



Original Article

## Suicide: Knowledge and attitude among higher secondary school adolescents in Alwar, Rajasthan.

### Abstract:

**Introduction:** Suicide is currently the second leading cause of death among adolescents 15 to 19 years of age and is the third leading cause of death among adolescents aged 15 – 24 years in the World. Adolescent suicide has become an issue of increasing concern over the past twenty five years.

**Objectives:** To assess the knowledge & attitude of adolescents towards suicide, to find out relationship between knowledge and attitude of adolescents and to determine the association between knowledge and attitude towards suicide and selected Socio-sample variables.

**Methods and Materials:** A descriptive survey method was employed among 100 higher secondary adolescents in Alwar, Rajasthan. Tools were sample proforma, knowledge questionnaire and attitude scale. A Convenient area & research setting were selected and a random sampling technique i.e. lottery method was used to allocate the sample.

**Results:** Results showed that mean knowledge score of adolescents towards suicide was 10.2 (inadequate knowledge) with SD 3.61 and mean attitude score of adolescents was 25.9 (neutral attitude) with SD 7.08 and negative correlation ( $r = -0.699$ ,  $P < 0.001$ ) found between knowledge and attitude. Findings also suggested that there was no significant association found between adolescents' socio-sample variables except source of information with knowledge and adolescent's socio-sample variables except sex, parental education, family pattern, socioeconomic status, habit/ substance use & personal experience with attitude towards suicide.

**Conclusion:** It was concluded that adolescents tend to adopt reasonable attitude towards suicide only after they have inadequate knowledge regarding suicide.

**Key Words:** Suicide, Knowledge, Attitude, Higher secondary schools, Adolescents, Alwar

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### Introduction

Globally one million people die from suicide annually. Approximately 500 adolescents complete suicide each year (Cantor, 1995).<sup>1</sup> In the whole world suicide mortality rate is 1.6/100000 where in India it is 10.3 /100000. India alone contributes to more than 10% of suicides in the world and facts that over 71% of suicides are below the age of 44 years imposes a huge social, emotional and economic burden on society. Adolescent suicide has become an issue of increasing concern over the past twenty five years. Epidemiological studies have demonstrated a significant rise in suicidal behavior among adolescents, to the extent that suicide is presently the second leading cause of death for the 15-19 year old and the third leading cause of death among adolescent of 15-24 years of

age in the world (Berman A.L., & Jobes D.A. 1995; The Center of Disease Control, 1995; Commonwealth Department of Health and family services 1997 ),<sup>2-4</sup> with the rate of completed suicide showing an increase of over 300% since 1950s (Lane & Shute, 1998).<sup>5</sup>

Although the actual occurrence is relatively low compared with other serious concerns that children and adolescents face, given the high impact and severe implications of adolescent suicide, it is a problem that society cannot ignore. Suicide affects not only the individual, but also the adolescent's family, peers, school and community. The phenomena of adolescent s suicide must be further understood and work must be done to identify children and adolescents at risk and prevent future occurrences. Every completed suicide is a potentially preventable death.

Suicide can be defined as intentional self-inflicted death (Kaplan & Sadock ).<sup>6</sup> There is lot of myths & facts related to suicide. Suicide is preventable if warning signs & symptoms are identified early and managed with help of individual and support system. Sometimes, simply talking to a sympathetic, nonjudgmental listener is enough to prevent the person from attempting suicide. So, researcher was interested to assess adolescents' knowledge and attitude towards suicide, helps to prevent them from being suicidal as they are high risk groups and to find out relationship between knowledge and attitude and to determine if they vary as a function of age, sex, birth order, medium of education, parental education, family pattern, socio-economic status, Source of Information, habit/substance use and personal experience.

### Hypothesis

H01- There will be no significant correlation between knowledge and attitude towards suicide

H02 - There will be no significant association between sample characteristics of adolescents and their knowledge & attitude towards suicide

### Methodology

A descriptive survey method was employed to conduct the study. The study consisted of 100 higher secondary adolescents. The study was conducted from 01-05-09 to 12-01-09 in selected higher secondary schools of Alwar district, Rajasthan. A Convenient area and research setting were selected by researcher from two hindi medium & one English medium senior secondary schools of Alwar district, Rajasthan. A simple random sampling technique i.e. lottery method was used to allocate the sample. All the adolescents were given a structured questionnaire consisted 20 statement designed to assess their knowledge and five point likert scale (1=strongly disagree to 5= strongly agree) to assess their attitude towards suicide. Ten students were interviewed per day on an average. The average time taken to administer the tool was about 30 minutes. Data were collected using the sample proforma, knowledge questionnaire and an attitude scale. A score of 1-10 was categorized as low knowledge, 11-15 as average and 16-20 as high. Attitude was categorized as Restrictive < 25; Neutral = 25-30 & Permissive attitude >30. Tool was validated and the reliability coefficient was 0.70. Data were analyzed using descriptive and inferential statistics.

