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A Study To Assess The Knowledge And Attitude Of Undergraduate Boys And Girls Regarding Deliberate Self Harm In Selected Educational Institutions Of Bangalore With View To Develop Information Booklet

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ABSTRACT

Aim: To assess the knowledge and attitude of undergraduate boys and girls regarding deliberate self harm keeping in view developing an information booklet.

Methods: A survey approach was considered appropriate for the present study and descriptive research design was chosen for the comparative study to assess the attitudes toward suicide among adolescent boys and girls in selected colleges at Bangalore. The study was conducted in various educational institutions like Acharya group of institutions, R.R group of institutions, Sri Vishnu College of nursing. The college provides education in Bachelor of degree courses. This setting was selected because of availability of the samples, feasibility of conducting study, geographical proximity and ethical clearance. The target populations of the study are all Undergraduate boys and girls studying in different institutions of Bangalore pursuing bachelor's degree. In this study, the sample consists of 30 UG boys and 30 UG girls who are studying in different institutions in Bangalore, age group 17-22 years and who fulfil the eligibility criteria for the study. Non-probability samples are selected based on the judgment of the researcher to achieve particular objectives of the research at hand. Purposive sampling technique is a strategy in which the researcher's knowledge of the population and its elements are used to select sample, which are typical to the population. The research develops a structured attitude scale, which contains items of the following aspects. Consist of Age, sex, religion, education of parents, occupation of parents, income, type of family, place of residence, and history of DSH in the family. A structured knowledge questionnaire was prepared consists of 15 questions and attitude scale was prepared consists of 25 items on attitudes toward DSH.

Results—

1. Age: age of Undergraduate boys and girls being 17-21. 43% boys and 34% girls are age 17-18 years old.
2. Religion: 60% of the boys and 57% of girls were Christians; 37% boys and 43% girls were Hindus; 3% boys and 0% girls were Muslims.
3. Educational status of Parents: 79% of boy's father and 73% of girls father were Illiterates. 7% of boy's father and 17% of girl's father were Undergraduates and however about 7% of boy's father 3% of girl's fathers were having primary education. As per the education of the Undergraduate boys and girls mother was concerned about 60% of boy's mother and 17% girl's mother were illiterate and 30% of boy's father and 64% girl's mother possessed Undergraduate education.

4. Occupation of Parents: 27% of boy's father and 77% girl's father were employed. 83% of boy's mothers and 80% girl's mothers were unemployed.
5. Income of the family: 67% of Undergraduate boy's family income ranges Up to 10,000.
6. Family types: 80% of boys and 67% of girl's family belongs to nuclear family.
7. Place of residence: 80% of girls and 70% of boys come from their hostel. Only 10% of boys and 13% of girls come from their homes.
8. The mean score (12.57) 83.78% of UG boys have good knowledge regarding DSH. Only 13.3% of boys have average knowledge regarding DSH. And 0% of boys have poor knowledge regarding deliberate self-harm.
9. The median score (70) 86.7% of UG boys have positive attitude against DSH and 13.3% of boys have neutral attitudes.
10. It was found that no statistically significance among boys knowledge and attitudes toward deliberate self-harm
11. The mean score (12.03) 80.22% of UG girls have good knowledge regarding DSH. Only 16.7% of girls have average knowledge regarding DSH. And 0% of girls have poor knowledge regarding deliberate self-harm.
12. The median score (70) 100% of UG girls have positive attitude against DSH and 0% of girls have neutral attitudes.
13. It was found that no statistically significance among girls knowledge and attitudes toward deliberate self-harm.
14. The overall knowledge and attitude score reveals that both UG boys and girls have good knowledge and positive attitude towards DSH.
15. Boys have better knowledge as compared with knowledge of girls regarding deliberate self harm.
16. Girls are having more positive attitude towards DSH as compared to boys.
17. The knowledge mean score of UG boys is 12.57 and knowledge mean score of UG girls is 12.03.
18. The mean knowledge scores between boys and girls are compared using student "t" test it was found that there uses no statistically significant difference ($t=1.309$, $P=0.196$) among boys and girls towards their knowledge
19. The mean% attitude score of undergraduate boys and girls is calculated and it shows the boys and girls mean% score over 92.66% and 92.71% respectively. The mean score of boys and girls is 69.47 and 69.43 respectively.
20. The results showed that the undergraduate boys and girls have reasonably good/favorable attitude towards their lives. This means they do not encourage deliberate self-harm.
21. No significant association was found between the socio demographic variable like age, education qualification of the father and mother, occupation of the father and mother, income of the family, type of family, and place of the residence and knowledge and attitude scores of undergraduate boys and girls.

