



ADDIS ABABA UNIVERSITY

COLLEGE OF EDUCATION AND LANGUAGE STUDIES

SCHOOL OF PSYCHOLOGY

**PREVALENCE AND ASSOCIATED FACTORS OF SUICIDAL IDEATION
AND SUICIDAL ATTEMPTS AMONG UNDERGRADUATE STUDENTS
AT THE 6-KILO CAMPUS OF ADDIS ABABA UNIVERSITY, ADDIS
ABABA, ETHIOPIA**

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CAMPUS OF ADDIS ABABA UNIVERSITY, ADDIS ABABA, ETHIOPIA**

**A Thesis Submitted to School of Psychology, College of Education and Language Studies,
Addis Ababa University in Partial Fulfillment of the Requirements for the Degree of
Master of Arts in Counseling Psychology**

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June 2026

ADDIS ABABA, ETHIOPIA

DECLARATION

I Eskedar Abera declare that this thesis entitled Prevalence and Associated Factors of Suicidal Ideation and Suicidal Attempts Among Undergraduate Students at the 6-kilo campus of Addis Ababa University; Addis Ababa, Ethiopia submitted to the School of Psychology is my original work and has not been presented for a degree or masters in any other university. All sources of materials used in undertaking this thesis have been duly acknowledged. I understand that non-adherence to the principle of academic honesty and integrity, and misrepresentation/fabrication of any idea or source will constitute sufficient grounds for disciplinary action by the College and can also revoke penal action from the source that has not been properly cited or acknowledged.

(Researcher's Name): Eskedar Abera Signature: _____ Date: _____

Approved by Board of Examiners

Advisor	Signature
_____	_____
Internal Examiner	Signature
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External Examiner	Signature
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Head of Department	Signature
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ABBREVIATION AND ACRONYM

- **AAU**- Addis Ababa University
- **AOR**- Adjusted odds ratio
- **ASEAN**- Association of south east Asian nations
- **ASSIST**- Alcohol, Smoking and Substance Involvement Screening Test
- **BDI-II** – Beck depression Inventory
- **BHS**- Beck Hopelessness Scale
- **CI**- Confidence Interval
- **COR**- Crude odds ratio
- **DASS-21** – Depression, anxiety and stress scale
- **ETB**- Ethiopian Birr
- **GHQ-28**- General Health Questionnaire-28
- **M**- Mean
- **OR**- Odds ratio
- **OSS-3** – Oslo social support scale
- **SBQR-20** –Suicide behavior questionnaire revised
- **SD**- Standard deviation
- **SHoT**- Searching for hardships and obstacles
- **Spss**- Statistical Package for the Social Sciences
- **SRQ-20** – Self reporting questionnaire
- **WHO**- World health organization
- **WMH-CIDI**- World mental health composite international diagnostic interview
- α – Cronbach’s Alpha
- **p** – Significance level
- **r** – Pearson correlation coefficient

ABSTRACT

The present study aimed to assess the prevalence of suicidal behaviors and identify factors associated with suicidal ideation and suicide attempts among undergraduate students at Addis Ababa University, Ethiopia. An institution-based cross-sectional study was conducted among 337 undergraduate students selected through stratified and simple random sampling techniques. Data were collected using standardized self-administered questionnaires, including the Suicidal Behaviors Questionnaire–Revised (SBQ-R), the Depression Anxiety Stress Scale–21 (DASS-21), and the Oslo Social Support Scale (OSS-3). Data were entered and analyzed using SPSS version 26. Descriptive statistics and binary logistic regression analyses were performed. Variables with a p-value less than 0.25 in the bivariate analysis were included in the multivariable logistic regression model, and statistical significance was declared at $p < .05$ with 95% confidence intervals. The lifetime prevalence of suicidal ideation, suicide planning, and suicide attempts was 44.8%, 9.8%, and 4.5%, respectively. Furthermore, 21.4% of participants reported experiencing suicidal ideation during the previous 12 months, while 22.6% were identified as being at risk for suicide based on the SBQ-R cut-off score. Suicidal ideation was significantly associated with male sex, a family history of suicide, moderate to extremely severe depression, extremely severe anxiety, and poor social support. The findings indicate that suicidal behaviors constitute a substantial public health concern among university students. Psychological distress, inadequate social support, and a family history of suicide emerged as key factors associated with suicidal ideation. These findings underscore the need to strengthen university-based mental health services, early screening initiatives, and psychosocial support programs to reduce the burden of suicidal behaviors among students.

Keywords: Addis Ababa University, Ethiopia, undergraduate students, suicidal behavior, suicidal thoughts, suicide attempt

CHAPTER ONE

INTRODUCTION

1.1 Background of study

Suicidal ideation can be understood as thoughts concerning ways in which an individual's life will be terminated, whereas suicide refers to the action of putting oneself to death in an intentional way. Ideation, plan, attempt, and committed suicide fall under the umbrella term of suicidal behavior (Silverman et al., 2007).

About 720,000 deaths per year result from suicide globally, and almost 20 suicide attempts per suicide completion are recorded. Therefore, it is a critical issue in public health around the world. It is mostly prevalent in less-developed and developing countries and accounts for about 73% of its cases, thus ranking as the third leading cause of death for individuals aged between 15 and 29 years (WHO, 2025).

Suicide behavior is widespread among university students globally, as shown through various systematic reviews and meta-analyses performed in various nations (Crispim et al., 2021; Mortier et al., 2017). In a systematic review of ten different research carried out in North America, South America, Asia, and Africa, the lifetime prevalence of suicidal ideation ranged from 9.7% to 58.3%, while that of suicide attempts ranged from 0.7% to 14.7%. The respective pooled estimates for lifetime ideation and lifetime attempts were 27.1% and 3.1%, respectively (Crispim et al., 2021). Similarly, a meta-analysis study involving 36 samples of college students (n= 634,662) showed that 16 samples were from North America (15 from the United States and 1 from Canada), 12 from Asia, 6 from Europe, and 1 sample, which included 2 studies, from Uganda, Africa. According to

(Mortier et al., 2017), the lifetime prevalence for suicidal ideation, intentions, and attempts was 22.3%, 6.1%, and 3.2%, respectively.

For instance, in a face-to-face interview study involving 1,249 first-year students at the University of Maryland, 6% indicated to have suicidal thoughts in that period (Arria et al., 2009). In another case, an online survey study involving 2,843 students at the University of Michigan revealed that 2% had thought of committing suicide recently (Eisenberg et al., 2007). Finally, a screening research study carried out among Emory University students in Atlanta, Georgia, revealed lifetime suicidal attempts or self-harm of 16.5% and current suicidal ideation of 11.1% (Garlow et al., 2008).

Prevalence also varies from one region to another. In a cross-sectional survey involving 1,102 medical students at the University of Kerala, India, 33.7% had committed suicide in the past during their life time (Varghese et al., 2025). In a study involving 538 students at Nepal, 30.3% reported to have committed suicide at some point in their lives (Lamtari Magar et al., 2025). On the same note, in a multi-country cross-sectional study conducted among Cambodian, Indonesian, Malaysian, Myanmarian, Thai, and Vietnamese in ASEAN nations (n = 4,675), 11.7% reported having suicidal behavior in the lifetime (Peltzer et al., 2017).

There is also evidence indicating the problem in various parts of Africa, although there has been scarcity of studies conducted in the continent. For example, in a cross-sectional study involving 400 university students in Ghana, 24.5% had thoughts of committing suicide (Salifu & Yidana, 2024), while another cross-sectional research involving 1,003 students in the same country revealed lifetime suicidal ideation of 15.2% (Owusu-Ansah et al., 2020). A cross-sectional survey study involving 616 undergraduate students at Nigeria showed 34.9% had committed suicide behavior during their lifetime (Iweama et al., 2024). Suicidal ideation among university students

in other parts of the country has also been reported, according to different studies (Ajibola & Agunbiade, 2021). However, in a cross-sectional survey involving 540 university students in Uganda, it was revealed to experience high levels of suicide behaviors (Kaggwa et al., 2022). On the other hand, in a multi-university study carried out in South Africa among medical students, 32.3% experienced suicidal behavior in their lifetime (L. Van Niekerk et al., 2012).

Research involving various institutions indicates high rates of suicidal behavior among students in higher learning institutions in Ethiopia. In a case of studies involving University of Gondar and Haramaya University, involving 836 and 757 students, respectively, the lifetime prevalence rate for suicidal thoughts stood at 19.9% and 23.7% (Asfaw et al., 2020; Dachew et al., 2016). In another study carried out in Mettu University involving 523 students, the lifetime prevalence was 58.3%, whereas one-year prevalence was 34% (Abdu et al., 2020). Lifetime prevalence of 14% and 20.2% was established by others conducted at Ethiopian universities (Desalegn et al., 2020; Y. Tesfaye et al., 2022). According to various findings, about 3.9% to 8.2% of the students commit suicide, particularly medical students (Asfaw et al., 2020; Tsegay et al., 2020).

Several research works have revealed factors associated with suicide behavior among university students due to its widespread nature. According to literature, suicide is influenced globally by psychosocial stresses like economic pressures, interpersonal conflicts, loneliness, and chronic illnesses, as well as mental conditions such as depression and alcohol use disorders (WHO, 2025). Findings obtained from a study carried out in the University of Maryland in the United States revealed that suicidal ideations were predicted by depressive symptoms, lack of social support, and affective dysregulation (Arria et al., 2009). Additionally, economic strains were found as significant predictors of mental conditions and suicidal thoughts in a study performed at the University of Michigan (Eisenberg et al., 2007).

Findings from different cultures have highlighted the role of contextual factors in influencing the problem. Although a systematic review carried out in Turkey pointed out various risk factors such as hopelessness, childhood trauma, poor coping mechanisms, loneliness, and lack of social support (Karkin & Eskin, 2023), a comparative study involving Austrian and Turkish students showed some disparities concerning suicide prevalence and attitudes (Eskin et al., 2010). Various social factors such as academic stress, parental pressure, discrimination, interpersonal conflicts, and childhood traumas were also found as significant risk factors in suicide behavior among Asian countries, including India, Nepal, and ASEAN nations (Lamtari Magar et al., 2025; Peltzer et al., 2017; Varghese et al., 2025).

In Africa, suicidal behavior has been associated with mental factors such as psychological distress, low self-esteem, financial strain, depression, hopelessness, and substance abuse (Iweama et al., 2024; Kaggwa et al., 2022; Owusu-Ansah et al., 2020; Salifu & Yidana, 2024). Relationship problems, unstable families, bullying, trauma, and academic difficulties are some of the social and environmental factors associated with the condition (Ajibola & Agunbiade, 2021; Alabi et al., 2021).

In addition to the above risk factors, depression, anxiety, drug abuse, alcohol and khat consumption, low social support, and economic challenges are the main risk factors identified among college students in Ethiopia by (Asfaw et al., 2020; Dachew et al., 2015; Desalegn et al., 2020). The risk has also been associated with other academic factors, including psychological distress, excessive efforts, and poor academic performance (Tesfaye et al., 2014; Tsegay et al., 2020). Other important risk factors include limited social support and being females (Abdu et al., 2020).

To conclude, suicide and suicide behavior are critical global public health problems with a high prevalence among college students. Although various systematic reviews, meta-analyses, and cross-sectional studies have been carried out in various nations to produce substantial findings regarding the issue, relatively fewer researches have been done in Africa, particularly in Ethiopia. Majority of the research works done in Ethiopia are institution based and often concentrate only on medical students, leaving the bigger part of undergraduate students untouched. In view of this, further researches aimed at providing contextualized findings are needed. The current study, therefore, sought to find the prevalence and associated factors of suicidal behavior among AAU undergraduate students.

1.2 Statement of the problem

The issue of suicide behaviors amongst Ethiopian university students poses a significant concern, yet there is minimal information available on this problem. The previous studies, mostly conducted among medical students or only in one institution at a time, suggest the prevalence of lifetime suicidal ideation to be 8.1%-14.2%, while that of suicide attempts (Abdu et al., 2020; Asfaw et al., 2020; Dachew et al., 2015).

There is limited data on student populations in general, even though numerous pieces of research prove the impact of such risk factors as psychological distress, substance use like alcohol and khat, as well as lack of social support for an increased probability of suicide. With regard to the Ethiopian university students, the link between demographics, substance abuse, social support, and suicidal behaviors has yet to be thoroughly explored.