## Result

**Table 1: Frequency & Percentage distribution of adolescents by their sample characteristics**  
n = 100

Sample characteristics	%
<b>Age in years:</b>	
Below 15	10
15-18	85
Above 18	5
<b>Sex:</b>	
Male	60
Female	40
<b>Birth order:</b>	
Elder one	30
Middle one	45
Younger one	25
<b>Medium of education:</b>	
English	35
Hindi	65
<b>Parental education:</b>	
Illiterate	5
Primary	15
Secondary	50
Graduation and above	30
<b>Family pattern:</b>	
Nuclear	38
Joint	62
<b>Socioeconomic status:</b>	
Low (Rs.<1500/-month)	11
Low upper(Rs.1500-3000/-month)	10
Low middle (Rs. 3000-9000/-month)	19
Upper middle (Rs. 9000-15000/-month)	32
Upper (Rs.>15000/-month)	28
<b>Information obtained about suicide:</b>	
Newspaper	51
Magazine	6
T.V.	30
Discussion with friends	8
Others	5
<b>Habit/substance use:</b>	
Alcohol	2
Smoking	8
Both of these	4
None of these	84
Any other drugs	2
<b>Personal experience:</b>	
Once attempted suicide	4
More than once tried to commit suicide but failed	2
Only suicidal ideation comes in mind	20
Never got such thinking in mind	74

Table 1 indicates that majority of adolescents (85%) were in the age group of 15-18 years , 60% were males, 45% adolescents belonged to middle birth order, 50% were educated up to secondary level, 68% belonged to joint family, 51% adolescents got the information about suicide from newspaper,84% had no habit/substance use of alcohol & smoking and 74% adolescents never had suicidal thinking.

**Table 2: Frequency and percentage distribution of knowledge of adolescent towards suicide**  
n = 100

Level of knowledge	Range of score	Frequency (f)	Percentage (%)
Low	1-10	49	49
Average	11-15	41	41
High	16-20	10	10
Total		100	100

Table 2 highlights 49% adolescents had low, 41% average and 10% had high knowledge.

**Table 3: Frequency and percentage distribution of attitude of adolescent towards suicide**  
n = 100

Level of attitude	Range of score	Frequency (f)	Percentage (%)
Restrictive	1-24	43	43
Neutral	25-30	30	30
Permissive	31-50	27	27
Total		100	100

Table 3 shows that 43% adolescents had restrictive, 30% neutral & 27% permissive attitude towards suicide.

**Table 4: Knowledge & Attitude score of adolescents regarding suicide**  
n = 100

	Range	Mean	Median	SD
Knowledge score	4-18	10.2	10	± 3.61
Attitude score	11-42	25.90	26	± 7.08

Table 4 display mean knowledge score of adolescents towards suicide was 10.2 with SD ± 3.61 and mean attitude score of adolescents was 25.9 towards suicide with SD ±7.08.

**Table 5: Correlation between knowledge and attitude of adolescents towards suicide**  
n = 100

	Mean ± SD	Coefficient of Correlation (r)	P Value
Knowledge	10.20 ± 3.61	-0.699 Negative Correlation	P < 0.001 (highly significant)
Attitude	25.90 ± 7.08		

Table 5 indicates negative correlation between knowledge and attitude of adolescents towards suicide. Coefficient of correlation was -0.699 with P < 0.001

**Table 6: Association between the knowledge and attitude with sample characteristics**  
(n = 100)

Sl. No	Sample characteristics	df	Knowledge		Attitude	
			χ <sup>2</sup>	p	χ <sup>2</sup>	p
1	Age (in years)	4	4.64	>0.05	3.04	>0.05
2	Sex	2	0.67	>0.05	9.12	<0.01*
3	Birth order	4	3.21	>0.05	4.11	>0.05
4	Medium of education	2	2.56	>0.05	1.50	>0.05
5	Parental education	6	7.97	>0.05	15.71	<0.02*
6	Family pattern	2	2.31	>0.05	6.03	<0.05*
7	Socioeconomic status	8	8.09	>0.05	15.72	<0.05*
8	Source of Information	8	15.2	<0.05*	11.54	>0.05
9	Habit/substance use	8	6.78	>0.05	30.51	<0.001*
10	Personal experience	6	7.58	>0.05	11.53	<0.05*

\* Significant

Table 6 findings suggest that there was no significant association found between adolescents' age, sex, birth order, medium of education, parental education, family pattern, socio-economic status, habit/substance use, personal experience with their knowledge towards suicide. There was significant association found between adolescents' source of information with their attitude towards suicide. There was no significant association found between adolescent's age, birth order, medium of education and source of information with their attitude towards suicide. There was significant association found between adolescent's sex, parental education, family pattern, socioeconomic status, habit/substance use & personal experience with attitude towards suicide.

