

JIMMA UNIVERSITY
INSTITUTE OF HEALTH
DEPARTMENT OF EPIDEMIOLOGY

MAGNITUDE AND ASSOCIATED FACTORS OF SUICIDAL IDEATION AND ATTEMPT
AMONG HIGH SCHOOL ADOLESCENTS OF JIMMA TOWN, SOUTHWEST, ETHIOPIA

BY: HAYAT MOHAMED ALIY (BSc. in PUBLIC HEALTH)

A THESIS SUBMITTED TO FACULTY OF PUBLIC HEALTH DEPARTMENT OF
EPIDEMIOLOGY OF JIMMA UNIVERSITY, IN PARTIAL FULFILLMENT FOR THE
REQUIREMENT FOR MASTERS OF PUBLIC HEALTH IN EPIDEMIOLOGY

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ABSTRACT

Background: More than three-fourth of the global suicides occur in low- and middle-income countries, which is the one of the leading causes of death in adolescents. Studies show that suicidal ideation and attempt as the leading pathways for suicide. There have been limited researches in Ethiopia regarding suicidal ideation and suicidal attempt; yet variables such as cyber bullying, household wealth, family and school environment and were not addressed in the previous studies.

Objective: To determine the magnitude and associated factors of suicidal ideation and suicidal attempt in high school adolescents of Jimma Town, Southwest Ethiopia 2022.

Methods: A school based cross-sectional study was conducted from January 1- June 30. A sample of 1144 adolescents of grades 9 to 12 were the participants. Multistage sampling technique was used and data was collected using a self-administered questionnaire. Data was cleaned and entered to Epi-data version 3.1 and then exported to SPSS version 26 for analysis with binary logistic regression. Factors that were found significantly associated during bi-variable analysis (p value < 0.25) were entered into the multi-variable analysis. A statistical significance was considered at p value < 0.05 and considering 95% confidence interval.

Results: Life time suicidal ideation and attempt were reported by 22.5% (95% CI: 20.1, 24.9) and 13.3% (95% CI: 11.4, 15.4) of the participants respectively, while 12-month suicidal ideation and attempt were reported by 14.6% (95% CI: 12.4, 16.7) and 10% (95% CI: 8.1,11.8) of the respondents. Being female was one of the factors associated with higher odds of both suicidal ideation (AOR: 1.7; 95% CI: 1.4, 2.6) and suicide attempt (AOR: 2; 95% CI: 1.2, 3.4). Those disappointed in school had two and half (AOR: 2.3; 95% CI: 1.4, 4) and three and half ((AOR: 3.5; 95% CI: 1.8, 6.8) times higher odds of ideating and attempting suicide. Other factors associated with both suicidal ideation and attempt with their respective odds for suicidal ideation and attempt are family history of suicide attempt (AOR: 2.7; 95% CI: 1.7,4.2) and (AOR :2.9; 95% CI: 1.8, 4.9); current alcohol use (AOR: 3.6; 95% CI: 2,6.4) and (AOR :4.8; 95% CI: 2.6, 8.8); severe anxiety (AOR: 2.4; 95% CI: 1, 2.5) and (AOR :2.9; 95% CI: 1.4,6.1) ; extremely severe anxiety (AOR :4.1; 95% CI: 2,8.3) and (AOR :5.5; 95% CI: 2.9, 10.3); having chronic medical condition (AOR: 2.1; 95% CI: 1.3, 2.3) and (AOR :2; 95% CI: 1.2, 3.2). The factor

only associated with suicidal ideation was cyber bullying (AOR: 2.2; 95% CI: 1.4, 3.4).Wealth index was found to be associated with suicidal ideation; while family history of suicide was also found associated to both suicidal ideation and attempt even if both variables' association wasn't statistically significant in the multi-variable analysis.

Conclusion and Recommendations: The magnitude of suicidal ideation is consistent with the previous studies in Ethiopia and lower than of the neighboring countries but is not ignorable since suicidal ideation and attempt are concepts directly related to mortality. School administrations should work on creating favorable environment for mental health awareness creation and parents should help their adolescent children seek help from health professionals when facing mental health problems. Additionally, there should be parental guidance of adolescents' mobile phone use. Future researchers are recommended consider variables such as wealth index to further explain their relationship with suicidal ideation and attempt.

Key Words: Suicidal ideation, Suicidal attempt, Cyber bullying, Adolescents, Jimma, Ethiopia

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ACRONYMS AND ABBREVIATIONS

| | |
|------|--|
| AIDS | Acquired Immune Deficiency Syndrome |
| AOR | Adjusted Odds Ratio |
| CDC | Centers for Disease Control |
| CI | Confidence Interval |
| CIDI | Composite International Diagnostic Interview |
| COR | Crude Odds Ratio |
| FMOH | Federal Ministry of Health |
| HIV | Human Immunodeficiency Virus |
| KMO | Kaiser Meyer Olkin |
| PCA | Principal Component Analysis |
| PI | Principal Investigator |
| SA | Suicidal Attempt |
| SI | Suicidal Ideation |
| SPSS | Statistical Software for Social Sciences |
| USD | United States Dollar |
| WHO | World Health Organization |
| YRBS | Youth Risk Behavioral Survey |

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1. INTRODUCTION

1.1 Background

The term suicide is defined as death caused by self-directed injurious behavior with any intent to die as a result of the behavior. Usually in literature the collective term of suicidal behavior is used; which comprises suicidal ideation (thinking about, considering, or planning suicide) and suicidal attempt (non-fatal self-directed potentially injurious behavior with any intent to die as a result of the behavior) (1,2).

Suicide is a global public health problem costing the lives of 700,000 people each year. According to the WHO 2019 global estimates, suicide is one of the leading causes of death preceding human immunodeficiency virus-acquired immune deficiency syndrome (HIV/AIDS), malaria, breast cancer and war associated mortality (3). In the United states alone the CDC has reported suicide rate have increased by 33% from 1999 to 2019 (4).

Data sources show that 77% of suicides occur in low- and middle-income countries. When compared with other regions (5); Africa takes the lead share with rate of 11.2 deaths per 100,000 population (6.9 up to 17.5) and Europe being the second with average suicide rate of 10.5 deaths per 100,000 populations. These makes Africa the leading region in high prevalence of suicide of all regions in the world (5–7).

Regarding country wide data, a study done by secondary analysis of WHO-repository data of Mediterranean countries revealed a variable prevalence among countries, where higher magnitude was seen Slovenia (13.3 deaths per 100,000 population) and France (12.1 deaths per 100,000) while lower magnitude was got in Arab-world countries like Algeria (3.3 deaths per 100,000 population) and Syria (2.4 deaths per 100,000 population) (8).

For every suicide there are many people attempting suicide. For instance an estimate in the United States in 2016 shows that there are in average 25 attempts for one death in suicide (5,9). According to the CDC, globally 12 million people do seriously thought about suicide; of which 3.5 million of them make a plan and 1.4 million attempt to do so (4).

Suicidal ideations occur in a fluctuating manner what some literatures state as “waxing and waning”. There are no “typical” suicidal thoughts ideas or thoughts as there is no “typical” victim of suicide. There is a huge difference in intensity, character and duration of the behaviors, that is why repeated studies are needed to assess the behavior (10).

Adolescents who are defined as those aged between 10 to 19 years, account for 16 percent of the world population and are among the most affected segment of the population by suicide (11,12).

1.1 Statement of the problem

Suicide affects all ages. It’s the second leading cause of deaths for people between the age 10 to 34 and the fourth leading cause of death for those adolescents between the age 15-19 following deaths by road injury, tuberculosis and inter-personal violence. More than half of global suicides (58%) occurred before the age of 50 years and most adolescents who committed suicide (88%) were from low- and middle-income countries where nearly 90% of the world’s adolescents reside (3–5).

The World Health Organization (WHO) report of 2015 indicates that suicide is third cause of death among adolescents (12). Since adolescence is a transitional stage to adulthood where children will be experiencing changes in their physical growth, emotions, social environment, which created a huge pressure on themselves and in the absence of supports from parents and the society may lead to suicidal behavior and eventually to suicide (13).

The emotional, human and even economic burden of suicide to victims, their families, and society makes it a serious public health issue; and that is why its reduction is stated as a goal and suicide mortality rate is stated as an indicator in the sustainable development goals (SDGs) under target 3.4 (14,15). Additionally, the WHO mental health action plan has also indicated suicide prevention as an important priority and aimed to decrease the country based suicide rate by 10% in 2020 (16); though the 2019 WHO estimates showed this plan was not to be achieved considering every world country. Therefore the action plan was extended to 2030 with increased target of decreasing suicide rates by one third (17).

Ethiopia as one of the countries which are included in this plan; have developed a mental health strategy in which suicide prevention is one of the key components which is given attention. According to the mental health atlas of WHO; even if Ethiopia has a mental health strategy the country lacks a child and adolescent specific mental health strategy (18,19).

Besides its high magnitude and efforts made to its reduction suicide rates tend to be under reported due to weak surveillance systems, a misattribution of suicide to accidental deaths, as well as its criminalization in some world countries (16). Almost all suicides are preceded by repetitive thoughts and ideas about killing one-self. Studies have stated suicidal ideation and attempt as one of the risk factors for committing suicide (20).

There have been several studies regarding magnitude of suicidal ideation and suicidal attempt in adolescents. A pooled analysis from studies done in school adolescents in 90 countries from 2003-2017 revealed that magnitude of suicidal ideation was in countries like Myanmar and Laos compared to that of Samoa and Liberia experienced higher prevalence(21). Other separate studies indicate magnitude differences among countries. The magnitude of suicidal ideation varies from 44% (Slovenia) to 17.7% (Mozambique) (20,22).

Regarding Suicidal attempt variable results have also been found from other studies regarding its' magnitude among adolescents. Studies done in Nigeria (2.8%) and Ethiopia (16.2%) are one of them (23,24). Lack of social support, not living with parents, being disappointed by school results, history of bullying, sexual abuse, substance use (i.e. alcohol) were some of the factors found to be associated with suicidal ideation and attempt (25,26).

Even though the Ethiopian federal ministry of health (FMOH) emphasized the need for researches by academic institutions to launch evidence based interventions (18); there have been limited studies in Ethiopia regarding suicidal behaviors in adolescent age groups; which are outdated considering the heterogeneous nature of suicidal behavior. The time gap and the technological and other globalization resulted changes like cyber bullying specially while using social media which made the adolescent population more vulnerable to psychological stress besides the physiological changes within them were not addressed in the previous studies (24,25).

Studies show that cyber victimization, or victim of bullying by peers online, has been repeatedly found to be associated with higher rates of self-harm and suicidal behavior. Content related to suicide and self-injury may also be available online, potentially increasing suicide risk among young people who are already vulnerable (27,28).

Additional to cyber bullying variables that were not addressed in previous studies were household wealth status (index), family environment and school environment were included in this study. So the aim of this study was to assess the level of suicidal ideation, and suicidal attempt and the factors that are affecting them in adolescents attending high school in the study area.

1.3 Significance of the study

The findings of this study will be of significant importance in providing an up-to-date understanding of suicidal behaviors and associated factors in the study group for both researchers and concerned government bodies and assist on planning and implementation of specific interventions by policy makers contributing for the mitigation of these behaviors for the adolescents especially in the study area. It will also be an input for future studies that will be done on this issue.

2. LITERATURE REVIEW

2.2 Magnitude of Suicidal ideation

Even if there are no studies indicating global magnitude of suicidal ideation; several studies have been conducted in different world countries; for instance a 2019 youth risk behavior survey (YRBS) in USA where suicidal ideation in the past 12 months was assessed, suicidal ideation prevalence was found to be 18.8% (29), which is lower than the prevalence from a similar survey in 2015 (20%) (30). These findings are consistent with results of a school-based survey conducted in Poland where out of 5,685 adolescent participants between the ages 13-19, 24.66% of them reported having suicidal thoughts and 15.5% of them had planned to do so. In contrast to the findings of the above two studies, the 2019 YRBS in Vietnam ; where 661 high school adolescents participated revealed a relatively lower 12-month prevalence of suicidal ideation (14.2%) (31).

Regarding African countries cross-sectional survey involving 3680 Swazi high-school adolescents found the 12-month suicidal ideation prevalence to be 18.5% (32) which is relatively lower than findings of the study in Mozambique where out of 1918 adolescents 17.7% (22) of them reported having experienced suicidal ideation in the prior 12 months. Results from studies in Ethiopia have revealed a prevalence value of 20.5% (25) and 22.5% which is a relatively higher value compared to other results of other African countries (24).

2.3 Magnitude of Suicidal Attempt

A survey in Utah, USA where suicidal attempt and ideation among 27,329 adolescents from grade 8, 10 and 12 was assessed found the magnitude of suicidal attempt to be 8.2%. This finding is in line with the 2019 national YRBS in USA where suicidal attempt was reported by 8.9% of the participants. In the contrary a lower magnitude of 4.37% was found in study done on polish high school adolescents (29,30).

Findings of studies in African found a relatively higher prevalence values. For instance findings of studies in Tunisia and Mozambique revealed a prevalence of 7.3% and 18.5% respectively (22,33). Regarding studies in Ethiopia a magnitude of suicidal attempt of 12.5% and 16.2% were reported in Fiche and Dangla respectively (23,25).

2.4 Factors affecting Suicidal ideation/Attempt

2.4.1 Socio demographic factors

2.4.1.1 Sex

Most studies conducted on suicidal ideation and attempt has found females to be at higher risk and males at lower risk. For instance In Tunisian high school adolescents, female students were 2.56 times more likely to experience suicidal thoughts than males, whereas the association with suicidal attempt was found to be insignificant even if more girls attempted suicide than boys (33). These findings are consistent with results of the study in Swaziland where male adolescents had 0.83 times lower odds of having suicidal ideation (32). Consistent findings were found in the study conducted in Fiche (25) where female students had two times higher odds of contemplating suicide than male students. On the contrary results of the studies in Iran and Mozambique found sex to be not associated with both suicidal ideation and attempt (13,22).

2.4.1.2 People respondents are living with

In the study done in Poland living a single mother increased the risk of suicidal ideation in males while no association was found in female students (34). In contrast to these findings, in Nigeria the odds of suicidal ideation in high school adolescents living with their father alone were 93% higher than those with both parents. Besides those students livings with other family members or family friends had 1.37 times higher odds of experiencing suicidal ideation than those who were not. These similar study also revealed that adolescents living with their father alone had 2.34 times higher odds of attempting suicide (23). On another hand findings of a study in Portugal found those students who reported not living with their parents had 2.27 times higher odds of experiencing suicidal ideation (35) ; which is consistent with findings of the study in Dangla, Ethiopia which revealed that adolescent students who had been living alone had about twice the odds of attempting suicide compared to those who had been living with their family (24).

2.4.1.3 Family income/wealth status

Even if there hasn't been studies associating family income and adolescent suicidal behavior; there have been general population studies in countries like South Korea where those individuals with low income of <1800 USD had 1.36 times higher odds of suicidal ideation compare with

those who had income greater than 4500 USD. This study is assessing the association of family's wealth index on adolescent suicidal ideation and suicidal attempt (36).

2.4.2 Psycho-social behaviors

2.4.2.1 School-related factors

Academic related factors

In Iran, adolescents having difficulties on home works given at school were three times more likely to experience suicidal ideation even if the association was not found significant in multi-variable analysis (13). These results is consistent with the study in Tunisia which also found no significant association between school performance and suicidal behavior (33).

In other aspect of academic performance; the study in Fiche(25), Ethiopia revealed that students who reported being disappointed with school results had 2.59 times higher odds of experiencing suicidal ideation which is in line with the study in Dangla where students who were disappointed in their results had 2.23 times higher odds of experiencing suicidal ideation than who were not disappointed (24).

School bullying and physical violence

A significant association was found between bullying and suicidal behavior in the study in Swaziland where he odds of suicidal ideation in those adolescents who were bullied by peers was 24% higher than those who didn't experience cyber bullying (32). The study in Mozambique on the other hand; magnified the relationship between bullying and suicidal attempt; where Mozambican adolescents who were bullied had 14.6% higher odds of attempting suicide (22); whereas there was no significant association found between bullying and suicidal ideation. In contrary to the above study's findings of the study in Tunisia suggested found that any peer relationships had no significant relation with both suicidal ideation and attempt (33).

Regarding physical violence Swazi adolescents who were who were attacked or were involved in physical fight had 1.12 and 1.13 times higher odds of experiencing suicide. In contrast the study in Mozambique revealed no association between being involved in physical fight and both suicidal behaviors (22,32).

Considering the relationship between the general supportiveness of a school environment and adolescent's suicidal behavior; Suggestive findings were revealed in a study done in Utah USA where adolescents living in a less supportive school environment had 3% and 5% higher odds of experiencing suicidal ideation and suicidal attempt respectively than those in a more supportive school environment (30).