Consequently, universities, policymakers, and healthcare practitioners cannot provide appropriate evidence-based mental treatment programs tailored to the specific needs of each student due to a

lack of information in this regard. It is vital to perform a detailed study on the frequency of suicidal ideations and suicide attempts amongst Ethiopian students and the factors associated with the mentioned problem.

1.3 Significance of the study

The findings from this research will offer the 6 Kilo Campus of Addis Ababa University valuable empirical evidence regarding the mental wellbeing needs of its students. First and foremost, through this research, the administration of the university and student support services will be provided with the necessary data concerning the prevalence of suicidal thoughts and behaviors within this demographic, which can inform them when seeking funding for specialized programs.

Furthermore, this research enables campus-based counselors to develop targeted screening and intervention strategies that reflect the realities of the student body in terms of identifying specific contributing factors without necessarily making generalizations based on stereotypes. Furthermore, this study contributes to the national evidence base on mental health among university students in Ethiopia by providing findings from Addis Ababa University. The results may help researchers and policymakers compare suicidal behaviors across different university settings and support efforts to increase awareness and informed discussion of student mental health challenges.

1.4 Research questions

1. What is the prevalence of suicidal ideation among undergraduate students at the 6-Kilo campus?
2. What is the prevalence of suicide attempts among undergraduate students at the 6-Kilo campus?

3. What is the association between socio-demographic factors and suicidal ideation and suicide attempts?
4. What is the relationship between psychological factors (depression, anxiety, and stress) and suicidal ideation and suicide attempts?
5. What is the association between substance use and suicidal ideation and suicide attempts?
6. What is the relationship between social support and suicidal ideation and suicide attempts?

1.5 General objective

- To assess the prevalence of suicidal ideation and suicide attempts and identify their associated factors among undergraduate students at the 6-Kilo campus of Addis Ababa University.

1.6 Specific objective

- To determine the prevalence of suicidal ideation among undergraduate students at the 6 Kilo campus.
- To determine the prevalence of suicide attempts among undergraduate students at the 6 Kilo campus.
- To examine the association between socio-demographic factors and suicidal ideation and suicide attempts.
- To assess the relationship between psychological factors (depression, anxiety, and stress) and suicidal ideation and suicide attempts.
- To identify the association between substance-use and suicidal ideation and suicide attempts.
- To examine the relationship between social support and suicidal ideation and suicide attempts.

1.7 Operational Definition of terms

Suicidal Ideation

Suicidal ideation refers to having thoughts, considerations, or wishes about ending one's life (Silverman et al., 2007). In this study, students who responded "Yes" to having ever seriously thought about committing suicide were considered as having lifetime suicidal ideation.

Suicide Plan

Suicide plan refers to the formulation of a specific method or strategy for committing suicide (Silverman et al., 2007). In this study, students who reported having ever made a plan to commit suicide were considered as having a lifetime suicide plan.

Suicide Attempt

Suicide attempt refers to engagement in self-injurious behavior with at least some intent to die (Silverman et al., 2007). In this study, students who reported having ever attempted suicide during their lifetime were considered as having a lifetime suicide attempt.

Suicide Risk

Suicide risk refers to the likelihood of an individual engaging in suicidal behavior. In this study, suicide risk was assessed using the Suicidal Behaviors Questionnaire-Revised (SBQ-R). Participants who scored 7 or above on the SBQ-R were classified as being at risk for suicidal behavior, while those scoring below 7 were considered not at risk (Osman et al., 2001).

Depression

Depression refers to emotional symptoms characterized by sadness, hopelessness, loss of interest, and reduced motivation. In this study, depression was assessed using the Depression Anxiety Stress

Scale-21 (DASS-21). Based on the DASS-21 scoring guideline, participants were categorized as normal, mild, moderate, severe, or extremely severe depression (Lovibond & Lovibond, 1995).

Anxiety

Anxiety refers to feelings of excessive worry, nervousness, fear, and physiological arousal. In this study, anxiety was assessed using the Depression Anxiety Stress Scale-21 (DASS-21). Participants were categorized as normal, mild, moderate, severe, or extremely severe anxiety according to the DASS-21 scoring guideline (Lovibond & Lovibond, 1995).

Stress

Stress refers to persistent tension, irritability, difficulty relaxing, and emotional strain experienced by an individual. In this study, stress was assessed using the Depression Anxiety Stress Scale-21 (DASS-21). Participants were categorized as normal, mild, moderate, severe, or extremely severe stress based on the DASS-21 scoring guideline (Lovibond & Lovibond, 1995).

Social Support

Social support refers to the perceived emotional, practical, and interpersonal support received from family, friends, and significant others. In this study, social support was assessed using the Oslo Social Support Scale (OSS-3). Based on the OSS-3 scoring system, participants were categorized as having poor social support (3–8), moderate social support (9–11), or strong social support (12–14) (Kocalevent et al., 2018).

Substance Use

Substance use refers to the consumption of psychoactive substances such as alcohol, khat, cigarettes, or other drugs for non-medical purposes. In this study, substance use included self-reported use of alcohol, khat, cigarettes, or other substances within the past three months.

Undergraduate Student

An undergraduate student refers to a student enrolled in a bachelor's degree program at Addis Ababa University during the study period.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

Ideation, attempts, and completed suicide among university students represent one of the most serious problems in global public health and are a major issue in contemporary societies. Ideation often occurs before suicide attempts and serves as an important indicator for early intervention in the prevention of suicidal behaviors (WHO, 2025; Silverman et al., 2007). Since there are numerous reasons that contribute to the increase in academic, psychosocial stress and exposure to the problems related to mental health among students, it is necessary to address the phenomenon for future prevention and policy development (Eisenberg et al., 2007).

2.2 Prevalence of Suicidal Behavior in International Contexts

Suicidal behavior and its related risk factors have been extensively explored through different standardized methods throughout the world. Based on a systematic review conducted by (Crispin et al., 2021), it is estimated that the prevalence rate of suicidal thoughts in students from North America, Europe, and Asia lies between 10% and 35%. To assess ideation, current suicidal thoughts and suicide attempts, as well as the history of self-harming, the American Foundation for Suicide Prevention College Screening Project, including PHQ-9, was administered to the sample of 729 Emory University students in Atlanta, GA, USA (Garlow et al., 2008). Ten percent of the students reported having ideation at some point in their life, while a higher likelihood of suicidal attempts was observed among those with greater depression.

Another study in Brazil, conducted by (C. V. M. dos Santos, 2019), used the Suicide Ideation Questionnaire (SIQ) and the Social Support Inventory (SSI) to estimate suicidal ideation and related social factors among 235 students enrolled at a public university in Mato Grosso. 18.3% of the respondents had ideation in their lives, and higher ideation intensity was positively related to a lower level of perceived social support. (Altavini et al., 2023) assessed ideation and related variables in several Brazilian colleges using the WMH-CIDI 3.0 and SRQ-20. In total, 18% of the students had ideation at some point in their lives, while suicidal ideation was positively correlated with exposure to sexual abuse and academic difficulties. In the SHoT study in Norway involving computerized surveying of 50,054 university students, the high prevalence of non-suicidal self-harm and its development into suicide ideation was noted (Sivertsen et al., 2019). (Eskin et al., 2010)'s study in Turkey used the Suicide Probability Scale (SPS) to investigate suicide ideation and behavior among 412 medical students in Istanbul and Ankara. A 12% lifetime prevalence of ideation was registered. Based on structured interviews with 620 medical students in Kerala, India, (Varghese et al., 2025) reported lifetime suicide ideation and attempts in 11.8% and 2.9% respectively. Among 1,154 students in Gandaki Province, Nepal, (Lamtari Magar et al., 2025) assessed the incidence of ideation and attempts using a WHO-based self-administered questionnaire, estimating the rates at 12% and 3% respectively.

2.3 Prevalence in African University Settings

In Africa, according to the literatures reviewed below Suicide behavior is significantly more frequent among university students. In the systematic evaluation of 1,241 undergraduate students in several universities of Southwestern Nigeria based on a structured questionnaire adapted from the WHO World Mental Health Survey, (Ajibola & Agunbiade, 2021) found lifetime suicidal ideation prevalence rates of 21%; early-year students were especially prone to ideation. (Ladi-

Akinyemi et al., 2023), using the PHQ-9 questionnaire, evaluated the prevalence of ideation among 421 undergraduate students in Lagos State at two tertiary institutions in Nigeria and found that 17% had experienced ideation. With the aid of the Beck Hopelessness Scale (BHS) and Interpersonal Needs Questionnaire-15 (INQ-15), (Iweama et al., 2024) explored the predictors of suicide ideation among Nigerian undergraduates and found that felt burdensomeness and thwarted belongingness significantly influenced ideation.

The Adult Suicide Ideation Questionnaire (ASIQ) and DASS-21 survey were used to assess the prevalence of ideation and suicide attempts among 385 college students in the Nelson Mandela Bay Municipality of South Africa. (Alabi et al., 2021)'s study concluded that 15% of the surveyed students experienced ideation throughout their lives. (van Niekerk et al., 2025)'s assessment of 301 students at three South African universities showed lifetime ideation prevalence of 12%. With the aid of the BDI-II and BHS tests, (Korb & Plattner, 2014) estimated that 8% of university students at Botswana experienced ideation in their lives, with hopelessness strongly associated with the experience. Among 1,200 university students in Uganda, 11% were estimated to have suicidal thoughts with the aid of GHQ-28 by (Kaggwa et al., 2023). (Owusu-Ansah et al., 2020) and (Salifu & Yidana, 2024)'s institutional surveys of undergraduates at the University for Development Studies in Tamale, Ghana, estimated the prevalence of ideation and suicidal attempts to be 10%–13% respectively. The main contributing factors were financial stress and academic pressure.

2.4 Prevalence in Ethiopian University Settings

Ethiopian studies repeatedly demonstrate relatively high prevalence of suicide behaviors among the population. (Asfaw et al., 2020) estimated that 23.7% of medical students of Haramaya University experienced ideation and 3.9% made attempts, with odds of ideation exceeding 3-fold

in cases of insufficient social support (OSS-3) measured using the WMH Suicidality Module. 13.1% of the 400 medical students in Addis Ababa reported ideation and 4.1% attempts (Tsegay et al., 2020)'s study. 8.1% of general undergraduates had lifetime ideation when 745 University of Gondar students responded to WMH survey questions, (Dachew et al., 2016)'s study showed. With the aid of the SBQ-r and ASSIST scales, (Abdu et al., 2020) measured suicide ideation, planning, and attempts among 405 Mettu University students and 58.3%, 37.3%, and 4.4% prevalence respectively was noted, with khat chewing being a significant factor. In their investigations, (Dachew et al., 2015; Desalegn et al., 2020) found that among medical and undergraduate students of Northwest Ethiopia, the presence of mental distress measured using SRQ-20 was a significant predictor of suicide behavior.

2.5 Associated Factors of Suicidal Behavior

2.5.1 Demographic and Psychological Factors

Suicide behaviors are often found to be associated with certain demographic factors. Among Mettu University (Abdu et al., 2020) and Haramaya University students (Asfaw et al., 2020), females were identified to be at a particularly high risk. Among the Nigerian population, younger children and early-year students were more susceptible to ideation (Ajibola & Agunbiade, 2021). In other locations, such as Brazil (Dos Santos et al., 2017) and South Africa (Alabi et al., 2021), family-related stress and poor family support were established as contributing factors. In all cases considered, psychological risk factors such as depression, pessimism, and burdensomeness play a role in suicide ideation occurrence. For instance, as per (Iweama et al., 2024), suicidal thoughts were much more frequent among Nigerian undergraduates with a high score on BHS test and burdensomeness. (Eskin et al., 2010) noted that academic stress was another significant psychological factor associated with ideation in Turkey. Exposure to trauma, poor academic

performance, and sexual abuse in Brazil, as reported by (Altavini et al., 2023), correlated with a higher intensity of ideation.

2.5.2 Substance Use

Substance abuse is another risk factor associated with suicide behaviors in college students worldwide. Khat chewing and alcohol consumption as measured by the ASSIST scale correlated with suicide ideation and attempts among students of Mettu University in Ethiopia (Abdu et al., 2020). National correlation of suicidal conduct with alcohol use and substance abuse was reported by (Tesfaye et al., 2014) among Ethiopian university students. The correlation of suicidal ideation with alcohol use and behaviors was demonstrated for university students in Maryland by (Arria et al., 2009). Similar correlation was demonstrated by (Dvorak et al., 2013)'s study of college students in the Southeastern US. Impulsivity and depression contributed to the risk of committing suicide among such students. Finally, substance abuse as a predictor of suicidal behavior was established among Brazilian, Nigerian, and Ugandan populations.

