An Overview of the Causes of Suicide and Preventive Strategies in Kenyan Universities

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ABSTRACT

Students attending college undergo a significant transition in their lifetime. This is due to the fact that most of them are away from home for the first time in their life without parental guidance. Further, there are a lot of demands in terms of academics, adaptation to the college environment, school fees as well as relationship demands. In college, opportunities to experiment in drugs and alcohol as well as irresponsible sexual behaviors present themselves. This compounds problems with students’ moods thus increasing the risk of suicide. In Kenya suicide or attempted hitherto is a criminal offence. Despite such measures by the government, the rise in suicide cases especially among the youth is a cause for concern. The knowledge concerning suicide is thus very limited and there is need look into the causes and possible solutions. This paper reviews the causes of suicide in Kenyan universities. Specifically, the paper discusses suicide and how it has increased among students in Kenyan Universities. Further, the main body discusses the causes of suicide before a detailed look into the possible preventive strategies. Secondary sources of information done by scholars and researchers were utilized in the review on the topic of suicide and preventive measures in Kenyan universities. Conclusively, the paper highlights the factors leading to suicide which were identified as depression, academic pressure, trauma, alcohol and substance abuse, financial hardships, loneliness conflict and illness. Further, these factors have been noted to contribute to the psychological wellbeing of youth and eventually lead to suicidal tendencies. The paper therefore recommends that universities should develop suicide based suicide prevention programmes, student counseling and student health care services as preventive measures. Additionally, the incorporation of guidance and counselling into the chaplaincy of the university is critical in addressing how suicide rates can be reduced among the youth in these institutions.

Keywords: Suicide in universities, Nairobi student suicides, students and suicide, university suicide behavior, university and suicide, Nairobi suicide rates

INTRODUCTION

Suicide is a very diverse term and has been defined in various ways by different scholars. Schneidman (2005) defines suicide as a deliberate death, in which one makes a conscious decision and personal intention to inflict death on themselves. In most definitions, one aspect stands out, that death is self-inflicted. The attempt to end one’s life is also common among most definitions. This is because individuals can attempt to end their life but if the attempt does not result in death, it is known as attempted suicide. Interestingly, the rates of suicide among the youth are increasing at an alarming rate. They are the group that are at the highest risk and in both developed and developing
nations constitute one-third of the population. Rajagopal (2004) also mentions the emerging phenomenon of “cyber-suicide” in the Internet era as a further cause for concern as it provides a platform for learning about new methods of suicide.

In the United States, suicide has been a consistent problem (Title & Paternoster, 2000). It has been considered to be an important public health issue involving psychological, biological and societal factors according to the 2016 National Center for Health Statistics Brief (Curtin, Wagner, & Hedegaard, 2016). Additionally, data between 1999 and 2013 by the Center for Disease Control and Prevention (CDC) places suicide as one of 15 leading causes of death for individuals between 10 and 64 years of age, especially among adolescents and young adults (Zielinska, 2018). Zielinska (2018) further attests to the fact that in 2013, suicide was the second leading cause of death among all races and sexes for ages 10-24, and the fifth for ages 25-44.

From a theoretical standpoint, the rising cases of suicide among the youth have led to research on the factors that cause it. Crossman (2017) refers to a study by Emile Durkheim, in which he concludes that the behavior is a result of both psychological and social factors. The study further categorizes the two factors into three types: egoistic (associated with depression), altruistic (linked to personal duty), and anomic (related to social deregulation) suicide (Crossman, 2017). Interestingly, Durkheim’s findings agree with the United States government statistics. The statistics indicate that suicidal tendencies increase as one grows beyond 15 years of age. Consequently, suicide can occur at any point in our lifetime after adolescence.

