

An Exploratory Study of Suicidal Ideation and Risk Behavior Among Secondary School Students in Uasin Gishu County, Kenya

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Abstract: Suicide is the leading cause of death among adolescents in the world. In Kenya, the rising number of teenage suicide cases is a matter of great concern. This study examined the underlying causes of suicide risk behavior among teenage secondary school students in Kenya. Participants comprised seven students who exhibited suicidal behaviour from four schools drawn from Uasin Gishu County, Kenya. Out of the seven participants, four were female, and three male students. This study adopted phenomenological design. Blank sheets of paper-were used in data production. Content analysis method was used in analyzing the written data generated. Results of this study revealed that the causes underlying suicidal risk behavior included: Depression, Hopelessness, Negative thoughts, Sexual abuse, Spiritual forces, Suicidal content from videos, lack of parental love and Mistrust. The findings of this study are useful to stakeholders in education in understanding the underlying causes of suicide, and designing prevention strategies to curb the rising cases of teenage suicides in schools in Kenya.

Keywords: Suicidal Behavior, Teenage, Secondary Schools, Kenya

1. Introduction

1.1. Background

Suicide is a leading cause of death and public health problem among adolescents worldwide. Suicide is the fifth leading cause of death, accounting for 1.4% of all deaths, and is estimated at 6% of all deaths among young people according to World Health Organization [41]. According to Mars et al. [19] Suicide is a major cause of premature death in the world. In Kenya, the rising number of suicide cases is a matter of great concern. Kenya's suicide rate is at least 6.5 suicides per 100,000 people [35]. World Health Organization estimates that 1408 people commit suicide yearly in Kenya World Health Organization [1] The WHO report cites suicide as the second leading cause of death among young people aged 15-29 year [36]. However, the official number of suicide cases in Kenya has been difficult to obtain due to misreporting of such deaths because of stigma, and the fact that suicide is against the law, hence the under-reporting of these cases [36].

More disturbing are the rising cases of teenagers committing suicide in Kenya. Suicide cases among children in Bomet County for instance, has morphed into a social crisis after police recorded eight cases in less than 2 months. One of these cases is of a 14-year-old Primary school child who committed suicide after her teacher mocked her for soiling her uniform during her menstruation period Kimutai, [16]. Wanja [37] reported that a young lady has been toying with the idea of committing suicide since she was 16 years old. Nyarangi, [23] reported a case of a 16-year-old girl who committed suicide in Kisii County after her parents rejected her relationship with a 21-year-old boyfriend. In April this year a 15-year-old girl from Nyamira hanged herself just two days after the Kenya Certificate of Primary Education (KCPE) results were released. In the same month, a candidate attempted suicide after missing KCPE because the school had failed to register him [15]. These cases have puzzled many people in Kenya over what individuals who die by suicide have in mind. Whereas, wide spread poverty, substance abuse and family feuds are usually cited as some of the reasons people commit suicide, there is a hypothesis that

the underlying cause is mental health [21]. The Kenya mental health policy 2015-2030 shows that 12.6 per cent of Kenyans are depressed. Whereas, WHO in its report in 2017 ranked Kenya fifth among African countries with the highest number of depressed cases [17]. Besides, a 2018 World Bank report pointed out that 1.9 million cases of depression were reported in the country by 2015 [21]. Suicidal ideation, and behavior are global causes of death and disability. Globally one in five children experience suicidal behavior [20]. Suicidal behavior is defined as any suicidal thought, plan, fatal and non-fatal attempt. Whereas, Suicidal Ideation is an expression of suffering associated with internal conflict, depression and anxiety caused by intense physical, mental and social restructuring.

