

Relationship between Locus of Control and Suicide Attitude among Adolescents Commit Suicide Attempt

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Abstract: Background: Adolescent suicide is a catastrophic and traumatic event for the surviving family and friends. Adolescents may experience stress due to feelings of overwork, future, and it is highly linked with depression. Locus of control construct refers to the extent to which individuals perceive reinforcement to be dependent upon their own actions. **Aim:** this study aimed to assess relationship between locus of control and suicide attitude among adolescents commit suicide attempt. **Design:** A descriptive co- relational research design was adopted to fulfill the aim of this study. **Setting:** this study was conducted at poisoning center treatment affiliated to Ain Shams university hospitals

Subjects: Sample size was 150 adolescents attend with suicide attempt.

Tools of data collection: Tool (I): A structured Interview Questionnaire. **Tool (II):** Beck's Suicide Intent Scale. **Tool (III):** Behaviors associated with suicide attempt. **Results** reached that failure to study represented half of the sample, the majority of the sample suffer from psychological abuse for causative factors And **Tool (IV):** Locus of control scale among adolescents. **Conclusion:** shows that, there is highly significant correlation between intent to suicide and suicide behavior. Intent to suicide and, locus of control. Locus of control and suicide behavior, among adolescents. **Recommendations:** Social group therapy with the religious leader and psychiatric specialist should be available at the center of poisoning treatment, establishing counseling unit for psychological problems among adolescents at center of poisoning treatment

Keywords: Locus of Control - Suicide Attitude –Adolescents- Suicide Attempt

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I. Introduction

Locus of control is the cognitive approach used to attribute causes to events and is related to social cognition, because it relies on self-awareness. Inevitably, individuals draw on their own belief systems to explain the world around them. An external Locus attributes negative events to external causes which are outside the control of the individual, whereas an internal locus of control attributes negative events to flaws within oneself. (Sullivan, Thompson, Kounali, Lewis & Zammit, 2017).

Past studies have consistently found that locus of control is associated with psychological well-being, but the conclusions were all based upon Rotter's uni-dimensional definition. Such studies concluded that indicators of good psychological well-being came from participants reporting lower indices of stress and depression, linking it to high internal locus of control. (Griffin , 2014)

Adolescence is a crucial developmental period with an increasing autonomy but is also subject to rapid psychological, biological and social changes. Such changes may make youth vulnerable to environmental stress which may contribute to psychopathology, alcohol and drug misuse, risk behaviors and thus increase suicide risk and repeated suicide-related thoughts and behaviors. Adolescents may experience stress due to feelings of overwork, future, and it is highly linked with depression. (Castellví et al., 2017).

Suicide among the adolescents is one of the leading causes of death more than the traffic accident and cancer (Yim, 2015). It is a conscious act of self- harm that may result in death .The word 'suicide' is derived from the Latin words of "sui" meaning 'self ' and "-cide" meaning 'killing ' and was first introduced in 1642 (Afghah et al., 2014). Suicide literatures have several theories such as, biological theories, psychological theories, and sociological theories. (Quarshie et al., 2015).

Suicide behavior generally includes the following steps: suicide ideation, suicide attempts, and completed suicide (Li et al., 2016). The transition to adolescence marks a sensitive developmental period during which suicide ideation and behaviors are on the rise. According to a recent nationally representative study, the prevalence of suicide ideation increases rapidly between ages 12 and 17 years. Whereas the rates of plans and

attempts are rising increasingly between the ages of 12 and 15 years and then more slowly until age 17 years (Nock et al., 2013).

Adolescent's attitude toward suicide and suicide behavior might be causally linked. That, attitudes toward suicide can lead to suicide in two ways. The first way attitudes toward suicide are able to accelerate the process from suicide ideation to the eventual suicide (suicide ideation, suicide plan, suicide preparation, suicide attempt and suicide). The second way, attitudes toward suicide may decrease risk of suicide by prompting individuals to seek help. Attitudes toward suicide are affected by a number of factors including age, gender, religion, marital status, levels of education and prior contact with a suicide peer (Zouetal, 2016).

Previous studies on attitudes toward suicide have showed that suicide attitudes have a significant impact on suicide ideation and suicide behavior. An individual that has greater suicide ideation is more likely to hold positive attitudes toward suicide, while an individual who has more negative attitudes toward suicide has a smaller risk of suicide. The approving attitude toward suicide among adolescent is an important predictor of suicide ideation, and a confirmed correlation between positive attitudes toward suicide and high suicide risk area(Oyamaetal.,2012).

Significance of the Study

In Egypt, suicide has been a growing phenomenon in 2005; there were 1,160 suicide cases which more than doubled in 2006 to 2,335 cases. In 2007, there were 3,700 cases and in 2008 the number reached 4,200, finally breaking 5,000 in 2009 from 104,000 Egyptians attempted to commit suicide. The National Center for Toxins said that 11,000 from Cairo and Giza, including 8,500 females and 2,500 males, were poisoned as they attempted suicide using pesticides or drugs. Further more than 60 percent of these cases were between ages 15 and 25 years (Daily News Egypt, 2012).

Health locus of control is a generalized belief in the factors influencing the person's own health. It is considered to be an essential ingredient allowing us to understand and anticipate the individual's health-related behavior. It is also applicable in the preparation of prophylactic programs and promotion of healthy attitudes. The internal health locus of control is more often related with healthy lifestyle, sickness prevention, better physical and mental condition of a person. The external health locus of control, on the other hand, allows for a prediction that a patient will be less involved in the prophylactics and take more health-related risks. Suicide attitudes have a significant impact on suicide ideation and suicide behavior. An individual who has greater suicide ideation is more likely to hold positive attitudes towards suicide, while an individual who has more negative attitudes towards suicide has a smaller risk of suicide. Psychiatric mental health nurses are key providers of care for suicide patients, which include crisis intervention, education in general about suicide, post prevention after the attempt, and screening services. So this study aimed at assessing relationship between locus of control, suicide behaviors and attitudes among adolescents.

