INFLUENCE OF SELECTED FACTORS ON SUICIDAL IDEATION AMONG STUDENTS IN PUBLIC SECONDARY SCHOOLS IN BUTERE SUB-COUNTY, KENYA

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A Thesis Submitted in Partial Fulfillment of the Requirements for the Award of the Degree of Masters of Education in Educational Psychology of Masinde Muliro University of Science and Technology

JULY, 2023

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DEDICATION

I dedicate this thesis to my late mother, Leonida Nyandiko, my wives Jacklean and Eunice and my children for their encouragement that made me pursue higher education. May my mother rest in peace.

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I wish to acknowledge the support given to me by my family members, particularly my wives Eunice Ambale and Jacklean Ambale, and my supervisors Dr. James Bill Ouda and Prof. Kenneth Otieno. Without their support, this study would not be completed. The invaluable support from my Lecturers cannot be forgotten for the inspiration and encouragement they accorded me.

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ABSTRACT

According to the 2017 Center for Disease Control (CDC) report, suicide is the second leading cause of death for ages ten to twenty-four globally. More teenagers and young adults die from suicide than from cancer, heart diseases, birth defects, stroke, pneumonia, influenza and chronic lung diseases combined. The purpose of the study therefore was to assess the influence of selected psychosocial factors on suicidal ideation among students in public secondary school in Kenya. The objectives of the study were to; to determine the influence of mental health, birth order and bullying on suicidal ideation among students in public secondary schools in Kenya and to investigate the role of schools in mitigating the problem of suicidal ideation among students in public secondary schools in Kenya. The study, which was anchored on the Interpersonal Psychological Theory, adopted ex-post facto and snowball research designs. The study population consisted of 2564 form four students, 30 teachers in charge of guidance and counseling, 30 deputy principals from 30 public secondary schools in Butere Sub- County and one Sub- County Director of Education. The sample comprised of 176 boys and 170 girls who were selected using stratified random sampling, 10 guidance and counseling teachers, 10 deputy principals and 1 Sub- County director of education who were respectively sampled purposively. Data from the students were collected using questionnaires, while that from the deputy principals, guidance and counseling teachers and the Sub- County Director of Education were each collected using interview guide. Document analysis was also conducted to corroborate information collected from the respondents. Reliability of the instruments was established using split-half method. Qualitative data was analyzed thematically while quantitative data was analyzed using inferential statistics on SPSS version 25. The hypotheses were tested using simple regression. Study findings revealed that the correlation coefficient was $r=0.751$ with $p<0.000$ being statistically significant. This led to rejecting the null hypothesis given that the value of R was more than 0. From the findings, the coefficient of determination (R^2) indicated that 56.4% of the variance in suicidal ideation, in the students was attributed to mental health. Study findings revealed that the correlation coefficient was $r=0.548$ with $p<0.000$ being statistically significant. From the findings, the coefficient of determination (R^2) indicated that 30.1% of the variance in suicidal ideation, in the students was attributed to birth order. Simple regression was used to establish the relationship between bullying and suicidal ideation. Study findings showed an R value of 0.781. This implied that there was a statistically significant positive relationship between bullying and suicidal ideation. Further the study revealed that the coefficient of determination (R^2) indicated that 61% of the variance in suicidal ideation, in the students was attributed to bullying. This implied that bullying explained the suicidal ideation given that the F- test was over 0.5 and significant. In the model, the p-value is significant ($p<0.001$) implying that increase in bullying increases the chances of suicidal ideation. The study showed an R value of 0.616. This implied that there was a statistically significant positive relationship between the role played by schools and suicidal ideation. Further the study revealed that the coefficient of determination (R^2) indicated that 37.9% of the variance in suicidal ideation, in the students was attributed to the role played by the school. This implied that the role played by the school explained the suicidal ideation given that the F- test was over 0.5 and significant. In the model, the p-value is significant ($p<0.001$) implying that role played by the school reduces the chances of suicidal ideation given beta value was negative. The study concluded that mental health and suicidal ideation are negatively related. Good mental health reduces the chances for suicidal ideation.

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LIST OF ABBREVIATIONS AND ACRONYMS

ABFT	Attachment Based Family Therapy
AFSP	American Foundation for Suicide Prevention
CDC	Center for Disease Control
CDE	County Director of Education
IGDP	Interview Guide for Deputy Principals
ED	Emergency Department
IGGC	Interview Guide for Guidance and Counseling Teacher's
I-CBT	Integrated Cognitive Behavior Therapy
IPT	Interpersonal Psychotherapy
IQ	Intelligence Quotient
MMUST	Masinde Muliro University of Science and Technology
NACOSTI	National Commission for Science, Technology and Innovation
QPR	Question, Persuade, Refer
RCT	Randomized Control Trials
RDoC	Research Domain Criteria
SCDE	Sub-county Director of Education
QS	Questionnaire for Students
USA	United States of America
WHO	World Health Organization
YRBS	Youth Risk Behavior Surveillance

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Suicide is the second greatest cause of death for adolescents aged 15 to 19 years old WHO, (2017). According to a second study, one person takes their own life every 40 seconds around the globe, and the vast majority of those who choose this path are young adults WHO, (2019). There has been a disturbing increase in the number of reported suicides among young people around the world in the past few years WHO, (2019). Psychologists have speculated that this may be due in part to the difficulty of children of higher birth orders in forming close bonds with their families Mikael, (2014). Working parents often entrust their children's care to outside caregivers while they focus on their employment. The lack of a stable home life for these kids leaves them vulnerable to negative influences.

Because these young people have such low resilience, even minor stress is enough to trigger suicidal ideation. Suicide is a common way for young people to get people to pay attention to them. These teens try suicide as a last ditch effort to attract the attention of their friends or parents after feeling ignored or neglected. Most of these incidents have tragic outcomes, including death or permanent injury WHO, (2017). Isolation, hopelessness, discussing death, and irritability are all warning signs of suicidal ideation. Feelings of desiring to take one's own life are known as suicidal ideation. In other words, it can be either passive or active. The difference between passive suicidal ideation and active suicidal ideation is the level of preparation that goes into carrying out the act.

Terzi-Unsal (2005) conducted research in Turkey and found that adolescent life

events, psychosocial characteristics, social support, and self-image were all related to suicidal ideation. In 2018, fresh information on the prevalence of suicidal ideation among school-aged children was published by Duval County Schools in the United States in their survey, Youth Risk Behavior Survey (YRBS). According to the results of the poll, there has been a dramatic increase in the number of students who have considered suicide over the past decade. Suicide ideation reports from students at alarmingly high rates are encouraging since they indicate a willingness to seek treatment and reduce the taboo surrounding suicide Taylor, (2018). Only if the general population recognizes the gravity of the problem and acquires the necessary mitigation abilities can suicide be reduced. To this purpose, a number of groups have devised methods for achieving the mitigation.

According to the National Institute for Mental Health of Australia's 2011 Report, female adolescents are more likely to try suicide. However male adolescents are more likely to actually commit suicide. This finding suggests that gender has a role in the genesis and impact of suicidal ideation. Investigating what factors contribute to this discrepancy is a separate line of inquiry.

A survey by the South African Medical Research Council found that one in five teenagers thought about killing themselves in 2013 Banties, (2013). According to the 2015 Mortality and Causes of Death Report for South Africa, 125 young individuals between the ages of 14 and 24 committed suicide by means of self-poisoning, drowning, strangulation, or jumping from great heights.

The education ministry in Kenya has expanded the curriculum to teach young people practical skills that will help them deal with the realities of adulthood. This will help young people stop taking their own lives and start appreciating life and working to find solutions to

the challenges they face. Rotino (2019) claims that the increasing rates of suicide tendencies among Kenya's youth are a result of the disconnection between children and their parents, their desperation for parental attention, and their unemployment-related frustration. Mutiso (2019) argues that direct bullying and victimization are associated with substance abuse, the existence of psychiatric diseases, poor academic performance, disruptive behaviors, and social issues among secondary school children. Of the 471 kids included in the survey, 86.4% said they had been bullied at some point. Sometimes adults in a child's life, such as parents and teachers, aren't aware that their child is being bullied, which contributes to the problem's persistence. Even if parents and teachers are aware that their children are being bullied, the demands of daily life may make it impossible for them to provide adequate protection. Depression and suicidal ideation are more common in people who have been exposed to psychosocial risk factors like poor mental health and bullying. Students who are held to unrealistically high standards may become overwhelmed by the pressure and begin to doubt their own competence. Suicide ideation is a serious problem that can develop in such students if they are not properly supervised and counseled. Young people also have valid concerns that need to be addressed.

