



**ADDIS ABABA UNIVERSITY**

**COLLEGE OF EDUCATION AND BEHAVIORAL STUDIES**

**SCHOOL OF PSYCHOLOGY**

**Factors that Contribute to Suicidal Attempt among High  
School Students in Addis Ababa**

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

## **DECLARATION**

I, **Manyahilshal Haile**, declare that this thesis entitled “Factors that Contribute to Suicidal Attempt among High School Students in Addis Ababa ” has been carried out by me under the guidance and supervision of Dr. Seleshi Zeleke. Therefore, this thesis is original and has not been submitted or presented for the award of any degree or diploma in any other university or institution or research conference and that all sources of material used for the study have been duly acknowledged.

Declared By: **Manyahilshal Haile**

Signature \_\_\_\_\_

Date 11/29/2022

## **LETTER OF CERTIFICATION**

**This is to certify that this study,** “Factors that Contribute to Suicidal Attempt among High School Students in Addis Ababa” undertaken by Manyahilshal Haile in partial fulfillment of the requirements for the Award of the Degree of Master of Arts (MA) in Counseling Psychology from School of Psychology, Addis Ababa University, is an original work and not submitted prior for any degree either at this University or any other University.

Thesis advisor: **Dr. Seleshi Zeleke**

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**By: Manyahilshal Haile**

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## **Abbreviation**

AOR = Adjusted Odds Ratio

CI = Confidence Interval

E.C = Ethiopian Calendar

IMV = Integrated Motivational Volitional Model

LMICS = low and middle income countries

OR = Odd Ratio

SD = Standard deviation

STB = Theory Based Similarity

UNICEF = The United Nation Children's Fund

WHO = World Health Organization

## **ABSTRACT**

*The purpose of this study was to explore the major factors that contribute to suicidal attempt among high school students in Addis Ababa, Ethiopia. Suicide is a serious but preventable public health problem that results in social, emotional, and economic consequences in families, friends, and colleagues. The study employed non-probability sampling technique (namely, purposive or judgmental sampling technique) to select participants of the study. Accordingly, six high school students who had recently attempted to commit suicide participated in the study. The researcher contacted the six high school students through a school counselor who knows the adolescents very well. A semi-structured interview was used to obtain data from the participants. The interview sessions were audio recorded with the consent of the participants. The records were then transcribed verbatim and the researcher read the transcripts several times to identify the recurring themes. The qualitative data were then presented in the form of narratives that reflect the participants' views. The findings show that lack of family support, separation from loved ones, death of loved one, hopelessness and loneliness are the major contributing factors associated with suicidal attempt among the participants. Overall, poor treatment of adolescents by parents or relatives and lack of time on the part of parents to treat their children led the adolescents to loneliness, hopelessness and finally to suicidal attempt. The study concludes that lack of family support, separation from or death of loved one, hopelessness and loneliness are the major contributing factors which led adolescents to suicidal attempt. The study suggests some ways of preventing adolescents' suicidal attempts which may be used by the adolescents' families, school community and policy makers.*

*Keywords: Suicide, suicidal attempt, adolescents, contributing factors*

# CHAPTER ONE

## **Introduction**

This section of the study includes background of the study, statement of the problem, objectives of the study, significance of the study, scope of the study and organization of the study.

### **1.1 Background of the Study**

Suicide (from Latin *Sui caedere* to kill oneself or self-murder) is the act of a person intentionally causing his or her own death. It is death from injury, poisoning, or suffocation where there is evidence (either explicit or implicit) that the injury was self-inflicted and that the decedent intended to kill himself /herself. The suicide attempt is a non-habitual act with the non-fatal outcome that is deliberately initiated and performed by the individual involved that causes self-harm or without intervention by others will do so or consists of ingesting a substance in excess of its generally recognized therapeutic dosage. In this regard, suicide might be attempted by using different means through hanging, poisoning, cutting of body, shooting, trying to kill one-self, throwing or any other way to kill one's own self due to different causes.

Suicide is fatal act that represents the person's wish to die. There is complex process that involves a series of pathways and mechanisms that starts from initiation of suicidal ideation to planning for days, weeks or even years before acting, while others take their lives seemingly on impulse without premeditation. The Diagnostic and Statistical Manual of Mental Disorders defines suicidal ideation as thinking about, considering or making plans for suicide and suicidal attempt a deliberate, self- destructive act with a clear expectation of death that is non- fatal. The burden of suicide constitutes a serious public health issue in the world.

According to a global estimate by World Health Organization (WHO), around 800,000 people die due to suicide annually. This is corresponding to an age-standardized suicide rate – of around 11.5 per 100,000 people — a figure equivalent to someone dying in every 40 seconds. The worldwide burden of suicide is estimated to increase to 2.4% by 2020, and the rate of death due to suicide will be one person every 20 seconds. Suicidal acts result from a complex interaction of biological, psychological, sociological, cultural and environmental

factors. From the biological and psychological conditions, people with mental and neurological illness such as epilepsy are vulnerable.

Injury related to “self-harm” is one of the leading causes of global disease burden in many parts of the world. The burden is particularly high in high-income Asia Pacific countries and Eastern Europe, where the burden of disease caused by self-harm is ranked fifth and sixth, respectively. Self-harm related disease burden is reported to be relatively lower in Western Africa (ranked 69th) and Eastern sub-Saharan Africa (ranked 32nd). However, given the overall scarcity of data and stigma surrounding self-harming behaviors, this apparently lower burden in Eastern sub-Saharan Africa may be due to under-reporting or the dearth of studies reporting on the subject. For example, in a large scale international study coordinated by the World Health Organization involving 11 “developing” and 10 “developed” countries, the 12 month prevalence of suicidal ideation, plans and attempts were slightly higher among participants from developing countries.

Adolescent suicidal behavior, which is an important public health problem worldwide, is a neglected public health issue especially in middle- and low-income countries like Ethiopia (Berhanu, 2012). As he clearly stated that suicidal ideation occurs in all age groups and with greatest frequency in children and adolescents with severe mood disorders. Studies conducted by World Health Organization reported that in 2000, more than 800,000 people died of suicide around the world (WHO, 2000).

In fact, 85% of the over 800,000 annual suicide deaths are likely to occur in low and middle income countries (LMICs), where resources to prevent suicide deaths are severely limited. Suicide might indeed be a hidden cause of death in traditional societies because of the high level of stigma and associated religious and cultural condemnation

Suicide attempt among youth between the ages 15 and 24 has also been found to be relatively common on the continent, ranging from 12% of the study respondents in Southwest Nigeria to 28.3% in Benin in the last one year. There is relatively sparse information on the drivers of suicide attempt among adolescents in low-income countries.

A study done in China revealed scolding by parents, the experience of punishment, and family gambling was associated with suicide attempt. Loneliness, feeling depressed, tobacco use, and having no friends was associated with suicide attempt in Tanzania. Despite these scattered studies, the true extent of the problem especially in high school area in Ethiopia is poorly understood, as there have been very few studies in the country and statistics on suicide

are not significantly understood. This study begins to address this gap by determining the contributing factors of suicide attempt among adolescent high school students. Suicide is a serious, preventable public health problem that results in social, emotional, and economic consequences in families, friends, and colleagues. Suicide demands our attention and action even though its prevention and control are difficult. We hope that the evidence or the factors generated in this study will facilitate these efforts.

## **1.2 Statement of the Problem**

Adolescent suicidal behavior, which is an important public health problem worldwide, is a neglected public health issue especially in middle- and low-income countries (Berhanu, 2012). According to the study conducted by Berhanu (2012), suicidal ideation might occur in all age groups and with greatest frequency in children and adolescents with severe mood disorders. Although the problem is prominent in many middle- and low-income countries, in various instances it is not as such recognized. As a result, information on suicidal behavior, including ideation, attempts and completed suicides in Africa is lacking.

On the other hand, as shown by different researchers, factors that lead to and magnitudes of suicide ideation and attempt vary from country to country or from situation to situation. In Ethiopia, the problem of suicide ideation and attempt is not uncommon although there is a dearth of research that particularly investigated suicidal attempts among high school students.

