

Research Paper

Self-Efficacy and Life Satisfaction Enhancement Program (SLEP) For Adolescents with Suicidality in Kochi Urban Islands: A Pilot Study

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ABSTRACT

Suicide continues to be a significant health concern despite numerous initiatives to identify and prevent it. The most vulnerable group is the youngsters, and the number of suicides has amplified because of various mental health issues. The early identification and intervention can prevent suicidal behaviors and lead to enhanced adulthood. The researcher formulated a self-efficacy and life satisfaction enhancement program (SLEP) for adolescents with suicidality in the urban islands of Kochi city, Kerala. The newly designed program is based on the perceived self-efficacy theory of Albert Bandura and Broaden and build theory of positive emotions by Barbara Fredrickson. The feasibility study conducted with eight adolescents with suicidality and low self-efficacy and life satisfaction. The pilot study results reveal that there is a considerable difference between the participants' pre-test and post-test scores, that the intervention program was efficacious in enhancing self-efficacy and life satisfaction of adolescents with suicidality.

Keywords: *Adolescents, Life Satisfaction, Self-Efficacy, Suicide.*

The world we live in is more youthful than ever, with 3 billion individuals under the age of 25, accounting for 42% of the global population (UN, 2019). Adolescents are those between the age of 10 and 19, marking 1.2 billion, or 16% of people. (*Adolescents Statistics*, 2019). The age of an adolescent is remarkable for its growing independence, establishing new relationships, social skills, strength, speed, reactivity, and enhanced relationships. This period is also recognized for its bold and varied views, as well for profound imagination. Moreover, it's a transitional period from childhood to adulthood, highlighted by physiological and pubertal changes. (Caprara et al., 2006; Lee & Vondracek, 2014; Proctor et al., 2010). Many studies have identified that teenagers exhibit remarkable resilience to overcome the crisis and divert attention positively. Simultaneously, these years are more stressful and susceptible that even minor incidents can disrupt mental health (Fuller-Tyszkiewicz et al., 2015; Rodríguez-Arias et al., 2018; Romeo, 2013; Tapocik et al., 2021). And this disrupted mental health has long-term consequences on personal health,

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social life and affects family, friends, and society. And also leads to self-harm and suicidal behaviors (Davidson et al., 2015; Valentina Telhaj, 2019).

The figures from the World Health Organization (2019) identify that around 800,000 people commit suicide every year. The number of attempted suicides is expected to be substantially higher, making it the second greatest cause of mortality among children and teens. (*WISQARS Leading Causes of Death Reports*, 2019). According to the recent observations of WHO, in every 40 seconds, one person commits suicide globally (*WHO, News*, 2019), which is alarming and dreadful. According to WHO estimates on the prevalence of suicide, India's suicide rate is 16.5 %, higher than the global average of 10.5 %, and the most vulnerable age group is 15-29 years old (*GHO / By Country / India - Statistics Summary (2002 - 2019*, n.d.). According to a study by Shaji et al. in 2017, the suicide rate among teenagers in Kerala is 13.02 % (Shaji et al., 2017). And an average of 8900 people commit suicide every year in Kerala (Narayanan, 2019). The COVID-19 pandemic has severely damaged adolescents' mental health due to restrictions and lockdown measures enforced (Kwong et al., 2020; Luijten et al., 2021; Valenzuela et al., 2020). Studies display mixed results on escalation and plunge in the number of suicide rates during the pandemic (Acharya et al., 2022; Ando & Furuichi, 2020; Shrestha et al., 2021).

Suicidality results from psychological, biological, environmental, and social components (Verrocchio et al., 2016). Most scholars consider that suicide is inextricably related to mental health, that 90% of persons who commit suicide have suffered from at least one mental illness. The major psychological disorders found among adolescent suicide incidents are interpersonal issues, eating disorders, and schizophrenia (Bilsen, 2018; Brådvik, 2018; Nock et al., 2008). The feelings of hopelessness, depression, impulsivity, violence, loneliness, stress, isolation, low self-esteem, and a lack of problem-solving skills exacerbate psychological causes of suicidality. Suicide risk is claimed to be impacted by genetic and family factors. Significant mental problems and certain personality abnormalities among family members cause the risk of suicide. This doesn't mean that suicide is inevitable in people with a family history but people are more susceptible (Zai et al., 2012).

