

A RELATIONAL ANALYSIS OF FAMILY HISTORY CONTRIBUTION TO SUICIDE IDEATION AND ATTEMPTS IN PUBLIC SECONDARY SCHOOLS IN KENYA

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ABSTRACT: The present study was driven by high prevalence of suicide ideation and attempts among students in secondary schools in Kenya. The objective of the study was the relational analysis of the family history contribution on suicide ideation and attempts among learners in public secondary school students in Kenya. The study was based on mixed methodology using qualitative and quantitative research designs. The target population comprised of the students population (5940), Guidance and Counseling teachers (29), teachers (289) and the sub county educational officers (8). Overall, the sampled respondents were 300 covering all the categories of the study comprising 260 students, 8 sub county educational officers and 28 class teachers and 4 heads of Guidance and Counseling. The data collection instruments comprised of questionnaires and interviews schedules. The instruments were piloted and tested for reliability at 0.7 reliability coefficients while validity was established by seeking assistance of supervisors and other experts. The collected data was analyzed using thematic analysis for qualitative data while quantitative data was analyzed using both descriptive and inferential statistics like frequency tables and the regression model. The findings established that the study component of family history had a significant contribution to the frequency of suicide ideation and attempts in Kenya. The findings from the regression analysis yielded the value of $R=0.848$ which means the variation in the number of suicide ideations and attempts are explained by the study components. Further, the computed value of $R^2=0.72$ demonstrates a strong positive relationship of the study variables and the incidences of suicide ideation and attempts in Kenya. The study recommends the establishment and strengthening of Guidance and Counseling programmes, training guidance and counseling teachers to reach out to the students, fostering life skills among the students to cope with the day to day challenges, enhancing the co-curricular activities to keep the students busy and change of behavior attitudes among the students.

KEYWORDS: Family History, Suicide, suicide ideation, suicide attempts, pervasiveness, Guidance and Counselling (G&C), District Education Officer (DEO).

1 INTRODUCTION

Although data on suicide is not readily available in Kenya, evidence mainly from the print and electronic media show that the problem is on the rise (CIA, 2011). According to police records, there are more than two thousand suicides recorded cases each year (CIA, 2011). In more specific terms, the 2008 Kenya Police crime report indicated that in 2006, there were 362 suicide cases while in 2007, there were 221 and 266 in 2008 which translated to 20 suicides per month. The number could actually be higher and experts noted that not all cases are reported or documented (CIA, 2011).

Previous suicide attempts may lead to a much greater risk of making a future attempt while a family history of suicide attempts or completed suicide increases a future attempt. Another cause of suicide is the proximal risk factors that put someone at more immediate risk of a suicide attempt. Most people who commit suicide have a combination of the two. Distal risk factors are made of psychiatric diagnosis where depression, bipolar disorder, substance abuse disorders and personality disorders convey the greatest risk.

A previous suicide attempt makes the risk greater, including a family history of suicide attempts or completed suicide (Bearman & Moody, 2004). Proximal suicide risk factors include recent onset of suicidal thoughts where most suicidal thoughts occur within one year of first having suicidal thoughts. Feelings of hopelessness can be an immediate risk factor for suicide, having a suicide plan indicates that the plan is imminent. Many people have to be monitored for suicidality after a recent incarceration. This is in contagion by other recent suicides that includes a well-documented research on suicide either by a friend, peer or media figure, (Bearman & Moody, 2004).

2 STATEMENT OF THE PROBLEM

Reports of persons who have committed suicide in Kenya are alarming and not curved to specific age group (CIA, 2011). The dynamic psycho-social environments and the attendant challenges point to the possibility of a dramatic increase in suicidal behaviour in the coming decade. This is likely to be based on the perceived lifestyles, behavioural patterns, and economic wellbeing and in some instances psychological considerations. However, whether successful or unsuccessful, suicide affects people directly or indirectly and it is estimated that each suicide leaves an average of 6 people intimately affected by the death either as a spouse, parent, significant other or sibling (Staff, 2008). It is also estimated that 80 per cent of the home suicide scenes are cleaned up by a close friend, significant other or a family member and that 75% are likely to commit suicide later on in life (Staff, 2008).

The age bracket of the students in secondary schools lies squarely in the adolescence phase and instructively therefore require preview to cast an appreciation of the salient issues on focus. United Nations defines adolescents as individuals aged 10–19 and effectively referring to those in the second decade of their lives (UNICEF, 2011). Thus defining adolescence as the second decade of an individual's life makes it possible to collect age-based data for the purpose of analysing this transitional period and is in tandem with the scope of this study.