Scholars and Psychologists worldwide have advanced several theories to explain this phenomenon. A stressor diathesis model proposes that the risk for suicidal act is not only determined by psychiatric illness, but also by a diathesis. Diathesis may be reflected in the tendency to experience more suicidal ideation, more impulsive, and more likely to act on suicidal feelings [2]. Scheldman [32] Opines that suicide is caused by psychological pain and that if this pain was relieved, then the individual would be willing to continue living. Scheldman. Says that suicidal individuals want to live at the same time die. Psychologists opine that warning signs of suicidal tendencies include verbalizing, being withdrawn, lack of appetite, sleep or excess sleep, anger outburst, and loss of interest in previously enjoyable activities [15]. Therefore, our task is to reach these vital components that counter balance death wishes.

Most of the research conducted in this area are quantitative risk factor studies seeking to find out why or how if indeed they are connected to suicide behavior [13]. The focus of these studies is not on motives for suicide, but on what is found from some samples of suicidal individuals. Epidemiological studies indicate that the onset of suicide ideation increases during adolescence in every country. The most studied risk factor for suicidal behaviour is the presence of psychiatric disorder. Nock, [22] reports that more than 90% of the individuals who die by suicide have a psychological disorder. Depression is one of the leading risk indicators for suicide. In the course of their life span, people with untreated depression have nearly 20% risk of suicide; about two-third of people who commit suicide are believed to be depressed at the time of their deaths [9]. Research indicates that individual psychological characteristics and depression are the most powerful predictors of suicidal ideation [34]. Weissman et al. [40] reported that 7.7% of adolescents who commit suicide suffer from major depression. Whereas, 3.4% from alcoholism. Pompili [26] reported that most of the studies from psychological autopsy reveal that individuals who die from suicide suffer from psychiatric disorders. Those psychological autopsies reveal little information on the psychology of the deceased, and most of the data obtained from these studies is derived from a forensic environment whereby physicians do not focus on the psychological life of the deceased.

Hopelessness as a psychological construct has also been reported to be a mediator of suicide risk than depression [20]. Symptoms of depression in adolescence may include feeling low, sad, irritable and loss of interest in others people, activities or life's pleasures [29]. According to Beck and Steer [3] negative attitudes about the future (pessimism) was a better predictor of suicidal intent than depression. This finding indicates that it is not how you feel now (depressed), but whether you trust the future to bring changes in life. Most of these studies were guided by the single paradigmatic view of medicine. According to this world view suicide is the consequence of biologically based alterations of the brain, where psychiatric symptoms are expressions of the disease caused by alteration.

Majority of the previous studies are quantitative in nature. Shea [33] argued that people do not kill themselves because of statistics. That the urge to commit suicide does not come from statistical protocols, but from psychological pain. Each person is unique, statistical power is at its best when applied to a large population, and its weakest when applied to individuals. But it is the individuals who clinicians must assess in the quietude of their offices. Brinkmann [7] Opines that an individual is not static entity or an independent causal, explanatory or even measurable that a qualitative understanding of the Psyche is an essential requirement for psychology itself and the same applies in the understanding the individuals with suicidal behaviour.

Schneidman [32] suggested that the study of suicidal acts should concentrate on the phenomenology of suicide. Pompili [26] reported that a meaningful phenomenology of suicide involves a true understanding of the suicidal individual's internal world. Pompili. noted that most often the focus of many studies on suicide is not on the motives for suicide, nor phenomenology of this act, but on what is found from small cohorts of suicidal individuals. According to Schneidman [28] suicide occurs when the psychache (Psychological pain) is deemed unbearable by the experiencing individual. Suicidal individuals experience dichotomous thinking, wishing for either some specific solutions for their psychache or cessation (suicide).

Hyelmeland and Knizek. [13] argue that it is important to understand suicidal behaviour, in different cultural contexts. Hyelmeland et al. note that it is more methodologically sound to focus on qualitative research particularly, in contexts where we have little or no knowledge about suicidal behavior. Most knowledge about suicide and suicidal behaviour is based on information from developed countries, and not applicable to different cultural context such as developing countries such as Kenya. In low and Middle-income countries, the factors associated with youth suicidal behaviour include physical and sexual abuse, mental disorders and depressive symptoms, substance use and weak family and social relationship [8]. In developing countries such as South Korea students from low socio-economic status may not feel supported in education, exacerbating the relationship between depression and suicidal ideation. Adolescent with low SES or who live with one parent were

more like to engage in Suicidal ideation. Moreover, scarcity of information about suicide in Africa is as a result of religious and cultural sanctions leading to suicide being under reported and deliberately concealed.

