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**Comparative Study to assess the Knowledge Regarding Risk Factors And Preventive Measures Of Suicidal Behaviour Among The Adolescent Girls And Boys (Age 15-17 Years) Of Selected Educational Institution In Villupuram With A View To Develop Information Booklet**

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**Abstract:**

**Aim:** To compare the level of knowledge regarding the risk factor and preventive measure of suicidal behavior among adolescent girls and boys. **Objective:**(i).To assess the level of knowledge regarding risk factors and prevention of suicidal behavior among adolescent girls (ii)To assess the level of knowledge regarding risk factors and prevention of suicidal behavior among adolescent boys(iii)To compare the knowledge regarding risk factors and prevention of suicidal behavior among adolescent girls and boys.(iv)To find the association between the knowledge of risk factors and prevention of suicidal behavior among adolescent girls and boys with their selected demographic variables. **Methodology:** a comparative study design was adopted for this study.60 samples were selected using convenient sampling technique. The level of knowledge was assessed by using structured knowledge questionnaires, **Result:** the finding shows that there is a significant comparison in knowledge regarding suicidal behavior and prevention of suicide among adolescents girls than boys. With the t value 0.75 respectively. **Conclusion:** the study concluded that the there is significant comparison in knowledge regarding risk factors and preventive measures of suicidal behavior among the adolescent girls than boys.

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## **1. INTRODUCTION**

Adolescence from “latin” word adolescere “to mature” is the phase of transition between childhood and adulthood.

Adolescent is the span of life in the middle of childhood and adulthood, from ages 10-19 years .It is a distinctive stage of human maturing and an crucial time for laying the substructure of good health. Adolescent is a pledge stage of bodily and psychological development that significantly occurs extent the period from puberty to adulthood.

Children which are entering adolescence are

begin through many modified in physical, intellectual, personality and social development. Adolescence start at puberty, which now happen earlier, on standard, than in the past. Adolescence, these years from puberty to adulthood, may be energetically divided into three stages early adolescence, normally ages eleven to fourteen, middle adolescence, ages fifteen to seventeen, and late adolescence, ages eighteen to twenty-one. Suicide is a popular health problem in the middle of the decisive causes of mortality among adolescent and pubescent.

Learning additional about that might lead an adolescent to suicide may help to prevent further tragedies. Even though it's not always preventable, it's regularly a good idea to be learned and take action to help a troubled teenager. Adolescence in society depends on information from numerous perspectives, including psychological, biological, history, sociological education. Suicide, from latin "suicidium", is "the act of taking one's own life" take part in suicide or non-fatal suicidal behaviors is self-injury with at lowest. Suicide is defined as a fatal self - injurious rates vary feasible between regions . About 80%of all suicide occur in low and middle category family. Suicide is the second foremost causes of death among the adolescent and the standard, age of 15-19 years has an annual suicide rate of about 1 in 10,000 people. Suicidal affection can mean having ideal thoughts about closing your life or feeling that people would be improve off without

you or it can mean thinking about approach of suicide or making clear plans to get hold of your own life. A suicide attempt is a non-fatal, self-directed and possible injurious behaviors with any purposeful to die as a outcome of the behaviors. It is a death that ensure when someone harms themselves begin they want to end their life a suicide attempt is when someone impair themselves to try to end their life, but they do not die. The effect of suicide walk far away the persons who acts to take his or her life. It can also have a enduring on family, friends and communities in impact to physiological growth ,intellectual, psychological and social progress tasks are squash into these years. The fundamental motive of these tasks is to structure one's own identity and to put to gather for adulthood. The five leading attribute of adolescence are biological growth and development, an undefined status, increased decision making, increased pressures, and the search for

person. (Wikipedia) Adolescent suicide is during a teen causes his or her own death on motive .In this teenage they features the stress full life that will difference a thought, feelings, activity, fear and it will influence the problem solving and decision-making skill. The two element that contribute suicide are possess a primary mood disorder and substance use. The sensitive status of the adolescent make endangered to considering suicide are likely to way out to help them deal with its feelings considering the elevated suicide rate in adolescent.The moment of providing psycho education, restricting access to lethal means, and promoting social integration in immigrants are various ways by which suicides in India can be avoided. The adolescent is anxious and unsettling period as boys and girls face the difficulties of transition into adulthood.it is a period in life that is often confusing, leaving teens feelings isolated from family or peers. It is very important to seek

