

SUICIDE AMONG UNIVERSITY STUDENTS IN KENYA: CAUSES, IMPLICATIONS AND INTERVENTIONS

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Abstract

Suicidal behavior is against the law in Kenya. The existence of suicide phenomena in the society is a major issue that needs to be looked into with a lot of concern, and creating effective preventative measure is a matter of urgency. Knowledge concerning suicide is largely limited. The majority of people in the society treat suicide cases as mental health issues. There is therefore need to study and examine the causes of suicide, its implications, and the preventative measures necessary in controlling the phenomena in the society, especially amongst the university and college students in Kenya. The study tries to establish risk factors leading to suicidal behavior, the impact of suicide on the family and society and recommended methods of prevention. All these areas of concern are an integral part in dealing with suicide and suicidal behavior. *The research establishes the different roles society has to play towards control, prevention and intervention.* Looking at the data available there is no credible information concerning the rate of suicide in the country.

Key words: *Suicide, student, Suicide behavior, university, behavior*

I. INTRODUCTION

Kenyan estimates indicate that there are 150,000 – 200,000 high school leavers every year and among them more than 100,000 youths are joining universities. It is difficult to pinpoint the exact number due to limitations in census data available. There is continued growth in enrollment in various campuses as a result of such factors as double enrollment and continued registration of new universities operated by both private and public authorities. Kenya has also welcomed African and international

immigrants, expatriates and refugees many of whom have youths enrolling in the universities. As a result the Universities are over stretched on accommodating the high number of students.

Among the concerns that universities have to deal with is suicidal behaviour. It has been noted that there has been an increase in suicide cases in Kenya especially in universities. This study investigates the causes, implications, and interventions necessary towards prevention and control of suicide phenomena with special emphasis on Kenyan youth in universities.

What is Suicide? Several scholars along different timelines had defined suicide. Some of these definitions are:

Schneidman (2005) defines suicide as an intentional death, a self-inflicted death which one makes an intentional direct and conscious effort to end one's life.

According to the definitions the deaths are described as self-afflicted. The definition identifies that the individuals attempt to end their life resulting in death. When the attempt does not result in death it is considered to be attempted suicide.

The rates of suicide have greatly increased among youth, and youth are now the group at highest risk estimated at one-third of the population in developed and developing countries. The emerging phenomenon of "cyber-suicide" in the Internet era is a further cause for concern (Rajagopal S. 2004) also because of the use of new methods of suicide.

Suicide is nevertheless a private and personal act and a wide disparity exists in the rates of suicide across different countries. A greater understanding of region-specific factors related to suicide would enable prevention strategies to be more culturally sensitive. This focus is also highlighted in the September 10, 2012 World Suicide Prevention Day theme "Suicide Prevention across the Globe: Strengthening Protective Factors and Instilling Hope". This qualitative review explores the historical and

epidemiological aspects of suicide with a special focus on India. We hope that exposure of the problem will facilitate primary prevention planning.

Kenya has 16.4% prevalence of involvement in both physical fighting and suicidal behavior. With the above statistics it is quite necessary to ensure that research is done, serious attention to investigate the factors leading to suicide. How it affects the society and what measures can be taken to prevent or intervene in the suicide cases.

METHOD

The study was made up of both qualitative and quantitative methods of data collection and analysis. Due to the sensitivity of the topic it was important for the researcher to have an in depth understanding of the respondents and gauge their reactions, this was necessary in order to assist where need be if the topic aroused dangerous behavior leading to need for counselling or medical action.

The sample population was made up of 50 respondents per university and 40 Mental Health Practitioners. Out of the total 50 only 35 student respondents brought back their questionnaire. As for the Mental Health Practitioners only 30 respondents brought back the questionnaires.

This shows that there was a 70% respondent rate from the students and a 75% respondent rate from the Mental Health Practitioners.

The sample was determined by the research question. The question wanted to assess the existence of suicide among university students.

Sampling of the respondents was done as follows:

- i. Participating universities were chosen from the list of universities based on different prospects aimed to achieve a minimum sample size of 6 Universities and 300 Student respondents

The Mental Health Practitioners were selected based on their interaction with university student and 40 Mental Health Practitioners responded.

