



ADDIS ABABA UNIVERSITY, COLLEGE OF HEALTH SCIENCES, SCHOOL OF MEDICINE, DEPARTMENT OF PSYCHIATRY

EXPLORING PARENTS' REACTION TO YOUNG PEOPLE SUICIDAL BEHAVIORS AT TIKUR ANBESSA SPECIALIZED HOSPITAL AND ZEWEDITU MEMORIAL HOSIPITAL ADDIS ABABA ETHIOPIA; QUALITATIVE STUDY

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Acronyms

TASH - Tikur Anbessa Specialized hospital

ZMH - Zeweditu Memorial Hospital

OPD- Out patient department

EMR- Electronic medical recording

IMV- Integrated motivational volitional

NSSI- Non suicidal self injury

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Abstract

Background - Suicide ranks among the top causes of mortality worldwide and it is the 3rd leading cause of death among 15–29 years of age. Parents can be deeply impacted by suicidal behaviors, reporting a wide range of intense reactions, including shock, guilt, anger disappointment and frustration.

Objectives - To explore parents' reactions to suicidal behavior of their young people.

Methods - The study used qualitative phenomenological descriptive approach to explore parents' reaction to the suicide behavior of their young people at TASH and ZMH. The study included ten participants who accompanied their young people. The data were collected through in-depth interview and analyzed thematically using open code version 4. Ethical approval was obtained and confidentiality was maintained.

Results - In the thematic analysis our theme were developed; 1)Discovering their child self harm, most of the parents identified their young person attempt directly. Except for the presence of some delay all of the parents rush to help their young person's by bring to health care facilities. (2) Emotional experiences; most of the parents described shock, fear , sadness except some of the parents experienced anger up on discovery. (3) health impact; several of the participants experienced physical symptoms like being sleepless, fatigued and others experienced excessive distress and became anxious. (4) changes in family relationship; positive changes to support the young person were noticed in most of the participants (5) Support; participants seek informal support from friends, relatives and religious place but some of the participants want to conceal the situation to avoid stigma

Conclusion- This study examined parents reactions to suicide behavior of their young people, focusing on their experience up on discovery, emotional experiences, any negative impact in their health and changes that resulted because of the suicide attempt. It found that parents pass through a lot of emotional strains and might experienced physical and mental impact and addressing this might be helpful.

Key words- Suicidal attempt, young people, adolescents, Parents reaction

CHAPTER ONE: INTRODUCTION

1.1 Background

The term " Suicide" originates from Latin, which means "Self murder." It is a fatal act driven by an individual's desire to end their own life (1). The term " Suicidal behavior" has been used by WHO and it encompasses the full continuum of suicide related actions that ranges from suicidal ideation to suicidal attempt and completed suicide (2). Suicidal ideation means considering to end one's own life. In contrast Suicidal attempt is self inflicted injury with the intent to die unlike Non suicidal self injury (3) which has nonfatal intentions(1).

Suicide poses a major public health problem worldwide and it is estimated over 700 000 individuals died by suicide yearly. It ranks among the top causes of mortality worldwide and it is the 3rd leading cause of death among 15–29 years of age and it was responsible for approximately 1.1% of all deaths(4).

According to WHO suicide rate in Africa, Europe including South East Asians regions and America estimated to be 11.5 , 10.1 and 9.2 per 100 000 respectively(4). Each year Suicide accounts over 35,000 deaths in the US and is the 10th leading cause of death(1).

A significant majority of suicide deaths which is 73% occurred in low and middle income countries where most of the world's population resides. More than half of the death involved individuals under the age of 50 years and 84 % of adolescent suicides were reported in these regions(4). A literature review that explored the prevalence of suicide across African continent is estimated to be 34,000 annually with an incidence rate of 3.2 per 100 000 individuals(5).

Nearly 95 % of the individuals who attempt suicide are affected by underlying mental illness(1). Their risk is estimated to be 3-12 times higher than the general population and this is influenced by various factors such as age, diagnosis other individual conditions(6).

WHO defines Adolescents as individuals in the 10 - 19 years age group (7) and Also other authors defines the age range b/n 12 - 19 (1). It is a transition period from childhood to adulthood and marked by physical, sexual, psychological and social changes. This period gives significant opportunities for growth but also associated with significant risks(1,7). whereas WHO defines youth age range from 15 - 24 years of age and Young people as individuals whose age ranges from 10 - 24 years and this research focuses on this age groups.

Currently Adolescents represent 1.3 billion individuals, accounting for one - sixth of the global population. Each year,1.1 million adolescents lose their lives to road traffic accident, Suicide and interpersonal violence (7). Multi factorial risks are associated with mental health of adolescents and one of the important risk is the quality of health environment including family dynamics (8).

Parenting styles play a critical role in Adolescents NSSI (9). The Authoritative reciprocal parenting style is considered the most conducive to develop self confidence, independence and social accountability. Some evidence also showed that connectedness between parents and children plays a protective role (10). Also Suicidal ideation were not associated with parental warmth, behavioral control and autonomy granting (11).

Attachments style also play a crucial role. Avoidant attachment tends to develop when parents are unable to offer consistent care and emotional responsiveness and Ambivalent attachment occurred in children raise in environment characterized by disorganized, neglectful and inattentive parenting (1). These children's are more likely to become overly sensitive to stress and to act out.

Bowen also posited that enmeshment, where family members are overly involved in each other's lives' and lose their individuality, can lead to anxiety and dysfunction within the family (1).

Studies showed that parents can be impacted by NSSI behaviors and they report a wide range of intense reactions, including shock, guilt, anger disappointment and frustration(12).

1.2 Statement of the problems

Every year, millions people contemplate to end their life which makes a suicidal thoughts and behavior a worldwide health burden (13) and Suicidal attempts are estimated to occur 10 to 20 times more often than reported(14). The majority of Suicide which is 79% takes place in Low and middle income countries but it is still a concern in high income countries (4).

Suicidal thoughts and behaviors are complex and shaped by the interplay of biological, social psychological, cultural and environmental factors(1,14) (15). From the psyco-social issues family discord and lack of communication and support plays a crucial role (14). Family conflicts and family circumstance has been identified as a significant factor contributing to suicidal behavior even when controlling for variables such as gender, age and psychiatric conditions (16).

Negative family dynamics may exposed to self harming behaviors mainly parental criticism and emotional over involvement (17). parents can be impacted by suicidal behaviors and they report a wide range of intense reactions feelings of worry and anxiety, stress coupled with sadness, frustration, anger, confusion and contemplating why did their children engage in such behavior (18).

The psychological challenges and behavioral tendencies of both parents and their children's are interconnected and exerts reciprocal influence on one another (19). Also adverse emotional responses from parents can impede the overall prognosis of suicidal behaviors of their children (19). By analyzing how parents react to suicidal behavior of their children one can gain a deeper understanding that may lead to the development of more comprehensive interventions.

