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COLLEGE OF MEDICINE AND HEALTH SCIENCE

DEPARTMENT OF NURSING

PREVALENCE AND ASSOCIATED FACTORS OF SUICIDAL IDEATION AND ATTEMPT AMONG PEOPLE LIVING WITH HIV/AIDS ATTENDING AT THE OUTPATIENT DEPARTMENT OF WOLKITE CITY ADMINSTRATION HEALTH CENTERS, GURAGE ZONE, SOUTH ETHIOPIA, CROSS SECTIONAL STUDY , 2022.

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A RESAERCH PAPER TO BE SUBMITTED TO COLLAGE OF MEDICINE AND HEALTH SCIENCE, DEPARTMENT OF NURSING, FOR THE PARTIAL FULLFILMENT OF THE REQUIREMENT FOR BACHELOR DEGREE IN NURSING

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WOLKITE ETHIOPIA

WOLKITE UNIVERSITY

PREVALENCE AND ASSOCIATED FACTORS OF SUICIDAL IDEATION AND ATTEMPT AMONG PEOPLE LIVING WITH HIV/AIDS ATTENDING AT THE OUTPATIENT DEPARTMENT OF WOLKITE CITY ADMINSTRATION HEALTH CENTERS, GURAGE ZONE, SOUTH ETHIOPIA,2022.

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MAY 2022 G.C

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ABSTRACT

Introduction: Suicide is the act of intentionally causing one's own death or an intentional termination of one's own life. These suicidal behaviors are much more pronounced in people living with Human immunodeficiency virus. Despite this, there is a scarcity of aggregate evidence in south Ethiopia. This study was therefore aimed to fill this gap.

Objective: The aim of this study was to assess the prevalence and associated factors of suicidal ideation and attempt among people living with Human immunodeficiency virus attending the outpatient department at wolkite city administration health centers, Gurage zone, south Ethiopia, May 2022.

Method and materials: institution based cross-sectional study design was used. Systematic random sampling was used to select study participants. The participants were selected consecutively from 361 patients' who had follow up in this month at wolkite health center ART unit. Data was collected by face to face interview using structured questionnaire. Data was check for completeness and consistency, and then coded. The coded data was entered into SPSS software program for analysis. Descriptive statistics and logistic regression was used. Ethical clearance was obtained from wolkite health center. The study was conducted in May, 2022.

Result: the prevalence of suicidal ideation and attempt was found to be 21.7%and 9.6% respectively. Comorbid medical illness (AOR=1.286, CI: 1.447-3.314), severe depression were (AOR=2.846, CI: 1.271-3.644) associated with suicidal ideation. Whereas being uneducated (AOR=2.401, 95%CI: 1.250-2.630), severe depression (AOR=6.173, 95%CI: 3.75-8.677), high stigma (AOR=3.204, 95%CI: 2.071-6.455) and low of social support (AOR=3.588, 95%CI: 2.596-5.744) were associated with suicidal attempt.

Conclusion and recommendation: Suicidal ideation and attempt are high among HIV positive patients. There is a need to inform family member about their problem when feeling of these idea and early self-referring of the patients to their ART clinicians for further referral to mental health profession and psychologist for advice when he/she feels suicidal ideation and attempt

Key word Prevalence, Suicidal ideation, Suicidal attempt, associated factors, HIV/AIDS, SNNP and Ethiopia.

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First of all, we would like to thank our God for protect us. We also thank to Wolkite University, college of medicine and health science, department of nursing for giving this chance to conduct the research. Also we would like to express our deepest gratitude and appreciation to our advisor Mr. Deribachew H/Mariam (Asst. professor) and Mr. Tamene F. (BscN, MscPCHs) for their constructive advice, support, comment and suggestion during each process of developing proposal and research paper. Finally, we would like to thank wolkite health center staffs who are work on ART department during data collection.

ACRONYMS

AIDS Acquired immunodeficiency syndrome

ART Anti-retroviral therapy

ARVs Anti retrovirus

CNS Central nervous system

DSM Diagnostic statistical manual

HAART Highly active anti-retroviral therapy

HIV Human immunodeficiency virus

MDD Major depressive disorder

MHS Moderate to high risk for suicide

PLWHA People living with HIV/AIDS

QoL quality of life

SNNP South nation nationality and people

UNAIDS united nation program on HIV/AIDS

WHO world health organization

WMH World mental health

1. INTRODUCTION

1.1. Background

Suicide is the act of intentionally causing one's own death or an intentional termination of one's own life. The suicidality is categorized into suicidal ideation, suicide attempts and completed suicide. Suicidal ideation is a mental health disorder symptom defined as having the intent to commit suicide, wanting to take one's own life or thinking about committing suicide with or without actually making plans to do so and its more common than suicide attempt and completed suicide, and the presence of suicidal ideation increases the risk of suicidal attempt and completed suicide (1).

Several associated factors have been reported for suicidal ideation in HIV positive individuals. These factors increased the risk of suicide. These factors consisted of mental disorders (such as depression and anxiety), feelings (such as hopelessness), severity of the disease, HIV related physical symptoms, antiretroviral regimen, CD4 count, ART related adverse drug reactions, socioeconomic factors (such as living single, low income, social support, discrimination and stigmatization) and patients' demographic factors (such as advanced age, female sex, substance and alcohol abuse). On the other hand, protective factors such as positive social support and social cohesion may decrease the risk of suicide ideation(2).

Mental health and psychosocial problems are common among HIV/AIDS Approximately 20-52% of patients infected with the human deficiency virus (HIV) are diagnosed with one or more mental disorders, a rate twice to three times higher than that of the general population (3). Some of the mental health impairments are mood disorder, elevated depressive symptoms, and suicidal ideations. Even though mental disorders are known to be triggers of great psychic suffering, most of the time not identified by the physician and are predisposing factors for suicide attempts (4).

Although there is a paucity of suicide and HIV/AIDS research in Africa, the studies done, have shown a high suicide risk in this population. As early as 1995, AIDS phobia was cited as a trigger in 17% of Para suicide cases among youth in SA. HIV-positive people are at risk for suicide and when first diagnosed with HIV, many individuals react with disbelief, anxiety and fear (5).

A consideration of suicidality in HIV/AIDS is important not only because it predicts future attempted suicide and completed suicide, it has also has been associated with poor quality of life, poor adherence with ART (antiretroviral therapy) and non-disclosure of HIV status to significant others (6).

The few African studies on suicidality in HIV/AIDS have reported the following prevalence rates: 12.4 % for suicidal ideation among patients attending a specialized HIV/AIDS clinic in pre-ART Uganda; 17.1 % for the 12 month prevalence of attempted suicide rate among HIV positive adolescent in pre-ART Uganda; 13 % for current suicidal ideation among patients attending a specialized HIV/AIDS clinic in post-ART Uganda; and 16.8 % for suicidality among HIV positive patients in South Africa. All these studies reported on the prevalence of suicidality as a secondary finding, with none reporting on the correlates of suicidality (7).

The purposes of this study include both significant suicidal ideation and attempted suicide and associated problems with HIV/AIDS.

1.2. Statement of the problem

Globally, every year around 800,000 to a million people die due to suicide. Suicide is the 10th leading cause of death worldwide and third leading cause of death among those aged 15–44 years. It represented 1.8% of global burden of disease in 1998. It is also predicted that, by 2020, the rate of death due to suicide will be increased to one every 20 seconds (8).

Currently, more than 36.9 million people live with HIV/AIDS worldwide and around 25.5million (69%) HIV-positive people are living in Sub-Saharan Africa. According to the UNAIDS survey, approximately 610,000 people were living with HIV/AIDS in Ethiopia and 16,000 new infections occurred in 2017 (9).

People living with HIV/AIDS are high-risk groups of suicidal ideation and attempt. Suicidal ideation is an important phase in the suicidal process prior to completed suicide. Compared to the general population, people living with HIV/AIDS have 7 to 36 times greater risk of completed suicide. Suicidal ideation in HIV/AIDS is a predictor of future suicidal attempt and completed suicide and it is associated with reduced quality of life and poor adherence to antiretroviral therapy. It has a long-standing consequence for psychological trauma in children, friends, and relatives (10).

The consequences of suicidal behaviors are not merely a loss of life but extend to the mental, behavioral and emotional trauma imposed on friends and family members and costs to resources, as people with suicidal behaviors often require help from health care and psychiatric institutes. Prior suicidal behaviors like suicidal ideation and attempt are among the strongest prognosticators of completed suicide, signifying that suicidal behavior as useful outcomes of investigations (11).

The prevalence of suicide among HIV-positive population is still high despite good prognosis of their quality of life through the introduction of ART. Although few studies conducted the suicidality among PLWHA in Sub Saharan–Africa countries, the problem is still increasing and there is no pooled evidence for suicidal ideation and attempt in HIV/AIDS patients. This creates difficulty for policymakers and researchers in decision making for the suicidal behavior of HIV patients (12).