Although most of the research on suicidal attempt and ideation among adolescents were conducted in high-income countries, recently there is a growing body of research that explores this health threat in low- and middle-income countries (Tadele, Solomon, Kelemua, & Tebikew, 2018).

Accordingly, many researchers tried to estimate the prevalence of suicidal attempt in several countries: 0.39% in India (Arun & Chavan, 2009), 2.7% in China (Xing, Tao & Wan, 2010), 3.8% in Vietnam (Nguyen, Dedding, Pham, Wright & Bunders, 2013). In Sub-Saharan Africa, death from suicide is estimated to be 34,000 per year (Mars, Burrows, Hjelmeland & Gunnell, 2014).

With respect to suicidal ideation, prevalence estimates in different studies tended to be higher than suicidal attempts: 7% in Tanzania (Dunlav., Aquah & Wilson, 2015), 6.2% in Seychelles (Wilson, Dunlavy, Viswanathan & Bovet., 2012), 18.4% in Guyana (Rudatsikira, Muula & Siziya., 2007), 31.3% in Zambia (Muula, Kazembe, Rudatsikira, & Siziya, 2007), 23.3% in

Benin (Randall, Doku. Wilson & Peltzer K., 2014), and 21.6% in Uganda (Rudatsikira, Muula, Siziya & Twa-Twa, 2007). Accordingly, the problem of suicide accounts for approximately 1.4% of the global burden of disease and is the second leading cause of death in adolescents globally (Tadele, Solomon, Kelemua, & Tebikew, 2018). In Ethiopia, suicide ideation is common and that it is more common among men than women (Kebede & Alem, 1999). However, as to what major factors contribute to suicidal attempt was not as such well-articulated. The problem appears to be still prominent particularly among Addis Ababa high school students regardless of age and sex as well as social status.

In general, suicide is a serious but preventable public health problem that results in social, emotional, and economic consequences in families, friends, and colleagues (Jans, Taneli & Warnke, 2012). Even though the problem of suicide ideation and attempt appears to be common in Sub-Saharan countries in general and in Ethiopia in particular, significant measures have not been taken to prevent it. This might be because of awareness related issues or lack of information that clearly shows the extent of the problem especially among adolescents. It might also be due to dearth of research that clearly shows the magnitude of the problem and the factors that contribute to suicidal attempt.

It appears that the problem of suicide ideation and attempt of high school students in Ethiopia is often left to families and to the students themselves. Policy makers and others concerned bodies do not appear to have given special attention to the problem. The researcher of this study was initiated or motivated to do this research after encountering five suicidal attempt cases in a single month. Because of her job in the health profession in a private hospital, the researcher often meets high school students who attempted to commit suicide. The adolescents were between the ages of 15-22 years and she saw that their suicidal attempts have led to severe mental and physical traumas. These students used different methods to kill themselves (e.g., taking drugs over dose, cutting their blood stream and strangulation). During their stay in the hospital, there was time when they were admitted to the intensive care unit and their families were in great tension. Finally, they got the necessary treatment in the hospital and they were able to survive. In this regard, the researcher felt that the changes in our way of life could be responsible for the suicidal attempts because family members no longer have adequate time to be together and discuss. This, in turn, may lead adolescents to feelings of loneliness and hopelessness, which could result in suicidal ideation and suicidal attempt.

As clearly identified in many studies especially in developed countries, the magnitude and causes of suicidal ideation and attempt vary from situation to situation as well as due to age, sex and other socio-economic factors. Therefore, the main aim of this study is to explore the main factors that contribute to suicidal attempt among high school students of Gulele sub-city, in Addis Ababa.

### **1.3 Objectives of the Study**

#### **1.3.1 General Objective of the Study**

The general objective of this study is to explore the major contributing factors associated with suicidal attempt among high school students in Addis Ababa, Ethiopia.

#### **1.3.2 Specific Objectives of the Study**

This study has the following specific objectives.

- ❖ To identify major factors that contribute to suicidal attempt among high school students in Gulele sub-city, Addis Ababa, Ethiopia.
- ❖ To explore the role of family, school and the community at large in the prevention of suicidal attempt among high school students in Gulele sub-city, Addis Ababa, Ethiopia.

#### **1.4 Basic Research Question**

- ❖ What are the factors that contribute to suicidal attempt among high school students in Gulele sub city, Addis Ababa, Ethiopia?

#### **1.5 Significance of the Study**

The findings of this study may help parents, teachers and the community at large understand the main factors that contribute to suicidal attempts among high school students. The knowledge of the contributing factors in turn could enhance the awareness of the families of high school students, the school management and teachers and the community at large and play important role in the effort to prevent future suicidal attempts by high school adolescents. In other words, knowing the factors would be the first step in planning and implementing prevention mechanisms to reduce the magnitude of suicidal attempts among high school students. While the above is the study's practical significance, the findings could also have theoretical contribution in the sense that it could bring to light some new contributing factors. Furthermore, the study could also serve as a reference for further studies in the area.

## **1.6 Scope of the Study**

One way of making a study on a problem more focused is by delimiting it. Delimiting research is giving full disclosure of what the researcher intends to do or does not intend to do. When a researcher can set the scope and delimitation of the study, one can make the research manageable. At the same time, this can direct the choice of research method to employ.

The present study investigated the factors that contribute to suicidal attempt among high school students in Gulele sub-city. The study focused on high school students because as the students are in their adolescence they generally tend to encounter more problems than do children or adults.

## **1.7 Organization of the Study**

This study was organized as follows. The first chapter provides a brief introduction, background of the study, statement of the problem, objectives of the study, basic research questions, scope and significance of the study and organization of the study. The second chapter is a review of literature including the conceptual, theoretical, and empirical review.

The third chapter of this research is all about methodology of the study including the research design, research approach, sampling design and sample determination, source of data, data collection tools and methods as well as method of data analysis and interpretation.

The fourth chapter is about the data presentation, interpretation, and analysis. Finally, chapter five provides summery, conclusion and recommendation of the study.

## **CHAPTER TWO**

### **2. Review of Related Literatures**

#### **2.1 Conceptual Review**

##### **2.1.1. Suicide**

Suicide is “a conscious of self-included annihilation, best understood as a multidimensional malaise in a needful individual who defines an issue for which suicide is perceived as the best solution” (Maris, 1997). It is applied to all cases of death resulting directly or indirectly from a positive or negative act of the victim himself, which he knows will produce this result.

##### **2.1.2. Suicidal Ideation**

Suicidal ideation is known as suicidal thought and is thoughts about how to kill oneself. Those might be as particular as a detailed arrangement, however without the suicidal act itself. Although most people who experience suicidal ideation do not confer suicide, some do move specifically to attempt suicide. The suicidal ideation range varies from fleeting thoughts to certain planning, role-playing, and unsuccessful tries, which could be each deliberately made to fail or are completely meant to achieve success but are dissatisfied via discovery. Suicidal ideation therefore suggests wanting to take one’s own life or considering suicide while not primarily making arrangements to commit suicide (Gliatto & Rai, 1999).

##### **2.1.3. Suicidal Behavior**

The nonspecific term “suicidal behavior” includes completed suicide, nonfatal anticipate self-harm (for instance suicide attempt, suicide motions, self-damage, self-poisoning) with or without a suicidal goal, suicide interchanges not including suicide threats: and suicide ideation (Donald, 1989). Three general classifications of “suicidal behaviors” are: Completed suicide, including all deaths in which wishful. Self-beset life-threatening act has brought about death. Suicidal attempt and Suicidal ideation “suicidal behavior” in the present research is limited to suicidal ideation.

##### **2.1.4. Suicidal Attempt**

The suicidal attempt is any demonstration of self-injury intentionally going for self-destruction (Stengel & Cook, 1958). Suicide attempt includes those circumstances in which an individual has played out a real or appearing life-threatening behavior with the purpose of

exploring his life or giving the presence of such goal, but which has not resulted in death. A suicidal attempt in the past research referred to a non-deadly act by the individual himself.