1.3 Literature Review

1. 3.1 Prevalence of suicide

According to WHO the global age standardized suicide rate was estimated to be 8.9 per 100,000 people but this rate varies across different regions globally and African regions has the highest report which is 11.5 per 100,000, European and south East Asians

regions was 10.1 per 100 000 and the regions of Americans followed closely with a rate of 9.2 per 100 000(4).

For the past two decades the rates of suicide in the US have surge by 30 %, with the individuals aged 10 - 34 being affected disproportionately and female were more affected than males(20).

Study which was done in Canada for 11 years estimated the ideation and attempt of suicide to be 11% and 8 % respectively (21). Additionally a study conducted in the general population of France Polynesia for 2 years revealed Suicidal ideation 13% and suicide attempt of 18.6% and it is the highest rate compared to other regions of the country(22).

Globally the majority of the suicide occurred in LMIC and more than half of the death occur before the age of 50.In addition 84% of adolescent lost their life to suicide from LMIC (4).

A study that was conducted in eight sub-Saharan African high school enrolled students between the age of 10 - 19 and the result showed that Liberia has highest Suicidal ideation which was estimate to be 20.7% (23). This study goes with a study that was done in Amhara region, Dangla, which involves adolescents from high school showed that suicidal ideations was 22.5%. Among those who had the history of suicidal ideation 26% had thought about committing suicide in the last one month and 24% had planned to commit suicide in their lifetime(24).

A retrospective chart review conducted for 4 years in Uganda among a patient who has severe mental illness revealed that the prevalence of suicidal behaviors were 6.1 % and suicidal attempt was 3.4%(25). In contrast a study that was done among schizophrenia and bipolar patient who dwell in A.A revealed that suicidal ideation was 43% and 47% respectively, while suicidal attempt among schizophrenia was 20.7% and 21.3 % among bipolar patients(26). Most of the attempt and death occur in early phase of the illness in a patient with Schizophrenia (27).

A study that was conducted among Gondar youth aged between 15-24 showed prevalence of suicidal attempts was 5.5% and suicidal ideation was 9.9%(28). But a study that was done in Bahir dar among adolescents revealed that suicidal behavior was 19.8% (29).

In a study among A.A ER patients who were 18 years and above came for emergency treatment and the prevalence of suicidal attempt was 6.3% and suicidal behaviors were 8% (30), where as in the general hospital OPD Suicidal behavior estimated to be 15.2% with approximate 4% suicidal attempt (31).

1.3.2 Determinants of Suicide

Worldwide it is estimated that men are estimated to be more than twice as likely to die by suicide compared to women(4). Also studies in Ethiopia has similar results that Suicide is higher among boys than girls (28,29) (24).

Female have a high risk of suicide than men and the reasons for high risk of attempt than male is due to hormonal variance, psychosocial stress and learned helplessness (32). Likewise suicidal behavior among pregnant mothers was 9.3%, out of this 53.2% had suicidal ideation, 36.2% had plans, and 10.47% attempted suicide(33). Additionally Marital or family conflict was the most frequently reported cause for attempting suicide and most of those who reported this cause were women (34).

Psycho social factors also contributes to suicidal behaviors like having poor social support, loneliness which can doubles the risk (23) and poor parent to child relationship (5,29). As well poor school performance , stressful life situations and family history of suicide(24,35) , low self esteem , feeling of unsupported and generational gap (36). Adverse childhood experience were significantly associated with increased risk of suicide(37). Similarly Marijuana use is associate with significant increased risk of suicidal behaviors (38). Low Parental educational level, low socioeconomic status and antisocial behavior of parents also influence suicidal attempt (39). Parents also give emphasis on instrumental goals like academic success and neglect emotional needs (40).

Most Individuals who have disagreement with a family members reported a reason to attempt suicide. Adolescents experienced suicidal ideation and attempt due to family dysfunction, negative parenting and lack of emotional engagement with parents(11) (30). Consistently lower parental education is associated with suicidal behaviors of children(41)**.** Furthermore Suicidal attempt occurred due to social reasons (such as divorce or conflict) took the highest proportion (44%) (30).

Dysfunction family environment like childhood abuse, pathological family relationships and parent–child discord have been found to be risk factors for self-harm(12,42). Chronic emotional dysregulation in childhood and receiving small rewards than waiting for large are linked to self harm(42).

Young people who feel unsupported in their autonomy by their parents often struggle with emotional regulation and may use NSSI as a coping mechanism(43). In contrast parents who underwent parenting shift style in which they resign control and reflect on their behavior is associated with a positive impact (44).

Parents experienced intense trauma that they consider them self as a failure, disbelief and horror, guilt and isolation also they feared that the suicidal attempt may reoccur again so they became hyper vigilant that resulted emotional exhaustion and burnout (45) (46) (47) and few experience suicidal ideation due to exhaustions (46).

Additional Parents stated living in a fear and has feeling of failure (45,48). Beside They consider themselves as powerless and unsure of how to behave towards loved once (49).

Some parents ruminate about the incident, has emotional and physical arousal, intrusive thoughts and automatic reactions (49,50). Furthermore Parents expressed financial burden and negative effect on other children's mental health outcome (51).

As NSSI behavior repeated parents became less supportive and uncertain how to respond due to stress or fatigue (52). Some parents became critical and exchange a few comments with anger (46). This might have devastating effect since studies

revealed that parental support is associated with protective factor across all suicidal behavior (53) (54). While other Parents experienced feeling of hostility up on discovering of the attempt but they are less likely to verbalize it (47,55).

Parents reported erosion of trust and miscommunication and change in family dynamics and fragmentation while some reported closeness and redefine their life after the incident (48).

Up on disclosure of Suicidal attempt some adolescents felt guilt, shame, increased conflict and therapy dropout while adolescents who has supportive parents felt comforted (56).

Family member who lost their beloved one to suicide also reported the inquest traumatic but for some it helped them to process the loss and resulted psychological recovery(57). Studies showed that CBT has no superior efficacy and IPT and Family based therapies are considered possibly efficacy(58).

3.3 Methods used

Male used more lethal methods like hanging, where as female uses poisoning due to this women have higher chance to survive(30) (27) (24). But in India both male and female uses more fetal methods like hanging (59). Firearms and hanging most commonly used by males and females tends to use poisoning and asphyxiation (60). Autoerotic asphyxiation which explained as extreme paraphilia resulted death (61).

1.3.4 Causes

Suicidal thoughts and behaviors are complex and shaped by the interplay of biological, social psychological, cultural and environmental factors. (1,14) (15)

Interpersonal-psychological theory of suicide (IPTS) was developed by Joiner with the goal of providing some theoretical model of suicidal behavior and it stated that suicidal desires and intentions stem from two main factors: perceived burdensomeness occurs when individuals consider themselves as a burden on others which leads to a sense of worthlessness and a sense of low belongingness emerges when individuals is

disconnected from others, which intensifies feelings of loneliness, despair, and hopelessness (23) (62). This leads to passive death with and when this coupled with hopelessness it results active suicidal ideations (15).