2.5.3 Social Support

Another important protective factor is social support measured using different standardized scales. Insufficient OSS-3-related social support was noted to contribute to the risk of suicidal thoughts in Mettu University (Abdu et al., 2020) and Haramaya University (Dachew et al., 2015). In Brazil, C. V. M. dos Santos (2019)'s study found a positive correlation between ideation intensity and low peer and family support. Among South African students, ideation was prevalent among those with smaller peer network (Alabi et al., 2021) ; among Nigerian undergraduates, social isolation played the same role (Iweama et al., 2024).

2.6 Summary

From the reviewed literature, it follows that suicidal behaviors are fairly common among college students globally, with considerable variation in prevalence depending on location. Generalization of the findings is hindered by the fact that institution-specific studies focusing on particular populations, such as medical students, dominate in the field under discussion. Comparative analysis of the findings is complicated by differences in measurement tools used. Overall, there is a scarcity of research focusing on general undergraduate populations and assessing different aspects of suicide behaviors using standardized tests. Moreover, no study related to the context of Addis Ababa University, particularly the 6 Kilo campus, was found. To overcome the gap in research, the study in question utilizes standardized testing for evaluating suicidal behaviors among undergraduate students.

2.7 Conceptual frame work

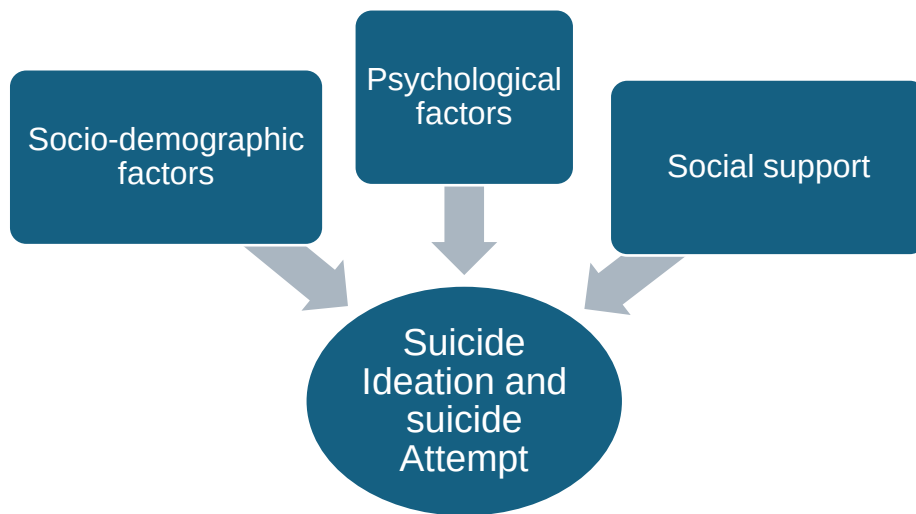


Figure 2.2: Conceptual framework of the factors associated with suicide ideation and attempt

CHAPTER THREE

METHODOLOGY

3.1 Study design

A cross-sectional institutional-based quantitative study design was employed to assess the prevalence of suicidal ideation and attempts and associated factors among undergraduate students at Addis Ababa University (AAU), 6 Kilo campus. This design is appropriate as it allows for estimation of prevalence and assessment of associations between suicidal behavior and potential risk factors at a specific point in time (Creswell, 1994). A cross-sectional approach is cost-effective and feasible for large student populations while allowing timely data collection.

3.2 Study setting

Addis Ababa University (AAU) is the oldest and largest university in Ethiopia, established in 1950, and serves as a major hub for higher education and research. The study was conducted at the 6-Kilo campus, which hosts the following colleges: College of Education and Language Studies, College of Business and Economics, College of Law and Governance Studies, College of Social Sciences, Teaching Education Freshman, and Social Science Freshman. Data collection focused on undergraduate students enrolled during the 2025/2026 academic year. The study was carried out from March to April 2026.

3.3 Source Population

All regular undergraduate students currently enrolled at the Addis Ababa University 6 Kilo campus for the 2025/2026 academic year.

3.4 Study population

The study population specifically focused on third and fourth year students, as they are more likely to experience academic stress, concerns about future employment, and the pressures of completing their degree, which can increase the risk of mental health challenges and suicidal behaviors (Abdu et al., 2020; Asfaw et al., 2020; Eisenberg et al., 2007). The total population of third and fourth year students is 4,246, distributed as follows: College of Education and Language Studies (204), College of Business and Economics (3,025), College of Law and Governance Studies (208), and College of Social Sciences (809).

3.5 Inclusion and Exclusion criteria

Inclusion Criteria

- Regular undergraduate students enrolled at the 6 Kilo campus of Addis Ababa University
- Students registered in the selected colleges and departments during the study period
- Students who are willing to participate and provide informed consent

Exclusion Criteria

- Students who are seriously ill or unable to complete the questionnaire during data collection

- Students who are absent at the time of data collection
- Extension, summer, and postgraduate students

3.6 Sample Size determination and Sampling Technique

3.6.1 Sample size determination

The sample size was determined using the Cochran formula for a single population proportion (Cochran, 1965). A prevalence (p) of 34% was used, based on research among university students at Mettu University, Ethiopia (Abdu et al., 2020).

1. Initial Sample Calculation:

$$n_0 = (Z^2 \times p \times (1 - p)) / e^2$$

Parameters:

- $Z = 1.96$ (95% Confidence Level)
- $P = 0.34$ (Prevalence)
- $e = 0.05$ (Margin of error)

Calculation:

$$n_0 = (1.96^2 \times 0.34 \times (1 - 0.34)) / 0.05^2$$

$$n_0 = (3.8416 \times 0.34 \times 0.66) / 0.0025$$

$$n_0 \approx 345$$

2. Finite Population Correction, (Yamane, 1967)

Since the total population of third- and fourth-year students ($N = 4,246$) is finite, the sample was adjusted using the population correction (Yamane, 1967):

$$n = n_0 / (1 + ((n_0 - 1) / N))$$

Calculation:

$$n = 345 / (1 + ((345 - 1) / 4,246))$$

$$n = 345 / (1 + (344 / 4,246))$$

$$n = 345 / 1.0810$$

$$n \approx 319$$

3. Final Sample Size (Including 10% Non-Response)

To account for potential data loss or incomplete surveys, a 10% non-response rate was added to the adjusted sample:

$$n_{\text{final}} = n + (n \times 0.10)$$

Calculation:

$$n_{\text{final}} = 319 + (319 \times 0.10)$$

$$n_{\text{final}} = 319 + 31.9$$

$$n_{\text{final}} \approx 351$$

3.6.2 Sampling Technique

A multi-stage proportional stratified random sampling technique was used to ensure every subgroup is represented according to its actual size in the population (Kothari, 2004).

Stage 1: Stratification by College

The sample size was proportionally allocated to each college using the following formula (Cochran, 1965):

$$n_i = (N_i / N) \times n_{\text{final}}$$

Where n_i is the sample for the specific college, N_i is the population of that college, and N is the total population (4,246).

Calculated Totals:

- College of Education and Behavioral Studies: $(204 / 4,246) \times 351 \approx 17$
- College of Business and Economics: $(3,025 / 4,246) \times 351 \approx 250$
- College of Law and Governance Studies: $(208 / 4,246) \times 351 \approx 17$
- College of Social Sciences: $(809 / 4,246) \times 351 \approx 67$

Total Sample: $17 + 250 + 17 + 67 = 351$

Stage 2: Stratification by Year of Study

Within each college, the sample is further stratified into Year III and Year IV cohorts. The specific allocation for each year level is as follows:

- Business and Economics: Year III $(1,646/3,025 \times 250 = 136)$; Year IV $(1,379/3,025 \times 250 = 114)$
- Social Sciences: Year III $(366/809 \times 67 = 30)$; Year IV $(443/809 \times 67 = 37)$
- Law and Governance: Year III $(110/208 \times 17 = 9)$; Year IV $(98/208 \times 17 = 8)$

- Education and Behavioral: Year III ($89/204 \times 17 = 7$); Year IV ($115/204 \times 17 = 10$)

Stage 3: Selection of Departments and Participants

To ensure feasibility, representative departments were selected from each college based on student density. In the College of Business, the departments of Accounting & Finance, Management, and Economics were selected. In the College of Social Sciences, Sociology and Social Work were included. The School of Law and the School of Psychology were also targeted.

Individual participants were selected within these departments using Systematic Random Sampling. The researcher visited classrooms during lectures and applied a systematic "skip" interval (k) selecting every k^{th} student until the required sample size for that specific year and college was achieved.

3.7 Study variables

Dependent Variables:-

- Suicidal Ideation
- Suicide Attempt

Independent Variables:-

- Socio-demographic factors
- Psychological factors
- Substance-related factors
- Social factors

3.8 Data collection

Data was collected using a self-administered structured questionnaire composed of standardized and validated instruments assessing suicidal behavior, mental health status, and social support. In addition, information on socio-demographic characteristics and substance use were collected using structured questionnaires developed after reviewing relevant literature.

3.8.1 Instruments of data collection

Suicidal Behaviors Questionnaire–Revised (SBQ-R)

Suicidal behavior was assessed using the Suicidal Behaviors Questionnaire–Revised (SBQ-R), a 4-item self-report instrument designed to measure different dimensions of suicidality, including lifetime suicidal ideation and attempts, frequency of suicidal thoughts over the past 12 months, communication of suicidal intent, and the likelihood of future suicidal behavior. Each item has a different response format, and the total score ranges from 3 to 18, with higher scores indicating greater suicide risk. A cutoff score of ≥ 7 is utilized to identify individuals at risk in non-clinical populations such as university students. The SBQ-R has demonstrated good internal consistency and validity across diverse populations, with original Cronbach’s alpha coefficients ranging from 0.76 to 0.88 (Osman et al., 2001). A recent validation study among Nigerian university students showed Cronbach’s alpha of 0.80, indicating the SBQ-R as a reliable screening tool in non-clinical samples in West Africa (Aloba et al., 2017). In the Ethiopian context, the tool has shown strong applicability; specifically, a community-based study reported a strong internal reliability of 0.895 (Tessema et al., 2024).

Depression Anxiety Stress Scales (DASS-21)

Depression, anxiety, and stress was measured using the Depression Anxiety Stress Scales (DASS-21), a 21-item self-report instrument comprising three subscales: depression, anxiety, and stress, each containing 7 items. Respondents rate the extent to which they experienced each symptom over the past week using a 4-point Likert scale ranging from 0 (did not apply to me at all) to 3 (applied to me very much or most of the time). Scores for each subscale were summed and multiplied by two to obtain final scores. The DASS-21 has demonstrated strong psychometric properties globally, with original reliability scores of 0.91 for Depression, 0.84 for Anxiety, and 0.90 for Stress (Antony et al., 1998). In the Ethiopian context, a recent study among university students reported excellent internal consistency ($\alpha = 0.93$) and confirmed the robustness of the English version tool using both classical test theory and item response theory approaches (Manzar et al., 2025).

Oslo Social Support Scale (OSS-3)

Social support was assessed using the Oslo Social Support Scale (OSS-3), a brief 3-item instrument used to measure perceived social support. The scale assesses the number of close confidants, the level of interest and concern shown by others, and the ease of obtaining practical help from neighbors or friends. The total score ranges from 3 to 14 and is categorized into poor social support (3–8), moderate social support (9–11), and strong social support (12–14). While the internal consistency is usually around 0.60 to 0.67 (Kocalevent et al., 2018), the tool remains a strong predictor of mental health outcomes. In Ethiopia, the OSS-3 has been widely utilized and validated in studies focusing on mental health and student population, showing significant predictive validity for psychological distress (Abadiga, 2019) (Abdu et al., 2020). Additionally it was reliable in the study (Cronbach's $\alpha = 0.91$) done at Woloyta University (Duko et al., 2015). To ensure contextual

relevance for university students, the third item both in the English and Amharic version, which originally refers to ‘neighbors,’ was adapted to refer to ‘peers, friends, or dorm mates’ without altering the conceptual meaning of the scale.”