## **2.2. Theoretical Review**

One contemporary model of suicidal behavior is the Integrated Motivational-Volitional Model of suicidal behavior (IMV) (O'Connor & Kirtley, 2018; O'Connor, 2011). This model proposes that suicidal behavior is complex and results from a combination of pre-motivational, motivational and volitional factors. According to the model, some persons are more prone to develop thoughts of suicide because of personality characteristics such as high socially prescribed perfectionism (O'Connor & Kirtley, 2018; O'Connor, 2011). They may also be exposed to acute or chronic life stressors thereby increasing the likelihood that they will experience an adverse reaction to stress (O'Connor & Kirtley, 2018; O'Connor, 2011).

In the following sections, details of the factors included in the present study are outlined. As will be discussed in detail, previous research outside of Jamaica shows that all the variables under consideration for this study have been shown to be relevant risk factors for suicidal behavior among adolescents.

### **2.2.1. Stress**

Adolescence can be stressful especially because of the cognitive, emotional, biological and social changes that occur during this phase of development (Carballo, 2020; Compas, Connor-Smith, Saltzman, Thomsen, & Wadsworth, 2001; Tang, Xue, & Qin, 2015). Indeed, there is extensive evidence to suggest that exposure to chronic stress during adolescence creates deleterious psychological effects (Romeo, 2017). The main areas of the brain that are susceptible to stress include the amygdala and the hippocampus, both of which perform a major role in emotional regulation and memory (Eiland & Romeo, 2013). The pre-frontal cortex which is responsible for executive functions including planning and self-control is also susceptible to stress as well (Eiland & Romeo, 2013; Romeo, 2017). Some of the main stressors for adolescents include family conflict, financial difficulties, poor peer relations, romantic breakups, and poor school performance among others (Carballo et al., 2020).

### **2.2.2. Bullying Victimization**

Bullying is estimated to affect some 200 million children and youth globally and is therefore an important public health concern (UNICEF, 2015). It is a negative life event associated

with suicidal thoughts and behavior (Hawton, Saunders, & O'Connor, 2012) and is a pre-motivational moderator within the context of the IMV model. A meta-analysis of 80 articles has shown that the self-reported rate of traditional bullying is approximately 35% while cyber bullying was less prevalent, at approximately 15% (Modecki, Minchin, Harbaugh, Guerra, & Runions, 2014). For purposes of our discussion, we will be focusing on traditional forms of bullying, as it is more prevalent than cyber-bullying (Modecki, 2014; Noret, Hunter, & Rasmussen, 2020).

Bullying that will be used, is defined as unwanted aggressive behaviors carried out by a young person towards another young person who is neither a sibling nor a dating partner (Gladden, Vivoio Kantor, Hamburger, & Lumpkin, 2014). Usually, an imbalance of power exists between the perpetrator and the victim. Bullying takes various forms such as physical, verbal, and relational and can also include damage to property, and may be direct or indirect (Gladden, 2014). Being bullied is associated with mental health difficulties (Noret, 2020).

Very few studies have been conducted on the association between bullying and suicidal behavior in low-and middle-income countries such as Ethiopia. One large-scale study across 48 countries including Jamaica (Kim & Chun, 2020), that focused on the relationship between bullying and suicidal behavior was very insightful as it pointed to a pooled odds ratio of 3.06 for suicide attempts among those respondents who had been bullied in the period of 30 days prior to participating in the survey. The authors also found a prevalence rate of 10.7% for suicide attempts and 30.4% for bullying victimization (Kim & Chun, 2020). That is persons who were victims of being bullied. In one of the few mixed methods studies on bullying in Jamaica, the survey component conducted among 1,867 children from 70 schools across the island showed that approximately 65% of respondents reported having experienced bullying at some time bullied (UNICEF, 2015).

This figure is high in comparison to 80 the global rates of 32% (Elgar et al., 2015). One would expect the rates in Jamaica to be lower than global rates, given that the overall rates of deaths by suicide are low, however, that study did not examine the association between bullying and suicidal behavior among adolescents. Therefore, we do not know the association between bullying and suicidal behavior among adolescents in Jamaica. Several students who participated in the qualitative element of the Jamaican study conducted by UNICEF, were of the view that one of the most serious mental health consequences of bullying was suicide (UNICEF, 2015).

Sadly, suicide was also cited by students as one of the best ways to defend against bullying (UNICEF, 2015). While this qualitative study sheds some light on bullying in Jamaica, and points to a potential association between bullying and suicidal ideation or attempts among adolescents outside of Jamaica, we still do not know the nature of the relationship between bullying and suicidal behavior in Jamaica. This knowledge is critical to help shape tailored interventions as well as the development of an appropriate, culturally relevant, population specific suicide prevention policy in Jamaica.

### **2.2.3. Loneliness**

For most persons, loneliness is a transient phenomenon, whereas for others it can be long lasting and is associated with several adverse health outcomes (Stickley & Koyanagi, 2016). The concept of loneliness is the perception that one's social needs are unmet based on the quality and quantity of one's social relationships which results in feelings of distress (Hawkey & Cacioppo, 2010). Between late childhood and adolescence, the quality of one's social relationships gains importance (Qualter, 2015). Indeed, the nature and quality of friendships, of peer rejection, of bullying and of any lack of close friends may become predictors of loneliness in adolescence (Qualter, 2015).

Social support, however, may act as a buffer against loneliness if the support comes from friends or romantic partners but not from family members (Lee & Goldstein, 2015). Adolescents with high levels of loneliness are almost 11 times (OR=10.99) more likely to have reported suicidal ideation than their peers who experienced low levels of loneliness, while those with chronic levels of loneliness were more than seven times (OR= 7.41) as likely to report suicidal ideation than their peers (Schinka, van Dulmen, Mata, Bossarte, & Swahn, 2013). A recent large-scale study among adolescents in the Western Pacific revealed that students who are bullied are more likely to report loneliness than their peers who do not experience bullying (Sharma, Lee, & Nam, 2017). By extension, loneliness was associated with suicidal behavior, as well as poor physical and mental health outcomes.

### **2.2.4. Hopelessness**

Hopelessness is a belief that conditions will not enhance later on includes the desire of negative results consolidated with desires, that those negative results are out of one's control (Abramson, Alloy, & Metalsky, 1989). As per the hopelessness theory of suicide (Cornette,

Abramson, & Bardone, 2000), a negative subjective life works as helplessness for the development of hopelessness.

Hopelessness is a proximal reason for the manifestation of depression, including suicidal thoughts and behavior (Orden et al., 2008). Hopelessness has been characterized in a different way. Engel (1968) have characterized it as an emotional state showing the feeling of difficulty, the inclination that life is too much to deal with, and disregard. The person turns out to be extremely inactive and cannot anticipate constantly being in an alternate situation.

The lack of care results from his failure to adapt to the present and from a conviction that nothing will ever change. In Scotland's (1969) definition, hopelessness has been determined as a system of negative expectations concerning oneself and one's future life (Bruss, 1988). Hopelessness means a sense of impossibility, negative hopes for the future, loss of control in connection to the future, inactive acknowledgment or the worthlessness of wanting to accomplish goals (Campbell, 1987).

Despair means an absence of hope, while hopelessness implies an offensive type of despair, where all hope is lost (McGee, 1984). Many authors have depicted hopelessness as being orientated to or focusing on the past (Bruss, 1988; Cutcliffe, 1997; Collins & Cutcliffe, 2003; Engel, 1968). McNaught and Spicer (2000) emphasized that hopelessness has not been characterized as having any desires without bounds but as having negative desires without bounds and recommend that the future of hope does not really mean the absence of hopelessness; the capacity to take control and end one's own suffering can give an individual hope without moderating hopelessness.

### **2.2.5. Causes of Suicidal Ideation and Attempt**

Social, psychological, cultural and other factors can interact to lead a person particularly high school students those of grade nine to twelve to suicidal behavior, but the stigma attached to mental disorders and suicide means that many people feel unable to seek help.

In this regard, there are common causes and risk factors for suicidal ideation include, Hereditary, physical, and environment.

**Hereditary:** People those are naturally belonging to families with mental illness or suicidal thoughts are at a higher risk of creating suicidal thoughts or emotional sickness themselves. However, there is a hereditary part to suicidal ideation and maladjustment. Not everyone who

has a family history will create suicidal ideations, nor each one of the individuals who have suicidal ideation has a family history of the disorder (Cannon, & Hudzik, 2014).