In Butere Sub- County, records kept by the Sub- County education office indicate that four cases of completed suicide and 74 cases of attempted suicide 4 cases of completed were reported between the year 2015 and 2021. This made the researcher to select Butere Sub-county as the area of study. The term Psychosocial refers to aspects of human life that relate to the interrelation of social factors and individual thought and behavior. Risk factors are the factors that may increase suicidal tendencies among human beings. They include sexual abuse, mental ill health, drug abuse, bullying in schools, peer pressure, cyber bullying, lack of parental guidance, domestic violence, social integration, birth order, and

academic stress. Psychosocial factors influence the way human beings perceive their external environments Frasure-Smith, (2000). They affect self-esteem of individuals and therefore individual personalities. Psychosocial development of an individual is therefore greatly influenced by the environment the individual grows in. Individuals with high esteem are likely to be more emotionally stable and so they are able to handle life challenges better than those with low self-esteem.

One student committed suicide in Butere Sub- County in 2018 and left a note saying that her parents were not listening to her, as reported by the deputy principal of her school. Another male form four graduate of another school committed suicide and left a note saying that life was not worth living as reported by the his siblings. Further investigations revealed that the boy was abusing drugs, a habit he started while in primary school. All these assertions were confirmed by the records kept by the Sub-County Director of Education (SCDE). All these revelations show that suicide is still a big threat to the lives of the youths and if not checked, it can escalate to unmanageable levels.

Information from one teacher in charge of guidance and counseling revealed that in 2018, a student of one girls' school in Butere Sub- County committed suicide while in school and when investigations were carried out, it was discovered that her parents had not listened to some of her requests. This was reported by the school deputy principal. In 2015, a form four graduate of another secondary school in Butere Sub- County committed suicide due to mental health complications as reported by his former guidance and counseling teacher. Parents and teachers should therefore be sensitized on the signs of frustration in the youth. This study focused on signs of suicidal ideation, prevalence, policies on suicide, provision of preventive environments such as operationalizing suicide, strengthening support programs, increasing accessibility to information about suicide, strengthening

surveillance, research and problem solving skills. It compared what is happening globally with the situation in Kenya and particularly Butere Sub-County.

1.2 Statement of the Problem

Suicide among students is a problem in the society globally. Studies conducted on suicide have identified various causes which are associated with risk factors such as bullying, cyber bullying, mental health, birth order, parenting style, family type, peer pressure, social integration and school culture Nock, (2008).

The Commission for Children and Young People and Child Guardian in 2007 cited suicide contagion, teens at risk, sexual minority youths, previous exposure, attempts and bereavement among youths as influential factors of young people dying by suicide.

Records from the Butere Sub- County Director of Education show that between 2015 and 2021, 74 students in secondary schools in Butere Sub- County attempted suicide and 4 committed suicide. The numbers seem to have shot up during and after the Corona holidays. A total of 30 attempts and 2 completed suicide between 2015 and 2019 and then 44 attempts and 2 completed suicide between 2020 and 2021. More girls attempted suicide in this period (40 cases) while more boys completed suicide (3 cases). It is not immediately clear whether these cases were investigated to their logical conclusions.

The literature reviewed showed that a number of studies David, (2017); Carol, (2015) have been carried out on suicide in students but most of them focus on the effect it has on other students and society in general. It is therefore necessary to carry out a study to investigate the risk factors in suicide among students and more so in Butere Sub County since a number of cases have been reported in several schools. Therefore this study assessed the influence of selected factors on suicidal tendencies among students in public secondary

schools in Butere Sub-county. The factors to be assessed by the study include mental health, birth order, and bullying.

1.3 Purpose of the Study

The purpose of the study was to establish the influence of the selected factors on suicidal ideation among students of public secondary schools in Butere Sub- County, Kenya.

1.4 Study Specific Objectives

The literature reviewed revealed that even though there are many factors that predispose the youth to suicidal ideations, mental health, birth order, and bullying come among the top on the list Terzi-Unsal (2005). The effect of the role played by teachers of guidance and counseling was selected as an attempt to get a solution to the problem.

The objectives of the study were to;

1. Establish the influence of mental health on suicidal ideation among students in public secondary schools in Butere Sub- County;
2. Determine the influence of birth order on suicidal ideation among students in public secondary schools in Butere Sub- County;
3. Establish the influence of bullying on suicidal ideation among students of public secondary schools in Butere Sub- County;
4. Establish the role played by guidance and counseling teachers in mitigating suicidal ideation among students in public secondary schools in Butere Sub- County.

1.5 Research hypotheses

i) $H_0$1: There is no significant influence of mental health on suicidal ideation among students in public secondary schools in Butere Sub-county

ii) $H_0$2: There is no significant influence of birth order on suicidal ideation among students in public secondary schools in Butere Sub- County

iii) $H_0$3: There is no significant influence of bullying on suicidal ideation among students of public secondary schools in Butere Sub-count

iv) $H_0$4: There is no significant role played by guidance and counseling teachers in mitigating suicidal ideation among students in public secondary schools in Butere Sub- County.

1.6 Justification of the Study

Despite the efforts being made globally and locally to reduce cases of suicide tendencies, the rates are still on the rise. The policy document on Suicide Prevention Strategy 2021-2026 by the ministry of health in Kenya states that World health organization WHO (2019) estimates Kenya's age-standardized suicide rate to be 11.0 in 100000, with mental health accounting for 7.9% of the cases. The youth make a large proportion of the Kenyan society. The need to have a youth population that is emotionally stable cannot therefore be over emphasized. This therefore calls for concerted efforts from all stake holders to ensure that the youth do get to levels of considering suicide. The youth of today are the adults of tomorrow. Therefore, if the youth population is heavily characterized by suicidal tendencies, chances are that even the adult population will have the same tendencies and this would lead to a very unstable society.

Research conducted by the Commission for Children and Young People and Child Guardian in 2007 showed that suicide tendencies tend to perpetuate each other. People who have once had suicide tendency are more likely to develop similar ideas than those who have never had such tendencies according to the YRBS report of 2017. This is a clear justification of the efforts being made to prevent the initial tendencies of suicide in individuals especially

the youth who may end up harboring the tendencies into adult hood. Adults who have tendencies of suicide cannot effectively guide and counsel the youth against such tendencies and so the problem may worsen.

1.7 Significance of the Study

The study hoped to answer the question of whether mental health, birth order and bullying have influence on suicidal tendencies among students in public secondary schools in Butere Sub-county and whether guidance and counseling teachers are doing enough to mitigate suicidal tendencies among students in public secondary schools in Butere Sub-county. This study hoped to provide information on the relationships between the selected factors and suicidal ideation among students so that the stake holders could make use of the information in decision making. It is only by such information being availed that the stake holders could first appreciate the magnitude of the problem and determine the remedial measures to be taken. This could also justify the allocation of resources for the management of the problem. Guidance and counseling is a key method of handling youths suffering from mental health problems which are believed to be key pointers to suicide ideation among the youth. This process requires resources for training and purchasing of the necessary material for reference by the counselors and the counselees.

