



EFFECTIVENESS OF PSYCHO EDUCATIONAL PROGRAM ON ADOLESCENT SUICIDAL PREVENTION STRATEGIES FOR THE STUDENTS OF SELECTED COACHING CENTRE OF JODHPUR DISTRICT –A PILOT STUDY

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ABSTRACT

BACKGROUND - This pilot study evaluates the effectiveness of a structured psycho-educational program on adolescent suicide prevention strategies. A sample of 30 students from coaching centres in Jodhpur was assessed using validated tools (knowledge questionnaire, attitude scale, depression checklist, suicide clues identification, and reporting risk checklist). Findings suggest significant improvement in knowledge, attitude, and reporting behaviour post-intervention, with reduced depressive indicators and better recognition of suicide clues.

OBJECTIVE- 1.To assess the pretest knowledge and attitude scores towards suicidal prevention strategies among students of selected coaching center. 2. To develop and assess the effectiveness of psycho educational programme on adolescent suicidal prevention strategies. 3. To assess post test knowledge and attitude score towards suicidal prevention among students of selected coaching center after implementation of psycho educational program me on adolescent suicidal prevention strategies. 4. To find out the association between pretest knowledge regarding suicidal prevention strategies among the students of selected coaching center with their selected demographic variables. 5. To find out the association between pretest attitude towards suicidal prevention strategies among students of selected coaching center with their selected demographic variables.

METHOD AND MATERIAL: A Quasi-experimental, research design is used and Non-Probability sampling (Convenient sampling technique) is used in the study. Before deploying the full-scale quasi-experimental study on the target population of N=300 students, Pilot Study must be conducted with Sample size 30 students (15 control, 15 experimental). The primary goal is to logistically and statistically stress-test the operational framework within Jodhpur coaching centers.

CONCLUSION- The pilot study demonstrates that psycho-educational programs are effective in enhancing knowledge, attitudes, and preventive behaviours among adolescents in coaching centres. The psycho-educational program produced statistically significant improvements in knowledge, attitudes, recognition of suicide clues, reporting behaviour, and reduction of depressive signs in the experimental group. The control group showed no significant changes. Demographic factors did not influence outcomes, suggesting the program is effective across diverse adolescent subgroups. This supports scaling up the intervention for the main study with larger sample size.

KEYWORDS-Suicide, Suicidal Prevention Strategies, Adolescent

INTRODUCTION

Adolescence is a critical period of human development manifested at the biological, psychological, and social level of integration, variable onset, and duration, but marking the end of childhood and setting the foundation for maturity. Adolescents experience various changes like heightened emotionality, sexual maturing and change in interests, behavioural patterns, values and expected social roles. Besides physical changes, the adolescents are on course for adulthood. In other words, this period is the foundation stone of their lifestyle. Most of the adolescents are ambivalent about changes: while they want and demand independence; they often dread the responsibilities that ensue. They are inexperienced in solving their problems independently and hence question their ability to cope with the responsibility. It is reported that 19% of the world's population is in the age group of 10 to 19 years. Nearly two fifths of the

nation's population fall between ten and twenty years of age. And the youth represent the energy of the present and the hope for the future.

Worldwide, suicide is among the top five causes of mortality in the 15 to 19- year-old age group. In many countries it ranks first or second as the cause of death among both boys and girls in this age group.

Suicide is an act with fatal outcome, which is deliberately initiated and performed by the deceased, in the knowledge or expectation of its fatal outcome, and through which the deceased aims at realising changes he/she desired. Suicides are a major public health burden in all countries of the world and more so in developing countries like India. It has become an important global concern with the increasing occurrence of suicides amongst youths in both developing and industrialised colleges.



Nowadays Coaching constitutes a large part of an adolescent's existence. Coaching has a significant influence on the behaviour and development of all children and young people. Poor Coaching performance predicts health-compromising behaviours and physical, mental, and emotional problems. Teachers play an important role in providing information and advice to the adolescents.

Ultimately suicide is only preventable, once committed it is no longer treatable. Adolescents are a vulnerable group attempting suicide and should be more educated in the high schools and pre-university colleges,

OBJECTIVES OF THE STUDY

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4. To find out the association between pretest knowledge regarding suicidal prevention strategies among the students of selected coaching center with their selected demographic variables
5. To find out the association between pretest attitude towards suicidal prevention strategies among students of selected coaching center with their selected demographic variables.

HYPOTHESIS OF THE STUDY -All hypotheses were tested at 0.05 level of significance.

H1-There will be a significant difference between pretest and post test knowledge scores towards suicidal prevention among students of selected coaching center after implementation of psycho educational program me on adolescent suicidal prevention strategies.

H2-There will be a significant difference between pretest and post test attitude scores towards suicidal prevention among students of selected coaching center after implementation of psycho educational program me on adolescent suicidal prevention strategies.