Suicide is one of the leading causes of death among university students. Reports have established the manifestation of suicide in within this age group increasing in recent years. The university grounds are hence a noteworthy location for research into it causes as well as prevention strategies for the benefit of the many youth studying within these institutions (Muehlenkamp, Marrone, Gray and Brown, 2009). University establishments and lecturers on university grounds currently are normally confused as to how they can handle suicidal students. Suicide among university students has several impacts on survivors, educationalists, institutions and parents. A study by Sarkar (2004) in Delhi, found that the development of suicidal ideas among adolescents stood at a rate of 21.7%. Chatterjee and Basu (2000) hence emphasized the need to understand suicide cases deeply.

In another study by Dogra, Basu and Das (2008), it was established that other than stressful life events, there were other predictable variables that could lead to suicide among students. Specifically, the study identified individuality, the meaning of life, and the reasons for living as considerable contributors to suicidal concepts. Lubin (2014) on a study on suicide in Israel notes that other factors associated with suicide and which have been researched on extensively to include: a feeling of hopelessness and loneliness in life. Currently, research has placed greater emphasis on other causes of suicide such as the reasons for living that escalate anxiety. Particularly, the reasons for living are important to an individual’s mental processes of awareness, memory, decision making and thought processes which control their emotions and ability to choose. In a study on hopelessness and attempted suicide Minkoff (1973) states that, the cognitive theory provides a basis for suicide since it is sought by a person as a final solution to address feelings of depression and misery. Essentially, if an individual lacks reason to live and is full of depression, suicidal thoughts are likely to increase. In
establishing preventive strategies to reduce suicide among youth in universities, there is need to focus on the negative hindsight rather than only the positive aspects.

There are various studies conducted in Africa that indicate how alarming suicide rates are increasing in universities. In a research by the South African Depression and Anxiety Group (SADAG) (2019), 25% of university students in South Africa had expressed suicide ideation, at least 12% suffer from depression and a further 15% grapple with anxiety. The same study by SADAG (2019) established that there were over 100 cases of attempted suicide among the youth aged between 18 and 25 (mostly campus students) within a span of two months. In Kenya the prevalence of suicidal behaviour and physical fighting among university students is pegged at 16.4% (Wanyoike, 2015).

Wanyoike (2015) conducted a study on suicide among university students in Kenya in which the causes, implications and interventions are specifically addressed. The study noted that among the concerns that universities had to deal with was suicidal behavior among the students. Conclusively, the study established that there had been an increase in suicide cases in Kenya especially in universities (Wanyoike, 2015). The causes identified included social pressure, conflict, depression, hopelessness and loneliness. It recommended that an authority be developed to handle suicide and mental health related issues. Further, this authority should be seriously funded and should be able to establish adequate policy for the involvement of the society (Wanyoike, 2015).

The frequency of suicidal tendencies among youth in universities presents a major challenge to institutions of higher learning in Africa. To deal with the suicidal menace, there is need for culturally-appropriate and locally-tailored preventive measures, according to experts (Sawahel, 2019). Additionally, the measures instituted by universities such as suicide-based suicide prevention programmes should target newcomer students to serve their psycho-social needs. Supporting the students’ needs right from their entry into university would support them in a way that they are able to meet their new challenges in life hence reduce depression that can lead to suicidal tendencies.

Clarifying the underlying reasons for suicide is a complex issue. The next section of this review paper looks at the causes of suicide among university students, preventive strategies to counter increasing suicide rates in Universities and the conclusion.

**Causes of Suicide among University Students**

In this review, there is need to assess the characteristics of the groups that are at a risk of committing suicide who are the youth in universities across the world. There is also an aim to probe the background factors that lead this group into entertaining suicidal thoughts. This is for the sole purpose of identifying preventive measures that can be instituted by the institutions that nurture these students.
Depression

The main factor that leads to suicide is depression. Depression is a mood disorder that affects an individual’s feelings and adjustment to how they feel (Lokko and Stern, 2014). This does not imply that the individual has no feelings rather they are depressed and often depend on the time and can change without a warning or thought process. The challenge with depression is that it does not have any specific emotions that can be associated with it. Depression has been identified as a major cause of suicide in the society. Wanyoike (2014) notes that suicide behavior among university students is highly influenced by depression as it hinders proper functioning and causes psychological distress.