Many schools use teachers as counselors but the teachers do not have sufficient skills to offer such services because of the limited training offered while in teacher training colleges. This may call for schools or the government hiring professional counselors to offer the services in schools. The information is hoped to also enable the teachers and parents to easily identify the youth at risk and put in place preventive measures. Ignorance of the facts about suicide tendencies only serves to escalate the cases and perpetuate the already existing stigma about suicide. This study hoped to also enable the youth to open up and discuss

matters about suicide as the stigma will no longer be there. This study hoped to bring out information that would otherwise be very difficult to get by self-reporting from the suicide tendency victims and even teachers and school administrators for fear of prejudice and parents for fear of exposing family classified information. This study hoped to contribute significantly to the pool of knowledge on why students in public secondary schools in Butere Sub- County show suicidal tendencies and how the problem can be solved

1.8 Scope of the Study

This study was confined to the Sub- County Director of Education, 2564 form four students in 10 public secondary schools in Butere Sub- County, 10 teachers in-charge of guidance and counseling and 10 deputy principals of public secondary schools in Butere Sub- County. The Sub- County Director of Education provided a summary of the information on reported cases of suicidal tendencies in public secondary schools in the Sub-County. The students provided information about their own experiences with suicidal ideation. The teachers in charge of guidance and counseling usually keep confidential information such as suicidal tendencies among students and so they might come in handy. The deputy principal, being in charge of discipline has a lot of information on students' behavior.

The Sub- County has four girls' schools, one of which is a fully boarding National school while the other three are day and boarding. It has three boys' schools of which one is fully boarding and the rest are day and boarding. The rest of the schools are mostly mixed day. The Sub- County is one of the twelve Sub-counties found in Kakamega County. The study was limited to the four selected factors namely mental health under which emotional stability and self-esteem were investigated, bullying which covered social exclusion and sexual harassment, birth order that had several constructs: first born, only child, second born

and last born and the role of schools under which the role of guidance and counseling will be covered.

The study adopted ex-post facto design. The study population consisted of 2564 form four students, 30 deputy principals, 30 teachers in charge of guidance and counseling and one Sub- County Director of Education all of Butere sub-county. The sample size consisted of 346 form four students of which 176 were boys and 170 were girls, 10 deputy principals, 10 teachers in charge of guidance and counseling and one Sub- County Director of Education all of Butere sub-county

1.9 Limitations of the Study

i. This study was carried out at a time when schools were experiencing challenges related to the COVID-19 pandemic. This made collection of data from some students difficult because it was not easy to reach them. This was addressed by use of the deputy principals to relay the questionnaires to and from the students who could not be reached physically to avoid direct contact with the researcher.
ii. Suicide is a sensitive issue and so the victims and their close allies were not very willing to disclose the information they have about the problem. School administrators were also not very willing to give classified information about suicidal tendencies in their schools for fear of portraying bad images of the schools. These were addressed by first assuring the participants of the confidentiality of the information received and where possible hiding the actual identities of the participants and the schools affected. Debriefing was also done.
iii. The questionnaires may not collect all the information on suicide ideation because the information is enormous, for example, mental health is wide. This was addressed by making as many of them as possible. The form four students may not be experiencing

similar challenges with the rest of the students hence levels of suicide ideation may be different. The socio-economic set-up of Butere sub-county may be having an influence on the levels of suicide ideation and so these may need to be considered when applying the findings to other areas.

1.10 Assumptions of the Study

This study was guided by the assumptions that:

i. Mental health problems were being experienced by some students.
ii. Bullying was taking place in the schools under study.
iii. The birth orders of the students varied across from first to last born
iv. The schools had teachers in charge of guidance and counseling

1.11 Theoretical Framework

The study's theoretical foundation was anchored on two theories namely: Thomas Joiner's (2005) interpersonal psychological Theory of suicidal and the three step theory of suicide by David Klonksy and Alex M. May (2014)

1.11.1 The Interpersonal Psychological Theory of Suicide by Thomas Joiner

The theory examined how factors including mental health, birth order, and bullying influence suicidal ideation among adolescents in Butere Sub- county's secondary schools. Two broad predictions are made by the interpersonal psychological hypothesis Joiner, (2005): 1) that beliefs about burdening others and feelings of social alienation work together to instill the desire to die; and 2) that people do not act on their desire to die until they have developed the ability to do so, an ability that develops through exposure to and thus habituation to painful and/or frightful events and is hypothesized to be necessary to overcome suicidal ideation.

These hypotheses were tested in two distinct experiments. The two factors identified in Study 1 as the most powerful predictors of recent suicidal thoughts, above and beyond depressed indices, were a lack of family social support (social estrangement or low belonging) and a feeling of unimportance (perceived burdensomeness). Study 2 found that, in addition to depressive indices and other important factors, a clinical sample of young adults' current suicide attempts and thoughts were predicted by a three-way interaction between a measure of poor belonging, a measure of feeling like a burden, and the number of suicide attempts they had made in their lifetime (viewed as a strong predictor of the amount of learned capability for suicide).

According to the hypothesis, suicidal ideation develops when a person maintains a combination of two distinct mental states for an extended period of time. Both feelings of low belonging or social estrangement and a sensation of being a burden to others are included in this category of mental states. Regarding suicidal potential, self-preservation is such a strong tendency that few people are able to overcome it via sheer force of will. The hypothesis contends that those few who are capable of doing so have acquired a numbness to pain, injury, and death via repeated exposure to such events, including prior self-harm, but also through other experiences like multiple accidental injuries, countless physical fights, and vocations like medicine and front-line combat, where exposure to pain and injury is typical. To what extent does the available empirical and other evidence support this conceptualization? Below is a review of each of the three parts of the theory, highlighting how it has garnered a growing corpus of direct empirical data.

1.11.1.1 Perceived Burdensomeness

It's the conviction that one's very presence is a problem for those around them. It is crucial to stress that this perspective, which leads to the dangerous belief that "my death will

be worth more than my life to family, friends, and society," is fatally flawed. Although previous studies were not aimed at evaluating the interpersonal psychology theory, they did find a correlation between feelings of burden and thoughts of suicide. Decatanzora (1995) observed, for example, that suicidal thought was more prevalent in groups with a high suicide risk and among community members who felt like a burden to their loved ones. Direct experiments have also backed the theory. Joiner (2002) discovered that raters noticed more burdensomeness expressions in the suicide notes of people who had actually killed themselves as opposed to people who had intended to die but survived, and in the notes of people who had killed themselves violently as opposed to people who had killed themselves less violently.

Van Orden, Lynam, Hollar, and Joiner (2006) discovered that a measure of perceived burdensomeness was a robust predictor of suicide attempt status and current suicidal ideation among psychotherapy outpatients, even after controlling for important suicide-related characteristics such as hopelessness.

1.11.1.2 Low belonging/social alienation

Feeling disconnected from loved ones, friends, and community is what it means to have a low feeling of belonging. There is a lot of evidence, similar to the research on perceived burdensomeness, suggesting that this element is involved in suicide conduct. However, this data comes from indirect tests of the interpersonal-psychological hypothesis rather than direct ones. The strongest and most consistent evidence has emerged for indices related to social isolation among all the risk variables for suicidal conduct, from the molecular to the cultural levels Boardman, (1999). Several groups, including adolescents, college students, the elderly, and mental in-patients, have found a correlation between

possessions (or the lack thereof) and suicidality (Roberts, Roberts, and Chen, (1998); Bonner and Rich, (1987); Osgood and Brant, (1990); Prinstein, (2000).

Additionally, suicide rates tend to decline both in times of joy (when people gather to celebrate Joiner, Hollar, & Van Orden, (2006) and grief (when people gather to mourn; president Kennedy's assassination Biller, (1997). Conner, Britton, Sworts, and Joiner (2007) evaluated 131 methadone maintenance patients and discovered that low feelings of belongingness predicted a lifetime history of suicidal ideation and conduct. As was to be predicted in a fairly strong test of specificity, this link was limited to suicidal behavior, whereas a sense of belonging had no bearing on accidental overdoses. In spite of controlling for a variety of contextual factors, including demographics, suicide risk factors, and social relationships, this link remained significant.