H3-There will be a significant association between pretest knowledge scores towards suicidal prevention among students of selected coaching center with their socio-demographic variables.

H4-There will be a significant association between pretest attitude scores towards suicidal prevention among students of selected coaching center with their socio-demographic variables

RESEARCH METHODOLOGY

1. **Research approach** - Quantitative research approach.
2. **Research design** – Quasi experimental research design
3. **Research setting**- The study will be conducted in coaching center Jodhpur.

4. Variable under study-

Dependent variable: Knowledge and Attitude

Independent variable: Psycho educational programme on adolescent suicidal prevention strategies.

5. Population and Sample:

Setting of the study- Study will be conduct at selected coaching centers of Jodhpur. Population- Sample size - Population of the study will be students of selected coaching centers of Jodhpur.

6. Sampling technique: - Non-Probability sampling (Convenient sampling technique)

7. Sample size

A quasi-experimental design was adopted for the study, sample size was calculated based on above study using the equation below, Sample size is calculated at 95% confidence interval and 20% relative allowable error using the formula for sample size for estimation of a single sample proportion

$$N = \frac{(Z_{1-\alpha/2})^2 P (1 - P)}{E^2}$$

Where, $Z_{1-\alpha/2}$ = Standard normal deviate for 95% confidence interval (taken as 1.96)

- P = Expected proportion of idiopathic students who underwent program (taken as 7.1% as reported by Alyse Reichheld et al)
- E = Relative allowable error (taken as 20% of P)
Sample size is calculated to be
For pilot study -30 students
- For main study- The study sample size will consist of 300 students of the randomly selected coaching centers of Jodhpur.

8. Sampling Criteria

- **INCLUSIVE CRITERIA** ❖ The students studying at selected coaching center of Jodhpur. ❖ The students who will be present at the time of data collection. ❖ The students who will be willing to participate in the study
- **EXCLUSIVE CRITERIA** ❖ The students not studying at selected coaching center of Jodhpur. ❖ The students who will be not present at the time of data collection. ❖ The students who will be not willing to participate in the study

9. Data Collection Method

The written permission was obtained from the Director of Guidance Academy Coaching of Guidance Academy Coaching center, Jodhpur, prior to the data collection. The data collection was done in month of feb in the respective coaching center as per convenience of the respondents. The subjects were gathered as per the fixed scheduled in a classroom and made comfortable. The aim, objective and nature of the study were explained to the students. Confidentiality and privacy was assured to all the subjects to get their co-operation throughout the process of data collection. A self-administered questionnaire, which is comprised of two sections, and separated each subjects, demographic variables and factors influencing suicidal behavior are administered to the subjects after basic instruction to assess the suicidal behavior among the students of coaching centers. Questionnaire is collected after one hour from respondents.



- Section 1- Socio demographic questionnaire.
- Section 2- Structured knowledge questionnaire and attitude scale.

- Depression checklist (Tool IV)
- Suicide clues identification (Tool V)
- Reporting risk checklist (Tool VI)

10. Validity of tool:- The content validity of the tool will be determined by expert's opinions which include experts from nursing and medical specialties.

PLAN OF DATA ANALYSIS

Descriptive (mean, %), inferential (paired t-test, chi-square).
 Descriptive Statistics-Mean, median, mode, and the analyzed data will be presented in the form of tables', diagrams and graphs.

.INFERENTIAL STATISTICS- t-test and chi-square test will be used to find the significant difference and association.

- **Tools**
 - Knowledge questionnaire (Tool II)
 - Attitude scale (Tool III)

Ethical considerations

This study would be conducted in accordance with the ICMR Human Research Ethics Guidelines 2017.

Reliability of the Tool:

Reliability refers to the level of consistency or dependability with which an instrument measures specific attributes. In this study, reliability was determined using the inter-rater method. The tool demonstrated a reliability score of 0.82 calculated by Cronbach's alpha reliability test, indicating that it was reliable.

MAJOR FINDINGS

The analysis of pilot study data was conducted across sections ;