Conclusions— Deliberate self-harm in general is the result of many complex factors. Study suggests more than 90% of youth deliberate self-harm is at least due to one major psychiatric disorder. All though among younger adolescent deliberate self-harm victims have lower rates of psycho pathology. The high deliberate self-harm emphasizes the need to recognize adolescent deliberate self-harm has a major public health problem with an urgent need for intervention. There are very few studies evaluating the impact of young people knowledge and attitudes towards deliberate self-harm and their suicidal behavior.

Keywords: Deliberate Self Harm; Undergraduate Boys and Girls; Knowledge; Attitude; Information Booklet

INTRODUCTION

Deliberate self-harm is a troubling aspect of adolescence (and possibly even adulthood) that appears to be on the increase. Deliberate self-harm can help in the short-term management of problematic emotions (harming the self seems to decrease the intensity of some emotions) and can therefore be experienced as stress-relieving. Deliberate self-harm is one of the top five causes of acute medical admissions for both women and men. Deliberate self-harm involves acts such as poisoning, overdosing, cutting or head banging causing some tissue damage to the body. Deliberate Self Harm was identified as a response to conflict or feeling distressed or angry. It can feel to other people that these things are done intentionally and deliberately almost cynically.¹

Evidence regarding the prevalence of deliberate self-harm in adolescents usually comes from three main sources: 1) historical information from psychiatric samples; 2) hospital admissions; and 3) general population or epidemiological surveys. It is estimated that there are at least 170,000 cases of self-harm which come to hospital attention each year. Sarkar et al attempted to present a profile of those who commit DSH in comparison with those who expected to die after the suicide attempt. Those attempting DSH were younger, chose less lethal methods to attempt suicide, were more impulsive and had strong histrionic and unstable traits in personality and had an absence of a family history of suicide attempts.²

Das, et al in their study on subjects with intentional Self Harm attempts reported that the majority of the subjects were married, educated beyond matriculation, were employed or retired, belonged to a nuclear family, were of a middle socio economic status, and came from an urban background. The most common reasons for the attempt were interpersonal problems with family members and spouse. The most common mode was consumption of insecticides followed by use of corrosives. The most common psychiatric diagnosis in the group was depression.²

Adolescents represent about one fifth of India's population. Government of India recognized adolescents as vulnerable group. It is a period of stress and storm. It is not an easy time psychosocially and adjustment needs to be strengthened. Suicide is a

type of DSH and is the third leading cause of death among youth age of 15-25 years. The suicide rates of people aged 15-24 years has tripled in the past 30 years. The high suicide rates emphasize the need to recognize adolescent suicide as a major public health problem with an urgent need for intervention. Suicide is a leading cause of death in 15-19 years old worldwide. In 2000, it was estimated that 8, 15, 000 young people took their own lives. Males aged 15-19 years were nearly five times more likely to kill themselves than females in the same age group although female adolescents attempts suicide two to three times more often than male counterparts.

Deliberate Self Harm has become increasingly a phenomenon associated with young people and an important public health issue in most part of the world. However, there are very few studies evaluating impact of young people's attitudes towards Self Harm to their Self Harming behavior. A better understanding of the relations among the variables associated with Self Harm ideation and threats in the normal population of adolescents may eventually result in a better understanding of the more serious forms of adolescent s behavior³.

The purpose of this study is to assess the level of knowledge and attitudes of UG students in different educational institutions towards the people who harm themselves, and providing them the knowledge to prevent Deliberate Self Harm by means of information booklet.

1. RESEARCH METHODOLOGY

A survey approach was considered appropriate for the present study and descriptive research design was chosen for the comparative study to assess the attitudes toward suicide among adolescent boys and girls in selected colleges at Bangalore. The study was conducted in various educational institutions like Acharya group of institutions, R.R group of institutions, Sri Vishnu College of nursing. The college provides education in Bachelor of degree courses. This setting was selected because of availability of the samples, feasibility of conducting study, geographical proximity and ethical clearance. The target populations of the study are all Undergraduate boys and girls studying in different institutions of

Bangalore pursuing bachelor's degree. In this study, the sample consists of 30 UG boys and 30 UG girls who are studying in different institutions in Bangalore, age group 17-22 years and who fulfil the eligibility criteria for the study. Non-probability samples are selected based on the judgment of the researcher to achieve particular objectives of the research at hand. Purposive sampling technique is a strategy in which the researcher's knowledge of the population and its elements are used to select sample, which are typical to the population.

