

**FACTORS CONTRIBUTING TO THE INCREASE IN SUICIDE CASES AND ITS
MITIGATION AMONG YOUTH IN RUARAKA DEANARY, OF THE
CATHOLIC ARCHDIOCESE OF NAIROBI, KENYA**

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DOI: 10.13140/RG.2.2.33587.09768

Abstract

Several approaches have been used to address the issue of suicide in contemporary society. However, a religious approach in Kenya has received less input. This article, which is a product of a research conducted in Ruaraka Deanery in the Catholic Archdiocese of Nairobi on the rise of suicide among youth, is an attempt to contribute to a balanced understanding of the causes of suicide as well as the mitigation of suicide among youth from a religious perspective. Religions and cultural traditions strongly oppose suicide. Moreover, several African nations including Kenya prohibit suicide attempts. It is believed that religion serves as a protective coping mechanism that aids people in finding comfort and purpose when dealing with traumatic life events or situations like suicide. The youth deal with a range of challenges in life. One such grave challenge is the rise in suicide-related incidents. The Roman Catholic Church (RCC) asserts that God is the author of life. Suicide has long been seen as an unforgivable sin because of this. As a result, those who committed suicide were not given the required church funeral services. However in recent years, a new understanding of suicidal behaviours from the standpoint of mental health has altered public opinion of the RCC. The research adopted two interrelated theories of suicide: Thomas Joiner's Interpersonal Theory of Suicide (IPTS) as first theory and the second being David Klonsky and Alexis May's Three-Step Theory of Suicide. The research used a descriptive survey methodology. The respondents' attitudes, perceptions, and methods of teaching the doctrine of the sanctity of human life were successfully gathered using this approach for data collecting. Focus groups, questionnaires, and interview guides were the three devices utilized to

collect primary data. The youth, catechists, parish administrators, and clergy of Ruaraka Deanery were the study's target demographics. For clergy, catechists, and leaders, the respondents were chosen using a purposive sampling strategy, while the adolescents were picked using a simple random sampling technique that allowed every youth a chance of participating. 161 (70%) of the sample population of 230 participated in the research. Data analysis was done using Statistical Package for the Social Sciences (SPSS-2021). The study exposed flaws in the catechists' training and insufficient teaching strategies for the sanctity of human life hence a need to establish new approaches to mitigate problem of suicide.

Keywords: Suicide, Youth, Deanery, Roman Catholic Church, clergy

Introduction

The term suicide originates from the Latin word *suicidium* (Battin, 1982). 85% of suicides globally, according to the World Health Organization (WHO, 2013), occur in low and middle-income countries, despite the fact that fewer than 10% of published research on suicide comes from these countries. Given the stark differences between rich and developing nations' economies and societies, it seems unlikely that research findings and prevention initiatives from Western nations will be transferable to developing nations like Kenya. Accordingly, developing nations need to adopt the research methods, program planning processes, and program monitoring approaches created in high-income countries to support their own efforts to understand and prevent suicide.

Regrettably, due to political, religious, or socio-cultural reasons, suicide is still a taboo subject in many developing countries thus hindering efforts to alleviate cases of suicide.

Suicide is a major global public health concern and the 15th leading cause of death worldwide but 4th leading cause of death among the youth (Masha, 2021). Kenya has a youthful population. The latest data from the census by Kenya National Bureau of Statistics (KNBS, 2019) reveals that, 35.7 million Kenyans (75.1%) are below 35 years. Suicide being a moral issue cannot be confined to an individual. This is because “morality is one of the human pillars that guarantee the survival of any community. Therefore, when the youth lose a sense of morality, the community becomes threatened since part of the present and the future is dependent on them (Katola, 1995).

In 2005, the WHO proclaimed mental health to be a vital component of all national health care systems and a universal human right. Despite the effort achieved to address this issue, suicide still claims the lives of 800,000 people annually, the majority of whom are between the ages of 15 and 29 (Ghebreyesus, 2019). Suicide and suicide attempts have a

ripple effect that impacts on families, friends, colleagues, communities and societies due to their interpersonal nature (Agerbo, 2016).