Depression is strongly related to both suicidal tendencies, but is not a specific predictor, and there is scanty information on the risk of suicide among people with depression (Bradvik, 2018). Handley et. al (2018) in a study on the relationship between depression and suicidal behaviour established that there was a correlation between the severity of depression and suicidal tendencies in both men and women. However, suicide attempts were significantly more common among females with a younger age of depression onset, and a higher number of psychiatric comorbidities (Handley et. al, 2018). Conclusively, depression and substance abuse have been found to be the most prevalent diagnoses among suicide victims.

Academic Pressure

In trying to understand the youth as a group that is at a higher risk of suicide, it is important to note that they are attending university to attain a diploma or degree or any other form of certifications. There are several factors that contribute to qualification but it is quite important to note students must perform so as to achieve the qualification. As a social burden on them, the pressure to perform has been noted as one of the main stressors experienced by university students. Whenever student performance is not adhered to students tend to find different means to overcome the academic burden placed on them (Owusu, 2017). Among the many ways through which students in universities deal with academic pressure is to engage in suicidal tendencies.

Conclusively, students who have been academically excellent can become highly stresses when there is a change in their performance (Hystad et. al, 2009). They then end up overworking themselves. Due to low self-esteem, they end up placing emphasis on their performance, thus cannot handle the burden that comes with failure. It leads to depression and indulgence in risky behaviors such as substance abuse, when the burden becomes too heavy to bear, there is a likelihood of students entertaining suicidal thoughts. This is the reason many universities are losing students to suicide across the globe.

Alcohol and substance abuse

In universities, alcohol and substance abuse is amongst the greatest vices that students engage in. the manner in which the students consume alcohol is worrying, bearing in mind that it is not illegal (Muoti, 2014). Drug abuse on the other hand, is the use of substances that alter the mood, emotion, or state of consciousness of an individual. Unlike alcohol, drugs are illegal. The youth
in such groups that abuse alcohol and drugs are characterized as individuals who are facing hopelessness. Wanyoike (2015) in a study on suicide among students in Kenya identified that hopelessness affected 30% of the student population thus a great percentage considering the fact that hopelessness also affects the ability of an individual to associate with the society effectively. The research further established that alcohol and drug abuse greatly affected academic performance of university students. Conclusively, Wanyoike (2015) found out that alcohol and drug abuse were a risk factor contributing to poor academic grades as well as encouraging suicide among university students.

In another research by NACADA (2012), it was revealed that young people who feel connected to their schools are also less likely to engage in risk behavior. The research further noted that students who are not studying or graduates who are unemployed face a higher risk of engaging in substance abuse. Generally, substance abuse was rated to be higher among youth who are not in school (NACADA, 2012). Sher (2005) notes that alcoholics and commit suicide are characterized by depression, stressful life events, particularly interpersonal difficulties, poor social support, loneliness, high aggression/impulsivity, hopelessness, severe alcoholism, serious medical illness, suicidal communication, and prior suicidal behavior. In universities, the use of alcohol and drugs is considered as a major cause of suicidal behavior. Students tend to use alcohol and abuse drugs to deal with the social burdens they are facing. Alcohol and drug abuse is not only a cause of suicide but has been identified as a symptom of suicidal behavior.

### Financial Hardships

The Kenyan labour market is demanding and higher education remains a priority for many people in society. The only challenge is that higher education has become very costly due to its value. The main challenge facing university students in Kenya is the high cost of education. Specifically, Wanyoike (2015) notes that it is difficult to enroll in university without adequate amounts of money to support one’s studies in school. Due to the increased need to attain a University education, vacancies exist for students to apply but the cost for some families is prohibitive. In a study by Wanyoike (2015), it was noted that one needed at least KES 100,000 per year to attain a university degree or a scholarship of equal amount. However, this amount only covers tuition and students are expected to raise money for their upkeep and other expenses. This creates a lot of financial hardships for many students.