Description of the Tool

The research develops a structured attitude scale, which contains items of the following aspects

Section – I

Socio- demographic variables

Consist of Age, sex, religion, education of parents, occupation of parents, income, type of family, place of residence, and history of DSH in the family.

Section – II

Structured knowledge questionnaire and attitude scale on deliberate self-harm

A structured knowledge questionnaire was prepared consists of 15 questions and attitude scale was prepared consists of 25 items on attitudes toward DSH.

Scoring procedure

The DSH knowledge questionnaire used in this study is having two options True and False. The questionnaire has total of 15 items and maximum score is 15 and lowest is 0. The undergraduate boys and girls were requested to state the responses by ticking any of these two choices. For each correct answerer the score 1 is given for each wrong answers 0 score is given The boys and girls knowledge regarding DSH will be measured as the scores are divided into three categories as good (11-15) , Average(6-10) and poor (0-5) score respectively and attitude scale used in the present study is a 3 points scale with 25 items. The scale has the options of agree, uncertain, and disagree and the undergraduate boys and girls were requested to state the responses by ticking any of these three choices. For each positive answerer the highest score 3 is given for

each negative answers the last score 1 is given and for all who answered as uncertain is given the score 2. Finally the scale gives the maximum score as 75 and the total minimum score as 25. The scale shows the neutral attitude between 51to 60. Which is the cut point of undergraduate boys and girls above which they would be set to have a positive attitude and below which the negative attitude. Higher the score, higher is the positive attitude regarding deliberate self harm.

Content Validity

Validity refers to whether a measurement instrument accurately measures what it is supposed to measure.

Validity of tool was ascertained in consultation with the guide and experts in the field of nursing, psychiatric social work and psychology. The suggestion and recommendations were considered to modify the tool there was 100 percent agreement in 23 items, 1 item was deleted and 3 items were recommended to add in the tool.

Reliability of the Tool

The reliability of the measuring instrument is a major criterion for assessing the quality and adequacy. The reliability of instrument is the degree of consistency with, which is measuring the attribute it is supposed to be measuring.

In order to establish the reliability of the tool, it was administered to 10 UG boys and 10 UG girls other than the study sample. The split half method was used to test the reliability of the tool. The test was first divided in to two equivalent halves and correlation for the half test was found by using Karl Pearson's correlation co-efficient formula and significance of correlation was tested by using probable error ($r \frac{1}{2} = 0.8$). The reliability co-efficient of the whole tool was then estimated by Spearman Brown prophecy formula. The tool was found reliable ($r = 0.9$).

Data Collection Method

A formal written permission was obtained from the principal of Sri Vishnu College of Nursing, Bangalore. The data collected from 7th June 2016 to 9th July 2016, from UG boys and girls who fulfilled the inclusion criteria. After obtaining the informed consent from the subjects, the objectives of the study were explained and socio demographic scale to

collect back ground information and DSH knowledge and attitude scale to collect attitude in suicide was administered .Thus the data was collected, it took about 45 minutes for entire data collection.

2. RESULTS

SECTION 1

DESCRIPTION OF DEMOGRAPHIC VARIABLES

- According to the data, 30% males and 47% females belong to the age group of 19-20 years and only 27% males and 20% females belong to the age group of 21 years and above.
- The data reveals that there was equal distribution of males and females participants. 30 participants were present in each group.
- The data depicts that out of 30 male participants, 60% of the study sample belong to Christianity, whereas 0% of the female among 30 samples were Muslims.
- The data reveals that 79% of fathers of male participants were illiterate. Whereas only 3% of fathers of females were having primary education.

- The data reveals that 64% of the Female's mothers are undergraduate and only 3% are having primary education.
- The data reveals that 77% of girl's fathers were employed and only 23% of their fathers are unemployed.
- The data reveals that 83% Male and 80% female's mothers were unemployed. About 17% of boys and 20% of girl's mothers were employed.
- The data reveals that family income of 67% males is Rs. 10000 or less and only family income of only 10% of Females is more than Rs 30000.
- The data reveals that 80% of Males and 67% of Females belong to nuclear family and 33% of Females and 20% of Males belongs to joint family.
- The data reveals that 80% of females and 70% of males reside in hostel, 20% males and 7% females reside as paying guest where as 13% of females and 10% of males resides at home.
- The data reveals that among 3% males & 3% females of the study samples were having history of DSH, and the rest of study samples had no history of DSH.

SECTION II

Knowledge and Attitude of UG Male students regarding deliberate self-harm.