**Physical:** The physical cause is a kind of thought process that particularly changes the structure and capacity of the cerebrum through low levels of the neurotransmitters „dopamine and serotonin“, and it can build the risk for emotional instability, including those that cause suicidal thoughts and behavior (Goodwin, & Jamison, 2007).

**Environmental:** Those who are barraged with rehashed, negative life occasions and experience steady levels of major stress that overpower their capacity to adapt are at higher threat of suicide. Also, those presented to other people who passed on by suicide are at more serious risk for creating suicidal ideation themselves. The most common situations or lives occasions that may bring about suicidal thought are the pain, sexual abuse, financial issues, regret, dismissal, relationship, separation and unemployment (Rockefeller, 2017).

According to world health organization (2014), an estimated 804 000 suicide deaths occurred worldwide in 2012, representing an annual global age-standardized suicide rate of 11.4 per 100 000 population (15.0 for males and 8.0 for females). However, since suicide is a sensitive issue, and even illegal in some countries, it is very likely that it is under-reported.

In countries with good vital registration data, suicide may often be misclassified as an accident or another cause of death. Registering a suicide is a complicated procedure involving several different authorities, often including law enforcement. And in countries without reliable registration of deaths, suicides simply die uncounted. In richer countries, three times as many men die of suicide than women do, but in low- and middle-income countries the male-to-female ratio is much lower at 1.5 men to each woman (WHO, 2014).

Globally, suicides account for 50% of all violent deaths in men and 71% in women. With regard to age, suicide rates are highest in persons aged 70 years or over for both men and women in almost all regions of the world (WHO, 2014). In some countries, suicide rates are highest among the young, and globally suicide is the second leading cause of death in 15–29-year-olds. The ingestion of pesticide, hanging and firearms are among the most common methods of suicide globally, but many other methods are used with the choice of method often varying according to population group.

Many different theories of suicide have been proposed over the last century. These include biological (Oquendo et al., 2014) and sociological approaches (Durkheim, 1897), and

psychological theories that conceptualize suicide as a phenomenon related to the following: psychache (Shneidman, 1993); escape from aversive self-awareness (Baumeister, 1990); hopelessness (Beck, Steer, Kovacs, & Garrison, 1985); emotion dysregulation (Linehan, 1993); perceived burdensomeness, thwarted belongingness, and capability for suicide (Joiner, 2005; Van Orden et al., 2010); defeat, entrapment, and low social support (Williams, 2001); various diathesis-stress models (Mann, Waternaux, Haas, & Malone, 1999; O'Connor, 2011; Wenzel & Beck, 2008); and “ideation to action” frameworks (Nock, Kessler, & Franklin, 2016 for a discussion), among several others. Each of these approaches is actively researched, with several relevant publications each year. Such diversity is healthy for a young field but may not be a good sign for the suicide research field, which has been around since at least Durkheim (1897).

In many other fields, a broad set of early theories gives way to a dominant paradigm (or a small set of paradigms) that eventually shifts to new paradigm to account for anomalous findings (Kuhn, 1962/2012).

The current theoretical diversity of the suicide research field means that it is still in a preparadigmatic phase. Each STB theory specifies a unique set of risk factors (or specifies a unique relation among a set of risk factors) that drive STBs; each of these theories (and by extension, each set of risk factors) cannot completely explain STBs. It is therefore likely that some of these theories are largely inaccurate, others are partially accurate, and still others may only apply to specific populations or situations. For the field to progress to a paradigmatic phase, empirical data must be employed to winnow the accurate theories or accurate theory elements from the less accurate theories. The present meta-analysis can facilitate this winnowing process by: (a) determining whether the risk factor data necessary for theory evaluation exists; and (b) if so, testing the existing risk factor literature to ascertain which theories or theory.

### **2.3. Empirical Review**

There are several studies in the focal point of suicidal ideation and attempt especially in the developed world. However, in low-income countries also there were several attempts especially in the past ten to fifteen years. Following this fact, Berhanu Wordofa (2012), states a study which entitled Prevalence and Associated Factors of Suicidal Ideation and Attempt among High School Adolescent Students in Fitch Town, North Showa, Oromia Region, Ethiopia, 2012: Institutional Based Cross Sectional Study.

In this study, he tried to assess the prevalence and associated factors of suicidal ideation and attempt among high school adolescents in Fitch town high school. Since, Adolescent suicidal behavior, which is an important public health problem worldwide, is a neglected public health issue especially in middle- and low-income countries including Ethiopia. In this study, institutional based cross-sectional study design was conducted from February to April/2012 involving 758 students. Data collected using a pretested structured self-administered questionnaire containing socio-demographic variables, associated factors, suicide ideation and attempt, the method of suicide attempt and reason for their attempt. Binary logistic regression was computed to determine the relations between associated factors, and suicide ideation and attempt.

Accordingly, a total of 758 subjects were participated with a response rate of 95.3%. The prevalence of lifetime suicidal ideation and attempt were 20.5% [males=17.6%, and females=23.8%] and 12.5% [males=11.1%, females=14.0%], respectively. Being female, having no social support, being disappointed with school results that lead failure in study, having family history of suicide, having felt lonely and feeling of hopeless that stopped doing usual activities seemed to be associated with suicide ideation and attempt. Life-time experience of being alcohol drunk and khat chewing were positively associated with suicide ideation but not with suicide attempt. Most adolescents used to hang as a method of attempting suicide in both sexes with higher number of preferences in males, but poisoning was preferred by females.

Aftermath, the researcher concluded that the prevalence of suicide ideation and attempt were high which shows a significant public health issue among school going adolescents that requires a great emphasis.

On the other hand, Tadele A., Solomon M., Woldeyhannes, Kelemua H., and Tebikew Y., (2018), were conduct a study which entitled prevalence and associated factors of suicide ideation and Attempt among Adolescent High School Students in Dangila Town, Northwest Ethiopia. As it is clear, suicide is a major public health problem and is common among adolescents worldwide. The true extent of the problem in Ethiopia is difficult to ascertain as suicides and suicidal behavior are significantly underreported and understudied. In this study, the main aim of the study was to assess the prevalence and factors associated with suicide ideation and suicide attempt among adolescent high school students in Dangila Town, Ethiopia.

This, school-based cross-sectional study was conducted from April to May 2015 in Dangila Town. Data were collected from adolescent high school students using pretested, self-administered Amharic-language questionnaire. They conducted bivariable and multivariable logistic regression to identify the independent factors associated with suicide ideation and attempt. The result of the study shows that a total of 573 of 603 sampled students participated in the study (95% response rate). The mean ( $\pm$ SD) age of the respondents was 17.52 ( $\pm$ 0.97) years. The minimum and maximum ages were 15 and 19 years, respectively. The prevalence of suicide ideation and attempt was 22.5% and 16.2%, respectively. School absenteeism [AOR 4.30, 95% CI (2.03, 9.10)] and poor social support [AOR 5.58, 95% CI (2.25, 13.84)] were positively associated with suicide ideation. Poor social support [AOR 4.55, 95% CI (1.40, 14.77)] and being physically hurt [AOR 4.25, 95% CI (1.77, 10.20)] were positively associated with suicide attempt. Unlike previous studies of adolescents in low-income countries, they find no association between gender or alcohol use and suicidal thoughts or attempts.

The conclusion of the study revealed that at least one in five of the adolescents in the study sample had experienced suicide ideation and one in six had attempted suicide. School absenteeism, poor social support, and experience of violence were identified as independent contributors to suicide ideation and attempt.

In this sphere, as the researcher of this study has assessed the problem of suicidal ideation and attempt was not as such clearly and deep rooted studied. Specially, high school student's suicidal ideation and attempt is not well researched rather there are some studies on college students to some extent particularly in Addis Ababa. Therefore, the main aim of this study is that to assess the major contributing factors associated with the suicidal attempt in some selected high schools in Addis Ababa, Ethiopia. To sum up, the findings of the above and other studies reveal that a variety of variables are linked to suicidal thoughts and attempts among high school students. Disparities in the research-related elements that led to suicide thought and attempt may have stemmed from the contextual setting of the studies, as well as the divergence of their methodology, as well as inter-personal and socio-cultural aspects. As a result, additional studies should be conducted on the subject, particularly in Ethiopia, where there is a severe lack of studies and data.