1.11.1.3 Acquired Ability to Enact Lethal Self-Injury

Although feelings of isolation and loneliness can increase the likelihood of contemplating suicide, these feelings alone are not sufficient to trigger an actual suicide attempt. In fact, the idea posits that a third ingredient, the learned capacity for self-inflicted fatality, is required for this to occur. According to this interpretation of the theory, suicide comprises a struggle against the body's innate drive to avoid premature death. If you've fought this battle before, even if it was in a different context, you might be able to overcome your natural tendency to look out for number one if you set your mind to it. This assertion is supported by the opponent-process theory, which postulates that repeated exposure to a stimuli progressively changes how we respond to it, strengthening the opposite response rather than the original response Solomon, (1980). As a result, it has been suggested that exposure to painful or frightening experiences repeatedly has a significant role in the

emergence of suicidal thinking and conduct. As a result, one learns to tolerate pain better and no longer experience fear while thinking about their own mortality.

Suicidal propensity is considered to be a learned attribute that grows over time as a result of repeated exposure to major experiences and is formed by the details of those experiences; as a result, more upsetting and traumatic experiences lead to a higher level of natural predisposition for suicide. This shows that those who have attempted suicide in the past are more likely to do so again because they are habituated to the discomfort and anxiety that come with self-harm. In fact, studies have shown that past suicidal conduct, including suicide attempts, is a very reliable predictor of future suicidal behavior Joiner, (2005); Brown, (2000). Joiner (2005) discovered in a study comparing adults with and without a suicide history that those with a history of suicide attempts were more likely to commit suicide in the future, and that this correlation could not be explained by any other characteristics (e.g mood disorder status, personality disorder status, family history variables). The pain threshold of survivors of suicide attempts appears to be higher than that of the general population Orbach, (1997). Van Orden, Witte, Gordon, Bender, and Joiner (2008) found that the number of prior suicide attempts was a significant predictor of present levels of acquired competence in a sample of clinical outpatients using a scale intended to tap the construct.

People who had made the most tries in the past reported the highest levels of acquired competence, as expected by the theory. However, even in the absence of prior suicidal behavior, the capacity for suicide can be acquired by repeatedly subjecting oneself to unpleasant and terrifying experiences (such non-suicidal self-injury, self-starvation, and physical abuse). For non-suicidal self-injury, for example, prior research has shown that individuals are more likely to attempt suicide if they have a longer history of self-injury, use

more ways, and experience no physical pain while self-injuring Nock (2006). Last but not least, the hypothesis suggests that even indirect exposure to suffering and injury in others may result in suicidal ideation. Physicians' high suicide rates, despite numerous protective variables, are consistent with this theory Hawton, Clements, Sakarovitch, Simkin, & Deeks, (2001).

1.11.1.4 Interactive Nature of the Theory and its Relationship with the Study Objectives

Three-way interaction is postulated in the theory. In particular, the theory contends that the presence of the desire to die is enough to cause lethal or nearly lethal behavior only in the presence of the capacity for lethality that has been acquired, and that the presence of perceived burdensomeness or a sense of failure to belong alone is enough to cause the desire to die. It is for this reason that the current effort seeks to gather evidence regarding the theory's interactive aspect. Two investigations are detailed in Van, (2008) and two are described in Joiner (2009), both of which have relevance to the model's interaction characteristics (2005). Undergraduates with high burdensomeness and low belonging predicted contemporary suicide ideation in a study by Van, (2008). This was true even accounting for any confounding factors, such as depressive symptoms. Clinical assessments of suicidal ideation are predicted by both patients' scores on an acquired capability test and an index of felt burdensomeness, according to a second study of psychotherapy outpatients. Again, this is in addition to the effect of conventional risk variables such preexisting depression, gender, and age. Joiners discovered that in a sizable, diverse, and representative community sample of young people, burdensomeness and low and low belonging combined to predict suicidal ideation. The second study looked at the possibility that the interplay between acquired capability, perceived burdensomeness, and low belonging could predict

whether or not a suicide attempt will occur in a clinical sample of young adults. There is a rising body of evidence in favor of the interpersonal psychological hypothesis, so it's worth keeping an eye on. Clinicians, according to the theory, can better assess suicide risk and target therapies if they are aware of their patients' belongingness, burdensomeness, and acquired capability, as well as any prior suicide attempts.

Suicide ideation, defined as the intent to end one's life, can be facilitated by feelings of loneliness and helplessness; suicide attempts, defined as the act of attempting suicide despite knowing that doing so would be futile, are greatly informed by the theory. Students who suffer from mental illnesses make wrong judgment of situations and despair easily when repeatedly faced with a challenge such as bullying, and low belongingness as is experienced by last borns. Such students easily develop suicidal ideation as a way of escaping from the challenge

These interactions can be illustrated and linked to the study objectives in the model below

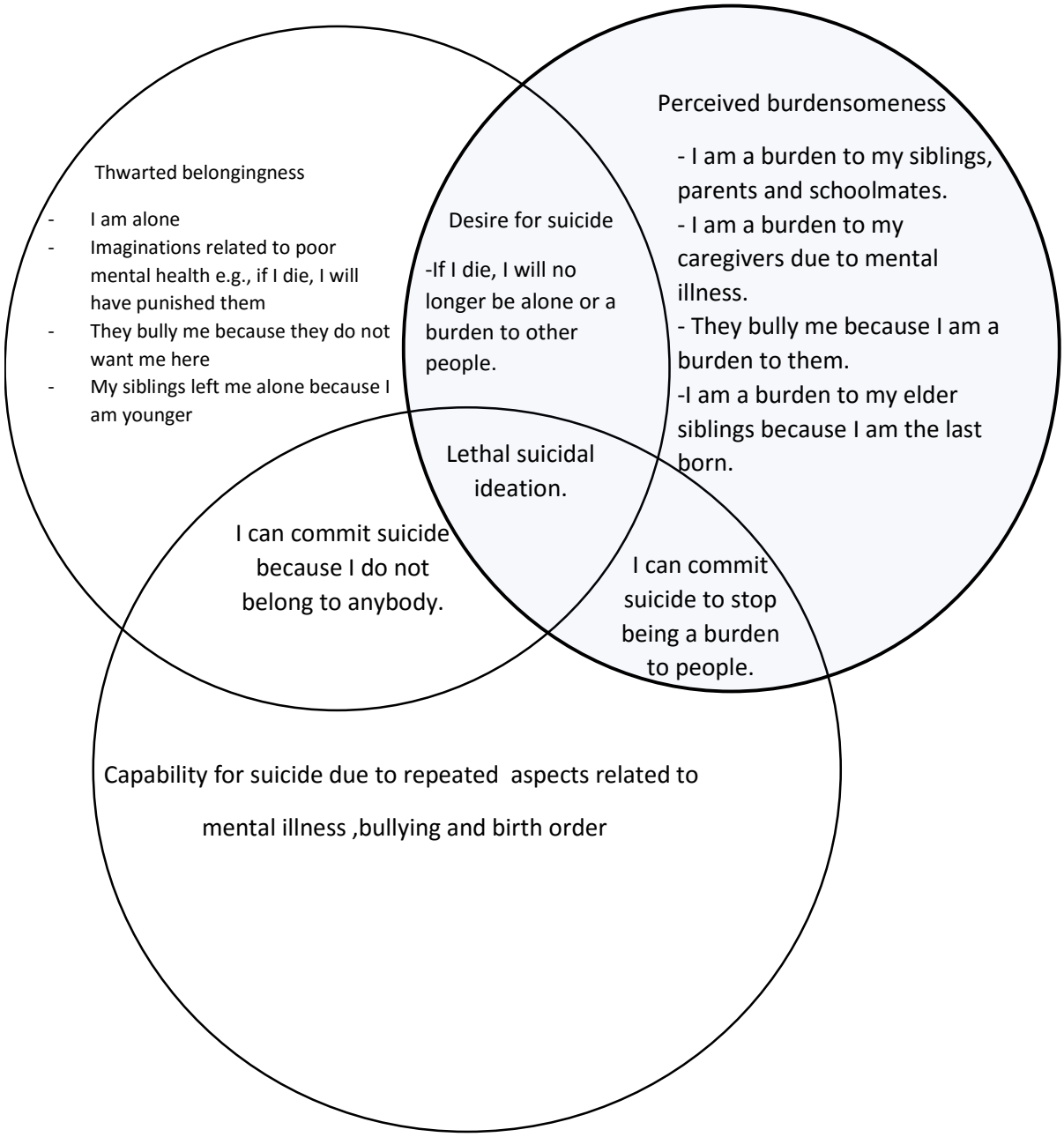

Figure 1:1 Interactive Nature of the Theory and its Relation to the Study Objectives

Source: Modified from the model for Interpersonal Psychological Theory (Joiner, T.E. 2005)

1.11.2 The three step theory of suicide by David Klonksy and Alex M. May

The Ideation-to-Action model is the basis of this explanation for suicide. Both the onset of suicidal thought and the progression from ideation to suicide attempt are explained in detail by the hypothesis. Pain, helplessness, connectivity, and suicide capacity are the four characteristics that the theory uses to explain suicidal thoughts and actions. As seen in the theoretical framework provided below, Klonksy and May (2014, inspired by Joiner's work) advocated that an Ideation-to-Action framework should guide all suicide theories and research.