3.8.2 Data Collection Procedure

The data collection process involved the use of a structured and self-administered questionnaire on paper. A systematic and organized method of collecting data was adopted to guarantee the validity of the collected information. First, contact was made with the representatives of the classes to coordinate the activity and to ascertain the availability of potential respondents. Then, permission to collect data was sought from the respective lecturers in form of an official letter of support from the School of Psychology of Addis Ababa University. This was followed by visiting selected classrooms where lectures were taking place. The objectives of the study were explained to students and they were asked to participate voluntarily, obtaining verbal consent from each of them before starting data collection. Finally, the questionnaires were distributed to respondents and filled out in their classrooms. An interactional style of administering questionnaires was employed to assist students in comprehending the items and answering accurately.

3.8.1 Data quality assurance

To ensure the quality of the data, the questionnaire was first prepared in English and then translated into Amharic by a language expert to improve clarity and understanding among participants. The translated version was reviewed again by language expert and academic staff to ensure consistency, clarity, and cultural appropriateness. Necessary modifications were made based on their feedback

prior to data collection. Additionally, data collectors were oriented on the data collection process, and the completed questionnaires were checked for completeness and consistency before data entry.

3.9 Data analysis

Data was entered into SPSS version 26. Descriptive statistics summarized socio-demographic characteristics, prevalence of suicidal behavior, and associated factors. Bivariate logistic regression identified candidate variables for multivariate analysis. Variables with $p < 0.25$ in bivariate analysis were included in multivariate logistic regression to determine independent associations with suicidal ideation and attempts. Odds ratios (OR) with 95% confidence intervals (CI) were reported, and $p < 0.05$ were considered statistically significant.

3.10 Pilot Study

Thirty-eight undergraduate students ($N = 38$) were recruited for the pilot study at Addis Ababa University's 6-Kilo campus to assess the feasibility of the study procedures and the clarity and reliability of the research instruments. The internal consistency of the scales was assessed using Cronbach's Alpha, which indicated acceptable to good reliability for all instruments, exceeding the 0.70 threshold (DASS-21 $\alpha = 0.886$; SBQ-R $\alpha = 0.804$; OSS-3 $\alpha = 0.769$). During the pilot phase, certain Amharic translations were reported as ambiguous by participants; therefore, these items were revised using clearer and context-appropriate wording to improve face validity and comprehension of the instrument.

3.11 Ethical considerations

Ethical considerations were taken to safeguard participants' rights, dignity, and welfare throughout the study. Ethical approval was obtained from the School of Psychology, Addis Ababa University, prior to data collection. In addition, permission was obtained from course instructors using an official support letter from the School of Psychology. Participation was voluntary, and oral informed consent was obtained from all participants after a full explanation of the study objectives. Participants were informed of their right to withdraw from the study at any time and confidentiality and anonymity were strictly maintained by avoiding the use of personal identifiers and appropriately storing collected data.

Due to the sensitive nature of the study topic, special attention was given to participants potentially at risk of suicidal behavior. Because the questionnaire was self-administered, immediate identification of high-risk participants during data collection was not feasible. Therefore, all participants were provided with a list of mental health support services in Addis Ababa, including hospitals and counseling centers, along with contact phone numbers. After data collection, these mental health service lists were shared with class representatives and disseminated to students through their class group platforms for easy access and follow-up support.

5.7 Limitations

Whereas the employment of several standardized measurements to capture different dimensions of suicidal behaviors is a strength of this study, several limitations should be acknowledged. First, due to the cross-sectional nature of the research design, causal relationships between the identified factors and suicidal behaviors cannot be established. Second, the data were collected using self-

report measures, which may be subject to recall bias and social desirability bias. Moreover, it was not possible to conduct multivariable logistic regression analysis for suicide attempts because of the relatively small number of participants who reported a suicide attempt, limiting the ability to identify independent predictors. Although efforts were made to achieve the planned sample distribution, practical challenges were encountered during data collection. In addition, the study was conducted in a single institution, which may limit the generalizability of the findings to other university settings in Ethiopia. Finally, the study employed only a quantitative approach. Incorporating qualitative methods, such as interviews or focus group discussions, could have provided deeper insights into students' lived experiences, perceptions, and contextual factors related to suicidal behavior.

CHAPTER FOUR

RESULTS

4.1 Introduction

This chapter focuses on the results and findings of the research. The chapter mainly outlines how the data collected through structured questionnaires was analyzed using statistical package for social sciences (SPSS). In this chapter participant's response rate, demographic data, descriptive analysis and regression analysis are presented.

4.2 Participants' sociodemographic characteristics and response rate

In total, 351 questionnaires were distributed to eligible undergraduate participants. Of the distributed questionnaires, 96.0% or 337 questionnaires were correctly filled out and included in the study. The average age of participants was 21.79 (± 1.30). Specifically, their ages ranged from 20 years to 32 years. Of the participants, 161 (47.8%) were 21 years of age or below, whereas 176 (52.2%) were 22 years of age and above.

A proportion of 47.8% participants comprised females (161), whereas 52.2% were males (176). Among the 337 participants, 117 (34.7%) comprised fourth year students while 220 (65.3%) were third year students. Furthermore, 55.8% of participants came from other parts of Ethiopia compared to 44.2% (149) who are from Addis Ababa. Orthodox Christianity was the most dominant religion among participants, accounting for 154 of them (45.7%). The second and third dominant religions were Muslims (102, 30.3%) and Protestants (60, 17.8%). Others were Catholics and other religions with 3.3% and 3.0% respectively.

Of the 337 participants, 210 (62.3%) reported pocket money of less than 3,000 ETB monthly. On the other hand, a small proportion of students received above 5,000 ETB per month (67, 19.9%). While, 17.8% (60) of students received between 3,001 and 5,000 ETB monthly. Regarding the marital status of participants, 312 (92.6%) reported being single, while only 22 (6.5%) were married. Others with three (0.9%) of individuals were either separated or divorced. With regards to their colleges, majority (61.7%) were from the college of Business and Economics (208). Others were from the College of Law and Governance Studies (60, 17.8%), College of Social Sciences (52, 15.4%), and College of Education and Behavioral Science (17, 5.0%).

Table 1: Socio-demographic Characteristics of Participants (N=337)

Variable	Category	Frequency(n)	Percent (%)
Age Group	≤ 21 years	161	47.8
	≥ 22 years	176	52.2
Sex	Male	176	52.2
	Female	161	47.8
Year of study	Third year	220	65.3
	Fourth year	117	34.7
Residence before campus	Capital(Addis Ababa)	149	44.2
	Other regions	188	55.8
Religion	Orthodox	154	45.7
	Muslim	102	30.3
	Protestant	60	17.8
	Catholic	11	3.3
	Other	10	3.0
Monthly pocket money	<3,000 ETB	210	62.3
	3,001-5,000 ETB	60	17.8
	>5,000 ETB	67	19.9
Marital status	Single	312	92.6
	Married	22	6.5
	Other	3	0.9
College	Business and Economics	208	61.7
	Social Sciences	52	15.4
	Law and Governance	60	17.8
	Education and Behavioral Sciences	17	5.0

4.3 Participants' Status in Terms of Substance Use

Out of the total number of respondents, 176 (52.2%) never used alcohol while 161 (47.8%) used it at some point in their lives. As for khat , 315 (93.5%) never used in their life, while 22 (6.5%) has used . Similar to the latter findings, 310 (92.0%) out of total had never smoked, while 27 participants (8.0%) reported smoking. Finally, while 322 (95.5%) had never been exposed to other substances, a small percentage of 15 (4.5%) claimed otherwise.

Table 2: Lifetime Substance Use Characteristics of Participants (N=337)

Variable	Category	Frequency(n)	Percent (%)
Alcohol use(lifetime)	Yes	161	47.8
	No	176	52.2
Khat use(lifetime)	Yes	22	6.5
	No	315	93.5
Cigarette use(lifetime)	Yes	27	8.0
	No	310	92.0
Other substance use(lifetime)	Yes	15	4.5
	No	322	95.5

4.4 Current Substance Use

As shown in table three, one hundred eighty eight out of total or 55.8% had not used any substance in the past three months. Seventy-four (22.0%) of those who had used the substance stated that they used it one or two times before. Thirty-eight (11.3%) out of total respondents stated that they used substance on monthly basis, while 33 (9.8%) claimed they used it on weekly basis, and finally, four (1.2%) claimed to be doing it daily.

Table 3: Current Substance Use Characteristics of participants

Category	Frequency(n)	Percent (%)
No use	188	55.8
Once or twice	74	22.0
Monthly	38	11.3
Weekly	33	9.8
Daily or almost daily	4	1.2

4.5 Psychosocial Characteristics of Participants

4.5.1 Religious Practices

Out of all the participants, eight people or 2.4% indicated that they have never engaged in religious practices such as praying or going to their respective religious institution. As for the frequency of their participation in religious practices, 80 (23.7%) participated rarely, 70 (20.8%) sometimes, 98 (29.1%) quite often, and 81 (24.0%) regularly or daily.

4.5.2 Family History

As for their family history, Two hundred eighty five participants (84.6%) reported no family history of mental disorders, while 52 of them (15.4%) have it. Furthermore, Two hundred ninety three of the respondents (86.9%) had no family history of suicidal attempts or thoughts, while 44 people (13.1%) admitted having such experience in their family.

4.5.3 Stress, Anxiety, and Depression

Based on the DASS-21 severity cut-off points, scores were categorized into normal, mild, moderate, severe, and extremely severe levels for depression, anxiety, and stress. Depression scores of 0–9 were considered normal, 10–13 mild, 14–20 moderate, 21–27 severe, and 28 and above extremely severe. For anxiety, scores of 0–7 indicated normal, 8–9 mild, 10–14 moderate, 15–19 severe, and 20 and above extremely severe. For stress, scores of 0–14 were categorized as normal, 15–18 mild, 19–25 moderate, 26–33 severe, and 34 and above extremely severe. Using these classifications, participants were distributed across the different severity levels of depression, anxiety, and stress.

As shown in Table four, the majority of the participants, 196 or (58.2%), had normal level of depression meaning that they scored (0-9) in the DASS scale. However, 43 (12.8%) had mild depression menaing they scored, 58 (17.2%) moderate, 16 (4.7%) severe, and 24 (7.1%) extremely severe. Regarding anxiety, 39 participants (11.6%) showed mild anxiety, 63 (18.7%) moderate, 30 (8.9%) severe, and 46 (13.6%) extremely severe. In turn, 159 participants (47.2%) were characterized by a normal level of anxiety. The majority of respondents, 244 (72.4%), reported normal levels of stress. In contrast, 42 participants (12.5%) experienced mild stress, 30 (8.9%) had moderate stress, 18 (5.3%) reported severe stress, and 3 (0.9%) were classified as experiencing extremely severe stress.

Table 4: Psychosocial Characteristics of participants (N=337)

Variable	Category	Frequency(n)	Percent (%)
Religious practice	Never	8	2.4
	Rarely	80	23.7
	Sometimes	70	20.8
	Often	98	29.1
	Regularly/Daily	81	24.0
Family history of mental illness	Yes	52	15.4
	No	285	84.6
Family history of suicide or attempt	Yes	44	13.1
	No	293	86.9
Depression level	Normal	196	58.2
	Mild	43	12.8
	Moderate	58	17.2
	Severe	16	4.7
	Extremely severe	24	7.1
Anxiety level	Normal	159	47.2
	Mild	39	11.6

	Moderate	63	18.7
	Severe	30	8.9
	Extremely severe	46	13.6
Stress level	Normal	244	72.4
	Mild	42	12.5
	Moderate	30	8.9
	Severe	18	5.3
	Extremely severe	3	0.9
Social support	Poor	144	42.7
	Moderate	106	31.5
	Strong	87	25.8

4.6 Prevalence of Suicidal Behavior and Suicide Risk

Table 5 demonstrates that one hundred fifty one participants (44.8%) experienced thoughts of committing suicide at some stage in their lifetime, whereas 186 participants (55.2%) had never had such thoughts. Additionally, 33 participants (9.8%) stated that they had planned suicide, while 304 participants (90.2%) had never planned any form of suicide attempt. Out of the total number of participants, 322 participants (95.5%) had never attempted suicide before, while 15 participants (4.5%) had already made suicide attempts. Furthermore, out of the participants, 72 participants (21.4%) had had suicidal thoughts within the past 12 months, while 265 participants (78.6%) had not. Moreover, 261 people (77.4%) were not at risk of suicide, while 76 participants (22.6%) were.

