployed	35	11.7%
6.	Income of the family per month (in Rs):		
	a) Less than 5000	58	19.3%
	b) 5001 to 10000	152	50.7%
	c) 10001 to 15000	47	15.7%
	d) Above 15000	43	14.3%
7.	Number of children:		
	a) One	13	4.3%
	b) Two	58	19.3%
	c) More than two	229	76.3%
8.	Type of family:		
	a) Nuclear	145	48.3%
	b) Joint	114	38%
	c) Extended	41	13.7%
9.	Source of information:		
	a) Mass media	102	34%
	b) Health professional	66	22%
	c) Friends and relatives	56	18%
	d) Others	76	26%

Section: B Analysis of Pre Test Knowledge and Attitude Score of Parents of Adolescents Regarding Suicide Prevention

Table:2 Distributions of Pre-test knowledge score of parents of adolescents regarding Suicide prevention

Sr. No.	Knowledge level	Frequency	Percentage
1	Inadequate	197	65.67%
2	Moderate	102	34%
3	Adequate	1	0.33%
Total		300	100

Table 3: Post-test knowledge score of parents of adolescents regarding Suicide prevention

Sr. No.	Knowledge level	Frequency	Percentage
1	Inadequate	00	0%
2	Moderate	24	8%
3	Adequate	274	92%
Total		300	100%

Table: 4 Distributions of pre-test attitude score of parents of adolescents regarding Suicide prevention according to their Categories.

Sr. No.	Categories of attitude	Frequency	Percentage
1	Positive attitude	110	36.66%
2	Negative attitude	190	63.33%
Total		300	100

Table: 5 Distributions of post-test attitude score of parents of adolescents regarding Suicide prevention according to their Categories.

Sr. No.	Categories of attitude	Frequency	Percentage
1	Positive attitude	210	70%
2	Negative attitude	90	30%
Total		300	100

Section- C Effectiveness of Health Teaching Programme

Table: 6 Comparison between pre-test and post test score of knowledge score of parents of adolescents regarding Suicide prevention according to their Categories.

Variable		Mean	Mean Difference	SD	t- Value
Knowledge regarding Suicide prevention	Pre-test	9.08	16.05	3.88	60.31
	Post-Test	25.13		2.90	

Table: 7 Comparison between pre-test and post test score of attitude score of parents of adolescents regarding Suicide prevention according to their Categories.

Variable	Test	Mean	Mean Difference	Std. Deviation	t-Value
Knowledge regarding Suicide Prevention	Pre-test	72.31		0.70	
	Post-test	11.16	61.15	1.60	8.90

* Significant at 0.05 level

*t (0.05, 299df)

The analysis has been identified and presented in a number of sections, including the description of the demographic variable, the comparison of the knowledge and attitude scores from the pre-test and the post-test, the description of the knowledge and attitude scores from the pre-test and the post-test, and the relationship between the pre-test knowledge and attitude score and specific demographic variables. The post-test knowledge and attitude score is found to be greater than the pre-test score. Thus, it shows that the structure teaching program (STP) is beneficial in preventing parental suicide. Pre-test knowledge and attitude score were partially associated with selected demographical variables.

Discussion

According to the current study, the majority of parents initially had a negative attitude and insufficient understanding regarding suicide prevention. Both knowledge and attitude levels significantly improved following the planned instruction session. The results show that educational initiatives are quite successful in

increasing parents' awareness. Similar research confirms that a significant obstacle to suicide prevention is a lack of awareness. The relationship between knowledge and attitude and demographic factors emphasizes the impact of occupation, income, and education. These findings highlight the necessity of focused parent education initiatives. All things considered, systematic educational programs are essential for encouraging good mental health habits and suicide prevention.

Conclusion

According to the results of this study, it was Knowledge's calculated t value is 60.31, which is greater than the tabulated value of 2 at the 0.05 level of significance; attitude's calculated t value is 8.90, which is greater than the tabulated value of 2 at the 0.05 level of significance; both t values indicate a significant increase in the post-test score following the implementation of a structured teaching program. the relationship between demographic variables and parental knowledge. Parents' gender (χ^2 value 8.18;

1df=3.84), occupation (χ^2 value 8.05; 3df=7.82), number of children (χ^2 value 7.04; 2df=5.99), and the correlation between parents' attitudes and demographic variables are significant demographic variables.

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Conflicts of interests: There is no conflict of interest

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