Aim of the Study

This study aimed to assess relationship between locus of control and suicide attitude among adolescents commit suicide attempt.

The aim will be achieved through:

- Assessing locus of control among adolescents.
- Assessing suicide attitude among adolescents.
- Assessing relationship between locus of control and suicide attitude among adolescents commit suicide attempt.

Research Question:

- What is the relationship between locus of control and suicide attitude among adolescents commit suicide attempt?

Subjects and methods of this study were portrayed under four main domains as following:

I. Technical design. II. Operational design. III. Administrative design. IV. Statistical design

1-Technical Design:

Technical design for this study includes research design, research setting, subjects, and tools of data collection.

Research Design:

A descriptive co-relational research design was adopted to fulfill the aim of this study .

Research Setting:

The study conducted at Center of Poisoning Treatment affiliated to Ain Shams University Hospitals for treating patients exposed to poisoning substances accidentally or by intent to suicide.

Subjects:

Sampling technique:

Selection of the sample contained sample type, sample size and criteria for inclusion.

A-Sample type:

A convenient sample of all poisoning cases who admitted to Center of Poisoning Treatment affiliated to Ain Shams University Hospitals. Subjects were included in the study (n=150). The selected adolescents attend with commit suicide attempt, were interviewed on daily base till reach the required sample size.

B-Sample Size:

From total of poisoning cases who admitted to Center of Poisoning Treatment affiliated to Ain Shams University Hospitals, the sample selected according to the equation was used to determine the size of the study sample (n = 150). Sample size was calculated using

$$n = \frac{N \times P(1-P)}{[(N-1) \times (d^2 \div Z^2)] + (1-P)P}$$

n= sample size

N=population size

Z= standard score corresponding to the level of significance equal to 0.95

And 1.96

d= the error rate is equal to 0.05

P= ratio provides a neutral property 0.5

C-Criteria for inclusion: (1) both sexes, (2) aged between 12-21 years, and (3) agree to participate in this study.

Tools for Data Collection:

In order to fulfill the objective of the study, the data collected using the following tools:

Tool (I): A structured Interview Questionnaire:

This tool developed by **Mohammed, et al (2017)**, and adapted by the researchers, that composed of two parts:-

Part (1): Represented **socio-demographic data** to elicit data about the adolescent such as (age, sex, religion, residence, educational level, occupation, income, and numbers of family members)

Part (2): Concerned with measurements questions about causative factors, medical history and method of suicide among adolescents (Yes and No answers) as:

Suicide causes related to work, suicide causes related to family, suicide causes related to Exposure to Violence, if there a history of physical or psychological illness for one of family members, Types of Suicide methods.

Tool (II): Beck's Suicide Intent Scale:-

This scale was developed by **Beck, (1974)**. And adapted by **Mohammed, et al (2017)**. The researchers adapted the tool, the scale is composed of 18 items designed to assess the severity of suicide intention associated with an episode of self-harm. (Questions about: isolation, timing, precautions for not detecting the attempt, act in a way that allows assistance during or after the attempt, the actual preparation for attempted suicide, suicide guide, public contacts about the intent before attempting suicide, the alleged goal of attempted suicide, expect the gravity of the end, understand the gravity of the methods used, The gravity of the attempt, attitude toward life and death, thinking about medical intervention, the degree of intent, reaction to the attempt, your vision of death, and number of previous attempts. The scale rated on a Likert Scale from (1 to 3); 1 (low intention choice), 2 (medium intention choice), 3 (high intention choice). Scoring system of the scale categorized as follows (0-18) is considered low intention of suicide, (19-36) is considered medium intention of suicide, and (37-54) is considered high intention of suicide.

Tool (III): Behaviors Associated with Suicide Attempt Consisted of two Parts:

First part: Personal experience related to suicide: If there is someone attempted suicide (father, mother, brother, sister, or friend at work, or school, or any other). He attempted suicide; if he/ she express suicide thoughts or plans for it, and at the moment, is one of these people has suicide thoughts. In Yes and No questions, 2 for Yes and 1 for No

Second part: Attitudes toward Suicide Scale (ATTS):

This scale was adapted from **Mohammed, et al (2017)** which was developed by **Renberg and Hacobsen, (2003)**. The researchers used the tool to measure attitudes towards suicide. The scale composed of 30 statements attitudes covering multidimensional attitude areas concerning the person opinion about suicide. The scale include six sub items: Permissiveness, Preventability, incomprehensibility, Avoidance of talking, Unpredictability and Loneliness & appeal

Each statement scored on a four-point Likert answering scale as follows: 4= (strongly agree), 3= (agree), 2= (disagree) and 1= (strongly disagree). The higher scores therefore represented greater agreement with the belief expressed by each factors. Scoring system of the scale categorized as follows, (30-60) is considered positive attitude toward suicide and (61-120) is considered negative attitude toward suicide. (It includes questions as:

help someone with suicide thoughts, suicide has no justification, most suicide attempts are motivated actions, suicide is an acceptable end to the end of incurable diseases, many suicide attempts are due to retaliation, and it is human duty to try to stop anyone from committing a suicide attempt.....ect)

Tools reliability:

The alpha Chronbach test was used to measure the internal consistency of the **Beck’s Suicide Intent Scale** "reliability of the used tool". (reliability Cronbach’s alpha of the tool = 0.790).

The alpha Chronbach test was used to measure the internal consistency of the **Behaviors associated with suicide attempt** "reliability of the used instrument". Show high reliability scores (reliability Cronbach’s alpha of the tool = 0.780).