professional help for the adolescent who may be suicidal. Adolescent suicide is due to depression, trouble to cope with stress, dealing with rejection, failure, break ups, school difficulty and family turmoil (Wikipedia) Risk factors are characteristics of a person or his / her environment that increase the likelihood that he or she will die by suicide. Major risk factors for suicide include prior suicide attempt, misuse and abuse of alcohol or other drugs, mental disorders, particularly depression and mood disorders access to lethal means, knowing someone who died by suicide particular a family member, social isolation ,chronic disease and disability , lack of access to behavioral health care, withdrawal from peer groups, obvious changes in personality ,hopelessness with loved one, drug and alcohol abuse, impulsive behaviors, violence, imprisonment, sexual , verbal or emotional abuse. The risk factors are habits or histories that put someone at greater like

hood of having a problem some of the risk factors for suicide may be inherited such as a family history of suicide. Others like physical illness may also be out of your control but if you can recognize the risk factor for suicide early and act to change the ones can control, you may save your life. (National library of medicine) Suicide is preventable and everyone has a role to play to save lives and create healthy and strong individuals, families and communities. It requires comprehensive public health approach. Suicide prevention is a term (fence on a bridge) used for the collection efforts to reduce the incidence of suicide through preventive measures. Prevention of suicide is a collection of efforts to reduce the risk of suicide Preventing suicide requires strategies at all levels of society this includes prevention and protective strategies for individuals, families and communities. Suicide can be prevented by leading the warning signs, promoting prevention, and

resilience and committing to social change. It includes Social intervention such as Education about suicide, including risk factors, warning signs, stigma related issues and the availability of help through social campaigns. Increasing the proficiency of health and welfare services at responding to people in need reducing access to convenient means of suicide and methods of self-harm. e.g., toxic substances, hanging, poisons, handguns, effective mental health care ,easy access to variety a of clinical interventions, strong connection to family, community and society, problem solving and conflict resolution skill comprehensive mental health approach to prevent suicide is identified several strategies. Counselling Cognitive behaviour therapy for suicide is a form adapted for adolescents at high risk for repeated suicide attempts. Coping is a strengths-based intervention that aims to meet the needs of people who ask for help, including those experiencing suicidal

ideation. Coping is normalized as a normal and universal human response to unpleasant emotions, and interventions are considered a change continuum of low intensity to high intensity support. (American psychiatric association 2017). Adolescence from “latin” word *adolescere* “to mature” is the phase of transition between childhood and adulthood. Adolescent is the span of life in the middle of childhood and adulthood, from ages 10-19 years .It is a distinctive stage of human maturing and an crucial time for laying the substructure of good health. Adolescent is a pledge stage of bodily and psychological development that significantly occurs extent the period from puberty to adulthood. Children which are entering adolescence are begin through many modified in physical, intellectual, personality and social development. Adolescence start at puberty, which now happen earlier, on standard, than in the past. Adolescence, these years from puberty to adulthood, may be energetically

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endangered to considering suicide are likely to way out to help them deal with its feelings considering the elevated suicide rate in adolescent.

#### OBJECTIVES:

- 1.To assess the level of knowledge regarding risk factors and prevention of suicidal behavior among adolescent girls
- 2.To assess the level of knowledge regarding risk factors and prevention of suicidal behavior among adolescent boys
3. To compare the knowledge regarding risk factors and prevention of suicidal behavior among adolescent girls and boys.
4. To find the association between the knowledge of risk factors and prevention of suicidal behavior among adolescent girls and boys with their selected demographic variables.

#### HYPOTHESIS:

H1: There will be a significant difference in level of knowledge regarding risk factors

and prevention of suicidal behavior among adolescent boys when compared to girls.

H2: There will be a significant association between the knowledge regarding risk factors and prevention of suicidal behavior among adolescents' girls and boys with their selected demographic variables.

To find the association between the knowledge of risk factors and prevention of suicidal behavior among adolescent girls and boys with their selected demographic variables.