Further more lethal suicidal behavior occurs in the presence of suicidal desire and capability for suicide (63).

Acquired capability lets the individual to engage in potentially lethal self harm. this capacity develops through repeated exposure to physically painful experience which ultimately reduce the fear of death and increase tolerance for physical pain (15).

The Integrated motivational volitional (IMV) has 3 phases. In pre motivated phase individuals experienced feeling of defeat and entrapment later they became motivated and entertain suicidal ideation and finally they move from suicidal ideation to actions. Three steps Theory describes that the presence of emotional overwhelming situations and hopelessness to ideation and leads to attempt (64) (65).

1.3.5 Neurobiology

Our current knowledge about the neurobiology of suicide is still limited Clinical, postmortem, genetic, and animal studies suggest that serotonin has a central role. (66) In addition evidence suggested that heritability of genes estimated to be 30-50% from twins and family studies(67) (68).

Environmental factors also plays a role in reshaping in neuronal functioning and increase susceptibility for suicide.(68) Studies also showed that various molecular mechanisms have a role in suicidal behaviors and there is no single identifies ways (69).

1.4 Rational of the study

WHO estimated the death of 7000 people due to suicide, with a rate of 7.2 people per 100,000 in developing countries (70). Though Suicidal behaviors concealed from parents and they tend to report that their children doesn't have suicidal behaviors (71).

Parenting strategies following suicidal attempts were deeply influenced by how parents interpreted their children self harm behaviors. If they thinks that it is due to mental illness or part of normal development they became more supportive but if they think it is deliberate bad behavior they became more controlling and strict (72).Young people who do not get autonomy support are more likely to use NSSI to control their emotion (40,43).

Parents also may not have adequate knowledge how to interact and help their children and this put further problems (10). parents of young people with affective disorders and NSSI behaviors revealed that these parents experienced a range of internal challenges, including emotional distress, heavy care giving burdens and limited care giving abilities (19). Additionally Parents felt isolated and unsupported because of the stigma and lack of understanding and they struggle to find a safe place where they can talk about their crisis(50).

Parents often shocked initially when they heard suicidal behavior of their children then felt fear and anger that affects their interaction and they became hypersensitive and fear to confront or argue with their children (72). parents also described that Suicide has lasting impact in the family that the trauma didn't fade but it lingered as a shadow in everyday life coloring interaction with worry, guardedness and anticipatory grief(50).

The psychological challenges and behavioral tendencies of both parents and their children's are interconnected and exerts reciprocal influence on one another. Additionally adverse emotional responses from parents can hinder the overall prognosis of suicidal behaviors of their children (19). To the best of my knowledge, there are no studies regarding how parents response to suicidal behaviors of their children and this studies might have a contribution in this area.

CHAPTER TWO : RESEARCH QUESTION

1 - How do parents react to their children's suicidal behavior?

CHAPTER THREE: RSEARCH OBJECTIVE

3.1 General Objectives

To explore parents reaction to suicidal behavior of their children.

3.2 Specific objective

To understand emotional reactions experienced by parents.

To analyze how parents understand their children's suicidal behavior.

To explore how parents communicate and behave with their children.

CHAPTER FOUR : RESEARCH METHODS AND MATERIALS

4.1 Study Design

A qualitative study with phenomenological approach/ design was used to explore parents reaction to their young people suicidal behaviors who was admitted in TASH and ZMH and individuals who has follow up at Psychiatric OPD.

4.2 Study Setting

The study was be conducted at two sites: TASH and ZMH. Tikur Anbessa Specialized Hospital was established in 1964 and it is a prominent specialized and teaching hospital which is located in Addis Ababa Ethiopia. The hospital was originally founded as Prince Mekonnen Memorial Hospital in 1961 and was renamed Tikur Anbessa Hospital in 1776 during Derg regimen. It has approximately 700 beds, has 200 doctors, 379 nurses and 115 other health professionals and supported by a total of 950 administrative staff. Treats over 500,000 outpatients and more than 21,000 in patients annually, making it the largest referral hospital in Ethiopia. Patients who attempt suicide are admitted to either the Pediatric or adult emergency depending on their age. Their treating physicians seek consultation from psychiatric OPD by submitting consultation form. Psychiatric resident then evaluate the patients and facilitate their linkage to the psychiatric OPD for further evaluation.

Zeweditu Memorial Hospital is a general hospital in Kirkos sub city central A.A, Ethiopia. the hospital is named after Empress Zeweditu. It was built and operated by the seventh day Adventist Church but was nationalized during Derg regime around 1976 and currently it is managed by the Ministry of health. It is recognized as Ethiopia's leading hospital for the treatment if antiretroviral therapy (ART) patient. The hospital has the capacity of 253 beds across various inpatient units including surgical, gynecological, medical, emergency and pediatric wards. It employs around 190

technical staff, including surgeons, internist and nurses. Different department seek consultation from the Psychiatric OPD through EMR. Psychiatric residents evaluate individuals presenting with mental health problems including those with suicidal behavior.

4.3 Study Period

The Study period will be from November 1st to March 12 2026.

4.4 Participants

The source population includes parents who had accompanied their young people who has history of suicidal attempt during study period in TASH and ZMH. The participants were recruited from different departments and from Psychiatric OPD.

4.5 Eligible Criteria

4.5.1 Inclusion Criteria

Parents who accompanied their young people to different inpatient and outpatient departments of the hospital following a suicide attempt were included.

Parents who were willing to give consent to involvement.

Those who can speak Amharic language as the language used for in depth interview will be Amharic language.

4.5.2 Exclusion Criteria

Parents with hearing impairment or other conditions that affect their ability to communicate in the context of an in-depth interview.

4.6 Sampling Techniques

Eight biological parents, one stepfather and one caretaker were included in the study and purposive sampling techniques was used based on their young people diagnosis and age. The participants were selected based on the eligibility criteria above. They were informing through their treating physicians and health care providers about the ongoing study. Once they are informed about the details and the procedure of the study and after informed consent is taken, the interview was conducted through the principal investigator. Sampling continued and ten participants were interviewed.

4.7 Operational definition

Young people - individuals whose age ranges from 10 - 24 years.

Parents - are biological mother and father of a young people, or individuals who are legally adopted the child and hold parental rights and responsibilities.

Caretakers or caregivers - are adults who assume primary responsibility for the child's daily care, protection and development. This might includes legal guardians, foster parents, or grandparents or other relatives who act in place of parents.

4.8 Data collection tool

Data was collected by the principal investigator using semi structured in depth individual interviews. Confidentiality and privacy of the information was insured by conducting the interview in private OPD room at TASH and ZMH.The in depth interview guide created for this study was translated to Amharic language and used by the PI for conducting in person in person interviews. The interview guide include the parents reaction towards suicidal attempts of their young people. All participants were given information sheet and for those who were able to read was read and explained for those who did not. Written consent was taken after making sure they understood the purpose of the study and agreed to participate. Data was recorded using an audio recorder. No participant faced distress or requested to discontinue after the initiation of the interview. The

interview guide included questions on demographic characteristics and followed by semi structured in depth interview. The interview lasted from 33 minutes to an hour.