Tool (IV): Locus of Control Scale among Adolescents

Adapted from **Hady & Abd Allah (2011). Which was adopted from Kafafy (1982).** The scale consisted of twenty statements, prepared to measure individuals' perception to relationship between causative factors to life circumstances in surrounding environment. Each statement consisted of two statements, one of them point at internal locus of control and the other point at external locus of control, adding to scale statements four extraneous statements which are in numbers (1 – 6 - 11 - 14) to decrease the probability of invalid responses. The interviewee informed about reading each statement and chooses one which agrees with his point of view. Statements' examples illustrated as follow:

| | | |
|------------------------------------|----|--|
| 1. extraneous statements | a) | Children are in trouble because parents punish them too much |
| | b) | The problem of most children these days is that parents are lenient with them |
| 2. | a) | Many unpleasant things that happen to people in their lives due in part to bad luck (external locus of control) |
| | b) | The misfortune that people encounter is due to the mistakes they make (internal locus of control) |

Scoring system for internal locus of control will take greater degree than external locus of control

Internal locus of control ----- 2

External locus of control ----- 1

That (0 -20) means that individual has external locus of control.

That (21 -40) means that individual has internal locus of control.

Key Answers to Locus of Control Scale

| Statement | Correction Key | Statement | Correction Key | Statement | Correction Key | Statement | Correction Key |
|-----------|----------------|-----------|----------------|-----------|----------------|-----------|----------------|
| 1 | Extraneous | 6 | Extraneous | 11 | Extraneous | 16 | a) |
| 2 | b) | 7 | a) | 12 | b) | 17 | b) |
| 3 | a) | 8 | b) | 13 | a) | 18 | a) |
| 4 | b) | 9 | b) | 14 | Extraneous | 19 | a) |
| 5 | a) | 10 | b) | 15 | a) | 20 | b) |

Reliability of Locus of Control Scale:

The alpha Chronbach test was used to measure the internal consistency of the **locus of control Scale** "reliability of the used tool". (reliability Cronbach’s alpha of the tool = 0.691).

II. Operational Design:

The operational design for this study included preparatory phase, pilot study, validity and reliability, ethical considerations, fieldwork, and limitations of the study.

A-Preparatory Phase:

It included reviewing past, current, local and international related literature and theoretical knowledge of suicide and locus of control among adolescents using books, articles, internet, and periodicals to get acquainted with the research problem and to develop the study tools.

The researchers made some necessary adjustments on the instruments and process the study on the basis of the result of the pilot study .Although the analysis of pilot study data had added a lot of information to the researchers and helped them in sample size calculation.

Tools Validity:

Two types of validity tests were used at this stage: face and content validity: Face validity aimed at inspection the items to determine whether the tools measure what is supposed to measure. Content validity was conducted to determine whether the tools cover the appropriate and necessary content as well as its relevance to the tools and the study aim.

A jury experts group consisted of five members; all of them were professors and assistant professors from departments of psychiatry, and public health nursing at Faculty of Nursing -Ain Shams University.

The experts' opinions were asked to respond to each statement of the developed assessment and evaluations tools as "agree or disagree" or "agree with modification".

Pilot Study:

A pilot study had been done on a sample of 10 poisoning cases from Center of Poisoning affiliated to Ain Shams University Hospitals. Before embarking in the field of work to ascertain the clarity and applicability in the study tool and to identify the time needed for each subject interview and availability of the sample. The necessary modifications done to develop the final format.

Field Work:

Data Collection Procedure:

The study started at May 2017, once the permission was granted to conduct the study, the researchers started to collect the data. At the beginning, the researchers introduced themselves and explained the purpose of the study to each participant and scheduled the time needed to meet the subjects. The confidentiality of any obtained information was assured, and the subjects were informed about their right to participate or not in the study. Each participant was interviewed personally at the Center of Poisoning Treatment for about 30-45 minutes according to interviewee condition. Data collection for this study was carried out in about six months from May 2017 to October 2017. Data was collected from subjects three days/week, attendance exchange between the researchers per week at Center of Poisoning Treatment affiliated to Ain Shams University Hospitals.

Administrative Approval:

An official approval obtained from the Dean of Faculty of Nursing – Ain Shams University to director of Center of Poisoning affiliated to Ain Shams University Hospitals, to facilitate the mission of collecting the study data. A full explanation about the aim of the study explored. Patient's consent to participate in this study obtained.

Ethical Consideration:

Approval permission received from research ethics committee affiliated to Faculty of Nursing-Ain Shams University. Introducing a copy from research ethics committee plus frame of work, plus Dean permission letter was introduced to the director of Center of Poisoning affiliated to Ain Shams University Hospitals, to facilitate the mission of collecting the study data.

All subjects informed that participation in the study is voluntary. Anonymity and confidentiality of each subject will be respected and protected. Confidentiality was assured and subjects were informed that the content of the tool will be used for research purpose only and they have the right to participate in the study or withdrawal at any time.

IV. Statistical Design:

Data Analysis:

Data analysis was done using the SPSS-version 21

Description of the data in form of mean \pm SD for quantitative variables as well as frequency and percentages for qualitative variables were performed. Logistic regression modeling was used the level of significance will be taken at 0.05.

II. Results

Table (1,a) Shows that socio-demographic characteristics represented as following; Mean & standard deviation of age is $1.6667 \pm .47298$, and 66.7 % of the studied sample fall between 16- >21years. 40% of the study sample was in secondary stage of education. 53.3% of the study sample were students with 53.3% of them had not enough household income and 46.7% live in families, its number from 5-7 members.

Distribution of causative factors, medical history and method of suicide among adolescents appeared in **Table (1,b)**, that failure to study represented 50%, problems in the family represented 40.0 % and psychological abuse represented 86.7% for causative factors. On the other hand, 33.3% of the study sample has family history of illness with 13.3% of them suffered from depression. Lastly, poisoning due to take overdose of medications represented by 66.7% as a type of suicide methods.

Regarding levels of intent to suicide attempt among study sample as demonstrated in **table (2)**, 43.3% of the study sample has moderate intent to suicide attempt, 40.0% of the study sample has low intent to suicide attempt, and 16.7% of the study sample has high intent to suicide attempt.

Concerning Behaviors associated with suicide attempt (A-Personal experience related to suicide (**Table, 3 – Figure one**)). It is obvious that 23.3% answered **Yes** for question about if there is someone attempted suicide, 26.7 answered **Yes** for question about If this one express suicide thoughts or plans for it and all the study subjects respond No for question ; at the moment, is one of these people has suicide thought.