In Ethiopia, there is limited data on the prevalence and associated factors of suicidal ideation and attempt among HIV-positive people. Therefore, we believe that the co morbidity of suicidal ideation and attempt with infectious diseases HIV/AIDS needs to be appropriately investigated and managed so as to assist in the therapeutic effectiveness and prevention of complications suicidal risk. The objective of this study is to evaluate the most frequent psychiatric comorbidities and factors associated with chronic HIV AIDS patient in wolkite health center.

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1.3. Significance of study

For HIV patient it will help them to forwarding pertinent information and recommendation to decrease incidence of suicidal ideation and attempt. For health beures to forward evidence based program and designing, targeting and implementation. For researcher to give insight for identifying other research questions in this area.

2. LITERATURE REVIEW

2.1. Prevalence and its associated factors of suicidal ideation and attempt among people living with HIV/AIDS

Suicide represents 1.8% of the global disease burden and projections implied that this would increase to 2.4% in 2020. It is the 2nd among the top cause of death in a population of 15–29-years age worldwide as per data from the World Health Organization (WHO) (13). Suicide has strong association with HIV /AIDS worldwide; it was estimated to be that 36 million people were living with HIV. There were 2.3 million new HIV infections globally, showing a 33% decline in the number of new infections from 3.4 million in 2001. And the majority of them around 25.5 million peoples with HIV are living in sub-Saharan-Africa, in Ethiopia, it was 0.6% among men and 1.2% women in the age (15–49) (14).

The Suicide risk among PLWHA was 7 to 36 times greater as compared to the general population. Different studies in different countries showed that suicidality is high among HIV/AIDS patients. A systematic review and meta-analysis study on HIV/ AIDS patients reported that the prevalence of suicidal ideation and attempt were 24.38% and 13.08% respectively (15).

One comparative study in USA reported suicidal ideation significantly higher in HIV positive than in HIV negative group. Rates of past life time history of suicide attempt was 29% among HIV positive men and 21% among HIV negative men.Study conducted in United States of America among HIV-positive persons (N=2909) reported that 19% of the participants had suicidal thoughts, while 7% of them had suicide plan (16).

A study in Thailand also revealed that suicidal ideation in HIV positive individuals was 15.5 (17). Similarly, studies in Africa showed that suicidal ideation ranges from 8.3% to 28.8% in South Africa, 7.8% to 13% in Uganda, and 7.8% to 42% in Nigeria. Studies in Ethiopia also reported suicidal ideation in HIV/AIDS patients to be between 22.5% and 33.6% (18).

The prevalence of suicidal attempt was also 9% in Japan (19), 3.5% in Canada (20), 8.2% in Thailand (17), 1.3% in Nigeria (18). A study done in Uganda shows that the prevalence of ‘moderate to high risk for suicidality among PLWHA is 7.8% and that of life-time attempted

suicide was 3.9%. In Ethiopia the suicidal attempt ranges from in between 13.9% and 20.1% (18).

A community based cross sectional study conducted in Addis Ababa, Ethiopia, among adult population shows current suicidal ideation and lifetime prevalence of suicidal attempt were 2.7% and 0.9% respectively (21).

2.2. Associated factors of suicidal ideation and attempt

2.2.1. Socio-demographic factors

Socio-demographic factor it included Sex, Age, Marital status, Educational level, Income and occupation. A study done in united states among HIV-positive applicants (92% male, 8% female). Studies of suicide victims who are HIV positive in high income countries, New York City, showed that among 1875 suicide victims, the crude proportion of seropositive subjects are 8.8%. HIV suicide victims were more likely to be men in 87.2% of the cases as compared with HIV seronegative subject (1).

On longitudinal study conducted over 20 years in Swiss reported suicide rate of 158.4 per 100,000 person's years. Higher suicide rates were associated with older patients and men (2). Study conducted in Australia show that men were more likely than women to have had suicidal thoughts; 26 men (31%) reported having had thoughts of suicide, compared with 3 women (11%) (22).

Other studies on rates of a non-fatal suicidal behavior in low and high income countries have showed that rate of suicidal ideation, plans, and suicidal attempts in South Africa was 9.1%, 3.8%, 2.9% (N=4351) respectively. Women reported higher rates of attempted suicide compared to men, 3.8 % vs. 1.8 % respectively (23).

The study in South Africa at Durban hospital show Despite the fact that a wide age range was represented in the sample cohort, the majority of the seropositive patients with suicidal ideation fell within the younger age group (<30) which is consistent with the age-related spread of the disease and the increase in suicidal behaviour in younger people. Males had a 1.8 times higher risk of suicidal ideation than females (24).

A study on the suicide profile in Dares-Salam among postmortem established social conflicts as main reason for suicide in 57.3% of successful suicides (N= 100). Marital conflicts,

disappointment in love affairs and unwanted pregnancies were associated with suicide. HIV infection and AIDS estimated at 8% in this sample (6).

The study done in Nairobi reported 10.5% of all suicidal symptoms combined. Suicide thoughts without plans accounted for 9% of all suicidal symptoms. The highest frequency of 14.5% suicidal symptoms was found among the younger age (18-20) than the older age (over 75). Female gender and being divorced was associated with highest prevalence of suicidal symptoms combined; at the rate of 20.7% compared to 7.9% of married group. Low education level had the least prevalence at 3.7% compared to the persons with higher levels of education (25).

2.2.2. Mental disorder and clinical factors

Mental disorder such as depression, bipolar disorder, schizophrenia, alcoholism, or drug abuse, and all these problems and Clinical factor include duration of illness, Physical illness and opportunistic infection. Mental health and psychosocial problems are common among HIV/AIDS patients that affect sustained utilization of healthcare and adherence to the medications. Some of the mental health impairments are mood disorder, elevated depressive symptoms, and suicidal ideations (26).

HIV infection itself can affect the patients' quality of life and cause mental problems. It has been shown that suicidal ideation is more common in HIV positive patients in comparison with the general population. It has been reported that suicide attempt rate in individuals with AIDS is 7.4 times higher than the general population (27).

Since the introduction of HAART in 1996, morbidity and mortality have declined in PLWHA although the relationship between HAART and suicide risk remains unclear. A longitudinal study followed 163 PLWHA for 2 years and found that HAART increased CD4 counts indicative of immunological rebound and decreased depressive symptoms with temporal relationship (28).

However, other studies have suggested that HAART with efavirenz can induce a neuro-psychiatric reaction, potentially increasing depressive symptoms and suicide risk.7 Despite the improved prognosis of HIV, studies continue to find a wide variation in incidence of increased suicidality among PLWHA (29).

The prevalence of a 'moderate to high risk for suicidality'(MHS) in this study was 7.8 %, a figure similar to that reported for suicidal ideation of 12.4 % by Kinyanda (2000) in urban Pre-

ART Uganda, 13 % in urban Post-ART Uganda and more recently of 8.8 % in semi-urban south-western Uganda (6).

The cross sectional study conducted in Mebeya city, Tanzania, showed that among 597 respondents, fifty three (8.9%) reported suicidal thoughts. The Rate of suicidality among PLWHA was found to be 8.9% suicidal thoughts and 2.2% suicide attempts. Participants who had depression compared to not had a 2 and half times likelihood of reporting suicidality (15.6%) compared with those who had no depression (6.7%). The stage of HIV/AIDS was not significantly associated with suicidality (30).

To compare rate of suicidality between HIV-infected individuals and other patients with medical, mental conditions or the general public, the following were mentioned as instances. Suicidal behavior among cohorts of severe mental illness patients in rural Ethiopia was reported as; cumulative risk of suicide attempt, 26.3% for major depression; 23.8% for bipolar I disorder; 13.1% for schizophrenia (31).

Another study at University of Gondar Hospital Psychiatric Clinic patients estimated a 19.2% attempted suicide at least once after the onset of mental illness and 64.8% had suicidal ideation (32).

2.2.3. Psychosocial related factors

Psychosocial related factor which include Social support and stigma. Consequently, hopelessness and negative evaluations lead to low engagement in treatment and health services and a tendency to ignore coping strategies to deal with such symptoms which in turn lead to an increase in social isolation and more risk of suicide (33).