- ii. Possible respondents were selected from University students
- iii. The research project was explained to the prospective respondents who were short-listed and they were asked personally if they wanted to take part in the research. Questionnaires were issued to collect student opinion and observation concerning suicidal behavior or ideation. These questions were to outline the causes of suicide, the impact of suicide and the interventions necessary to prevent suicide. Depression was identified as one of the major causes of suicide. The methodology adapted was geared to achieve the most practical or feasible goal given the studies, objective, the nature of the target population and available resources.

The respondent's role was to answer the research question. Each question had a function. The first two questions tried to establish the risk factors leading to suicide behavior. The term risk factor was used to represent the causes of suicide. The second question needed to outline the impact of suicide. The answers to the questions were represented by the open-ended questions. The student questionnaire was based on the students' opinion. For the search on the impact of suicide, respondents were required to answer either yes or no or give a statement explaining their opinion.

The instrument of measure for the research was developed in the questionnaire. The questionnaires were structured in accordance with set objectives of the research to bring out the themes, from the beliefs and opinions of the respondents. These questionnaires were used to collect student opinion and observation concerning suicidal behavior or ideation. These questions were to outline the causes of suicide, the impact of suicide and the interventions necessary to prevent suicide. Depression was identified as one of the major causes of suicide

The analysis of data involved identifying the initial themes in the data, systematically labelling or tagging the data in form of interview scripts or questionnaires indexing the labeled data to refine it into a conceptual framework. Once the data was indexed it was manually sorted out by themes in a logical manner bringing together contents of a similar manner and summarizing the data to give a coherent flow.

Subjects

The target population for the study was drawn from Kenyan universities and mental health practitioners around the universities. The students were approached on random patterns. The random sampling technique was adopted in selecting 50 university students from 6 Universities and 40 mental health practitioners. The respondents were both male and female. Out of the 50 students only 35 respondents resubmitted their feedback. In the case of mental health practitioners a total of 30 respondents submitted their feedback.

Instruments

A 60-item questionnaire and 12 structured interview schedules were used to gather data regarding the views of students on the topic of suicide. The questionnaires are composed of two sections. The first involved a ticking on a provided box the answer to a question inquiring on various observed suicide behaviors. The second section involved questions that were open ended asking for the student opinion concerning suicide.

PROCEDURE

300 copies of the questionnaire were administered to university students and 40 to mental health practitioners. A total of 210 questionnaires were returned by the students and 30 from mental health practitioners.

METHODS OF DATA ANALYSIS

Thematic analysis was used to analyse the data collected.

FINDINGS

The study was guided by the research questions. The results were in turn analysed with emphasis to the three main areas of the research question. These areas are the: -

- i. Causes of suicide

- ii. Impact of suicide
- iii. Interventions necessary

The first section of the analysed data discussed the causes of suicide. These causes of suicide were outlined using themes that arose from the statement found in the questionnaire. The causes of suicide according to the analysed data are:

- i. Loneliness: - Loneliness has been identified as one of the themes. According to the respondents loneliness takes up 10% of the factors leading to the cause of suicide. Although 10% seems to be a small percentage it was identified as a factor that leads to suicidal behavior by both Students and mental health practitioners.
- ii. Depression: - Depression takes the highest percentage in the causes of suicide. Depression covers 39% of the causes of suicide in universities. It is considered the highest causes of suicide in the psychological causes of suicide.
- iii. Hopelessness: - Hopelessness takes 30%. It is considered to be the second highest cause of suicide among university students in Kenya today.
- iv. Anger: - Anger takes the fourth place covering 15%. Anger has been identified as a cause of suicide that is often ignored and considered to be a normal reaction. Looking at the statistics anger is identified as an important fact that led to suicide.
- v. Conflict: - Conflict, which covers 6%. It is identified as a minor cause of suicide but is still identified as an important factor leading to suicidal behavior.