It is therefore, against this background that the current study was undertaken. This study was a phenomenological study among Kenyan teenagers with suicidal tendencies. It explored the issues related to suicide as a phenomenon emerging from the individual. Pompili [26] opines that phenomenology studies conscious experience as experienced from the subjective or first-person perspective. This study sought to investigate suicide as a phenomenon affecting unique individuals with motives for suicidal act and behavior. It sought to understand the adolescent lived experienced with regard to their suicidal mind and behavior. The purpose of this study, therefore, is to investigate suicidal thoughts and behavior among Secondary School Students in Kenya.

1.2. Objective of the Study

The single objective of this study was to investigate the motives or the stressors that precipitate suicidal ideation, and behavior among adolescence in Kenya. From this objective, one research question was posed and answered. Research Questions: What are the reasons behind the intentions of adolescents who are suicidal? This question was answered by investigating the views of suicidal adolescents and their intentions to commit suicide. The method used in this study is explained in the following section.

2. Method

A qualitative research method was used in this study because it is the most appropriate in the generation of rich narrative data that unpack the inner world of suicidal individuals. This method involved collection and analysis of non-quantitative data. Qualitative data generation includes open-ended interviews, focus group discussions and written documents such as open-ended questionnaires [5].

In this study, participants wrote their reasons for intending to commit suicide on a piece of paper provided. Data-gathering was done using a written document because open-ended, face-to-face interviews carry the potential of the participants feeling pressured, intimidated or in some way stressed due to the presence of the interviewer [14]. This method allowed participants more time to respond to questions thoughtfully, and was thought to be appropriate for research on sensitive issues that participants were more comfortable responding to privately.

This study adopted a phenomenological design because the researcher was interested in human consciousness as a way to understand social reality, especially how one thinks about experience or how consciousness is experienced. Pattons [24] reports that a phenomenological research addresses issues that pertain to experience whereby responses are obtained from participants who have lived through the particular experiences. Phenomenology refers to the inner world of

individuals and focuses on what the individual feels as well as his/her understanding (Pompili, [26]. The participants of this study were secondary school students in their teenage who experienced suicidal tendencies. This design enabled the researcher to capture the subjective individual experiences (thoughts and feelings) of suicidal secondary school students.

2.1. Population and Setting

The research population comprised secondary school students drawn from Uasin Gishu County, Kenya. This county is cosmopolitan and comprise members of different ethnic groups namely, kalenjji, Luhya, Kikuyu, Luo and Kisii. Participants from different ethnic backgrounds are suitable in this study because research has shown that ethnicity influence people's perceptions. Participants included in this study were teenage students who had exhibited suicidal intentions and behaviour.

2.2. Sample

The participants of this study were 7 adolescents. Polkinghome [25] recommended that a phenomenological study should have between 5 and 25 participants. Homogeneous sampling strategy in which cases are sought out because they share a common characteristic and ensured that there were no variations in sample. Thus, the sample consisted of adolescents in the 15-17 age bracket who shared same geographical location (Uasin Gishu County) and were in school. Both boys and girls were also included. Another reason why this age group was selected is that there have been many cases of young people committing suicide in Kenya within this age bracket in the recent past [15]. The fact that the participants had expressed suicidal intentions and had sought help from Guidance and Counselling Departments also indicated that they had had similar experiences that were of interest to the question in this study. The researcher wanted to find out the lived experiences of these participants.