2.4.2.2 Cyber bullying

A study done on Canadian high school adolescents revealed that the odds of suicidal ideation and attempt respectively was three and nearly one and half times higher than those who didn't experience cyber bullying (26). In USA, a secondary analysis study of the YRBS from 1991-2017 found consistent result with the Canadian study. In this study cyber bullied adolescents had 1.52 times higher odds of considering suicide and 1.24 times higher odds of having suicidal plan (37). There haven't been many studies assessing the association of cyber-bullying with suicidal behavior in African context. The findings of this study are an input for future studies considering this possible association.

2.4.2.3 Parent-related factors

Relationship with parents

In a secondary study that involved data from 52 countries results found that parental understanding resulted in 0.66 times lower odds of having suicidal thoughts; 0.17 times lower odds of having suicidal plan and 0.75 lower odds of attempting suicide (38). Similarly the study in Utah, USA found that a supportive family environment (even if the variable was assessed in a different manner) was protective against suicidal ideation (0.86 times lower odds of having suicidal thoughts) and suicide attempts (0.87 times lower odds of suicidal attempt) (30).

In contrary findings from a study in Mozambique revealed no significant association between parental understanding and any of suicidal behaviors even if association was found with suicidal attempt during bivariate analysis (22).

Family history of suicide/ suicidal behavior

A study in South Korea where both parents and adolescents were asked about suicidal ideation revealed that when one of the parents had suicidal ideation, the odds of their offspring also

having suicidal ideation was twice as high (39). Similarly findings from Fiche revealed that those adolescents having a family history of suicide had 3.61 times higher odds of experiencing suicidal ideation (25).

2.4.2.4 Social support and history of sexual abuse

Findings from the study in Dangla found that Adolescents who had poor social support had about 5.6 times higher odds of reporting suicide ideation than participants who had strong social support (24).

Regarding sexual abuse findings of the study in Iran(13) show that those participants who reported being sexually abused had 2.63 times higher odds of having suicidal thoughts compared to those who didn't report which is consistent with the findings from a study in Brazil where those adolescents who reported having experienced sexual violence by other students, teachers or school staff had more than three times higher odds of experiencing suicidal ideation than those who didn't report such type of violence (35).

2.4.3 Health-related factors

2.4.3.1 Mental health disorders

Depression

A study Vietnam revealed that those students who had depression were 20% more likely to report suicidal ideation (31) which is consistent with results in the study in Tunisia where Tunisian adolescents with personal history of depression had 129 % more higher odds and those with current depressive symptoms had 5.5 times higher odds of experiencing suicidal behavior (both suicidal ideation and attempt) (33).

Additionally some studies have found some features of depression like feeling lonely, worrying associated with suicidal ideation; by questioning about them alone. For instance Iranian adolescents reported being worried that they could not eat or did not feel hungry was associated with 4 times higher odds of experiencing suicidal ideation. Besides that feeling lonely was not found to be associated with suicidal ideation (13). On the contrary to these results, Polish adolescents with experiencing loneliness had nearly two times higher odds of experiencing suicidal ideation and nearly three times higher odds of attempting suicide. On the other hand

worrying was not found to be significantly associated with both. Additional to this findings this study also revealed that feeling hopeless was also associated with 2.49 times higher odds of suicidal ideation and 2.38 times higher odds of suicidal attempt (34).

Anxiety

A study in Mozambique revealed that adolescents with anxiety had 1.6 times higher odds of experiencing suicidal ideation and 1.74 times higher odds of attempting suicide(22). These in line with the findings of the study in Swaziland where the odds of experiencing suicidal ideation of those students who reported being worried that they couldn't sleep at night (Anxiety) were 43% times higher than those who didn't (32).

2.4.3.2 Chronic medical condition

Chronic medical condition: In a study done in Canada that involved both adolescents and young individuals (age from 15-30) revealed that those respondents having chronic medical conditions had 28% higher odds of reporting suicidal thoughts. Besides the study also revealed 2.34 times and 4.63 times higher odds of suicidal plan and suicidal attempt among those who had chronic medical condition compared to those who had not (40).

2.4.3.3 Substance use

Iranian adolescents with current smoking were reported to have 3 times higher odds of reporting suicidal thoughts (13). Similarly the study in Utah, USA indicated that illicit those students who use illicit substances in the previous month had 93% higher odds and those who use tobacco in the previous month had 54% higher odds of reporting suicidal ideation.

Similar results were reported regarding suicidal attempt and both illicit substance and tobacco use where those who used illicit substances had 1.9 times higher odds and those who used tobacco had 1.7 times higher odds of attempting suicide (30). These results are consistent with a Tunisian study which revealed that high school adolescents who smoke tobacco had 3.59 times higher odds of experiencing suicidal behavior. Besides that no association was found between suicidal behaviors and alcohol consumption and consumption of other substances (33).

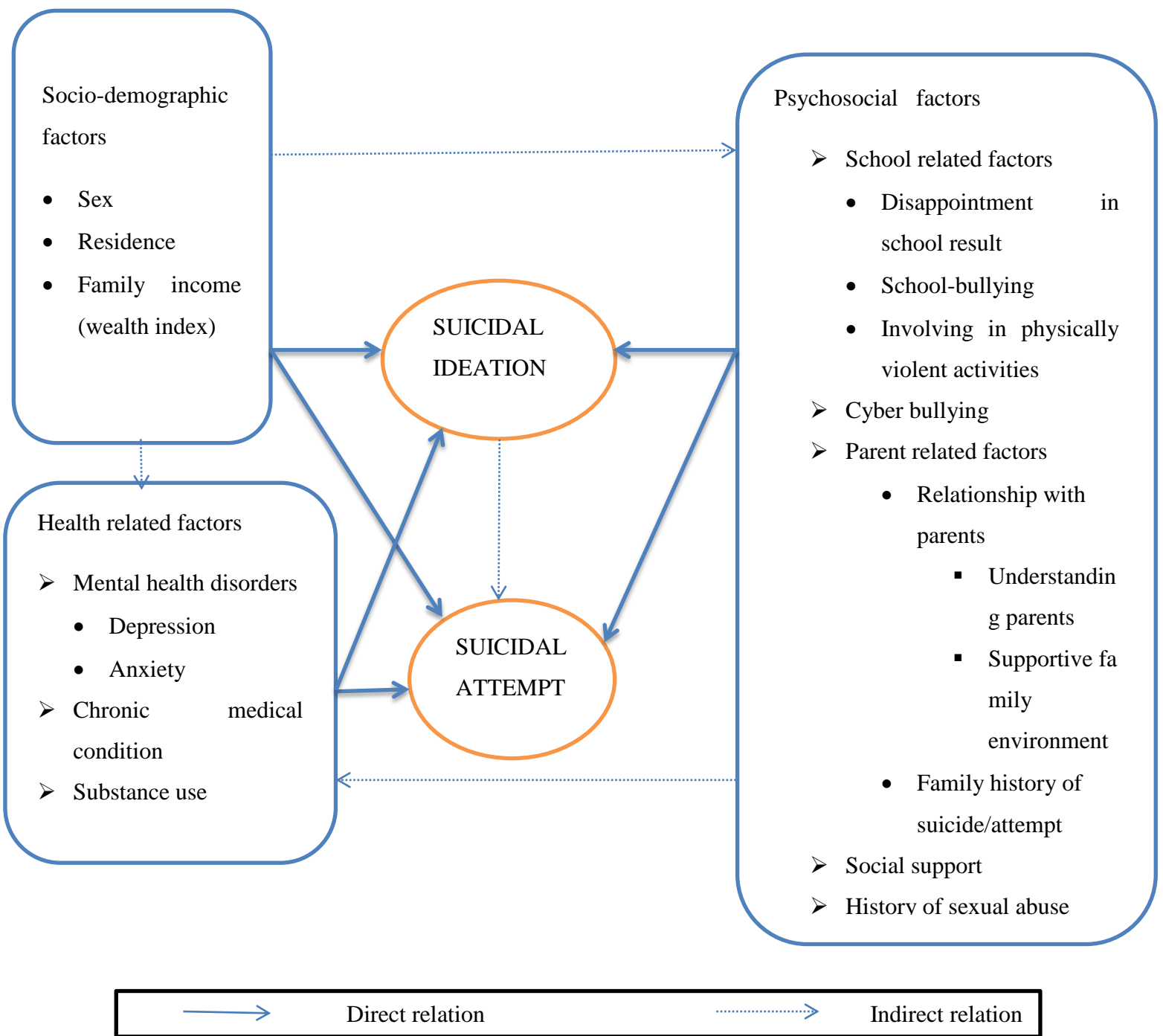


Figure 1 Conceptual framework of suicidal ideation and attempt and their associated factors adapted from different literatures (Seidu;2020, Zwald;2018, Amare;2018, Giru;2016, John;2018, Ziaei; 2017)

3. OBJECTIVES

3.1 General Objective

The general objective of the study was to determine the magnitude and associated factors of suicidal ideation and suicide attempt in high school adolescents of Jimma town, southwest Ethiopia 2022.

3.2 Specific objectives

- To determine the magnitude of suicidal ideation among high school adolescents of Jimma town
- To determine the magnitude of suicide attempt among high school adolescents of Jimma town
- To identify factors associated with suicidal ideation among high school adolescents of Jimma town
- To identify factors associated with suicidal attempt among high school adolescents of Jimma town

4. METHODS AND MATERIALS

4.1 Study area and Period

4.1.1 Study area

The study was conducted in Jimma town; found 357 kilometers from Addis Ababa with estimated population of 244,000. The town has 16 high-schools. Of these 8 are public schools (Aba-Buna, Jiren, Setoo, Mole-Mendera, Jimma, Ifa-bore, Geda, Jimma University Special School, and eight private schools (Eldan, Catholic, SOS, Beteseb, Tesfa Tewahido, Ebifam, Mewada, JUCS). These schools were giving education for 16,189 students (7,194 male and 8995 females). Previous studies revealed use of mobile phones in Jimma among adolescents is high, specially in the older adolescents where the use of mobile phone mainly smart phones is sixty eight percent (41).

4.1.2 Study period

The study was conducted from January – June 30 2022

4.2 Study design

A school based cross sectional study was conducted in Jimma town on adolescents from grade 9 to 12.

4.3 Source and study population

4.3.1 Source population

- All high school adolescents of Jimma town were the source population

4.3.2 Study population

- Adolescents to be randomly selected attending high school in one of the randomly selected schools of Jimma town

4.3.3 Study unit

- One randomly selected high school adolescent

4.4 Sample size, Sampling technique and Sampling procedures

4.4.1 Sample size determination

For the first two objectives sample size is determined using Epi-info version 7 considering Single

proportion formula; $n = \frac{(Z_{\alpha})^2 * P(1-P)}{d^2}$; A confidence interval of 95%, and margin of error of 3%

Table 1 Sample size determination using the first two objectives of the study

| Variable | Expected frequency (proportion value from previous study) | Margin of error | Design effect | Sample size | References |
|-------------------|---|-----------------|---------------|-------------|------------|
| Suicidal ideation | 22.5% | 0.03 | 1.5 | 1116 | (24) |
| Suicidal attempt | 16.2% | 0.03 | 1.5 | 869 | (24) |

For the associated factors sample size is determined using percent in unexposed and odds ratio and the largest sample size yield was selected as the final sample size.

Table 2 sample size determination using some associated factors of suicidal ideation and attempt

| Variable | CI | power | Ratio (exposed to unexposed) | % in unexposed | % in exposed | OR | Sample size | Ref. |
|---------------------------------|-----|-------|------------------------------|----------------|--------------|-------|-------------|------|
| Disappointe d in school results | 95% | 80% | 1 | 11.62 | 25.4 | 2.59 | 276 | (25) |
| Family history of suicide | 95% | 80% | 1 | 19.48 | 46.1 | 3.616 | 108 | (25) |

Therefore the variable suicidal ideation yielded the largest sample size of 1116 and by considering non-response rate of 10% the total final sample size became 1228.

4.4.2 Sampling technique and sampling procedures

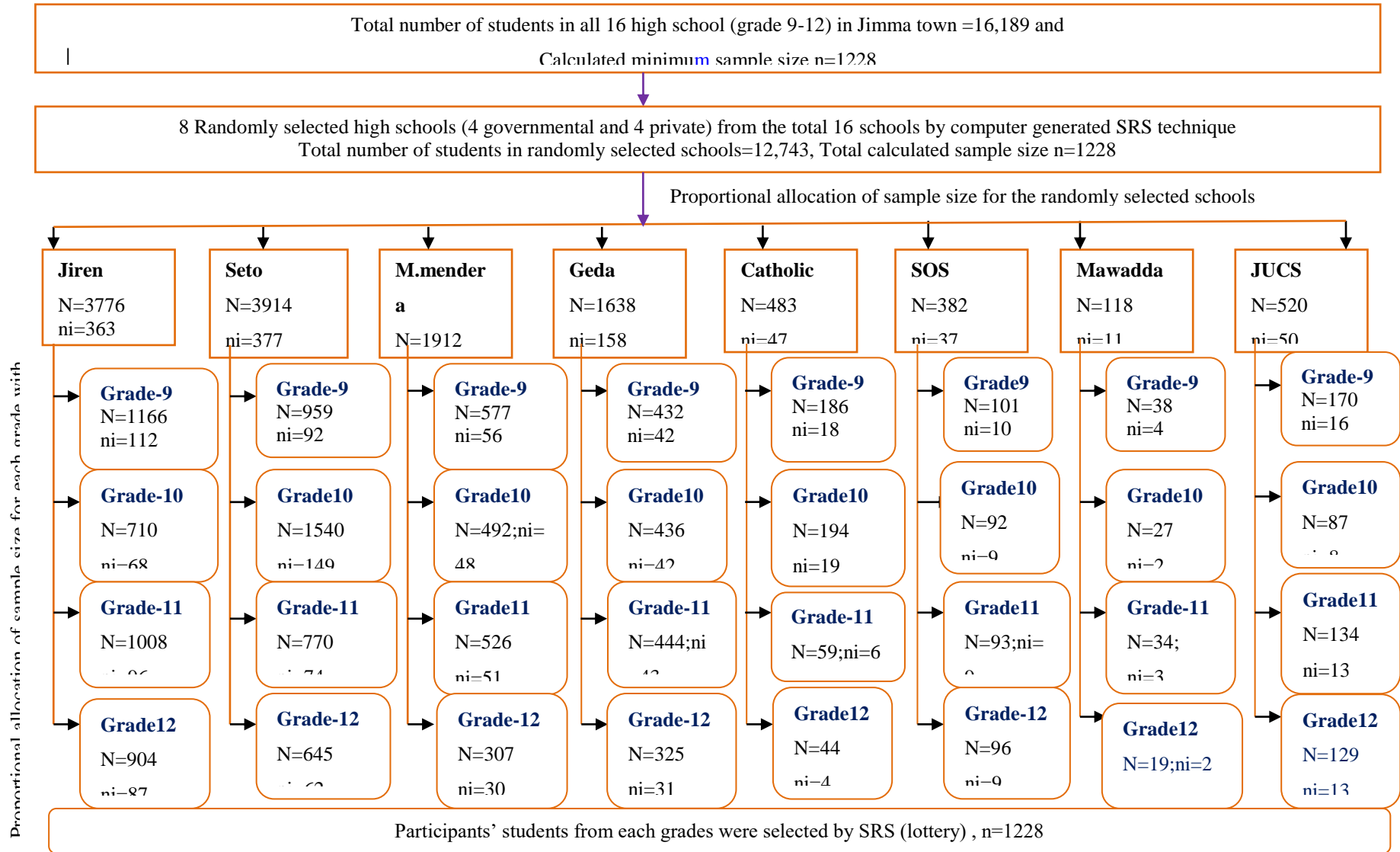


Figure 2 sampling procedure scheme of the study

4.5 Data collection procedure

Data was collected using a self-administered semi-structured questionnaire adopted from different literature. Suicidal ideation and attempt were assessed using questions adopted from the WHO-CIDI (Composite International Diagnostic Interview) questionnaire (42). Social support was assessed by OSLO social support scale-3 (OSSS-3) (43); Depression and Anxiety were assessed using DASS-21(22) (Depression, Anxiety and stress scale(the sections of anxiety and depression in this study had Cronbach's alpha reliability value of 0.767 and 0.791). All these scales have been validated in Ethiopian setting and have been used in previous studies done in the country (44). Wealth index was assessed using the EDHS-2016 wealth index questionnaire having 34 items (45). Questions regarding other associated factors were also adopted from different literature. The tool was translated to Amharic and Afan-Oromo and was translated back to English for checking consistency. Data was collected by 6 nurses experienced in data collection after a training regarding the tool is given for a day. Additionally 2 health officers were responsible for supervision activities. The tool was pre-tested in one of the unselected high school.