## **CHAPTER THREE**

### **3. Research Methodology**

#### **3.1. Description of the Study Area**

In this study, the study participants were selected from one private secondary school named Enat Secondary School. Enat Secondary School is located in Gulele sub-city in Addis Ababa, Ethiopia. The school was founded in 1983 E.C. The school gives service to students beginning from Kindergarten to Grade 12. There are 50 teachers and 30 members of the administrative staff. There are a total of 907 students in the school. Whereas 385 of the students study in Grades nine through 12, the remaining 522 students are in Grades one through eight.

#### **3.2. Research Design**

Since the objective of this study was to explore the factors that contribute to suicidal attempt among high school students in Addis Ababa, Ethiopia, the researcher employed qualitative research that focuses on identifying and analyzing the themes that emerged from the interviews conducted with the participants.

The researcher preferred to hear from the participants themselves about the experiences they went through before and after their suicidal attempts. This calls for a qualitative research approach which relies more on the participants' ideas and their willingness to share their experiences so that others can learn from them.

#### **3.3. The Study Participants (or Sources of Data)**

The study used primary data, which were collected from six high school students. The participants study in Enat Secondary School, one of the private secondary schools which is located in Gulele sub-city in Addis Ababa.

The six students were selected using purposive or judgmental sampling technique. That is, the six students were selected because they previously attempted to end their lives. In relation to their suicidal attempts, the students have been attending a counseling program led by the school counselor. The researcher approached the school counselor and informed the purpose of the study and got permission from the school management to conduct the study with the selected high school students.

### **3.4. Data Collection Tools and Methods**

The researcher used qualitative research method for data collection. More specifically, the data for this study were collected using in-depth interview with the selected students. First, the researcher prepared an interview guide that help start the interview with the students. The interview guide consists of few questions but the students were not restricted to answering the questions raised in the guide. The researcher sometimes followed up the participants responses through questions. In short, the study employed a semi-structured interview method to collect data from the high school students.

### **3.5 Method of Data Analysis**

The researcher used thematic analysis to Qualitative data were collected by using open-ended questionnaire through an interview and analyzed in the form of thematically analysis, which is identifying, analyzing, and reporting pattern's themes within the data. Therefore, the researcher collects a great deal of qualitative data to describe details about contributing factor, family support, and effect of psychological attack to the suicidal ideation and attempts. The qualitative data were analyzed in the form of sentences and meaning which is obtained through interview techniques.

### **3.6 Ethical Considerations**

The researcher first secured a support letter from the School of Psychology, College of Education and Behavioral Studies, Addis Ababa University, requesting cooperation of the school management. The letter indicated who the researcher is and the purpose for which she collects data. Presenting the letter to the school management, the researcher obtained permission to conduct the study. Students were approached through the counselor who helped in facilitating the data collection process.

Ethical issues are critical issues that need to be considered when conducting research. This research was conducted in a manner that maintains ethical standards. First, the students were informed about the purpose of the study by the researcher and their willingness to participate was sought after informing them about the study and its objectives. All six students provided their consent to participate in the study. They were also told that the information they provide would be used only for research purpose. The participants were further told whatever information is presented in the research, it would not be linked to names of the respondents. In other words, anonymity of the participants would be ensured. Moreover, they were also informed of the confidentiality of the information.

## CHAPTER FOUR

### 4. Findings and Discussion

This chapter presents findings of the study and discussion of the main findings in relation to the research questions raised initially. The study relied on data that was collected through semi-structured interviews, which were held with six high school students who had previously attempted to end their lives.

#### 4.1. Characteristics of the study participants

The researcher interviewed six high school students using semi-structured interview guide. The students' characteristics are presented in the following table.

**Table 1. Demographic characteristics of the study participants**

<b>Identification of Case</b>	<b>Sex</b>	<b>Age</b>	<b>Grade</b>	<b>Religious Affiliation</b>	<b>Currently lives with</b>
Case 1	Female	20	12	Christian	Her aunt
Case 2	Male	18	10	Muslim	His aunt
Case 3	Female	18	10	Christian	Both biological parents
Case 4	Male	19	11	Christian	Father and step mother
Case 5	Female	21	12	Muslim	Mother and step father
Case 6	Female	18	11	Christian	Both biological parents

As shown in Table 1 above, the study participants comprised six (four female and two male) high school students. They are students in Grades 10-12. Their age ranges between 18 and 20 years. In terms of religion, whereas four of the students are Orthodox Christians, the remaining two were Muslims.

The students reported with whom they reside at the time of the interview and except two of them who lived with both of their biological parents at the time of the interview, the others were not living with both of their biological parents. Instead, two of them were living with their aunts whereas the remaining two were living with one biological parent and one stepparent.

## **4.2. Themes that emerged from the interviews**

The interviews attempted to explore the experiences of the students before and after their suicidal attempt. In other words, they were asked to explain about their life experiences before their suicidal attempt, what they did during their attempt to end their life and what they felt after their suicidal attempt. Based on the interview transcripts, the researcher identified several themes that show the students' experiences before, during and after their suicidal attempt. The themes were

- Parental conflict or disagreement
- Separation of children from their biological parents
- Poor treatment of adolescents by parents or other relatives
- Death of loved ones
- Feelings of loneliness and hopelessness
- The main reason for the suicidal attempt
- Feelings after the suicidal attempt

### **4.2.1. Parental conflict or disagreement**

While discussing their life experiences before their suicidal attempt, two of the participants (Cases 1 and 6) raised in the interview session the issue of parental conflict or disagreement of their biological parents that they themselves witnessed or heard from other relatives.

One of the participant (Case 1) told the researcher about her biological parents as follows.

I was born and brought up in Addis Ababa. My parents were not legally married. My mother was still a student when she gave birth to me. After my birth, my parents could not live together. They used to fight (quarrel) every now and then. My mother left me with my father's mother and went to an Arab country. My aunt is the one who told me about all these.

Even though she was not happy talking about her biological parents, she was happy when talking about her grandmother. She said, "I was living happily with my grandmother and aunt. Up to fifth grade, I was a very good student. My father used to take me out; he also used to do everything for me."

The second interviewee who explained her experiences before her suicidal attempt emphasized the point that her biological parents appeared to be not happy about their marriage because they used to quarrel every now and then and that she has witnessed their disagreements several times. Remembering what she witnessed during their quarrel, she said,

My mother often stays at home while her father often leaves after their conflict. He is the breadwinner for the family. After my father left, my mother would sit down and cry a lot for a long time. She often describes that it is her bad luck that she met him and married him. I would always cry along with her because I love my mother very much.

As shown above, two of the students had experiences of witnessing or at least hearing from another relative about the conflict their biological parents were going through. These conflicts appeared to mark their early experiences in their family and they still remember some of the incidents during the conflicts that make them sad.

#### **4.2.2. Separation of children from their biological parents and living with relatives**

While many students are lucky enough to have both their parents and live with them, some others are not so lucky. Some would be forced to live with other relatives even if they are not happy. One of the six participants (Case 1) of this study indicated that she was separated from her mother early in her life and that she does not know her mother. The student (Female, Grade 12 student) did not have the chance to live with her father either.

As indicated above, her mother left her early in her childhood with her grandmother and aunt. Following this, the researcher asked her about whether her father was living with them. She answered,

No, he was not living with us. At the time, he was living with his other wife and two children. After the death of my grandmother, my father used to visit us less frequently. I used to ask my father about my two brothers and my mother but he would be very angry and would tell me nothing. (Case 1)

The student wanted to know about her mother and her half-brothers but the father was not willing to tell her anything about them. She has heard that she has brothers but she was not able to meet and play with them.

Another student who faced separation from biological parents is Case 2 (Male, Grade 10). He told the researcher his early experiences as follows.

I am a 10<sup>th</sup> Grade student; I am 18 years old. I was born in Addis Ababa. For some time, I lived in Addis. My mother died when I was one year and seven months old. This created inconvenience to my father's work and thus he took me to my grandparents in a rural area. I stayed there until I became 7 years old. Then my father brought me back to Addis and started living with my father and his sister, who were living together

Although finally the student started living with his father, he was forced to go to the countryside to live with his grandparents. Because the student has to move from one place to another, this has created problem on his schooling and he started school late..