Costs of living in universities have been identified by many students as high. Consequently, they are forced to find means to sustain themselves. The government of Kenya through the Higher Education Loans Board offers loans to university students but it has been noted that costs of living has led to instability in the lifestyles of many university students. Financial hardships can also contribute to a stressful life among university students as they keep seeking alternative ways to sustain themselves. University students are expected to sustain themselves by establishing a realistic budget. Realistically, the budget should be based on what the student has. However, it has been noted that often the students tend to have bigger costs than what they can afford due to the need to fit in with their peers (Wanyoike 2014). Hardships resulting from financial obligations on students are both genuine poverty related hardships. Interestingly, university students have been noted to adapt lifestyles beyond the financial capacity. This can be devastating since they withdraw, go into depression and can even resort to unconventional
means to solve financial problems. As they sink deeper into debt with the pressure becoming too much to handle, some opt to commit suicide.

**Trauma**

Among the multityde of risk factors associated with suicide rates in universities is trauma (Zielinska, 2018). Mortier et al. (2017) conducted a study on traumatic experiences associated with suicide. The study established five main categories of traumatic experiences that can lead to suicidal tendencies. They included: STB, parental psychopathology, childhood-adolescent traumatic experiences, mental disorders and stressful experiences. Further, the research by Mortier et al (2017) noted that dating violence prior to the age of 17, physical abuse prior to the age of 17, and 12-month betrayal by someone else other than the partner were the most common form of traumatic experiences. Trauma is experienced by many individuals which is the reason universities and other institutions of higher learning adopt some form of screening when admitting students. Specifically, there may be need for a cost-effective clinical screening and trauma assessment upon entering college. Mortier et al (2017) supports this since he indicates that such an assessment would help identify students who have been affected by trauma that is a high risk suicide predictor. Moreover, as suicidal behavior is related to trauma, the study suggested on-campus bystander programs targeting trauma experiences associated with violence.

**Intimate Relationships**

Kahongeh (2019) highlights several incidents of suicide that result from relationship issues among university students in Kenya. Specifically, he identifies February 2018 where Derrick Kiprop, 22, who was studying software engineering at Murang’a University of Technology, took his life after a dispute with his lover, since his girlfriend had cut short their three-month relationship abruptly. In another incident, Kelvin Mugendi, 22, a computer science student at Chuka University killed himself after discovering that his girlfriend was cheating on him and in 2017, Hellen Nyambura, a student at University of Kabianga hang herself in a case of a love triangle turned tragic (Tonui, 2017).

Another major cause of suicide among university students is intimate relationships particularly love triangles. There is this perception among students that one does not have a life without a partner. They then peg their happiness and comfort on their relationships and once there is a break-up, they sense hopelessness. In the research by Kahongeh (2019), it was established that lovelorn students take their own lives because they gave away so much love, leaving none for themselves. Specifically, some students commit so much time, money and emotions to their partners and forget that it is just a circumstantial relationship after all. So after all this investment including time, attention, emotion, money and effort go to waste, it feels like a core part of you has been ripped out.

It is also important to note that most relationships among university students lack a clear purpose. They do not understand if it is just a mere hook-up, convenience or a serious relationship. Kahongeh (2019) further indicates that most relationships suffer since partners are not on the same page where one partner expects so much from the other while the other person is willing to offer only the bare minimum to the relationship. Particularly, women tend to fantasize
about future husbands with their boyfriends. In most cases though, the man will only be thinking about the present moment. It shatters a woman when it finally dawns on her that their relationship has no future as Kahongeh (2019) notes.

The other reason that leads students to suicidal tendencies as a result of relationships is deception. Most relationships in universities are a public affair. Half the school will likely know who you are dating especially so if you are a notable figure in school. So when you part ways, everyone will be talking about it because people around you assume that dating should be fun. Friends will often imagine you are having the best time of your life based on the photos you post on social media and how you and your partner behave in public. But beneath the veneer, you will be going through disputes and fights. Cheating especially among ladies who have sponsors (older married and wealthy rich men) or boys who have affairs outside their relationships is characteristic of deception among the university students. Generally, relationships among university students may be considered toxic since the students themselves believe they cannot live without them and the age factor plays a role. Most of the students are young and unprepared for the turbulences that come with relationships. Therefore, suicidal thoughts occur because for most of them, this may be the first time they are facing a failed relationship.