4.9 Data analysis

All the recorded interview were transcribed into Amharic and checked for accuracy through listening to recordings. Then coding was started using Open code software 4.03. Total of 10 participants were included in the result. Then patterns were looked for and codes were sorted into potential themes. Important themes were generated by inductive thematic analysis. Five major theme emerged with eleven subthemes. The emerged themes were checked with the original data to minimize bias that may have occurred during transcription.

4.10 Data Quality Assurance

Several measures were taken to ensure the data's integrity. Probing techniques were employed during interviews to elicit rich and detailed data and the collected data was immediately transcribed verbatim to reduce bias and ensure that it was not misrepresented. The themes and data analysis were discussed with supervisors to ensure that the finding were accurate and reliable.

4.11 Result Dissemination and Plan

The study result will be submitted to AAU school of Medicine and be presented to department of psychiatry. The findings of the study will also be disseminated to TASH and ZMH in hard and soft copies to help fill the gap identified and improve the service provided.

6.12 Ethical Consideration

Ethical clearance was obtained from department of psychiatry, college of health sciences, Addis Ababa health bureau and Zeweditu Memorial Hospital ethical review board. Research participants were given information sheet which contains information on the purpose, procedures and the right not to Participate or withdraw from the interview if they felt distressed. Interview was carried out after informed consent was obtained using informed consent sheet. Every caution was taken to ensure that all participants understood their right to withdraw from the study if they felt the need to without any negative impact on their treatment. Confidentiality was insured by omitting personal identification and not sharing their information to anyone other than research team and by giving code for participant.

CHAPTER FIVE : RESULTS

5. Results

5.1 Characteristics of participants

In this study, 10 parents' who have accompanied their young people to different inpatient and outpatient departments of ZMH and TASH were interviewed. The age ranges from 33 - 52 years and their education level ranges from grade 8 to masters' degree apart from two of the participants who have not attended formal education. Five of the participants were mothers , three were fathers and one was an older brother and one was a stepfather.

All of the participants are included in the analysis. Four were Orthodox Christians, Four a follower of Muslims religion, one a follower of Protestant Christian and one was identified as Christian. Among the participants, nine were married and have children and one was separated. Nine of the participants were from Addis Ababa and one was from Amhara region.

The young people who attempted suicide age ranges from 14 to 21 years and seven of them were female. Their educational level ranges from grade 8 to 10. Three of the young people were on follow up with the diagnosis of epilepsy while two of the participants has functional neurologic symptom. One of them had discontinued her treatment after she had improved.

Regarding the methods of attempt suicide: One of the young person attempted strangulation, while the other ingested various medications. Four required admission to the ICU, where as the remaining individuals stayed in the hospital for only 1-2 days approximately. Two of the participants had suicidal attempted before a month of the interview while the other were within a couple of days.

Participants and young person's demographic and clinical information

Characteristics of participants		Numbers
Age of participants		
Mean age and SD	33-52	40/ 6.2
Marital status of participants	Married	9
	Separated	1
Religion	Orthodox	4
	Muslim	4
	Protestant	1
	Other (Christian)	1
Educational level	No formal education	2
	Grade 1-8	2
	Grade 9-12	5
	Bachelor degree	1
Relationship to the young person	Mother	5
	Father	3
	Older brother(care taker)	1
	Stepfather	1
Young person age	14-21	17/2.3
Diagnosis of young persons	Epilepsy	3
	FNSD	2
Methods of the attempt	Strangulation	1
	Drug over dose	9
Admission history	ICU admission	4
	Emergency and ward admission	6

5.2. Theme Identified

In this study reactions of parents who have accompanied their young person's to TASH and ZMH were conducted by combining both inductive approaches. A total of 5 themes were identified.

Theme 1 - Discovering the young adults suicidal attempt

-Parent's discovery and actions

-Possible reasons of the self harm

Theme 2 - Emotional experience

Theme 3 - Health impacts on parents

-Physical impacts

-Mental impacts

Theme 4 - Changes following the attempt

- Increased monitoring

- Any situation that changed

- Ways of communication

- seeking professional help

Theme 5 - Social supports

- Family and relatives support

-Neighbors support

-Religious support

5.2.1 - Discovering the young people suicidal attempt

The participants in the study described a range of circumstances through which they discovered the suicidal attempts of their family members. These were through direct observation, communication from the young people themselves or from others such as physicians.

Half of the participants reported discovering the suicidal attempt directly. A stepfather described that he found his stepdaughter lying unresponsive on the balcony, with an empty drug bottle beside her, following a quarrel with a neighbor. He initially attempted to clean her mouth of any remaining medication and tried to induce vomiting, while simultaneously expressing disbelief at what appeared to be a suicide attempt.

" *..... for the reason I didn't take her to the health facilities immediately as I was expecting her to wake up from time to time....." P0010*

Among the remaining 5 participants, 2 learned of the incident through phone communication, 2 of the participants were informed by physicians and one care taker was notified by a neighbor.

For one mother, the process of understanding her daughter's condition was particularly challenging. Identifying the possible cause of the illness was difficult as her daughter consistently responded with " nothing" when asked. It leaves both the parents as well as the physicians uncertain.

Another participant reported learning of her daughter's suicidal attempt and subsequent hospital admission through a phone call from her daughter's boyfriend. She described the moment as giving up on her daughter.

" ... Mother does not disown .... mother does not disown .... but I cut her off then I said I do not care ...." P004

Another participant explained that a neighbor informed him that his daughter had ingested medications and he described how he attempted to assess the possible

negative consequences of those medications while simultaneously confronting her about the breach of trust.

" ..... why did you do this ? did not we agree ? you promised to behave, why did you betrayed me ? ..... " P003

Family members reflected on the possible causes of the young person's suicidal attempt. Most parents directly asked " why question" to the young people, while others chose to contemplate the matter privately, thinking this might cause further distress. One parent, however, neither asked or engaged in reflection about the incident.

Most of the parents attributed the possible causes of the self harm to family related problems. They explained that an invalidating and accusatory family environment may precipitate behaviors in young people.

A father reflected on the possible reasons of behinds the son's suicidal attempt and he emphasized that both family tension and the school environment may have contributed to his Childs distress. Another mother also expressed her daughter dissatisfaction regarding the house environment.

" I was thinking what did he miss from the house and tried to reason out. Then I asked his friends and they told me that he was complaining the family were nagging him. I also learned about the death of two students by suicide from his school..." P 006

" ... She (the young adult) said choose between me or him (referring to her step father) otherwise you will not find me again. .... " " ... but It is not easy ending once marriage , I am really confused ... " P007

Some parents identified mental distress as the primary cause of the suicidal attempt. One parent described the difficulties of accepting this kind of challenge in supportive and caring environment, while at the same time accepting it as a manifestation mental illness.