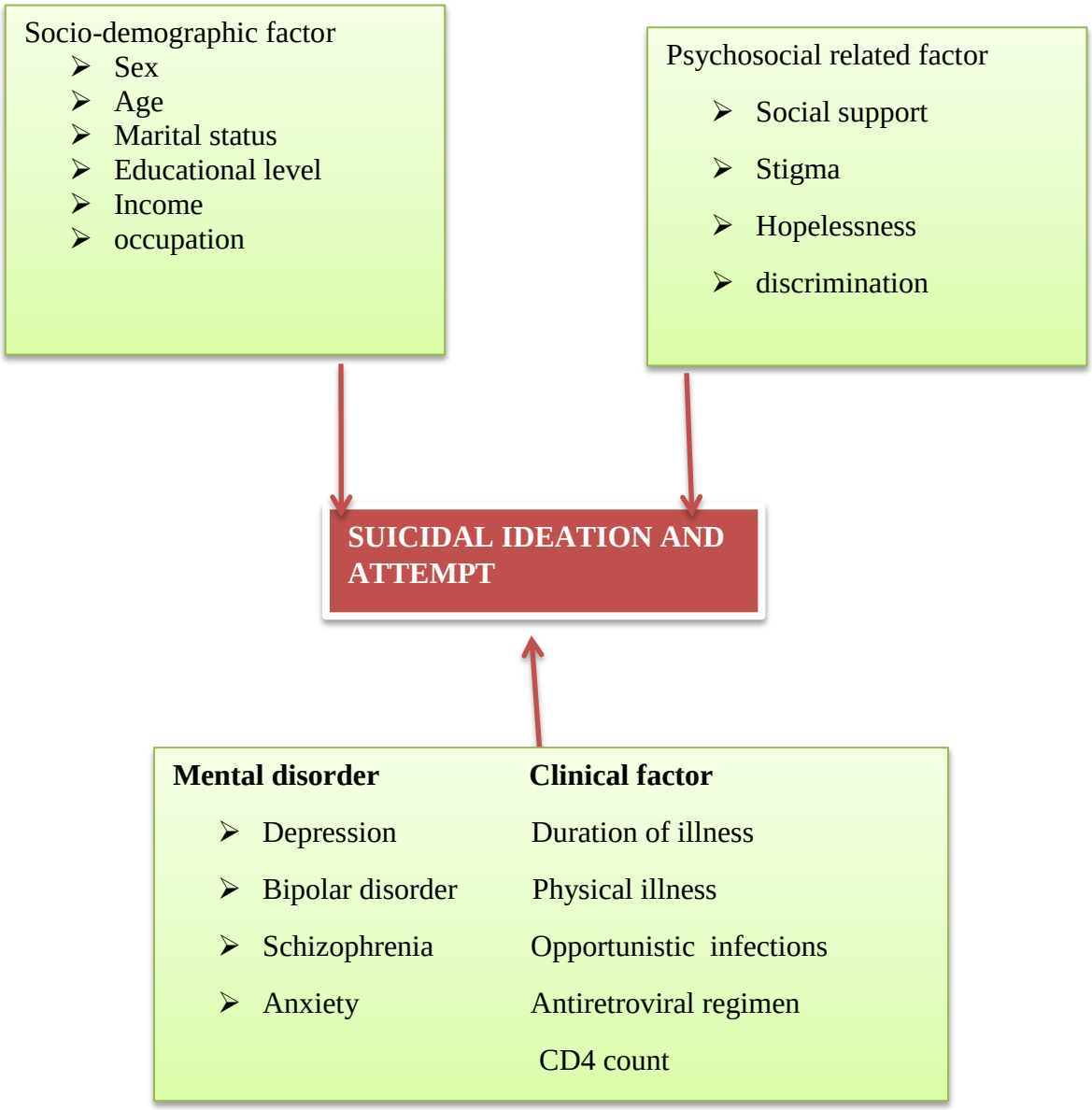
A study done on African Americans show that Suicide was significantly associated with perceived social support and perceived HIV stigma in USA (34). In France suicide was associated with HIV discrimination, and the lack of social support significantly associated with suicidal ideation among peoples with HIV/AIDS (35).

The negative correlation between suicidal ideation and spiritual beliefs implied the importance of spirituality in coping with different health problems and HIV as well. Patients with a poorer quality of life (QoL) were more likely to experience depression and suicide risk than patients with higher QoL that is associated with daily functioning (30).

Due to the culture of the Iranians, stigmatized attitude is associated with more prominent role of guilt and knowing the patients involved in immoral behavior. Therefore, internal stigma and discrimination are higher in Iran in comparison with other countries which can lead to more suicidal ideation in HIV-positive individuals .The rates of suicide in Asian countries such as Iran are moderate. The prevalence of suicidal ideation was reported to be 10 to 12.7% in the general population of Iran (36).

2.3. CONCEPTUAL FRAME WORK

Figure 1schematic representation of conceptual frame work



3. OBJECTIVES

3.1. General objective

- To assess the prevalence and associated factors of suicidal ideation and attempt among people living with HIV/AIDS attending the outpatient department at wolkite city administration health centers, Gurage zone, south Ethiopia May 2022.

3.2. Specific objectives

-
- To determine the prevalence of suicidal ideation among people with HIV/AIDS attending the outpatient department at wolkite city administration health centers, Gurage zone, south Ethiopia.
- To determine the prevalence of suicidal attempt among people with HIV/AIDS attending the outpatient department at wolkite city administration health centers, Gurage zone, south Ethiopia. .
- To identify factors associated with suicidal ideation among people with HIV/AIDS attending the outpatient department at wolkite city administration health centers, Gurage zone, south Ethiopia.
- To identify factors associated with suicidal attempt among people with HIV/AIDS attending the outpatient department at wolkite city administration health centers, Gurage zone, south Ethiopia

4. METHODS AND MATERIALS

4.1. Study area and study period

4.1.1. Study area

Our study was conducted in Wolkite city administration health centers. wolkite which is the capital city of Gurage zone, found in SNNPR and 158KM far from Addis Ababa in southern direction and 429km away from Hawassa which is the capital city of the SSNPR. it's located between latitude of 8 17/N 37 47Æ and longitude of 8.283 N 37.783 E with an elevation of 1,910 and 1,935 meters above sea level. The structural plane of wolkite town is set up from 6 kebeles and 3 sub-towns. The 3 sub-towns are Bekure, Addis Brihan and gubreye plus the corresponding 6 kebeles are selamber, Ediget chora and Menahiria in Addis Brihan sub-city, Addis hiwot and Ediget Ber in Bekure sub-city and 01 kebele in Gubrye sub-city. Based on the 2007 Census conducted by the Central Statistical Agency, this town has a total population of 28,866, of whom 15,074 are men and 13,792 women. The plurality of the inhabitants practiced Ethiopian Orthodox Christianity, with 48.17%, while 42.31% were Muslim, 7.86% were Protestants, and 1.34% were Catholics. In wolkite city administration there are three health centers these are Wolkite health center, Edget ber health center and Gubrye health center. From these we were study on Wolkite health center. (wolkite administration office)

4.1.2. Study period

The study was conducted from MAY 2-31, 2022.

4.2. Study design:

Institution based cross-sectional study design was used to assess prevalence and its associated factors of suicidal ideation and attempt among people living with HIV/AIDS attending at the outpatient department of wolkite health center.

4.3. Population

4.3.1. Source population

All HIV /AIDS patients who attend outpatient department at wolkite health center in study period.

4.3.2. Study population

People living with HIV/AIDS who had follow up in MAY and who fulfill inclusive criteria.

4.4. Inclusion and exclusion criteria

4.4.1. Inclusion criteria

Patient who is on regular follow up in outpatient department at wolkite health center during data collection period, patients that are 18 and above year's old and new cases during study period.

4.4.2. Exclusion criteria

Those severely medical ill patients who are unable to give the required data and who were not willing to give information.

4.5. Sample size and sample size determination

4.5.1. Sample size

The sample size is determined by using single population proportion formula by considering estimated prevalence rate of suicidal ideation 20.1% (that done in northern Ethiopia ,Gonder, margin of error 0.05 and 95% confidence interval (18).

$$n = \frac{(Z\ \alpha/2)2\ p\ (1-p)}{w2}$$

Where; n- Sample size

Z-confidence interval of 95%=1.96

P- Is prevalence of Suicidality among PLWH is 20.1% (that done Ethiopia)

W- Marginal sampling error: 0.05

So with this equation the sample size will be n= (1.96)2 0.201(1-0.201)/ (0.05)2=248

So the final sample size is NF+10% of non-respondent (25) =273

4.5.2. Sampling techniques

A systematic sampling method was used to select study participants visit at wolkite health center during the study period. From them about 361 HIV positive patients had visited at this month. The sample size of 273 selected out of 361 Patients by systematic random sampling, that is every 1st (every $361/273^{th}$). The selected patients were directed by the clinic staff to fill questioner.

4.6. Study variables

4.6.1. Dependent variables

Suicidal ideation and attempt among PLWHA.

4.6.2. Independent variables

- Socio-demographic variables including; sex, age, marital status, educational level, income and occupation
- Psychosocial related variables including: social support, stigma, hopelessness and discrimination
- Mental disorder and Clinical variables including; depression, bipolar disorder, schizophrenia, anxiety, duration of illness, physical illness, opportunistic infections, antiretroviral regimen, cd4 count and art related adverse drug reaction

4.7. Operational definition

Suicidal ideation: is defined as if the respondent answers to the question have you ever seriously thought about committing suicide? If yes, the patient has suicidal ideation (37).