2.3. Instrumentation and Procedures

Two research instruments were used in data collection: a biological form and a blank sheet of paper. A biographical form was designed to collect the participants' profiles. On this form, the participants were asked to indicate their age and class. The other instrument used in data collection was blank sheets of paper on which the participants were individually asked to describe how they felt and the reason that made them contemplate to commit suicide. Prior to data collection exercise the researcher established rapport with the respondents and explained the purpose of the study. The respondents were requested to write as much of their experiences as possible and were advised that there were no right or wrong responses. The researcher again debriefed all participants at the end of the study and allowed those who wanted to write more to do so. Participants were also allowed to ask questions and given more time to fully give details of their experiences.

2.4. Ethical Consideration

The aim of the study was explained to the Head teachers, teacher counselors, and the students involved in the study. Each participant was requested to read and sign the informed consent letter prior to participating in the study. They were assured that there was no psychological harm involved and that their participation in the study was strictly voluntary.

They were also assured of the anonymity and confidentiality of their responses, and that the transcripts would bear pseudonyms. That the benefit they may experience as a result of their participation included their voices being heard and valued. Finally, the participants were debriefed at the end of the study.

2.5. Data Analysis and Interpretation

Content analysis method was employed to analyze the written data on sheets of paper collected from the participants. Content analysis is a careful, detailed, systematic examination and interpretation particularly of written documents in an effort to identify patterns, themes, and meanings [4]. According to Leedy and Ormord [18] Content analysis provides a method of obtaining good access to the words of participants in text or written documents. This method enabled the researcher to analyze, synthesize and interpret the written words by the participants about their feelings and thoughts with regard to their intentions to commit suicide. The researcher undertook both gist and verbatim analyses using this method.

According to Yin [43] gist analysis should be undertaken in qualitative research to capture the meaning of the statements made by the participant about the phenomenon under investigation whereas verbatim analysis is done to report the direct questions from the statements made by participants to capture their feeling about the phenomenon. Through gist the researcher identified suicidal dimension from the individuals and through verbatim analysis, they reported the strong feelings the participants had about their intention to commit suicide.

Data analysis began with an exploration of the descriptions made on papers by the participants on their suicidal intentions and the reason behind these intentions. This exploration was an attempt to grasp participants' expressions and meanings in the broadest context [27]. Each paper was read repeatedly to identify the significant statements as Verb—referent phrases on suicidal intentions and behavior. Significantly statements made by the participants were written on the right-hand margin of the paper (hopelessness, fear, poor relationship).

3. Results

The following emergent themes resulted from the data analyses reflects the richness of the explanation for the students' suicidal thought and behavior in Secondary Schools in Kenya. The emergent themes captured what the participants perceived as the underlying causes of their

suicidal thoughts. The results of verbatim analysis are reported here in the form of the reasons given by the participants. They are reported as direct quotations, which captured vividly the strong feelings of the participants. In other words, they tap the voices of the participants involved in the study. The excerpts are reported under the 9 themes identified in this study as shown in Table 1.

Table 1. Underlying causes of suicidal thoughts.

Negative thoughts	Bottled up emotion
1. Lack of sleep	Not telling anybody
2. Thinking too much	I bear the pain alone
Symptoms of Depression	Lack of parental love
Lonely withdrawn	1. Father hostile, Parents fighting
1. Discriminated	2. No parental love and emotional support
2. Feeling lonely	3. Quarrels/insults
3. Feel neglected	Divorced/separated
4. Rejected	Sexual abuse
Hopelessness	1. Father fondled me
1. No need to live unbearable	2. Molested me sexually
2. Feed up with life/ It better to die	Self-blame
Spiritual forces	I blame myself
I joined various denominations	It is my fault
Spirits driving me. Video/music with suicidal content	Am a disappointed one
Mistrust	I doubt my self
I do trust and confide	Watching movies and Music
I have not told any one	Watching Videos
	Listening to Music

The themes extracted from the study as indicated in Table 1 were illustrated as follows:

3.1. Hopelessness

Hopelessness featured prominently as one of the reasons teenagers wanted to commit suicide. For instance, participant serial number 01 wrote that:

I do not see the need of living. I am fed up with the mistreatment my dad is subjecting me to. I know it is not the only way to solve this problem but it is the best for me to take.