5.2.2 Emotional experience

This theme reflects the emotional experiences of participants upon discovery of the incident and during the period that followed. Most parents passing through a range of emotions, with the majority characterizing their experiences as shocking and deeply distressing. They often emphasized the intensity of their emotional turmoil.

One mother expressed her shock through a physical symptoms, describing the overwhelming impact on her body. Another described it as emotional numbness period.

" ..... I felt my heart move towards my back ... we are made of clay, and my whole body felt demolished....." P 001

" ..... I was dark ... my brain stopped working , my eyes doesn't see and my ears stopped hearing ..." P 009

A limited number of participants reported experiencing anger upon discovery of the incident. Two parents described their anger along with disappointment, but later both expressed efforts to understand the situation more fully.

" ..I refused to visit her but after I saw her I felt sad ..... I didn't committed suicide because of my dignity .... " P004

Some participants were unable to verbalize emotions and questioned the appropriateness of the question. One parent sheared her reply with heavy heart, silence and tearful eyes.

" .....It should not be asked ..... ask me your other questions....." P 002

A father expressed his dissatisfaction on his wife for teasing their daughter and remarked that it would be very hard to continue living with his wife if anything were to happen to their daughter. His wife had remarked

" ... she (the patient) was going to heaven through a short cut way ... " P 003

5.2.3 Health Impact on Parents

In this theme participants discussed the negative health consequences they experienced following the suicidal attempt of their young people. Some of the participants reported physical symptoms while others pass through psychological distress resulting from the circumstance.

Some participant noted experiencing physical symptoms, including fragmented sleep, poor appetite, fatigue, and noticeable weight loss. A husband observed changes in his wife, while another mother expressed how her neighbors had noticed her physical decline.

One participant described her inabilities to return to her previous state and emphasized the significant impacts of her daughter's suicidal attempt and illness on her physical condition. She reported experiencing weight loss, palpitation, loss of appetite, and acknowledged that she herself was now in need of treatment.

" .... My legs became weak to the point I could not stand and I even felt fatigued. I haven't had a restful sleep and have been unwell since the onset of her illness. My weight decreased markedly and I was not like this before...." P002

Some of the participants described the profound distress and anxious feelings following the suicidal attempt and the illness of their young people. Three of mothers spoke of ongoing struggles with anxiety, often finding themselves preoccupied with their children's daily wellbeing.

A mother conveyed a persistent sense of sadness and despair, describing herself as being in a constant state of worry about her daughter's condition. She also fear that her daughter did not feel regret for what she had done and might engage in self harming behaviors again.

" ..... if my phone rang in church my heart melts down ..." P009

5.2.4 Changes following the attempt

The majority of suicide attempts led to subsequent minor or major changes in family as well as the young people life. Most parents try to improve their children situations in order to reduce triggering factors with the hope of preventing future attempts.

Two parents described being in a state of constant monitoring of their young people following the incident. They try to monitor every step and watch closely in order to protect their daughters to prevent them from self harming behaviors. For one mother in particular, it is difficult to leave her daughter in the care of others, and she explained that this situation placed a great burden on herself.

" ... I trust no one even her father and sister. I have been with her every where including bedroom and bathroom....." P002

" ..... I am afraid when her snorting changes during sleep, I get up from bed to check on her. When she is silent I check again thinking she might have died....." P009

Several parents described adopting new strategies to changes the way they communicated with their young people. Their aim was to foster openness, reduce stress, and minimize misunderstandings within the family. By consciously adjusting their communication patterns, these parents sought to create a more supportive environment that could ease tension and strengthen trust.

" I try to decrease any arguments and I also told her (referring to young person's grandmother) to stop nagging him....." P 006

For some young people's the attempt marked a turning point in their lives. Leading to notable changes in work, education or living arrangements. Parents often described making deliberate adjustment to support the young adult to alleviate any possible stressful situation.

A mother described her plan for her daughter following the suicidal attempt, explaining that she wanted to change her daughter's work and living circumstance so that she could monitor and protect her daughter more closely in the future.

" I am feeling shakiness. I will not separate her from myself. I will not let her to work as house help again. I will take her to our hometown to live with me." P 001

A mother explained her decision to withdraw her daughter from school, expressing fear that her daughter might got sick in her absence. She emphasized that each episode of her daughter's illness felt new to her, even though the illness had persisted for some time.

" ..... what if she got sick there (referring to school) , the physician reassured me but I couldn't convince myself ....." P 002

All Family members sought help from professionals following the suicide attempt of their young people. They also expressed confusion and distress regarding their young people's behavior. Parents hoped that professional treatment would provide clarity in their difficult circumstances and prevent further suicidal attempts.

A mother described her daughter's progress after the daughter herself requested to be taken to mental health professionals. She noted gradual improvement throughout the treatment process and attributed these changes to the professional support provided.

"... I believe this treatment will help her not only for now but also for her future life..." P 002

5.2.5 Social support

This theme explored the different sources of support and coping strategies that participants relied upon while passing through this difficulties. Most parents expressed the sustained assistance they received from family members and relatives, while others from neighbor and religious group.

Most parents expressed appreciation for the sustained assistance they received from family members and relatives after disclosing their situation. One father described that family members and relatives were deeply concerned about his son's condition and noted that they stood by him throughout this difficult period.

" They (referring to family members and relatives) didn't go to work for the whole week. My relatives, brothers in law and my children didn't go to work ....." P 005

However, One mother mentioned that she didn't inform the cause of their daughter deterioration to her husband even though he was confused and repeatedly asked questions. She chose to disclose it only to her sister.

"He (her father) spoiled her and fulfilled all of her needs and if I told him about the attempted suicide he might become desperate ....." P 009

Most patients were sought religious support, which often included consulting elderly for advice, praying or stay at religious places. Even Parents who chose not to disclose their young people's condition to relatives and neighbors were more comfortable to seek guidance from religious figures. One father described that his family initially sought help from religious leaders after noticing behavioral changes in his son.

" .... We(referring to his family) thought it might be something else (referring to evil spirit) So Quran was recited then he began talking about things that does not make sense and then he was struggling and used force saying let me go ....." P 005

While some participants expressed concern about stigma, several explained that their neighbors were informed about their young people's suicidal attempts and offered supportive care. In contrast, other parents were uncertain about the potential support from neighbors and admitted they were not sure how their community would respond.

One caregiver reflected on the positive impact of the support he received from his neighbors noting that they assisted him both financially and emotionally. He explained that this encouragement motivated him to continue being helpful towards others.

“They were supportive, yet at the same time afraid for me. Because of the responsibilities I carried, they asked about my wellbeing. But when it came to the patient, they(referring to neighbors) had lost hope no one believed he would rise again from death.....” P 008

A mother explained her reluctance to disclose her daughters condition emphasizing the risk of misinterpretation and labeling that might further harm her daughter mentally and she prefer to attribute her daughters condition to a medical illness.