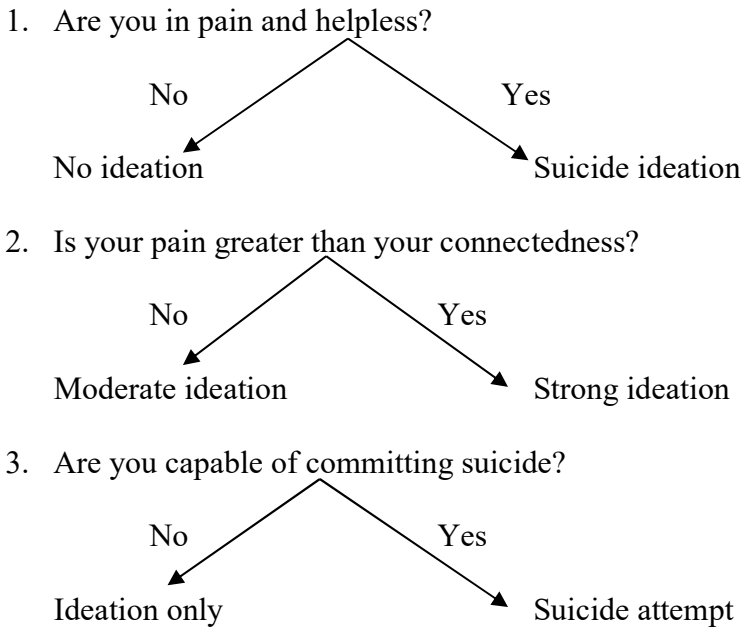

Figure 1.2 Illustration of the three step theory of suicide

1.11.2.1 Step one: Development of suicidal ideation.

Pain is the primal motivator for the initiation of thought. Behavior has a profound influence on people. Behaviors that are rewarded are carried out, while those that are punished are avoided. A person's suicidal ideation might be attributed to a decrease in their desire to live as a result of a life that is marked by pain. However, feelings of despair cannot be caused by

suffering alone. When a person in pain has faith that their situation will improve, they are less likely to dwell on thoughts of suicide and more likely to take action to alleviate their suffering. Because of this, hopelessness is a necessary condition for the emergence of suicidal thoughts. May and Klonksy (2014).

1.11.2.2 Step two: Strong versus moderate ideation

The emphasis here is on interpersonal relationships. The term "passion" can also describe a person's dedication to their work, hobby, or other pursuit. Since one's connectedness to life is greater than their pain, even though one lives in pain and hopelessness, if they consider suicide, the ideation will remain modest. A person's suicide ideation and intent to take their own life will be strong if they are experiencing both anguish and hopelessness, and their sense of connectivity is either nonexistent or overshadowed by their pain.

1.11.2.3 Step three: Progression from ideation to attempts

It is to be anticipated that a person who has formed a desire to terminate their life will try suicide once that desire has grown. Joiner (2005), however, argues that the primary factor is the individual's actual capacity to commit suicide. According to Joiner's theory, humans have evolved to avoid suffering and death at all costs. As a result, even if they are experiencing intense suicidal ideation, it is extremely unlikely that they will commit suicide. The theory builds on Joiner's ideas by placing more focus on a person's "acquired capability," or their increased tolerance for pain, fear, and death as a result of being subjected to traumatic events like non-suicidal self-injury, physical/sexual abuse, and so on. The idea guides the current research because it predicts that a student with a mental condition who experiences extreme distress as a result of bullying or a lack of social support (common among last-borns) is more likely to attempt suicide.

1.12 Conceptual Framework

This research was led by a theoretical framework the author developed to illustrate the interplay between the study's independent and dependent variables. The influence of independent variables, Mental Health, Birth Order, role of schools and Bullying on the dependent variables, Number of Attempted Suicide and Number of Deaths by Suicide was investigated bearing in mind the intervening variables such as the age of the student, the economic status of the family where the student comes from.

This relationship is conceptualized in Figure 1.3

Independent Variables (Selected factors)

Dependent Variable (Suicidal Tendencies)

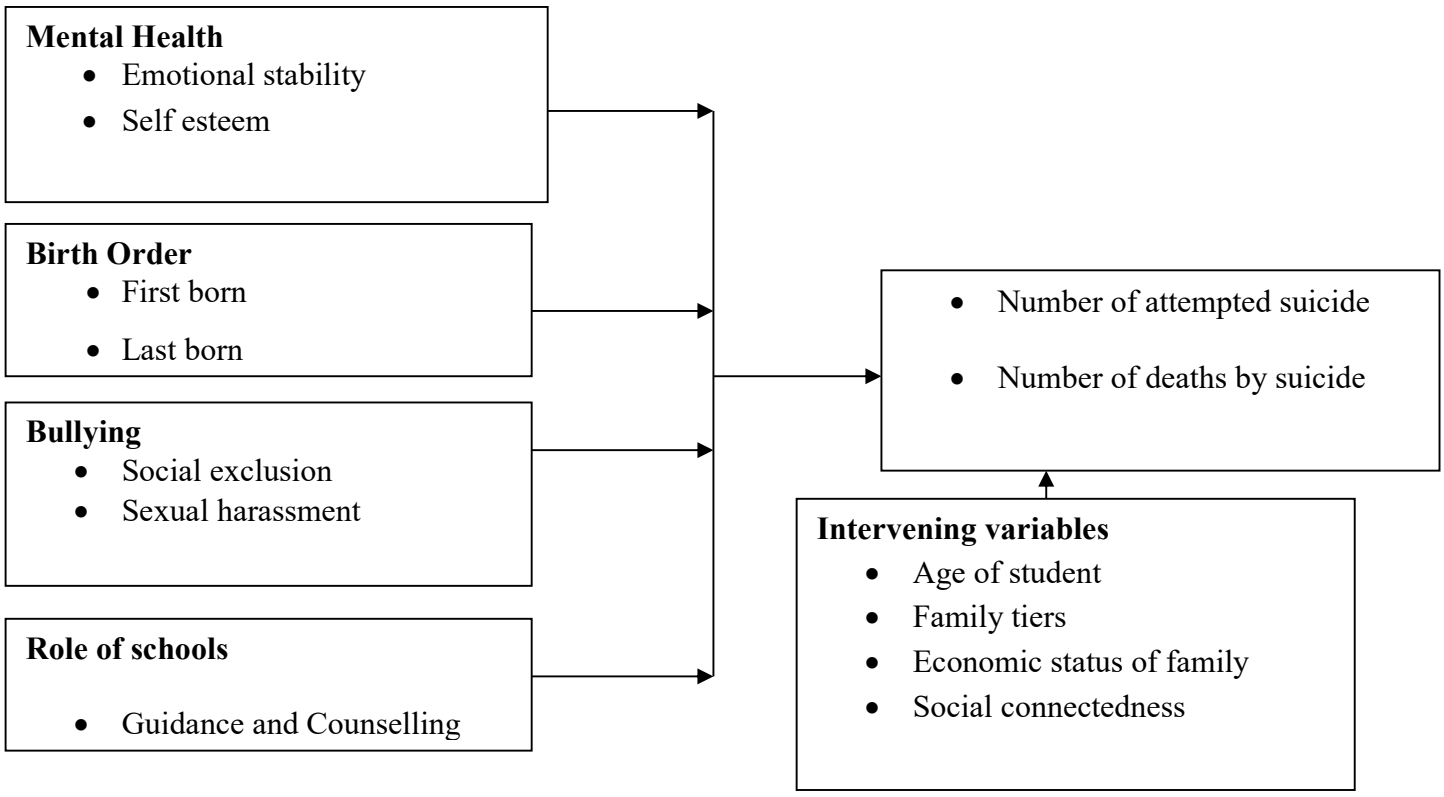

Figure 1: 3 Conceptual Framework

Source: Researcher's own conceptualization (2022)

Mental health is the mental wellness of the student. Mental health is a key aspect in determining ones thoughts and therefore actions and behavior hence suicidal ideation can greatly be influenced by mental health of the individual. When one is mentally sound, he/she is likely to be stable emotionally, have high self-esteem and rational in decision making. When such individuals are faced with a challenging situation, they will take time to analyze the situation and make use of the available avenues to get a solution to the problem. They are unlikely to consider suicide as an option. It is therefore those individuals who are mentally unhealthy that can easily consider suicide as a solution to their problems.