4.6 Study Variables

4.6.1 Dependent variables

- Suicidal ideation?
- Suicidal attempt?

4.6.2 Independent variables

Socio-demographic variables

- Sex
- Residence
- wealth index

Psychosocial variables

- School related factors
 - Disappointment in school results?
 - School-bullying

- History of physical violence
- School environment
- Cyber bullying
- Parent related factors
 - Having understanding parents
 - Family environment
 - Family history of suicide/ suicidal attempt
- Social support
- History of sexual abuse

Health-related variables

- Mental health disorders
 - Depression
 - Anxiety
- Chronic medical condition
- Substance use
 - History of smoking ever
 - Current smoking
 - History of alcohol drinking ever
 - Current alcohol drinking

4.7 Operational definitions

- **Adolescent** – is defined as individual between 10 and 19 years of age.
- **Wealth index**-is defined as the composite measure of the cumulative living standard of a household. It was calculated by 32 questions on household ownership of selected assets such as ownership of sanitation facilities, water access, television, radio, computer etc. The composite factors were generated by PCA (principal component analysis) and the summed composite score is classified to five quantiles resulting in poorest, poorer, middle, richer and richest for the first, second, third, fourth and fifth quantiles wealth index classes respectively.

- **History of (ever) substance use-** defined as consuming any substance at least once in his or her lifetime
- **Current substance use-** defined as consuming any substance at least once in the last month
- **Poor social support-** defined as when a participant scores “3–8” based on Oslo Social Support Scale
- **Moderate social support-** defined as when a participant scores “9–11” based on Oslo Social Support Scale
- **Strong social support-** defined as when a participant scores “12–14” based on Oslo Social Support Scale
- **Depression and Anxiety:** Scores on the DASS-21 need to be multiplied by 2 to calculate the final score.

For depression

- Normal= values between 0-9
- Mild= values between 10-13
- Moderate= values between 14 to 20
- Severe= values between 21-27
- Extremely severe= 28 and above

For Anxiety

- Normal= values between 0-7
- Mild= values between 8-9
- Moderate= values between 10-14
- Severe= values between 15-19
- Extremely severe= 20 and above

Bullying: is when one or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when two students of about the same strength or power argue or fight or tease each other in a friendly way. Operationally school bullying will be defined as when a participant student has answered “yes” for the question: - “During the past 12 months, have you ever been bullied or threatened by someone while on school compound?”

Cyber bullying: refers to bullying by email, text message, instant messaging, Social networking and other websites. Operationally cyber bullying was defined as a participant student answered “yes” for the question “During the past 12 months, have you ever experienced cyber-bullying?”

Supportive school environment: a median score was calculated from five items, which are on a 4-point Likert scale. Values above the median score (9 in this case) were defined as more supportive school environment.

Supportive family environment- a median score (since the distribution was skewed) was calculated from three items, which are on a 4-point Likert scale. Values above the median score (6 in this case) were defined as supportive family environment.

Understanding parents: is operationally defined as a participant answering “yes” for the question “During the past 12 months do you feel that your parents or guardians have understood you?”

4.8 Data Analysis procedures

Collected data was checked, cleaned and entered into Epi-data version 3.1 and then exported into Statistical Package for the Social Sciences (SPSS window version 26) for analysis. For the first two objectives; the prevalence of suicide ideation and attempt, descriptive statistics, using frequencies, mean and standard deviation was performed.

Wealth index was analyzed using Principal component analysis considering varimax rotation, Kaiser Meyer-Olkin value >0.5 and Barlett’s test of sphericity of $p\text{-value} < 0.05$ as for the model and cutoff value of 0.4 for individual cells of component coefficients. The factor cutting criteria was set as total explained variance $> 60\%$. The sum of resulting components was transformed in to quantiles considering the EDHS (Ethiopian demographic and health survey) classification of wealth index.

For the analysis of the associated factors a binary logistic regression model was used. Bi-variable analysis was performed to determine each of the factors associated with suicidal ideation and suicidal attempt. Factors that are found significantly associated with suicidal ideation and attempt during bi-variable analysis were entered into the multivariable analysis with the backward elimination variable selection method. A $p\text{-value} < 0.05$ along with 95% confidence interval was considered was used to state statistically significance. Hosmer and Lemeshow test was used to test the goodness of fit of the model ($p\text{-value} >0.05$ was considered significant for the model fitness).

4.9 Data quality management

For the quality of the data the questionnaire was translated to Amharic and Afan-Oromo and translated back to English by language experts. Besides, pretesting of the questionnaire was performed using 5% of the data.

Data collectors were trained regarding the sampling procedures and the questionnaire. Additionally, the data collection was closely supervised by the principal investigator and supervisors.

4.10 Ethical consideration

Ethical clearance was obtained from the ethical board of Jimma University. A written Guardian consent to participate was obtained from the parents for those who are under 18 years using communication with the school administrators. Besides, an assent was gained from the under-18 years old participants themselves. For those students 18 who were and above informed written consent was obtained. Study participants were kept to sit far; personal identifying terms was never used through the whole process of data collection, analysis and write up. Participants found to have suicidal behaviors were offered to be linked with Jimma university medical center.

4.11 Dissemination plan

The finding of this study is presented to JU, Department of epidemiology; will be disseminated to each study schools and the town education and health office so that specific measures can be taken based on the found results. Besides, the results of the study will be submitted for journals for possible publication for reaching the scientific community.

5. RESULTS

5.1 Socio-demographic characteristics of the respondents

A total of 1144 students participated in the study making the response rate 93.2%. Of these, 713 (62.3%) were female. The mean age of the respondents was 16.9(\pm 2.0) ranging from 13 to 19. Regarding wealth index total variance explained by eight components was 70% with the Kaiser-Meyer-Olkin (KMO) sampling adequacy value of 0.7 (Table 3).

Table 3: Socio demographic characteristics of participants, Jimma town 2022 (n=1144)

| Variable | Category | Frequency | Percent |
|-------------------------------|-----------------|------------------|----------------|
| Sex | Male | 431 | 37.7 |
| | Female | 713 | 62.3 |
| Age | < 15 years | 42 | 3.7 |
| | 15-19 | 1102 | 96.3 |
| Grade | G-9 | 310 | 27.1 |
| | G-10 | 367 | 32.1 |
| | G-11 | 293 | 25.6 |
| | G-12 | 194 | 15.2 |
| Residence(living with) | Parents | 814 | 71.2 |
| | Relatives | 236 | 20.6 |
| | Spouse | 24 | 2.1 |
| | Alone | 57 | 5.0 |
| | Others | 13 | 1.1 |
| Wealth index | Poorest | 229 | 20 |
| | Poorer | 286 | 25 |
| | Middle | 267 | 23.3 |
| | Richer | 131 | 11.5 |
| | Richest | 231 | 20.2 |
| Total | | 1144 | 100 |

5.2 Psycho-social characteristics of respondents

Being disappointed in school results were reported by 67.5% of the participants and only 14.8% of the respondents reported experiencing bullying while they are in school property. Of the 1144 adolescent participants more than half (50.7%) reported having difficulties in focusing while doing their home works while most students (88.9%) reported not being involved in physically violent activities such as fighting. About 44.2% of the respondents had a more supportive school environment while the rest didn't.

More than half of the participants (67.7%) were found to live in supportive family environment while the rest (32.3%) didn't. Of the 1144 adolescents 13.2% of them reported to have a family history of suicidal attempt, while losing a family member by suicide was reported by 5.5% of them. Considering the Oslo social support scale around 44% of participants had poor social support, while those with moderate and strong social support constitute 38% and 18% of the respondents (Table 4).

Table 4 Psycho social characteristics of participants, Jimma town 2022(n=1144)

| Variable | Category | Frequency | Percent (%) |
|--|-----------------|------------------|-----------------------|
| Being disappointed in school results | No | 372 | 32.5 |
| | Yes | 772 | 67.5 |
| Having difficulties in focusing | No | 564 | 49.3 |
| | Yes | 580 | 50.7 |
| School bullying | No | 975 | 85.2 |
| | Yes | 169 | 14.8 |
| Being involved in physically violent activities | No | 1017 | 88.9 |
| | Yes | 127 | 11.1 |
| | Total | 1144 | 100 |
| School Environment | More supportive | 506 | 44.2 |
| | Less supportive | 638 | 55.8 |
| Family Environment | Non-supportive | 370 | 32.3 |
| | Supportive | 774 | 67.7 |
| Having understanding | No | 333 | 29.1 (table cont...) |

| | | | |
|---|----------|------|------|
| parents | Yes | 811 | 70.9 |
| Family history of suicide | No | 1081 | 94.5 |
| | Yes | 63 | 5.5 |
| Family history of suicidal attempt | No | 993 | 86.8 |
| | Yes | 151 | 13.2 |
| Social support | Poor | 503 | 44 |
| | Moderate | 435 | 38 |
| | Strong | 206 | 18 |
| Sexual abuse | No | 1069 | 93.4 |
| | Yes | 75 | 6.6 |
| Total | | 1144 | 100 |

Of the 1144 respondents, 29.1% of them reported not having their own mobile phones and cyber bullying was reported by only 15.5% of the respondents. Most participants who reported to experience cyber bullying were females (constituting 9.44% of the participants).

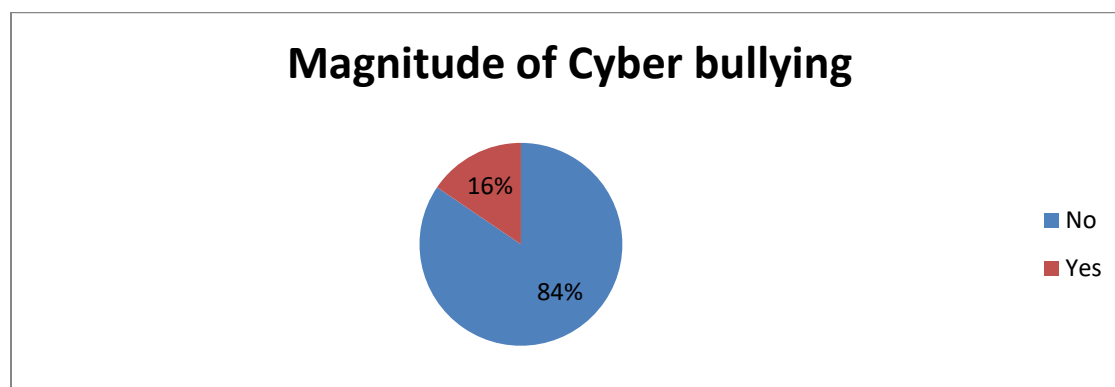


Figure 3 Magnitude of cyber bullying among participants of Jimma town, 2022 (n=1144)

5.2 Health related characteristics of respondents

Regarding Anxiety, based on the DASS scale, 57.9 % of the respondents had normal score while the rest 8%, 15.6%, 7.5% and 11% had mild, moderate, severe and extremely severe anxiety score respectively. Similarly participants with normal, mild, moderate, severe and extremely severe depression score constituted 58.9%, 12.3%, 17.7%, 5.6% and 5.5% of the participants.

About 15.2% of the participants (17.8% in female participants and 10.9% in male participants) reported having a chronic medical condition while the rest (84.8%) didn't. Regarding substance use, of the 1144 respondents 8.3% of them had a history of smoking; while current smoking was reported by 4.6%. Similarly most students (83.7%) reported not having any history of alcohol consumption.

Table: Health related characteristics of participants, Jimma town 2022 (n=1144)

| Variable | Category | Frequency | Percent (%) |
|------------------------------------|-----------------|------------------|--------------------|
| Chronic medical condition | No | 970 | 84.8 |
| | Yes | 174 | 15.2 |
| Anxiety | Normal | 662 | 57.9 |
| | Mild | 91 | 8 |
| | Moderate | 178 | 15.5 |
| | Severe | 87 | 7.6 |
| | Ex. severe | 126 | 11 |
| Depression | Normal | 674 | 58.9 |
| | Mild | 141 | 12.3 |
| | Moderate | 202 | 17.7 |
| | Severe | 64 | 5.6 |
| | Ex. severe | 63 | 5.5 |
| History of smoking | No | 1049 | 91.7 |
| | Yes | 95 | 8.3 |
| Current smoking | No | 1091 | 95.4 |
| | Yes | 53 | 4.6 |
| History of alcohol drinking | No | 958 | 83.7 |
| | Yes | 186 | 16.3 |
| Current alcohol drinking | No | 1047 | 91.5 |
| | Yes | 97 | 8.5 |
| Total | | 1144 | 100 |

5.3 Magnitude of Suicidal ideation and suicidal attempt

The life time suicidal ideation among the respondents was 22.5% (95% CI: 20.1, 24.4) (17.2% in males and 25.7% in females) and suicidal attempt was reported in 13.3% (95% CI: 11.4, 15.4) of the respondents. In this study both suicidal ideation and attempt were higher in females.

Regarding 12 months suicidal ideation 14.6% (95% CI: 12.4, 16.7) of the respondents have seriously considered to commit suicide. Of the 1144 respondents 114 (10%; 95% CI: 8.1, 11.8) had reported to having attempted suicide in the past 12 months.

5.4 Factors associated with suicidal ideation and suicidal attempt

5.4.1 Bi-variable analysis result

In the bi-variable analysis the explanatory variables, sex, grade, living arrangement, wealth index, being disappointed in school results, having difficulties in focusing, school bullying, involvement in physical fights, social support, cyber bullying, non-supportive family environment, non-supportive school environment, not being understood by parents, family history of suicide and attempt, history of sexual abuse, anxiety, depression and having chronic medical condition were associated with suicidal ideation considering p value <0.25 25% level of significance ([Annex I](#)). Similarly in the bi-variable analysis of suicidal attempt independent variables: sex, grade, living arrangement, being disappointed in school results, having hard time focusing in doing home works, school bullying, social support, cyber bullying, less supportive family environment, non-supportive school environment, not being understood by parents, family history of suicide and attempt, history of sexual abuse, anxiety, depression and having chronic medical condition were found to be associated. Variables such as age, wealth index and being involved in physical violent activities were not associated ([Annex I](#)).

5.4.2 Multi-variable analysis result

In the final model of this study sex is one of the variables with significant association with suicidal ideation, in which females had one point seven times (AOR: 1.7; 95% CI: 1.1, 2.6) higher odds of experiencing suicidal ideation than boys.

Regarding the psycho-social factors, disappointment in school results was one of the variables found associated with suicidal ideation, where participants who reported having disappointment in their school results had nearly two and half times (AOR: 2.3; 95% CI: 1.4, 4) higher odds of ideating suicide than those who didn't report disappointment. The other variable which was found associated with suicidal ideation was cyber bullying, where students who experienced cyber bullying had two times (AOR: 2.2; 95% CI: 1.4, 3.4) higher odds of experiencing suicidal ideation than those who didn't experience cyber bullying. A protective association was found with the family related psycho-social variable 'understanding parents', where participants who reported to have understanding with parents had 40% (AOR: 0.6; 95% CI: 0.4, 0.9) lower odds of experiencing suicidal ideation compared to those who didn't have understanding of their parents. On the contrary students living in a non-supportive family environment had seventy percent (AOR: 1.7 95% CI; 1.1, 2.6) higher odds of experiencing suicidal ideation than those living in supportive family environment. The other family related factor which was found associated was family history of suicidal attempt where participant adolescents with family history of suicidal attempt had more than two and half times (AOR: 2.7; 95% CI: 1.7, 4.2) higher odds of experiencing suicidal ideation than those who didn't have family history of suicidal attempt.

Regarding health-related factors, participants who reported current alcohol drinking had more than three and half times (AOR: 3.6; 95% CI: 2, 6.4) higher odds of experiencing suicidal ideation than those who didn't currently drink alcohol. Those respondents having a chronic medical condition had two times higher odds (AOR: 2.1; 95% CI: 1.3, 3.2) of experiencing suicidal ideation than those who didn't have chronic medical condition.

The other health related factors found to be significantly associated with suicidal ideation were anxiety where those adolescents with severe and extremely severe forms of anxiety had more than two times (AOR: 2.4; 95% CI: 1.2, 5) and four times (AOR: 4.1; 95% CI: 2, 8.3) higher odds of experiencing suicidal ideation compared to those who didn't have anxiety. Table 5 summarizes the final model of the multi-variable analysis for suicidal ideation.