Participant serial number 04 wrote:

That my father sold all the land we had and we stay in a rental house.

He does not want anybody to visit me. I am all alone since my mother died. This will force me to die for I do not have any other option. I would rather die.

Participant serial number 07 wrote:

I feel hopeless about the world and see no need to live. Whereas my friends have enough things, I have nothing. I feel like finding my way to the grave. a m determined to accomplish my mission I have to go.

3.2. Lack of Parental Love

Many participants mentioned lack of parental love, particularly from their fathers as the root cause of their suicidal intentions. Participant serial No. 07 wrote:

My father does not love me, the insults from my father are too much, and unbearable. I feel bad when he tells me to get married and denies me my basic needs.

Participants serial No.03 wrote:

I feel that my dad does not love me compared to my siblings.

Participant serial No. 04 wrote since my mother died, I do not receive emotional support or appreciation from him no matter how much I work in school. It makes me bitter and sees suicide as the only solution.

Participant serial No. 06 wrote:

“My dad provides nothing for the family.

“I need my dad to spend the money on my burial. I must go now! I have to die!

Participant serial no.01 wrote:

My father does not love or give me attention. I even feel like he is not my biological dad. I am confused I don't know what to do, I am tired of this life.

3.3. Negative Thoughts

Some of the participants reported negative thoughts as the driving force towards suicide.

Participant serial No. 01 wrote:

Negative thoughts run through my mind to the extent that I am unable to sleep. I am always thinking about suicide.

Participant serial no. 02 wrote:

For the last two days, I have been experiencing problems when sleeping. I normally have negative thoughts when I go to sleep.

3.4. Symptoms Related to Depression

The participants were unanimous that their suicidal thoughts and behavior were a result of behavior depicting symptoms of depression. Participant serial No. 06 wrote:

I am depressed. I always cry so much.

I have swollen eyes. My classmates avoid me thinking that am on drugs.

Participant serial No. 04 wrote:

I cry a lot; I feel depressed and lonely. I feel like no one cares about me now that my mum died.

Participant serial number 02 wrote:

Even though I am around people, I am simply not there. I want to sleep all the time because this is my escape. I keep to myself and lock myself in my room. I dread any gathering.

3.5. Self-Pity and Blame

A number of participants expressed self-pity and blame as the root cause of their suicidal thoughts. Participant serial No 7 wrote:

I know am a big disappointment but forgive me for I have to go.

Participant serial No. 02 wrote:

I sympathize with myself. Am actually nothing but a mere poor boy.

Participant serial No. 03 wrote:

I blame myself. I wonder what is wrong with me and why I should continue to live.

3.6. Spiritual Force

Spiritual forces were also cited as root cause of suicide

thoughts by some of the participants. Participant serial no 4 wrote:

I have tried spiritual ways to cope with my problems with limited success.

Participant serial no 2 wrote:

I feel like there is a spirit driving me to commit suicide. I just feel the urge to commit suicide.

3.7. Watching Movies with Suicidal Contents

Participant serial no 07 wrote:

I am currently watching movies related to suicide. I have watched a thousand ways to die severally in my room at night just to choose the best method to use.

3.8. Sexual Abuse

Sexual abuse was reported by some as being the root cause of their current state. Participant serial no 03 wrote:

My father sexually molested me, he fondled me at the age of 11., A piece of me died that day when I was violated by someone I loved most.

Participant serial no 06 wrote:

I was sexually molested by my biological father. This cruelty marked the beginning of a life of withdrawal and bitterness to date. I dread the thought of staying with my father at home.