According an article entitled *Suicidal Behaviour in Adolescents* by IASP appearing in the *Newsbulletin for the period October/November 2012*, at least 100,000 adolescents die by suicide every year and among youngsters aged 15 to 24, suicide is the third cause of death. Moreover, the real number of suicides is higher than the statistics show and suicide in adolescence is often underestimated and that suicidal behaviour (fatal and non-fatal) in adolescents is often associated with a psychiatric disorder, and often unrecognized or untreated (Newsbulletin, 2012). The psychiatric disorder is known to run in families, where families with a history of it are more prone to it. This prompted the relational analysis of family history as a contributor to of suicide ideation and attempts among students in secondary schools in Kenya

3 PURPOSE OF THE STUDY

The purpose of the study was to establish the relational analysis of family history as a contributor to of suicide ideation and attempts among students in public secondary schools in Kenya.

4 RESEARCH OBJECTIVE

To establish the relational analysis of family history as a contributor to of suicide ideation and attempts among students in public secondary schools in Kenya

5 LITERATURE REVIEW

The family history of suicide is a key consideration in understanding the incidences of suicide ideation and attempts. Familial suicide can be a function of limitations and genetics. A family history of suicide is a significant risk factor in a young person. Young people tend to repeat the actions of those family members who are close to them. Biological relatives of a suicidal person are six times more likely to attempt or succeed in suicide than one of the adoptive relatives (Suicide Fact Sheet, 2006). Previous suicide attempts indicate that the youth who come from background dotted with suicide cases are potentially faced with great risk of future attempts.

Most people who attempt suicide do not complete suicide on a first attempt. Worse still those who later gain a history of repetitions have a significantly higher probability of committing suicide (Shaffer, 1988). More recent research by WHO proves that there are also indeed cases of depression and suicide on the continent, though there are few African countries that have data about suicidal behavior. This is because social-political, religious and cultural factors in some countries mean that suicide is still seen as a crime and can have negative consequences for the families of the deceased.

There are two major causes of suicide, those that make the person inclined either due to family background or the genetics of suicide and those that make his tendency evident including quarrel with parents, joblessness, divorce and other stressful events in life (Caplan, 1996). There is reliable evidence suggesting that genetic factors play an important role in predisposition to suicidal behavior. Research in the last three decades has concluded that there is a relationship between suicides, fierceness which in turn may lead to suicide attempts. An increasing number of molecular genetic studies have been carried out among cases involving suicidal behavior and the candidate genes thought to be related to suicide like serotonin transporters and serotonin receptors. Genetic factors seem to play a role in 30 per cent -50 per cent of cases with suicidal behavior (Brent, 2005).

6 RESEARCH METHODOLOGY

The researchers combined the Survey and Ex-post facto research designs. The researchers used the survey research design to collect information from a sample of individuals through their responses to questions. Survey research design proved to be an efficient method for systematically collecting data from the sample on personality traits, school set up and prevention programmes on suicide ideation and attempts.

Ex post facto study is a research design in which the investigation starts after the fact has occurred without interference from the researcher. This research design is appropriate in situations where it is not possible or acceptable to manipulate the characteristics of human participants (Cohen, Manion & Morison, 2000). The researcher used the research design because it was assumed that the psychosocial factors had already influenced the subjects on suicide ideation and attempt.

7 RESEARCH FINDINGS

7.1 FAMILY HISTORY ON SUICIDE IDEATION AND ATTEMPTS

This study variable sought to examine the influence of hereditary disposition, parental up-bringing and parental expectations on the pervasiveness of suicide ideation and attempts in public secondary schools in Kenya.

7.2 HEREDITARY DISPOSITION ON SUICIDE IDEATION AND ATTEMPTS

On establishing the contribution of family history on suicide ideation and attempts, 89% of the respondents indicated that they knew of a family member who had committed suicide which was a traceable hereditary indication of suicide being embedded in a family tree. 45% of the respondents agreed that they knew of a family member who committed suicide in the past while 55% disagreed. 62% of those who disagreed were girls while those 38% were boys. 52% of the respondents agreed that they feel there’s a problem of suicide in the family line while 48% disagreed, out of those who agreed 32% were boys and 62% were girls.