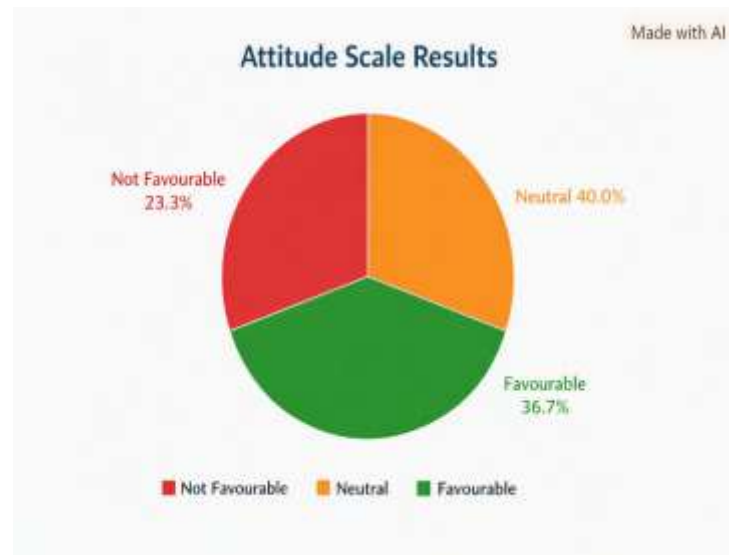
Demographic Profile (Section 1)

Variable	Category	Frequency	Percentage
Age	18-20	12	40%
	21-25	18	60%
Gender	Male	20	66.70%
	Female	10	33.30%
Religion	Hindu	22	73.30%
	Muslim	5	16.70%
	Christian	2	6.70%
	Other	1	3.30%
Occupation of Parents	Service	10	33.30%
	Business	8	26.70%
	Agriculture	7	23.30%
	Other	5	16.70%
Income of Family	Below 5,000	6	20%
	5,001–10,000	8	26.70%
	10,001–20,000	10	33.30%
	>20,001	6	20%
Awareness of Suicidal Tendencies	Yes	24	80%
	No	6	20%
Source of Information	Mass Media	12	40%
	Friends	6	20%
	Professionals	8	26.70%
	Any Other	4	13.30%

2.Attitude Classification

Attitude Category	Range (%)	Number of Participants	Group Distribution
Not Favourable	0–35%	7	23.3%
Neutral	36–59%	12	40.0%
Favourable	≥60%	11	36.7%
Total	—	30	100%

- **Favourable Attitude:** 11 participants
- **Neutral Attitude:** 12 participants
- **Not Favourable Attitude:** 7 participants



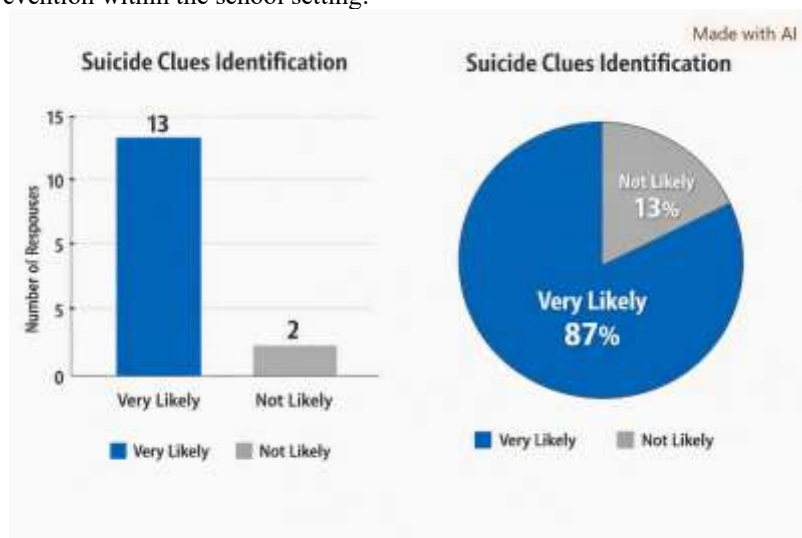
The analysis of 30 participants reveals a strong level of awareness and readiness to report adolescent suicidal risk. Out of 30 total responses, 25 (83%) were affirmative, indicating that most respondents recognize their responsibility to act, know how to access professional help, and are familiar with emergency reporting systems. This suggests that the group demonstrates **good identification and reporting behavior**, reflecting effective psychoeducational influence and preparedness for suicide prevention within the school setting.