3.9. Mistrust

Most of the participants reported that they did not know whom to trust and confide in. Participant serial no 03 wrote:

I have not told anyone what am going through. I have not talked to mum about my problems because she does not listen, and I cannot talk to teachers because they will discuss me in the staff room. I choose to bear the pain with me, though it is unbearable.

Participant serial no 06 wrote:

I do not like counseling sessions because they end up opening wounds that I would rather forget.

3.10. Attempted Suicide

Some of the participants reported that they had even attempted to commit suicide.

Participant serial no 04 wrote:

I have attempted to commit suicide twice. The first time I threw myself in the bore hole but did not die. The second time I proceeded to throw myself in a water fall but was rescued. I became very angry and violent about it.

4. Discussion

The purpose of this study was to understand the essence of the underlying causes of suicidal thoughts and behavior among learners. The single objective of this study was to identify the reasons that precipitate teenage suicidal behavior in Secondary Schools in Kenya. This objective was achieved through gist analysis in which were identified and named. Moreover, this study captured through verbatim analysis the

strong feelings the participants had about their intentions to commit suicide. Notably, this study was not done in a clinical setting, and relied on what was reported by the respondents about their feelings that suggested symptoms associated with depression. This study has provided perhaps one of the most comprehensive identifications of the causes of suicide among Secondary School students from their lived experiences. This study revealed the following causes related to suicidal tendencies: Hopelessness, negative thoughts, and symptoms of Depression, Self-Blame and Pity, Sexual Abuse lack of parental and irresponsible parents, watching videos with suicidal content, Spiritual forces, and Mistrust. These findings are consistent with [38] who reported that social pressure, conflict, depression, hopelessness and loneliness were the causes of increase in suicide cases among university students in Kenya.

The study findings revealed that symptoms associated with depression such as feeling lonely, withdrawn, and rejected or discriminated was the main cause of their suicidal thoughts. This finding was consistent with [6] who found out that depression is strongly related to suicidal tendencies. Hardley et al. [11] established that there was correlation between the severity of depression and suicidal tendencies in both men and women. Probably the most significant factors that influence suicidal tendencies in this study are psychological pain such as hopelessness, self-pity and blame and negative thoughts. These findings are consistent with [3] who reported that negative attitudes about the future (pessimism) was a predictor of suicidal intent. Over all, these causes are psychache (psychological pain). More disturbing were revelations by some of the female participants that they were sexually abused by their male parents. They revealed that this experience left a psychological scar, and caused a lot of psychological pain in their lives. According to [28] suicide occurs when psychological pain is deemed unbearable by experiencing individuals.

Some of the participants in this study reported that they watched movies with suicidal content and learned many ways of dying. Literature reveals that the effects of exposure to social media, a new phenomenon which influences suicidal related behavior, risk factors.

Young people from families characterized by mistrusts and lack of love reported suicidal thoughts. Previous studies have reported that young people from families with history of parental separation or divorce have increased risks of suicide or suicidal attempts. Poor parent-child communication and stressful life events are factors that have a significant effect on suicidal tendencies [12]. Apart from family members, this study also revealed students also mistrusted their teachers and could not talk to them about their problems for fear of being discussed by them.

Intriguingly, one participant reiterated that, spiritual forces were causing him suicidal thoughts and attempts. According to [42], meaning in life contributes to wellbeing and health. Perceived meaningfulness is therefore a positive force in adolescents' lives, which in turn can work as a buffer to suicide and other at-risk behavior. Some of the participants

reported that they had even attempted to commit suicide severally. One of the participants wrote: "I have attempted to commit suicide twice. I tried to throw myself in a water fall but I was rescued. I became very angry and violent. A scrutiny of the causes of suicidal thoughts and behavior are as a result of psychological pain that can be mitigate if our schools detect them early and offered support psychological in good time through functional Guidance and Counseling departments in our schools.