To assess the level of knowledge regarding risk factors and prevention of suicidal behavior among adolescent girls.

To assess the level of knowledge regarding risk factors and prevention of suicidal behavior among adolescent boys.

To compare the knowledge regarding risk factors and prevention of suicidal behavior among adolescent girls and boys.

#### METHODOLOGY:

Non experimental comparative research design is planned to adopt for this research study. The level of Knowledge was assessed by using the structured knowledge questionnaire, regarding the risk factors and preventive measures of suicidal behavior among adolescent boys and girls.



## Results

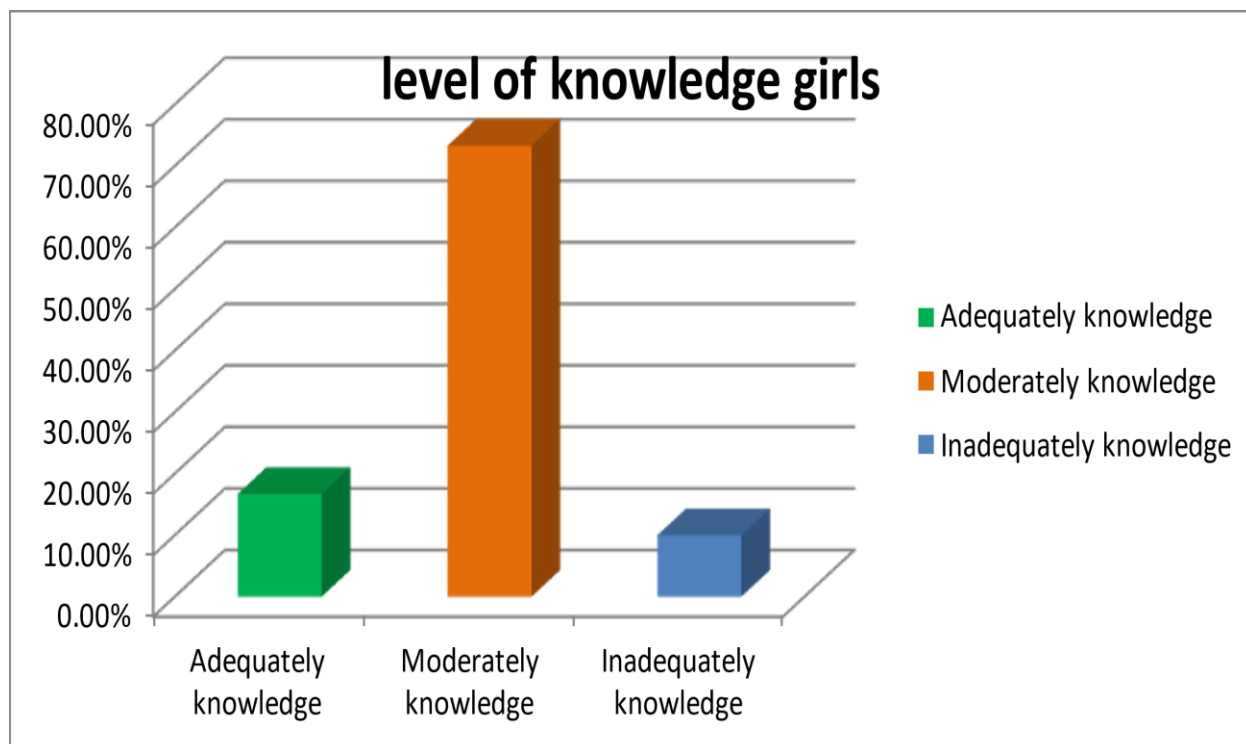
**TABLE:4.1** Frequency and Percentage Distribution of Level of knowledge of the adolescent Boys

**n=30**

Level of knowledge of the adolescent girls	Frequency	Percentage
Adequate	5	16.7%
Moderate	22	73.3%
In adequate	3	10%

adolescent girls shows that about the 30 samples 5 (16.7%) of them in adequate knowledge, 22(73.3%) of them in moderate knowledge and 3(10%) of them in inadequate knowledge.