#### **4.2.3. Poor treatment of adolescents by parents or other relatives**

In general, the information obtained from the interviewees indicate that the relationships of the students with their biological parents or relatives with whom they live are weak or not close enough. Besides, even though some of the students live with their biological parents, they felt that their parents' treatment is not good. For different reasons all the six participants characterized their parents' or relatives' treatment as poor.

Case 3 (Female, Grade 10) lives with her biological parents. She had two younger brothers. Her parents are business people. She describes her relations with them as follows.

My relation is not that good. They give their time and everything to their work. They come home at night. They do not discuss matters with us. There is no such experience in my family. Because they fulfil whatever we want, they think we are happy. However, that was not the case. Particularly after I reach secondary school, I often think about this every day. One day, I wanted to know the reason and I told them that I have something to discuss with them and asked them to be home early. They did not arrive early and I was very mad because I thought my case did not worry them at all and that they do not even care about what I wanted to discuss with them. In the morning, my mother came to my room and told me that she is sorry that they could not arrive early last night because they had other matter to attend to. After that, she rushed out of my room. This saddened me even more. Most of the time, I

follow social media particularly about family affairs. I also know from social media several good stories about good families. I was asking myself as to what happened to my parents. I was thinking about this most of the time. This makes me restless. As I told you earlier, we do not have close relationship either with my mother or with father's families except visiting them occasionally. I did not know who to talk to about the matter and that makes me even more anxious. (Case 3)

One can observe from what the interviewee said that for parents, the most important thing appears to be fulfilling material necessities for their kids. However, the children did not appear to consider the issue that way. They appear to think that parents should be very close to their children at least after work. According to Case 3, for example, her and her brothers' material needs are fulfilled and there is as such no problem in this regard because their parents are wealthy. According to her, the main problem in their family is that the parents do not spend time with their children.

Others (e.g., Cases 2 and 1) feel differently because they are not so lucky to live with their biological parents. Case 2, for example, used to live with his father and aunt but his father died after sometime and he was forced to live with his aunt's family. Asked about his relationship with his aunt's family, he described his experience as follows.

I do not have good relations with family members. We do not talk with each other much. I stayed in my own room mostly and sometimes I quarrel with them and get out of the house. I was not in good terms with some of my teachers either. I often fight. I have good relations with my friends because most of them do not know my bad behavior [stealing].

The researcher asked Case 2 to clarify what the problem was, and he continued explaining the relationship he had with his aunt's family members.

Because of my past behavior [stealing], they do not trust me. My aunt's daughter keeps the family's money. She knowingly used to tell my aunt and her husband that she lost some money and that I was the one who stole her. They are often in conflict with each other because of me. I feel sorry that I am the reason for their disagreement. (Case 2)

In a similar fashion, Case 1 described her relationship with her aunt as follows. In fact, she emphasized the fact that she was happy when her grandmother was alive but that changed soon after her death when she started living with her aunt alone. She said,

My relationship with family members is not good. As I told you, after my grandmother's death, I live with my aunt only. My other aunts do not come to our house; my aunt would not let me visit my other aunts either. Even when they rarely visit us, my aunt does not let me be with them. She had addictions after she came back from the Gulf; because she thinks I would tell them about her addictions, she often orders me to do something to make me busy. In general, there is no discussion in the family. (Case 1)

One can observe from the experience of Case 1 that her aunt treats her badly just to hide her own addictions from others. She used to restrict the girls' movements and relationships with other relatives (her aunts) and her friends again for fear that the girl will tell them about her addictions. As a migrant returnee from an Arab country, she had developed addictions (chewing chat and smoking cigarettes).

The other students (Cases 4, 5 and 6) also described their relationships and it is not difficult to observe that all six had a common experience. In other words, the relationship of all six students with their families was not good for one reason or another. Even living with one's own biological parents (Cases 3 and 6) does not guarantee good treatment by parents. While Case 6 has a sad mother whom she loves very much, her relationship with her parents is not good simply because her mother and father often quarrel with each other. The other two cases (Cases 4 and 5) attribute their poor relationship with their parents to their stepparents. They felt that their stepparents are the main reasons why they are not close enough to their parents.

Overall, it is not difficult to observe that the students were sad when they talked about their relationships with their parents or relatives. It is clear from the interviews that their relationship with their parents or relatives are poor. While only one of them only (that is Case 2) indicated that he is also responsible for the poor relationship he had with his aunt's family, the remaining five cases attributed the poor relationship to their parents, stepparents or relatives.

#### **4.2.4. Death of loved ones**

Another theme that emerged from the interviews was death of a loved one. One example is the grandmother of Case 1. Case 1 lived with her grandmother and aunt very happily even though she did not have the chance to live with her biological parents. Her grandmother used to love her very much and vice versa. She explained her experiences of loss of her grandmother in the following manner.

My grandmother used to be ill most of the time; one day, she became very sick and she was taken to a hospital. She never returned to her home; she passed away. The death of my grandmother was very difficult to me. My aunt came back when she heard the death of my grandmother and I continued living with her. Life was not the same nonetheless.

A male interviewee (Case 2) told the researcher that during his childhood he lost his mother and used to live with his father and aunt. Nevertheless, when his father died, the way he felt changed and he became hopeless. He said, “After the death of my father, everything became dark for me. My father was everything for me. I loved my father very much.” According to this participant, after the death of his father, he started behaving in a different way. He started smoking and stealing money from his relatives.

Both participants (Cases 1 and 2) lost their loved ones and that led them to hopelessness. Life was also difficult for them after the death of their loved ones and they had faced problems that are even more difficult after that which made them hopeless.

#### **4.2.5. Feelings of loneliness and hopelessness**

The students reported that they had no one to talk to after school. While in some families, the parents are away at work, in some other families, the relatives are not willing to talk to the students. For this reason, they often stay in their room alone. One of the participants talked to the researcher about this in the following way.

We had a housemaid in the past but no more; now I am the one who is responsible for the household chores. When I finish doing these, I will stay in my room. I try to read but I feel anxious and sad. Sometimes, even though I like to talk with my aunt going to the living room, she does not show me good face. Losing hope I go back to my room and start crying. I have no known

illness but mostly I have a headache. I suffer from anxiety because I have no one to speak to. I often take painkiller. By the way, I used to speak with our housemaid whenever I feel anxious and that used to make my suffering easier. Now that is no longer the case. (Case 1)

Another interviewee, a female from a wealthy family (Case 3), live with both parents but the parents do not have time to spend with their children. Because the parents did not spend time with their kids, she felt often lonely. Mostly after school, she spend her time alone in her room. According to her,

The moments when I was very happy are very limited. Since I became mature, I always think about my family and that makes me unhappy. I hear a lot from my friends how they spend time with their parents. They are very close to them and that makes me sad. I always hope that my family behaves the same way. I tried to talk with them but failed many times. Sometimes, I wish I were a baby so that I can sleep on my mother's lap while her fingers move through my hair. I also want to go out with my father. When I think that we have everything but we do not have love and closeness, I wish we had nothing but love. (Case 3)

Case 2 further indicated that he lost hope after the death of his father. He lived with his aunt's family but he felt that he was lonely. He further symbolized the world around him as full of darkness showing that he lost all hope.

Talking about feelings of hopelessness and loneliness, Case 1 said the following.

I believe that no one is on my side [feeling of loneliness]; even my aunts were not willing to approach me. My father did not have any space or time for me except paying my school fees. Besides, my school results are not as good as I wish them to be. All these made me hopeless. (Case 1)

The other interviewees also indicated one form of loneliness or another because of their parental treatment. Case 6 told the researcher that her father is the problem and that she saw no improvement in her parents' relationship. They often quarrel and the conflict of her parents made her lose hope. Similarly, Cases 4 and 5 could not see any improvement in their relationship with their stepparents and that made them feel lonely.

In sum, it appears that all six participants experienced feelings of loneliness and hopelessness for different reasons and these feelings stayed with them for a long time before their suicidal attempts. Because all the participants commonly experienced these feelings, feelings of loneliness and hopelessness appear to be experiences or feelings that occur before a suicidal attempt.