Table (4-a) explained that 47.3% of the study sample agree that most of suicide attempts are motivated action as regard to permissiveness sub items. Concerning to preventability sub items 40% strongly agree most of suicides attempted are caused by conflicts with someone close. Meanwhile 46.7% and 40% agree that anyone can commit suicide and suicide among young people is puzzling in response incomprehensibility sub items. About avoiding to talking sub items 40% and 33.3% agree that most people avoid talking about suicide and a person, once having suicide thought will never let them go. Concerning to unpredictability sub items 40% agree that suicide occurs without warning .finally 40% agree that suicide attempt s need to be a cry for in response to loneliness and appeal sub items

Table (4-b) it is concluded that 49.3% of the study sample has positive attitude, while 50.7% has negative attitude toward suicide attempt

Table (5-a) as observed from the table, the highest percent of study sample agree that most people do not know to what extent their lives are affected by casual events, followed by the believe of (which is written in forehead must seen by eye, and if we have made sufficient effort to eliminate the various forms of corruption. they represent 86.7%, 73.3% and 66.7% respectively

Table (5-b) shows that, locus of control divided into 86.7% for internal locus of control and 13.3% for External locus of control,

Table (6) clear that, there is highly significant correlation between intent to suicide and suicide behavior. Intent to suicide and locus of control. Locus of control and suicide behavior, among adolescents.

Study Tables

**Table (1, a) Sociodemographic Characteristics among the Study Sample
n= 150**

| Sociodemographic Characteristics | N | % |
|--|-----|------|
| 1-Age | | |
| • 12- < 16 years | 50 | 33.3 |
| • 16- >21 years | 100 | 66.7 |
| Mean & Standard Deviation 1.6667 ± .47298 | | |
| 2-Sex | | |
| • Male | 30 | 20 |
| • Female | 120 | 80 |
| 2-Religion | | |
| • Moslem | 130 | 86.7 |
| • Christian | 20 | 13.3 |
| 3-Residence | | |
| • Urban | 50 | 33.3 |
| • Rural | 100 | 66.7 |
| 4-Education | | |
| • Illiterate | 20 | 13.3 |
| • Primary | 40 | 26.7 |
| • Secondary | 60 | 40.0 |
| • University | 30 | 20.0 |
| 6-Occupation | | |
| • Has a work | 40 | 26.7 |
| • Has not a work | 30 | 20.0 |
| • Student | 80 | 53.3 |
| 7-Household income | | |
| • Enough | 70 | 46.7 |
| • Not enough | 80 | 53.3 |
| • Enough and redundancy | 0 | 0 |
| 8-Numbers of family members | | |
| • From 2-4 | 60 | 40.0 |
| • 5-7 | 70 | 46.7 |
| • 8-10 | 20 | 13.3 |

Table (1, b): Distribution of Causative Factors, Medical History and Method of Suicide among Adolescents n= 150

| 9-Causative Factors | No | % |
|--|----|------|
| Suicide Causes | | |
| a-Related to work | | |
| • Academic related problems | | |
| • Career related problems | 75 | 50.0 |
| • A friend was attempted to commit suicide | 30 | 20.0 |
| | 25 | 16.7 |

| | | |
|--|---------------------------|-------------------------------------|
| <ul style="list-style-type: none"> Distress due to breakup of romantic relation | 20 | 13.3 |
| b-Related to family | | |
| <ul style="list-style-type: none"> Conflict with parents Carelessness of the family Sudden change in the economic situation of the family Family Laws Feeling guilt | 60 50 30 20 8 | 40.0 33.3 20.0 13.3 5.3 |
| c-Exposure to Violence | | |
| <ul style="list-style-type: none"> Physical Abuse Psychological Abuse Financial Abuse | 15 130 5 | 10.0 86.7 3.3 |
| d-If there a history of physical or psychological illness for one of family members | | |
| <ul style="list-style-type: none"> yes No | 50 100 | 33.3 66.7 |
| If yes, what is this | | |
| <ul style="list-style-type: none"> Hypertension Diabetes Mellitus Liver Disease Depression | 10 10 10 20 | 6.7 6.7 6.7 13.3 |
| e-Types of Suicide methods | | |
| <ul style="list-style-type: none"> Poisoning due to use of insecticide Poisoning due to other poisoning substances Poisoning due to take overdose of medications | 40 10 100 | 26.7 6.7 66.7 |

Table (2) Levels of Intent to Suicide Attempt among Adolescents n= 150

| Intent to Suicide Attempt | N | % |
|---------------------------|----|------|
| High Intent | 25 | 16.7 |
| Moderate Intent | 65 | 43.3 |
| Low intent | 60 | 40.0 |

Table (3) Behaviors Associated with Suicide Attempt among Adolescents (A-Personal Experience Related to Suicide,) n= 150

| Personal Experience Related to Suicide | N | % |
|--|-----------|--------------|
| If there is someone attempted suicide (father, mother, brother, sister, or friend at work, or school, or any other) | | |
| He attempted suicide | | |
| <ul style="list-style-type: none"> Yes No | 35 115 | 23.3 76.7 |
| If he/ she Express suicide thoughts or plans for it? | | |
| <ul style="list-style-type: none"> Yes No | 40 110 | 26.7 73.3 |
| At the moment, is one of these people has suicide thoughts? | | |
| <ul style="list-style-type: none"> Yes No | 0 150 | 0 100.0 |

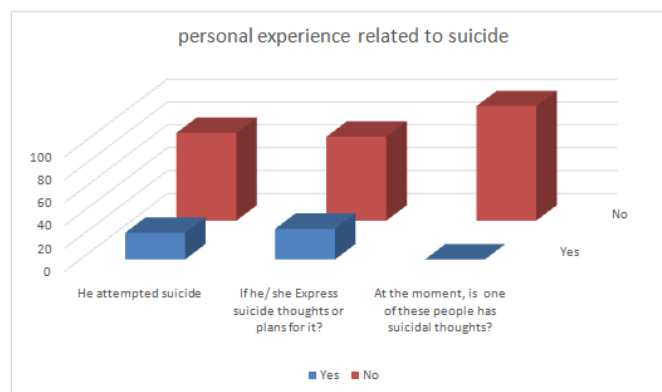


Figure (1) Behaviors Associated with Suicide Attempt among Adolescents n=150 (A-Personal Experience Related to Suicide)