**Loneliness**

At entry into university, many students undergo experience solitude. This is a feeling of being alone. In fact, most of them feel they are alone when in university. It is a feeling that is made worse when an individual is an introvert. When students find it hard to socialize with others as a result of loneliness, the feeling of loneliness may grow further since the students lack knowledge concerning the university set up. The feeling is made worse by the fact they may lack friends due to poor socialization. Wanyoike (2015) attests to the fact that loneliness was identified as a cause of suicide by 10% of the respondents in her study. 10% may seem to be a small percentage, but was identified as a leading cause of suicidal behavior by both Students and mental health practitioners.

**Conflict**

Suicidal behavior among students in university can be caused by conflict. A conflict is identified as differences between individuals due to their opinion, or beliefs. Conflicts in their extreme differences can result into arguments as well as physical fights among individuals. In universities students get involved in Peer conflict is a disagreement between people of the same age group. Any form of ideological differences between university students can lead to uneasy relationships such as bullying. People who are at a higher risk of being affected by peer pressure are mostly introverts. Conflict among university students is not restricted to their schools rather extends to their homes. Therefore, there are other forms of conflict between siblings or between children and their parents. Students faced with conflicts can get into depression and if the conflicts are extreme can lead to suicidal tendencies.

The most common type of conflict that leads to suicide among students in institutions of higher learning is relationship conflict. In research by Wolford-Clevenger (2016) regarding the
relationship between intimate partner violence and the likelihood of suicidal thoughts, researchers examined specific categories of intimate partner abuse which included: physical, emotional and harassment in relation to gender. Findings from the study with regards to college students indicated that women experience less physical abuse than men and women are likely to report less physical abuse than men (Wolford-Clevenger et al., 2016). Conclusively, the study established that suicidal ideation and depression symptoms are likely to increase with more frequent harassment, physical abuse, and emotional abuse between partners. Precisely, men who experienced more physical and less emotional abuse were at a higher risk of suicidal tendencies. On the contrary, emotional abuse was a significant predictor of suicidal tendencies in women (Wolford-Clevenger et al., 2016).

Illness

Illness is defined as any health disorders that affect the physical or mental status of an individual. Additionally, health ailments can affect the psychological status of an individual especially university students considering the social burden they bare as well as the transitional stage they are undergoing in life. In university, students who have medical conditions are known to hide it from their colleagues in fear of shame (Wanyoike, 2015). Health ailments can result from infections or poor hygiene and include HIV/AIDS, cholera and tuberculosis among others. Medical conditions such as asthma, diabetes, sickle cell anemia are hereditary. All these diseases if not handled well, can be fatal.

Additionally, students may fear stating their medical condition due to the seclusion that comes after. Seclusion can be as a result of the constant need to be under treatment. Other students may opt to withdraw from their colleagues to avoid discrimination. The medical status of university students can lead them into depression and the seclusion that follows can create room for suicidal tendencies to end the ‘suffering’ they are experiencing. This may lead to depression as a result of the loneliness experienced and in turn could lead to suicidal tendency as a way out of the ‘suffering being experienced. Nilsson et al, (2002) state that adults with epilepsy have an increased risk of death from suicide. In his study, he further indicates that at the stage of adolescence, the risk of suicide is higher considering the seizures, underlying depression experienced and limited follow-up from consultants in neurology (Nilsson et. al, 2002).