Table 5: Multi-variable binary logistic regression analysis on the response variable suicidal ideation (n=1144)

| Variable | Category | Suicidal ideation | | COR (95% CI) | AOR (95% CI) | P-value |
|---|------------------|-------------------|-----|------------------|---------------|---------|
| | | Yes | No | | | |
| Sex | Male | 46 | 385 | 1 | 1 | - |
| | Female | 121 | 592 | 1.7 (1.2-5.5) | 1.7 (1.1-2.6) | 0.02 |
| Disappointed in school results | No | 23 | 349 | 1 | 1 | - |
| | Yes | 144 | 628 | 3.5(2.2-5.5) | 2.3 (1.4-4) | 0.002 |
| Difficulties of focusing | No | 51 | 513 | 1 | 1 | - |
| | Yes | 116 | 464 | 2.5(1.8-3.6) | 1.6 (1.1-2.5) | 0.029 |
| Cyber bullying | No | 109 | 858 | 1 | 1 | - |
| | Yes | 58 | 119 | 3.8 (2.6-5.6) | 2.2 (1.4-3.4) | 0.001 |
| Family Environment | Non-supportive | 91 | 279 | 3.0 (2.1-4.2) | 1.7 (1.1-2.6) | 0.020 |
| | Supportive | 76 | 698 | 1 | 1 | - |
| Understanding parents | No | 88 | 245 | 1 | 1 | - |
| | Yes | 79 | 732 | 0.3 (0.2-0.4) | 0.6 (0.4-0.9) | 0.015 |
| Family history of suicidal attempt | No | 106 | 887 | 1 | 1 | - |
| | Yes | 61 | 90 | 5.7 (3.9-8.3) | 2.7 (1.7-4.2) | 0.000 |
| Current alcohol drinking | No | 128 | 919 | 1 | 1 | - |
| | Yes | 39 | 58 | 4.8 (3.1-7.5) | 3.6 (2-6.4) | 0.000 |
| Anxiety | Normal | 43 | 619 | 1 | 1 | - |
| | Mild | 14 | 77 | 2.6 (1.4-5.0) | 1.5 (0.7-3) | 0.296 |
| | Moderate | 30 | 148 | 2.9 (1.8-4.8) | 1.5 (0.8-2.7) | 0.237 |
| | Severe | 24 | 63 | 5.5 (3.1-9.6) | 2.4 (1.2-5) | 0.019 |
| | Extremely severe | 56 | 70 | 11.5 (7.2-18.4) | 4.1 (2-8.3) | 0.000 |
| Depression | Normal | 46 | 628 | 1 | 1 | - |
| | Mild | 27 | 114 | 3.2 (1.9-5.4) | 1.7 (0.9-3.3) | 0.083 |
| | Moderate | 47 | 155 | 4.1 (2.7-6.4) | 1.3 (0.7-2.4) | 0.353 |
| | Severe | 18 | 46 | 5.3 (2.9-9.9) | 0.7 (0.3-1.7) | 0.455 |
| | Extremely severe | 29 | 34 | 11.6 (6.5-20.8) | 2.3 (1-5.2) | 0.050 |
| Chronic medical condition | No | 108 | 862 | 1 | 1 | - |
| | Yes | 59 | 115 | 4.1 (2.8-5.9) | 2.1 (1.3-3.2) | 0.002 |

According to the findings in the final model of the multivariable analysis for suicidal attempt the only socio-demographic variable found to be associated with suicidal attempt was sex, where female participants had two times (AOR: 2; 95% CI: 1.2, 3.4) higher odds of attempting suicide than male participants.

Disappointment in school results is one of the psycho-social factors found associated with suicidal attempt, where those students who were disappointed in their school result had three and half times (AOR: 3.5; 95% CI: 1.8, 6.8) higher odds of experiencing suicidal attempt than those who weren't disappointed. On the other hand adolescents living in a non-supportive family environment had eighty percent (AOR: 1.8; 95% CI: 1.1, 2.9) higher odds of attempting suicide than those living in a supportive family environment. Adolescents with family history of suicidal attempt had nearly three times (AOR: 2.9; 95% CI: 1.8, 4.9) higher odds of experiencing suicidal attempt than those who didn't have family history.

Considering health related factors, adolescents with moderate, severe and extremely severe forms of anxiety had two times (AOR: 2.2; 95% CI: 1.1, 4.2), nearly three times (AOR: 2.9; 95% CI: 1.4, 6.1) and five and half times (AOR: 5.5; 95% CI: 2.9, 10.3) higher odds of attempting suicide than those who have normal anxiety score. The other significantly associated health related factor was current alcohol drinking, where participants who currently drink alcohol had four point eight times (AOR: 4.8; 95% CI: 2.6, 8.8) higher odds of experiencing suicidal attempt than those who didn't drink while those participants who reported having a chronic medical condition had 100% (AOR: 2; 95% CI: 1.2, 3.2) higher odds of attempting suicide than who didn't report a chronic medical condition (see Table 6).

Table 6: Multi-variable binary logistic regression analysis on the response variable suicidal attempt (n=1144)

| Variable | Category | Suicidal attempt | | COR (95% CI) | AOR (95% CI) | P- value |
|------------------------------------|------------------|------------------|-----|-----------------|----------------|----------|
| | | Yes | No | | | |
| Sex | Male | 28 | 403 | 1 | 1 | 0.010 |
| | Female | 86 | 627 | 2 (1.3-3.1) | 2 (1.2-3.4) | |
| Disappointed in school results | No | 12 | 360 | 1 | 1 | 0.000 |
| | Yes | 102 | 670 | 4.6 (2.5-8.4) | 3.5 (1.8-6.8) | |
| Cyber bullying | No | 75 | 892 | 1 | 1 | 0.080 |
| | Yes | 39 | 138 | 3.4 (2.2-5.1) | 1.6 (0.9-2.7) | |
| Family Environment | Non supportive | 65 | 305 | 3.2 (2.2-4.7) | 1.8 (1.1-2.9) | 0.027 |
| | Supportive | 49 | 725 | 1 | 1 | |
| Understanding parents | No | 62 | 271 | 1 | 1 | 0.057 |
| | Yes | 52 | 759 | 0.3 (0.2-0.4) | 0.6 (0.4-1) | |
| Family history of suicidal attempt | No | 67 | 926 | 1 | 1 | 0.000 |
| | Yes | 47 | 104 | 6.2 (4.1-9.5) | 2.9 (1.8-4.9) | |
| Current alcohol drinking | No | 81 | 966 | 1 | 1 | 0.000 |
| | Yes | 33 | 64 | 6.1 (3.8-9.9) | 4.8 (2.6-8.8) | |
| Anxiety | Normal | 24 | 638 | 1 | 1 | 0.000 |
| | Mild | 10 | 81 | 3.3 (1.5-7.1) | 2.2 (1-5) | |
| | Moderate | 22 | 156 | 3.7 (2.0-6.9) | 2.2 (1.1-4.2) | |
| | Severe | 16 | 71 | 6 (3.0-11.8) | 2.9 (1.4-6.1) | |
| | Extremely severe | 42 | 84 | 13.3 (7.7-23.1) | 5.5 (2.9-10.3) | |
| Chronic medical condition | No | 71 | 899 | 1 | 1 | 0.008 |
| | Yes | 43 | 131 | 4.2 (2.7-6.3) | 2 (1.2-3.2) | |

6. DISCUSSION

Life time suicidal ideation in this study was reported by 22.5% (95% CI: 20.1, 24.4) of participants, which is consistent with findings of the school based studies done in Fiche (22.5%) and Dangla (20.5%) (24,25). This can be due to the socio-demographic similarities of these populations. On the contrary the findings of life time suicidal prevalence were higher than findings of a study in Germany (17.9%) (46) which can be attributed to the cultural difference, the implementation of a school based mental health programs, and the age extension of the study participants of the Germany to twenty one.

According to this study's finding, the 12 month prevalence of suicidal ideation was 14.6% (95% CI: 12.4, 16.7), which was lower than the findings in Mozambique 17.7% (22), Swaziland (18.5%) (32), USA (18.8%) (30) but a little higher than Vietnam (14.2%) (31). This discrepancy can be attributed to cultural differences between the study populations and the sample size difference between these studies (a large sample size was used in the studies done in Swaziland, USA and Mozambique while of Vietnam is lower than the sample size of this study).

The prevalence of lifetime suicidal attempt in this study (13.3%; 95% CI: 11.4, 15.4) was consistent with study in Fiche (12.5%) but lower than of that of Dangla (16.2%). The discrepancy can be due to the time difference between these studies and the some aspect of cultural difference among regional states in the country (24,25). Regarding 12-month prevalence of suicidal attempt (10%; 95% CI: 8.1, 11.8); the findings were much lower than that of Mozambique (18.5%) (22), but much higher than that of the YRBA 2019 USA (8.9%) (29). These can be due to the socio-economic and cultural differences between these populations. Additionally the study in Mozambique used a larger sample size than this study; whereas with that the USA, the advancement of the educational policy especially the practice of school based mental health programs might have led to the difference in prevalence.

According to the findings of this study Female students were nearly 1.7 and 2 times more likely to experience suicidal ideation and suicidal attempt respectively as compared to males. These results are consistent with studies done in Fiche (25), Tunisia (33) (for suicidal ideation only) and Swaziland (32). This association can be due to the similarity in the socio-economic vulnerability of females in these populations. Additionally woman might be prone to emotional

disturbance due to the cultural burden of being expected to keep quiet and not speak for their right.

Being disappointed in school results was also one of the factors positively associated with each suicidal ideation and attempt. Similarly, participants having difficulties in focusing were 1.6 times more likely to experience suicidal ideation than those who didn't have difficulties. Both the above factors can be attributed to the fact that not meeting the parental and societal expectation of only good results can make adolescents view as their life is worthless and consider suicide as an option. Consistent findings had been found in the studies done in Dangla (24) and Fiche (25) regarding disappointment in school results (even if in the fiche study it wasn't significant for suicidal attempt). This consistency can be attributed to the parental and social similarity of value given to education in these study populations.

One of the new findings in this study country wise was the significant association of experiencing cyber bullying with higher odds of suicidal ideation. This association can be attributed to cyber bullying, besides its effects on self-esteem, is worse that adolescents might even not know who is actually attacking them and the anonymity makes it difficult to defend themselves which creates a sense of losing control. This finding is consistent with finding in the studies done in Canada (40) and USA (37). This similarity can be due to the global nature of mobile phone use specially similar social media platforms in these populations.

One of the factors which showed a protective effect against suicidal ideation was having understanding parents. This can be attributed that if adolescents believe that their parents understand them they are more likely to discuss any problem they face and find solutions together. This result is in line with a secondary data analysis that involved 52 countries (38) and also with a study done in Utah USA (30). On the other hand in this study having non-supportive family environment was positively associated with each suicidal ideation and suicidal attempt; where adolescents living in non-supportive family environment were 70% and 80% more likely to think about and attempt suicide respectively which is consistent with findings of study in Utah, USA where those adolescents living in supportive family environment were 13% less likely to attempt suicide (30). These consistencies for both the above variables can be due to parental-child relationships have similar importance in an adolescent's life in these populations.

Participants who reported having family history of suicidal attempt was found to have nearly 2.7 and 2.9 times higher odds of experiencing suicidal ideation and suicidal attempt. These can be due to the emotional disturbance adolescents experience witnessing the families that they look up to give up on life and anticipate that suicidal behavior might be an easy way out.

The other related variable which is important even if it wasn't found to be significantly associated with both suicidal behaviors was family history of suicide. In the bi-variable analysis adolescents with family history of suicide were found to have 2.8 and 2.5 times higher crude odds of suicidal ideation and attempt respectively. Consistent findings were found in studies done in Fiche (significant association) (25) and Tunisia (33); which can be attributed the similar familial relationship culture these populations share.

Current alcohol use was one of the variables found to be associated with each suicidal ideation and suicidal attempt. Participants with current use of alcohol were more likely to report having suicidal ideation and suicidal attempt. This finding is contrary to the finding in Dangla where alcohol use didn't have significant association with suicidal ideation. This can be attributed to the cultural common-ness of alcohol use in the northern part of Ethiopia because of the weather condition (as of Dangla). On the other hand consistent results were seen in the study with Lebanon where alcohol users were more likely to experience suicidal ideation (24,47).

Participant adolescents in this study who got severe and extremely severe anxiety scores were more likely to experience suicidal ideation; while in the case of suicidal attempt besides the severe and extreme classification scores those who got moderate anxiety score also were more likely to attempt suicide compared to those who don't have anxiety. These results are in line with studies in Mozambique and Swaziland (22,32). This association can be due to anxiety, especially in its severe forms is characterized by strong uneasiness and affects the rational thinking and reasoning ability of adolescents and may present suicidal behaviors as reasonable choices to make the symptoms stop.

Participants with self-reported chronic medical condition had higher odds of experiencing both suicidal ideation and suicidal attempt which is in line with the study done in both Togo (48) and Canada (40). This association can be due to the chronic pain and restlessness can make adolescents think suicide as a pain relieving option.

Limitation of the study

The study population of this study was adolescents attending school. Adolescents not attending school were not part of the study. Future researchers should consider this limitation while using the results of this study.

Additionally variables such as cyber bullying, family history of suicidal attempt and family support weren't studied by many studies, which limited the discussion of our finding with many results specially that of Africa and Ethiopia.

7. CONCLUSION AND RECOMMENDATIONS

7.1 Conclusion

The magnitude finding of suicidal ideation and suicidal attempt of this study are consistent with the previous studies in Ethiopia prevalence and lower than of the neighboring countries; but still the prevalence is not ignorable since ideation and attempt are concepts directly related to mortality. Being female, disappointment in school results, family history of suicide attempt, current alcohol use, anxiety and having chronic medical condition were associated with both suicidal ideation and attempt while cyber bullying was significantly associated with suicidal ideation only. Wealth index was found to be associated with suicidal ideation; while family history of suicide was also found associated to both suicidal ideation and attempt even if both variables' association wasn't statistically significant in multi-variable analysis. Modifiable factors such as family suicide attempt, cyber bullying, alcohol use and anxiety were can be considered while making efforts to decrease this prevalence in the future.

7.2 Recommendations

School administrations: Should work on including mental health issues in health information dissemination using their health clubs Additionally they have to keep close relationship with parents and give additional support for students facing problems with their families.

Parents or Guardians: Adolescents' perception of having understanding with parents was one of the protective factors against adolescent suicidal behaviors. Therefore parents and guardians are recommended to build a better relationship with their adolescent children. They also need to have a close follow up in their children's health so and seek help of a health professional s when adolescents face symptoms of anxiety and depression. Additionally it is better to have family-discretion and continuous monitoring about the social media use of adolescents.

For researchers: are recommended to include factors such as wealth index and in future studies with to further explain the association with suicidal ideation and suicidal attempt.

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DECLARATION

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

Name: _____

Signature: _____

Name of the institution: _____

Date of submission: _____

This thesis has been submitted for examination with my approval as University advisor

Name and Signature of the first advisor _____

Name and Signature of the second advisor _____

DECLARATION

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

Name: _____

Signature: _____

Name of the institution: _____

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This thesis has been submitted for examination with my approval as University advisor