**Table (4-a) Adolescents Attitudes toward Suicide Attempt
n=150**

| Attitudes toward Suicide Attempt | Strongly agree | | Agree | | Disagree | | Strongly disagree | |
|--|----------------|------|-------|------|----------|------|-------------------|------|
| | N | % | N | % | N | % | N | % |
| PERMISSIVENESS | | | | | | | | |
| There are situations where the logical solution is suicide. | 33 | 22 | 47 | 31.3 | 33 | 22 | 37 | 24 |
| Suicide is sometimes a relief | 50 | 33.3 | 60 | 40 | 20 | 13.3 | 20 | 13.3 |
| Suicide is an acceptable end to the end of incurable diseases | 32 | 21.3 | 42 | 28 | 51 | 34 | 25 | 16.7 |
| The person who suffers from a serious illness and expresses his desire to die must help him to do so | 50 | 33.3 | 50 | 33.3 | 31 | 20.7 | 19 | 12.7 |
| Many suicide attempts are due to retaliation or to the punishment of another person. | 30 | 20 | 70 | 46.7 | 19 | 12.7 | 31 | 20.7 |
| Almost everyone thinks of committing suicide at some point | 55 | 36.7 | 48 | 32 | 28 | 18.7 | 19 | 12.7 |
| Most suicide attempts are motivated actions | 54 | 36 | 71 | 47.3 | 11 | 7.3 | 14 | 9.3 |
| People have the right to end their lives | 44 | 29.3 | 40 | 26.7 | 32 | 21.3 | 34 | 22.7 |
| PREVENTABILITY | | | | | | | | |
| Most suicide attempts are caused by conflicts with someone close to you | 60 | 40 | 40 | 26.7 | 30 | 20 | 20 | 13 |
| It is always easy to help someone with suicide thoughts | 41 | 27.3 | 42 | 28 | 20 | 13.3 | 47 | 31.3 |
| When a person thinks of trying to commit suicide, no one can shake off these thoughts | 31 | 20.7 | 54 | 36 | 42 | 28 | 23 | 15.3 |
| People who talk about suicide do not commit suicide | 40 | 26.7 | 40 | 26.7 | 54 | 36 | 16 | 10.7 |
| It is human duty to try to stop anyone from committing a suicide attempt | . | 66.7 | 40 | 26.7 | 10 | 6.7 | 0 | 0 |
| I am ready to help someone who is trying to commit suicide | 50 | 33.3 | 42 | 28 | 32 | 21.3 | 26 | 17.3 |
| When a person wants suicide, it would only be for no one to interfere | 50 | 33.3 | 60 | 40 | 30 | 20 | 10 | 6.7 |
| INCOMPREHENSABILITY | | | | | | | | |
| Suicide has no justification | 30 | 20 | 44 | 29.3 | 55 | 36.7 | 21 | 14 |
| Committing suicide among the worst things to do between relatives. | 50 | 33.3 | 51 | 34 | 25 | 16.7 | 24 | 16 |
| Suicide among young people is puzzling because they still have a lot to live for | 40 | 26.7 | 60 | 40 | 30 | 20 | 20 | 13.3 |
| People have the right to end their lives | 44 | 29.3 | 40 | 26.7 | 32 | 21.3 | 34 | 22.7 |
| People commit suicide are usually mentally ill | 10 | 6.7 | 25 | 16.7 | 53 | 35.3 | 62 | 41.3 |
| Anyone can commit suicide | 32 | 21.3 | 70 | 46.7 | 28 | 18.7 | 20 | 13.3 |
| AVOIDANCE OF TALKING | | | | | | | | |
| Suicide is not something to talk about | 50 | 33.3 | 35 | 23.3 | 45 | 30 | 20 | 13.3 |
| Most people avoid talking about suicide | 40 | 26.7 | 60 | 40 | 30 | 20 | 20 | 13.3 |
| A person, once having suicide thoughts, will never let them go. | 30 | 20 | 50 | 33.3 | 50 | 33.3 | 20 | 13.3 |
| UNPREDICTABILITY | | | | | | | | |
| When a person commits suicide, does he plan on him for a long time? | 30 | 20 | 50 | 33.3 | 50 | 33.3 | 20 | 13.3 |
| People who threaten to commit suicide rarely complete suicide attempts. | 30 | 20 | 50 | 33.3 | 40 | 26.7 | 30 | 20 |
| Suicide occurs without warning | 50 | 33.3 | 60 | 40 | 20 | 13.3 | 20 | 13.3 |
| Loneliness & appeal | | | | | | | | |
| Isolation can be a reason to end my life. | 55 | 36.7 | 42 | 28 | 30 | 20 | 23 | 15.3 |
| Suicide attempts need to be a cry for help. | 40 | 26.7 | 60 | 40 | 30 | 20 | 20 | 13.3 |

Table (4-b) Attitudes toward Suicide among Adolescent Commit Suicide Attempt

| Attitudes toward Suicide Attempt | N | % |
|----------------------------------|----|------|
| Positive Attitude | 74 | 49.3 |
| Negative Attitude | 76 | 50.7 |

Table (5-a) Locus of Control among Adolescents Commit Suicide Attempt

| | Locus of Control | Yes | | No | |
|----|--|-----|--|----|------|
| | | N | % | N | % |
| | | 1. | c) Adolescents are in trouble because parents punish them too much d) The problem of most children these days is that parents are lenient with them | 90 | 60 |
| 2. | c) Many unpleasant things that happen to people in their lives due in part to bad luck d) The misfortune that people encounter is due to the mistakes they make | 85 | 56.7 | 65 | 43.3 |