Suicidal attempt: is defined as if the respondent answers for the question have you ever attempted suicide? If yes, the patient has suicidal attempt (37).

Depression: Individuals who scored greater than or equal to 66.6% on patient health questionnaire scale (38).

Goods Social support: Individuals who scored greater than or equal to 66.6% in item of social Support scale (39).

Perceived Stigma: Individual who scored greater than or equal to 33.3% on perceived Stigma (40).

4.8. Data collection tool and collectors

Data was collected by face to face interviewing of patients and using questioner that includes tools that was used to evaluate the prevalence of suicidal ideation and attempt among HIV positive patients. The tool also contains important questions concerning socio-demographic factors, clinical factors, mental disorder and psychosocial related disorder by using CIDI and also social support, stigma and depression were assessed using OSLO, stigma scale and PHQ-9. The questioner was translated from English to Amharic versions be used for interview. A data was collected by health staffs that are work on ART center.

4.9. Data quality control and management

To control the quality of the data questionnaire was translate to Amharic language; pretest was done for clients to validate the questionnaire. Participants were informed about the objectives of the study and they were telling about confidentiality. Data collected was clean and check for completeness and consistency.

4.10. Data analysis procedure

After the data collected, inconsistent and incomplete questionnaire was rechecked and then the data cleaned, edited, coded and validated before analysis and then processing was carried out. The data was analyzed by counting, cross checking and tallying on master sheet, and then organizing the result and put in statement, figure and table. The filled data was checked for completeness. Quantitative data was cleaned, coded, and analyzed using SPSS version 22. Descriptive analysis was take place and binary logistic regression was used to assess the association between outcome and explanatory variables. On binary logistic regression variables p value <0.25 were entered in to multivariable association and p-value at <0.05 were used to see the association and strength between the explanatory & outcome variable.

4.11. Ethical consideration

The study was conduct after ethical clearance obtained from Wolkite University. A formal letter of permission was obtain from WKU & submitted to the respective department of outpatient unit at wolkite health center. The respondents were informing about the aim (and anticipated benefit of the study). Confidentiality and privacy of the respondents was maintained by using anonyms (not noticeable) by secretion of their identity like name and adress. Data collectors and interview was mat in isolate class. Verbal informed consent was obtained from the study participants.

4.12. Plans for dissemination

The finding of this research will be disseminated to Wolkite University College of Medicine and Health science, Department of Nursing.

5. RESULT

5.1. Socio demographic characteristics of HIV positive respondents

A total of 272 participants responded to the interview a response rate was 99.63%. 144(52.9%) of the respondents were female. The mean age of respondents was found to be 37.07and standard deviation was 11.6 and 121(44.5%) of respondents were age between 30-44. one hundred fifty one (55.5%) of the respondents were orthodox, 82(30.1%) were Muslim, 36(13.2%) were protestant and 3(1.1%) were catholic by religion. About half of the respondents were married 137(50.4) and 52(19.1%) were single. Ninety four (34.6%) were Gurage, 69(25.4%) were Amhara, 47(17.3%) were Oromo by ethnicity and 121(44.5%) of respondents were 1-8 by education status. Seventy three (26.8%) were merchant and 216(79.4%) of the respondents live with family. (see table 1 show detail information).

Table 1Socio demographic characteristics of HIV positive patients by suicidal ideation and attempt attended ART, wolkite health center, May, 2022 (N=272).

Factor	Frequency	Percent (%)
Sex		
Male	128	47.1
Female	144	52.9
Age		
<30	87	32.0
31-44	121	44.5
>=45	64	23.5
Religion		
Orthodox	151	55.5
Muslim	82	30.1
Protestants	36	13.2
Catholic	3	1.1
Marital status		
Single	52	19.1
Married	137	50.4
Divorced	39	14.3
Widowed	44	16.2
Ethnicity		
Gurage	94	34.6
Amhara	69	27.4
Oromo	47	17.3
Tigre	2	0.7

Other	60	22.1
Education status		
Unable to read and write	63	23.5
Able to read and write	18	6.6
Grade 1-8	121	44.5
Grade 9-12	42	15.4
College and above	27	9.9
Occupation		
Farmer	29	10.7
Merchant	73	26.8
Government employ	49	18.0
Unemployed	55	20.2
Daily labor	52	19.1
Others	14	5.1
Monthly income		
<1000	144	68.9
1000-3000	35	16.7
>3000	30	14.4

5.2. Clinical characteristics of the respondents

One hundred twenty six (46.3%) of the respondents were diagnosed for HIV at the time greater than or equal to 5 years before the study period. Most of the respondents 244 (89.7%) were on HAART and 234(86%) were on WHO stage 3 level. Forty (14.7%) of the respondents had opportunistic infection. Among these 17(6.3%) were oral candidiasis and 23 (8.8%) had tuberculosis. Seventeen (6.6%) of the respondents had comorbid medical illness. Of the participants 5(1.6%) and 12(4.4%) had history of diabetes mellitus and hypertension respectively.

Table 2Clinical characteristics of HIV positive patients by suicidal ideation and attempt attended ART wolkite health center, May, 2022 (N=272).

Factor	Frequency	Percentage (%)
Duration of knowing being HIV positive		
<1 year	46	16.9
1-5 year	100	36.8

>5 year	126	46.3
WHO stage		
Stage 1	234	86.0
Stage 2	29	10.7
Stage 3	9	3.3
Comorbid medical illness		
Yes	17	6.3
No	255	93.8

5.3. Mental health related information of the respondent

Thirty nine (14.3%) of the respondents had no depression and 24(8.8%) of respondents had moderate trouble of falling of sleep or sleep too much. Of respondents 2(0.7%) had feeling tired and poor appetite.

Table 3Mental health characteristics of HIV positive patients by suicidal ideation and attempt attended ART wolkite health center, May, 2022 (N=272).

Factor	Frequency	Percent (%)
Feeling down, depressed, or Hopeless		
Not at all	193	71.0
Mild	40	14.7
Moderate	39	14.3

5.4. Suicidal ideation and attempt among HIV positive respondents

Fifty eight (21.7%) and 26(9.6%) of the respondents had suicidal ideation and attempt respectively. Among respondents with suicidal ideation 37(13.6%) and 14(5.1%) of respondents reported as they had suicidal ideation within 12 months after they knew their serostatus. Whereas 22 (8.1%) and 12(4.4%) of the respondents had suicidal ideation and attempted after 12 months of knowing their serostatus.

The reason for suicidal ideation and suicidal attempt were 20 (7.4%) family conflict, 2(0.7%) economic problem, 6 (2.2%) death of family and 21(7.7%) were fear of HIV.

The following figure shows prevalence of suicidal ideation and attempt among wolkite health center, wolkite, Ethiopia 2022.

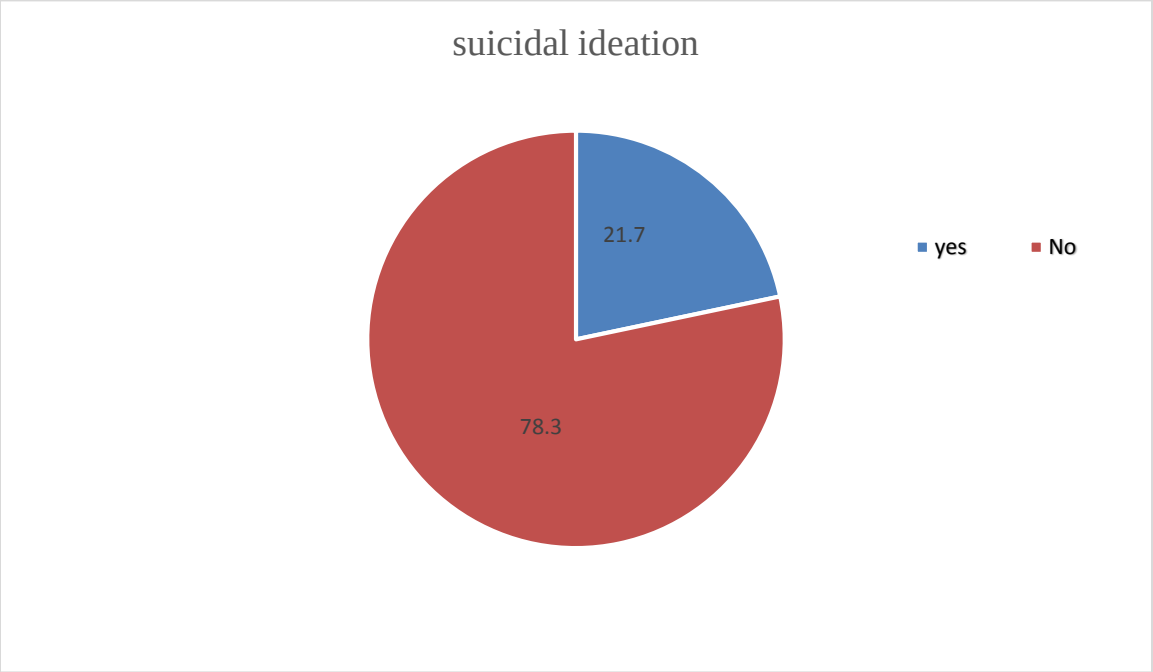


Figure 2 show the prevalence of suicidal ideation on HIV positive clients on wolkite health center ART, wolkite, Ethiopia, 2022.