Name and Signature of the first advisor

Name and Signature of the second advisor

Annex-I Table result of the bi-variable analysis

Table 7: Bi-variable logistic regression analysis on the response variable suicidal ideation (n=1144)

| Variable | Category | Suicidal ideation | | P-value | COR |
|---|-----------|-------------------|-----|---------|-------|
| | | Yes | No | | |
| Sex | Male | 46 | 385 | | 1.0 |
| | Female | 121 | 592 | 0.004 | 1.711 |
| Age(in years) | <15 | 5 | 37 | | 1.00 |
| | 15-19 | 162 | 940 | 0.615 | 1.275 |
| Grade | 9th | 54 | 256 | | |
| | 10th | 54 | 313 | 0.339 | 0.818 |
| | 11th | 41 | 252 | 0.249 | 0.771 |
| | 12th | 18 | 156 | 0.038 | 0.547 |
| Living with | Parents | 129 | 685 | | 1.00 |
| | Relatives | 24 | 212 | 0.031 | 0.601 |
| | Spouse | 4 | 20 | 0.914 | 1.062 |
| | Alone | 8 | 49 | 0.714 | 0.867 |
| | others | 2 | 11 | 0.964 | 0.964 |
| Wealth index | Lowest | 23 | 206 | 0.101 | 0.625 |
| | Second | 37 | 249 | 0.470 | 0.832 |
| | Middle | 53 | 214 | 0.171 | 1.387 |
| | Fourth | 19 | 112 | 0.868 | 0.950 |
| | Highest | 35 | 196 | | 1.00 |
| Being disappointed in school results | No | 23 | 349 | | 1.00 |
| | Yes | 144 | 628 | 0.000 | 3.479 |
| Having difficulties in focusing | No | 51 | 513 | | 1.00 |
| | Yes | 116 | 464 | 0.000 | 2.515 |
| Bullying while in school property | No | 119 | 856 | | 1.00 |
| | Yes | 48 | 121 | 0.000 | 2.854 |
| Being involved in | No | 139 | 878 | | 1.00 |

| | | | | | |
|---|-----------------|-----|-----|-------|-------|
| physical fights | Yes | 28 | 99 | 0.013 | 1.786 |
| Social support | Poor | 94 | 409 | 0.006 | 2.025 |
| | Moderate | 52 | 383 | 0.513 | 1.196 |
| | Strong | 21 | 185 | | 1.00 |
| Cyber bullying | No | 109 | 858 | 1.00 | 1.00 |
| | Yes | 58 | 119 | 0.000 | 3.837 |
| Family Environment | Non-supportive | 91 | 279 | 0.000 | 2.996 |
| | Supportive | 76 | 698 | | 1.00 |
| School Environment | Less supportive | 70 | 568 | 0.000 | 0.520 |
| | More supportive | 97 | 409 | | 1.00 |
| Understanding parents | No | 88 | 245 | 0.000 | 0.300 |
| | Yes | 79 | 732 | | |
| Family history of suicide | No | 149 | 932 | | |
| | Yes | 18 | 45 | 0.002 | 2.502 |
| Family history of suicidal attempt | No | 106 | 887 | | |
| | Yes | 61 | 90 | 0.000 | 5.672 |
| History of sexual abuse | No | 149 | 920 | | |
| | Yes | 18 | 57 | 0.019 | 1.950 |
| History of smoking | No | 143 | 906 | | |
| | Yes | 24 | 71 | 0.003 | 2.142 |
| Current smoking | No | 152 | 939 | | |
| | Yes | 15 | 38 | 0.005 | 2.439 |
| History of alcohol drinking | No | 106 | 852 | | |
| | Yes | 61 | 125 | 0.000 | 3.922 |
| Current alcohol drinking | No | 128 | 919 | | |
| | Yes | 39 | 58 | 0.000 | 4.828 |

| | | | | | |
|----------------------------------|------------------|-----|-----|-------|--------|
| Anxiety | Normal | 43 | 619 | | 1.00 |
| | Mild | 14 | 77 | 0.000 | 2.617 |
| | Moderate | 30 | 148 | 0.000 | 2.918 |
| | Severe | 24 | 63 | 0.000 | 5.484 |
| | Ex.severe | 56 | 70 | 0.000 | 11.516 |
| Depression | Normal | 46 | 628 | | 1.0 |
| | Mild | 27 | 114 | 0.000 | 3.233 |
| | Moderate | 47 | 155 | 0.000 | 4.140 |
| | Severe | 18 | 46 | 0.000 | 5.342 |
| | Extremely severe | 29 | 34 | 0.000 | 11.645 |
| Chronic medical condition | No | 108 | 862 | | |
| | Yes | 59 | 115 | 0.000 | 4.095 |

Table 8: Bi-variable binary logistic regression analysis on the response variable (n=1144)

| Variable | Category | Suicidal attempt | | P-value | COR |
|----------------------|------------------|-------------------------|-----|----------------|------------|
| | | Yes | No | | |
| Sex | Male | 28 | 403 | | 1.00 |
| | Female | 86 | 627 | 0.003 | 1.974 |
| Age(in years) | <15 | 3 | 39 | | 1.00 |
| | 15-19 | 111 | 991 | 0.536 | 1.456 |
| Grade | 9 th | 32 | 278 | | |
| | 10 th | 38 | 329 | 0.989 | 1.003 |
| | 11 th | 34 | 259 | 0.615 | 1.140 |
| | 12 th | 10 | 164 | 0.091 | 0.530 |
| Living with | Parents | 85 | 729 | | 1.00 |
| | Relatives | 17 | 219 | 0.141 | 0.666 |
| | Spouse | 4 | 20 | 0.335 | 1.715 |
| | Alone | 6 | 51 | 0.984 | 1.009 |

| | | | | | |
|---|-----------------|-----|-----|-------|-------|
| | others | 2 | 11 | 0.568 | 1.559 |
| Wealth index | Lowest | 19 | 210 | 0.537 | 0.818 |
| | Second | 26 | 260 | 0.738 | 0.904 |
| | Middle | 33 | 234 | 0.398 | 1.275 |
| | Fourth | 13 | 118 | 0.992 | 0.996 |
| | Highest | 23 | 208 | | 1.00 |
| Being disappointed in school results | No | 12 | 360 | | 1.00 |
| | Yes | 102 | 670 | 0.000 | 4.567 |
| Having difficulties in focusing doing home works | No | 36 | 528 | | 1.00 |
| | Yes | 78 | 502 | 0.000 | 2.279 |
| Bullying while in school property | No | 80 | 895 | | 1.00 |
| | Yes | 34 | 135 | 0.000 | 2.818 |
| Being involved in physical fights | No | 98 | 919 | | 1.00 |
| | Yes | 16 | 111 | 0.295 | 1.352 |
| Social support | Poor | 68 | 435 | 0.021 | 1.990 |
| | Moderate | 31 | 404 | 0.943 | 0.977 |
| | Strong | 15 | 191 | | 1.00 |
| Cyber bullying | No | 75 | 892 | | 1.00 |
| | Yes | 39 | 138 | 0.000 | 3.361 |
| Family Environment | Non supportive | 65 | 305 | 0.000 | 3.153 |
| | Supportive | 49 | 725 | | 1.00 |
| School Environment | Less supportive | 51 | 587 | 0.013 | 0.611 |
| | More supportive | 63 | 443 | | 1.00 |
| Understanding parents | No | 62 | 271 | | |
| | Yes | 52 | 759 | 0.000 | 0.299 |

| | | | | | |
|---|------------------|-----|-----|-------|--------|
| Family history of suicide | No | 100 | 981 | | |
| | Yes | 14 | 49 | 0.001 | 2.803 |
| Family history of suicidal attempt | No | 67 | 926 | | |
| | Yes | 47 | 104 | 0.000 | 6.246 |
| History of sexual abuse | No | 104 | 968 | | |
| | Yes | 13 | 62 | 0.003 | 2.010 |
| History of smoking | No | 93 | 956 | | |
| | Yes | 21 | 74 | 0.000 | 2.917 |
| Current smoking | No | 100 | 991 | | |
| | Yes | 14 | 39 | 0.000 | 3.557 |
| History of alcohol drinking | No | 66 | 892 | | |
| | Yes | 48 | 138 | 0.000 | 4.701 |
| Current alcohol drinking | No | 81 | 966 | | |
| | Yes | 33 | 64 | 0.000 | 6.149 |
| Anxiety | Normal | 24 | 638 | | |
| | Mild | 10 | 81 | 0.003 | 3.282 |
| | Moderate | 22 | 156 | 0.000 | 3.749 |
| | Severe | 16 | 71 | 0.000 | 5.991 |
| | Extremely severe | 42 | 84 | 0.000 | 13.29 |
| Depression | Normal | 30 | 644 | | |
| | Mild | 17 | 124 | 0.001 | 2.943 |
| | Moderate | 28 | 174 | 0.000 | 3.454 |
| | Severe | 16 | 48 | 0.000 | 7.156 |
| | Extremely severe | 23 | 40 | 0.000 | 12.343 |
| Chronic medical condition | No | 71 | 899 | | |
| | Yes | 43 | 131 | 0.000 | 4.156 |

Annex II- English version

Informed Consent Form:

Jimma University

Institute of Health

Department of Epidemiology

1. Date of data collection ____ / ____ / ____
2. Participant ID number: _____
3. Name of health facility: _____

My Name is _____. I am working as a data collector for the study being conducted in this school on suicidal ideation and suicidal attempt and their associated factors of high school adolescents of Jimma town by Hayat Mohamed, who is studying for his Master's degree at Jimma University, Institute of Health department of Epidemiology. I kindly request you to read this explanation about the study and agree to be selected as a study participant.

The study title: Magnitude of suicidal ideation and suicidal attempt and their associated factors among high school adolescents of Jimma town

Purpose of the study: the main objective of this study is to determine the magnitude and associated factors of suicidal ideation and suicide attempt in high school adolescents of Jimma town, southwest Ethiopia 2022. The findings of this study will be of significant importance in providing an up-to-date understanding of suicidal behaviors and associated factors in high school adolescents and assist on planning and implementation of specific interventions contributing for the mitigation of these behaviors. It will also be an input for future studies that will be done on

this issue. Moreover, the aim of this study is to write a thesis as a partial requirement for the fulfillment of a Master's of public health degree in epidemiology for the principal investigator.

Procedure and duration: The questionnaire you/your child will fill is self-administered (the participant will fill it by her/himself). I kindly request you (the participant) to provide me with pertinent data that is helpful the study. All of your responses and procedures done are completely confidential. You are kindly requested to answer every question, but you may stop at any time you want to. The total time needed for answering the questions will be about 30 minutes.

Risks and benefits: The risk of participating in this study is almost none, but only taking 30 minutes from your time. There would not be direct payment for participating in this study.

Confidentiality: The information you provide us will be confidential. There is no information that is identifying in particular. The findings of the study are general for the study community and will not reflect anything particularly of individual persons. The questionnaire is coded to exclude showing names. No reference is made in oral or written reports that could link participants to the research.

Rights: Participation for this study is fully voluntary. You have the right to declare to participate or not in this study. If you decide to participate, you have the right to withdraw from the study at

Any time .You do not have to answer any question that you do not want to answer.

Contact address: If there are any questions or enquires any time about the study, please contact in this address: Hayat Mohamed Aliy, Email: hayu.moh2006@gmail.com or Mob- 0922-45-44-31(Principal Investigator)

Do you agree to participate (or your child to participate) in the study? (Encircle)

1. Yes 2. No

Signature of the participant _____

Signature of data collector _____

If respondent disagree, stop here.

Socio demographic factors of respondents

| Socio demographic factors | | |
|---------------------------|-----------------------------------|--|
| 1. | Sex of the respondents | 1. Male 2. Female |
| 2. | Age of the respondent | _____ |
| 3. | In what grade you are learning in | A. Grade 9 B. Grade 10 C. Grade 11 D. Grade 12 |
| 4. | With whom are you living? | A. With parents B. With relatives C. With spouse D. Alone E. Others(|

House hold wealth index- the questions below are about your and you family's wealth status. Please answer the questions considering your family home

| | | |
|----|---|---|
| 5. | What is your common source of drinking water | A. Pipe B. Protected well C. Unprotected well D. Protected spring E. Unprotected spring F. Rain water G. Surface water (river/lake/pond/stream/dam) H. Other (specify) _____ |
| 6. | In what kind of house do you live? | 1. Rent 2. Own |
| 7. | The common light of your house? | A. Fire B. Lantern C. Beer cane with gas/candle D. Torch light E. Generator F. Biogas G. Solar lamp H. Electricity I. Others (specify)_____ |
| 8. | What type of fuel does your household mainly use for cooking? | A. Electricity B. Gas C. Biogas D. Kerosene E. Charcoal |

| | | |
|-----|--|---|
| | | <p>F. Wood</p> <p>G. Straw/Shrubs/Gras/Agricultural crops</p> <p>H. No cooked food in the household</p> <p>I. Other(specify)___</p> <p>_____</p> |
| 9. | Where do you cook food? | <p>A. In a separate building/kitchen</p> <p>B. In the living house</p> <p>C. Outdoors</p> <p>D. Others (specify)</p> <p>_____</p> |
| 10. | What kind of toilet facility do you use? | <p>A. Flush toilet</p> <p>B. Pit latrine</p> <p>C. Ventilated improved pit latrine</p> <p>D. Pit latrine with slab</p> <p>E. pit latrine without slab/open pit</p> <p>F. Composting toilet</p> <p>G. toilet/hanging latrine</p> <p>H. No facility/bush/field</p> <p>I. Other specify_____</p> |
| 11. | Do you share this toilet facility with other households? | <p>1. Yes</p> <p>2. No</p> |

| Does your family have | | |
|---|----------------------|-----------------|
| 12. | Electricity | A. Yes B. No |
| 13. | Radio | A. Yes B. No |
| 14. | Television | A. Yes B. No |
| 15. | Non-mobile Telephone | A. Yes B. No |
| 16. | Computer | A. Yes B. No |
| 17. | Refrigerator | A. Yes B. No |
| 18. | Electric mitad | A. Yes B. No |
| 19. | Washing Machine | A. Yes B. No |
| 20. | Air conditioner | C. Yes D. No |
| 21. | Generator | E. Yes F. No |
| 22. | Water pump | G. Yes H. No |
| Does any of your household members have | | |

| | | |
|-----|-------------------------------------|---|
| 23. | Watch | A. Yes B. No |
| 24. | Mobile phone | A. Yes B. No |
| 25. | Bicycle | A. Yes B. No |
| 26. | Motor cycle | A. Yes B. No |
| 27. | Animal-drawn cart | A. Yes B. No |
| 28. | Car or Truck | A. Yes B. No |
| 29. | Furniture(table, chair, cabinet) | A. Yes B. No |
| 30. | Is there bed in your parents' home? | A. Yes B. No.... if no go to question 34 |
| 31. | If yes, what type? | 1. A bed with cotton 2. A bed with sponge 3. A bed with spring matters 4. Other /specific_____ |

| | | |
|-----|---|--------------------------------------|
| 32. | Do your parents own any agricultural land? | 1. Yes 2. No ----If no Go to Q.31 |
| 33. | What type of agricultural land do your parents own? | 1. Private 2. Rent |
| 34. | Is there annual farm product per quintal? | A. Yes B. No |
| 35. | Does your household own any livestock, herds, other farm animals, or poultry? | A. Yes B. No |
| 36. | Milk cows, oxen or bulls | ----- in number |
| 37. | Horses, donkeys, or mules | ----- in number |
| 38. | Goats /Sheep | ----- in number |
| 39. | Chickens | ----- in number |

Psycho social factors

| | | |
|---|---|-----------------|
| School related factors | | |
| Academic factors | | |
| 40. | In the past 12 months have ever been disappointed in your school results? | A. Yes B. No |
| 41. | In the past 12 months have you had a hard time staying focused on you home works? | A. Yes B. No |
| <p>Bullying and physical violence?</p> <p>The next questions are about bullying. Bullying is when one or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again.</p> <p>N.B. It is not bullying when two students of about the same strength or power argue or fight or tease each other in a friendly way.</p> | | |

| | | |
|-----|---|-----------------|
| 42. | During the past 12 months, have you ever been bullied or threatened by someone while on school property? | A. Yes B. No |
| 43. | During the past 12 months have you ever been involved in any physical violent activities(eg. Such as fighting) | A. Yes B. No |

| Supportive School environment | | | | | |
|-------------------------------|---|-------------------|----------|-------|----------------|
| | | Strongly disagree | Disagree | Agree | Strongly agree |
| 44. | In my school, students have lots of chances to help decide things like class activities and rules | | | | |
| 45. | There are lots of chances for students in my school to talk with a teacher one-on-one | | | | |
| 46. | My teachers notice when I am doing a good job and let me know about it”; | | | | |
| 47. | I have lots of chances to be part of class discussions or activities”; | | | | |
| 48. | Teachers ask me to work on special classroom projects.” | | | | |

| | | |
|---|--|-----------------|
| Cyber bullying: refers to bullying by email, text message, instant messaging, social networking and other websites | | |
| 49. | Do you have a mobile phone | A. Yes B. No |
| 50. | During the past 12 months, have you ever experienced cyber-bullying? | C. Yes D. No |

Parent related factors

| Supportive family environment : | | | | | |
|--------------------------------------|--|-------------------|----------|-------|----------------|
| | | Strongly disagree | Disagree | Agree | Strongly agree |
| 51. | “My parents ask me what I think before most family decisions affecting me are made” | | | | |
| 52. | “If I had a personal problem, I could ask my mom or dad for help”; | | | | |
| 53. | “My parents give me lots of chances to do fun things with them.” | | | | |
| Relationship with parents | | | | | |
| 54. | During the past 12 months do you feel that your parents or guardians have understood you?” | | | | |
| Family history of suicidal behavior? | | | | | |
| 55. | Have any of your family members committed suicide? | A. Yes B. No | | | |
| 56. | Have any of your family members attempted suicide? | A. Yes B. No | | | |

| Social support (Oslo social support scale) | | |
|--|---|-------------------|
| 57. | How many people are so close to you that you can count on them if you have great personal problems? | 1. None 2. 1–2 |

| | | |
|-----|---|---|
| | | 3. 3–5 4. Above 5 |
| 58. | How much interest and concern do people show in what you do? | 1. None 2. Little 3. Uncertain 4. Some 5. A lot |
| 59. | How easy is it to get practical help from neighbors if you should need it | 1. Very difficult 2. Difficult 3. Possible 4. Easy 5. Very easy |

| | | |
|-------------------------|-------------------------------------|-----------------|
| History of sexual abuse | | |
| 62 | Have you ever been sexually abused? | A. Yes B. No |

Depression and Anxiety

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past 12 months. There is no right or wrong answer. Do not spend too much time on any statement. The rating scale is as follows:

0= did not apply to me at all

1 =Applied to me to some degree, or some of the time

2 =Applied to me to a considerable degree or a good part of time

3 =Applied to me very much or most of the time

| | | | | | |
|---------|------------------------------------|---|---|---|---|
| | | 0 | 1 | 2 | 3 |
| 63. (a) | I was aware of dryness of my mouth | | | | |

| | | | | | |
|---------|---|--|--|--|--|
| 64. (d) | I couldn't seem to experience any positive feeling at all | | | | |
| 65. (a) | I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion) | | | | |
| 66. (d) | I found it difficult to work up the initiative to do things | | | | |
| 67. (a) | I experienced trembling (e.g. in the hands) | | | | |
| 68. (a) | I was worried about situations in which I might panic and make a fool of myself | | | | |
| 69. (d) | I felt that I had nothing to look forward to | | | | |
| 70. (d) | I felt down-hearted and blue | | | | |
| 71. (a) | I felt I was close to panic | | | | |
| 72. (d) | I was unable to become enthusiastic about anything | | | | |
| 73. (d) | I felt I wasn't worth much as a person | | | | |
| 74. (a) | I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat) | | | | |
| 75. (a) | I felt scared without any good reason | | | | |
| 76. (d) | I felt that life was meaningless | | | | |

Chronic medical condition

| | | |
|-----|--|-----------------|
| 77. | Do you have any chronic medical condition? | A. Yes B. No |
|-----|--|-----------------|

Substance use

Cigarette smoking

On how many occasions (if any) have you smoked cigarettes?

| Time categories | | Number of occasions | | | | | | |
|-----------------|---------------------------|---------------------|-----|-----|-----|-------|-------|------------|
| | | 0 | 1-2 | 3-5 | 6-9 | 10-19 | 20-39 | 40 or more |
| 78. | In your life time | | | | | | | |
| 79. | During the last 12 months | | | | | | | |
| 80. | During the past 30 days | | | | | | | |

1

Alcoholic beverages (including beer, wine and other alcoholic drinks)

On how many occasions (if any) have you had any alcoholic beverage to drink (more than just a few sips)?

| | | Number of occasions | | | | | | |
|-----|---------------------------|---------------------|-----|-----|-----|-------|-------|------------|
| | | 0 | 1-2 | 3-5 | 6-9 | 10-19 | 20-39 | 40 or more |
| 81. | In your life time | | | | | | | |
| 82. | During the last 12 months | | | | | | | |
| 83. | During the past 30 days | | | | | | | |

Prevalence of Suicidal ideation and suicidal attempt

| | | |
|-----|--|---|
| 84. | In your life time have you ever seriously considered about committing suicide? | A. Yes B. No if no you have completed the questionnaire |
|-----|--|---|

| | | |
|-----|---|---|
| 85. | In your life time have you ever attempted to commit suicide? | A. Yes B. No |
| 86. | During the last 12 months have you ever felt so low that you seriously considered about committing suicide? | C. Yes D. No... if No you have completed the questionnaire |
| 87. | During the last 12 months have you ever attempted suicide? | A. Yes B. No |

Annex-III Amharic version

በመረጃ የተደገፈ የፈቃድ ቅጽ፡

በጅማ ዩኒቨርሲቲ

በጤና እንስሳት ይት

የኤፒዲሚዮሎጂ ትምህርት ክፍል

1. መረጃው የተሰጠበት ቀን ____ / ____ / ____

2. የተሳታፊ መታወቂያ ቁጥር: _____

3. የትምህርት ቤቱ ስም _____

የኔ ስም _____ ይባላል። በጅማ ዩኒቨርሲቲ፣ የጤና እንስሳት ይት በኤፒዲሚዮሎጂ ትምህርት ክፍል ተማሪ የሆነችው ተማሪ ሆኖ መሆኗ በጅማ ከተማ የሁለተኛ ደረጃ ትምህርት ቤት ታዳጊ ወጣቶች ጋር ተያያዥነት ስላለው ጉዳይ ማለትም ራስን የማጥፋት ሐሳብ እና ራስን የማጥፋት ሙከራ እና ተያያዥ ምክንያቶች ላይ ለሚታካህደው ጥናት መረጃ ሰብሳቢ ሆኜ እየሰራሁ ነው። ስለ ጥናቱ ይህንን ማብራሪያ እንዲያነቡ እና በጥናቱ ተሳታፊ እንዲሆኑ በትህትና እጠይቃለሁ።

የጥናት ርዕስ:- በጅማ ከተማ የሁለተኛ ደረጃ ትምህርት ቤት ታዳጊ ወጣቶች ራስን የማጥፋት እሳቤ እና ራስን የማጥፋት ሙከራ መጠን እና ተያያዥነት ያላቸው ምክንያቶች።

የጥናቱ ዓላማ:- የዚህ ጥናት ዋና አላማ በጅማ ከተማ፣ ደቡብ ምዕራብ ኢትዮጵያ በግሪጎሪያን የቀን መቁጠሪያ 2022 የሁለተኛ ደረጃ ትምህርት ቤት ታዳጊ ወጣቶች ራስን የማጥፋት እና ራስን የማጥፋት ሙከራ መጠን እና ተያያዥ ምክንያቶችን ማወቅ ነው። የዚህ ጥናት ግኝቶች በሁለተኛ ደረጃ ትምህርት ቤት በጉርምስና ዕድሜ ላይ ያሉ ወጣቶች ራስን የማጥፋት ባህሪያትን እና ተያያዥ ምክንያቶችን ወቅታዊ ግንዛቤን በመስጠት እና እነዚህን ባህሪያት ለመቀነስ የሚረዱ ልዩ ትግበራዎችን በማቀድ እና በመተግበር ረገድ ትልቅ ጠቀሜታ ይኖራቸዋል። ወደፊትም በዚህ ጉዳይ ላይ ለሚደረጉ ጥናቶች ግብአት ይሆናል። በተጨማሪም፣ ይህ ጥናት ለዋናው ጥናት አጥኝ በህብረተሰብ የትምህርት ዘርፍ ውስጥ በኤፒዲሚዮሎጂ የማስተርስ ድግሪ ማሟያ እንደ ከፊል መስፈርት ነው።

የጥናቱ ሂደት እና ቆይታ:- አንተ/አንቺ/ልጅዎ መጠይቁን የሚሞላው/የምትሞላው እራሱ/እራሷ እያነበበ/በች ነው (ተሳታፊው መጠይቁን በራሱ ይሞላል)።

ለጥናቱ የሚረዳ ጠቃሚ መረጃ እንድትሰጡኝ በትኩረት እጠይቃለሁ።ሁሉም የእርስዎ ምላሾች እና ሂደቶች ሙሉ በሙሉ ሚስጥራዊ ናቸው።ለእያንዳንዱ ጥያቄ መልስ እንዲሰጡ በአክብሮት ተጠይቀዋል፣ ነገር ግን በፈለጉት ጊዜ ማቆም ይችላሉ።ለጥያቄዎች መልስ የሚያስፈልገው ጠቅላላ ጊዜ 30 ደቂቃ ያህል ይሆናል።

አደጋዎች እና ጥቅሞች:-በዚህ ጥናት ውስጥ በመሳተፍዎ ምንም አደጋ የለውም፣ ነገር ግን ከእርስዎ ጊዜ 30 ደቂቃዎችን ብቻ ይወስዳል።በዚህ ጥናት ውስጥ ለመሳተፍ ቀጥተኛ ክፍያ አይኖርም።

ሚስጥራዊነት:-ያቀረቡት መረጃ ሚስጥራዊ ይሆናል። ማንነትዎን በቀጥታ የሚያስለይ መረጃ የለም።የጥናቱ ግኝቶች ለጥናቱ ማህበረሰብ አጠቃላይ ናቸው፤ የግለሰቦችን ማንኛውም መረጃ የሚያንፀባርቅ አይሆንም። መጠየቂያው የተዘጋጀው ስያሜዎችን በሚያስቀር መልክ ነው።ተሳታፊዎችን ከጥናቱ ጋር ሊያገናኙ የሚችሉ የቃል ወይም የጽሁፍ ዘገባዎች ሆኑ ምንም አይነት ማጣቀሻ የለም።

ሙብቶች:-የዚህ ጥናት ተሳትፎ ሙሉ በሙሉ በፈቃደኝነት ነው።ለመሳተፍ የማወጅ ሙብት አልዎት።ለመሳተፍ ከወሰኑ፣ በማንኛውም ጊዜ ከጥናት የመውጣት ሙብት አለዎት።

መመለስ የማትፈልገውን ማንኛውንም ጥያቄ መመለስ የለብህም።

የስልክ አድራሻ:- ስለ ጥናቱ ማንኛውም አይነት ጥያቄ ወይም ጊዜ የሚጠይቅ ከሆነ፣ እባክዎን በዚህ አድራሻ ያግኙ፡ - ሀያት መሀመድ አሊ ኢሜይል: hayu.moh2006@gmail.com ወይም ሞባይል:- 09-22-45-44-31(ዋና ጥናት አጥኝ)።

በጥናቱ ለመሳተፍ (ወይንም ልጅዎ ለመሳተፍ) ተስማምተዋል? (ቀጣዩን ምርጫ ይክበቡ)

1. አዎ 2. አይደለም

የተሳታፊው ፊርማ _____

የመረጃ ሰብሳቢ ፊርማ _____

ምላሽ ሰጪው ካልተስማማ፣ ያቁሙ!

የምላሽ ሰጪዎች ማህበረ-ሕዝብ መረጃ (መልስዎን ያክብቡ)

| ተ.ቁ | ማህበረ-ሕዝብ መረጃ | |
|--|---------------------------|---|
| 1. | የመረጃ ሰጪዉ ፆታ | U. ወንድ ለ. ሴት |
| 2. | የመረጃ ሰጪዉ ዕድሜ | _____ |
| 3. | እየተማርክበት/ሽበት ያለዉ የክፍል ደረጃ | U. 9ኛ ክፍል ለ. 10ኛ ክፍል ሐ. 11ኛ ክፍል መ. 12ኛ ክፍል |
| 4. | ከማን ጋር ነው የምትኖረው/ረው? | U. ከወላጆች ጋር ለ. ከዘመድ ጋር ሐ. ከትዳር ጓደኛ ጋር መ. ብቻዬን ሰ. ሌሎች(ይጥቀሱ)_____ |
| <p>የቤተሰብ ሀብት መረጃ ጠቋሚ</p> <p>ከታች ያሉት ጥያቄዎች የእርሶን ቤተሰብ የሀብት ሁኔታን የሚመለከቱ ናቸው። እባክዎን የቤተሰብዎን ቤት ግምት ውስጥ በማስገባት ለጥያቄዎች መልስ ይስጡ።</p> | | |
| 5. | የእርስዎ የመጠጥ ዉሃ ምንጭ ምንድነው? | U. ከቧንቧ ለ. ከተጠበቀ ጉድጓድ (ክዳን ያለው) ሐ. ካልተጠበቀ ጉድጓድ(ክዳን የሌለው) |

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| | | <p>መ. ከተጠበቀ ምንጭ(አጥር ያለው)</p> <p>ሰ. ካልተጠበቀ ምንጭ</p> <p>ረ. ከዝናብ ውሃ</p> <p>ሠ. ከወራጅ ውሃ (ወንዝ/ሀይቅ/ኩሬ/ግድብ)</p> <p>ሸ. ሌሎች (ይገለጽ) _____</p> |
| 6. | በምን ዓይነት ቤት ውስጥ ነው የሚኖሩት? | <p>ሀ. ክራይ ቤት</p> <p>ለ. የራስ/የግል</p> |
| 7. | የቤትዎ የተለመደው የብርሃን ምንጭ ምንድነው? | <p>ሀ. እሳት</p> <p>ለ. ፋኖስ</p> <p>ሐ. ኩራዝ/ሸማ</p> <p>መ. ባትሪ</p> <p>ሰ. ጀነሬተር</p> <p>ረ. ባዮጋዝ</p> <p>ሠ. የሶላር መብራት</p> <p>ሸ. ኤሌክትሪክ</p> <p>ቀ. ሌሎች (ይገለጽ)_____</p> |
| 8. | ቤተሰብዎ በዋናነት ለምግብ ማብሰያ የሚጠቀሙት ምን አይነት ነዳጅ ነው? | <p>ሀ. ኤሌክትሪክ</p> <p>ለ. ጋዝ</p> <p>ሐ. ባዮጋዝ</p> <p>መ. ከሰል</p> <p>ሰ. እንጨት</p> <p>ረ. ገለባ/ቅጥቋጥዎች/ሣር/</p> |

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| | | <p>የግብርና ሰብሎች</p> <p>ሠ. በቤት ውስጥ ምግብ አይሰራም</p> <p>ሸ ሌሎች(ይገለጽ)</p> <p>_____</p> |
| 9. | ምግብ የት ነው የምታበስሉት? | <p>ሀ. በተለየ ህንጻ/ኩሽና ውስጥ</p> <p>ለ. በመኖሪያ ቤት ውስጥ</p> <p>ሐ. ከቤት ውጭ</p> <p>መ. ሌላ (ይገለጽ)_____</p> |
| 10 | ምን አይነት የመጠጫ ቤት ነው የምትጠቀሙት? | <p>ሀ. ዉሀን በመጠቀም የሚያፈስ መጠጫ ቤት</p> <p>ለ. የጉድጓድ መጠጫ ቤት</p> <p>ሐ. የተሻሻለ የጉድጓድ መጠጫ ቤት(ንፋስ ማውጫ ያለው)</p> <p>መ. ለማዳበሪያ ስራ የሚሆን መጠጫ ቤት</p> <p>ሰ. ምንም የለም/ጭካ/ሜዳ ላይ</p> <p>ረ .ሌላ ይገለጽ_____</p> |
| 11 | ይህንን መጠጫ ቤት ከሌሎች ቤተሰቦች ጋር ይጋራሉ? | <p>ሀ. አዎ</p> <p>ለ. አይደለም</p> |
| የእርስዎ ቤተሰብ የሚከተሉት ነገሮች አሏቸው? | | |
| 12. | ኤሌክትሪክ | <p>ሀ. አዎ</p> <p>ለ. አይደለም</p> |
| 13. | ሬዲዮ | <p>ሀ. አዎ</p> <p>ለ. አይደለም</p> |

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| 14. | ቴሌቪዥን | ሀ. አዎ ለ. አይደለም |
| 15. | ስልክ (ተንቀሳቃሽ ያልሆነ) | ሀ. አዎ ለ. አይደለም |
| 16. | ኮምፒውተር | ሀ. አዎ ለ. አይደለም |
| 17. | ማቀዝቀዣ/ፍሪጅ | ሀ. አዎ ለ. አይደለም |
| 18. | የኤሌክትሪክ ምጣድ | ሀ. አዎ ለ. አይደለም |
| 19. | ልብስ ማጠባጠያ ማሽን | ሀ. አዎ ለ. አይደለም |
| 20. | አየር ማቀዝቀዣያ (ኤር ኮንዲሽነር) | ሀ. አዎ ለ. አይደለም |
| 21. | ጀነሬተር | ሀ. አዎ ለ. አይደለም |
| 22. | የውሃ ፓምፕ | ሀ. አዎ ለ. አይደለም |
| ከሚከተሉት ውስጥ የቤተሰብዎ አባል አንዳቸው አላቸው? | | |
| 23. | ሰዓት | ሀ. አዎ ለ. አይደለም |
| 24. | ተንቀሳቃሽ ስልክ/ሞባይል | ሀ. አዎ ለ. አይደለም |
| 25. | ብስክሌት | ሀ. አዎ ለ. አይደለም |
| 26. | የሞተር ብስክሌት | ሀ. አዎ |

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| | | ለ. አይደለም |
| 27 | በእንስሳት የሚጎተት ጋሪ | ሀ. አዎ ለ. አይደለም |
| 28 | መኪና | ሀ. አዎ ለ. አይደለም |
| 29 | የ ቤት እቃዎች(ወንበር፤ ጠረጴዛ፤ ሶፋ፤ ካቢኔት) አሉ? | ሀ. አዎ ለ. አይደለም |
| 30 | በወላጆቻቸው ቤት ውስጥ አልጋ አለ? | ሀ. አዎ ለ. አይደለም አይደለም ከሆነ ወደ ጥያቄ 34 ሂድ/ጂ |
| 31 | አዎ ከሆነ ምን ዓይነት? | ሀ. አልጋ ከጥጥ ጋር ለ. ስፕሪንግ ያለው አልጋ ሐ. የፀደይ ፍራሽ ያለው አልጋ መ. ሌላ /ይገለጽ_____ |
| 32 | ወላጆቻቸው/ሽ የእርሻ መሬት አላቸው ? | ሀ. . አዎ ለ. አይደለም አይደለም ከሆነ ወደ ጥያቄ 37 ሂድ/ጂ |
| 33 | ወላጆቻቸው/ሽ ምን ዓይነት የእርሻ መሬት አላቸው? | ሀ. የግል ለ. ክራይ |
| 34 | በኩንታል ዓመታዊ እርሻ ምርት አለ? | ሀ. አዎ ለ. አይደለም |
| 35 | የእርስዎ ቤተሰብ የከብት መንጋ ወይም ሌሎች የእርሻ እንስሳት ወይም ዶሮ እርባታ ባለቤት ነው? | ሀ. አዎ ለ. አይደለም አይደለም ከሆነ ወደ ጥያቄ 42 ሂድ/ጂ |
| 36 | የወተት ላሞች፤በሬዎች | ----- በቁጥር |