Kenya recorded a unique rise in suicide cases between March and June, 2021 something that got experts worried. 483 people committed suicide during this period of three months and majority were aged between 18-35 years old (Kinoti, 2021).

Suicide goes against the RCC's teachings on the value of human life. According to the Catechism of the Catholic Church (1992), "Everyone is responsible for his life before God who has given it to him. It is God who remains the sovereign Master of life. Catholics are obliged to accept life gratefully and preserve it for his honour and for salvation of their souls. Believers are stewards, not owners, of the life God has entrusted to them. It is not theirs to dispose of it as they wish."

Despite the numerous youth programs that teach the sanctity of human life in the Catholic Archdiocese of Nairobi, some youth still turn to suicide and that is why this study was important to conduct.

Statement of the Problem

There has been a discernible increase in the number of young people who commit suicide around the world. Initiatives are being done in Kenya to combat the rising suicide rate, especially among young people. One such project is the presidential task force, which was established in December 2019 to oversee national activities to address the suicide and mental health crises. Suicide affects many elements of human civilization since it is an interpersonal act. Due to this shocking reality and the paucity of effective solutions, suicide is a global issue that demands attention from all perspectives. Regrettably, only methods from the domains of psychology, psychiatry, guidance, and counselling have been widely employed to address the issue; other strategies, particularly religious ones, a path this study focused on. The Roman Catholic Church teaches upholding of the sanctity of life from conception to the natural end. Various programs in Nairobi Archdiocese are in place to gradually teach the youth about the sanctity of human life.

Therefore, it is puzzling why with all these religious based and elaborate programs in place for the Catholic youth on the sanctity of human life, the cases of suicide continue to be reported in the deanery. Furthermore, there is limited information about this particular pastoral challenge in Ruaraka Deanery and even in the larger Archdiocese of Nairobi; hence, there was need to investigate the rising cases of suicide among youth.

Purpose of the Study

This study's aim was to investigate the roots of the surge in youth suicide in Ruaraka Deanery, Catholic Archdiocese of Nairobi, Kenya, in spite of programs emphasizing the value of human life.

Objectives of the Study

The study was guided by the following objectives to:

- i. Investigate the factors behind the rise of suicide cases among youth in Ruaraka Deanery.
- ii. Examine how the Catholic Church's teaching on the sanctity of human life is conducted in the various youth programs in Ruaraka Deanery.
- iii. Find out how the church deals with cases of successful and unsuccessful suicides in Ruaraka Deanery.
- iv. Explore the strategies and measures of mitigating the problem of rising cases of suicide among the youth in Ruaraka Deanery.

Research Premises

The following were the research premises:

- i. There are several factors behind the rise of suicide in Ruaraka Deanery for example harsh economic conditions, negative media influence and poor parenting.
- ii. The Catholic Church teaches on the sanctity of human life in different youth programs in Ruaraka Deanery like catechism classes, seminars and retreats.
- iii. The Catholic Church in Ruaraka Deanery deals with suicide cases in various ways including pastoral visits.
- iv. There are multiple strategies to mitigate the rise of suicide among youth in Ruaraka Deanery e.g. open discussions on suicide issues, guidance and counselling.

Research Questions

The following questions guided the study:

- i. What are the factors behind the rise of suicide cases among youth in Ruaraka Deanery?
- ii. How is the Catholic Church's teaching on the sanctity of human life disseminated in the various youth programs in Ruaraka Deanery?
- iii. How does the church deal with cases of successful and unsuccessful suicides among youth in Ruaraka Deanery?

- iv. What are the strategies of mitigating the rise of suicide among youth in Ruaraka Deanery?

Review of Related Literature

The study's review of related literature made it clearly evident that suicide rates are rising globally throughout all demographic groups, but that young people aged 19 to 35 had the highest prevalence rates. The review confirmed to the RCC church's teachings on suicide and the sanctity of human life. Hence, the RCC affirms that no one has the right to take away someone's life, regardless of the circumstances, because life belongs to its author, who is God.