Relationship between Locus of Control, Suicide Behavior and Attitude among Adolescents

| | | | | | |
|-----|--|-----|------|-----|------|
| 3. | a) Over time, the individual can receive the respect he deserves b) Unfortunately, the merit and worth of the individual is often not recognized no matter how hard the individual in this way | 55 | 36.7 | 95 | 63.3 |
| 4. | a) The belief that teachers do not change among students wrong belief b) Most students do not know to what extent their grades are affected by casual factors | 55 | 36.7 | 95 | 63.3 |
| 5. | a) No matter how much effort the individual makes, he will not be able to win the love of some people b) fails to gain the affection of others who does not know how to merge with them | 75 | 50 | 75 | 50 |
| 6. | a) Inheritance plays a major role in determining the personality of the individual b) The individual's experience in life determines his behavior | 70 | 46.7 | 80 | 53.3 |
| 7. | a) I believe in the validity of the general proverb (which is written on the forehead must be seen by the eye) b) When I let things happen at the mercy of circumstances, the results are worse than if I initiated and made a certain decision | 110 | 73.3 | 40 | 26.7 |
| 8. | a) Student rarely accepts if the exam preparation is very difficult b) Exam questions are often irrelevant to the curriculum so that we find that the memory has been lost in vain | 25 | 16.7 | 125 | 83.3 |
| 9. | a) Success depends on hard work, but luck has only a very simple role, or no role at all b) Access to prestigious jobs depends primarily on being in the right place at the right time | 80 | 53.3 | 70 | 46.7 |
| 10. | a) When I make my plans, I am often sure of my ability to implement them successfully b) It is not always wise to put long-term plans because many things are clear later that the chances of success or failure in it due to luck | 70 | 46.7 | 80 | 53.3 |
| 11. | a) There are some people do not hope for them good or useful b) Every side of the people has a good side | 85 | 56.7 | 65 | 43.3 |
| 12. | a) In my life I see that my arrival to my goals depends on luck only a little or never depends on it b) In many cases, there is no benefit in the exercise of judgment or reason, so that the decision to manage, plan and make decisions is determined by drawing lots | 80 | 53.3 | 70 | 46.7 |
| 13. | a) Most people do not know to what extent their lives are affected by casual events b) There is, in fact, no such thing as luck | 130 | 86.7 | 20 | 13.3 |
| 14. | a) Person must always be willing to admit the mistake b) It is always better to cover up our mistakes | 85 | 56.7 | 65 | 43.3 |
| 15. | a) It's hard to know if others like you or not b) The number of friends depends on your kindness and Good cohabitation | 68 | 45.3 | 82 | 54.7 |
| 16. | a) In the long term we find that what happens to us from bad events offset by other good events b) Most bad events result from lack of ability, ignorance, laziness or all of these | 84 | 56 | 66 | 44 |
| 17. | a) If we have made sufficient effort to eliminate the various forms of corruption b) It is difficult for people to control what do the holders of political positions | 100 | 66.7 | 50 | 33.3 |
| 18. | a) Sometimes I cannot understand how the teachers have finished the grades they give b) There is a direct connection between the effort I make in memorization and the degrees I get | 75 | 50 | 75 | 50 |
| 19. | a) I often feel that my influence is weak on the events that happen to me b) It is impossible to believe that chance or luck plays an important role in my life | 80 | 53.3 | 70 | 46.7 |
| 20. | a) All that happens to me is made by my hand b) I sometimes feel that I do not have sufficient control over where my life is going | 20 | 13.3 | 130 | 86.7 |

Table (Table 5-b) Locus of Control among Adolescents Commit Suicide Attempt n=150

| Locus of control | N | % |
|---------------------------|-----|------|
| Internal locus of control | 130 | 86.7 |
| External locus of control | 20 | 13.3 |

Table (6) Correlation between Intent to Suicide, Locus of Control & Suicide Behavior among Adolescents n=150

| Items | R | P |
|--------------------------------------|-------|------|
| Intent to suicide & suicide attitude | .98** | .000 |

| | | |
|--------------------------------------|-------|------|
| locus of control & Intent to suicide | .96** | .000 |
| Locus of control& suicide attitude | .93** | .000 |

III. Discussion

Suicide among the adolescents is one of the leading causes of death more than the traffic accident and cancer (Yim, 2015). Nurses are 'front line' in the prevention of suicide, especially Psychiatric nurses have a unique opportunity to make a difference. By the following observation of mood and behavior and follow-up if warning signs of adolescent suicide are noted, enabling adolescent and family members to recognize that the physical complaints may be depression or other mental health issues, and providing information that there are alternatives to feeling depressed and you can help them find resources for help. Therefore, it is crucial that we as nurses are cognizant of our patient's mental health and their recent life events in our assessments (Roberson, 2017). So this study aims to assess relationship between locus of control and suicide attitude among adolescents commit suicide attempt.

Socio-demographic Characteristics

As regards to gender, the current study found that the majority of the study sample were females, this may be due to the most of females were suffer from home and social restriction in our community more over they were overwhelmed by psychological status. This result in the same line with Epwene,(2013) who explain that, how assess the risk of self harm and suicide among teenagers. The result explained that In Finland, girls attempt suicide more often than boys, but suicide mortality is higher among boys. Self harm is more common among girls.

Also this result is supported with Kirk A.et al., (2005), who reported that females are more predisposed to depression, suicide thoughts and suicide attempts than are males. For example, roughly 1 in 10 adolescent females report engaging in some forms of suicide attempt, while 1 in 25 adolescent males report doing the same attempt.

This result was disagreement with Brent, Goldstein and Bridge (2006) who examines the descriptive epidemiology, and risk and protective factors for youth suicide and suicide behavior. They found that rate of suicide attempts for young females are lower than those for males in all countries.

The finding of the present study explained that the most of the study sample were Moslem. This result was contradicting with Lester (2017) who assess religiosity were a protective factor against suicide behaviors. He found that Protestants have higher suicide rates than Roman Catholics, while it has long been known that Muslims have lower suicide rates than Christians.