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| 37 | ፈረሶች፣አህዮች ወይም በቅሎች | ----- በቁጥር |
| 38 | ፍየል ወይም በግ | ----- በቁጥር |
| 39 | ዶሮዎች | ----- በቁጥር |

ሳይኮ-ማህበራዊ ሁኔታዎች

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| ከትምህርት ጋር የተያያዙ ሁኔታዎች | | |
| የትምህርት ሁኔታዎች | | |
| 40 | ባለፉት 12 ወራት ውስጥ በትምህርት ውጤትዎ ተበሳጭተው ያውቃሉ? | U. አዎ A. አይደለም |
| 41 | ባለፉት 12 ወራት ውስጥ የቤት ስራዎ ላይ ለማተኮር የተቸገሩበት ግዜ አለ? | U. አዎ A. አይደለም |
| <p>ጉልበተኝነት</p> <p>የሚከተሉት ጥያቄዎች ስለ ጉልበተኝነት ናቸው።ጉልበተኝነት ማለት አንድ ወይም ከዚያ በላይ ተማሪዎች አንድ ሌላ ተማሪ ላይ መሳለቅ፣ ወሬ ማሰራጨት፣መምታት፣ጩኸት ወይም ደጋግሞ መጉዳት ነው።</p> <p>አስተውል/ይ፡ ሁለት ተመሳሳይ ጥንካሬ ወይም ሀይል ያላቸው ተማሪዎች ሲጨቃጨቁ ወይም ሲጣሉ ወይም ሲሳለቁ ጉልበተኝነት አይባልም።</p> | | |
| 42 | ባለፉት 12 ወራት ውስጥ በ ትምህርት ቤት ውስጥ እያሉ በ አንድ ሰዓ ውስጥ ጉልበተኝነት ወይም ዛቻ ደርሶብዎታል? | U. አዎ A. አይደለም |
| 43 | ባለፉት 12 ወራት ውስጥ በ ትምህርት ቤት ውስጥ በአካላዊ ፀባች ላይ ተሳትፈዋል?(ምሳሌ፡ ድብድብ) | U. አዎ A. አይደለም |

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| ደጋፊ የትምህርት ቤት አካባቢ (መልሱ ላይ √ አድርግ/ጊ) | | | | | |
| | | በጣም አልስማማም | አልስማማም | እስማማለሁ | በጣም እስማማለሁ |
| 44 | በትምህርት ቤቴ ውስጥ ተማሪዎች እንደ ክፍል እንቅስቃሴዎች እና ህጎች | | | | |

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| | ያሉ ነገሮችን ሲወሰኑ ለመሳተፍ ብዙ እድሎች አሏቸው | | | | |
| 45 | በትምህርት ቤቱ ውስጥ ተማሪዎች ከ አስተማሪ ጋር አንድ ለ አንድ ለመነጋገር ብዙ ዕድሎች አሉ | | | | |
| 46 | ጥሩ ስራ በምሰራበት ጊዜ አስተማሪዎቹ ያስተዉሉ እና ስለሱ ያሳውቁኛል | | | | |
| 47 | የክፍል ወይይቶች ወይም ተግባራት አካል የመሆን ብዙ ዕድሎች አሉኝ | | | | |
| 48 | መምህራን በልዩ የክፍል ውስጥ ፕሮጀክቶች ላይ እንድሰራ ይጠይቁኛል | | | | |

የቦይ-መረብ ጉልበተኝነት : ማለት በ ኢሜይል፣በፅሁፍ መልዕክት፣በፈጣን መልዕክት፣በማህበራዊ ድህረ ገጽ፣ እና በ ሌሎች ድህረ ገጾች የሚደርስ ጉልበተኝነትን(ማለትም መሳለቅ፣ ወሬ ማሰራጨት፣ ዛቻ ወዘተ)ያመለክታል።

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| 49. | የሞባይል ስልክ አለህ/ሽ? | ሀ. አዎ ለ. አይደለም |
| 50. | ባለፉት 12 ወራት የሳይበር (የቦይ-መረብ) ጉልበተኝነት አጋጥሞህ/ሽ ያዉቃል? | ሀ. አዎ ለ. አይደለም |

ከወላጆች ጋር የተያያዙ ሁኔታዎች

| | | | | | |
|--|--|-----|--------|--------|-----|
| ድጋፍ ሰጪ የቤተሰብ አካባቢ : (መልሱ ላይ $\sqrt{\text{አድርግ/2}}$) | | | | | |
| | | በጣም | አልስማማም | እስማማለሁ | በጣም |

| | | አልስማማም | | | እስማማለሁ |
|----------------------|--|--------|--|-------------------|--------|
| 51. | ብዙ በ እኔ ላይ ተጽዕኖ የሚያደርጉ የቤተሰብ ወሳኔዎች ከማድረጋቸው በፊት ወላጆቼ እኔ ምን እንደሚያስብ ይጠይቁኛል | | | | |
| 52. | የግል ችግር ካጋጠመኝ እናቴን ወይም አባቴን እርዳታ መጠየቅ እችላለሁ | | | | |
| 53. | ወላጆቼ ከእነሱ ጋር የሚያዝኙ ነገሮችን እንድሰራ ብዙ እድሎችን ይሰጡኛል | | | | |
| ከወላጆች ጋር ያለው ግንኙነት | | | | | |
| 54. | ባለፉት 12 ወራት ውስጥ ወላጆችህ/ሽ ወይም አሳዳጊዎችህ/ሽ እንደተረዱህ/ሽ ይሰማሁል/ሻል?” | | | ሀ. አዎ ለ. አይደለም | |
| ራስን ስለማጥፋት የቤተሰብ ታሪክ | | | | | |
| 55. | ከቤተሰብ አባላት መካከል ራሱን ያጠፋ ይኖራል? | | | ሀ. አዎ ለ. አይደለም | |
| 56. | ከቤተሰብ አባላት መካከል ራሱን ለማጥፋት የሞከረ ይኖራል? | | | ሀ. አዎ ለ. አይደለም | |

| ማህበራዊ ድጋፍ (አስሎ ማህበራዊ ድጋፍ ልኬት) | | |
|-------------------------------|--|---|
| 59. | ትልቅ የግል ችግሮች ሲያጋጥሙት የሚያጋሯቸው ምን ያህል ታማኝ ሰዎች አልዎት? | 1. ምንም 2. 1-2 3. 3-5 4. ከ5 በላይ |

| | | |
|--------------|---|--|
| 60. | ሰዎች በምታደርገው ነገር ምን ያህል ፍላጎትና አሳቢነት ያሳያሉ? | 1. ምንም 2. ትንሽ 3. እርግጠኛ አይደለሁም 4. አንዳንዴ 5. በጣም ብዙ |
| 61. | እርዳታ በሚያስፈልግበት ጊዜ ከጎረቤቶቻችሁ እርዳታ ማግኘት ምን ያህል ቀላል ነው? | 1. በጣም ከባድ 2. ከባድ 3. ይቻላል 4. ቀላል 5. በጣም ቀላል |
| የወሲብ ጥቃት ታሪክ | | |
| 62. | የወሲብ (ጾታዊ) ጥቃት ደርሶብህ/ሽ ያዉቃል? | ሀ. አዎ ለ. አይደለም |

የመንፈስ ጭንቀት/ጭንቀት (ዳስ ልኬት)

እባክዎን እያንዳንዱን መግለጫ ያንብቡ እና ቁጥር 0, 1, 2 ወይም 3 ያክብቡ። ይህም መግለጫው ባለፈው

12 ወራት ውስጥ ለእርስዎም ያህል እንደሚተገበር ያመለክታል። ትክክለኛ ወይም የተሳሳተ መልስ የለም።

በማንኛውም መግለጫ ላይ ብዙ ጊዜ አያጠፉ። የደረጃ አሰጣጥ መለኪያው እንደሚከተለው ነው።

0 = ምንም አይመለከተኝም

2 = በከፍተኛ ደረጃ ወይም አብዛኛውን የጊዜ

1 = በተወሰነ ደረጃ ወይም አንዳንድ ጊዜ ለኔ

ክፍል ለኔ ተፈፃሚ ነበር

ተፈፃሚ ነበር

3 = በጣም ብዙ ወይም ብዙ ጊዜ ይመለከተኛል

| | | 0 | 1 | 2 | 3 |
|--|--|---|---|---|---|
| | የአፌን መድረቅ አዉቅ ነዉ | | | | |
| | ምንም አይነት አዎንታዊ ስሜት የሚሰማኝ አይመስለኝም ነበር | | | | |
| | የመተንፈስ ችግር አጋጥሞኛል(ለምሳሌ ከመጠን በላይ ፈጣን አተነፋፈስ፤አካላዊ እንቅስቃሴ በሌለበት የመተንፈስ ችግር) | | | | |
| | ነገሮችን ለመስራት ተነሳሽነት ማጣት ነበር | | | | |
| | መንቀጥቀጥ አጋጥሞኝ ነበር(ለምሳሌ እጅ) | | | | |
| | በሚያስደነግጡኝ ሁኔታዎች ተጨንቄ ራሴን አንዳለዋርድ እሰጋ ነበር | | | | |
| | ለወደፊት ምንም ሃምጠብቀዉ ነገር እንደሌለ ተሰማኝ | | | | |
| | ልቤን ድክም የሚል ስሜት ተሰማኝ | | | | |
| | ለፍርሃት እንደተቃረብኩኝ ተሰማኝ | | | | |
| | ስለምንም ነገር ጓጉቼ አላዉቅም ነበር | | | | |

| | | | | | |
|--|--|--|--|--|--|
| | እንደ ሰው ብዙም ዋጋ እንደሌለኝ ተሰማኝ | | | | |
| | አካላዊ እንቅስቃሴ በሌለበት ጊዜ የልቤን ምት ይታወቀኝ ነበር (ለምሳሌ የልብ ምት መጨመር፣ የልብ ምት ማጣት) | | | | |
| | ያለ በቂ ምክንያት ፍርሃት ተሰማኝ | | | | |
| | ህይወት ትርጉም የለኝ እንደሆነኝ ይሰማኝ ነበር | | | | |

ስር የሰደደ(የቆየ) የጤና ሁኔታ

| | | |
|----|--------------------------|-------------------|
| 71 | ማንኛውም የቆየ የጤና ችግር አለብዎት? | ሀ. አዎ ለ. አይደለም |
|----|--------------------------|-------------------|

የአንቁ ንጥረ ነገር አጠቃቀም

ሲጋራ ማጨስ

ስንትአጋጣሚዎች(ካለ) ሲጋራአጨሱ?

| የጊዜ ምድቦች | የአጋጣሚዎች ብዛት | | | | | | |
|-------------|-------------|-----|-----|-----|-------|-------|--------------|
| | 0 | 1-2 | 3-5 | 6-9 | 10-19 | 20-39 | 40 እና ከዛ በላይ |
| | | | | | | | |
| በህይወትዎ ዘመን | | | | | | | |
| ባለፉት 12 ወራት | | | | | | | |
| ባለፉት 30 ቀናት | | | | | | | |

የአልኮል መጠጦች (ቢራ፣ ወይን እና ሌሎች የአልኮል መጠጦችን ጨምሮ)

በምን ያህል አጋጣሚዎች የአልኮል መጠጥ ጠጥተው ያውቃሉ (ካለ)?

| | | የአጋጣሚዎች ብዛት | | | | | | |
|--|-------------|-------------|-----|-----|-----|-------|-------|--------------|
| | | 0 | 1-2 | 3-5 | 6-9 | 10-19 | 20-39 | 40 እና ከዛ በላይ |
| | በህይወትዎ ዘመን | | | | | | | |
| | ባለፉት 12 ወራት | | | | | | | |
| | ባለፉት 30 ቀናት | | | | | | | |

ራስን የማጥፋት ሐሳብ እና ራስን የመግደል ሙከራ መጠን

| | | |
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| 84. | በህይወት ዘመንህ/ሽ ውስጥ ራስን ስለማጥፋት በቁም ነገር አስበህበት/አስበሽበት ታውቃለህ/ቁያለሽ? | <p>ሀ. አዎ</p> <p>ለ. አይደለም አይደለም ከሆነ መጠይቁን ጨርሰዋል።</p> |
| 85. | በህይወት ዘመንህ/ሽ ውስጥ ራስን ለማጥፋት ሞክረህ/ሞክረሽ ታውቃለህ/ታውቁያለሽ? | <p>ሀ. አዎ</p> <p>ለ. አይደለም</p> |
| 86. | ባለፉት 12 ወራት ውስጥ በጣም ዝቅተኛ ስሜት ተሰምቶህ/ሽ ራስን ስለማጥፋት በቁም ነገር | <p>ሀ. አዎ</p> <p>ለ. አይደለም አይደለም ከሆነ መጠይቁን ጨርሰዋል።</p> |

| | | |
|-----|---|-------------------|
| | አስበህበት/አስበሽበት ታውላለህ/ቂያለሽ? | |
| 87. | ባለፉት 12 ወራት ውስጥ ራስን ለማጥፋት ሞክረህ/ሞክረሽ ታውቃለህ/ታውቂያለሽ? | ሀ. አዎ ለ. አይደለም |

መጠይቁን ሞልተው ስለጨረሱ እናመሰግናለን!

Annex-IV Afan-Oromo version

Heyyama Ragaa irratti hundaa’e:

Yuunivarsiitii Jimmaatti

Inistituutii Fayyaa

Dippaartimantii Ipidemiyoolojii

1. Guyyaan ragaan sassaabamu _____ / _____ / _____
2. Lakk. Waraqaa Eenyummaa hirmaataa: _____
3. Maqaa dhaabbata Fayyaa: _____

Ani maqaan koo _____ jedhama. Ani Hayaat Mohaammad kanan jedhamu ragaa sassaabduu qorannoo barataa digirii lammaffaa dippaartimantii Ipidemiyoolojii mana barumsaa kanatti geggeeffamu mata dureen isaa yaada of ajjeesuu fi yaalii of ajjeesuu fi sababoota isaan walqabatan dargaggoota mana barumsa sadarkaa lammaffaa magaala Jimmaati. Ani ibsa asirratti barreeffame kana akka dubbistanii fi hirmaataa qorannoo kanaa akka taataniif kabajaan isin gaafadha. Hirmaataa qorannoo kanaa ta’uuf heyyamamoodhaa?

Mata duree qorannichaa: Baay’ina yaada of ajjeesuu fi yaalii of ajjeesuu fi sababoota isaan walqabatan dargaggoota mana barumsaa sadarkaa lammaffaa magaala Jimmaa.

Faayidaa qorannichaa: Kaayyoo guddaan qorannichaa baay’ina dargaggoota mana barumsa sadarkaa lammaffaa yaada of fannisuu fi yaalii of fannisuu fi sababoota isaan walqabatani qorachuucha. Bu’aan qorannoo kanaa haala wayitaawaa amala of fannisuu fi sababoota isaan walqabatani dargaggoota mana barumsa sadarkaa lammaffaa fi karoora fi akkaataa ittiin hambisuun danda’amu irratti xiyyeeffata. Akkasumas qorannoo gara fuulduraatti gaggeeffamuuf bu’uura ta’uu danda’a. Hundaa’olitti kaayyoon qorannoo kanaa barnoota digirii lammaffaa dippaartimantii Ipidemiyoolojii ittiin guuttachuufiidha.

Adeemsa qorannichaa fi turtii isaa: Gaaffileen isin/mucaan keessan guuttan ofumaaf kan guuttamuudha. Isinis raga sirrii akka naaf guuttan kabajaan isin gaafadha. Deebii fi adeemsi keessan hunduu icitiin isaa kan eeggameedha. Isinis gaaffii hundumaa akka guuttan, yeroo barbaaddanittis adda kutuuf mirga guutuu qabdu. Waliigala yeroon inni guuttanii xumuruuf isin gaafatu daqiiqaa 30 qofa.

Rakkoo fi faayidaa: Rakkoon qorannoo kana irratti hirmaachuu dhiisuu hin jiru, garuu, daqiiqaa 30 qofa isin gaafata. Hirmaachuu kessaniiniskaffaltiin kallattii hinjiru.