Many young people in Kenya and throughout the world struggle with a variety of issues, including suicidal thoughts that occasionally turn into suicide attempts or actual suicide. According to Murungah (2020), the various causes driving the youth suicide problem are rarely discussed openly due to the cultural stigma, historical, and present difficulties that surround suicide in society. Murungah in his work does not go further in discussing the root causes of suicide. This gap was narrowed down by this study through investigations of the causes of suicide openly through engaging the youth, clergy, leaders and catechists who participated in the research. In this research, the causes of suicide were examined from three perspectives: familial background, social-cultural perspective, and economic angle.

In his study, "Exploring the Family Factors Associated with Suicide Attempts among Adolescents and Young Adults," Saradamma (2020) found that: hostile family environments, dysfunctional family interactions, and a lack of perceived family support contribute to suicidal behaviours among adolescents and youths. Therefore, a proper functional family is key in reducing suicide cases. However, Saradamma did not identify what would help families remain strongly bonded. This study identified religion as a key factor that keeps the family bond intact and foster values that protect life as people of God.

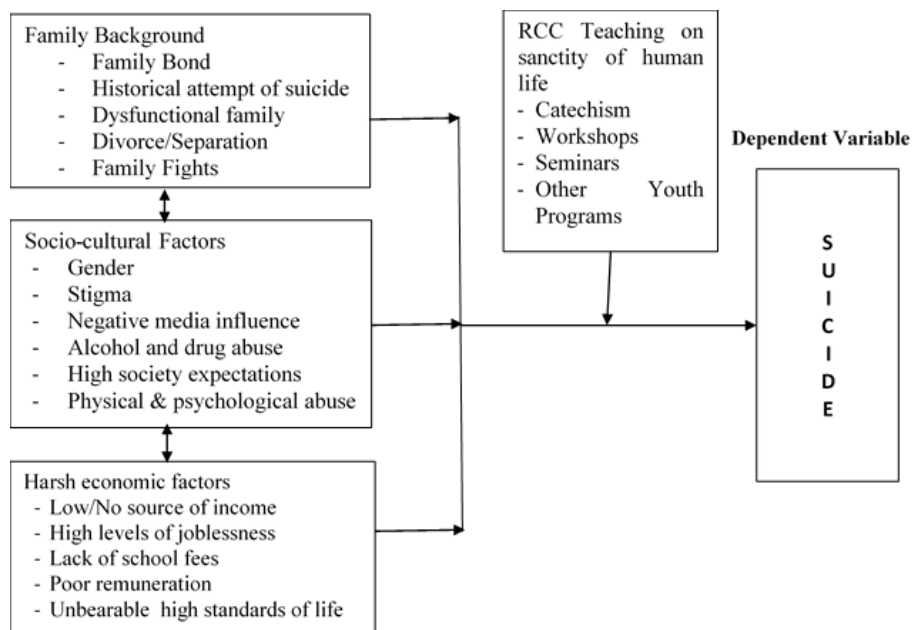
Adewuya's (2020) research on prevalence and associated factors for suicidal behaviours in Lagos Nigeria among young people, identified domestic violence and maternal drinking habits at family level as some of the key factors that lead to suicide. Parental related issues at family level play a crucial role in suicide and suicidal ideation. This research, moved further to find out how the Roman Catholic Church's teaching on sanctity of human life that condemns such domestic violence affects the youth with suicidal ideation.

Furthermore, in his work, Maris (2001) argues for the importance of multidisciplinary research on suicide in order to create an integrated causal model that takes biological, psychological, and social aspects into account. This dialogical method is comparable to Ndetei's (2015) suggestion that understanding suicide require a multidisciplinary approach. The two did not expressly mention religion as one of these practical strategies. Thus, this study focused on religion as a major social component in investigating the factors behind the rise of suicide among youth taking the RCC perspective.