The results of the present study revealed that more than two thirds of the studied sample fall between 16- >21years. This may be related to adolescent in age encounter many problems such as academic , career choice problems and emotional affairs that lead to disorganized thinking to solve problems by commit suicide . The same result is found by World Health Organization, (2012), which reported that suicide is fast becoming a youth phenomenon localized among those between the ages of 15–24. Young people all over the world are committing suicide at unprecedented rates, replacing unintentional injuries as the number one cause of death among this age group.

The result explained the highest percent of study sample were students in secondary school, this may be due the adolescent in secondary education facing different stressors such as poor teaching quality and dependence on private tutors, a focus on rote learning for examinations, family blaming attitude and inadequate collage access.

As regards **causative factors**, the current study revealed that about half of adolescent suicide is related to academic study problems such as failure in the study low average of grade point. This may be due to that school grades and performance are linked with a student's feelings of confidence, appreciation from significant other ,selecting appropriate collage and employment and low grade leading to low chance for good job ,destructive criticism from other ,pessimism view about future , hopelessness and depression and that may contribute to suicide and this finding is in agreement with Kirk A.et al., (2005) who reported that Lack of success and low grades have been shown to have an impact on the self-image of adolescents, increasing the possibility for suicide thoughts and behaviors. Also this finding is in accordance with Orozco et al (2018) who describe the national prevalence of suicide attempt among Mexican students, their distribution through different population groups and to estimate the magnitude of the association between suicide attempts and four indicators of academic performance, independent of other socio -demographic variables . They found that the lifetime prevalence of attempted suicide was 3% for middle school students and 4.2% for high school students. In both middle and high school students, the prevalence of attempts among females were higher than in men. Also the result was consistent with Wallin,etal (2017) who examine whether the association between academic performance and suicide attempt, and found that was a clear graded association between lower GPA and subsequent suicide attempt.

Also this study reported that most of the study sample represented psychological abuse such as relationship problems with family, rejection by a boyfriend or girlfriend, and legal problems with policy which were causative factors for suicide attempt that could be attributed to these factors leading to low self esteem, identity problems, which inhibit person perception, coping abilities and developed depression and suicide attempted. This finding and explanations were consistent with Jin, **Gertina, and Andrea (2015)** who described potential stressors of suicide and suicide prevention strategies as perceived by youths in Malaysia in group aged 15–25 years. And they found that relationship problems, such as family problems, academic issues, and emotional problems were the top four perceived stressors for suicide. regarding to suicide methods the result showed that the highest proration of the study sample were attempted suicide by used overdose of medication which may be due to that medications were easy to take from pharmacy without medical prescription, additionally the Arabic movies had a great concern for using medication. This results was contradicting with **Choi and kim (2015)** who quantifiably evaluate the trend of the suicide rate among Korean adolescents from 1997 to 2012 according to urbanity . The result donated that the suicide rate by jumping, which is the most lethal method, only increased in urban areas because of the higher concentration of high buildings in urban than in rural areas In Korea. Also this result was disagreement with **Lahti et al (2011)** who examined trends in rates and methods of suicide among young people in Finland and found that Shooting was the most common suicide method among males, while hanging exceeded poisoning as the most common method among females.

Owing to behaviors associated with suicide attempt among adolescents, the result of the present study denoted that the majority of adolescent who had been attempted suicide didn't have family history for suicide this may be due that, their family members able to adapt with life circumstance and religious value forbids suicide.

This result was in disagreement with **Peltzer, Cherian, and Cherian (2000)**, who investigate the attitudes towards suicide among Grade II secondary school pupils, among three cultural groups in South Africa. Their result explained that there was significant correlation between, suicide ideation, suicide intent, and history of completed suicide in family or friend, parents and suicide attempt.

Concerning levels of intent to suicide attempt among adolescents, the result of the present study clarified that, the highest percentage of adolescents had a moderate level of intention to suicide, this may be due to different factors such as: they have a situational crisis such as school failure ,conflict with family and lovers, there no family history of suicide, didn't suffer from physical and psychiatric disease, additionally they have been use non lethal method and there was a high chance for rescue them.

This result disagreement with **Sharaf, Thompson, and Abd El-Salam,(2016)**who understand the relationship between adolescents' perceptions of parental bonds and reported suicide intent in Egyptian youth hospitalized for suicide attempts. They founded that youth reported high suicide intent. Additionally the result was contradicting with **Conner et al.(2007)** who identify correlates of low-intent and high-intent suicide attempts in China. Also they found that high-intent acts of suicide were associated with major depression, chronic stress, and a relative or associate who had a history of suicide behavior.

According to attitudes toward suicide among adolescents' suicide attempt, the result explained that adolescent clarified different perspectives about suicide. Concerning to permissiveness sub –items highest percent perceive suicide as attempts are motivated action and due to relationship problems ,this may be due they were tried suicide attempt in response to study problems and comparing, blaming attitude from family members. So that they commit trial and their willpower. This result in the same line with **Segal, el al(2004)**who assess attitudes toward suicide and suicide risk among younger and older persons .They found that the majority of participants had permissiveness attitude .

Regarding to preventability sub items the result reflect that highest proration of the study sample view suicide was preventable. "They strongly agree that suicide was a response to conflict with someone close, they ready to help someone who is trying to commit suicide, and when person want suicide, it would only be for no one to interfere . This may be due they have a sense of responsibilities for their action, our Islamic, culture prevent suicide behavior. Furthermore, they see suicide as crisis situation require immediate intervention. This result was consistent with **Brunero, etal (2008)** who examine factors associated with attitude towards suicide prevention initiatives among general health professionals, found that all health professional perceive suicide was preventable .

This result was contradicting with **Tsukahara,et al (2016)**who examined the relationship between attitudes toward suicide and family history of suicide. And found that those bereaved by suicide were more likely to hold attitudes towards suicide as inevitable and not preventable.

About the incomprehensibility the result explained near half of study sample agree that anyone can commit suicide and suicide among young people is puzzling .This may be due during this stage they had a conviction, that human had a right to perform independent action as well as during this stage in the life have optimistic attitude toward life, find a suitable collage initiate intimate relationship with opposite sex.