Table no 1

n=30

Knowledge	Male	
	No	%
Good (11-15)	26	86.7%
Average (6-10)	4	13.3%
Poor (0-5)	0	0%
Maximum = 15 Minimum = 0		

Table 1 shows the data collected about male students having good knowledge regarding deliberate self harm. Data reveals that 86.7 % of the male students have good knowledge regarding deliberate self-harm.

Table no 2 Mean % Knowledge UG Male students regarding deliberate self-harm

Sl.No.	Domain	Max possible score	Mean	SD	Range	Mean score %
1	Knowledge	15	12.57	1.547	10 – 15	83.78

Table no 2 shows the data collected about mean knowledge of male students having good knowledge regarding deliberate self-harm. Data reveals that 83.78 % is the mean % knowledge among male students that

have good knowledge regarding deliberate self-harm.

Table 3 - Attitude of UG Male students regarding deliberate self-harm

Attitude		Male	
		No	%
Positive Attitude	(64-75)	26	86.7%
Neutral Attitude	(51-63)	4	13.3%
Negative Attitude	(25-50)	0	0%
TOTAL		30	100
Maximum = 75 Minimum = 25			

Table 3 shows the data collected about attitude of male students regarding deliberate self-harm. Data reveals that 26 (86.7%) Males are having positive attitude towards deliberate self-harm 4(13.3%) of Males are having neutral attitude and 0(0%) having negative attitude. The result of the table shows that the most of the males are having positive attitude against DSH.

Table No 4: Mean% Attitude of UG Male students regarding deliberate self-harm

Sl. No.	Domain	Max possible score	Mean	SD	Range	Mean score %
1	Attitude Of Males	75	69.74	3.998	15	92.62

Table 4 shows the data collected about male students Attitude regarding deliberate self-harm. Data reveals that the Mean% of Attitude among Males regarding

DSH is 92.62% which shows that Males have Positive Attitude against DSH.

SECTION III

Table 5: Knowledge and Attitude of UG Female students regarding deliberate self-harm

Knowledge		Female	
		No	%
Good	(11-15)	25	83.3%
Average	(6-10)	5	16.7%
Poor	(0-5)	0	0%
Maximum = 15 Minimum = 0			

Table 5 shows the data collected about female knowledge regarding deliberate self-harm. Data reveals that 83.3% of the female students have good knowledge regarding deliberate self-harm

Table6: Mean % Knowledge of UG Female students regarding deliberate self-harm.

Sl. No.	Domain	Max possible score	Mean	SD	Range	Mean score %
1	KNOWLEDGE	15	12.03	1.608	10 – 15	80.22

Table no 6 shows the data collected about mean knowledge of female students having good knowledge regarding deliberate self-harm. Data reveals that 83.78 % is the mean

knowledge among female students that have good knowledge regarding deliberate self-harm

Table 7: Attitude of UG Female students regarding deliberate self-harm

Attitude		Female	
		No	%
Positive Attitude	(64-75)	30	100%
Neutral Attitude	(51-63)	0	0%
Negative Attitude	(25-50)	0	0%
TOTAL		30	100%
Maximum = 75 Minimum = 25			

Table 7 shows the data collected about attitude of female students regarding deliberate self-harm. Data reveals that that 30(100%) Females are having Positive attitude towards deliberate self-harm. The result of the table and figure shows that the Females are having positive attitude against DSH.

Table no 8: Mean% Attitude of UG Female students regarding deliberate self-harm

Sl. No.	Domain	Max possible score	Mean	SD	Range	Mean score %
1	Attitude Of Females	75	69.53	1.502	15	92.71

Table 8 shows the data collected about female students Attitude regarding deliberate self-harm. Data shows Mean, SD, Median, Range, Mean%, of the Attitude

score of females regarding Deliberate Self Harm. Data reveals that the Mean% of Attitude among Males regarding DSH is 92.71% which shows that females have Positive Attitude against DSH.