**TABLE: 4.1**The findings of the study shows that the Level of knowledge of the



**FIGURE:4.1** The findings of the study shows that the Level of knowledge of the adolescent girls shows that about the 30 samples 5 (16.7%) of them in adequate

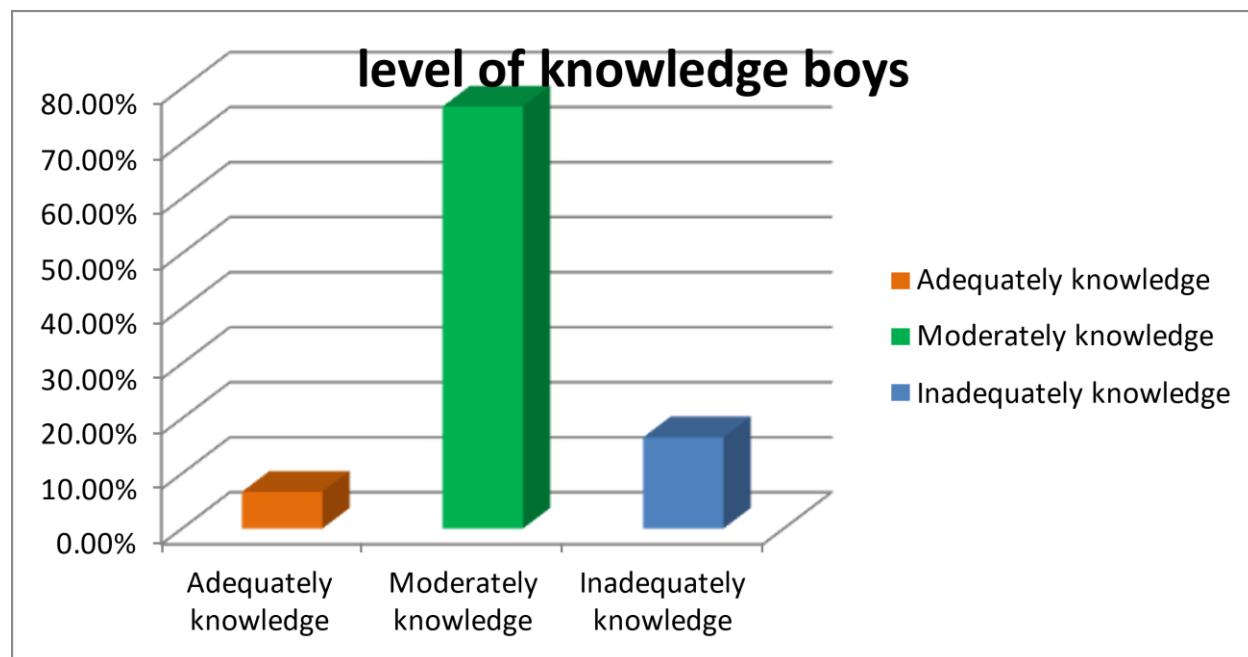
knowledge, 22(73.3%) of them in moderate knowledge and 3(10%) of them in inadequate knowledge.

**TABLE:4.2** Frequency and Percentage Distribution of Level of knowledge of the adolescent Boys

n=30

Level of knowledge of the adolescent girls	Frequency	Percentage
Adequate	2	6.7%

Moderate	23	76.7%
In adequate	5	16.6%



**FIGURE4.2** The findings of the study shows that the Level of Knowledge of the adolescent boys shows that about the 30 samples 2 (6.7%) of them in an adequate knowledge, 23(76.7%) of them in moderate knowledge and 5(16.6%) of them in inadequate knowledge.

**TABLE :4.3** The comparison of knowledge of risk factor and prevention of suicidal behaviour among adolescent girls and boys.

<b>COMPARISON OF KNOWLEDGE OF ADOLESCENT GIRLS AND BOYS</b>						
<b>GIRLS</b>		<b>BOYS</b>		<b>Mean difference</b>	<b>Standard error</b>	<b>T value</b>
<b>Mean</b>	<b>Standard deviation</b>	<b>Mean</b>	<b>Standard deviation</b>			
<b>16.17</b>	<b>5.75</b>	<b>15.13</b>	<b>4.91</b>	<b>1.04</b>	<b>1.37</b>	<b>0.75 NS</b>

Shows the Distribution of the table comparison of knowledge of risk factor and prevention of suicidal behaviour among adolescent girls and boys.