" .....She is spoiled in the compound, and if people hear about it, they would say she did this because of her delinquency and stubbornness. That is why I want to keep her name from being lost....." P 009

CHAPTER SIX: DISCUSSION

This study explored parents' reactions to the suicidal behavior of their young people. Five themes emerged from the data analysis: discovering the young people's suicide attempt, emotional experiences, health impacts, changes in family relationships, and support.

Most of the Participants in our study directly identified the self harm of their young peoples, while some parents were informed by others, such as physicians. With the exception of one participants who some delay, all parents engaged in health seeking behavior. In contrast a review of 22 qualitative studies((73,74)showed hesitancy in help seeking behavior, with half of the parents not engaging in professional support. This difference can be explained by parents' consideration of the suicidal behavior as a serious phenomena, leading them to view visiting health facilities as a primary solution followed by religious rituals.

All of the parents in our study contemplated about the possible reasons of the suicide attempt, which aligns with a findings that highlight parents' readiness to understand the suicidal phenomenon ((73). In our study, only a few participants asked for possible reasons of the suicide attempt, as asking might place further pressure in the young people. However, another study demonstrated that parents' ability to communicate openly about the suicide attempt is an effective supportive strategy for young people(10).

In our study, an unsupportive environment was mentioned as one of the contributing factors for the young people's suicide attempt. This finding align with biosocial postulation that childhood or adolescent emotional invalidation within the family environment contributes to severe emotional dysregulation which might manifest in suicide or self injuries behavior (17,73).

In our study, all participants shared both their immediate and subsequent emotional experience, and most of them were overwhelmed by emotional distress and shock immediately following the incident. A similar finding in a study conducted in Australia that applied mixed methods research, which stated parents experienced fear and distress ((18,75).

Some of the participants in our study also experienced feelings of guilt for not taking adequate precautions and for their deficit exemplary behaviors, such as being argumentative. In support of this finding, a qualitative study conducted in Australia that explores family therapy experience also mentioned oscillation of feelings between guilty and anger as a result of discovery (73,76).

There was also a limited finding of parental teasing in our study, unlike other study which showed half of the parents were exhibiting hostility across the time points following the discovery (19). This difference might be due to reporting bias and the short period of interviews conducted following the attempt.

Most of parents in our study described their emotional changes from distress to relief in the followed period. However, several parents have a fear that the self harming behavior might reoccurred again and they are in state of monitoring of their young people's and even some parents watch throughout the night to make sure the safety of their children. There is similar finding in a quantitative study that was conducted in Australia among 22 parents have same finding (55,73,77).

In our study, several parents developed physical and mental impacts as a consequence of stress and anxiety. These factors may contributed to physiological changes such as insomnia and poor appetite, as well as psychological impacts including depression and anxiety (78).However, participants did not report broader family level impacts, such as effects on siblings on siblings, financial problems or marital discord. This contrast with findings that described marital strained and communication disruption(78). The absence of such impacts in our study may be explained by increased family cohesion at the time of difficulty, with coping mechanisms potentially playing a significant role.

Our study also finds that most parents adapted their communication style to be more open and supportive, in an effort to decrease any triggering factor for young persons and also tried to decrease any relationship strain within the family. In contrast, other study mentioned that there is increased relationship strain in the family and decreased communication following the attempt (18,79). This difference may be explained by the social structure in which our participants live, which is more interconnected and characterized by strong i support seeking behavior. The tendency of families to rely on friends and relatives for discussion and emotional processing may have facilitated a smoother handling of the situation.

In our study, participants described the psychological impact of the suicide attempt, reporting a constant fear about the future. One participant has depression; however, none of the other participants fulfill the criteria for any of the metal illness according to DSM V. This contrasts with findings from other studies that reported development of depression and anxiety in several participants(73). Such differences may be explained by genetic variation, the presence of a supportive social structure, and the resilience that can develop when individuals are tested by diverse challenges.

In our study, most of the participants seek support from family, relatives, neighbor and religious sects. Most participants were comfortable with the help they received but some of the participants doesn't disclosed their situation even to family members and neighbors' due to their perception that it would not be helpful and fear of stigma and negative parenting evaluation. Similarly a study showed that decreased parents informal supports like friends, family following the suicidal phenomenon (73).

CHAPTER SEVEN: STRENGTH AND LIMITATION

Strength

This study encompasses different participants: mothers, fathers, stepfather and caregiver (older brother) and the male to female ratio is equal.

Short period elapsed between the interview and the suicidal attempt believe to minimize recall bias and the majority of the attempt were takes place in a couple of days prior to the interview.

Limitation

Attempts to encompass different private hospital were not successful due to unavailability of patients , participants refusal and some facilities reasoned to protect patient privacy.

Some of the young adults doesn't accompanied by parents or caretakers.

Limited number of participants and data is not saturated

The study used purposive sampling

Interviews were conducted by the principal investigator who is a psychiatry resident, this might have made participants hesitant to share their true opinions (report bias).

CHAPTER EIGHT: CONCLUSION

This research explored parents' reactions to the suicidal behavior of their young persons. Parents reported experiencing numerous negative emotions and challenges, and most sought informal support from friends, families and religious personnel, which helped them cope. However, health professional should play a central role in assessing and supporting parents difficulties, identifying physical and emotional impacts, and providing psycho education..

Additionally, parents often avoided open communication regarding the reasons behind the suicide, fearing that such discussion might cause further distress. However, previous research has shown that open communication can be beneficial. Therefore, providing health education in this area may be important to encourage constructive dialogue.

CHAPTER NINE: RECOMMENDATION

Based on the finding of this study, some recommendations can improve the care provided by psychiatrist.

To consider the health condition of parents and to provide necessary management.

To psychoeducate parents in taking care of themselves since some of the parents engulfed by their young situation this might lead to early burnout.

To give psycho education about their young adults illness in detail

MOH should create awareness in the community to decrease the prevalence of stigma so that parents can seek informal care freely.

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APPENDIXES

Annex I

Information Sheet

My name is Dr Kidist Hailegiorgis. I am a psychiatry resident at the Department of Psychiatry of Addis Ababa University. My advisors are Dr Wubalem Fekadu and Dr Nardos Seifu. I am conducting a study on Parental reactions to suicidal behaviors in adolescents. The purpose of this study is to explore how parents respond to the suicidal behavior of their adolescents and to understand how adolescents perceived their family's response.

You have been selected to participate in this study because you are currently seeking care at either TASH or ZMH Emergency room. Participants are selected through a convenient sampling method which means individuals are chosen based on their availability and willingness to participate.

You were selected because you provided verbal consent to be contacted by a researcher regarding this topic. Your participation in this study will contribute to deeper understanding of the issue and help inform the development of more comprehensive care strategies for adolescents experiencing suicidal behavior.

The Interview will take about 30 - 60 minutes and will be conducted in a secured private room. A break will be provided during the session if needed.

Notes will be taken in addition to audio recording to ensure that no important information is missed. These records will be used only for the purpose of this research and I will not use your name or other identifying information to ensure your confidentiality by assigning code , names or numbers that will be used on all research notes and documents. Your participation in this study is voluntary. If you decide to take part in this study, you will be asked about your understanding of the study and once that is checked you will be asked to sign a consent form.