Table 5: Prevalence of suicidal behaviors and suicide risk

Variable	Category	Frequency(n)	Percent (%)
Lifetime suicidal ideation	Yes	151	44.8
	No	186	55.2
Lifetime suicide plan	Yes	33	9.8
	No	304	90.2
Lifetime suicide attempt	Yes	15	4.5
	No	322	95.5
Past 12-month suicidal ideation	Yes	72	21.4
	No	265	78.6
Suicide risk group	At-risk	76	22.6
	Not at risk	261	77.4

4.7 Bivariate Logistic Regression Analysis of Factors Associated with Lifetime Ideation

Bivariate logistic regression analysis was performed as seen in Table six below, to examine the association between independent variables and lifetime suicidal ideation. Each independent variable was entered separately into the binary logistic regression model in SPSS, and the significance of association was assessed using the p-value (Sig.) from the Wald test in the bivariate output table. Variables with a p-value of less than 0.25 were selected as candidates for multivariate logistic regression analysis, in line with common statistical recommendations to avoid excluding potentially important predictors at the initial stage of modeling.

Accordingly, sociodemographic factors such as sex, age, and place of residence were associated with suicidal ideation at the bivariate level. In addition, having a family history of mental illness, as well as a family history of suicide attempts or completed suicide, showed significant associations. Substance use variables, including alcohol consumption, cigarette smoking, khat chewing, and other forms of substance use, were also associated with suicidal ideation. Furthermore, psychological factors such as stress, anxiety, and depression demonstrated strong associations with suicidal ideation. Social support was significantly associated with suicidal

ideation, with higher levels of social support being associated with a lower likelihood of suicidal ideation.

Table 6: Bivariate analysis for suicidal ideation

Predictor Variable	Frequency (n)	Crude Odds Ratio (COR) [95% C.I.]	p-value
Sociodemographic Factors			
Sex of Participants			
Female (Ref)	161	1.000	—
Male	176	1.69 [1.096, 2.606]	0.018*
Age Group			
≤ 21 years (Ref)	161	1.000	—
≥ 22 years	176	1.461 [0.949, 2.249]	0.085
Residence before campus			
Addis Ababa (Ref)	149	1.000	—
Other regions	188	1.569 [1.016, 2.421]	0.042*
Family History of Mental Illness			
Yes (Ref)	52	1.000	—
No	285	0.493 [0.270, 0.899]	0.021*
Family History of Suicide/Attempt			
Yes (Ref)	44	1.000	—
No	293	0.225 [0.109, 0.462]	0.000***
Behavioral Factors			
Past 3 Months Alcohol Use			
No (Ref)	194	1.000	—
Yes	143	1.630 [1.053, 2.521]	0.028*
Past 3 Months Khat Use			
No (Ref)	324	1.000	—
Yes	13	2.025 [0.649, 6.324]	0.225
Past 3 Months Cigarette Use			
No (Ref)		1.000	—
Yes		8.667 [1.924, 39.035]	0.005**

Past 3 Months Other Substance Use			
No (Ref)	322	1.000	—
Yes	15	5.266 [1.458, 19.021]	0.011*
Frequency of Current Substance Use			
No (Ref)	188	1.000	—
Once or twice	74	1.339 [0.778, 2.305]	0.292
Monthly	38	3.030 [1.458, 6.296]	0.003**
Weekly	33	1.674 [0.796, 3.519]	0.174
Daily or almost daily	4	1.575 [0.217, 11.430]	0.653
Psychological & Social Factors			
Depression Level			
Normal (Ref)	196	1.000	—
Mild	43	2.069 [1.055, 4.056]	0.034*
Moderate	58	4.521 [2.426, 8.423]	0.000***
Severe	16	16.655 [3.668, 75.620]	0.000***
Extremely Severe	24	16.655 [4.781, 58.016]	0.000***
Anxiety Level			
Normal (Ref)	159	1.000	—
Mild	39	0.786 [0.363, 1.699]	0.540
Moderate	63	2.200 [1.214, 3.986]	0.009**
Severe	30	2.286 [1.038, 5.033]	0.040*
Extremely Severe	46	9.500 [4.140, 21.801]	0.000***
Stress Level			
Normal (Ref)	244	1.000	—
Mild	42	3.483 [1.743, 6.962]	0.000***
Moderate	30	1.990 [0.928, 4.269]	0.077
Severe	18	13.933 [3.131, 62.000]	0.001**
Extremely Severe	3	3.483 [0.311, 38.959]	0.311
Social Support Level			
Strong Support (Ref)	87	1.000	—
Moderate Support	106	1.549 [0.820, 2.928]	0.178
Poor Support	144	6.093 [3.344, 11.102]	0.000***

4.8 Multivariable Analysis of Factors Associated with Suicidal Ideation

The results of a multivariate logistic regression analysis in Table 7, shows several predictors for suicidal ideation. Male participants were more likely than female participants to experience suicidal thoughts (AOR=1.801; 95% CI [1.001, 3.241]; $p=.050$). Participants with family members who had attempted suicide before, or had committed suicide, were more likely to have suicidal ideation compared to those without such a history (AOR=3.889; 95% CI [1.541, 9.814]; $p=.004$).

There was a significant association between suicidal thoughts and depression. Suicidal ideation occurred significantly more frequently among those with moderate (AOR=3.083; $p=.006$), severe (AOR=11.779; $p=.011$), and extremely severe (AOR=8.102; $p=.010$) depression than among those with normal levels of depression. The occurrence of suicidal ideation was also associated with extremely severe anxiety (AOR=4.801; $p=.014$) even though overall stress and anxiety were not significant. Finally, suicidal thoughts were strongly associated with social support. Suicidal ideation was significantly more common among those with poor social support compared to those with good social support (AOR=4.734; 95% CI [2.290, 9.785]; $p<.001$).

Table 7: Multivariable analysis for suicidal ideation among Undergraduate Students (N=337)

Predictor Variable	Adjusted Odds Ratio (AOR)	95% C.I. for AOR	p-value
Sex of Participants (Male)	1.801	[1.001, 3.241]	.050*
Age Group (Younger Group)	0.700	[0.393, 1.248]	.227
Residence (Rural)	0.776	[0.428, 1.405]	.402
Family History of Mental Illness (No)	0.946	[0.432, 2.075]	.891
Family History of Suicide/Attempt (Yes)	3.889	[1.541, 9.814]	.004**
Past 3 Months Alcohol Use (Yes)	1.621	[0.200, 13.157]	.651
Past 3 Months Cigarette Use (Yes)	4.116	[0.573, 29.590]	.160
Past 3 Months Other Substance Use (Yes)	1.721	[0.289, 10.241]	.551
Frequency of Current Substance Use	—	—	.269
Once or twice	0.943	[0.112, 7.925]	.957
Monthly	1.036	[0.105, 10.214]	.976
Weekly	0.293	[0.029, 2.950]	.298

Daily or almost daily	0.170	[0.008, 3.700]	.260
Depression Level	—	—	.006**
Level 1 (Mild)	1.633	[0.726, 3.671]	.236
Level 2 (Moderate)	3.083	[1.376, 6.906]	.006**
Level 3 (Severe)	11.779	[1.753, 79.152]	.011*
Level 4 (Extremely Severe)	8.102	[1.634, 40.168]	.010**
Anxiety Level	—	—	.096
Level 1 (Mild)	0.650	[0.263, 1.606]	.351
Level 2 (Moderate)	1.196	[0.572, 2.503]	.634
Level 3 (Severe)	1.163	[0.393, 3.444]	.785
Level 4 (Extremely Severe)	4.801	[1.376, 16.754]	.014*
Stress Level	—	—	.113
Level 1 (Mild)	1.162	[0.446, 3.030]	.759
Level 2 (Moderate)	0.265	[0.080, 0.875]	.029*
Level 3 (Severe)	0.556	[0.066, 4.699]	.590
Level 4 (Extremely Severe)	0.061	[0.002, 2.013]	.117
Social Support Level	—	—	.000***
Moderate Support	1.625	[0.775, 3.406]	.199
Poor Support	4.734	[2.290, 9.785]	.000***

4.9 Bivariate Logistic Regression Analysis of Factors Associated with Lifetime Suicide Attempt

As shown in Table 8, the various factors such as Colleges, family history of suicides, cigarette smoking, depression, stress, and social support were found to have been associated with suicide attempts in a bivariate analysis. Those who were cigarette smokers (COR = 10.281; $p < .001$) and had a family history of suicides (COR = 6.740; $p < .001$) had a likelihood of having committed suicide attempts. The lack of social support and the presence of high stress and despair also had an association with greater risks. A multivariate logistic regression analysis could not be done owing to the small sample size of 15 individuals who had experienced suicide attempts.

Table 8: Bivariate Logistic Regression Analysis of Factors Associated with Lifetime Suicide Attempt among Undergraduate Students (N=337)

Predictor Variable	COR	95% C.I. for COR	p-value
Sociodemographic Factors			
Sex of Participants			
Female (Ref)	1.000	—	—
Male	2.265	[0.757, 6.774]	.144
Year of Study			
Third Year (Ref)	1.000	—	—
Fourth Year	1.267	[0.440, 3.651]	.661
College			
College of Business and Economics (Ref)	1.000	—	—
College of Social Sciences	6.121	[2.022, 18.529]	.001**
College of Law and Governance Studies	0.571	[0.067, 4.834]	.607
College of Education and Language studies	0.000	[0.000]	.999
Residence before campus			
Addis Ababa (Ref)	1.000	—	—
Other regions	0.682	[0.241, 1.925]	.469
Family history			
Family History of Mental Illness			
No (Ref)	1.000	—	—
Yes	1.393	[0.379, 5.117]	.618

Family History of Suicide/Attempt			
No (Ref)	1.000	—	—
Yes	6.740	[2.310, 19.662]	.000***
Behavioral Factors (Substance Use)			
Past 3 Months Cigarette Use			
No (Ref)	1.000	—	—
Yes	10.281	[2.822, 37.451]	.000***
Psychosocial Factors			
Depression Level (Omnibus p=.050)			
Normal (Ref)	1.000	—	—
Extremely severe Depression	9.600	[2.229, 41.354]	.002**
Stress Level (Omnibus p=.019)			
Normal (Ref)	1.000	—	—
Mild	6.459	[1.783, 23.397]	.004**
Moderate	9.560	[2.084, 43.862]	.004**
Social Support Level (Omnibus p=.014)			
Strong social Support (Ref)	1.000	—	—
Poor social support	8.534	[1.096, 66.431]	.041*

COR = Crude Odds Ratio; CI = Confidence Interval; Ref = Reference category.

*p<.05, **p<.01, ***p<.001.

CHAPTER FIVE

Discussion

5.1 Introduction

This study aimed at determining the prevalence of suicidal ideation and suicide attempts and identifying factors associated with suicidal behavior among undergraduate students at 6 Kilo Campus, Addis Ababa University. The results revealed that suicidal behaviors continue to be a major public health issue among university students. There were notable proportions of lifetime suicidal ideation, suicide plans, suicide attempts, and recent suicidal ideation among the studied participants. In addition, several demographic, psychological, behavioral, and psychosocial factors demonstrated significant associations with suicidal ideation.

In this chapter, the main findings of the study are discussed in relation to previous international, African, and Ethiopian literature. The interpretation of findings considers variations in sociocultural context, educational environments, psychometric tools, sample characteristics, and broader psychosocial conditions. In particular, attention is given to psychological distress, family history of mental illness, substance use, and social support as key factors associated with suicidal behavior. Although Ethiopia is generally characterized as a collectivist society with relatively strong family and community ties that can serve as protective factors against suicidal behavior, the findings of this study suggest that these protective structures may be weakened among university students due to factors such as academic pressure, separation from family, urban living conditions, and limited access to campus based mental health support. These combined stressors may increase vulnerability to psychological distress despite the presence of broader cultural social support systems.

5.2 Comparison with International Studies

The prevalence of suicidal ideation reported in the present study was significantly higher compared with the prevalence of suicidal ideation estimated in the systematic review and meta-analysis done by (Crispim et al., 2021) among university students across North America, Europe, and Asia. According to the findings in the systematic review, the prevalence rate of suicidal ideation ranged

between 10% and 35%. This higher prevalence of suicidal ideation can partly be explained by the difference in sociocultural contexts, availability of mental health services, and measurement instruments. For instance, the SBQ-R was used in the current study to measure the lifetime prevalence of suicidal ideation, suicide plans, suicide attempts, recent suicidal thoughts, and future suicide risk. In contrast, other studies included in the systematic review by Crispim et al. (2021) used various measures with different sensitivities and operational definitions of suicidal ideation.