Preventive Measures

Suicidal behavior is a private issue. However, since it presents itself in the public domain through expression of thoughts and actions, it becomes a concern for both universities and parents. The rising cases of suicide among university students are preventable. The university itself plays an important role in implementing preventive measures to counter suicide attempts. Some of the measures that can be utilized include: student counseling, student health care services and suicide based suicide prevention programmes. In implementation of the above measures, it is necessary that consultation is done with primary health care givers who include: counselors, psychiatrists, nurses, sociologists, psychologists, university chaplains and the whole range of mental health practitioners.
Firstly, as a matter of national concern in Kenya, the government should declare suicide as a national crisis since it threatens future generations. The most important step that the government can take is to create an institutional framework for the prevention and control of suicide and suicidal tendencies. This can be achieved by addressing the existing policies to identify laws that can help develop an effective intervention program. There have been measures in legislation to address suicide such as the bill created in parliament that regulates various professional bodies among them the psychological counseling profession. In practice, the law demands that all practicing counselors should be trained counselors and adhere to the ethics of the counseling as developed by the Kenya Counseling and Psychotherapy Association (Kimiru, 2014). Those who do not abide by this legislation shall be prosecuted by the law. Therefore, all counselors in Kenya have the capacity to handle issues such as suicide and as such ensures competency since qualified professionals deliver services as per expectations thus reducing suicidal rates among youth in Universities.

In the midst of the main policies that can be used in control, prevention and management of suicidal behavior and suicide among the youth in universities is the provision of knowledge within religious institutions. The university chaplaincy has been ignored in addressing some of the critical issues affecting the youth and that require some religious guidance. It is important to note that some of the major causes of suicidal behavior are socially instigated and therefore can be solved by religious leaders. As part of the preventive measures to reduce suicidal tendencies among the youth, universities need to involve the university chaplaincy (Universitiesuk, 2018). The chaplaincy should be given authority to handle suicide and mental health related issues among university students. The chaplaincy in its authority should also be seriously funded like case of HIV-AIDS. The authority established by the chaplaincy should involve parents. The chaplaincy in endeavoring to reduce suicidal tendencies should result in re-establishment of positive social norms, as currently norms seem to be dwindling slowly by slowly. This transformation in norms is likely to change society to avert causes of suicide, making the society view the phenomena differently and positively.

Student counseling is another preventive measure that can be used in reducing suicide rates in universities. With the existing law on practicing counselors already in place, there is need to identify the how counseling can be applied when dealing with students. Sawahel (2019) indicates that suicidal behavior, like all complex human behaviors, has a social, political, economic, historical and cultural context. Ideally, what this means is that suicide is specific in terms of the environment the suicide victim is. It is affected greatly by socio-cultural factors. As a result of this, it becomes impossible to import suicide prevention interventions from other developed nations and assume that they will be effective in all parts of Africa. Student counseling therefore needs to look at the specific factors that lead to suicidal tendencies within the institutes where the students live and come up with measures that can reduce suicidal tendencies among the students. Sawahel (2019) further indicates that there is some work to do in tailoring existing evidence-based interventions so that they are culturally appropriate and context sensitive. However, he indicates that it does not necessarily mean that the entire frameworks applied in the Western countries should be abandoned.

A lot of the established universal principles of suicide prevention, such as promoting access to effective and appropriate mental health services, apply to universities in Africa as much as they
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Practically, student counseling in approaching suicidal tendencies in universities in Kenya should develop effective culturally appropriate and context sensitive interventions. This entails the need to understand more about the lives of students in universities in Kenya who engage in suicidal behavior, as well as understanding the cultural context in which this behavior occurs along with the specific factors that contribute to students’ suicidal behavior. Most important, this may entail shifting from a purely biomedical view of suicide that frames suicidal behavior as a symptom of mental illness to embracing other theories of suicidal behavior which take more account of context and systemic factors.

In a study by Wanyoike (2015), all the respondents agreed that the school plays important roles in preventing suicide attempts through counseling. Conclusively, the study established that there is need for a student counselor who should be directly involved in developing a program that will minimize suicidal attempts. Additionally, student counseling should encompass parent notification and support for student at risk of suicide, all of which shall be included on the school’s roles in preventing suicide attempts.