SECTION IV-

Table 9: Comparison of knowledge and attitude between male and female students in selected Educational Institutions n=60

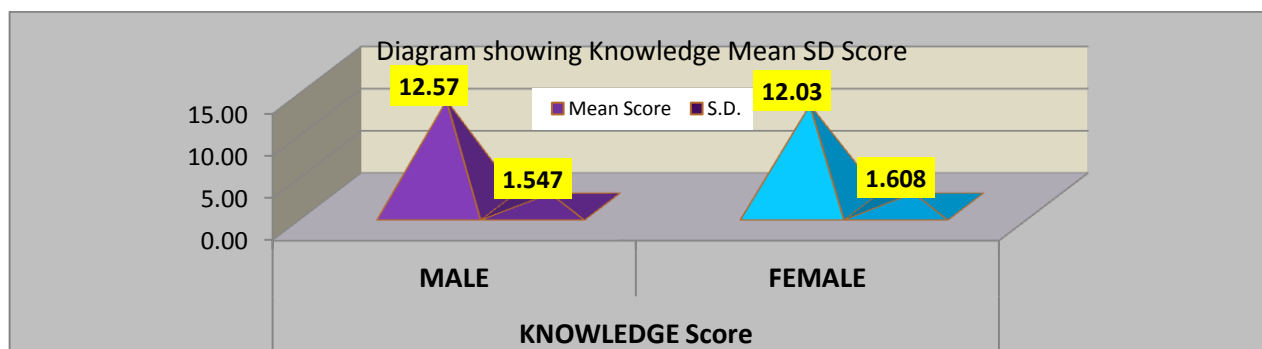
Knowledge Score	Male		Female	
	NO	%	NO	%
Good (11-15)	26	86.6	25	83.3
Average (6-10)	4	13.3	5	16.7
Poor (0-5)	0	0	0	0
TOTAL	30	100	30	100

Table 9 shows the data collected about knowledge difference between male and female students regarding deliberate self-harm. Data shows that 86.7% Male students and 83.3% female students have good knowledge regarding Deliberate Self Harm and only 13% of Male students and 16.7% female students have average knowledge regarding deliberate self-harm.

Table 10: Unpaired t test is used to compare Knowledge scores of male and female

KNOWLEDGE	Male		Female		Table Value	Df	P Value
	Mean	S.D	Mean	S.D			
	12.57	1.547	12.03	1.608	2.002		0.196

The above table no 10 reveals mean SD scores on knowledge of UG boys and girls. When the mean attitude scores between boys and girls are compared using student “t” test, it was found that there was no statistically significant difference ($t=1.309$, $p=0.196$) among boys and girls towards their knowledge.

Figure No: 1


The above figure reveals mean standard division scores on knowledge of undergraduate boys and girls. When the mean knowledge scores between boys and girls was compared using student “t” test, it was found that there is no statistically significant difference ($t=0.83$, $P=0.41$) among boys and girls towards their knowledge.

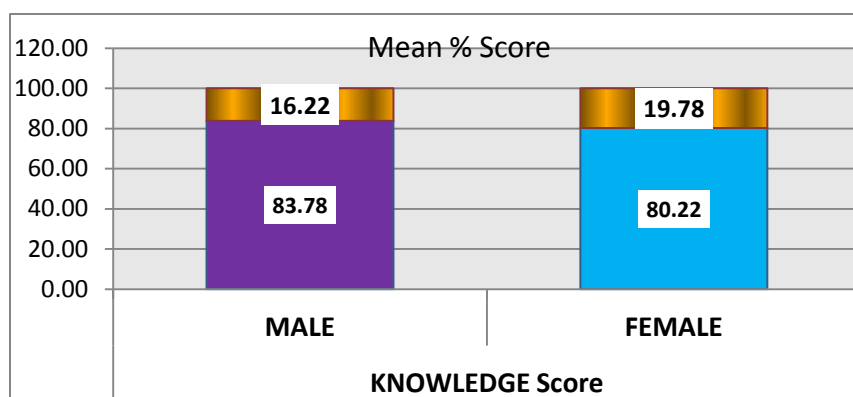

Figure 2

Figure shows the mean percentage of Knowledge of Males and Females and Shows Males have more knowledge regarding DSH as compared to Females.

Table 11: Comparison of Attitude between male and female students in selected educational Institutions

Attitude Score	Male		Female	
	NO	%	NO	%
High (64-75)	26	86.6	30	100
Average (51-63)	4	13.3	0	0
Low (25-50)	0	0	0	0
TOTAL	30	100	30	100

Table 11 shows the data collected about attitude of male and female students in selected educational institutions. Data shows that Attitude of Females is 100% as compared to Males.