Similarly, the lifetime prevalence of suicidal ideation estimated in the present study was significantly higher than the 10% prevalence of suicidal ideation among students at Emory University in Atlanta, Georgia, United States, in a study conducted by (Garlow et al., 2008). The authors of the study used the American Foundation for Suicide Prevention College Screening Project and PHQ-9 in measuring suicidality. The PHQ-9, however, measures mainly depressive symptoms and includes only one question on suicidal ideation. In comparison, the SBQ-R used in the present study provides a comprehensive assessment of suicidal thoughts and behaviors. Additionally, easier access to counseling services, mental health information campaigns, and other psychological support systems in high-income countries may play a role in reducing the prevalence rate.

The prevalence of suicidal ideation reported in the current study was also relatively higher compared with the lifetime prevalence of 18.3% reported among university students in Brazil in a study conducted by (C. V. M. dos Santos, 2019). The study used the Suicide Ideation Questionnaire and Social Support Inventory in measuring psychological vulnerabilities. In another Brazilian study conducted by (Altavini et al., 2023), 18% of students were found to experience suicidal ideation using World Mental Health Composite International Diagnostic Interview and Self-Reporting Questionnaire-20. Although poor social support, trauma exposure, and academic difficulties were identified as risk factors contributing to suicidal ideation among Brazilian university students, the prevalence rates remained significantly lower compared with the findings of the present study. Differences in sociocultural and economic contexts, emotional coping mechanisms, psychological stressors, and university mental health systems may partly explain the difference.

The lifetime prevalence of suicidal ideation observed in the current study was higher than the 12% lifetime prevalence reported among Turkish medical students by Eskin et al. (2010). This difference may be attributed to variations in sociocultural context, study period, and measurement instruments. While the Turkish study was conducted among medical students using the Suicide Probability Scale (SPS), the present study employed the Suicidal Behaviors Questionnaire–Revised (SBQ-R), which assesses multiple dimensions of suicidal behavior and may identify a broader range of individuals with a history of suicidal ideation. Furthermore, differences in mental health awareness, help-seeking behaviors, availability of support services, and psychosocial stressors across study settings may have contributed to the observed variation in prevalence estimates.

Similarly, the current study demonstrated relatively high prevalence rates compared with several other international universities. In a study conducted in Europe, the prevalence rate of suicide attempts was estimated at 4.3%, while a similar prevalence rate was found among students at Cambridge University in a study by (Dvorak et al., 2013). Despite the similarity in the prevalence rate, there could be variations in psychological stressors, emotional experiences, or other risk factors between the studies since the age group was relatively the same.

5.4 Comparison with African Studies

With regards to African countries, the lifetime prevalence of suicidal ideation recorded in the current study was higher than those found in several previous studies. For example, in Southwestern Nigeria, (Ajibola & Agunbiade, 2021) estimated the prevalence of suicidal ideation among undergraduate students to be 21% using a structured questionnaire adapted from the WHO World Mental Health Survey. Similarly, (Ladi-Akinyemi et al., 2023) found 17% lifetime prevalence of suicidal ideation using PHQ-9 among Nigerian undergraduates. In South Africa, (Alabi et al., 2021) estimated the lifetime prevalence rate of suicidal ideation to be 15% using the Adult Suicide Ideation Questionnaire and DASS-21. (van Niekerk et al., 2025) reported a 12% prevalence among South African medical students using institutional mental health assessment questionnaires. Similarly, (Korb & Plattner, 2014) in Botswana and (Kaggwa et al., 2022) in Uganda found lifetime prevalence rates of suicidal ideation to be 8% and 11%, respectively. In Ghana, (Owusu-Ansah et al., 2020) and (Salifu & Yidana, 2024) estimated prevalence ranges of 10%–13%.

The relatively higher prevalence of suicidal ideation observed in the current study compared with findings from other African countries may be explained by methodological and contextual differences across studies. Variations in assessment instruments, study populations, and study settings can substantially influence prevalence estimates. In particular, the SBQ-R used in the present study assesses multiple dimensions of suicidal behavior and lifetime experiences, which may identify a greater number of individuals with a history of suicidal ideation than studies using different screening tools or shorter reference periods. Furthermore, differences in sociocultural contexts, mental health literacy, stigma surrounding suicidal thoughts, and help-seeking behaviors may contribute to variations in both the experience and reporting of suicidal ideation. Consequently, differences in prevalence rates across studies are likely to reflect a combination of methodological, cultural, and population-specific factors rather than true differences in the underlying burden of suicidal ideation alone.

5.5 Comparison with Ethiopian Studies

Within the Ethiopian context, the lifetime prevalence of suicidal ideation recorded in the current study was higher than what was reported at Haramaya University among medical students using the World Mental Health Suicidality Module together with Oslo Social Support Scale (Asfaw et al., 2020a). The authors reported lifetime prevalence rates of suicidal ideation and suicide attempts of 23.7% and 3.9%, respectively.

Similarly, the prevalence rates found in (Tsegay et al., 2020) and (Dachew et al., 2016) at Addis Ababa and University of Gondar, respectively, were lower than those in the current study. Particularly, (Tsegay et al., 2020) found lifetime prevalence rates of suicidal ideation and suicide attempts of 13.1% and 4.1%, respectively, using the same instruments as (Asfaw et al., 2020a). Dachew et al. (2016), on the other hand, reported lower prevalence rates of suicidal ideation (8.1%) among University of Gondar students using World Mental Health Survey questions. The relatively higher prevalence of suicidal ideation observed in the current study compared with previous Ethiopian studies may be partly explained by methodological differences across studies, particularly in the assessment instruments used. While several previous studies employed the World Mental Health (WMH) survey questions or other measures focusing primarily on suicidal ideation, the present study utilized the Suicidal Behaviors Questionnaire–Revised (SBQ-R), a

validated instrument designed to assess multiple dimensions of suicidality, including lifetime suicidal ideation and attempts, recent suicidal thoughts, and future suicide risk. Differences in the scope and measurement properties of these instruments may have contributed to variations in the reported prevalence estimates. In addition, differences in study populations, such as the academic setting and composition of participants, may also have influenced the observed findings.

Despite the lower prevalence rates, however, the present findings were relatively higher than those found in Mettu University by (Abdu et al., 2020) among undergraduate students using the SBQ-R. The researchers found lifetime prevalence rates of 58.3% for suicidal ideation, 37.3% for suicide plans, and 4.4% for suicide attempts. Also, 34% reported suicidal ideation within the past 12 months, while the overall prevalence of suicidal behavior based on the SBQ-R was 28.9%. Compared with the above Mettu University study findings, the current study reported lower prevalence rates of suicidal ideation, suicide planning, recent suicidal ideation, and suicide risk. Nevertheless, suicide attempt prevalence rates were relatively similar in both studies. This can be partly explained by the use of the same standardized measure, namely the SBQ-R. Unlike instruments such as PHQ-9, Suicide Ideation Questionnaire, Suicide Probability Scale, World Mental Health Composite International Diagnostic Interview, Beck Depression Inventory-II, General Health Questionnaire, or structured interviews, the SBQ-R covers a broader range of suicidal vulnerabilities. Therefore, it can detect a wider range of suicidal thoughts and behaviors.

The relatively high prevalence of suicidal ideation, suicide plans, suicide attempts, and suicide risk observed in the present study may reflect the combined influence of psychological, behavioral, and psychosocial factors identified among the study participants. The current study found significant associations between suicidal ideation and depression, anxiety, stress, substance use, family history of mental illness, family history of suicide, and social support, all of which have been recognized as important risk factors for suicidal behavior. Furthermore, the use of lifetime measures may have contributed to higher prevalence estimates, as they capture suicidal experiences occurring at any point in an individual's life. These findings suggest that suicidal behavior among university students is a multifaceted problem that requires comprehensive prevention and intervention strategies.

5.6 Factors Associated with Suicidal Ideation

Several factors independently predicted suicidal ideation among undergraduate students in the current study. These factors include male sex, family history of suicide or suicide attempts, depressive symptoms, extremely severe anxiety, and poor social support. Such findings are consistent with previous international and Ethiopian literature in showing that suicidality among university students is a complex process involving psychological, social, familial, and behavioral factors.

5.6.1 Socio-demographic Factors

The current study established that male students were at higher risk of suicidal ideation compared with female students. This finding is contrary to many previous studies that indicated that female students had a higher chance of having suicidal ideation compared with their male counterparts. For instance, (Abdu et al., 2020; Asfaw et al., 2020a) found that female students were more prone to suicidal thoughts compared with male students in their studies at Haramaya University and Mettu University, respectively.

Also, Chinese, Brazilian, and South African studies similarly found that suicidal ideation prevalence was higher among females (Altavini et al., 2023; Li et al., 2014; Peltzer et al., 2017). Gender Role Socialization Theory explains that women are more likely to internalize emotions, ruminate, and report psychological problems compared with men. Therefore, they are more prone to develop emotional distress, which leads to suicidal behavior.

However, the findings of the present study indicates that male students in the current study were under significant psychological distress caused by various factors such as academic pressure, financial responsibility, substance use, or lack of emotional help-seeking behavior. Being socially conditioned in many cultures, males might shy away from seeking psychological services due to societal norms about masculinity, which contributes to emotional distress and suicidal tendencies.

Family history of suicide or suicide attempts was also found to independently predict suicidal ideation in this study. This result is consistent with studies conducted at Mettu University and several international studies. For instance a study in Mettu university reported that students with a family history of suicide are more vulnerable to suicidal behaviors compared with their counterparts without such histories (Abdu et al., 2020).The association can be explained in terms

of genetic and environmental influences. Having a family member commit suicide may make suicidal tendencies normal when facing emotional distress. Family history of suicides may also indicate the existence of psychological vulnerabilities, trauma exposures, dysfunctional family systems, and inherited predisposition to psychiatric disorders.

5.6.2 Psychological Factors

Depressive symptoms were found to be one of the strongest predictors of suicidal ideation in the current study. Those experiencing moderate, severe, and extremely severe depression had relatively higher odds of suicidal ideation compared with non-depressed students. This result is consistent with numerous international and Ethiopian studies. According to (Garlow et al., 2008), depression severity predicts suicidal behavior among university students. Similarly, (Iweama et al., 2024) found suicidal ideation to be predicted by hopelessness and perceived burdensomeness among Nigerian students. (Alabi et al., 2021) in South Africa, on the other hand, found depressive symptoms to be significantly correlated with suicidal ideation using DASS-21.

Depressive symptoms were also found to be major predictors of suicidal behaviors in many Ethiopian studies. (Asfaw et al., 2020a; Dachew et al., 2015; Desalegn et al., 2020) found suicidal behaviors to be predicted by depression. Depressive symptoms lead to suicidal ideation through feelings of hopelessness, worthlessness, emotional depletion, and poor coping capabilities. Consequently, persistent depression symptoms can gradually increase the likelihood of suicidal thoughts.

Interestingly, although general anxiety and stress categories did not remain statistically significant in the fully adjusted model, extremely severe anxiety independently predicted suicidal ideation. It implies that the anxiety category has been associated with emotional distress, fear, psychological instability, and poor functioning, thus increasing the risk of suicidal thoughts and behaviors.

5.6.3 Substance Use Factors

It was found that recent alcohol consumption, cigarette smoking, khat chewing, and other substance abuse were associated with suicidal ideation in bivariate analysis. Nonetheless, none of the above variables remained significantly correlated with suicidal ideation in multivariable logistic regression models following adjustments for psychological and psychosocial variables. This finding is somewhat consistent with other studies conducted in Ethiopia and internationally. (Abdu et al., 2020) in Mettu University and (G. Tesfaye et al., 2014) in Ethiopia found substance use and suicidal ideation to be significantly associated with each other. Similarly, (Arria et al., 2009; Dvorak et al., 2013) found suicidal ideation and alcohol use to be strongly correlated among US university students.

The fact that substance use lost its statistical significance in the current study may imply that it operates indirectly through underlying psychological distress. That is, substance use may not be an independent predictor of suicidal ideation but a maladaptive way of coping with emotional stressors among university students.