Even after signing the consent form, you can withdraw at any time during the interview. whether you participate or not it doesnt affect the level of care that you received from the hospital. There will not be any direct benefit for you due to your participation in this study. After completing the interview, you will be paid 300 birr reimbursement for your time and transportation. You might feel stressed or uncomfortable with certain interview questions and you have the right not to answer it.

If you feel distressed during and after the interview you can stop or withdraw from the interview at any time. If you have any question or concern about this study or your participation, please contact me Dr Kidist Hailegiorgis through my e-mail address robikidy@gmail.com or my phone number 002519173375.

Annex II

Informed Consent Form

I have received information and understood the information provided about the research, procedure, risks, benefits and that participating in the research won't impact the treatment I received at either TASH or ZMH. I am informed about audios will be recorded and that the researchers will ensure to preserve my confidentiality. I understand the provided information and have had the opportunity to ask questions. I consent to take part in the research of parental reactions to suicidal behavior either at TASH or ZMH.

Participant's Signature _____ Date _____

Researcher's Signature _____ Date _____

Annex III

Data collection form

Socio-demographic characteristics of participants

Thank you for agreeing to take part in the study I will now ask you questions about yourself.

Age

Gender

Marital status

Religious Affiliation

Educational status

Occupation

Living situation

Duration of current presentation

Diagnosis (known)

Annex IV

Topic guide

1) How did you first become aware of your child's self injurious behavior?

2) What were your emotions when you realized that your child was engaging in self injury?

3) what do you think are the underlying reasons for your child suicidal behaviors?

4) What are the impacts on both you and your families immediately and after a period of time?

5) How did you interact with your child during and after suicidal behavior (1 weeks)?

6) What things did changed after the incident between you and your child?

7) where you able to disclose your feeling fully or did you concealed it from your child and others?

8) Did you communicate with your child to hear the reasons for suicidal attempt (suicidal behavior) ?

9) Were you able to talk about your understanding of their suicidal attempt?

10) what is your most pressing concern?

11) what kind of assistance do you wish to receive from health care providers?

12) how does the parents interact with the young people prior to the incident?

Declaration of the original work(proposal)

I, the undersigned, declare that this thesis proposal is my original work, where my work is indebted to the work of other, it has not been accepted or presented for a degree in this or any other university and that all sources of materials used for the thesis have been fully acknowledged.

If proven otherwise, I understand that appropriate actions will be taken based on the senate Legislation of Addis Ababa University and Guidelines provided by the Ministry of Education

Name of Investigator: Dr Kidist Hailegiorgis

Signature:_____

Date of Submission

This thesis proposal has been submitted to DOP with my approval as a Supervisor

- Name and Signature of the first Supervisor_____
- Name and signature of the second supervisor_____

የተሳታፊዎች መረጃ ሉክ

ዶ/ር ቅድስት ኃይለጊዮርጊስ እባላለሁ፣ በአዲስ አበባ ዩኒቨርሲቲ የመጨረሻ አመት የስነ አእምሮ ስፔሻሊቲ ተማሪ ነኝ። በዚህ ጥናት ለመሳተፍ ጊዜ ስለሰጠኸኝ ምስጋናዬን መግለጽ እፈልጋለሁ። ይህ የመረጃ ወረቀት እርስዎ አካል እንዲሆኑ የተጋበዙበትን የምርምር ፕሮጀክት አጠቃላይ እይታ ለማቅረብ የተነደፈ ነው። የጥናቱ ዓላማ፣ በጥናቱ ውስጥ ያለዎትን ሚና፣ በጥናቱ ውስጥ የመሳተፍ ጥቅማጥቅሞች እና ሊሆኑ የሚችሉ ጉዳቶች እንዲሁም ለእኛ የሚሰጡንን መረጃ ማካካሻ እና ምስጢራዊነት ይዘረዝራል።

ዓላማው፡ የወቅቱ የጥናት ዓላማ በ ጥቁር አንበሳ ሆስፒታል ወይም በዘውዲቱ ሆስፒታል ወይም ስቶታ የአእምሮ ሆስፒታል ወይም ጊዜ የአእምሮ ሆስፒታል ራሳቸው ላይ ጉዳት ያደረሱና ድንገተኛ ክፍል ህክምና የተደረገላቸውን ልጆች ወላጆችን ያጋጠሟቸውን ተጨባጭ ልምዶችን መመርመር ነው።

ሂደት፡ በዚህ ጥናት እንዲሳተፉ መርጫችኋለሁ ምክንያቱም በአሁኑ ጊዜ በጥቁር አንበሳ ወይም በዘውዲቱ ሆሰፒታል ወይም ለቤዛ የአእምሮ ማዕከል ወይም ስቶታ የአእምሮ ሆስፒታል ወይም ጊዜ የአእምሮ ሆስፒታል የታካሚ ክፍል ውስጥ ልጆት ስለታከመ(ስለ ታከመች) ነው። የተለያዩ ጥያቄዎችን መመለስ ይጠበቅቦታል፣ የስነ ሕዝብ አወቃቀር መረጃን፣ ያንተን ልምድ፣ ስሜት፣ ሐሳብ፣ እና ከልጆ ጋ ያሎት ግንኙነት እንጠይቃለን። በዚህ ፕሮጀክት ውስጥ ለመሳተፍ ከተስማሙ፣ የፍቃድ ቅጹን መረዳት እና መፈረም ያስፈልግዎታል። በመቀጠል፣ በመረጃ ሰብሳቢዎች የተደረገ ቃለ መጠይቅ ይሰጥዎታል። ቃለ ምልልሱ ቢያንስ ለ60 ደቂቃዎች ይቆያል ተብሎ ይጠበቃል።

ስጋቶች፡ ተመራማሪው በዚህ ጥናት ውስጥ በመሳተፍ ሊያጋጥሙ የሚችሉ አደጋዎችን አልለዩም:: በጥናቱ ላይ ለመሳተፍ ፈቃደኛ አለመሆን ምንም አይነት መጥፎ ውጤት የለውም።

ጥቅማ ጥቅሞች፡ አላማው ወላጆች እና ልጆች ተጨባጭ ልምዶች ግንዛቤን ማግኘት ነው።

ማበረታቻዎች፡ በዚህ ጥናት ውስጥ በመሳተፍዎ 200 ብር ክፍያ ይኖረዋል ። በቃለ መጠይቁ ወቅት ክሊኒካዊ ተዛማጅነት ያለው መረጃ ከወጣ፣ ከእርስዎ ፈቃድ ጋር ለህክምና ቡድንዎ ይተላለፋል።

ምስጢራዊነት፡ በዚህ የምርምር ፕሮጀክት ውስጥ የሚሰበሰበው መረጃ በሚስጥር ይጠበቃል። የእርስዎ የግል መለያዎች እና የግል መረጃዎች ከተመራማሪው ቡድን ውጪ ለሌላ ሶስተኛ አካል አይገለጡም።