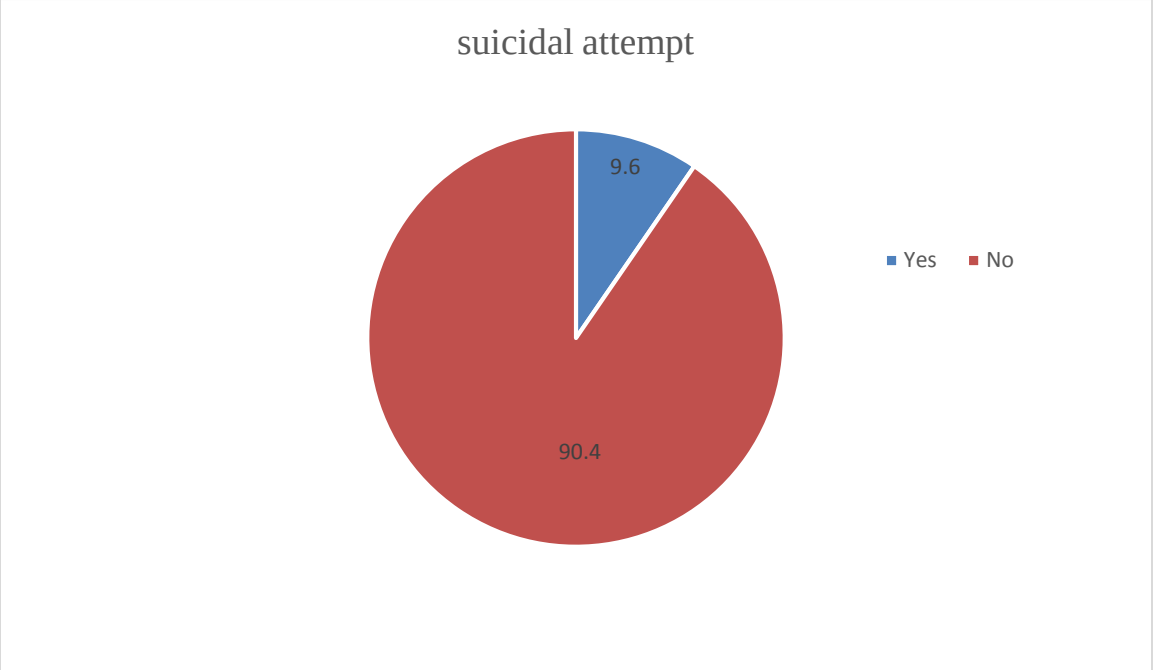


Figure 3 show the prevalence of suicidal attempt on HIV positive clients on wolkite health center ART, wolkite, Ethiopia, 2022.

5.5. Social support and stigma related response

One hundred three (37.9%) of respondents were feel peoples are gossiping with them because they are HIV positive at mild and moderate level respectively.one hundred twelve (41.4%) of respondents felt no stigmatized by other people because they are being HIV positive and 155(57.0%) feel that people treat them like inferior person. had low social support. Only 6(2.2%) of respondent feel some discrimination by health professional because they are being HIV positive and 120(44.1%) of respondents were feel high social support at mild and high level.one hundred sixty one (59.2%) of respondents were feel about interaction of their children and family because they are HIV positive.

Table 4 Social support and stigma characteristics of HIV positive patients by suicidal ideation and attempt attended ART wolkite health center, May, 2022 (N=272).

Factor	Frequency	Percent (%)
Stigma and discrimination		
No	112	41.2
Mild	106	39.0
Moderate	54	19.9
social support		
High	120	44.1
Moderate	102	37.5
Low	50	18.4

Table 5 cross tabulation association of suicidal ideation and suicidal attempt, wolkite health center, May, 2022 (N=272).

	suicidal ideation		**Suicidal attempt**		**Total frequency**
	YES	NO	YES	NO	
Factor	**Number**	**Number**			**Number (%)**
Sex					
Male	26	102	14	114	128(47.1%)
Female	33	111	12	132	144(52.9%)

Marital status					
Single	11	41	5	47	52(19.1%)
Married	17	120	11	126	137(50.4%)
Divorced	14	25	6	33	39(14.3%)
Widowed	21	23	9	35	44(16.2%)
Education status					
Unable to read and write	11	52	6	57	63(23.5%)
Able to read and write	8	10	5	13	18(6.6%)
Grade 1-8	27	94	8	113	121(44.5%)
Grade 9-12	10	24	8	34	42(15.4%)
College and above	9	21	7	20	27(9.9%)
Duration of knowing being HIV positive					
<1 year	13	113	11	133	144(52.9%)
1-5 year	15	81	8	88	96 (35.3%)
>5 year	31	15	7	39	46(16.9%)
Comorbid medical illness					
Yes	8	9	5	12	17 (6.3%)
No	51	204	21	234	255(93.8%)
Feeling down, depressed, or Hopeless					
Not at all	21	172	6	187	193(71.0%)
Mild	18	22	8	32	40(14.7%)
Moderate	20	19	12	27	39(14.3%)
Stigma and discrimination					
No	17	95	7	105	112(41.2%)
Mild	13	93	7	109	106(39.0%)
Moderate	29	25	12	42	54(19.9%)

Lack of social support					
No	20	100	9	111	120(44.1%)
Mild	11	91	5	97	102(37.5%)
Moderate	28	22	12	34	50(18.4%)

Factor associated with suicidal ideation and attempt among HIV positive respondents

Factor associated with suicidal ideation

On Bivariate analysis living condition, duration of know being HIV positive, Opportunistic infection, comorbid illness, depression, social support and perceived stigma were found to be significant. These factors were entered into multivariable logistic regression for further analysis in order to control confounding effects. However, significant association was observed between suicidal ideation and study variables like duration of know being HIV positive, comorbid illness and depression.

The results of multivariable analysis showed that suicidal ideation was significantly associated with duration of know being HIV positive, comorbid illness and depression.

HIV positive patients who had Duration of knowing being HIV positive in <1year were **3.903** times more likely to have suicidal ideation compared to those who had known being HIV positive >5 year **(**AOR 3.903, CI 95%2.145-5.368).

Patent who had comorbid medical illness **1.286** times more likely to have suicidal ideation compare to those who had no comorbid medical illness (AOR=1.286, CI 95%, 1.447-3.314).

Patients who had affective symptom were found to be significantly associated with suicidal ideation. HIV positive patients who had severe depression were **2.846** times more likely to have suicidal ideation as compared to those had no depression symptoms (AOR=2.846, CI95%:1.271-3.644**)**

Table 6 Final bivariate model and final multivariable model of risk factors for suicidal ideation in HIV-positive respondents on and pre ART, Wolkite health center, Ethiopia, 2022

Factor	Suicidal ideation		Crude OR (95% CI)	Sig.	Adjusted OR (95% CI)
	Yes	No			
Marital status					
Single	11	41	0.39(0.11-1.62)	0.101	0.21 (0.053-0.85)
Married	17	120	1		1
Divorced	14	25	0.187 (0.01-3.09)	0.482	0.89 (0.67-5.28)
Widowed	21	23	0.155 (0.057-3.21)	0.101	0.301 (0.23-0.54)
With whom you live					
With family	33	183	4.806(2.527-9.140)	0.59	3.56 (0.93-8.21)
Alone	26	30	1		1
Duration of knowing being HIV positive					
< 1 year	**13**	**90**	**5.961 (3.73-7.03)**	**0.001**	**3.903 (2.145-5.368)**
1-5 year	15	87	4.99 (3.130-6.734)	0.112	2.22 (0.92-4.949)
>5 year	31	36	1		
opportunistic infection					
Yes	22	18	1		1
No	37	195	6.441 (5.65-9.118)	0.86	2.482 (0.879-7.00)
Comorbid medical illness					
Yes	**8**	**43**	**1.612 (1.307- 5.671)**	**0.014**	**1.286 (1.447-3.314)**
No	51	170	1		1
Depression					
Mild	20	75	1		1
Moderate	18	28	0.414 (0.975-18.7)	0.218	3.795 (0.436-6.027)
Severe	**21**	**110**	**1.396 (1.031-3.116)**	**0.007**	**2.846 (1.271-3.644)**
Stigma					
Low	29	28	1		1
Moderate	13	93	7.409 (0.083-13.632)	0.414	3.965 (0.145-10.845)
High	17	95	8.102 (5.23-9.011)	0.206	7.450 (0.332-16.743)
	20	64	1.544 (1.05-2.335)	0.948	1.119 (0.039-7.068)

Social support	11	91	3.993 (0.047-3.290)	0.985	2.030 (0.044-5.095)
Low	28	58	1		1
Medium					
High					

Suicidal attempt among HIV positive respondents

On Bivariate analysis educational status, living condition, duration of know being HIV positive, opportunistic illness, depression, ever substance use, social support and perceived stigmas were found to be significant association. These factors were entered into multivariable logistic regression for further analysis in order to control confounding effects. However, significant association was observed between suicidal attempt and the study variables like, educational status, duration of know being HIV positive, depression, perceived stigmas and lack of social support.