Table: 12 Attitude scores in means, mean % and standard deviation of boys and girls

Unpaired T Test		Mean Score	S.D.	N	Mean %	Unpaired Test	P value	Table Value at 0.05	Result
ATTITUDE Score	BOYS	69.47	3.998	30	92.62	0.086	0.932	2.002	Non-Significant
	GIRLS	69.53	1.502	30	92.71				

Table no-12 denotes the mean, mean%, and SD related to attitudinal scores of UG boys and girls. The mean% score towards attitude of undergraduate boys and girls is calculated and it shows the boys and girls mean% score over 92.66% and 92.71% respectively and the mean score of boys and girls is 69.47 and 69.43 respectively. Considering the fact if the boys and girls are responded 100% positively (for all the items). Then they have 100% perfect attitudes against deliberate self-harm. The table results show that the undergraduate boys and girls have reasonably good/favourable attitude towards their lives. This means they do not encourage deliberate self-harm. These sex wise distributions of the mean% attitude scores are graphically represented in fig-3 below.

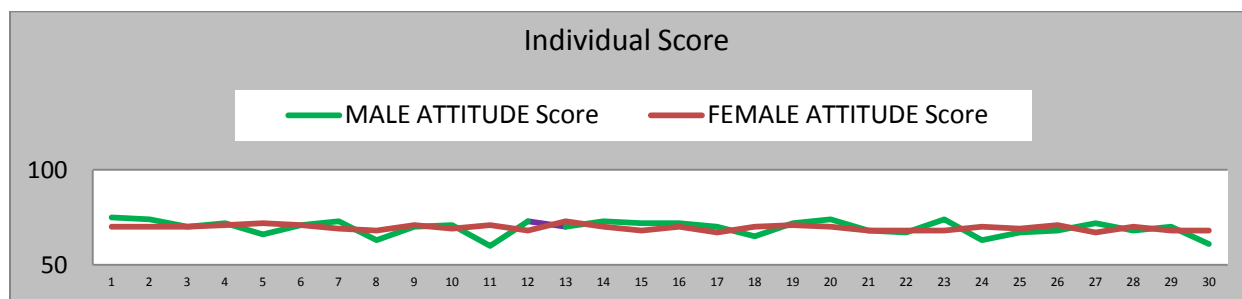
FIGURE 3


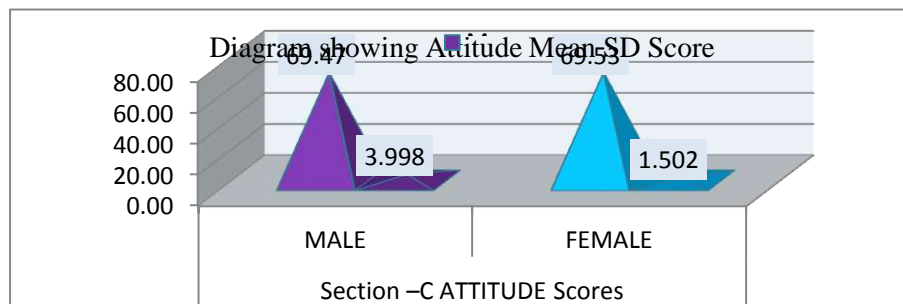
FIGURE 4


Figure No: 4 shows attitude Mean and Standard Deviation of Males and Females regarding DSH. And shows Mean of Females (69.53) is more as compared to the Males. And it also shows that S.D for Attitude of Males is more as compared to Females.

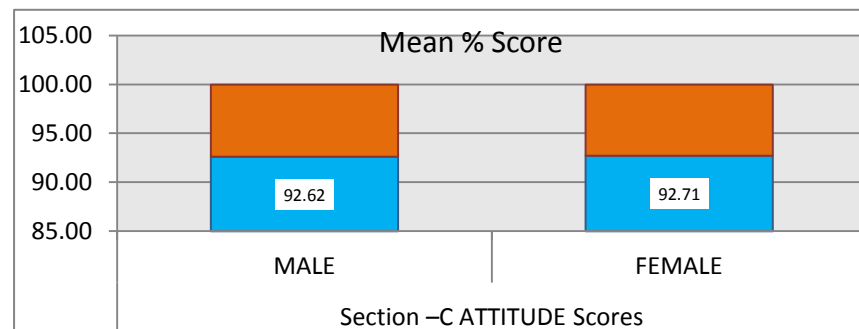
FIGURE 5


Figure 5 shows comparison of Mean % score of Males and Females Attitude regarding DSH.

