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PREVALENCE OF SUICIDAL BEHAVIOUR AMONG YOUTH AGED BETWEEN 15-35 YEARS ATTENDING THE YOUTH CENTER AT TABAKA MISSION HOSPITAL, KENYA

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ABSTRACT

Suicidal behavior is a major public health problem. As it has for decades, suicide remains one of the leading causes of death in the western world. This study was done to determine the prevalence of suicidal behaviors among the youth aged between 15 years to 35 years attending the youth centre at Tabaka Mission hospital, Gucha south sub county of Kisii county, Kenya. The research stems from an ever-increasing concern with trends in terms of actual and attempted suicides locally, more particularly among school children and young couples. The study utilized both qualitative and quantitative study methods making use of semi-structured interviews and questionnaires. There were 121 study participants sampled through purposive sampling technique. Data was analyzed quantitatively using SPSS software version 26.0. Chi square tests, multivariate and bivariate logistic regression analyses were used. The results were presented in tables with p- values.

This study found a 34.7% prevalence of suicidal behavior among the youth who were attending the youth clinic at Tabaka Mission Hospital. Averagely the SBQ-R score of the 121 informers was 6.68 ± 5.23. There was significant association between gender and suicidal behavior with females being at greater risk ($p = 0.05$). Higher education levels was associated with a greater suicide risk ($p = 0.034$). A family history of abuse ($p = 0.006$) and psychiatric illness ($p = 0.001$) were noted to contribute to suicidal behavior. Other suicidal behaviour factors reported were; loneliness, depression, marital infidelity, family stresses, Substance use and being an orphan. Environmental factors like social media competition, bullying, domestic violence, and cyberbullying were also reported induce suicidal behaviour. The findings of this study can be utilized by both caregivers and clinicians in understanding patients at risk of suicide and how to support them. The results could also trigger advocacy against the vice with the aim of reducing the burden on affected individuals, caregivers and healthcare professionals to curb such high rates of suicidal behavior and suicide attempts in local settings.

Keywords: *Suicide, Suicidal behaviour, Prevalence, Kisii County*

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BACKGROUND

Globally suicide is the 14th leading cause of death accounting for 1.5% of all deaths (World Health Organisation, 2021). Most adolescent suicides (90%) occur in low- and middle-income countries (LMICs), where the majority of the world's adolescents live (World Health Organisation, 2019). A global analysis of data on children and adolescents found that the overall prevalence of attempted suicides was 6% and 4.5%, while the prevalence of suicidal plans was 9.9% and 7.5% (over the lifetime and in the past 12 months, respectively). Suicidal thoughts were reported by 18% and 14.2% of participants, and self-harm behavior was reported by 13.7% and 14.2%, respectively (Lim et al., 2019). Approximately one in three young people with suicidal thoughts will develop a suicidal plan, and about 60% of young people with suicidal plans will eventually attempt suicide (Ndetei et al., 2022).

Suicide is an enormous public health problem around the world. Although an increasing amount of research has focused on assessment, prevention, and intervention programs, the ability to identify those at risk for suicide remains quite poor. A fundamental limitation of existing suicide assessment methods is that they rely primarily on individuals' self-report of suicidal thoughts and intent, which can be intentionally modified in order to avoid involuntary hospitalization or referral for counseling services.

In Kenya, Suicide and suicidal behaviors are very common, though not reported properly (Sitawa, W. 2013). Wafula also observes that, there is no clear data or statistics of suicide in Kenya as people find it taboo and/or stigmatizing to talk about or report suicide cases publicly. The existing statistics are gotten from media reports which don't capture all cases and date back to Jan/Feb 2012 after KCPE and KCSE results. In Kenya, suicide is a criminal activity and anyone who attempts suicide and fails is a criminal under the Penal Code. Pastors and Priests shun away from officiating burial ceremonies of those who committed suicide. Most of the individuals who commit suicide are buried at night with no ceremonies. For a long time there are two suicide help lines in Kenya with none located in Kisii County. .Both are manned by counselors and their main issue is awareness creation on their existence, human resource and general awareness creation about mental health and suicide; warning signs, how to help someone who is suicidal, the stigma for the bereaved (Wafula, 2013). Bitti et al, 2022 depicted that statistics on sucide have been steadily increasing in Kisii County.