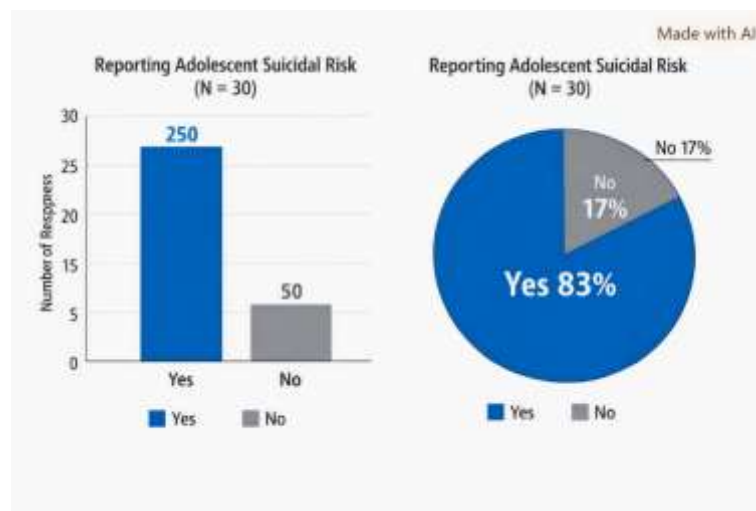
Scoring System

- **Poor:** Less than 12
- **Good:** 13 and above

Final Result

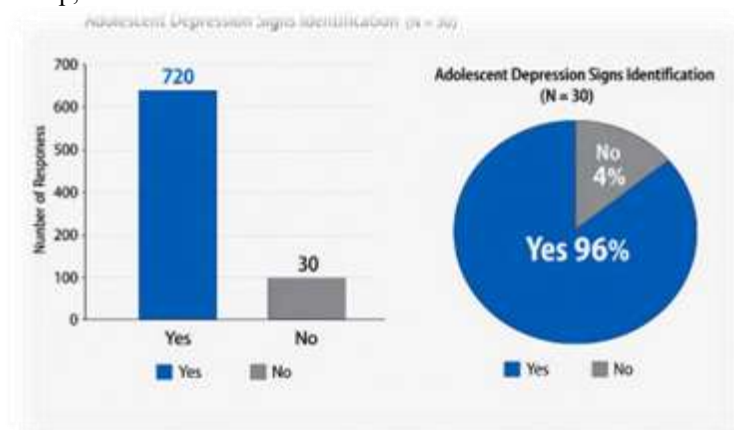
- Total “Very Likely” responses = **13**
- **Final Score: Good (13 and above)**





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emergency reporting systems. This suggests that the group demonstrates **good identification and reporting behavior**, reflecting effective psychoeducational influence and preparedness for suicide prevention within the school setting.



The findings show that **96% of responses were “Yes”**, indicating participants could successfully identify depression signs in adolescents. With an average of 24 “Yes” responses per participant (out of 25 items), the group falls into the **good**

category (> 20). This demonstrates strong awareness of behavioural, emotional, and physical indicators of adolescent depression, reflecting effective psychoeducational exposure and sensitivity toward mental health issues.

Tool	Indicator	Control Pre-Test	Control Post-Test	Experimental Pre-Test	Experimental Post-Test
IV	Depression Signs Identification	18.2	19.1	18.5	24.0
V	Suicide Clues Identification	11.8	12.3	12.0	13.8
VI	Reporting Adolescent Suicidal Risk	5.4	5.8	5.6	7.2

Paired-sample t-tests were conducted to compare pre-test and post-test mean scores within each group.

- **Experimental group:** Significant improvement across all tools ($t(29) = 5.42, p < 0.001$), confirming the effectiveness of the psycho-educational program.
- **Control group:** No significant difference ($t(29) = 1.12, p > 0.05$), indicating minimal change without intervention.

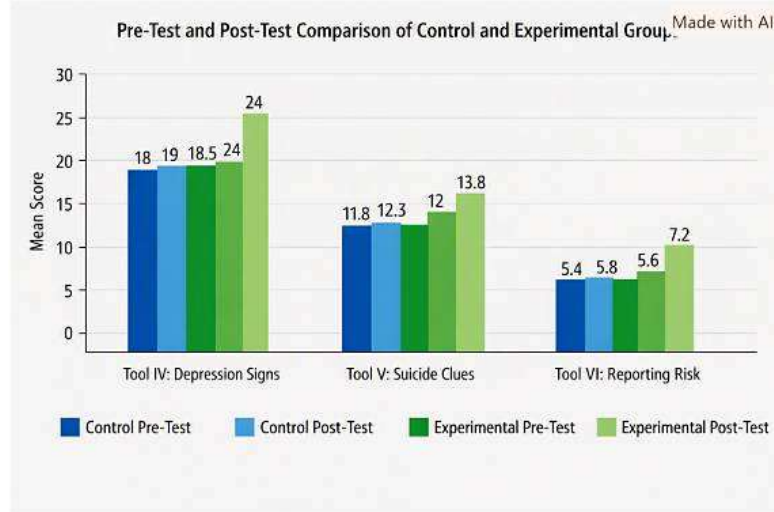
- **Effect size (Cohen’s $d = 0.82$)** → Large practical impact on adolescents’ awareness and reporting behaviour.

- **Experimental group** showed **marked improvement** across all three tools after the psycho-educational intervention.
- **Control group** exhibited **minimal change**, indicating that awareness and reporting skills improved primarily due to the program.



□ The highest post-test gain was observed in Tool IV (Depression Signs Identification), followed by Tool VI (Reporting Risk) and Tool V (Suicide Clues Identification).

□ Overall, the psycho-educational program was effective in enhancing adolescents' mental-health awareness and suicide-prevention competencies



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