This is consistent with Shaffer (1998) that the youth who came from a background dotted with suicide cases were potentially faced with greater risk of future attempts. This is reinforced by Brent (2005) that genetic factors seem to play a role in 30-50% of cases with suicidal behavior. The study showed that more girls attempted suicide but more boys died of suicide as explained by Shaffer (1999) that boys use lethal methods like guns and hanging while girls use less lethal methods, like consuming pesticide. The study also showed that Mathioya District had a high prevalence of suicide due increased substance abuse and lack of societal support.

On further analysis of the hereditary disposition based on gender and type of the school, the study confirmed that 35% of those who said that they knew a family member who had committed suicide were girls and 65% were boys. 42% of the respondents who said that they knew of a family member who had committed suicide were from mixed schools while 58% were from single schools.

Table 1: Hereditary disposition based on gender and type of school in percentage

| Hereditary disposition | Gender | | Type of school | |
|------------------------|--------|-------|----------------|--------|
| | Boys | Girls | Mixed | Single |
| | 65% | 35% | 42% | 58% |

7.3 THE ROLE OF PARENTAL UPBRINGING ON SUICIDE IDEATION AND ATTEMPTS

The study sought to establish the role of parental upbringing on suicide ideation and attempts which established that high expectation on performance accounted for 22%, lack of basic needs 19%, conflict with parents 11%, poor communication 11%, marital conflict 8% and other causes accounting for 25%. Family problems including separation and divorce also contribute suicide attempts among the secondary students. This point was confirmed through the focused group discussions for teachers and interview guide schedule for G&C and DEOs where they cited aspects of poor upbringing as major contributors to suicide ideation and attempts. One head of G/C commented majority of our students are deprived of basic needs, the DEO also lamented that quite a number of students in the county come from broken families which can lead to lack of proper provision of their needs. These findings are consistent with Suicide Fact Sheet (2006) where 90% of suicidal teenagers believed their parents did not understand them.

The attempt to commit suicide is linked indirectly to protest or punish the parent. Some suicidal youth experience family trouble which leads them to doubt their self-worth and make them feel unwanted and misunderstood. Low levels of communication with parents can greatly enhance suicidal tendencies. The teachers in the focused group discussions confirmed that parental upbringing is a factor that contributes to suicide ideation and attempts in schools. They explained on the causes of suicide attempts among secondary school students in figure 4.

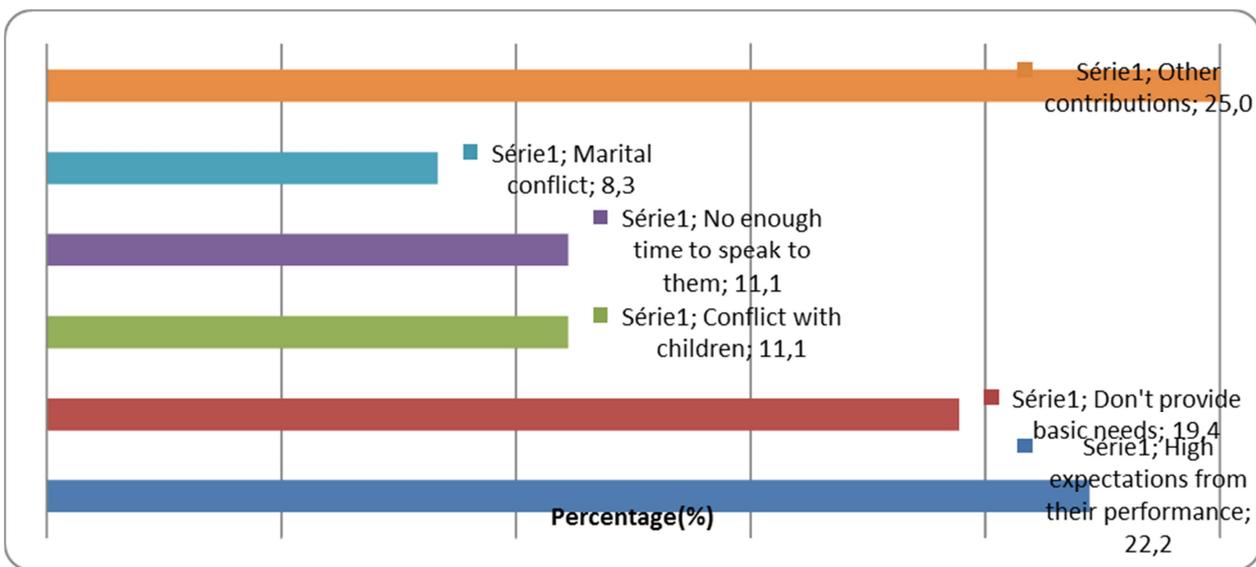


Figure 1: Bar graph on parental up-bringing

The study established that 44.8% of the boys and 52.8% of the girls felt that parental upbringing had a major role to play in suicidal ideation, 45% were in mixed schools while 55% were in single sex schools. This was confirmed by interview schedule from the heads of G&C that lack of proper parental upbringing could contribute to suicidal ideation and attempts.