The results of multivariable analysis showed that suicidal attempt was significantly associated with duration of know being HIV positive, depression, perceived stigmas and lack of social support.

Being Unable to read and write showed significant association to suicidal attempt. HIV positive patients who were low educational status had **2.401** times more likely to attempt suicide than educated (AOR=2.401, 95%CI: 1.25-2.630).

Know being HIV positive >1 year had **1.912** times more likely to attempt suicide than know being HIV positive <5 year (AOR=1.912, CI: 1.542-3.521).

HIV positive patients who had severe depressive symptom were **6.173** times more likely to be exposed to suicidal attempt compared to respondents who were not depressive symptom. (AOR=6.173, 95%CI: 3.75-8.677).

HIV positive patients who had high pervasive stigma were **3.204** times more likely to have suicidal attempt compared to those who had not (AOR=3.204, 95%CI: 2.071-6.455).

Lack of social support was also another factor associated with suicidal attempt. Those HIV positive patients who were low social support were about **3.588** times more likely to attempt suicide as compared to who had social support (AOR=3.588, 95%CI:2.596-5.744).

Table 7 Final bivariate model and final multivariable model of risk factors for suicidal attempt in HIV-positive respondents on and pre ART, Wolkite health center, Ethiopia, 2022.

Factor	Suicidal attempt		Crude OR (95%CI)	Sig.	Adjusted OR(95%CI)
	Yes	No			
Marital status					
Single	5	47	2.202 (1.09-2.84)	0.59	0.41 (0.06-2.13)
Married	11	126	1		1
Divorced	6	33	0.66 (0.55-2.05)	0.298	1.78 (0.56-5.61)
Widowed	9	35	0.5158 (1.1-15.13)	0.003	2.96 (1.10-7.87)
Educational status					
Unable to read and write	**6**	57	**3.325 (0.602-7.313)**	**0.003**	**2.401 (1.25-2.630)**
Able to read and write	5	13	0.91 (0.227-5.530)	0.102	0.82 (0.210-5.230)
Grade 1th-8th	8	113	4.94 (0.682-8.846)	0.403	2.3409 (0.652-7.535)
Grade 9th-12th	8	34	1.48 (0.199-2.744)	0.104	0.642 (0.09-2.633)
College and above	7	20	1		1
With whom you live					
With family	14	202	3.935 (1.704-9.089)	0.224	3.870 (0.645-8.657)
Alone	12	44	1		1
Duration of knowing being HIV positive					
< 1 year	11	**133**	**2.17 (1.662-3.859)**	**0.001**	**1.912 (1.542-3.521)**
1-5 year	8	88	1.97 (0.5998-3.992)	0.237	1.809 (0.4992-3.253)
>5 year	7	39	1		1
opportunistic infection					
Yes	9	31	1		1
No	17	215	3.672 (1.506-8.954)	0.267	2.04 (0.43-6.654)
Depressed					
Mild	12	27	1		1
Moderate	8	32	1.778 (0.634-4.984)	0.087	2.992 (0.092-5.4038)
Severe	**6**	**187**	**13.852 (6.80-15.974)**	**0.001**	**6.173 (3.75-8.677)**
perceived Stigma					
Low	12	42	1		1
Moderate	7	109	3.813 (2.412-6.53)	0.202	2.486 (0.812-6.712)
High	**7**	**105**	**4.28 (3.987-8.412)**	**0.001**	**3.204 (2.071-6.455)**
Social support					

Low	**9**	**111**	**4.35 (1.596-6.722)**	**0.002**	**3.588 (2.596-5.744)**
Medium	5	97	6.84 (5.143-7.722)	0.201	5.325 (0.5143-9.646)
High	12	34	1		1

6. DISCUSSION

This study found that suicide ideation rate is 21.7% (CI=16.1%-24.3%) among HIV positive individuals, which was higher than a community based cross sectional study conducted in Addis Ababa, Ethiopia among adult general population 2.7%. The reason for this discrepancy may be due to study group difference because they were only assess current suicidal ideation and lifetime prevalence of suicidal attempt (21).

In this study, it was found higher than the study conducted in Uganda which was 13 % (6), Mebeya city, Tanzania which was 8.9 %(30) but it's almost in line to that of Nairobi which was 20.7 (9) and comparative study in USA which was 19 %(16), World Health Organization 3.0–16.9% in low income country. This might be due to socio cultural difference of the study population.

On other hand prevalence of suicidal ideation was found lower with studies conducted among HIV positive population in South Africa at Durban hospital which was 28.8%(23), study conducted in Australia among HIV positive patients 26% (22), Australia 26% and comparative study in USA 29% (2) .These differences could be attributed to the variation in culture perspectives related to participants who reported their suicidality experience. Another justification may be due to sample size difference and study design. In USA the study were done on many respondents (N=2909) and in South Africa they were represented in the cohort study.

Regarding suicidal attempt 26 (9.6%) (CI=6.3%-12.6%) of the respondents were exposed to suicidal attempt, which is higher than a cross sectional study conducted in Uganda which was 3.9(6), Mebeya city, Tanzania 2.2 %(30) and South Africa 2.9 %(23).

In other hand prevalence of suicidal attempt was lower with studies conducted among HIV positive population in Australia which is 13 %(22).

This variation might be due to methods used in the study, culture perspectives related to participants reported their exposure to suicidal attempt, period of the study and sample size (N=1560) of the study.

Unlike other study reported on WHO HIV positive patients who know knowing being HIV positive in <1year were 3.903 times more likely to have suicidal ideation compared to those who had known being HIV positive >5 year **(**AOR 3.903, CI 95%2.145-5.368) and also those who

know being HIV positive >1 year had **1.912** times more likely to attempt suicide than know being HIV positive <5 year (AOR=1.912, CI: 1.542-3.521).This might be due to excessive fear and anxiety of being HIV positive

Patent who had comorbid medical illness **1.286** times more likely to have suicidal ideation compare to those who had no comorbid medical illness (AOR=1.286, CI: 1.447-3.314) (27).

Patients who had affective symptom were found to be significantly associated with suicidal ideation and attempt. HIV positive patients who had severe depression were **2.846** times more likely to have suicidal ideation as compared to those had no depression symptoms (AOR=2.846, CI: 1.271-3.644).

HIV positive patients who had severe depressive symptom were also **6.173** times more likely to be exposed to suicidal attempt compared to respondents who were not depressive symptom. (AOR=6.173, 95%CI: 3.75-8.677).This is supported by other similar studies conducted in different countries (27, 28, and 30).

The fact that depressed individual have neurotransmitter disturbance in the brain which might be contributed to hopelessness, guilty, worthlessness, and they could be forced them to expose to suicidal ideation and attempt suicide to alleviate themselves.

This study found Being Unable to read and write showed significant association to suicidal attempt. HIV positive patients who were low educational status had **2.401** times more likely to attempt suicide than educated (AOR=2.401, 95%CI: 1.25-2.630). (25)

HIV positive patients who had high pervasive stigma were **3.204** times more likely to have suicidal attempt compared to those who had not (AOR=3.204, 95%CI: 2.071-6.455). This is supported by other similar studies conducted in different countries (35, 36).

Lack of social support was also another factor associated with suicidal attempt. Those HIV positive patients who were lack social support were about **3.588** times more likely to attempt suicide as compared to who had social support (AOR=3.588, 95%CI:2.596-5.744).This is supported by other similar studies conducted in different countries (35, 36).

The fact that those who perceived stigma and lack social support feel hopelessness and negative evaluation leads to low engagement in treatment and health service and tendency to ignore coping strategies to deal with such symptoms which intern leads to an increase in social isolation and more risk of suicide.

6.2. Limitation

- Recall bias regarding time of duration suicidal ideation and attempt, reason and methods they used.
- Other co morbid medical and psychiatric problems were not assessed which might be factors to suicidal ideation and attempt.
- Due to the cross sectional study design and the fact that study participants are clinically healthy, the frequency of suicidal ideation and attempt could be underestimated

7. CONCLUSION AND RECOMMENDATION

7.1. Conclusion

The prevalence of suicidal ideation and attempt are high. They are highly associated with duration of knowing being HIN positive, depression, pervasive stigma, low educational status, and stigma.

7.2. Recommendation

Based on the results of this study it would be important to recommend the following concerned bodies.