እምቢ የማለት ወይም የመውጣት መብት፡ በዚህ ጥናት ውስጥ ላለመሳተፍ ሙሉ መብት አለዎት። ለጥያቄ መልስ መስጠት ካልፈለጉ ወይም ቃለ መጠይቁን ማቆም ከፈለጉ በቃለ መጠይቁ ውስጥ በማንኛውም ጊዜ ከመሳተፍ መራቅ ይችላሉ።

ሊገናኙ የሚችሉ ሰዎች፡- ይህ የምርምር ፕሮጀክት በአዲስ አበባ ዩኒቨርሲቲ፣ በሕክምና ትምህርት ቤት እና በአእምሮ ሕክምና ክፍል የሥነ ምግባር ኮሚቴ ታይቶ ጸድቋል። ተጨማሪ መረጃ ለማግኘት ከፈለጉ ከዚህ በታች ባለው አድራሻ ኮሚቴውን ማግኘት ይችላሉ።

ለማንኛውም ጥያቄዎች የምርምር ቡድኑን አባላት ማነጋገር ይችላሉ።

የስነምግባር ኮሚቴ ጽ/ቤት፡ +251115 538734

አማካሪዎች፡-

ዶ/ር፡- ውባለም

ዶ/ር ፡- ናርዶስ

ዋና መርማሪ፡- ዶ/ር ቅድስት

አባሪ II- በመረጃ የተደገፈ የስምምነት ቅጽ

በዚህ ሰነድ ውስጥ ያለውን መረጃ እና የምርምር ፕሮጀክቱን ዓላማ እንዳነበብኩ እና እንደተረዳሁ አረጋግጣለሁ, እናም በራሴ ፍላጎት በምርምር ፕሮጀክቱ ለመሳተፍ ተስማምቻለሁ. በማንኛውም ጊዜ ከፕሮጀክቱ የመውጣት መብት እንዳለኝ አውቃለው።

የተሣታፊ ፊርማ፡_____ ቀን _____

የመረጃ ሰብሳቢው ስም እና ፊርማ _____ ቀን_____

የሱፐርቫይዘሩ ስም እና ፊርማ _____ ቀን_____

አባሪ III - የመረጃ መሰብሰቢያ ቅጽ

ሀ. የተሳታፊዎች ማህበራዊ ስነ-ሕዝብ ባህሪ

1. ዕድሜ _____

2. ፆታ ሀ) ወንድ ለ) ሴት

3. የጋብቻ ሁኔታ

ሀ) ያገባ ለ) ያላገባ ሐ) የተፋታ መ ተለያይተዋል

4. የሀይማኖት

ሀ) ኦርቶዶክስ ክርስቲያን ለ) ፕሮቴስታንት ሐ) ሙስሊም መ) ሌላ፣ እባክዎን ይግለጹ።

5. የትምህርት ደረጃ

A. ያልተማረ

ለ. የተማረ

1) የመጀመሪያ ደረጃ ትምህርት 2) ሁለተኛ ደረጃ ትምህርት ቤት 3) ዲፕሎማ 4) ዲግሪ

5) የማስተርስ ዲግሪ 6) የዶክትሬት ዲግሪ 7) ሌላ

6. ሥራ ሀ) መንግሥት ለ) የግል ሐ) ሥራ አጥ መ) ሌላ

7. የመኖሪያ ቦታ ሀ) የከተማ ለ) ገጠር

አባሪ IV፡ የርዕስ መመሪያ

1. ዳራ እና አውድ

ያለፈው የስነ-አእምሮ ታሪክ -

የመግቢያ ምክንያት -

የቆይታ ጊዜ-

ለመጀመሪያ ጊዜ ልጅሽ እራሱን ለመጉዳት ሙከራ ማድረጉን በምንመልኩ አወቅሽ?

ምን ተሰማሽ?

እንደዛ ያደረገበት ምክንያት ምን ሊሆን ይችላል ብለሽ ታሰቢያለሽ

አንቺ ላይ ቤተሰቡ ላይ ምን አይነት ተፅእኖ አመጣ

ወዲያው ልጅሽ ጉዳት ለማድረሰ እንደሞከረ ሰታውቂ ከ ልጅሽ ጋር የነበረሽ ግንኙነት ምን ይመሰል ነበረ

ከቀናትሰ በኋላ

ከ ሳምንትሰ በኋላ

ልጅሽ ሙከራ ካደረገ በኋላ የተቀየሩ ነገሮች አሉ

የተሰማሽን ሰሜት እና በሰአቱ ምን እንዳሰብሽ ለልጅሽ ገለፀሽለት

ልጅሽ ራሱን ለመጉዳት ሙከራ ያደረገበትን ምክንያት ጠይቀሽው ከነበረ? ምን አለሽ? ምክንያቱንስ እንዴት ነው የተረዳሽው? ካልጠየቅሽውስ ምክንያቱ ምን ይመሰልሻል?

አሁን ላይ በልጀሽ ጉዳይ የሚያሳሰብሽ ምንድር ነው?

ከ ጤና ባለሙያ ምን አይነት እገዛ እንዲደረነግልሽ ትፈልጊያለሽ?

ለልጅሽ እንክብካቤ ሰታደርጊ የተቸገርሽበት ነገር አለ?

የጎረቤት ምላሽ ምን ይመስል ነበር?

ከመንፈሳዊ አባቶች የተደረገልሽ እገዛ አለ? ምን ዓይነት ምላሽ የሚኖራቸው ይመስልሻል

ከሀኪሞች ለልጀሽ የተደረገው ህክምና ምን ይመስላል?

ከዚ ቀደም ከልጅሽ ጋ የነበረሽ ግንኙነት ምን ይመስላል? አሁን ላይ የተቀየረ ነገር አለ? ካለ ለምን?

ቤተሰብ በተፈጠረው ነገር ምን ዐፀፋዊ ምላሽ ሰጡ

ስለዚህም ጥናት ዓላማ እና ሚስጢራዊነት በዋና ተመራማሪዋ በቂ መረጃ አግንቻለው። የተሰጠውን መረጃ ተረድቻለው እና ተሳትፎዬ በፈቃደኝነት ነው። የእኔ ተሳትፎ ለ ልጄ በሚሰጠው(በሚሰጣት) ህክምና ላይ ቀጥተኛ ተፅዕኖ እንደሌለው ተረድቻለው። ለትራንስፖርት ወጪዬ እንዲሁም ለዚ ጥናት ለተሳተፍኩበት ጊዜ ማካካሻ 300 ብር ወስጃለው።

ራሳቸው ላይ ጉዳት አድርሰው ሆስፒታል ህክምና ለተደረገላቸው ልጆች ወላጆች ላይ በተደረገው ጥናት ላይ ለመሳተፍ ለ ዶክተር ቅድስት ፈቃዴን እሰጣለው።

የተሳታፊ ፊርማ

ቀን

የተመራማሪዋ ፊርማ

ቀን