The second group of causes of suicide is the sociological causes. There are four sociological causes of suicide are: -

- i. Social pressure: - social pressure represents 10% of the causes of suicide among university students.
- ii. Illness: - illness takes up the highest percentage with 66%. Majority of the respondents believed that illness is a factor leading to suicide and suicidal behavior.
- iii. Drug abuse: - Drug abuse took up 19%. The respondents believed that the use of drugs is a leading factor in the growing number of suicide among university students.

- iv. Conflict: Conflict took up the smallest percentage with 5%. Although it was a recognized cause of suicide it was identified as a minor cause of suicide.

The causes of suicide were described using two main theories. These are the psychological theory and the sociological theory.

The second part of the research was used to establish the impact of suicide as outlined by the respondents. The information outlined shows that a majority of the respondents believe that suicide behavior is a great problem and affects the society just as badly as it affects the victim. For the impact of suicide stigma was brought out as very significant factor. Over 70% of the respondents believed that suicide left the survivors in shock/trauma, embarrassment, anger, shame, betrayal and guilt. These reactions were all grouped to represent stigma because the behaviors stated above all arise when people are stigmatized.

Below are explanations of terms that were summarized from the written submissions of respondents: -

- i. Shock/ trauma: -this is the suddenness of the action, it startles the survivors – a person is alive and happy, the next moment they are dead and gone.
- ii. Embarrassment: - the respondents believed that their loved ones embarrassed them by causing them ridicule. Most individuals who lose a loved one through suicide tend to be embarrassed when asked how a love one died.
- iii. Shame: - it was a tabooed factor and therefore people feel that a mistake was made and the family is judged for it
- iv. Betrayal: - it is a feeling that the deceased broke your trust. They did not consider how their loved ones felt about their death
- v. Guilt: - it is the feeling that the loss was preventable but they did not do anything. The loved one feels that they failed the deceased.

- vi. Anger: - anger is based on both the deceased and the family were they are angry at the deceased for taking their own life and at themselves for not doing something to prevent the death
- vii. Uncaring: - the family of the deceased tends to feel as though they did not take good care of their loved ones and tend to feel as though they were uncaring towards the deceased
- viii. Sadness: - family feels immensely sad they lacked a chance to bid their loved ones goodbye
- ix. Family Burdened: - the family is left burdened with the responsibilities the deceased had to care for the survivors of loved ones on issues of finance and material care. And upkeep of their estate. After a suicide families tend to blame each other for the death and these at times lead to division of a family.

From the data it was identified that stigma is the greatest impact to suicide and suicidal behavior. A majority of the respondents believed that *“Committing suicide is among the worst thing to family and significant others.”*

This shows that a majority of the respondents believed that suicide and suicidal behavior had no relationship to the existing stressors that the victims were going through. This belief was supported by the statistics that showed 59% of the respondents' outline that an individual can be talked out of suicidal behavior. *“Once a person has made up his mind about committing suicide no one can stop him/her.”*

The data analysed at these point arose from opinions outlined by the respondents.

The third section discussed the interventions that could be applied in the development of preventative measures. In this section the data analysed outlined a different opinion concerning the intervention process. Although many of the respondents believed that suicidal behavior was wrong it was also noted that a large number of respondents believed that suicide couldn't be prevented. 73% of the respondents believed that *“Suicide can be prevented”*.

Looking at the statistics provided from the analysis it is clear the respondents had mixed emotions concerning the preventability of suicide. 42% of the respondents believed that suicide could be prevented when support is available.

During the inquiry on the services available at the counselling centre different factors were noted. It was noted that out of 30 mental health practitioners only 12 had suicide support protocols.

A suicide support protocol: - is defined a comprehensive documented system of handling suicide case, they are often charts placed on notice boards in doctors waiting room for all to read and observe.

These protocol systems are non-existent in the counselling centres due to lack of planning. Another factor that leads to not having the protocol is the existence of shame and fear of the phenomenon of suicide. Most suicidal cases have been referred to Mental Health Institution and psychiatric care instead being sent to Counselling psychologists.

A suicide protocol is an outlined method of dealing with suicide cases. It involves the use of suicide ideation scales, depression scales and self-harm scale. Each of these scales help in identifying the position in which the client are in when approaching the counselling centre. The protocol also involves an outlined method of how to deal with a suicide case according to the law. Most of the centres approached did not have an existing protocol. .