Section V

Table 13: Association between selected demographical variables with knowledge of students regarding deliberate self-harm

Demographic Data		Knowledge			χ^2	df	P Value
Variables	Opts	≤ Median	>Median	Total			
Age	17-18 Years	13	10	23	5.058 ^{NS}	4	0.281
	19-20Years	8	15	23			
	21 Years & above	5	9	14			
Gender	Male	14	16	30	0.271 ^{NS}	1	0.602
	Female	12	18	30			
Religion	Hindu	11	13	24	0.829 ^{NS}	2	0.661
	Christian	15	20	35			
	Muslim	0	1	1			
Educational Status of Father	Illiterate	21	25	46	0.771 ^{NS}	3	0.856
	Primary Education	1	2	3			
	Higher Secondary	1	3	4			
	Under Graduate	3	4	7			
Educational Status of Mother	Illiterate	12	11	23	1.625 ^{NS}	4	0.804
	Primary Education	1	1	2			
	Higher Secondary	1	2	3			
	Under Graduate	10	18	28			
	Post Graduate	2	2	4			
Occupation of the	Employee	12	19	31	0.558 ^{NS}	1	0.455
	Unemployed	14	15	29			

Father							
Occupation of Mother	Employee	4	7	11	0.266 ^{NS}	1	0.606
	Unemployed	22	27	49			
Income of Family	Up to 10000	16	18	34	0.900 ^{NS}	3	0.825
	10001-20000	4	8	12			
	20001-30000	3	5	8			
	Above 30000	3	3	6			
Type of Family	Joint Family	7	9	16	0.002 ^{NS}	1	0.969
	Nuclear Family	19	25	44			
Place of Residence	Hostel	19	26	45	0.168 ^{NS}	2	0.919
	Home	3	4	7			
	Paying Guest	4	4	8			
History of DSH	Yes	1	1	2	0.0374 ^{NS}	1	0.847
	No	25	33	58			

Table 14: Association between selected demographical variables with Attitude of students regarding deliberate self-harm

Demographic Data		Attitude			Association with Attitude Scores		
Variables	Opts	>Median	≤ Median	Total	Chi Test	df	P Value
Age	17-18 Years	13	10	23	1.068 ^{NS}	2	0.899
	19-20 Years	8	15	23			
	21 & above Years	5	9	14			
Gender	Male	14	16	30	2.584 ^{NS}	1	0.108
	Female	8	22	30			
Religion	Hindu	14	10	24	8.305 ^s	2	0.016
	Christian	8	27	35			
	Muslim	0	1	1			
Educational Status of Father	Illiterate	18	28	46	1.951 ^{NS}	3	0.583
	Primary Education	1	2	3			
	Higher Secondary	2	2	4			
	Under Graduate	1	6	7			
Educational Status of Mother	Illiterate	11	12	23	4.221 ^{NS}	4	0.377
	Primary Education	1	1	2			
	Higher Secondary	0	3	3			
	Under Graduate	8	20	28			
	Post Graduate	2	2	4			
Occupation of the Father	Employee	9	22	31	1.609 ^{NS}	1	0.205
	Unemployed	13	16	29			

Occupation of Mother	Employee	2	9	11	1.982 ^{NS}	1	0.159
	Unemployed	20	29	49			
Income of Family	Up to 10000	13	21	34	1.022 ^{NS}	3	0.796
	10001-20000	4	8	12			
	20001-30000	2	6	8			
	Above 30000	3	3	6			
Type of Family	Joint Family	7	9	16	0.471 ^{NS}	1	0.492
	Nuclear Family	15	29	44			
Place of Residence	Hostel	16	29	45	0.834 ^{NS}	2	0.659
	Home	2	5	7			
	Paying Guest	4	4	8			
History of DSH	Yes	1	1	2	0.158 ^{NS}	1	0.691
	No	21	37	58			

DISCUSSION

The overall knowledge score was categorized into below or equals to 5 as poor knowledge, 6 to 10 as average and scores 11 to 15 as good knowledge regarding deliberate self-harm taking into consideration the mean score (12.57) 83.78% of UG boys have good knowledge regarding DSH. Only 13.3% of boys have average knowledge regarding DSH. And 0% of boys have poor knowledge regarding deliberate self-harm. The boys and girls didn't differ much in their knowledge regarding deliberate self-harm. The mean percentage of boys was 83.78 and SD 1.547 respectively indicates majority of UG boys have good knowledge regarding deliberate self-harm.

The overall attitude score was categorized into 25 to 50 as a negative attitude 51 to 60 as neutral and scores above 60 to 75 positive attitude taking into consideration the median score (70) 86.7% of UG boys have positive attitude against DSH and 13.3% of boys have neutral attitudes. SD 3.998 indicate majority of UG boys have favorable attitude against DSH meaning that, they are not in favor of considering DSH as a mean for achieving life goals. Hence the hypothesis shows that there was no significant statistical difference in UG boys towards DSH. This was substantiated by the study conducted by Mc Alliffe C one attitude towards adolescent boys and girls.