#### **4.2.6. The suicidal attempt and major reasons**

The researcher, after posing direct and follow-up questions to the interviewees, she asked the students about the happiest and saddest times in their life. The interviewees' responses were more or less the same. That is, all of them described their saddest times in detail but indicated that they did not remember much about the times when they were very happy.

All of them remembered the days just before their suicidal attempt as the saddest time in their life. Case 3, for example, lost her mobile and asked her father to buy her another. Her father did not say anything to her but was not willing to buy her mobile. But after repeated reminders from her, her father told her something that made her very sad. According to her,

... Once I lost my mobile. It was expensive. Because I used it to watch social media which makes me forget things I don't like to think about. I was a bit scared. I told about it to my father; he was not disappointed about it but left without saying anything. The next day, I remember it was Saturday, he came home and I went closer and reminded him to buy me the mobile. He told me that I did not need it and I have to focus on my education and left. I was very sad and cried a lot in my room. After few hours, my father came back and I asked the same thing again. He left without giving any response to my questions. I went back to my room and attempted to kill myself by swallowing many expired tablets. (Case 3)

The researcher asked her to describe the major reason why she wanted to end her life. In response, she said

The suicide I attempted was because they [her parents] did not give me time. They did not do what is expected of them. They did not know what a mobile means to me. Mobile for me was like a replacement; I get from social media the things I missed from them. To some, this may appear something odd but it is essential for me. (Case 3)

Case 1, on the other hand, was unhappy living with her aunt because she did not allow her to meet anyone, friend or relative. She told the researcher that most of the time, she was unhappy after the death of her grandmother because she did not meet anyone simply because her aunt has addictions and that she did not want others to know about her addictions. Asked about how she went through her saddest times, the girl said,

Most of the time, I cry. Once, however, my aunt and I quarreled and she told me that I am good for nothing and that I am a burden to her. She was very serious at the time and I was very sad. I could not see any meaning in my life. After insulting me, my aunt went to the living room. I also went to my room and cried a lot but I could not stop there. I went to the bathroom and tried to cut my hand (the blood stream) using a razorblade. I was very angry at the time and ending my life was nothing for me. (Case 1)

She explained that after her suicidal attempt, she fell unconscious in the bathroom. After many minutes, her aunt's friend came to the bathroom accidentally and found her. She said, "When I wake up, I found myself in a hospital. They told me that I was bleeding a lot and that I was unconscious. I got support in the hospital and they told me to see a psychiatrist. However, after I returned home, I never saw a psychiatrist."

One can observe from the suicidal attempts of Cases 1 and 3 that the main factor, according to the students, was treatment of parents or relatives. The fact that their parents/relatives were not close to them and that the students have no one to talk to except watching their mobiles feeling lonely in their room made them hopeless and led them to their suicidal attempt.

The other cases also attribute their suicidal attempt to their parents' or relatives' poor treatment. What is common in the six students is the fact that they did not have good relations with their parents or relatives. Case 2 explained why he decided to end his life as follows.

At some point, school fees were accumulated. My aunt's children were attending the same school with me. They gave me the school fees to pay. However, the school fees were more than the money I had. Because of this, the school withheld one of the kid's results. At the time, they told me that they gave me to pay all the school fees. They also told me that this is my problem and that I have to pay it myself. I was sure that was not my problem and I tried to make them understand but I was not successful. There was a mobile lost in the family and they even suspected that I stole the mobile. For

this reason, I left their house and started spending the day with my friends and the night in a mosque. (Case 2)

Because his relatives did not trust him, he decided to end his life. He explained what he did as follows.

I tried to hang myself using a string (rope) in a forest in the afternoon. I prepared everything the previous night. After I put my neck in the string, I was afraid of tying and making it tighter against my neck. I convinced myself saying that I was not happy on earth and doing this would further put me against God's will. I then left the place. Nevertheless, I often think about ending my life. I have the same idea now. I have no one close to me; I have no one to talk to. (Case 2)

In summary, the major factor that contributed to the suicidal attempts of all students appeared to be bad treatment of the students by their parents or relatives. It also appears that what is considered important by parents or relatives is somewhat different from what is considered important by the students. Parents or relatives often work hard to fulfil material needs of their kids but that is not enough for the children. The students consider the love and closeness they experience with their parents and relatives as more important.

#### **4.2.7. Feelings after the suicidal attempt**

The girl (Case 1) attributed her suicidal attempt to her aunt's treatment. She pointed out that she did not have any regrets for her attempt to end her life immediately after her attempt. At the time of the interview, however, she reported that she regrets her attempt to end her life because of her mother who will eventually come back to see her and who will be very sad if she finds out that her daughter had killed herself.

She explained her ideas as follows.

To be honest, at the beginning the fact that I was not successful made me angry. The main reason was the fear that my aunt's insults would be worse than before given that I attempted to end my life. However, as time goes by I started thinking otherwise; Had I succeeded in killing myself, I would not have the hope to see my mother one day. I would think that perhaps when she comes back to see me, what would she feel if I were dead? Now, I do not have the idea of ending my life even though I am not in a good condition.

Because I keep waiting for my mother, I would try to resist any difficulties with God's help. (Case 1)

As opposed to Case 1, Case 3 had no regrets that she tried to end her life. She said,

Honestly speaking, I am not happy that I am alive. The attempt left me with many side effects. Now, I have medicines that I take permanently. I also attend a psychiatrist. This disturbs me a lot. At present, both my father and mother are very close to me. I wish this had happened earlier. Today, I do not have freedom. They follow me in my moves. This disturbs me. On the other hand, I regret the fact that my brothers know that I did this. (Case 3)

Case 2, on the other hand, avoided killing himself believing that such an act is not God's will and the act invites further punishment from God. Unfortunately, even though his belief helped him to avoid ending his own life, he still thinks about suicide occasionally. At the time of the interview, he reported that he is thinking about suicide and making another attempt.

In summary, the findings suggest that once they attempted to end their life, some adolescents may regret thinking that they have a dream and that life is worth living until they realize their dreams. For Case 1, meeting her mother is a dream so she wanted to live until she meets her mother. Others do not have any regrets that they attempt to end their life because of the side effects they are suffering. Case 3 is a good example. Others (e.g., Case 2) have ideas that fluctuate from time to time. Sometimes they appear to regret whereas other times they think about suicide again.

### **4.3. Discussion**

The purpose of this study was to explore factors that contributed to suicidal attempts among high school students. The study investigated the experiences of six high school students who had the experience of suicidal attempt.

The findings clearly showed that parental treatment or treatment of children by their relatives is the major factor that contributed to the suicidal attempts of all six students. The findings also showed that there is a mismatch between what adolescents and their parents or relatives consider important. For adolescents, the love of their parents or relatives and how they treat them and how close they are to the adolescents is considered important. Parents or relatives,

on the other hand, work hard, to fulfil material needs of their children. For some parents, treating children with love is not that important.

Another important point that the study findings shed light on concerns feelings associated with suicidal attempt. All of the participants in this study experienced feelings of loneliness and hopelessness. They experienced loneliness because they had no one to talk to and they stay in their room alone after school.

The participants also reported feelings of hopelessness because they saw no improvement in their relationship with their parents or relatives from time to time. They saw rather worsening conditions and that led them to hopelessness.

The findings also showed that participants had a combination of regrets and no regrets after the suicidal attempt. Immediately after the suicidal attempt, most did not have any regrets that they attempted to end their life perhaps because they did not have time to analyze the overall idea of suicidal attempt and the main reason why they wanted to end their life. But after some time, some clearly regret their suicidal attempt while others still had no regrets that they tried to kill themselves. The findings further indicate that one of the participants still think about suicide and the idea of suicide came again and again to him.

Overall, the findings suggest the importance of close relationship between parents and their children whether the latter are children or adolescents. One of the students (Case 3), for example, suggested that parental love and treatment is more than anything including material wealth.

The findings suggest that awareness creation among parents or sensitizing parents and relatives on the importance of treating children is an important first step in preventing suicidal attempts among adolescents in general and high school students in particular. The main problem appears to be the awareness of parents that their love and treatment of their children make a difference.