The data analysed therefore showed a great deal of mixed feelings portrayed by the respondents. Looking into the preventability of suicide it was quite clear that a high population of respondents believed that suicide behavior is a negative behavior that needs to be stopped, they also believed that individuals who want to commit suicide couldn't be stopped. It was also noted that a large number of respondents fear; discussing suicidal tendencies, fearing that deep discussion could trigger suicide as it is thought that suicide is contagious.

DISCUSSION

I. Causes of suicide:

In line with themes outlined in the research, the following were identified by the respondents as the main causes of suicide amongst university students- social pressure, which composes of, high cost of education, academic performance, loneliness, substance abuse, illness, conflict, social pressure,

A. Social pressures

i. Academic performance

The main aim of attending a university is to achieve an academic degree or diploma. Although other factors are achieved in the process of attaining an academic qualification it is quite important that an individual performs so as to achieve the qualification. This pressure to perform has been noted as one of the main stressors experienced by university student. When student performance is not adhered to students tend to find different manners to deal with the pressure. These ways of alleviating pressure are factors such as alcohol and drug abuse.

This group was categorised under the individuals facing hopelessness. The respondents identified that hopelessness affects 30% of the student's population. This is a great percentage of individuals considering hopelessness also affects the ability of an individual to associate with the society effectively.

It was also noted that academic performance is greatly affected by alcohol and drug abuse. Alcohol and drug abuse was outlined as a risk factor leading to failing grades. 19% of the respondents believed that alcohol and drug abuse affect academic performance and are factor that could encourage suicidality.

Young people who feel connected to their schools are also less likely to engage in risk behavior, whereas being out-of-school and/or unemployed are risk factors. For example, substance abuse is reportedly much higher among young people who are not in school (NACADA, 2004).

Often students who have been performing students become highly distressed by the change in performance and often end up overworking themselves. These individuals tend to place a lot of emphasis in their performance and when it drops they may not be able to handle the pressure of failing. This therefore leads to depression and low self-esteem.

ii. Financial constrains

The main challenge facing university students in Kenya is the high cost of education. They cited that in Kenya it is quite hard to enroll in university to study without adequate amounts of money to support their study in school. Higher education has been identified as a major priority in the society. This has therefore led to the increased need to attain a University education. Although the vacancies exist cost for some families is prohibitive. For an individual attain a University degree in Kenya they need at least 100,000 Kenya shillings for tuition fee per year or a scholarship worth the same amount. This amount only covers the tuition fee and a student still needs an additional cost for maintenance, upkeep and housing. This cost has been identified as high by a great number of students and students are often forced to find ways to sustain themselves.

The new lifestyles associated with the high cost of education and the new found independence and self-sustenance has led to need for social support and raise economic hardships. Although students have been provided with loans by the Higher Education Loans Board it has been noted that the cost of leaving has led to a lot of instability in the student's lifestyle.

Financial issues may also be a significant stressor for students. In the university set up the students are expected to support themselves and establish a realistic budget. The budget is based on what the student may have. But it has been noted that often the students tend to have bigger costs than what they can afford due to the need to fit in with their peers (Wanyoike 2014).

Financial and others economic hardships on students are both genuine poverty related hardships as well as students adapting lifestyles beyond the financial capacity. The

results may be devastating as students tend to withdraw, get depressed and adapt unorthodox means to solve financial problems, these sinks them into further debt and some may opt out by committing suicide.

Loneliness

Loneliness is a feeling of being alone. Many students feel as though they are alone when they begin to face university education. This feeling grows when an individual is an introvert compared to extroverts. Introvert tends to be loners and find it harder to make friends as well as associate with others. These feeling of being alone may grow further when an individual lacks any form of knowledge concerning the university set up as well as lack of friends in the university. Loneliness was identified as a cause of suicide by 10% of the respondents. Although 10% seems to be a small percentage it was identified as a factor that leads to suicidal behavior by both Students and mental health practitioners.