5. Conclusion and Recommendation

The main objective of this study was to understand the causes of suicidal behavior among young people. This study suggests that suicidal behavior is a significant problem among adolescents in our schools. It revealed that the underlying causes of suicidal thoughts and behavior are psychological in nature. Most of these participants also attributed their suicidal thoughts and behavior on the poor interpersonal relationship with their parents and teachers. The potential effects of these factors and their negative impact on learners' wellbeing, mental health, and suicidal behavior require further research. There is need for regular surveys to monitor the levels of mental health among students in high schools. Young people in and out of school should be trained on how to seek help. Teachers should promote positive interpersonal relationships with learners, proper guidance, advisory, counseling services and peer counseling in Schools.

Limitation

This study involved a few students who manifested suicidal behavior and thoughts who sought help in schools Guidance and counseling units in Secondary Schools in Uasin Gishu county therefore the results are not generalizable beyond this sample.

References

- [1] Bagge, C. L. Glean C. R. & Lee H. (2014) quantifying the impact of recent negative life events on suicide attempts. *Journal of abnormal psychology*, 122 (2), 359-368. DoI: 10.1037/a003071.
- [2] Battin, M. P. (1995). *Ethical Issues in suicide*. Englewoodcliffs. Prectice-Haal.
- [3] Beck, A. T., & Stear R. A (1988) *Beck Hopelessness Scale-Manual*. San Antonio. Harcourt brace Javano rich.
- [4] Berg, B. L (2009) *Qualitative Research methods for the social sciences (7th ed)* New York, NY: Person.
- [5] Bowen, G. A. (2005) preparing a qualitative research-based dissertation: lessons learned qualitative report, 10, 208-222.
- [6] Bradvik I. (2018). *Suicides Risk Mental Disorders*. *International Journal of Environmental Research and Public Health* 15 (9).