The reports from the postmortem brain samples of suicide cases detect abnormalities and dysregulations in the hypothalamic-pituitary-adrenal axis, neurotrophic, neuroendocrine, and decreased level of serotonin (Chang et al., 2016; Jokinen et al., 2018; Pandey, 2017). The family and society have a more significant influence on the suicidality of adolescents; poor parental care, interaction, communication, experiences of physical, sexual, and emotional abuse, and neglect leads to suicidality. Interpersonal relationships, drug abuse, alcohol use, physical inactivity, and cyberbullying are the social causes hints to suicidality (Giakoumatos et al., 2013; Hesse et al., 2020; Mann & Rizk, 2020; Schmaal et al., 2020; Steven S & Sher, 2013)

One of the predictors which have received relatively little attention and are always present in suicidality is the lower levels of self-efficacy and life satisfaction. Self-efficacy is the faith in one's capability to plot and carry out an action to achieve the desired goal (Bandura 1997). Self-efficacy is a significant predictor of various behaviors, including diabetes control, sexually transmitted disease prevention, academic achievements, and improved addictive behavior outcomes. (Witkiewitz & Marlatt, 2004). Researchers have identified that higher self-efficacy keeps one from suicidal ideation and better coping mechanisms in crises (Czyz et al., 2016). Life satisfaction is the cognitive assessment of a person's overall life. How a

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person positively evaluates life as a whole or in specific domains or it can be understood as how much a person likes their life (Diener & Diener, 1996). The research on adolescent suicides have identified the relationship between suicidality and life satisfaction (Hossain et al., 2016; Kim et al., 2021; Seo et al., 2018; Zhang et al., 2017).

Much researches have underlined the constructive relationship between self-efficacy and life satisfaction, that it influences one's motivation, behavior patterns, quality of life, well-being, happiness, adaptation, and mental health (Bandura, 1997; Ersanlı, 2015; Gayathri & Karthikeyan, 2016; Masaud Ansari & Dr. Kr. Sajid Ali Khan, 2015). Even in crises, people with solid self-efficacy are happier and more productive, whereas those with poor self-efficacy are prone to anxiety and stress, leading to incapability and depression (Pajares & Urdan, 2006). Self-efficacy has a vital role in determining the well-being and harmony of the person (Savi Çakar, 2012).

The researcher intends to design a psychological intervention program called self-efficacy and life satisfaction enhancement program (SLEP) for adolescents with suicidality in the urban islands of Kochi city based on the perceived self-efficacy theory of Albert Bandura and broaden and build theory of positive emotions by Barbera Fredriksson. The program was created in response to existing shortcomings in Kerala, which demanded the development of a modern psychological intervention. The SLEP is an effort to contribute to resolving symptomology of suicidality among adolescents that focuses on enhancing self-efficacy and life satisfaction through positive emotions. SLEP promotes positive life changes in personal, interpersonal, and social domains. The program can be served as a promising intervention for adolescents with suicidality to overcome their stigma and enhance self-efficacy and life satisfaction through positive emotions. The pilot study was performed to determine the primary research's viability and examine the efficacy of the newly designed program on the participants.

METHODOLOGY

Participants

Eight adolescents were the participants of this pilot study. The participants were 10th and 12-grade students from various island schools surrounding the metropolitan city of Kochi in Kerala.

Instruments

General self-efficacy scale (GSE): The General Self-Efficacy Scale (GSE) is a 10-item psychometric scale designed to assess optimistic self-beliefs to cope with various challenging demands of life (Schwarzer & Jerusalem, 1995). Matthias Jerusalem and Ralf Schwarzer created this scale in 1981, and it has been utilized in several investigations. This scale is a self-report measure of self-efficacy. The objective of the scale is to examine a broad feeling of perceived self-efficacy with the goal of anticipating everyday problems and adaptation after experiencing various stressful life events with peers, school, and family. The participants were asked to mark on a Likert scale from 1-4: (1) not at all true, (2) hardly true, (3) moderately true, (4) exactly true. The scale's total score ranges from 10-40; a higher score indicates more self-efficacy of the person. Internal consistency values with Cronbach alpha varied between .76 to .90. The configuration of the general self-efficacy scale is unidimensional, identical, and positively related to the constructs. The scale has been conceived as a stable, trait-like construct and has shown to be a reliable and effective tool of self-efficacy perception in psychiatric outpatient and inpatient care.