Iciitii: Odeeffannoon isin nuuf kennitan icitiin isaa kan eeggameedha. Odeeffannoon addatti adda bahu hinjiru. Bu'aan qorannichaa dimshaasha hawaasichaa kan ibsu malee nama dhuunfaa kan ibsu miti. Gaaffileen jiran koodiidhaan maqaan namaa akka hin beekanneef godhamee jira. Hirmaattota qorannoo kanaa wajjiin walitti fiduuf deebiin afaanii fi barreeffamaa kamiyyuu hin fudhatamu.

Mirga: qorannoo kanarratti hirmaachuun guutummaatti fedhiidhaani. Hirmaachuufis ta'ee dhiisuuf mirga guutuu qabdu. Yoo hirmaachuuf murteessitan yeroo barbaaddanitti adda kutuuf mirga guutuu qabdu. Gaaffii deebisuu hin barbaanne deebisuu dhiisuuf ni dandeessu.

Bilbila: yeroo kamittiyuu qorannichaan walqabatee gaaffii yoo qabaattan teessoo fi bilbila: Hayat Mohamed Aliy, Email: hayu.moh2006@gmail.com or Mob- 0922-45-44-31(Principal Investigator)

Hirmaachuuf(ijoolleen keessan akka hirmaataniif) heyyamamoodhaa? (itti mari)

1. Eyyee 2. Lakkii

Mallattoo hirmaataa _____

Mallattoo raga sassaabaa _____

Yoo hirmaatan heyyamamoo hin taane, asumarratti dhaabi.

Ragaa namoota deebii kennanii--(Deebii itti mari)

| Lakk | Ragaa namoota deebii kennanii | |
|--------------------------------|--|--|
| 1. | Saala nama hirmaatuu | A. Dhiira B. Dubara |
| 2. | Umurii nama hirmaatuu | _____ |
| 3. | Kutaa meeqaffaa baratta? | E. kutaa 9 F. kutaa 10 G. kutaa 11 H. kutaa 12 |
| 4. | Eenyu waliin jiraachaa jirtu? | F. Hadha-Abba (Maatii) G. Firaa wajjiin H. Hiriya gaa'elaa (warra) I. kophaa J. kan biro(adda basa) _____ |
| Raga qabeenya maatii agarsiisu | | |
| 5. | Maddi bishaan dhugaatii keessanii maali? | I. Bonbua J. Boolloo qadaada qabu K. Boolloo qadaada hin qabine L. Burqaa eeggame (kan dalla qabu) M. Burqa hin eeggamne(kan dalla hin qabne) N. Bishaan bokkaa O. Bishaan yaa'u(laga/haroo /hidha) |

| | | |
|----|--|---|
| | | P. Kan biroo (adda basa)_____ |
| 6. | Mana akkamii keessa jiraattu? | A. Kiraa B. Kan dhuunfaa |
| 7. | Bayinaan mana keessati Ibsaa gosa kami fayyamatuu? | J. Abidda K. Faanusa/Dungoo L. Kurazza/Shammaa M. Baatiri/Ifaa daamotii N. Generetara O. Baayoogazii P. Soolaarii/Ifa aduu Q. Elektiriika R. Kan biroo (adda basa)_____ |
| 8. | Mana keessatti nyaata qopheessuuf boba'aa akkamii fayyadamtuu? | J. Elektiriika K. Gaazii L. Humna Baayoogaazii M. Kasala/cilee N. Muka O. Galaba/ Marga/fura/Hafaa qonnaa P. Mana keessatti nyaanni hin |

| | | |
|---|---|--|
| | | qophaawu Q. Kan biro(adda Basa)_____ |
| 9. | Nyaata eessatti bilcheeffattu? | E. Kushinaa kophaa F. Manuma keessa jiraannutti G. Bakkeerratti H. Kan biro(adda basa)_____ |
| 10. | Mana fincaanii gosa akkamii fayyadamtu? | J. Kan boolii bishaanin kara sararatti yaasu K. Boolla (kan qileensa basu qabu) L. Boolla fooyya'aa (kan qileensa basu hin qabne) M. Kompostiif kan oolu N. Hin qabnu/bakkeerra O. Kan biro(adda basa)_____ |
| 11. | Mana fincaanii kana maatii kan biraa waliin ni fayyadamtuu? | A. Eeyyee B. Lakkii |
| Maatiin keessan Meshaaale argaditti ka'aman qabu? | | |
| 12. | Elektiriika qabuu | C. Eeyyee D. Lakkii |
| 13. | Raadiyoo | A. Eeyyee B. Lakkii |

| | | |
|---|-----------------------------|------------------------|
| 14. | Televiyiinii | A. Eeyyee B. Lakkii |
| 15. | Bilbila manaa | A. Eeyyee B. Lakkii |
| 16. | Kompiyuutara | A. Eeyyee B. Lakkii |
| 17. | Firiijii | A. Eeyyee B. Lakkii |
| 18. | Eelee Elektiriikaa | A. Eeyyee B. Lakkii |
| 19. | Mashina uffata miccu | A. Eeyyee B. Lakkii |
| 20. | Mashina Qilleensa qabanessu | A. Eeyyee B. Lakkii |
| 21. | Jeneratora ibsa | A. Eeyyee B. Lakkii |
| 22. | Jeneratora Bishani | A. Eeyyee B. Lakkii |
| Minseensi maatii keessanii kessa qabeenya kana gadi qabdu?: | | |
| 23. | Sa'aatii harkaa qabuu? | C. Eeyyee D. Lakkii |
| 24. | Mobaayila | C. Eeyyee D. Lakkii |
| 25. | Saaayikilii | C. Eeyyee |

| | | |
|-----|--|---|
| | | D. Lakkii |
| 26. | Motora | C. Eeyyee D. Lakkii |
| 27. | Gaarii | C. Eeyyee D. Lakkii |
| 28. | Konkolaataa | C. Eeyyee D. Lakkii |
| 29. | Meshaale mana keessa(kursi, minjaala, fi kabineetti) | A. Eeyyee B. Lakkii |
| 30. | Mana maatii keessanii keessa siren jiraa? | A. Eeyyee B. Lakkii Yoo lakki jette gara Lak.34 deemi |
| 31. | Yoo jiraate, gosa kami? | A. Siree jirbii waliin B. Siree ispoonjii waliin C. Siree firaashii ispiiringii waliin D. Kan biro(adda basa)_____ |
| 32. | Maatiin keessan lafa qonnaa qabuu? | A. Eeyyee B. lakkii ...yoo lakki tae gara Lak.37 deemi |
| 33. | Lafa qonnaa gosa kam qabu? | A. Kan dhuunfaa B. Kiraa |
| 34. | Kuntaalaan waggaatti omisha argattan jiraa? | C. Eeyyee |

| | | |
|-----|--|---|
| | | D. Lakkii |
| 35. | Maatiin keessan horii ykn horii qonnaa kan biro ykn horsiisa lukkuu qabuu? | A. Eeyyee B. Lakkii ...yoo lakki tae gara Lak.42 deemi |
| 36. | Saawwa aannanii, qotiyyooykn sangaa | ----- lakkoofsaan |
| 37. | Fardeen, harroota, ykn gaangee | ----- lakkoofsaan |
| 38. | Re'ee/Hoolaa | ----- lakkoofsaan |
| 39. | Lukkuuwwan | ----- lakkoofsaan |

Rakkoolee xiinsammuu hawaasummaadhaan walqabatan

| | | |
|--|--|-------------------------------|
| Mana barumsaan kan walqabatan | | |
| Haala barnootaa | | |
| 40. | Ji'oottan 12 darbanitti qabxii argattanitti aartanii beektuu? | C. Eeyyee D. Lakkii |
| 41. | Ji'oottan 12 darbanitti hojimanee hajjehuf xiyyefana dhabu isi quname beeka? | C. Eeyyee D. Lakkii |
| <p>Dhibaa Humna</p> <p>Gaaffileen itti aanan waa'ee humnaati. Humna jechuun yeroo barataan tokko ykn isaa ol namatti qoosu, hatu, namarratti dubbatu, rukutu, iyyu, ykn barataa kan biraa irra deddeebiin miidhu jechuudha.</p> <p>Humni yeroo barataan lama humnaa fi gahumsa walqixaa qaban walitti qoosan ykn wal lolan jechuu miti.</p> | | |
| 42. | Ji'oottan 12n darbanitti, mana barumsaa keessatti rukutamu ykn sodaachifamuun fi dhiba humna sirra gahee beekaa? | C. Eeyyee D. Lakkii |
| 43. | Ji'oottan 12n darbanitti, nama wajji humnan wali lolittee beekta? | A. Eeyyee B. Lakkii |

| Deeggarsa naannoo mana barumsaa -----Filanno keessan asxa (√)godhii | | | | | |
|---|--|-------------------------------------|------------------------|------------|---------------------------|
| | | Sirriitti itti walii hin galu | Itti walii hin galu | walii-gala | Sirriit-itti waliigala |
| 44 | Mana barumsaa koo keessatti barattoonni carra seerota hirmaannaa kuta fi seera mana barumsa irratti carraa bal'aatu jira | | | | |
| 45 | Mana barumsaa koo keessatti barattoonni dhuunfaadhaan barsiisaa waliin haasa'uuf carraa bal'aatu jira | | | | |
| 46 | Yeroon ani waan gaarii hojjedhu barsiisaan koo ni beeku akka beekus na godha | | | | |
| 47 | Kutaa keessatti hirmaannaa gochuuf carraa baay'een qaba | | | | |
| 48 | Barsiisaan koo hojii piroojektii akkan hojjedhuuf na hirmachisa | | | | |

Humnummaa karaa intarneetaa: Jechuun humnaan(namatti qoosu,nama hamachu,sodachisu) karaa iimeelii, ergaa barreeffamaa, walqunnamtii hawaasumaa fi k.k.f jechuu dha.

| | | |
|----|---|------------------------|
| 49 | Mobayilla qabda? | A. Eeyyee B. Lakkii |
| 50 | Ji'oottan 12 darban keessa humnummaan karaa intarneetaa si qaqqabee beekaa? | E. Eeyyee F. Lakkii |

Rakkoolee maatii waliin walqabatan

| Maatii deeggarsa taasisan: Filanno keessan asxa (√)godhii | | | | | |
|---|---|-------------------------------------|------------------------|------------------------|-----------------------------|
| | | Sirriitti itti walii hin galu | Itti walii hin galu | Ittiin waliigala | Sirriitan itti waliigala |
| 5 | “Maattin koo murtee na ilaalatu otuu hin murteessin dura dursani yaadan na gaafatu” | | | | |
| 5 | “rakkoo dhuunfaa yoon qabaadhe, abbaa ykn haadha koo gargaarsa nan gaafa dha” | | | | |
| 5 | “maatiin koo waan bashannansiisaa isaan waliin akkan godhuuf caraa baay’ee naaf kennu.” | | | | |
| Walitti dhufeenya maatii waliinii qabdu | | | | | |
| 5 | Ji’oottan 12 darbanitti maatiin ykn guddiseen kee na hubatanii jiru jettee yaaddaa ?” | | | A. Eeyyee B. Lakkii | |
| Seenaa maatii of ajjeesuun walqabatu? | | | | | |
| 5 | Miseensi maatii keessanii Kanaan dura of ajjeesan jiruu? | | | C. Eeyyee D. Lakkii | |
| 5 | Miseensi maatii keessanii ofi ajjeesuf yaalan jiruu? | | | C. Eeyyee D. Lakkii | |

| Deeggarsa hawaasummaa | | |
|-----------------------|--|--|
| 59. | Yeroo rakkoon si mudatetti naaf jiru jettee kan irratti of gattu namoota meeqatu jiru? | 5. hinjiru 6. 1–2 7. 3–5 8. 5 oli |

| | | |
|-------------------------------|--|---|
| 60. | Waan ati hojjetuuf nammoonni hammam ilaalicha gaarii qabu? | 6. Hinjiru/homaa 7. Xiqqoo 8. Hin beekamu 9. Yeroo tokko tokko 10. baay'ee |
| 61. | Namoota olla irraa gargaarsa argachuuf hammam sitti salphata | 6. Baay'ee ulfaata 7. Ni ulfaata 8. Ni danda'ama 9. Salphaadha 10. Baay'ee salphaadha |
| Rakkoo saalqunnamtiin mudhatu | | |
| 62. | Rakkoon saalqunnamtiin walqabatu si qunnamee beekaa? | A. Eeyyee B. Lakkii |

Dhiphina hafuuraa

Kanneen armaan gadii erga dubbistee booda lakkoofsota 0, 1, 2 ykn 3torbee darbe kan sirratti raawwatekan sirriitti si ibsan irratti mari. Deebii sirriin ykn dogoggoraraa hinjiru. Hima kamirratti iyyuu yeroo hin fixiin. Ibsi iskeelii isaa kan armaan gadiiti:

0=anaa wajjiin wal hin qabatu

2 =yeroo baa'ee ana ibsuu danda'a

1 =yeroo tokko tokko ykn xiqoo ishee anaa

3 =sirriitti harka caala ana ibsuu danda'a

waliin walqabata

| | | 0 | 1 | 2 | 3 |
|---------|--|---|---|---|---|
| 63. (a) | Afaan koo goguu natti dhagahama ture | | | | |
| 64. (d) | Wanti gaariin tokko-illeen natti dhagahama hin ture | | | | |
| 65. (a) | Rakkoon hafura baasu dadhabuu na qunnameera (fkn. Ariitiin hafura baasu, | | | | |

| | | | | | |
|---------|--|--|--|--|--|
| | sochiin osoo hin jiraatiin hafura dhabu) | | | | |
| 66. (d) | Fedhii waa hojjechuu dhabuu | | | | |
| 67. (a) | Hurgufamuu fo hollachun naqunameera (fkn. harkaan) | | | | |
| 68. (a) | Haalota deebie na rifachiisaniin sodaadheen ture | | | | |
| 69. (d) | Wantan abdadhu akkan hin qabnetti natti dhagahame | | | | |
| 70. (d) | Haamile caphuun natti dhagahama ture | | | | |
| 71. (a) | Akka gara cinqama sammu akkan dhiyaadhe natti dhagahama | | | | |
| 72. (d) | Waan kamiifiyyuu fedhi hin qabun ture | | | | |
| 73. (d) | Akka namaatti gatii baay'ee akkan hin qabaanne natti dhagahame | | | | |
| 74. (a) | Yeroon sochii qaamaa hin goonetti sochii onnee kootii nan beekan ture(fkn. Dhahannaan onnee dabaluu fi hir'idhatu) | | | | |
| 75. (a) | Sababa gahaa malee sodaan natti dhagahame | | | | |
| 76. (d) | Jireenyi akka hiikaa hin qabnetti natti dhagahame | | | | |

Haala rakkoo fayyaa turee

| | | |
|-----|--|------------------------|
| 77. | Rakkoo fayyaa yeroo dheeraa ture qabduu? | C. Eeyyee D. Lakkii |
|-----|--|------------------------|

Fayyadama gumuu/wantoota suusii ta'anii

Sigaaraa xuuxuu

Yeroo hammamiif sigaaraa xuuxxan (yoo jiraate)?

| | | Yeroo | | | | | | |
|-----|------------------------|-------|-----|-----|-----|-------|-------|-------|
| | | 0 | 1-2 | 3-5 | 6-9 | 10-19 | 20-39 | 40 ol |
| 78. | Jireenya kee keessatti | | | | | | | |
| 79. | Ji'oota 12 darbanitti | | | | | | | |
| 80. | Guyyoota 30 darbanitti | | | | | | | |

Dhugaatii Alkoolii (biiraa, wayinii fi alkoolii kan biroo)

Yeroo hammamiif dhugaatii alkoolii dhugdani(yoo jiraateef)?

| | | Yeroo | | | | | | |
|-----|-------------------------|-------|-----|-----|-----|-------|-------|-------|
| | | 0 | 1-2 | 3-5 | 6-9 | 10-19 | 20-39 | 40 ol |
| 81. | Jireenya kee keessatti | | | | | | | |
| 82. | Ji'oottan 12 darbanitti | | | | | | | |
| 83. | Guyyoota 30 darbanitti | | | | | | | |

Haala of ajjeesuuf yaaduu fi yaalii ilaalchise

| | | |
|-----|---|--|
| 84. | Umrii kee kessatti ofi ajjeesuuf yaaddee beekta? | E. Eeyyee F. Lakkii Yoo lakki jette gaaffi fixeta. |
| 85. | Umri kee kessatti yaali offi ajjeessu gotee beekta? | A. Eeyyee B. Lakkii |
| 86. | Ji'oottan 12 darbanitti yaadni gad anntummaa isinitti dhagahamee offi ajjeesuf yaaddanii beektuu? | A. Eeyyee B. Lakkii Yoo lakki jette gaaffi fixeta. |
| 87. | Ji'oottan 12 darbanitti of ajjeesuuf yaaltee beektaa? | C. Eeyyee D. Lakkii |

Gallatomma!!