Finally, a study on the causes of suicide's economic origins was conducted in Zambia. The *Zambian Suicide Prevention Strategy*, Asudi (2009), Atkinson (2003), and other sources all identify economic hardship as a risk factor. The study identifies economic issues as risk factors that affect people of all ages. The current study sought to ascertain whether this economic perspective is at play in suicidal tendencies in Ruaraka Deanery, and the data confirmed that it is from a variety of perspectives, including livelihood, fee problems for those enrolled in school, particularly third level, and self-set high standards of living that cannot be supported by a meagre sources of income.

Conceptual Framework

In this research, the researcher identified suicide as the dependent variable influenced by three main independent variables namely: family background, social-cultural factors and harsh economic factors. Under each independent variable, there are various indicators as the figure below illustrates:



The three main independent variables interrelate in different ways and can easily ignite suicidal ideation in the life of a youth that can lead to suicidal action. However, how the particular youth responds to such suicidal ideation is further moderated by his/her understanding of the RCC's teaching on sanctity of human life with message of respect for human life, hope, faith, love and hence the moderating variable.

Research Design

Kombo and Tromp (2006) classified the structure of research as a research design. In this study, a descriptive survey design was used. To gather primary data, this required the utilization of interview schedules, questionnaires, and focus group discussions. Descriptive survey design was chosen because it is practical for gathering in-depth data from a large number of respondents in a hurry (Mugenda & Mugenda, 1999).

Target Population

According to Muiruri (2014), a sample population is chosen from the target population, which is a sizable population. The youth, catechists, clergy, and elected parish leaders were the study's target demographics. The alarming rate at which young people are committing suicide played a significant role in the decision to choose this cohort. Second, in addition to youth, church leaders, catechists, and clergy were chosen as the intended respondents because they regularly interact with youth during various church activities like teaching catechism to youth and promoting the sanctity of human life. As a result, they are knowledgeable about issues affecting youth.

Sample Size and Sampling Technique

Taking into account the number of registered youth, the study used purposive sampling to select 10 parishes in the Ruaraka Deanery. Each parish has at least 100 enrolled youth, two priests, one of whom serves as the youth chaplain, two catechists, and five leaders. A simple random selection procedure was used to select 20% of the youth from a population of 1000 to participate in the study. According to Mugenda & Mugenda (2003), if the target population is known, a sample size of 10% to 30% can be utilized to accurately reflect the population. In order to conduct the study, a sample of 200 young people (20% of 1000) was used. Table 2.1 following provides a summary of the sample population:

Category	Total Target	Sample Size	Percentage (%)	Sampling technique
Youth	1000	200	20	Simple random
Clergy	20	10	50	Purposive
Catechists	20	10	50	Purposive
Leaders	50	30	60	Purposive
Grand Total	1,090	230	21.1	

Research Instruments

This study used both qualitative and quantitative research instruments and procedures to collect data. These included questionnaire for the youths, interview schedules for the clergy and Focus Group Discussion (FGD) guide for both parish leaders and catechists.

Response rate

The figure bellow gives a summary of the response rate:

Respondents	Target	Sample population	Actual response	Actual Percentage response
Youths	1000	200	140	70%
Clergy	20	10	8	80%
Catechists	20	10	6	60%
Leaders	50	10	7	70%
Total	1,090	230	161	70%

Findings from the study on the factors contributing to the increase in youth suicide in Ruaraka Deanery