Birth order is the birth position of the student among their siblings. Emphasis was placed on the first and last born for the purpose of comparison and conclusive findings but other birth orders and only children were studied. Naturally, parents tend to be keener with their first born child because that is their only child at that time and so they have all the time for the child. This enables the parents to provide proper parental guidance to the first born enabling the child to develop better problem-solving skills and therefore the child is unlikely to develop suicide ideation when challenged in life. Last born children are in most cases gotten when the parents are old and too busy with careers and other aspects of life and so the children do not get as much attention from the parents as the first born. The last-born child may therefore develop poor problem-solving skills and when challenged in life,

AFSP (2018) determined that there are five essential approaches to lower the risk of suicide among young students. First, they need to know how suicide prevention relates to their work with high school students, second, they need to know how to spot students at risk for suicide, third, they need to know how to help those students, fourth, they need to know

how to react when a student dies by suicide, and fifth, they need to think about getting involved in suicide prevention on a larger scale in their school. There is no one better positioned than teachers to foster a sense of community and belonging in a school setting.

A victim of bullying may experience a decrease in self-esteem and a subsequent rise in feelings of unworthiness. This makes the victims feel that their lives aren't worth living because the abusers have made them feel dehumanized. Victims believe their very presence is an inconvenience to their abusers and their caregivers. As a result of this sensation, suicide thoughts can arise quickly in the victim. The first stage in any effective anti-bullying program must be an honest evaluation of the problem. The first step in addressing bullying in the classroom is to help teachers develop a shared understanding of the issue. Before effective interventions can be designed, it is essential to collect data about the people involved in bullying problems, the settings in which bullying happens, the frequency with which bullying occurs, and the response of other stakeholders to the problems of bullies and their victims.

Many factors, including the student's age, family tiers, sense of self-worth, family's socioeconomic situation, social connections, drug misuse by the student, mother's age, mother's degree of mental health, and father's absence, may moderate the effect of mental health, birth order, bullying, and the involvement of schools on suicide thoughts. These could be the subjects of further research.

1.13 Operational Definition of Terms

Attempted suicide

Refers to the act of students in a public secondary school in Butere Sub- County deliberately trying to end their own life

Birth order

Refers to the birth position of the student of a public secondary school in Butere Sub-County among their siblings

Bullying

Refers to harming, intimidating or coercing a student of a public secondary school in Butere Sub- County who is perceived as vulnerable

Completed suicide

Refers to the act of a student of a public secondary school in Butere Sub-County killing oneself.

Mental health

Refers to the clinical wellness of the mind of a student of a public secondary school in Butere Sub- County

Student

Refers to a learner attending a public secondary school in Butere Sub- County

Suicidal ideation

Refers to the urge to commit suicide among students in secondary school in Butere Sub-County.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter summarized the literature and identified research gaps in the areas of youth mental health and suicidal ideation; birth order and suicidal ideation; bullying and suicidal ideation; the role of guidance and counseling teachers in preventing suicidal ideation among students; and the role of guidance and counseling teachers in preventing suicide attempts.

Approximately 800,000 people per year take their own lives (WHO, 2017). The WHO has come to the conclusion that suicide is a worldwide epidemic, calling for urgently needed interventions at the societal, familial, and individual levels. The WHO asserts that the establishment of a public health surveillance system is essential to the prevention of suicide by providing better surveillance and tracking of suicide attempts and self-harm.

Although suicide is the third highest cause of death overall, there are many reasons why we should be especially concerned about suicidal ideation among young people. First, between the ages of 15 and 24, the suicide rate rises more sharply than at any other time in the lifespan (Nock, 2008a; WHO, 2017). To add to that, suicide is the second leading cause of death among young people, after automobile accidents. When looking at deaths from any cause, this is the tenth leading cause, however it is the second leading cause of death among children and teenagers (CDC, 2017). Third, the majority of people who have ever had suicidal thoughts or tried to commit suicide did so when they were young. The average onset age for suicidal thoughts and attempts is before the age of twenty-five (Kessler, Borges, & Walters, 1999).

Finally, suicide mortality is preventable, with adolescence giving a key chance for prevention that could save many more years of life. Learning the causes and triggers of suicidal ideation in young people can help us intervene sooner in their lives. For this reason, the students of form four in the Butere sub-county are the subject of our investigation. A literature review was undertaken on the four objectives' themes. The first discusses how young people's mental health affects their suicidal thoughts, while the second looks at how their birth order affects their suicidal thoughts. The impact of bullying on suicide ideation is discussed in the third section, and the role of instructors in charge of guidance and counseling is discussed in the fourth section.

2.2 Mental health and suicidal ideation among the youth

According to the latest WHO study from 2019, major depressive disorder is one of the primary contributors to the high suicide rate in Kenya. Based on this research, Kenya ranked sixth in Africa for highest rates of depression. According to the report, suicide is the third greatest cause of death among young people.

According to the WHO's report titled Depression and other common mental disorders: global health estimates, 4.4% of the population of Kenya (1952981) was affected by depression. The most recent data on suicide in Kenya, collected by the United Nations in 2018, indicates a rate of 3.2 suicides per 100,000 persons in 2016. This equates to 1,453 suicides out of a total population of 45,4 million. Up to 20% of South African high school students have attempted suicide, and one in ten teen deaths are caused by suicide, according to Africa Check. About one teen suicide every day occurred in 2012. About one in every eighteen high school students had attempted suicide in 2011. Over 70% of the 458 patients brought to Kenyatta National Hospital in 2012 were alleged to have purposefully taken poison, according to a study cited by the American magazine My Health. There were 302

suicides in Kenya in 2016, an increase from the 221 recorded the previous year. According to the 2018 Economic Survey published by the Kenya National Bureau of Statistics, there were 421 reported incidents of suicide in Kenya in 2017. Only 41.2% of deaths in Kenya last year were reported. This makes gathering precise suicide numbers much more challenging. According to the civil registration and vital statistics unit at Kenya's health ministry, the majority of the country's data on suicide comes from lay reporting and there isn't much data that has been coded. There is no indication in the reported cases as to whether or not they were suicides.

Khasakhala (2017) says that it is difficult to draw a clear correlation between a country's socioeconomic position and suicide tendencies, although there may be an association, as evidenced by the 2017 figures in Kenya. Suicide rates may have grown due to economic hardship, but attributing that trend only to that aspect is problematic due to the influence of other societal factors. Fatuma Foundation attributes the recent uptick in teenage suicide to factors like despair, peer pressure, parental pressure, and the growing chasm between generations. The foundation holds that the roots of the issues today's youth face may be traced back to their early years. Teens who are subjected to extreme pressure, stress, drugs, and alcohol lose the ability to think, behave, and process emotions rationally Shivero (2019). These young people have a higher suicide risk. When trying to understand why more and more young people are committing suicide, she suggests that caregivers look beyond common mental diseases like schizophrenia and bipolar. Due to the risk of adverse consequences, Shivero (2019) discourages the use of antidepressants and other mood-altering medicines in the treatment of adolescent depression. She advises participating in some form of verbal therapy.