MATERIALS AND METHODS

Research Design

This research employed a convergent parallel mixed methods as study design whereby both qualitative and quantitative data were simultaneously collected then analysed separately

Study Area

The study was carried out in Tabaka Mission hospital located in Kisii County, Kenya, which spans approximately 294.7 square kilometers along the Kisii-Migori highway. The hospital serves as a strategic health facility serving South Kisii regions.

Target Population

The study population was made up of youth who were in distress. The qualitative study population was formed by young people who have currently or in the recent past suffered from suicidal behaviour, those who have not personally suffered from suicidal tendency but who admitted to have close peers who have gone through the ordeal were also interviewed to gain more understanding peer perspectives on suicidal behaviour. The caregivers, either parents or guardians, of the young persons who had practised deliberate self-harm and suicidal behaviour were also interviewed.

Inclusion and Exclusion Criteria

For eligibility to participate in the study, young people had to; Be attending outpatient at the Youth Centre in Tabaka Mission hospital, be between ages 15 and 35 years, Sign consent to be involved in the study

(guardians/parents gave consent for those below age of consent) and assent (in minors). They will have shown deliberate suicidal behaviour or self -harm or have had a close person who had demonstrated intentional self-harm or suicidal behavior. Those excluded were those youth who were in obvious emotional or physical distress and those suffering from psychosis or any clinically diagnosed cognitive deficits

Sample Size and Sampling Procedure

For the quantitative study on the prevalence and risk factors associated with suicidal behaviour among the young outpatients attending the Youth Clinic at Tabaka Mission hospital, the Cochran's formula (Cochran 1977) was invoked for calculation to yield a sample size;

n_0= sample size

z= normal standard deviation 95%

p= estimated prevalence of youth with suicidal thoughts of 7.9%, which was was assumed from a report by Othieno et al. (2015).

This study was done in Kenya which is thought to be applicable to the current research settings.

e= desired level of precision was set at 0.05 (5%) $n_0= (1.96^2*0.05*0.95)/0.05^2$

n =**121 patients**,

Data collection methods and instruments

Questionnaires were used to collect data. The interview flow was shaped by the respondents in many instances. The research utilized smartphones in some instances for the audio recordings, that afterwards were stored in highly passcode-protected computers that is only accessible to the principle researcher. The researchers had restricted access to a lockable container where all audio recordings are kept. Where a respondent declined recording their voice, field notes were then obtained and compiled for analysis.

Data Collection Procedures

Prior to data collection, ethical approval was obtained from the University Of Eastern Africa-Baraton Ethics Review Committee. Permission was also sought from the management of the Tabaka hospital Mission hospital. Questionnaires were administered through a drop-and-pick method over a period of four weeks. Respondents were provided with consent forms and assured of confidentiality and anonymity.

Data Analysis

The study generated secondary data through using questionnaires and interview guides. This data was analyzed using descriptive statistics SPSS (version 25) and it was presented through percentages, means, standard deviation and frequencies. The dependent variables for suicide was Suicidal behaviors among the youth (15-35 yrs.) while the independent variables were: Occupation, Level of Education, Marital Status, Religious affiliation, Income, Geographical area, Family size, psychological factors, genetic factors, cultural factors among others.

RESULTS

Prevalence Rate

Prevalence of suicidal thoughts and Social Media Use among Participants.

A high portion (58.7%) of the study respondents (71 out of 121) reported that they had entertained thoughts of suicide in their life. When questioned on their views on the effects of possible association of social media with suicidal behavior, a good number 47 (38.8%) concurred that social media has a great impact on social behavior. The other 20 (16.5%) did not see any impact of social media on social behavior while the rest 51 (42.1%) were not very sure of the effects of social media on social behavior. An interesting proportion 3 (2.5%) respondents indicated no knowledge of social media behavior impact

Prevalence of Suicidical risk and Behavior in the Youth

Using the revised Suicide Behavior Questionnaire (SBQ-R), quantification of suicidal risk for the respondents was done. A total score of 7 and higher in the general population points to suicidal behaviour while a score of 8 and higher in patients with obvious psychiatric disorders indicates significant risk of suicidal behavior. In the assessment 42 of the 121 partcipants (34.7%) indicated increased risk of possible engagement in suicidal behavior. *Table 1* below shows the number of respondents that were at increased risk of being in suicidal behavior that was based on their scores.