- [7] Brinkmann, S. (2007). The good qualitative researcher. *Qualitative Research in Psychology* 4: 127-144.
- [8] Dersimonian, R. Laird N. (1986). Meta-analysis in clinical trials control clin trials: 7 (3): 177-88.
- [9] Efron B, Tibishirani R. J. (1994). An Introduction to bootstrap. CRC press.
- [10] Garlow, S. J., et al. (2008). Depression desperation, and suicidal ideation in college students: Results from the American Foundation for suicide prevention college screening project at Emory University. *Depression and Anxiety*, 25, 482-488, Doi: 10.1002/da. 20321.
- [11] Handley, T., Rich Davies k, Lewin. T, and Kelly. B (2018). The challenges of predicting Suicidal Thoughts and Behaviours in a sample of Rural Australian with Depression. *International journal of Environemnt. Res Public Health*.
- [12] Hawton. K., Sounders. K. E., O'Connor R. C (2012) self-Harm and suicide in adolescents. *Lanct* – 379 (9834) 2373-82.101650140-6736(12)60322 – 5 (pub Med) cross Ref (Google scholar).
- [13] Hyelmeland H. Knizek. B. L (31st Dec, 2010) Why we need qualitative Research in Suicidolgy <https://doi.org/10.152/sul.20120.20.1.74>
- [14] Jahangiri, L. &Mucciondo (2008). Characteristics of effective classroom teachers as identifies by students and professionals: Aqualitative study. *Journal of Dental Education*, 72, 484-493.
- [15] Kanja. k. (2021). KCSE RESULTS. The Suicidal feel like “The Word is ending” Health & Science. The Standard Media group. P7. is why Teens in Kenya are committing suicide Nation Media Group.
- [16] Kimutai. P. (2019). Girl, 16 commit suicide as death hit worring levels in Bomet. <https://ww.Standard Media.co.ke>.
- [17] Kiptoo, M (2021). Why mental health deserves more of our collective attention. Standard media group P. 16.
- [18] Leady P. & Ormirod, J. E (2005) practical research: planning and design 8th ed.) upper saddle river. NJ: prentice Hull.
- [19] Mars, B, Burrows. S. Helmenland. H (2014). Suicidal behavior across the African content. A Renew of literature BMC public health. <http:ww.Biomed.central.com/1471-2458/14/66>
- [20] Mckinnon, B. Grariepy. G Sentenar M; Elgar F. J. (2016). Adolescent and middle-income countries. *Bull world health organ*. <http://WWW who. Int/entity/Bulletin volumes/94/5/15-163295pdf>
- [21] Muthama, 2020. World Bank report pointed out that 1.9 million cases of depression were reported in the country by 2015.
- [22] Nock K. M. (2008) suicide and suicidal behavior *Epidemiol Rev*. 2008; 30 (1): 133-54. doi: 10.1093/epirev/ Mxn002.
- [23] Nyarangi. E. (April, 22nd 2021). Tragedy, Girl, 16, ends her life over boyfriend. The Standard Media Group, National P3.
- [24] Patton M. Q (2002). *Qualitative research and evaluation methods* 3rd Ed) Thousand Oaks CA: SAGE.
- [25] Polkinghone, D. E (1989). Phenomenological research methods. In R. S. Valle & S. Halling (Eds). *Existential. Phenomenological perspective in psychology. Exploring the breath human experience* PP41 -60.
- [26] Pompili M. (2010). Exploring the Phenomenology of suicide <https://doi.org/1.152..scli>.
- [27] Reiselter. M., Korcuska J. s Yexley, M. Bonds, D. Nickles. H., & McHenry w. (2004). Counselor educator and qualitative research. Affirming a research identity. *Counserllor Education and supervision* 44, 2-16.
- [28] Schebeldman, E. S (1984). Aphorisms of suicide and some implications for psychotherapy, *American journal of psychology*, 38, 319-328.
- [29] Schneider, H. B. (2014). *Child psychopathology from infancy to adolescence*. Cambridge University Press.
- [30] Schneidman, E. S. (1984). Aphorisms of suicide and some implications for Psychotherapy, *American Journal of Psychotherapy*, 38, 31; 9-328.
- [31] Schneidman, E. S. (1993). Some controversies in suicidology: Toward a mentalistic discipline. *Suicide and Life-Threatening Behaviour*, 23, 292-298.
- [32] Schneldman, E. S. (1996). Suice as psychache. *The journal of Nervous and Mental Disease*. 181, 145-147.
- [33] Shea, S. C. (2002). *The Practical art of suicide assessment*. New York: Wiley.
- [34] Van Geel M, Vedder, P, Tanilon J. (2014). Relationship between peer victimization, cyber bullying, and suicide in children and adolescents. A meta-analysis. *JAMA pediatr* 168 (s): 435-42.
- [35] Waliaula, B (September, 10th 2020) Depression Cases Rise as Scores Lose Jobs Over Covid-19, Standard Media Group P. 10.
- [36] Wandera w. (2020) mental health and substance abuse Who. In/teams Mental- health- and substance –use suicide data.
- [37] Wanja. G. (Sept 10th, 2017) This is why Teens in Kenya are committing suicide Nation Media Group.
- [38] Wanyoike. B. W. (2015) Suicide Among University Students in Kenya: Causes implications and interventions *journal of Language, Technology and Entrepreneurship Kenya* Vol. 6 No. 1.
- [39] Weissman, N. M, wolks, Goldstein R. B, Moreau, D., Adams, P. Green Wald, S. (1999). Depressed adolescents grown up. *Journal of the Americans medical Association*, 281, 1707-1713.
- [40] WHO, (2015) *Mental health and substance use suicidal prevention* Gunnel.
- [41] WHO (2019) preventing suicide. A global imperative WHO (Internet) cited 2020 December 5th. Available form <http://www.who.int/mental-health/suicide-prevention/word-report-2014/enl>
- [42] Wong, P. T. P, 8 Fry P. S (1998). *The human quest for meaning: a hand book of psychological research and clinical applications* Mahwah, NJ: Erbalim.
- [43] Yin, R. K. (2011) *Qualitative research from start to finish*. New York, NY: Guilford.