Youth who are subjected to severe bullying at school or online often feel like

running away. When their parents refuse to comply with their request to transfer schools, their children may take their own lives. Youth issues can be traced back to homes where parents are either too busy to pay attention to their children or where parents in tense relationships fail to protect their children from traumatic events they are unable to handle on their own, such as a divorce, domestic violence, the loss of a parent or sibling, or an unconventional relationship between their parents. Several research teams have used measures of resting functional connectivity, an index of the pattern of cerebral activation across linked regions when participants are not performing a specific task, to pinpoint key brain circuits that appear to be aberrant in suicidal youths. For instance, compared to healthy controls, Chinese adolescent suicide attempters who lacked any other forms of psychopathology revealed altered functional connectivity across a number of brain regions (Cao, 2015). There was a significant decrease in functional coupling in the left fusiform gyrus, left hippocampus, left inferior frontal gyrus, right angular gyrus, bilateral posterior lobes of the cerebellum, bilateral parahippocampal gyrus, and bilateral middle frontal gyrus, indicating that the connectivity between these areas appears to be abnormal in people who are suicidal. Significantly increased functional coupling was observed between the right inferior parietal lobe, left praecunues, and right middle frontal gyrus in the suicide attempt group. These results held true regardless of factors including age, sex, education, or clinical features. The hippocampus and the dorsolateral prefrontal cortex (dIPFC) are two of the most important of these areas. Individuals who have attempted suicide have been discovered to have anatomical abnormalities in the hippocampus, a brain region crucial for mood regulation and memory (Gosnell, 2016). Suicide attempters often have structural abnormalities in the dIPFC, a region of the brain that plays a role in goal-directed behavior, decision making, and emotion regulation (Gosnell, 2016)

2.3 Birth order and suicidal ideation.

The risk of suicide has been linked to a person's place in the birth order, while this correlation could be muddled by other factors such a mother's age or family's socioeconomic standing, of the total number of suicides in Norway (3005), 2458 happened in multi-child homes. An individual's place in the birth order was positively correlated with their risk, and the higher the position, the greater the risk (Johan, H. B 2012). According to data culled from www.livescience.com, younger siblings had a higher suicide rate than firstborns. The study, which was published in the American Journal of Epidemiology, found that the risk of suicide in adults increased by 18% for every increment in birth order, from first to second to third. These results are substantial because they show that birth order is an early-life situation that affects long-term mental health. In an email to Live Science, Mikael Rostila, the study's director and a sociologist at Stockholm University's center for Health Equity Studies, explained the findings. Rostila noted that researchers have yet to determine why younger siblings may be at a higher risk for suicide, leaving open the question of how best to safeguard the well-being of the youngest members of a family (suicide: Red Flags & How to Get Help). An important part of the motivation for this research stems from these queries.

Birth order and its impact on a person's character has been the subject of much debate. The research on whether or not a person's intelligence or personality is affected by whether they are born first, last, or anywhere in between has yielded conflicting results. The concept that one's position in the womb might affect one's life is not novel, nevertheless. A tiny Norwegian study published in 2013 indicated, for instance, that firstborns may have a higher risk of diabetes and heart disease than their siblings, potentially due to metabolic patterns formed in utero. However, it can be challenging to

tease out the impacts of birth order due to the inherent difficulty in controlling for variances between households. Those who have only one or two children may be vastly different from those who have five. Despite this, multiple studies have revealed there may be a connection between birth order and mental health, specifically the risk of suicide.

According to research conducted in Norway and published in 2013 by the American Journal of Epidemiology, the suicide risk increased by 46% with every increment in birth order Rostila (2013). This new study is a replication of their previous work in Norway, but this time they used Swedish data. Everyone who was born in Sweden between 1931 and 1980 who was still alive at the end of that year had their vital statistics culled from Sweden's national birth and death records. The researchers followed up by keeping a database of fatalities from 1981 to 2002. Researchers showed that when they accounted for factors such as a person's sex, birth year, and mother's age at delivery, the sequence in which a person was born had a significant impact on his or her risk for suicide. (As of 2011, the WHO estimated that there were 11.1 suicides for per 100,000 Swedes). Additionally, researchers discovered that a higher birth order was associated with a higher chance of accidental death. This association was weak, but it does suggest that younger siblings may be more prone to taking risks or being impulsive, both of which have been linked to an increased risk of suicide, according to the study's authors. Even after accounting for differences in age between siblings, marital status, and socioeconomic position, the association between birth order and suicide remained. Increased risk factors remain unexplained. Rostila (2013) posited a theory wherein younger children are easy targets for bullying from older siblings. Youth suicidal ideation and behavior have both been connected to bullying.

A second theory suggests that the sheer number of children in a family makes it impossible for parents to provide each child the same amount of care and attention as their firstborn. According to Rostila (2013), "lower levels of attachment to parents because of constraints in quality time could give birth to emotional and behavioral issues, separation, stress, and psychiatric diseases," all of which contribute to a higher suicide risk among later-born siblings. There's also a chance that the connection is biological: More cortisol, the stress hormone, may be exposed to the fetus in later pregnancies, which may have negative effects on brain development.

Researchers could make better recommendations for preventing the problem if they had a better knowledge of the mechanisms driving the suicide relationship, Rostila (2013). Parental education and further screening of older women, for instance, could be helpful if prenatal biological factors are found to play a role, he said. But if, he said, the link is based on the parents' inadequate attention, Teaching parents how to equitably divide their time and money among their children, or providing social support for families with multiple children, might be more pressing. (John, 2013). While earlier research has shown a correlation between mother age, birth order, and suicidal ideation, it is possible that these findings were influenced by socioeconomic status or other unaccounted-for variables. One in five young adults in the West will take their own life this year, and for every suicide that is successfully completed, many more people make an attempt. Despite the prevalence of mental illness and substance abuse as causes of suicide, other significant risk factors include impulsive behavior in times of stress, extreme poverty, and life-threatening physical sickness. Recent research has linked birth order to suicide risk, with later-born children bearing a higher risk. However, maternal age at delivery may be negatively connected to risk in offspring.

It has been hypothesized that when considering the impacts of maternal age at childbirth and birth order, more than 20% of suicides could be prevented. If these calculations are accurate, it would be helpful to learn more about the involvement of the family in the several causes of suicide. Each family has its own dynamic, both between children and between children and their parents, and this can have a significant impact on a child's development and future risk of suicide. Therefore, it's been proposed that parents should focus more on their older children than their younger ones. In addition, fetal under-nutrition due to depletion of maternal nutritional reserves during the preceding pregnancy has been linked to lower mental health in offspring born to mothers who space their pregnancies closely together. Stronger effects are expected to be seen in children born third compared to second, fourth compared to third, and so on.

Children born to young mothers have a higher risk of experiencing a variety of negative psychological consequences, which may be attributable to the fact that they have fewer social, psychological, and economic resources accessible to them. This link may be partially explained by chance or by other factors such as genetics, the environment, and socioeconomic status in families. A large family may obscure the birth order effect, and first-time mothers face elevated dangers of mental illness and economic disadvantages. Due to data constraints, large record linkage studies sometimes fail to fully adjust for potential confounding effects of socioeconomic status and genetic impacts on mental health. Previous studies have examined individuals from community samples where data on family factors and potential confounders was often unavailable. Sibling comparisons, in which risk is compared in relation to maternal age and birth order within families, are one approach to get around this shortcoming, as a family design will account for common characteristics that might otherwise skew the results of

separate research. Bruce (2009) looked into the link between maternal age at childbirth and the risk of suicide in Norwegian children by age 42. The primary purpose was to evaluate the likelihood of suicide among siblings in households where a suicide had occurred during the follow-up period. The overall rate of suicide in the population was calculated as a point of reference. Birth order was found to be associated with both self-injury and suicidal ideation among adolescents, according to a paper published in the January 2009 issue of the Psychology, Health, and Medicine Journal by Bruce. K. This study examined the prevalence of self-injurious conduct, suicidal ideation, socially disruptive and threatening behavior, and other factors among a sample of 2553 children and adolescents evaluated in a psychiatric clinic in Germany. Children born in the center of a family were more prone to engage in self-harming and suicidal behaviors. Self-injury was more than twice as common among women as it was among men.