The overall knowledge score was categorized into below or equals to 5 as poor knowledge, 6 to 10 as

average and scores 11 to 15 as good knowledge regarding deliberate self-harm taking into consideration the mean score (12.03) 80.22% of UG girls have good knowledge regarding DSH. Only 16.7% of girls have average knowledge regarding DSH. And 0% of girls have poor knowledge regarding deliberate self-harm. The mean percentage of girls was 80.22 and SD 1.608 respectively indicate majority of UG girls have good knowledge regarding deliberate self-harm.

The overall attitude score was categorized into 25 to 50 as a negative attitude 51 to 60 as neutral and scores above 60 to 75 positive attitude taking into consideration the median score (70) 100% of UG girls have positive attitude against DSH and 0% of girls have neutral attitudes.

SD 1.502 indicate majority of UG girls have favorable attitude against DSH meaning that, they are not in favor of considering DSH as a mean for achieving life goals. Hence the hypothesis shows that there was no significant statistical difference in UG girls towards DSH. This was substantiated by the study conducted by Mc Alliffe C one attitude towards adolescent boys and girls.

The overall knowledge and attitude score reveals that both UG boys and girls have good knowledge and positive attitude towards DSH. But boys have better knowledge as compared with knowledge of girls regarding deliberate self-harm and girls are having more positive attitude towards DSH as compared to

boys. The knowledge mean score of UG boys is 12.57 and knowledge mean score of UG girls is 12.03 and when the mean knowledge scores between boys and girls are compared using student “t” test it was found that there uses no statistically significant difference ($t=1.309$, $P=0.196$) among boys and girls towards their knowledge. Calculated test statistics value 1.309 is less than the table value i.e. 2.002 so the difference is not significant. Null hypothesis is accepted.

The mean% score towards attitude of undergraduate boys and girls is calculated and it shows the boys and girls mean% score over 92.66% and 92.71% respectively and the mean score of boys and girls is 69.47 and 69.43 respectively. Considering the fact if the boys and girls are responded 100% positively (for all the items). Then they have 100% perfect attitudes against deliberate self-harm. The results showed that the undergraduate boys and girls have reasonably good/favorable attitude towards their lives. This means they do not encourage deliberate self-harm. Calculated test statistics value 0.086 is less than the table value i.e. 2.002 so the difference is not significant, Null hypothesis is accepted. These sex wise distributions of the mean% attitude scores were graphically represented in fig-24.

In the present study the association between knowledge and attitude scores with selected demographic variables of UG boys and girls were studied to find out if any association exists between attitude scores of subjects and their demographic variables. The Chi squares results shows that there was not significant statistical association between knowledge & attitude scores and demographic variable such as age, education of father and mother, occupation of father and mother, income of the family, type of the family and place of residence. Indicating that the demographic variables did not influence the attitude of the UG boys and girls towards DSH and this may be due to the fact that the adolescent in the state of turmoil and facing identity crisis in their lives and this many factors fails to influence them. The hypothesis, there will be no significant association with selected social demographic variable with attitude of boys and girls were accepted.

SUMMARY AND CONCLUSION

Deliberate self-harm in general is the result of many

complex factors. Study suggests more than 90% of youth deliberate self-harm is at least due to one major psychiatric disorder. All though among younger adolescent deliberate self-harm victims have lower rates of psycho pathology. The high deliberate self-harm emphasizes the need to recognize adolescent deliberate self-harm has a major public health problem with an urgent need for intervention. There are very few studies evaluating the impact of young people knowledge and attitudes towards deliberate self-harm and their suicidal behavior. A better understanding of the relations among the variables associated with deliberate self-harm ideations and threats in normal adolescents may eventually results in a better understanding of the more serious forms of the adolescent suicidal behavior.

The conclusion drawn from the findings of the present study are.

1. Undergraduate boys and girls were almost similar in relation to their demographic variables except in relation to their religion.
2. Majority of the Undergraduate boys and girls have good knowledge regarding deliberate self-harm
3. Majority of the Undergraduate boys and girls have positive attitudes against deliberate self-harm.
4. There was no significant statistical difference between undergraduate boys and girls in their knowledge regarding DSH though the UG boys slightly differ in their mean % score which was little higher than their counter parts.
5. There was no significant statistical difference between undergraduate boys and girls in their attitudes towards DSH though the adolescent girls slightly differ in their mean % score which was little higher than their counter parts.
6. It was observed that there was no significant statistical difference with between selected socio demographic variables and the adolescent boys and girl’s knowledge and attitude towards deliberate self-harm.

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