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Satisfaction With Life Scale: Satisfaction with Life Scale is a 5-item self-report that assesses one's life satisfaction designed by Diener, E., Emmons, R.A., Larsen, R.J., Griffin, S in 1985. The satisfaction with life scale is used to measure a respondent's overall satisfaction with their life. (Diener et al., 1985) The scale does not determine satisfaction in specific domains but overall satisfaction in life. The participants completed the questionnaire by judging how they feel about each statement using a Likert scale of 1-7: (7) strongly agree, (6) agree, (5) slightly agree, (4) neither agree nor disagree, (3) slightly disagree, (2) disagree, (1) strongly disagree. Once assigned, the score from 1-7 tally up the final score, indicating how satisfied one is. The possible range of the score is from 5 to 35; the greater score signifies higher satisfaction with life. The total score is listed into different levels indicating their level of life satisfaction; 5-9 extremely dissatisfied, 10-14 dissatisfied, 15-19 slightly dissatisfied, 20 neutral, 21-25 slightly satisfied, 26-30 satisfied, 31-35 extremely satisfied. The reliability using Cronbach alpha index between 0.84- 0.88 and retest reliability at 0.82 (López-Ortega et al., 2016). As the scale examines an individual's evaluative appraisal using one's criteria, SWLS is recommended as a supplement scale that focuses on emotional wellness.

Procedure

The researcher conducted a Columbian suicide severity rating scale (CSSR-S) screening version in seven schools of the urban islands. The total number of participants in the screening test was 715. Among them, 150 (20%) participants were determined to be eligible for the study. And 80 were found out to have low levels of self-efficacy and life satisfaction. The qualified 80 were invited and were chosen randomly for focus group discussion, interview, pilot study, and experimental validation as part of program development. The researcher described the program's goal and obtained their permission to participate in the study.

SLEP

The interactions with adolescents through questionnaires, interviews, and focus group discussions assisted in gathering information on the current scenario and helped design an intervention program framework based on the systematic synthesis of related literature. The ultimate goal of the intervention program was to enhance self-efficacy and value of life satisfaction of adolescents with suicidality. The research aimed to assist the adolescents in realizing their qualities through positive emotions, coming out of depressing situations, and for successful adulthood. To accomplish this objective, the researcher planned, designed, evaluated, implemented, and validated the self-efficacy and life satisfaction enhancement program (SLEP) based on self-efficacy theory and build and broaden theory of positive emotions. The program's modules were designed to meet the needs of the target population, which was identified through survey questionnaires, interviews, focus group discussions, and literature reviews. The intervention program consisted of five modules; each having four sessions of 45 minutes. The contents of the modules as follows: 1. Seeking myself, 2. Finding and building evidence of success, 3. If he can, I can also do, 4. I know that I am strong, 5. Training myself to be I.

RESULTS

Individual and group sessions were included in the intervention program, with a greater emphasis on physical and intellectual activities than just sessions. The statistical analysis after the intervention program revealed that the adolescents' self-efficacy and life satisfaction levels have improved. The Wilcoxon signed-rank test results for the variables

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are shown in table 1. It was identified that the SLEP intervention program resulted in statistically significant changes in the pilot study participants' self-efficacy and life satisfaction. Both the scales had significant differences between pre-test and post-test scores of GSES ($Z = -2.524$) and SWLS ($Z = -2.536$). This indicates that SLEP intervention helped the pilot study participants and was efficacious in enhancing self-efficacy and life satisfaction of the adolescents with suicidality.

Table 1 Wilcoxon signed rank-test of pre and post-test results of the pilot study participants

Scales	Pre-test Mean (SD)	Post-test Mean (SD)	Z	Interpretation
GSES	23.125 (3.52)	35.37 (1.30)	-2.524	Significant
SWLS	20.00 (2.61)	28.87 (3.60)	-2.536	Significant

GSES= General self-efficacy scale, SWLS= Satisfaction with life scale

Note: Level of significance $p < 0.05$

DISCUSSION AND RECOMMENDATIONS

The researcher designed self-efficacy and life satisfaction enhancement program (SLEP) for adolescents with suicidality in the urban islands of Kochi, Kerala, had the goal of improving self-efficacy and life satisfaction of adolescents to enhance them to adulthood. The pilot study participants were eight adolescents who had suicidality and low levels of self-efficacy and life satisfaction. It was 20 session program that lasted three weeks. The outcomes of the pilot study show that self-efficacy and life satisfaction enhancement program effectively boosted adolescents' lives. It can be used for a larger group of the population of adolescents. The researcher's findings are supported by other research in reducing the suicidality of the participants (Gayathri & Karthikeyan, 2016; Masaud Ansari & Dr. Kr. Sajid Ali Khan, 2015; Savi Çakar, 2012; van Zyl & Dhurup, 2018) by enhancing self-efficacy and life satisfaction. Both the individual and group sessions helped the teenagers to alleviate the negative aftermaths of past life and concentrate on positive future elements. The results of the intervention found effective for this group of adolescents. Further validation of the efficacy of the program using true experimental design for a bigger group of participants is warranted.

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Conflict of Interest

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