Table 1: Respondents' Sociodemographic Characteristics

Respondent characteristic	**Number (n)**	**Percentage (%)**
Gender		
Female	63	52.1%
Male	58	47.9%
Age		
13-16	40	33.1%
17-20	51	42.1%
21-24	27	22.3%
>24	3	2.5%
Education level		
Primary education	8	6.6%
Secondary education	69	57.0%
Tertiary education	44	36.4%
Religion		
None	2	1.7%
Traditional	1	0.8%
Christianity	113	93.4%
Islam	4	3.3%
Occupation		
Student	111	91.7%
Unemployed	5	4.1%
Employed	3	2.5%
Self-employed	2	1.7%
Sharing home with:		
Parents	98	81.0%
Has Children		
Yes	6	5.0%
No	115	95.0%

Clinical Characteristics of the Respondents

A few respondents had a history of substance abuse or use while a significant proportion recorded a family history of mental illness either treated or untreated.. Most of the study respondents indicated a history of the current illness pointing to a possible co- morbid psychiatric illness. See *Table 2.0* below:

Table 2: Clinical Characteristics of the Respondents

Respondent characteristic	Number (n)	Percentage (%)
History of Substance Use		
Yes	55	45.5%
No	66	54.5%
History of Abuse		
Yes	46	38.0%
No	75	62.0%
Family History of Mental Illness		
Yes	38	31.4%
No	83	68.6%
History of current condition (psychiatric illness)		
Yes	117	96.7%
No	4	3.3%

DISCUSSION

Prevalence of Suicidical Behavior and Risk in the Youth

The study revealed that 42 of the 121 respondents (34.7%) were at a high risk of engaging in suicidal behavior. This portion is close to the prevalence recorded in a study in the Phillipines and Norway youth which was about 40%, Strandheim et al.(2014) , Voss et al. (2019). These differences regarding prevalence could be because of the difference in sampled population, study design, environmental conditions and study setting. This concurs with past literature being that Kenya is one of the developing countries and it has been severally noted by the World Health Organization that nations on developing process have greater prevalence (World Health Organization, 2018).

The results obtained in the current study almost tally with figures previously observed in Zambia which were about 31.9% (Swahn et al., 2012) and Kenya that was 27.9% (Ndetei et al., 2022). These high figures point possibly to the low socioeconomic status and poor living conditions as it has been evidenced that most youth living in such economically disadvantaged environment are more likely to commit suicide (Cheng et al., 2014). The present study recorded a lower prevalence of suicidal tendencies than a previous similar study carried out inseveral facilities that recorded a prevalence of 10.5% (Ndetei et al., 2022). These differences in figures may have occured due to much difference in the used research tools and the background of the study respondents. World Health Organisation in 2019 noted that suicidal tendencies is a major growing hazard of public health concern prompting several research studies that have since been conducted worldwide aiming to evaluate the experiences, incidence and the impact of this behaviour among the youth. Understanding the socio demographic factors, and prevalence of suicidal behavior is significant for developing much needed prevention and management strategies in an attempt to decrease the high rates of suicidal behavior that is steadily rising. In the recent past, the African continent has been pointed out to be having an upward increasing trend of youth suicidal attempts and behaviour (Page et al., 2013) now this study has concurred that the this suicidal behaviors in the youth in Gucha sub county is high.

CONCLUSIONS

The study established the prevalence of suicidal behavior among the youth attending the youth clinic at the Tabaka Mission Hospital to be 34.7%.

The findings observed that risk factors associated with probability to engage in suicidal behaviors include; a family history of abuse, high educational levels, a history of mental illness and having dependent children. The study also established that females were more predisposed to suicide risk and suicidal behaviour compared to their male counterparts.

The study participants that exhibited increased suicide risk reported an increase in suicidal thoughts concurring that social media is a trigger on social behavior. These observations would be key to developing effective prevention and intervention strategies for curbing the high rate of suicidal behavior in the local setting.

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