This result in the same line with **Bhuiyan(2006)** who adapt and validate a questionnaire regarding suicide behavior among adolescents in Bangladesh and to test its feasibility in Bangladesh cultural .And found that participant boys and girls agree that person have a right to commit suicide and Suicide among younger people is incomprehensible .

Concerning to avoidance of talking and unpredictability sub items the highest percent agree that most of people avoid talking about suicide and suicide occurs without warning .this may be due to suicide attempt was unpleasant event trigger bad emotion and reflect personnel weakness ,additionally they identify from the culture person who have intention to terminate life don't inform other .

This result was consistent with **Singh, Shalavadi, and Thyloth (2017)**who assessing the attitude of non-mental health care providers towards suicide prevention found that nearly half of them were of the view that in the majority of the cases suicide persons will not reveal their suicide plans to others.

Lastly the result explained that one third of sample strongly agree that isolation can be a reason to end life and agree that suicide attempts need to be cry for help. This may be due to they need psychological support their emotional conflict.

This result was consistent with **Nebhinani,etal., (2016)** who assess the medical students' attitudes toward suicide attempters. They found that the student agree those people who attempt suicide are usually trying to get sympathy from others and Most persons who attempt suicide are lonely and depressed.

The finding of present study showed that half of the study samples have negative attitude toward suicide. This may be due to various factors : they perceive suicide as solution for life stress, our religious values forbid suicide, identify suicide as a sign of mental illness Additionally they were agree that person who commit suicide was coward person and have weak faith in the God almighty.

This result was difference with **Cwik.,etal (2017)** who investigated a previously published scale assessing attitudes towards suicide. Factor structure, convergent and discriminate validity, and predictive validity among German participants. They found all of study sample had a positive attitude toward suicide.

This result was incongruity with **Norheim, Grimholt, and Ekeberg (2013)** who investigate attitudes of professionals working in mental health care outpatient clinics in Child and Adolescent Psychiatry (CAP) (for children and adolescents aged 0–18 years) they found that All the professionals indicated positive attitudes toward suicide and endorsed the view that suicide was preventable.

The result was contradicting with **Suokas, Suominen, and Lonnqvist, (2007)**. Psychological distress and attitudes of emergency personnel towards suicide attempters' .found that participant hold positive attitudes towards suicide and more accept suicide.

Locus of Control among Adolescents Commit Suicide Attempt

The result of present study explained that most people don't know to extent their lives are affected by casual event and realize meaning which is written in forehead must seen by the eye. This related to it is the first time for them to encounter stressor and not resolve it. More over the result explained that explained all what happens to me is made by hand this clarified that they had internal locus of control and they were responsible for their behavior.

This result was support with **Gohari,Bagheri,and Kiyamanesh(2014)** who investigate the relationship between the locus of control and life satisfaction of girls high school students of 5thdistrict of Tehran. . The results showed that there is a relationship between the internal control elements and people having powerful Locus of control resource.

The result of this study explained that most of the study sample had internal locus of control this may be related they were normally development adolescent personnel facing situational crisis that have been lead to attempted suicide behavior as well as they have infective coping skills to encounter life circumstance . Most of study sample explained that suicide attempt incidence was weak point in their life and they need emotional and practical support from community.

This result was difference with **William., etal (2005)** who assess possible relationships between environmental factors, locus of control, and suicide risk among adolescents, and their results revealed higher levels of suicide risk were associated with a more external locus of control orientation.

Also the result was contradicting with **Pearce and Martin (1993)** who investigated the relationship between locus of control and a range of suicide behaviors, the result in their study explained there was a clear association between Locus of control and suicide behavior, with the individuals who had engaged in suicide behaviors characterized by a more external locus of Control.

Correlation between Intent to Suicide, Locus of Control & suicide behavior among adolescents

The result of present study explained that there was a highly significant relation between intent to suicide and suicide attitude. This may be due to attitude toward suicide have a significant impact on suicide ideation and intention for seeking psychological help for personnel stress. An individual who has greater suicide

ideation is more likely to hold positive attitudes towards suicide, while an individual who has more negative attitudes towards suicide has a smaller risk of suicide. Moreover attitude toward suicide and methods of suicide shaped by our culture and religious value predict acceptance of suicide.

As regard to relationship locus of control& Intent to suicide the result shows that there was a highly significant correlation between them these may be due to locus of control either internal or external influence level of intention and severity of lethal method for suicide as well as environmental factors played a significant role in suicide attempt. This result in the same line with **Pearce, and Martin,(1993)**who investigated

the relationship between locus of control and a range of suicide behaviors found that , There Was also a clear association between locus of control and suicide behavior, with the individuals who had engaged in suicide behaviors characterized by a more external locus of control orientation.

finally the present study explained that there was a positive correlation between Locus of control& suicide attitude this may be related to the majorly of study sample had internal locus of control, and negative attitude toward suicide, commit suicide attempt in response to academic study problems additional most of them perceive suicide as preventable and they able to help person commit suicide. This result and explanation were consistent with **Matricardi (2006) who** explained that Locus of control has been found to influence suicide ideation, attitude in adolescents. Lack of control over outcomes of one's life correlate with suicide ideation. Locus of control is also an influence on adolescent's attitude and reported that adolescents with high suicide ideation do not feel that they can personally influence what happens to them but believe that outcomes are determined by chance and powerful others.

IV. Conclusion

The research study reached the conclusion that, there is highly significant correlation between intent to suicide and suicide behavior. Intent to suicide and locus of control. Locus of control and suicide behavior, among adolescents commit suicide attempt.

Recommendations:

- Social group therapy with the religious leader and psychiatric specialist should be available at the center of poisoning treatment, secondary schools and faculties.
- Establishing counseling unit for psychological problems among adolescents at center of poisoning treatment
- Communication skills training program for different community sectors about how to deal with adolescent period psychological problems.

Further Researches

- Effectiveness of Stress Management Techniques on Reducing Psychological Problems among Adolescents Commit Suicide..

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