**TABLE 4.4.1** Association Between Comparison Of The Knowledge Regarding Risk Factor And Prevention Of Suicidal Behavior Among The Adolescent Girls With The Selected Demographic Variables

S.NO	DEMOGRAPHIC VARIABLES	CHISQUARE	NS/S
1	Age in years	0.785	NS
2	Type of family	2.46	NS
3	Area of residence	1.809	NS
4	Religion	1.678	NS
5	Family monthly income (In rupees)	3.67	NS

6	Educational status of father	13.44	S**
7	Educational status of mother	6.588	NS
8	Father's occupation	3.204	NS
9	Mother's occupation	4.482	NS

**TABLE:4.4.2** Association Between Comparison Of The Knowledge Regarding Risk Factor And Prevention Of Suicidal Behavior Among The Adolescent Boys With The Selected Demographic Variables

S.NO	DEMOGRAPHIC VARIABLES	CHISQUARE	NS/S
1	Age in years	4.07	NS
2	Type of family	2.468	NS
3	Area of residence	5.172	NS
4	Religion	1.22	NS
5	Family monthly income (In rupees)	11.204	NS
6	Educational status of father	6.959	NS
7	Educational status of mother	2.586	NS
8	Father's occupation	5.592	NS
9	Mother's occupation	3.34	NS

**\*Significant at p<0.05**

## **DISCUSSION:**

First objective stated that assess the level of knowledge regarding risk factors and prevention of suicidal behaviors among adolescent girls.

The findings of the study shows that the Level of knowledge of the adolescent girls shows that about the 30 samples 5 (16.7%) of them in adequate knowledge, 22(73.3%) of them in moderate knowledge and 3(10%) of them in inadequate knowledge.

Second objective stated that assess the level of knowledge regarding risk factors and prevention of suicidal behaviors among adolescent boys.

The findings of the study shows that the Level of Knowledge of the adolescent boys shows that about the 30 samples 2 (6.7%) of them in an adequate knowledge, 23(76.7%)

of them in moderate knowledge and 5(16.6%) of them in inadequate knowledge.

Third objective stated that the compare the knowledge regarding risk factors and prevention of suicidal behaviour between adolescent girls and boys.

The finding of the study shows that the level of knowledge of the adolescent girls the mean score was 16.17 with the standard deviation of 5.75. and the level of knowledge of boys the mean score was 15.13 with the standard deviation of 4.91. the mean difference of 1.04 with a standard error of 1.37. the t-value was 0.75 shows not significant at  $p > 0.05$  it indicates the knowledge level of knowledge of risk factor and preventive measures and suicidal behaviors among the adolescent girls and boys.

Fourth objective stated that the find the association between the knowledge of risk factors and prevention of suicidal behavior among adolescent girls and boys with their selected demographic variables

The finding of the study shows that there is no significant association between the knowledge of risk factors and prevention of suicidal behaviors among adolescent girls the Age, Gender, Type of family, Area of residence, Religion, Family monthly income, educational status of mother, Fathers occupation, Mothers occupation.

The findings of the study shows that there is a significant association between the knowledge of risk factors and prevention of suicidal behaviors among adolescent boys with the educational status of father. The finding of the study shows that there is no significant association between the knowledge of risk factors and prevention of

suicidal behaviors among adolescent boys the Age, Gender, Type of family, Area of residence, Religion, Family monthly income, Educational status of mother, Educational status of father, Fathers occupation, Mothers occupation

### **CONCLUSION:**

The findings shows that there is a significant difference between the level of knowledge about the risk factor and preventive measures of suicidal behaviours among the adolescent girls and boys with t values 1.07 and 1.47. Hence the study concluded that there is a significant knowledge level among adolescent girls regarding risk factors and preventive measures of suicidal behaviour than adolescent boys.

First objective stated that assess the level of knowledge regarding risk factors and prevention of suicidal behaviors among adolescent girls.

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### **RECOMMENDATIONS:**

- A similar study can be conducted for a larger group
- The study can be conducted to assess the psychological status of the adolescent girls and boys.