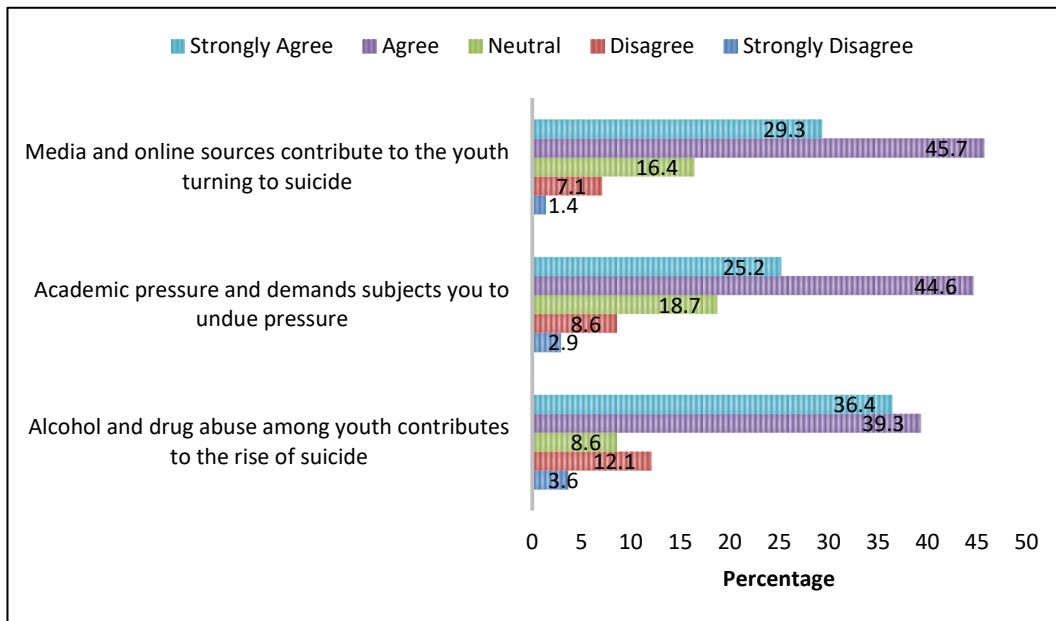
Preliminary findings of the study focused on whether the respondents have ever attempted suicide, have ever had suicidal thoughts, feel adequate family support when facing problems in life. The results indicated that 89.3% (125 out of 140) of the youth who took part in the study have not attempted suicide. On the contrary, 10.7% of the respondents have ever attempted suicide which translates to 15 youth out of 140 respondents. This is contrasted with 42.4% (59 youths out of 140) who have ever had suicidal thoughts a factor that Masha (2021) considered as one of the crucial factors leading to suicide.

More so, 66.2% (93 out of 140 youths) of the respondents feel adequate family support when they are facing problems and 33.8% (47 youths) do not. This should be a concern for the RCC as another study by Dhingra et al. point out the central role of family unity to prevent suicidal cases and that it is important in resolving many human problems in the society.

The study's first premise that a number of reasons contribute to the rise in suicide among young people in Ruaraka Deanery was confirmed by the research, which showed that a variety of factors impact the rise in suicide in that deanery. According to the responses, youth are largely to blame for the surge in suicide instances. For instance, in regard to who is to blame for the rise of suicide, the priests, the leaders, and catechists all agree that the youth are to blame. Monica (OI: 14/05/2021) a retired teacher, noted that she had never seen a generation that is so disobedient and does not listen to their elders like the current youth. Similarly, Kina (FGD: 21/05/2021) apportioned blame to the youth themselves for the problems they face in life which lead to suicide.

Furthermore, 28.1% (39 out of 140) of the youth respondents blamed the youth themselves, media was second at 17% (24 out of 140 youths). The parents and alcohol/drug abuse came third both at 14.8% (21 out of 140) each. The government and broken relationships came fourth with 10.4% (15 out of 140 youths) each. These results indicate the need to resolve problem of suicide among youth to take a youth-centred approach in order to adequately listen to them, dialogue and find way forward in union with them.

The study equally revealed more other factors, such as the challenging economic downturn, in which young people lack adequate sources of income for their livelihood, meeting their basic needs, covering their college expenses, and obtaining general sustenance. They frequently cause some of the young people to overuse alcohol and drugs. Abuse of drugs, alcohol, and other substances causes people who are still in school to struggle academically since they can't focus and perform well thus leading to struggles in life they can't cope with. The Figure bellow gives some of the results of factors leading to the rise of suicide:



As a result, such development causes rejection from family, friends, and the larger community. In light of Interpersonal Theory of Suicide (IPTS) by Joiner (2005), which highlights the vital function of family link as a way of controlling suicidal thought, this then sets in action the setting in of suicidal ideation. According to this theory (IPTS), which served as the study's main direction, thwarted belongingness or the feeling of isolation that results from a person's basic desire to belong is the first factor that contributes to suicide. The individual feels alone, an element that youth respondents alluded to whenever they face problems in life, some would rather withdraw to themselves and not share with anyone.