Conflict

Conflict is identified as disagreements between individuals due to their opinion, or beliefs. The conflict may result in arguments as well as physical fights among individuals. Peer conflict is conflict between two individuals who belong to the same age group. Peer conflict is most common among students within a school setting. It may arise as a result of peer pressure. Peer pressure mainly arises from ideological differences that exist among individuals. This form of ideological difference can therefore lead to uneasy relationships as well as bullying. The groups of individuals who are highly affected by peer pressure tend to have an introvatic personality.

Other forms of conflict that affect an individual are parent- child conflict, parent-to-parent conflict and relationship conflicts. These conflicts affect an individual differently and are often identified as causes of distress in an individual. These conflicts if extreme can lead to suicidal behavior.

Illness

Illness is identified as any health ailments that affect the physical or mental health of an individual. These forms of illness affect both the physical and psychological wellness of an individual. With emphasis to university students, diseases are common factors that affect their daily lives. Although diseases affect all individual it is often not known when an individual is sick and how it affects them. Many students hide their medical health from other due to shame as well as fear of stigma. Some illness may be as a result of infection from others or even as a result of poor hygiene as well hereditary diseases.

These diseases can be HIV/AIDS, diabetes, epilepsy, hypes, STD, each of the above stated diseases have a potential of been fatal if not effectively treated and cared for. The need to constantly be under treatment could lead to seclusion and withdrawal from others to avoid discrimination. This may lead to depression as a result of the loneliness experienced and in turn could lead to suicidal tendency as a way out of the 'suffering being experienced.'

According to Nilsson L et al, (2002), adults with epilepsy have a ninefold increased risk of death from suicide, is an adult with an early onset of seizures (particularly, if during adolescence) who had underlying depression and possibly limited follow-up from consultants in neurology.

Alcohol and substance abuse

Alcohol and substance abuse is amongst the greatest vice that is found within the university compounds. Although alcohol is not illegal the manner in which alcohol is taken within universities is an actual factor to worry about. On the other hand drug abuse is the use of substances that alters the mood, emotion, or state of consciousness of an individual. Drugs are illegal compared to alcohol and therefore are not easily found. These substances therefore are hidden and used with great deal.

According to Sher L, (2005) Individuals with alcohol dependence who complete suicide are characterized by major depressive episodes, stressful life events, particularly interpersonal difficulties, poor social support, living alone, high aggression/impulsivity,

negative affect, hopelessness, severe alcoholism, comorbid substance (especially cocaine) abuse, serious medical illness, suicidal communication, and prior suicidal behaviour.

The use of alcohol and drugs is considered as a cause of suicidal behavior. Although it is identified as a cause, the use of drugs and substance cannot be directly correlated to the need to break away from academic pressure. Students tend to use alcohol and drug abuse to release pressure they are experiencing. Alcohol abuse was identified as a cause of suicide. It can also be identified as symptom of suicidal behavior.

Depression

Depression is a mood disorder that affects an individual's feelings and adjustment to how they feel. It does not mean that they do not feel but depressive feelings are often time-based and can change without warning or thought process. This makes it impossible to pinpoint which specific emotion can be identified as an emotion of depression (Wanyoike 2014).

Depression has been identified as a major cause of suicide behavior in the society. Suicide behavior among university students is a highly influenced by depression as it hinders proper functioning and causes psychological distress among university students.

Impact and implication of suicide and suicidal behavior

The term implication is defined as the consequences of a given behavior. Therefore what is the impact of suicidal behavior? Suicidal attempt and complete suicide present different consequences.

I. A suicidal attempt leads a person feeling ashamed and alienated from their family and friends due to the failed attempt to die. According to Beautrais AL., (2004), "a suicide attempt, patients may also feel ashamed and helpless, and fear parental and family rejection. They may also feel isolated, unloved and worthless within their family".

II. Suicide attempt and complete suicide lead to development of concern. Families and friends of a suicidal individual tend to gain more interest in a person's life when they attempt to kill themselves. This is to try to understand the cause of suicide and suicidal tendencies their significant others are involved in.