### **BIBLIOGRAPHY:**

1. Basvanthappa, B.T. (2000). Nursing Research. New Delhi: Jaypee brothers Publishers.
2. Bhatia, M.S. (2007). Text Book of Psychiatry, (3rd edition). New Delhi: C.B.S Publishers and Distributors.
3. Burns Nancy and Susan K.Grove. (2004). The Practice of Nursing Research Conduct-Crialle and Utilization, (5th edition). Philadelphia: W.B sunders company publishers.
4. Copper and Pierce. (2002). Abnormal Psychology and Modern Life, New York: Harper Collins Publishers.

5. Katherine, M. Fortinash, et.al., (1996). Psychiatric Mental Health Nursing, (1st edition). New York: Mosby publication.
6. Kaplan and sadock's. (1998). Synopsis is psychiatry (8th edition) New Delhi: New B.L. Waverky Pvt.Ltd.
7. Lalitha, K., (2007). Mental Health and Psychiatric Nursing-an Indian perspective. (2nd edition). Bangalore: V.M.G. Book Publishers.
8. Louise, (2008). Basic Concept of Psychiatric Mental Health Nursing, (7th edition). New Delhi: Wilkins and Williams publishers.
9. Mahajan, B.K. (1989). Methods in Biostatistics. New Delhi: Jaypee Brothers Publishers.
10. Niraj Ahuja, (2011). A Short Text Book of Psychiatry. (7 TH edition). New Delhi: Jaypee Brothers Medical Publishers.
11. Polit and Beck. (2004). Nursing research principles and methods (7th

- edition). Philadelphia: Lippincott Williams & Wilkins.
12. Polit, D.F. and Hungler, B. (2000). Nursing Research Principles and Methods. New York: J.B. Lippincott.
13. Ratherine, Fortinash, et.al., (1996). Psychiatric mental health nursing. (1st edition) New York: mosby publication.
14. Robert, E. Hales, Stuart C. et.al., (2001). Text book of psychiatry. (3rd edition) New Delhi: Jaypee brothers publication.
15. Sreevani, R. (2009). A Guide to Psychiatric and Mental Health Nursing. (3rd edition) New Delhi: Jaypee Brothers Publishers.
16. Sheila. I. Videbeck. (2007). Psychiatric Mental Health Nursing. (3rd edition). Philadelphia: Lippincott Williams & Wilkins.
17. Stuart and Sudeen. (1979). "Principles and Practice of Psychiatric Nursing. London: C.V Mosby Publishers.
18. Sundar Rao .P.S, (2000). An Introduction to Biostatistics, (3rd edition). New delhi: Practice hall of India. Pvt. ltd.
19. Anand Lingeswaran, (2010). Suicide management guidelines. Nightingale Nursing Times, 6(4), 24
20. Aschkenasy, J.R, et.al., (2005). The non-psychiatric physician's responsibilities for the suicidal adolescents, New York state Journal of Medicine, 3, 97-104.
21. Bridge, J.A et.al., (2007). Clinical response and risk for reported suicidal ideation and suicide attempts in pediatric antidepressant treatment. Journal of the American Medical Association, 297, 1683-1696.
22. Center for disease control, (2012). Recommendations for a community

plan for prevention and containment of suicide clusters. Mortality and Morbidity Weekly Report, 37, 1-11.

23 Dakshina Murthy, (2012). Suicide among Adolescents, Indian Streams Research Journal, 2(3), 1-4.

24. Townsend, M.C. (2010). Mental Health and Psychiatric Nursing- Concepts Based on Evidence Based Practice, (6th edition) New Delhi: Jaypee Brothers Publishers.

#### **Journals:**

- Anand Lingeswaran, (2010). Suicide management guidelines. Nightingale Nursing Times, 6(4), 24
- Aschkenasy, J.R, et.al., (2005). The non-psychiatric physician's responsibilities for the suicidal adolescents, New York state Journal of Medicine, 3, 97-104.
- Bridge, J.A et.al., (2007). Clinical response and risk for reported suicidal ideation and suicide attempts

in pediatric antidepressant treatment.

Journal of the American Medical Association, 297, 1683-1696.