The research additionally revealed that a young person's familial background, and in particular their family's Christian faith, had a significant impact on their life. Youths from dysfunctional family backgrounds have a higher lifetime risk of having suicidal thoughts than do those with healthy families and strong religious foundations. This is so because every human being's foundational tenet is the familial link. Suicidal thoughts are more likely when there is a lack of a solid link. Several external variables contribute to such familial instability.

Media and online sources in the age of the internet are one such external factor that the study discovered. A policy directive on how media and online reporting on suicide should be done was provided by the WHO in 2005. Unfortunately, most media reporting does not adhere to the rules; as a result, their reporting becomes dangerous. Several media outlets

and writers online aren't even aware that such regulations exist. As a result, some media outlets and online reporting present celebrity suicide as a way to resolve personal issues. The clergy, leaders, and catechist responses had such strong opinions, which is bad for reducing the number of suicide cases in society.

Last but not least of the factors, is the failure of the national governments of many third world nations, including Kenya, to create a national strategy for suicide prevention policy (WHO, 2005). According to the literature analysis for this study, Kenya has not yet produced such a policy; instead, a task force was only established in December 2020 by presidential decree after it was determined that the number of suicide cases in the nation was on the rise. Only South Africa, Eritrea, Ghana, and Senegal have such a policy in place in Africa.

At the time of the study, three African nations were working on developing one: Algeria, Congo Brazzaville, and Madagascar are those countries (Osafo, Kwaku & Asante, 2020). Suicide instances are still on the rise, although the rest have not yet developed. A policy like the ones in the west offers direction on suicide-related concerns, aids in developing mitigation techniques to prevent suicide, encourages studies on suicide like this one, and raises public awareness of suicidal issues. Due to such limitations on suicide problems in Ruaraka Deanery and throughout Kenya, there is a shortage of data on these causes underreporting and stigmatization, which makes it difficult to get care when it's needed.

As a result, all of the clergy, catechists, and lay leaders who took part in this survey agreed that there has to be a new strategy for dealing with suicide from all spheres of society, including the family level, the church, the medical community, and the general government. Suicide instances, a problem that is widespread, as this study showed.

Mitigation of the Rise of Suicide

In order to address the increased suicide rates in the Ruaraka Deanery of the Catholic Archdiocese of Nairobi, the fourth objective of this research looked at various prevention methods. The two theories of IPTS by Joiner (2005) and 3ST by Klonsky and May (2015) that served as the foundation for this study especially emphasize the importance of the individual, the family, and society as a whole in preventing suicide. This is why Blackburn (1982) asserts in his research that suicidal people exhibit a range of indications to significant others in the family or community; as a result, it is crucial for youth, clergy, family members, leaders, and catechists to notice suicidal signs. The 140 young people who took part in the study and provided their responses shared a variety of perspectives on how to reduce suicide in the Ruaraka Deanery.

On the statement whether the youth receive peer support whenever they are facing problems, 18.5% (26 out of 140 youths) strongly agreed that they receive help, 36% (50 out of 140) agreed, 21.6% (30 out of 140) were neutral on this matter, 15.1% (21 out of 140) disagreed meaning they don't receive help and finally 8.6% (12 out of 140) youths strongly said they don't receive any form of help. These results show that 54.5% (18.5% plus 36%) receive support which is a commendable fraction of the whole.

Yet, the remainder of respondents 63 young people out of 140 are both ambivalent and do not receive aid, making up a high percentage of 45.3% overall. As they mature, youth require help from their families and society. These results support Cyril's assertion (FGD: 22/05/2021) that the majority of the young people in their parishes should receive greater attention than is now the case. Large organizations like the Catholic Men's Association and the Catholic Women's Association get more consideration and support from the clergy because they are always given financial backing. The youth are less cared for since they are less likely to have money to contribute.