III. Suicide and suicidal tendencies of a significant other lead to stigma. Suicide is considered as a form of mental health problem. Therefore when an individual attempts to kill himself or herself the families of the victim are judged for the action. The families are at times ridiculed and treated differently due to the action of their loved one.

IV. Suicide leads to loss of a family member. The loss of a family member to suicide has a different form of grieving process. The families of the deceased tend to carry an extra burden. This is because the family has to deal with the loss that is as a result of the deceased other wish to die.

V. According to Nolen-Hoeksema and Larson (1999), when an important relationship is severed through loss the survivors go through four stages of mourning, which are denial, anger, bargaining, depression and acceptance.

The loss makes it hard to understand since the deceased is dead and is responsible for the death. A great deal of anger is manifested in the feelings. Thus the kin get torn in between been angry at the loss and angry to the deceased. The feelings that are conflicting lead to anger and guilt for not been able to save the deceased.

Looking into the data it is quite clear that a large number of the population believed that suicide behavior impacted the society greatly. From the data analysed the showed a great deal of shame in their opinion towards suicide. This was noted through the answers that were presented by the respondents. Among the student respondents only 73 out of the 210 were willing to write their own opinion concerning the matter of suicide. The other 137 students answered the questions with a yes, no or agree and disagree. This reaction was also observed and noted.

Interventive or/ preventive Measures

Interventions are methods on which suicide behavior can be reduced or prevented. Although suicidal behavior is a private matter it presents itself in the public domain through expression of thoughts and actions.

Interventions to suicidal behavior and suicide involve creation of an effective treatment. This should involve consultation with primary health care givers who include, counselors, psychiatrists, nurses, sociologists, psychologists and the whole range of mental health practitioners. The recommend measures were: -

1. Create an institutional framework for the prevention and control of suicide and suicidal tendencies. When looking into existing policies we have to identify upcoming laws that can help develop an effective intervention program. For instance recently Kenyan Parliament developed a bill that will regulate various professional bodies among them the psychological counselling profession. The law ensures that all practicing counsellors are trained counsellors and adhere to the ethics of the counselling as developed by the Kenya Counselling and Psychotherapy Association. All those who do not adhere to the ethics will be prosecuted according to the law.
2. One of the main policies that can be used in control, prevention and management of suicidal behavior and suicide in the community is the provision of knowledge within educational institutions and religious institutions. Some of the major causes of suicidal behavior are socially instigated and therefore can be solved in the immediate society.
3. Develop an authority to handle suicide and mental health related issues. The authority should be seriously funded like case of HIV-AIDS. The authority should be able to establish adequate policy for the involvement of the society. Its policies should result in re-establishment of positive social norms, as currently norms seem to be dwindling slowly by slowly. This change in norms is likely to change society to prevent causes and effects of suicide, making the society view the phenomena differently and positively.

4. Also practitioners can help the individuals realize the seriousness of suicide issues. By working with a mental health practitioner, the victim receives assessment of the problem. While assessing the client, the practitioner can establish an effective treatment plan for the client.

Ndetei (2011) states that there is scarcity of mental health specialists in Africa, the majority of patients in a suicidal crisis especially in rural areas are more likely to visit general practitioner or traditional healer who can play critical roles in the prevention of suicidal behavior if trained to do so. Therefore, holistic and culturally relevant interventions are necessary and should incorporate conventional medicine, traditional healers and religious beliefs where appropriate.

In conclusion of preventative measures, the data analysed outlined a great need to establish individual interventions in academic institutions. Although these interventions could be replicated at national level it was quite clear that university students have an entirely different perspective to life when compared to the ordinary people in their neighborhoods. This therefore gives need to the creation of the above interventive measures within the university society to curb the specific causes of suicidality within the university.

CONCLUSION

Suicide and suicidal behavior is a complex issues that are not easy explained even when there is documented information. From the study I was able to establish that suicide cases are likely among university students and therefore there is need of exploration and research in development of suicide prevention methods. The causes of suicide were outlined to affect the psychological wellbeing of an individual.

The impact of suicide is also related with the psychological wellbeing of those bereaved through suicide. Families of the bereaved tend to go through complex grieving due to the need to ascertain the cause of suicide making it hard to understand and bear.

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