5.6.4 Social Support Factors

Poor social support has been found to be one of the strongest independent predictors of suicidal ideation in the current study. Students with poor social support had relatively higher odds of experiencing suicidal thoughts compared with those having strong social support. Such a result is consistent with the findings in previous international and Ethiopian studies. For instance, poor social support measured using Oslo Social Support Scale was found to be significantly correlated with suicidal ideation at Haramaya University and Mettu University by (Asfaw et al., 2020b) and (Abdu et al., 2020), respectively. Poor social support and suicidal behaviors have also been strongly correlated with each other in Brazil, Nigeria, and South Africa, according to (Alabi et al., 2021; Iweama et al., 2024; C. V. M. dos Santos, 2019).

Psychosocial support can serve as a protective factor by promoting emotional connection, resilience, problem-solving, and coping with stressors. Students with adequate social support can get emotional comfort, assistance, and encouragement whenever in distressing situations. On the contrary, poor social support leaves one feeling lonely, hopeless, isolated, and vulnerable to suicidal thoughts and behaviors.

5.7 Suicide Attempt Findings

The findings of the current study showed that 4.5% of the studied participants reported lifetime history of suicide attempts. Considering the relatively small sample size in this study, multivariable logistic regression analysis was not conducted for predicting suicide attempts to avoid model instability. Instead, bivariate logistic regression analysis was used to interpret suicide attempt findings.

The results indicated that family history of suicide attempts, cigarette smoking, depressive symptoms, stress, poor social support, and college affiliation were significantly associated with suicide attempts. The above findings are generally consistent with previous international and Ethiopian studies. Particularly, the association between family history of suicide attempts and suicide attempts is supported by other research findings. At Mettu University, a similar study found that those with a family history of suicide attempt had significantly higher risks of committing suicide (Abdu et al., 2020). Several other international studies have similarly established that familial exposure and psychological vulnerabilities may predict suicidal attempts.

In addition, the relationship between cigarette smoking and suicide attempts was confirmed in the current study. The finding is consistent with other findings in the literature indicating that cigarette smoking may predict suicidal behavior among young people due to substance abuse effects such as impulsivity and emotional dysregulation. Finally, poor social support has been confirmed to be significantly associated with suicide attempts in this study. The finding further supports the role of psychosocial factors such as social support in mitigating psychological distress among university students.

5.6 Implications of the Study

It is clear from the findings in this study that there is a great need for intervention concerning mental health in the academic environment. Given the high prevalence rate of suicidal ideation in this study, there is a huge deficit of mental health services in universities. This calls for expansion of counseling facilities, introduction of screening programs, and sensitization of students regarding mental health issues. Interventions can target students suffering from depression, social isolation, and those with a history of suicide in their families.

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

This research aimed to investigate the prevalence of suicidal ideations, suicide attempts, and suicide risk behaviors among undergraduate students studying in AAU's 6 Kilo campus as well as the characteristics associated with suicide behavior. The results suggest that suicide behaviors among college students represent a public health problem.

There were high proportions of suicidal thoughts (21.4%), lifetime suicidal ideation (44.8%), suicide risk (22.6%), and suicide attempts (4.5%) recorded from the respondents. These proportions are often higher than the majority of similar research findings reported in Ethiopia and abroad; hence, it is clear that students in the current context are experiencing more psychological suffering. Several factors were found to have a highly significant impact on suicide ideations and suicide risk. Depression turned out to be the main psychological factor that highly impacted the probability of suicide behavior, where the level of its intensity remarkably increased risk. Suicidal behavior was also found to correlate strongly with poor perceived social support highlighting its preventive role in suicide risk. Additionally, there were strong correlations for a family history of suicides or suicide attempts.

Most substance use predictors became non-significant in the multivariable analysis; however, cigarette smoking turned out to be a significant behavioral factor for suicide risk. Moreover, variations of suicide risks between colleges emerged. The male sex was also found to increase the odds of experiencing suicidal ideations. Therefore, it becomes clear that suicide behavior in the present context has several dimensions.

6.2 Recommendations

These are some recommendations given based on the study findings:

Recommendations for Academic Institutions (including Addis Ababa University)

Introduction and enhancement of screening measures targeting students who experience depressive symptoms, lack social support, and have a history of suicide in their families should be the priority of AAU in dealing with this challenge. Apart from that, it is necessary to offer readily accessible mental health counseling services and raise awareness campaigns since both approaches can be effective in eliminating stigma and developing supportive culture within the institution motivating students to seek professional help in times of need. Finally, peer-led projects are necessary for building social links and promoting care culture where children will feel encouraged to pay attention to each other.

Recommendations for Campus Counselors and Mental Health Professionals

Depressed students represent an exceptionally vulnerable group and require prompt assistance; thus, prioritizing this category of students should be considered as the primary task of counseling services. As for creating a tailored intervention program for students with a history of suicide in their families experiencing special psychological problems, regular screening for suicidal ideations is also recommended.

Recommendations for Stakeholders and Policy Makers

It is necessary to emphasize the importance of addressing student mental health issues as a key component of broader efforts aimed at providing proper wellness conditions. It should be mentioned that such initiatives may lead to long-term results only through additional financial investments into campus services including psychological consultations for public universities lacking financial resources. Thus, we can develop a coherent and comprehensive approach to suicide risk management by improving cooperation between different academic institutions, MOH, and specialized mental health organizations.

Recommendations for the University Community and Students

In case of feeling depressed or noticing any signs of it, students are recommended to seek professional help immediately. For decreasing the feeling of loneliness, healthy social contacts and

peer support can be promoted. It is necessary to make more information available about the importance of mental health and available support options more accessible among students.

Recommendations for Upcoming Researchers

Future studies need to apply longitudinal methodology in order to reveal causal relationships between stressors and suicidal behaviors. Additionally, applying qualitative methodology is helpful in analyzing cultural and environmental factors that influence students' lives. At last, increasing the size of the study sample and focusing on cases involving suicide attempts will make it possible to perform more profound statistical analysis and identify risk factors.

6.3 Concluding remark

Results obtained in the current study underline the importance of comprehensive, multi-level interventions in addressing psychological and mental challenges of college students. Reducing their suicide behaviors requires addressing their psychological problems, increasing social support opportunities, and promoting mental health care accessibility.

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ANNEX I: RESEARCH INSTRUMENTS

Addis Ababa University

College of Educational and Behavioral Studies

School of Psychology

Dear Student,

My name is Eskedar Abera, and I am a postgraduate student at Addis Ababa University. As part of my Master's degree in Counseling Psychology, I am conducting a research study titled: "Prevalence and Associated Factors of Suicidal Ideation and Suicidal Attempts Among Undergraduate Students at the 6-Kilo Campus."

I would truly appreciate it if you could spare a few minutes of your time to complete this questionnaire. Your insights are incredibly valuable and will help us better understand the challenges students face, with the ultimate goal of improving mental health support and resources on our campus.

Please be assured that:

- Your participation is entirely voluntary.
- Your identity remains anonymous (your name will not be recorded).
- All information provided is strictly confidential and will be used solely for academic purposes.

Thank you so much for your time, your honesty, and for helping me with this important project. Your assistance means a lot!

Warm regards,

Eskedar Abera

+251 912789006

PART I: SOCIO-DEMOGRAPHIC & BEHAVIORAL INFORMATION

Instructions: Please provide the following information by filling in the blanks or checking the appropriate box [✓].

1. Age: ____
2. Sex: ☐ Male ☐ Female
3. Year of study: 3rd ☐ 4th ☐
4. Religion: ☐ Orthodox ☐ Muslim ☐ Protestant ☐ Catholic ☐ Other: _____
5. How often do you engage in practicing your religion (praying, attending services, etc.)?
☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Regularly/Daily
6. Department of Study: - _____
7. Residence before university: ☐ urban ☐ Rural
8. Marital status: ☐ Single ☐ Married ☐ other: _____
9. Income Level: What is your approximate monthly income?
< 1,000 ETB ☐ 1,000 - 3,000 ETB ☐ 3,001 - 5,000 ETB ☐ > 5,000 ETB ☐
10. Family history of mental illness: ☐ Yes ☐ No
11. Is there a history of suicide or suicide attempts in your family? ☐ Yes ☐ No
12. Have you ever used the following substances in your lifetime?
Alcohol: ☐ Yes ☐ No Khat: ☐ Yes ☐ No Cigarettes: ☐ Yes ☐ No Other(specify): _____ ☐ Yes ☐ No
13. Have you used the following substances in the past 3 months?
Alcohol: ☐ Yes ☐ No Khat: ☐ Yes ☐ No Cigarettes: ☐ Yes ☐ No other (specify) _____
14. If you answered “Yes” to any substance in the past 3 months, how often do you currently use it?
☐ Once or twice (Total in the last 3 months)
☐ Monthly (1–3 times a month)
☐ Weekly (1–3 times a week)

☐ Daily or almost daily

PART II: SUICIDAL BEHAVIORS QUESTIONNAIRE-REVISED (SBQ-R)

Instructions: Please check the box [X] beside the statement that best applies to you.

1. Have you ever thought about or attempted to kill yourself?

☐ 1. Never

☐ 2. It was just a brief passing thought

☐ 3a. I have had a plan at least once to kill myself but did not try to do it

☐ 3b. I have had a plan at least once to kill myself and really wanted to die

☐ 4a. I have attempted to kill myself, but did not want to die

☐ 4b. I have attempted to kill myself, and really hoped to die

2. How often have you thought about killing yourself in the past year?

☐ 1. Never

☐ 2. Rarely (1 time)

☐ 3. Sometimes (2 times)

☐ 4. Often (3–4 times)

☐ 5. Very Often (5 or more times)

3. Have you ever told someone that you were going to commit suicide, or that you might do it?

☐ 1. No

☐ 2a. Yes, at one time, but did not really want to die

☐ 2b. Yes, at one time, and really wanted to die

☐ 3a. Yes, more than once, but did not want to do it

☐ 3b. Yes, more than once, and really wanted to do it

4. How likely is it that you will attempt suicide someday?

☐ 0. Never

☐ 1. No chance at all

☐ 2. Rather unlikely

☐ 3. Unlikely

☐ 4. Likely

☐ 5. Rather likely

☐ 6. Very likely

PART III: DEPRESSION, ANXIETY, AND STRESS SCALE (DASS-21)

Instructions: Please check the box (0, 1, 2, or 3) that indicates how much the statement applied to you over the past week.

(0: Did not apply to me at all / 1: Applied to some degree / 2: Applied to a considerable degree / 3: Applied very much)

1. I found it hard to wind down: ☐ 0 ☐ 1 ☐ 2 ☐ 3
2. I was aware of dryness of my mouth: ☐ 0 ☐ 1 ☐ 2 ☐ 3
3. I couldn't seem to experience any positive feeling at all: ☐ 0 ☐ 1 ☐ 2 ☐ 3
4. I experienced breathing difficulty (e.g. breathlessness): ☐ 0 ☐ 1 ☐ 2 ☐ 3
5. I found it difficult to work up the initiative to do things: ☐ 0 ☐ 1 ☐ 2 ☐ 3
6. I tended to over-react to situations: ☐ 0 ☐ 1 ☐ 2 ☐ 3
7. I experienced trembling (e.g. in the hands): ☐ 0 ☐ 1 ☐ 2 ☐ 3
8. I felt that I was using a lot of nervous energy: ☐ 0 ☐ 1 ☐ 2 ☐ 3
9. I was worried about situations in which I might panic: ☐ 0 ☐ 1 ☐ 2 ☐ 3
10. I felt that I had nothing to look forward to: ☐ 0 ☐ 1 ☐ 2 ☐ 3
11. I found myself getting agitated: ☐ 0 ☐ 1 ☐ 2 ☐ 3
12. I found it difficult to relax: ☐ 0 ☐ 1 ☐ 2 ☐ 3
13. I felt down-hearted and blue: ☐ 0 ☐ 1 ☐ 2 ☐ 3
14. I was intolerant of anything that kept me from getting on: ☐ 0 ☐ 1 ☐ 2 ☐ 3
15. I felt I was close to panic: ☐ 0 ☐ 1 ☐ 2 ☐ 3
16. I was unable to become enthusiastic about anything: ☐ 0 ☐ 1 ☐ 2 ☐ 3

17. I felt I wasn't worth much as a person: ☐ 0 ☐ 1 ☐ 2 ☐ 3

18. I felt that I was rather touchy: ☐ 0 ☐ 1 ☐ 2 ☐ 3

19. I was aware of the action of my heart (in absence of exercise): ☐ 0 ☐ 1 ☐ 2 ☐ 3

20. I felt scared without any good reason: ☐ 0 ☐ 1 ☐ 2 ☐ 3

21. I felt that life was meaningless: ☐ 0 ☐ 1 ☐ 2 ☐ 3

PART IV: OSLO SOCIAL SUPPORT SCALE (OSS-3)

Instructions: Please check the box [X] for the answer that best describes your situation.