Cyprian (OI: 14/05/2021) said that having a confidant, or someone to whom you can open up, is another excellent strategy for preventing suicide. In this case, the confidant helps the person anytime they are going through difficulties in life. Of the 140 youth participants, as shown in Figure 4.17, when asked if they had a confidant in life, 41.9% (59 out of 140 adolescents) firmly agreed that they have someone to share with anytime they are going through a problem, while 31.5% (44 out of 140) agreed they do. For these two responses, it means that the significant other in their lives is a pillar in their lives.

The two theories of this study, the IPTS and the 3ST, both relay the gradual process of a suicidal person on society in relation to a confidant. As a result, this study examined the function of the family as the fundamental unit of society and the role of the church and school as support systems. On the one hand, 24.6% (43 out of 140) and 34.4% (48 out of 140) of the teens highly agreed and agreed that they had support groups at church and at school, respectively. These two collectively make up a large portion of the populace, which is encouraging when trying to address the rising suicide rates in the Ruaraka Deanery of the Catholic Archdiocese of Nairobi.

Another finding to mitigate suicide among youth was enhanced home pastoral visits by the clergy and listening to the youth. This helps to heal the family divisions and cultivate unity and love in a family bond. The respondents in this section noted the need for home visits to the affected families particularly by the clergy at 71.4% (11 out of 15 respondents). Whether it is a successful suicide or attempt, reaching out to the affected

family or person should be the first step. Such home visits help the family members to sail through the devastating experience of a successful suicide action or attempted suicide.

Youth economic empowerment came up as a way to mitigate suicide at 66.6% (9 out of 14) respondents. Some clergy, leaders and catechists shared the state and level of jobless youth as a factor. Christopher (OI: 15/05/2021) in particular said that, largely, the national government and county governments have failed to address the problem of unemployment in the country and the worst hit by this problem are the youth. Furthermore, the leaders (OI: 14/05/21) on their part strongly emphasized the need to hold workshops on entrepreneurial skills for the youth.

Closely linked to the prevailing situation of unemployment was spiritual accompaniment strongly proposed to address the rise of suicide at 61.9% (8 out of 13) of the respondents. It is worth noting that this study angled itself on the premise of the faith approach to taming the rise of suicide. Therefore, the study revealed that a strong inner person in faith stands a higher chance to overcome trials in life. Kibet (OI: 16/05/2021) was categorical that faith informs the human conscience and the ability to endure life amidst challenges.

Launching active guiding and counselling services and youth support groups tied for second place with 61.9% (8 out of 13) respondents. Only one of the ten parishes in the Ruaraka Deanery had an active guiding and counselling program for their youth, according to the report. It was decided that the establishment of such programs and support groups was required and beneficial going forward. Starting youth support groups with a variety of specialists to help the youth should be a priority for all parishes, according to John (OI: 14/05/2021).

Conclusion and Recommendation

In order to attain the desired outcomes, the study presents a justification for developing new dissemination strategies for the RCC's essential topic on the sanctity of human life among adolescents. This investigation exposed a number of flaws, including poor catechism class methodology, uneducated catechists on church doctrines, a leadership team that does not comprehend the RCC's teachings on the sanctity of human life, and a lack of priest availability for the youth.

In light of the study's results, the researchers came to the following recommendations:

First, Ruaraka Deanery urgently needs to improve the approaches used to teach about the value of human life and suicide. This includes teachings at the catechism level, at seminars and conferences, and in sermons delivered on Sundays from the pulpit. These

teachings should be delivered by individuals who have received the proper training. Secondly, in order to assist young people in navigating life's challenges, the study also stresses the importance of establishing guidance and counselling services, as well as support groups, in parishes and educational institutions including secondary schools, colleges, and universities. This can be accomplished through expanding the chaplain's function at higher education institutions. Finally, this study strongly recommends that the Kenyan government embarks on the process to develop a national suicide prevention strategy as recommended by the WHO (2013) across the world nations.

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