## **CHAPTER FIVE**

### **5. Summary of Major Findings, Conclusion and Recommendations**

This section contains summary of major findings and conclusions that are drawn from the findings of the study, which are presented and discussed in chapter four. In addition, the chapter includes the recommendations that are put forth to prevent suicidal attempts among high school students.

The objective of this study was to explore the factors that contribute to suicidal attempts among high school students in Addis Ababa. Data obtained through in-depth interviews with six purposively selected high school students indicate that parental love and treatment of adolescents is the major factor that contributed to suicidal attempts among the high school students investigated. All the participants were not happy how their parents or relatives treat them. In fact, only two of the six participants were living with both biological parents. Two of them live with their aunts whereas the remaining two live with one biological parent and one stepparent. Irrespective of their living arrangement, all of them reported to have poor relations with their parents or relatives and attributed the problem to the poor treatment they received from their parents or relatives.

Other findings also indicate that feelings of hopelessness and loneliness on the part of adolescents often occur before suicidal attempts. This was the case with all six participants.

#### **5.1. Conclusion**

Based on the findings, one may conclude that parental love and treatment or relatives' love and treatment are the major factors that contribute to suicidal attempt. One may also conclude that feelings of hopelessness and loneliness often accompany suicidal attempts among high school students.

## **5.2. Recommendations**

Suicidal attempt is a public health problem that needs the collaborative efforts of many stakeholders. Based on the findings of this research, the following recommendations are put forth. The recommendations help to prevent suicidal attempt among adolescents in general and high school students in particular.

1. The need for sensitizing parents and relatives on the importance of parental love and treatment for children's and adolescents' mental health

The findings suggest that if parents or relatives love and properly treat their children, the rate of suicidal attempt would be very small. Thus, concerned bodies including schools and other stakeholders exert effort in sensitizing the community that parental love and treatment of children is an important step in reducing the rate of suicidal attempts among high school students.

2. The need for strengthening counseling units in high schools

As shown in this study, some of the students were following a counseling program after their suicidal attempts and had good judgments about how counseling is important to help adolescents avoid suicidal attempts and start their life again even after suicidal attempt. It is therefore important to strengthen the counseling units in high schools in an effort to help students avoid problems associated with adolescence including suicidal attempt.

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## **Appendix A**

### **Information sheet**

**Title of the study:** Factors that contribute to suicidal attempt among high school students in Addis Ababa.

**Dear participants,**

My name is Manyahilshal Haile. I am a master's student working on my thesis in partial fulfillment of the requirements of MA degree in Counseling psychology. The research mainly focuses on factors that contribute to suicidal attempt among high school students in Addis Ababa.

**Purpose of the study:** In countries like Ethiopia, the majorities are young people. One of the ways in which these productive forces are unjustly killed in their youth is suicidal ideation and attempt thought. Therefore the purpose of the study is identifying the factors that contribute to this issue and protected the lives of tomorrow's young people. Thus, the completion of this study will help both high school students' and professionals in the field become well-informed, mentally and psychologically competent, and to reduce premature mortality. It will also save the country's productive power from death.

**Confidentiality:** We will use the data you gave us only for this study. We will not use your information for purposes other than the study.

**Risk:** No serious hazard will be caused due to your participation in the study and if you are not going to be excluded from any services.

**Benefit:** no direct benefit for participating in the study for you as an individual but it will contribute much for reducing the number of young people who die prematurely.

**Procedure:** If you agree to participate in the study it will take I ask you to respond honestly and responsibly.

**Agreement:** after reading and listening about the study procedure and other related issues done in the study; you will kindly be requested to put your signature of agreement. Your signature indicates that your participation is only based on your volunteer participation.

**Communication:** In case you have any questions, unclear ideas and doubt about the study, you can use the following addresses

Manyahilshal Haile (Tel +251913674372)

Email [hbtamuaznp@gmail.com](mailto:hbtamuaznp@gmail.com)

**Consent form**

I understand that the purpose of the study to take in the part in the study. I am aware of the possible risk and benefits of this study. I know that my participation in this study is voluntary. I agree to take part in this study.

Signature: -----

Date: -----

## Appendix B

### መጠይቁ የሚቀርብበት ቅጽ

**Title of the study: የጥናቱ ርዕስ**

**Factors that Contribute to suicidal attempt among high school students in Addis Ababa**

**ውድ የጥናቱ ተሳታፊዎች:-**ስሜ ማንያህልሻል ኃይሌ ይባላል።የሁለተኛ ዲግሪ ማሟያዬን በሁለተኛ ደረጃ ተማሪዎች ላይ ጥናት እያደረገው እገኛለሁ።የጥናቱ ዋና ትኩረት የሁለተኛ ደረጃ ተማሪዎች እራሳቸውን ለማጥፋት አስተዋጽኦ የሚያደርጉ ጉዳዮች ላይ ነው።

**የጥናቱ አላማ:-**እንደ ኢትዮጵያ ባሉ አገራት አብዛኛው ቁጥር የሚይዙት ወጣቶች ናቸው። እነዚህ አምራች ኃይሎችን ባልተገባ መንገድ በወጣትነታቸው ህይወታቸው እንዲያልፍ ከሚያደርጓቸው ነገሮች አንዱ እራሳቸውን ማጥፋት አስተሳሰብ እና ለማጥፋት መሞከር ነው ። ስለሆነም የጥናቱ አላማ ለህዝቢያ ጉዳዮች አስተዋጽኦ የሚያደርጉትን ነገሮች በመለየት የነገ አገር ተረካቢ ወጣቶችን ህይወት መታደግ ነው። ስለዚህ ይጥናት ሲጠናቀቅ በሁለተኛ ደረጃ ያሉ ተማሪዎችም ሆኑ በዘርፉ ያሉ ባለሙያዎች በቂ ግንዛቤ ኖራቸው በአህምሮም በስነልቦናም ብቁ እንዲሆኑ እገዛ ያደርጋል በተጨማሪም የተማሪዎችን ያለጊዜያቸው መሞትን ይቀንሳል ተብሎ ይጠበቃል።የአገሪቱንም አምራች ህይል ከሞት ይታደጋል።

**ሚስጥራዊነት:-**እርስዎ የሚሰጡኝን መረጃ የምጠቀመው ለዚህ ጥናት ብቻ ነው።ከዚህ ውጭ ሌላ ምንም ዓይነት ጉዳይ አልጠቀመውም።

**ስጋቶች:-**በዚህ ጥናት በመሳተፍዎ ምንም ዓይነት ችግር አይገጥምዎትም ። በጥናቱ በመሳተፍዎም ከዚህ ቀደም ያገኙ የነበረው አገልግሎት አይቋረጥም።

**ጥቅም :-**በጥናቱ ላይ ሲሳተፉ በቀጥታ የሚያገኙት ጥቅም ባናይኖርም ያለጊዜያቸው የሚሞቱትን ወጣቶች ቁጥር በመቀነስ የድርሻዎትን ይወጣሉ።

**አካሄድ:-**በጥናቱ ለመሳተፍ ሲወሰኑ የሚቀርብልዎት ቀላል ጥያቄዎች ናቸው

**ስምምነት:-**ለሚቀርብሎዎት ጥያቄዎች በታማኝነት እና በሃላፊነት እንዲመልሱ እና በመጨረሻ ላይ ባለው ቦታ የተከበረ ፊርማዎትን እንዲያሰፍሩ እጠይቃለሁ።ፊርማዎት በጥናቱ የተሳተፉት በፍቃደኝነት እንደሆነ ያሳያል።

**አድራሻ:-**በመጨረሻም ቅጹን በሚሞሉበት ወቅት ያጋጠመዎት ግልጽ ያልሆነ ነገር ካለ ፣ ስለጥናቱ ግር ያለዎት ጉዳይ ካለ ከዚህ በታች ያለውን አድራሻ በመጠቀም ሊያገኙኝ ይችላሉ።

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የስምምነት ውል

በዚህ ጥናት ለመሳተፍ የጥናቱን ዓላማ በሚገባ ተረድቻለሁ።የጥናቱ ጠቀሜታ እና ስጋቶቼን ተገንዝቤያለሁ።በዚህም ምክንያት በዚህ ጥናት የነበረኝ ተሳትፎ በፍላጎት ላይ የተመሰረተ ነው።

ፊርማ-----