1. How many people are so close to you that you can count on them if you have serious problems?

☐ None ☐ 1–2 ☐ 3–5 ☐ 5+

2. How much interest and concern do people show in what you do?

☐ None ☐ Little ☐ Uncertain ☐ Some ☐ A lot

3. How easy is it to get help from your friends or classmates if needed?

☐ Very difficult ☐ Difficult ☐ Possible ☐ Easy ☐ Very easy

አባሪ II፡ የጥናት መጠይቆች

አዲስ አበባ ዩኒቨርሲቲ

የትምህርትና ስነ-ባህሪ ጥናት ኮሌጅ

የስነ-ልቦና ትምህርት ክፍል

መግቢያ፡ እስከዳር አበራ እባላለሁ፤ በአዲስ አበባ ዩኒቨርሲቲ በምክክር ስነ-ልቦና (Counseling Psychology) የሁለተኛ ዲግሪ ተማሪ ነኝ። ይህ መጠይቅ "በአዲስ አበባ ዩኒቨርሲቲ ስድስት ኪሎ ግቢ ተማሪዎች ዘንድ ራስን የማጥፋት ሃሳብ እና ሙከራ ስርጭት" ለሚለው ጥናት መረጃ ለመስብሰብ የተዘጋጀ ነው።

በጥናቱ ላይ መሳተፍ ሙሉ በሙሉ በፈቃደኝነት ላይ የተመሰረተ ነው። ስምዎን መጻፍ አያስፈልግም፤ የሚሰጡት ምላሽም ሚስጥራዊነቱ በጥብቅ የተጠበቀ ነው።

ክፍል I፡ አጠቃላይ መረጃ እና የግል ልምዶች

መመሪያ፡ የሚከተሉትን ጥያቄዎች ባዶ ቦታውን በመሙላት ወይም ሳጥኑ ውስጥ የ(X) ምልክት በማድረግ ይመልሱ።

1. እድሜ፡ ____

2. ፆታ፡ ☐ ወንድ ☐ ሴት

3. የትምህርት ዓመት፡ ☐ 1ኛ ☐ 2ኛ ☐ 3ኛ ☐ 4ኛ ☐ 5ኛ እና ከዚያ በላይ

4. ሀይማኖት፡ ☐ ኦርቶዶክስ ☐ ሙስሊም ☐ ፕሮቴስታንት ☐ ካቶሊክ ☐ ሌላ፡ ____

5. በሃይማኖታዊ ተግባራት (ጸሎት፣ መንፈሳዊ አገልግሎት...) ላይ ምን ያህል ጊዜ ይሳተፋሉ?

☐ በፍጹም ☐ አልፎ ☐ አንዳንድ ጊዜ ☐ ብዙ ጊዜ ☐ ዘወትር/በየቀኑ

6. ከዩኒቨርሲቲ በፊት የኖሩበት ቦታ፡ ☐ ከተማ ☐ ገጠር

7. የጋብቻ ሁኔታ፡ ☐ ነጠላ ☐ ያገባ/ች ☐ ሌላ፡ ____

8. በቤተሰብዎ ውስጥ የአእምሮ ህመም ታሪክ አለ? ☐ አዎ ☐ የለም

9. ሱስ የሚያስይዙ ነገሮችን (አልኮል፣ ጫት፣ ሲጋራ ወዘተ) ይጠቀማሉ? ☐ አዎ ☐ የለም

10. አዎ ከሆነ፣ ባለፈው አንድ ዓመት ውስጥ ምን ያህል ጊዜ ተጠቅመዋል?

☐ አልፎ (በዓመት አንድ ወይም ሁለት ጊዜ)

☐ በየወሩ

☐ በየሳምንቱ

☐ በየቀኑ ወይም በየቀኑ በሚባል ሁኔታ

ክፍል II: ራስን የማጥፋት ሁኔታ መጠይቅ (SBQ-R)

መመሪያ: ከሚከተሉት መግለጫዎች ውስጥ ለእርስዎ የሚስማማውን በ(X) ምልክት ይግለጹ።

1. ከዚህ በፊት ራስዎን ለማጥፋት አስበው ወይም ሞክረው ያውቃሉ?

☐ 1. በፍፁም አስቤ አላውቅም

☐ 2. አጭር እና የሚያልፍ ሐሳብ ብቻ ነበር

☐ 3a. ቢያንስ አንድ ጊዜ እቅድ አዘጋጅቼ ነበር ነገር ግን አልሞከርኩም

☐ 3b. ቢያንስ አንድ ጊዜ እቅድ አዘጋጅቼ ነበር እናም ለመሞት በእውነት ፈልጌ ነበር

☐ 4a. ራሴን ለመግደል ሞክሬ ነበር ነገር ግን መሞት ፈልጌ አልነበረም

☐ 4b. ራሴን ለመግደል ሞክሬ ነበር እናም ለመሞት በእውነት ተስፋ አድርጌ ነበር

2. ባለፈው አንድ ዓመት ውስጥ ራስዎን የመግደል ሐሳብ ምን ያህል ጊዜ መጥቶብዎታል?

☐ 1. በፍፁም ☐ 2. አልፎ (1 ጊዜ) ☐ 3. አንዳንድ ጊዜ (2 ጊዜ) ☐ 4. ብዙ ጊዜ (3-4 ጊዜ) ☐ 5. በጣም ብዙ ጊዜ (5 እና በላይ)

3. ራስዎን ሊገድሉ እንደሚችሉ ወይም እንደሚያጠፉ ለሌላ ሰው ተናግረው ያውቃሉ?

☐ 1. በፍፁም ተናግሬ አላውቅም

☐ 2a. አዎ፣ አንድ ጊዜ ተናግሬያለሁ፤ ነገር ግን በእውነት መሞት ፈልጌ አልነበረም

☐ 2b. አዎ፣ አንድ ጊዜ ተናግሬያለሁ፤ በእውነትም መሞት ፈልጌ ነበር

☐ 3a. አዎ፣ ከአንድ ጊዜ በላይ ተናግሬያለሁ፤ ነገር ግን በእውነት መሞት ፈልጌ አልነበረም

☐ 3b. አዎ፣ ከአንድ ጊዜ በላይ ተናግራለሁ፤ በእውነትም መሞት ፈልጌ ነበር

4. ወደፊት ራስዎን የማጥፋት ሙከራ ሊያደርጉ የሚችሉበት እድል ምን ያህል ነው?

- ☐ 0. በፍጹም ☐ 1. ምንም እድል የለውም ☐ 2. የማይመስል ነገር ነው ☐ 3. ዝቅተኛ እድል አለው ☐ 4. ሊሆን ይችላል ☐ 5. ከፍተኛ እድል አለው ☐ 6. በእርግጠኝነት አደርገዋለሁ

ክፍል III: የድብርት፣ የጭንቀት እና የውጥረት መለኪያ (DASS-21)

መመሪያ: ባለፈው አንድ ሳምንት ውስጥ የሚከተሉት መግለጫዎች በእርስዎ ላይ ምን ያህል እንደተከሰቱ የሚገልጸውን ሳጥን (0፣ 1፣ 2፣ ወይም 3) በማለት ይምረጡ።

(0: በፍጹም በእኔ ላይ አልተከሰተም / 1: በተወሰነ ደረጃ ተከስቷል / 2: በከፍተኛ ደረጃ ተከስቷል / 3: ሁልጊዜ በሚባል ሁኔታ ተከስቷል)

1. ራሴን ለማረጋጋት ወይም ዘና ለማድረግ እችላለሁ፡ ☐ 0 ☐ 1 ☐ 2 ☐ 3
2. የአፌ መድረቅ ተሰምቶኝ ያውቃል፡ ☐ 0 ☐ 1 ☐ 2 ☐ 3
3. ምንም አይነት ደስ የሚል ስሜት ሊሰማኝ አልቻለም፡ ☐ 0 ☐ 1 ☐ 2 ☐ 3
4. የመተንፈስ ችግር (ለምሳሌ የትንፋሽ ማጠር) አጋጥሞኝ ነበር፡ ☐ 0 ☐ 1 ☐ 2 ☐ 3
5. ነገሮችን ለመጀመር ተነሳሽነት አጥቼ ነበር፡ ☐ 0 ☐ 1 ☐ 2 ☐ 3
6. ለነገሮች ያለኝ ምላሽ ከሚገባው በላይ የበረታ (Over-react) ነበር፡ ☐ 0 ☐ 1 ☐ 2 ☐ 3
7. ሰውነቴ ሲንቀጠቀጥ (ለምሳሌ እጄ) ተሰምቶኝ ነበር፡ ☐ 0 ☐ 1 ☐ 2 ☐ 3
8. በከፍተኛ ውጥረት ውስጥ እንደሆንኩ ይሰማኛል፡ ☐ 0 ☐ 1 ☐ 2 ☐ 3
9. በፍርሃት ወይም በድንጋጤ ውስጥ እወድቃለሁ ብዬ ተጨንቄ ነበር፡ ☐ 0 ☐ 1 ☐ 2 ☐ 3
10. ለወደፊት ምንም አይነት ተስፋ ያለው ነገር አይታየኝም ነበር፡ ☐ 0 ☐ 1 ☐ 2 ☐ 3
11. መበሳጨት ወይም መወጣጠር ተሰምቶኝ ነበር፡ ☐ 0 ☐ 1 ☐ 2 ☐ 3
12. ዘና ለማለት በጣም ተቸግሬ ነበር፡ ☐ 0 ☐ 1 ☐ 2 ☐ 3

13. ተስፋ መቁረጥና የሀዘን ስሜት ተሰምቶኝ ነበር፡ ☐ 0 ☐ 1 ☐ 2 ☐ 3
14. በምሰራው ስራ ላይ ጣልቃ የሚገቡብኝን ነገሮች መታገስ አልቻልኩም ነበር፡ ☐ 0 ☐ 1 ☐ 2 ☐ 3
15. ለድንጋጤ ወይም ለከፍተኛ ፍርሃት ተቃርቤ ነበር፡ ☐ 0 ☐ 1 ☐ 2 ☐ 3
16. በማናቸውም ነገሮች ላይ ፍላጎት ወይም ጉጉት ማሳየት አልቻልኩም፡ ☐ 0 ☐ 1 ☐ 2 ☐ 3
17. እንደ ሰው ምንም ዋጋ እንደሌለኝ ተሰማኝ፡ ☐ 0 ☐ 1 ☐ 2 ☐ 3
18. በጣም ስሜታዊና በቀላሉ የምቆጣ ሆኜ ነበር፡ ☐ 0 ☐ 1 ☐ 2 ☐ 3
19. ምንም አይነት እንቅስቃሴ ሳላደርግ የልቤ ትርታ ሲጨምር ተሰማኝ፡ ☐ 0 ☐ 1 ☐ 2 ☐ 3
20. ያለ በቂ ምክንያት ፍርሃት ተሰማኝ፡ ☐ 0 ☐ 1 ☐ 2 ☐ 3
21. ህይወት ትርጉም እንደሌላት ተሰማኝ፡ ☐ 0 ☐ 1 ☐ 2 ☐ 3

ክፍል IV: የማህበራዊ ድጋፍ መለኪያ (OSS-3)

መመሪያ: የሚከተሉትን ጥያቄዎች ለእርስዎ የሚስማማውን ሳጥን በመምረጥ ይመልሱ።

1. ከባድ ችግር ቢገጥምዎት እርዳታ ያደርጉልኛል ብለው የሚያምኑባቸው ሰንት የቅርብ ሰዎች አሉዎት?

☐ የለኝም ☐ 1-2 ☐ 3-5 ☐ ከ5 በላይ

2. ሰዎች በሚያደርጓቸው ነገሮች ላይ ያላቸው አሳቢነትና ፍላጎት ምን ያህል ነው?

☐ የለም ☐ ትንሽ ☐ እርግጠኛ አይደለሁም ☐ የተወሰነ ☐ ከፍተኛ

3. እርዳታ ቢፈልጉ ከጓደኞች ወይም ከክፍል ጓደኞች እገዛ ማግኘት ምን ያህል ቀላል ነው?

☐ በጣም አስቸጋሪ ☐ አስቸጋሪ ☐ ይቻላል ☐ ቀላል ☐ በጣም ቀላል