1. Recommendation to patients

- It is recommended to early self-referring of the patients to their ART clinicians for further referral to mental health profession and psychologist for advice when he/she feels suicidal ideation and attempt.
- Early informing of problems of these feeling to family members.

2. Recommendation to wolkite health center

- It is recommended to include screening, treatment and referral of suicidality as mental health routine practice in HIV clinics.
- Factors such as depression and perceived stigma should be managed to reduce suicidality of people living with HIV/AIDS.

3. Recommendation to clinicians

- Early screening for suicidal ideation and attempt should consider referring immediately to psychiatry for better management.
- Early recognition of co morbid psychiatric illness like depression in people with HIV should be of great concern for health care providers.
- Consider to increase patient awareness about perceived stigma.
- Better to provide continuous counseling on HIV positive patients.

4. Recommendation to researcher

- Study should be considered by using large sample size for further investigation among HIV population.

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ANNEXES (English Version Questionnaire)

I am under graduate nursing student in Wolkite University, college of medical and health science, investigating on "Prevalence and its associated factors of Suicidal ideation and attempt among people living with HIV/AIDS attending at the outpatient department of wolkite city administration health centers". The purpose of the study is to determine the prevalence of suicidal ideation and attempt and identify factors associated with suicidal ideation and attempt among people with HIV AIDS attending the outpatient department at wolkite city adminstration health centers. If you agree to participate in the study, you will be interviewed, and a detailed clinical history regarding your mental health will be requested. No invasive procedure will be performed in your body.

Confidentiality: All information collected on questionnaires will be entered into computer with special identification number. The questionnaires will be handled with greater secrecy in order to maintain confidentiality.

Risks: There is no risk associated with participation in this study. Right to withdraw and alternatives: Taking part in this study is completely a voluntary choice. If you choose not participate in the study, you will continue to receive all services that are normally provided in the hospital.

Benefits: If you agree to take part in this study, there will be no direct benefits to you. However the overall study will be of benefit to other persons with HIV with patients with suicidality now.

Are you volunteer to participate in the study?

Yes _____ No_____

SECTION I: SOCIO DEMOGRAPHIC INFORMATION

No	Questioners	Alternative response	coding
1.	Sex	Male Female	
2.	Age	…….	
3.	Religion	Orthodox Muslim Protestant Catholic other specified	
4.	Marital status	single married divorced widowed	
5.	Ethnicity	Gurage Amhara Oromo Tigre Others specify	
6.	Educational level	Un able to read and write Able to read and write 1-8th grade	

		8-12th grade College and above	
7.	Occupation	Farmer Merchant Government employee Unemployed Daily labor Others specify	
8.	Total monthly income	…….	
9.	With whom you are living now?	With family Alone Other	

SECTION II: CLINICAL CHARACTERISTICS

1.	Duration of knowing being HIV positive	……..	
2.	WHO stage (see from patient record.	……	
3.	Current CD4 count (see from patient record)	……	
4..	Have you started taking HAART?	Yes No	
5.	Do you have any opportunistic infections	Yes	

		No	
6.	If yes, to which one?	Oral candidiasis Oesophageal candidiasis Tebourclousis Pneumonia Other specify	
7.	Do you have any comorbid medical illness?	Yes No	
8.	If yes, to which one?	Diabetes mellitus Hypertension Other specify	

SECTION III: MENTAL HEALTH RELATED INFORMATION

	Over the last 2 week how often have you been bothered by any of the following problem?(use circle)	Not at all	Several days	More than have the days	Nearly every days
1.	Little interest or pleasure in doing things	0	1	2	3
2.	Feeling down, depressed, or Hopeless	0	1	2	3
3.	Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4.	Feeling tired or having little energy	0	1	2	3

5.	Poor appetite or over eating	0	1	2	3
6.	Feeling bad about yourself or that you are a failure or have let yourself or your family down	0	1	2	3
7.	Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8.	Moving and speaking slowly or opposite fidgety or restless a lot than usual	0	1	2	3
9.	Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
	Total				

SECTION V: SUICIDAL IDEATION AND ATTEMPT QUESTIONERS

1.	Wish to live	0. Moderate to strong 1.Weak 2. None	
2.	Wish to die	0. None 1.Weak 2. Moderate to strong	
3.	Have you suicide ideation?	a) Yes b) No	

4.	If your answer is" yes" to Q-1 when?	Specify …….	
5.	Expectations of fatality	0. Thought that death was unlikely 1.Thought that death was possible but not probable 2. Thought that death was probable or certain	
6.	Visualization of death	a. Life after death, reunion with descendants b. Never-ending sleep, darkness, end of things c. No conceptions of or thoughts about death	
7.	Desire to make active suicide attempt	a) Yes b) No	
8.	If your answer is" yes" to Q-1 when?	Specify ……	
9.	What was the reason for suicide Ideation and attempt?	a) family conflict b) Economic problem c) Death of family d) Fear of HIV e) If other specify	

SECTION VI: SOCIAL SUPPORT AND STIGMA QUESTIONERS

1.	How many people are you so close to that you can count on them if you have great Personal problems?	a) None b) 1-3 c) 4 and above	
2.	How easy is it to get practical help from Neighbors if you should need it?	a) very easy b) easy c) difficult	

		d) very difficult	
3.	I feel some people are uncomfortable with me because of I am HIV patient	a) Yes b) No	
4.	I feel some people treat me like an inferior Person because of I am HIV patient.	a) Yes b) No	
5.	I feel some people would prefer to avoid me because of I am HIV patient.	a) Yes b) No	

Thank you for your participation!

Name of Interviewer……signature

Annex II - አማርኛ መጠይቅ

<u>በወልቂጤ ዩኒቨርስቲ የሕክምናና ጤና ሳይንስ ኮሌጅ ነርሲንግ ትምህርት ክፍል</u>

እኔ በወልቂጤ ዩኒቨርስቲ የህክምናና ጤና ሳይንስ ኮሌጅ የነርሲንግ ትምህርት ክፍል ተመራቂ ተማሪ ስሆን የመመሪቂያ ፅሑፌን በየኤች/አይ/ቪ/ቫይረስ በደማቸው በሚኖር ሰዎች ላይ እራስን ለማጥፋት የሚያበቃቸው ምክንያቶች እና ምንያህል እንደሆነ ለማጥናት ሲሆን በዚህ ጥናት ላይ ተሳታፊ በመሆንዎ ምን አይነት ጉዳት አይደርስቦትም፡፡ የምትሰጡንን መረጃ ለሌላ ሶስተኛ ወገን የማናስተላልፍ መሆኑን በእርግጠኝነት እንናገራለን፡፡አጠቃላይ በጥናቱ ለመሳትፍ 15-20 ደቂቃ የሚፈጅ ሲሆን በጥናቱ ላይ ለመሳተፍ ፍቃደኛ ነዎት?

አዎ_____ ▢ **አይደለሁም** _____ ▢

ክፍል 1፡የማኅበራዊ አኗኗር መረጃዎች

ቁ.	ጥያቄ	ምርጫ	ኮድ
1	ፆታ	1. ወንድ 2. ሴት	
2	ዕድሜ	.....	
3	ሐይማኖት	1 ኦርቶዶክስ 4. ካቶሊክ 2 ፕሮቴስታንት 5. ሌላ ካለ ይጠቀስ 3 መስሊም	
4	የጋብቻ ሁኔታ	1 ያላገባ/ች 3. የፈታ/ች 2 ያገባ/ች 4. የሞተበት/ባት	
5	ብሔር	1 ጉራጌ 5. ትግሬ 2 አማራ 6. ሌላ ካለ ይጠቀስ 3 ኦሮሞ	
6	የት/ደረጃ	1 ማንበብና መፃፍ የማይችል 4 ከ8 እስከ 12 2 ማንበብና መፃፍ የሚችል 5 ኮሌጅና ከዚያ በላይ 3 1ኛ - 8ኛ	
7	ሥራ	1 ገበሬ 4 ሥራ የሌለው 2 ነጋዴ 5. የቀሠራተኛ 3 የመንግስት ሠረተኛ 6. ሌላ ካለ ይጠቀስ	