A third approach to preventing suicidal tendencies among the youth in Kenyan universities is the establishment of a suicide-based suicide prevention program. Specifically, this entails the implementation of an effective social support structure within the school campus. Additionally, the development of individual resilience to complement the social support structure can help protect the vulnerable university students from suicide by building and improving social connectedness and skills to cope with the difficulties. In this suicide-based suicide prevention programs, lecturers, student counselors and university chaplains must be involved to help motivate the student in order to strengthen the student’s self-esteem, and build strong communication between the youth and their caregivers which will in turn help them find their identity in the world thus reduce suicidal tendencies.

The fourth preventive measure is the institutionalization of student health care services in universities to reduce suicidal tendencies among the youth. Sawahel (2019), states that the rates of non-fatal suicidal behavior (thoughts of suicide, plans and suicide attempts) appear to be higher among university students than the general population in many parts of the developed and developing world. Interestingly Sawahel (2019), reiterates that the universities play a significant role in dealing with suicidal behavior. Specifically, he notes that institutions of higher learning must reinforce campus-based mental health care services and encourage students to access such services. Health services offered in campus-based mental health care services are meant to address issues such as stigma and attitudes affecting the youth and that lead them into suicidal behaviors.

The fact that universities need student health care services to address suicide matters is highlighted by Ndetei (2011) who asserts that there is scarcity of mental health specialists in Africa. The research goes further to note that the majority of patients in a suicidal crisis especially in rural areas are more likely to visit a general practitioner or traditional healer who may not be able to perform critical roles in the prevention of suicidal behavior as they are not trained to do so (Ndetei, 2011). However, if trained, Ndetei (2011) indicates that these kind of practitioners may be able to reduce suicidal behavior. Therefore, holistic and culturally relevant interventions are necessary in universities in addressing suicidal tendencies.
Additionally they should incorporate conventional medicine, traditional healers and religious beliefs where appropriate. In utilizing student health care services, practitioners can help the youth suffering from suicidal tendencies realize the seriousness of suicide issues. Additionally, in working with mental health practitioners, the suicidal victims receive assessment of their problem. While assessing clients, the practitioners can establish an effective treatment plan for.

In general, to reduce rates of suicide among the youth in universities, there is need to build campus communities in which students can find connection and belonging, feel secure, imagine a future for themselves, and access support when they need it. Suicide can be prevented because the knowledge is there but lacks the political will and the commitment from university authorities to address the issue. Preventative measures from the data analyzed outline a great need to establish urgent interventions in institutions of higher learning in which the students are at a higher risk of suicidal behavior. Although these interventions could be replicated at national level it is evident that university students have an entirely different perception to life when compared to the ordinary people outside the campuses. This therefore gives need to the creation of the above preventive measures within the universities to control the specific causes of suicide among the students.

CONCLUSION

Suicide and suicidal tendencies are complex issues that cannot be explained easily even when there are documented studies. However, this review confirms that suicide rates are high among students in universities across the globe. The factors leading to suicide have been identified as depression, academic pressure, trauma, alcohol and substance abuse, financial hardships, loneliness conflict and illness. All these factors contribute to the psychological wellbeing of youth and eventually lead to suicidal tendencies.

The youth in universities in Kenya are also at a higher risk of committing suicide. Studies have confirmed that the rate of suicide among youth in Kenyan universities is increasing at an alarming rate. These students are vulnerable to suicide because of the challenges they encounter at home and at school. Some of the preventive measures that can reduce these suicidal tendencies include student counseling, student health care services, religious guidance and suicide-based suicide prevention programmes.

Based on findings, the paper recommends that there is need to collect more accurate data on fatal and non-fatal suicidal behavior among the youth across Kenya. This will assist in understanding the extent of the problem and identify specific solutions. The data collected will also act as a measure of the effectiveness of preventive interventions instituted by universities. This will build an evidence base for a context-sensitive and culturally appropriate suicide prevention programme in Kenya.

REFERENCES


Lokko, H. N., & Stern, T. A. (2014). Sadness: diagnosis, evaluation, and treatment. The Primary Care Companion For CNS Disorders, 16(6),