Table 2: Parental upbringing on suicide ideation and attempts based gender and type of school in percentage

| Role of parental upbringing based on gender in Mathioya District | Gender | | Type of school | |
|--|--------|-------|----------------|--------|
| | Boys | Girls | Mixed | single |
| Marital conflict | 46 | 44 | 40 | 60 |
| Conflict with siblings | 44 | 46 | 54 | 45 |
| Lack of proper provision of basic needs | 39 | 61 | 45 | 55 |
| High expectation for parents | 47 | 53 | 42 | 58 |
| No enough time with parents | 48 | 52 | 44 | 46 |
| Mean | 44.8 | 52.2 | 45 | 55 |

7.4 THE ROLE OF PARENTAL EXPECTATIONS IN SUICIDE IDEATION AND ATTEMPTS

High parental expectations may not necessarily be perceived as pressure but when students perceive such expectations as excessive or stressful, it becomes a pressure for them. The most obvious form of parental pressure reported is the verbal pressure from parents. Education is the main topic of conversation with their parents, who specifically stress the importance of getting good grades and getting into prestigious institutions, Tomiki (2001).

The study sought to find out how the respondents rated the parental expectation on the pervasiveness of suicide ideation and attempts. The study established that most of respondents (92%) indicated that parental expectations exerted enormous pressure towards suicide ideation and attempts in public secondary schools in Kenya. This fact was confirmed through the interview guide for G&C teachers who concurred with the fact that parental expectations contributed to suicidal ideation and attempts.

8 CONCLUSIONS AND RECOMMENDATIONS

In respect to family history and particular reference to parental up-bringing and performance expectations, it is important to undertake an early assessment of the child to establish the potential competences and aspirations. While education is considered as the superhighway to success, not all individuals hold the same capacity to pursue the prescribed career paths and any forced attempts would escalate into resistance, frustrations and retaliation just but to assert oneself. Broader considerations and evaluation of potential talents inherent in an adolescent may provide a more viable vent for success if assessed and discovered early. This would provide the requisite impetus for a parent and society to nurture the talent through school without undue pressure for unrealistic and unattainable expectations. The objective in this regard is to build internal and operational capacity of the child in readiness for the eventual tapping and commercialization of the assessed talent into lucrative careers and entrepreneurship.

In regard to prevention programs, the implication is that an enhancement of prevention programs would attain decent returns if and when proactive awareness campaigns together with the formulation and implementation of sound deterrent programs anchored on improved and conducive school and societal setting. It is instructive to highlight that a winning strategy to mitigate the prevalence of suicide ideation and attempts must jointly address the salient features of the family history factors. For instance, in instituting prevention programs such as in policy and awareness campaigns, the strategic options must address the negative family settings (such as curtailing the drug and substance networks), entrenching positive personality values to the individuals (such as economic empowerment of the youth) while at the same time addressing the mortal points in the school set ups (such as empowering the G&C programs, review of the school curricular programs).

It therefore means that the disposable remedial approaches are synergistic in nature and should be proactively designed if the desired results are to be achieved. Such prevention programs should not only be domiciled at the schools but instead should be an integrated approach ringed on the stakeholders (such as policy makers, schools, G&C, Community) for monitoring, continuity and sustainability. This is aptly pronounced by Boldt (1989) that human dignity is rooted in a good life, a sense of community, a positive self-worth and that human dignity is promoted when we provide these life conditions. Thus a prevention program must deliver premium value to the intended beneficiaries.

White (2013) further observes that many communities have opted to develop proactive protocols and policies that spell out the respective functions and responsibilities of each service delivery agency. Policies and procedures need to be in place to assist students evidencing suicidal behavior. It is recommended that these be contained in a crisis management handbook that also provides basic information about suicidal behavior, warning signs, suicidal contagion, suicidal prevention guidelines, and assessment tools for evaluating risk. Policies and procedures need to be in place to assist students evidencing suicidal behavior. It is recommended that these be contained in a crisis management handbook that also provides basic information about suicidal behavior, warning signs, suicidal contagion, suicidal prevention guidelines, and assessment tools for evaluating risk.

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