## Discussion

The present study examined the knowledge & attitude towards suicide. Three hypothesis were tested relating to suicide knowledge, attitude and association between sample characteristics and knowledge & attitude of adolescents towards suicide.

It was hypothesized that adolescents would display an inadequate level of knowledge in relation to suicide, as assessed by the suicide knowledge test. Result supported this hypothesis as adolescents' average score was 10.2 (51%). This result is consistent with the literature that has reported that adolescents possess inaccurate information regarding adolescent suicide.<sup>5,7,8</sup>

On the basis of past research it was hypothesized that adolescents would hold reasonable attitude on suicide.<sup>7-9</sup> Results obtained in the present study supported this hypothesis. Participants indicated strong support for the open discussion; they did not perceive suicide to be a coward nor brave behavior, demonstrated neutral attitude towards suicide.

The present study also hypothesized that there would be no association between sample characteristics of adolescents and their knowledge & attitude towards suicide.<sup>3-4</sup> found suicide is now the second or third most frequent cause of death among 15 to 24 years old in several countries, it is related with the present study as only adolescent group was selected by researcher. However null hypothesis was accepted for age, as there was no association found between age and knowledge & attitude towards suicide.

Previous study has indicated that females display better knowledge about adolescent suicide compared to their male peers.<sup>7</sup> Unlikely results obtained in the present study accepted null hypothesis as no association found between sex and knowledge towards suicide. It was also expected that there would be no gender difference in attitude towards suicide but the null hypothesis was rejected as the present study analyzed that females were having more permissive attitude than males towards suicide, this result is consistent with the literature that has indicated that females endorse more positive and accepting attitude towards suicide than males.<sup>8</sup>

The association between suicidal phenomena and number of siblings or birth order was investigated and no association found in previous studies.<sup>7,10,11</sup> same result is supported in the present research and null hypothesis was accepted as no association found between birth order and knowledge & attitude towards suicide.

Previous research reported that father's level of education relevance to suicidal phenomena.<sup>10</sup> In consistent with results obtained in the present study rejected null hypothesis for

parental education as significant association found between parental education and attitude towards suicidal however null hypothesis was accepted in condition of knowledge as no association found between parental education and knowledge towards suicide .

The present study reported that family pattern was having significant association with suicidal attitude of adolescents, this finding supported by other previous Indian study.<sup>13</sup> however adolescents' knowledge towards suicide accepted the null hypothesis for family pattern.

The present study reported that socio-economic factor of adolescent had significant association with their attitude towards suicide hence null hypothesis was rejected, it is correlated with the previous study demonstrated significantly high risk for suicide associated with unemployment, low income, and low wealth status.<sup>10,14</sup> however null hypothesis was accepted in terms of knowledge towards suicide.

Ciffone (1993)<sup>12</sup> reported a significant correlation between educational exposure and increased knowledge level, this is consistent with present study where it was reported that participant who already exposed to suicide education by any source of information demonstrated significant relation with knowledge. However null hypothesis was accepted for suicide knowledge.

Previously research reported that significant association found between alcohol or smoking and suicidal behavior.<sup>15</sup> This is consistent in present study where habit/substance use of adolescent demonstrated highly significant relation with their attitude towards suicide however null hypothesis accepted with knowledge towards suicide.

Result of present study reported that there was significant association between personal experience of adolescents & attitude towards suicide. This result is also consistent with previous research that has reported that between 34% and 90% of students are exposed to suicidal behavior in peers while in high school.<sup>16</sup> However there was no association observed in personal experience of adolescents and knowledge towards suicide.

Interesting new facts obtained by the present research that there was no association between medium of education and knowledge & attitude towards suicide .

## Conclusion

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The present study concludes that higher secondary school adolescents tend to adopt reasonable attitude towards suicide only after they have inadequate knowledge regarding suicide. On the basis of the results it may be suggested that adolescents should be consider a high risk group for suicide and special focus and attention should be given in the schools to promote good knowledge and restrictive attitude towards suicide to make their future life safer and better.

## Recommendation

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The present study recommended that a similar study can be replicated using a larger samples with different sample characteristics. A study can be conducted on suicidal prevention program for students. Even a study can be conducted to see the factors related to suicide among adolescent and its impact on their families.

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## Ethical clearance

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The Present study was approved by research committee and all administrative permission from institutions were taken. Verbal permission was taken from participants before data collection and confidentiality was maintained.

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