- Center for disease control, (2012). Recommendations for a community plan for prevention and containment of suicide clusters. Mortality and Morbidity Weekly Report, 37, 1-11.
- Dakshina Murthy, (2012). Suicide among Adolescents, Indian Streams Research Journal, 2(3), 1-4.
- Hawton, K, Zahl, D et.al., (2003), suicide following deliberate self-harm: Long term follow up of patients who presented to a general hospital. British journal of psychiatry, 18(5),
- Jena, S and Sidhartha. (2004). Now fatal suicidal behaviours in adolescents. Indian Journal of Psychiatry, 46(4), 310-318.

- Johan Bislen.(2018)Suicide And Youth:Risk Factor. British journal of psychiatry,35(6),165-168 Philadelphia: W.B sunders company publishers.
- Karolina E. Kryszynska, (2007). Loss by suicide-a risk factor for suicidal behaviour. Journal of Psychosocial Nursing, 41(7), 34-41.
- Kar N, Pany M et.al., (2006). Risk factors of adolescent suicide attempt, Journal of Eastern Zonal Branch of Indian Psychiatric Society, 1(1), 17-22. 63
- Basvanthappa, B.T. (2000). Nursing Research. New Delhi: Jaypee brothers Publishers.
- Bhatia, M.S. (2007). Text Book of Psychiatry, (3rd edition). New Delhi: C.B.S Publishers and Distributors.
- Burns Nancy and Susan K.Grove. (2004).The Practice of Nursing Research Conduct-Crialle and Utilization, (5thedition).
- Copper and Pierce. (2002). Abnormal Psychology and Modern Life, New York: Harper Collins Publishers.
- Katherine,M. Fortinash, et.al., (1996). Psychiatric Mental Health Nursing, (1st edition). New York: Mosby publication.
- Kaplan and sadock's. (1998). Synopsis is psychiatry (8th edition) New Delhi: New B.L. Waverky Pvt.Ltd.
- Lalitha, K., (2007). Mental Health and Psychiatric Nursing-an Indian perspective. (2nd edition). Bangalore: V.M.G. Book Publishers.
- Louise, (2008). Basic Concept of Psychiatric Mental Health Nursing, (7th edition). New Delhi: Wilkins and Williams publishers.

- Mahajan, B.K. (1989). *Methods in Biostatistics*. New Delhi: Jaypee Brothers Publishers.
- (2011). *A Short Text Book of Psychiatry*. (7 TH edition). New Delhi: Jaypee Brothers Medical Publishers.
- Polit and Beck. (2004). *Nursing research principles and methods* (7th edition). Philadelphia: Lippincott Williams & Wilkins.
- Polit, D.F. and Hungler, B. (2000). *Nursing Research Principles and Methods*. New York: J.B. Lippincott.
- Ratherine, Fortinash, et.al., (1996). *Psychiatric mental health nursing*. (1st edition) New York: mosby publication.
- 14.Robert, E. Hales, Stuart C. et.al., (2001). *Text book of psychiatry*. (3rd edition) New Delhi: Jaypee brothers publication.
- Sreevani, R. (2009). *A Guide to Psychiatric and Mental Health Nursing*. (3rd edition) New Delhi: Jaypee Brothers Publishers.
- Sheila. I. Videbeck. (2007). *Psychiatric Mental Health Nursing*. (3rd edition). Philadelphia: Lippincott Williams & Wilkins.
- Stuart and Sudeen. (1979). *“Principles and Practice of Psychiatric Nursing*. London: C.V Mosby Publishers.
- Sundar Rao .P.S, (2000). *An Introduction to Biostatistics*, (3rd edition). New delhi: Practice hall of India. Pvt. ltd.
- Townsend, M.C. (2010). *Mental Health and Psychiatric Nursing- Concepts Based on Evidence Based Practice*, (6th edition) New Delhi: Jaypee Brothers Publishers.
- Lalitha, K., (2007). *Mental Health and Psychiatric Nursing-an Indian*

perspective. (2nd edition).

Bangalore: V.M.G. Book Publishers.

- Kar N, Pany M et.al., (2006). Risk factors of adolescent suicide attempt, Journal of Eastern Zonal Branch of Indian Psychiatric Society, 1(1), 17-22. 63