8	ወርሀዊ ገቢ(በብር)	……ብር	
9	በአሁኑ ወቅት ከማን ጋርነው የሚኖሩት?	1 ከቤተሰብ ጋር 3 ሌሎች------- 2 ብቻዬን	

ክፍል 2፡ የኤችአይቪ ኤድስና ተዛማች ጉዳዮችን በተመለከተ

1	እርስዎ ቫይረሱ በደምዎ ውስጥ መኖሩን ካወቁ ምን ያክል ጊዜ ሆኖዎት?	……	
2	የትኛው የኤች አይ ቪ ደረጃ ላይ ነዎት(የታካሚው ሪከርድ ይመሌከቱ/)	1 ደረጃ አንድ 3 ደረጃ ሶስት 2 ደረጃ ሁለት 4 ደረጃ አራት	
3	የሲዲ 4 መጠን(የታካሚው ሪከርድ ይመሌከቱ/)	……	
4	ፀረ-ኤችአይቪ/ኤድስ መድሀኒት መውሰድ ጀምረዋል?	1 አዎ 2 አልጀመርኩም	
5	የሰውነት የመከላከል አቅም በመውረዱ የተነሳ የተጠቁት በሽታአለ?(opportunistic infections)	1. አዎ 2. የለም	
6	አዎ ከሆነ የትኛውን ነው?	1 የአፍ ቁስለት 4. የሳምባ ምች 2. የጉሮሮ ቁስለት 5. ሌላ ካለይጠቀስ 3. የሳንባ ነቀርሳ	
7	ተጓዳኝ የውስጥ ደዌ ህመም አለብዎት?	1. አዎ 2 . የለብኝም	
8	አዎ ከሆነ የትኛው ነው?	1. የስኳር በሽታ 3. ሌላ ካለ ይጠቀስ 2. የደም ግፊት	

ክፍል 3፡ የአእምሮጤና መጠይቅ

	ላለፉት ሁለት ሳምንታት እርሶዎ ከዚህ በታች በተጠቀሱት ችግሮች ምን ያህል አስቸጋሪ ሁኔታዎች ተፈጥሮበታል? /መልስዎትን ለማሳየት/"√"ይጠቀሙ	በፍፁም	ከማ ማሸ ቀናቶ	ለብዙ ቀናት	በየቀኑ ማለት

			ች በላይ		ይቻላ ል
1	ነገሮችን ለማከናወን ያለ ፍላጎት ወይም ደስታ ማነስ አለህ/ሽ?	0	1	2	3
2	የተስፋ መቁረጥ ፣ የሀዘን ወይም ተስፋ ቢስነት ስሜት አለህ/ሽ?	0	1	2	3
3	የመዉደቅ ወይም ተኝቶ የመቆየት ወይም ከመጠን በላይ የመተኛት ችግር አለህ/ሽ?	0	1	2	3
4	የመድከም ስሜት ወይም የሀይል ማነስ አለህ/ሽ?	0	1	2	3
5	የምግብ ፍላጐትሥ ማነስ ወይም ከመጠን በላይ መብላት ችግር አለዎት?	0	1	2	3
6	ስለ ራስዎ መትፎ ስሜት የመሰማት ወይም እራስን እዳልተሳካለት ወይም እራስን ወይም ቤተሰብን እንዳሳዘነ አድርጐ መቁጠር አለዎት?	0	1	2	3
7	ሀሳብን የመሰብሰብ ችግር ለምሳሌ ጋዜጣ በማንበብ ወይም ቴሌቪዥን በመመልከት ወቅት አለዎት?	0	1	2	3
8	ሌሎች ሠዎች ሊታዘቡት በሚችል መልኩ በዝግታ መንቀሳቀስ ወይምመናገር በተቃራኒው ባህሪ ከመጠን በላይ እረፍት የለሽ በመሆን ያልተለመደ እንቅስቃሴን በብዛት ማሳየት አለዎት?	0	1	2	3
9	ብሞት ወይም እራሴ ላይ ጉዳት ባስከትል ይሻለኛል የሚሉ አስተሳሰቦች አሉዎት?	0	1	2	3
	ድምር				
10	የአእምሮ መመሰቃቀል (see from patient record)				
11	ጭንቀት(see from patient record)				
12	ሌላ ካለ ይጠቀስ				

ክፍል 4.ራስን ለማጥፋት የሚደረግ ሃሳብ ጋር የተያያዘ ቃለ መጠይቅ

1	የመኖር ፍላጎት	0. መካከለኛ እስከ ጠንካራ	

		1. ደካማ 2.የለም	
2	የመሞት ፍላጎት	0. የለም 1. ደካማ 2.መካከለኛ እስከ ጠንካራ	
3	እራስዎን ለማጥፋት ከምርዎ አስበው ያውቃሉ?	1. አዎ 2. አላውቅም	
4	ለጥያቄ-3 መልስዎ አዎን ከሆነ መቼ?	ጊዜውን ይጥቀሱ----------	
5	ስለ አጋጣሚዉ ምን ጠበቅህ/ሽ	0. ሞት ብዙም እንደማይፈጠር እናገር ነበር 1. መሞት ይቻላል ግን ባጋጣሚ አይደለም እል ነበር 2.ሞት ባጋጣሚ ወይም አልፎ አልፎ ነዉ እል ነበር	
6	ሞትን የምታይበት መንገ	0. ከሞት በኃላ ህይወ 1. መቸም የማትነቃበት እንቅልፍ፣ ጨለማ፣ የሁሉም ነገር መጨረሻ 2. ስለሞት ሀሳብም ፣ አመለካከትም የለኝም	
7	ራስህን /ሽን ለማጥፋት ያደረከው/ሽዉ ቀጥተኛ ሙከራ	1. አዎ 2. አላውቅም	
8	ለጥያቄ-7 መልስዎ አዎን ከሆነ መቼ?	ጊዜውን ይጥቀሱ----------	
9	እራስዎን ለማጥፋት ያሰቡበት or ምክንያት ሊነግሩኝ ይችላሉ?	1. የቤተሰብ ግጭት 2. የገቢ ማነሰ 3. ድህነት 4. የኤችአይቪ ህመም 5. የቤተሰብ በሞት መለየት 6. የአካላዊ ህመም	

ክፍል 5: በኤች አይ ቪ ኤድስ ምክንያት የሚደርስ መገለልን የተመለከቱ ጥያቄዎች

ተ.ቁ	መጠይቅ	አማራጭ መልስ (ለያንዳድ ጥያቄ አንዱን ብቻ ያክብቡ)
1	ሰዎች ስለ እኔ የ ኤች አይቪ በሽታ ሁኔታ ያንሾካሽካሉ በሚለው አመለካከት ምን ያህል ይስማሙበታል?	1. አልሰማማም 2. በመጠኑ እስማማለሁ 3. እስማማለሁ
2	ህብረተሰቡ እኔን ከማንኛውም ማህበረሰባዊ አገልግሎቶች እንድለይ አድርጎኛል የሚለውን ሀሳብ ምን ያህልይስማሙበታል?	1. አልሰማማም 2. በመጠኑ እስማማለሁ 3. እስማማለሁ
3	ሰዎች እኔን የበታች አድርገው ይመለከቱኛል የሚለውን ሀሳብ ምን ያህል ይስማሙበታል?	1. አልሰማማም 2. በመጠኑ እስማማለሁ 3. እስማማለሁ
4	በጤና ባለሞያዎች አድሎ እንደተደረገብኝ ይሰማኛል የሚለውን ሀሳብ ምን ያህል ይስማሙበታል?	1. እስማማለሁ 2. በመጠኑ እስማማለሁ 3. አልሰማማም
5	በምኖርበት ማህበረሰብ ውስጥ ህይወቴ ብቸኛ እንደሆነ ይሰማኛል የሚለውን ሀሳብ ምን ያህል ይስማሙበታል?	1. እስማማለሁ 2. በመጠኑ እስማማለሁ 3. አልሰማማም
6	በ እኔ ኤች አይቪ በሽታ ምክንያት በት/ቤት ውስጥ ወይም በሰፈሩ ውስጥ ሌሎች ልጆች ልጄን/ልጆቼን እንዴት እንደሚመለከቷቸው ያሳስበኛል (ይጨንቀኛል) የሚለውን ሀሳብ ምን ያህል ይስማሙበታል?	1. እስማማለሁ 2. በመጠኑ እስማማለሁ 3. አልሰማማም
7	በ እኔ ኤች አይቪ በሽታ ምክንያት ሌሎች እንዴት ቤተሰቦቼን እንደሚመለከቷቸው ያሳስበኛል (ይጨንቀኛል) የሚለውን ሀሳብ ምን ያህል ይስማሙበታል?	1. እስማማለሁ 2. በመጠኑ እስማማለሁ 3. አልሰማማም

ለትዕግስትዎ ደግሜ በጣም አመሰግናለሁ!

ASSURANCE OF PRINCIPAL INVESTIGATOR

WOLKITE UNIVERSITY

COLLEGE OF HEALTH SCIENCE AND MEDICINE DEPARTMENT OF NURSING

This is to witness the research prepared by "Tantos Habte, Robel Adunga, and Mukemil Ritbano" on the research entitled by prevalence and associated factors of suicidal ideation and attempt among people living with hiv/aids attending at the outpatient department of wolkite city adminstration health centers, gurage zone, south Ethiopia, cross sectional study, 2022. Study from May 2 to May 31 was conducted as a partial fulfillment of bachelor degree in nursing. Instructions with regulations of the university are met and the accepted standards are achieved. The advisor's recognition on this paper is announced.

Board of Approval

Advisor's Name Signature Date

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Examiner's Name Signature Date

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Department Head's Name Signature Date

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