There were no statistically significant variations in suicide behavior amongst men of different birth orders, although middle children were much more likely to have self-injured than firstborns, only children, or the youngest or oldest children. Researchers in Sweden used data from the Swedish population register to track the lives of people with the same last name between the years of 1932 and 1980. The focus was on the differences in suicide risk that exist within families, such as the increased danger posed by clusters of suicides involving multiple members of the same family, such as multiple siblings. According to the results of these fixed effects analyses of families, the suicide risk rises by 18% for each additional birth order, with a 95% confidence interval. Children with higher birth orders have their resources spread thinner, their parents' attention divided, their parents' stress levels higher, and their nutritional reserves used up during pregnancy (Easey, Mars, & Pearson, 2019)

2.4 Bullying and suicidal ideation

Bullying is an aggressive conduct in which someone in a dominant position intentionally cause the victim psychological and/or physical harm. Between 9 and 54 percent of the world's population has experienced bullying, making it a major public health concern. It has been revealed that all bully participants have a significantly higher risk of serious mental and/or physical repercussions. Bedwetting, sleep problems, anxiety, melancholy, school phobia, feelings of insecurity, and discontent in school are only some of the clinical issues that have been identified among victims of child abuse. They may also experience physical symptoms, low self-worth, loneliness, and isolation. On the other hand, research suggests that bully offenders are more likely to suffer from depression and engage in antisocial conduct and legal issues as adults than their peers.

Differentiating victim-perpetrators (aggressive victims) from the other two categories of school bullying is the higher levels of psychopathology they experience as well as their dysfunctional home and educational profiles. One of the most significant signs of psychopathology is suicidality, which ranks as the third highest cause of mortality among adolescents in the United States and worldwide. A recent large-scale epidemiology study in the United States, for instance, found that 19% of high school students had serious suicidal ideation in the previous year, 15% had made a specific plan to attempt suicide, 8.8% had attempted suicide, and 2.6% had attempted suicide in such a way that they needed extensive medical attention. Similarly, a 2001 research in Korea indicated that, after automobile accidents and cancer, suicide was the third greatest cause of death among Korean teenagers aged 11 to 19.

Perceived peer rejection, being bullied, and bullying others were all linked to serious depression, substance use, and antisocial conduct with severe suicidal thoughts among children at higher risk for suicide. Hugues (2014) asserts that victims of school bullying had a significantly increased risk of suicidal ideation compared to those who had not been subjected to such threats. After accounting for factors including socioeconomic status, substance usage, and inactivity level, the findings were consistent. Depression was found to be the entire mediator between bullying victimization and each of the outcomes of suicide ideation, planning, and attempts. Victimization by bullies at school was totally mediated by depressive symptoms, while victimization by bullies at school was somewhat mediated by depressive symptoms and suicidal ideation and plans. These data lend credence to the hypothesis that being a victim of bullying at school increases one's likelihood of having suicidal thoughts, as well as the chance of actually attempting suicide.

It is important to treat depression in bully victims because it acts as a mediator between bullying and suicidal thoughts and actions. Sameer, (2010) claimed that empirical investigations and exposed that a few high-profile anecdotal cases have shown a link between suicidal thoughts and being bullied or doing something wrong. In 2007, a survey of 1963 middle school students' internet usage and experiences was conducted by one of the biggest school systems in the United States. Teenagers who have been bullied are more prone than their peers who have not been bullied to attempt suicide. Furthermore, compared to perpetrators, being a victim was more strongly linked to suicide ideation and behavior. Findings suggest that a suicide prevention and intervention part is an important part of schools' comprehensive programs to deal with bullying. They also show that teen peer hostility needs to be taken seriously both at school and at home.

Sheri (2013) examined the connections between bullying and victimization experiences, suicide behavior, and depression among 1491 high school adolescents using data from the 2009 Youth Risk Behavior Survey. The findings demonstrated that depression, though in different ways for males and females, mediates the connection between bullying/victimization and suicide attempts. To be more precise, depression only mediated the connection between cyber victimization and suicide attempts in women, whereas depression consistently mediated the association between traditional victimization and suicide attempts across genders. Similar to how depression reduced the connection between traditional bullying and suicide attempts for female only, this pattern holds true when both genders are considered. Neither gender's depression served as a moderator between cyber bullying and attempted suicide. For this reason, initiatives to reduce suicidality among bully victims should keep an eye out for signs of depression. Furthermore, it demonstrates the necessity of extending anti-bullying initiatives to high school students as well as those in middle schools.

Dorothy (2012) examined the relationship between school bullying and suicidal ideation after adjusting for depressive and antisocial personality disorder. They conducted a cross-sectional study to look at how frequently suicidal thoughts and actions occurred among students who engaged in verbal bullying, victims of bullying, physically aggressive bullies, and students who were not involved in bullying. In comparison to the 12% of children who do not experience bullying at all, 32% to 38% of verbal bullies and victims, 60% of bully victims, and 43% of physically aggressive bullies report having suicidal thoughts. In a similar vein, 24% to 28% of verbal bullies and victims, 44% of bully victims, and 35% of physically aggressive bullies indicated purposefully planning to harm or kill

themselves, as opposed to the 8% of children who were not involved in any way. Females who were bully victims were more likely to have suicidal thoughts and behaviors.

Differences in suicidal ideation and conduct found only between involved and uninvolved teenage bully victims, and even then, they were small after adjusting for delinquency and depression. Bivariate analysis led them to the conclusion that any form of participation in bullying raises the individual's risk for suicide thinking and action. Dorothy (2012) explains that the known relationship between bullying, peer victimization, and internalizing symptoms is of special importance in the development of suicide ideation and conduct. Importantly, both bullies and bully victims can be linked to feelings of despair and, in severe cases, suicidality and action. It is crucial to identify which factors contribute to increased risk for suicidal ideation and suicide attempts, given that adolescence is an age during which suicide represents a prominent cause of mortality.

Students often play multiple roles in bullying situations, including bully, victim, bully-victim, and bystander. For the most part, bullies exacerbated what are known as "externalizing behaviors," including acts of defiance and disruption, difficulties with social and academic skills, and unfavorable attitudes and beliefs about one's own abilities. Higher levels of melancholy, anxiety, withdrawal and avoidance, self-related cognition, and diminished social skills are all symptoms of victims' increased internalizing behavior. Additionally, bully-victims had higher rates of comorbid internalizing and externalizing behavior, as well as more negative self-perception, than youth who are not bullied. Media attention and academic interest in the correlation between bullying and suicidal thoughts and behavior have both increased dramatically in recent years. Participation in bullying in any form is linked to increased rates of suicide ideation and action, according to the vast

majority of available evidence. Individuals, families, cultures, and socioeconomic backgrounds all play unique roles in the development of suicide ideation and behavior. The following are only a few of the many topics that highlight these vast distinctions:

Peer victimization (also known as bullying) is strongly linked to suicidal ideation and actions among young people. Bullying is characterized by hostile, intimidating, or otherwise intimidating behavior directed against a weaker party on multiple occasions (Nansel, 2001). Suicidal thought, suicide attempt, and suicide death have all been linked to childhood and early adolescent social isolation, verbal/physical abuse, and compulsion (Kim, Leventhal, Koh, & Boyce, 2009; Goeffrey, 2016; Klomek, 2008; Klomek, 2009; Winsper, lereya, Zanarini, Wolke, 2012). The effects of peer victimization on female adolescents are very strong, even after accounting for depression and other mental disorders (kim, 2009; Winsper, 2012). (Klomek, 2009).

Considering the victim's exposure to the trauma over time is crucial, since research has linked increased risk of suicide ideation and action to greater duration of exposure to victimization (Geoffroy, 2016; Winsper, 2012). Importantly, whether as a bully, a victim, or both, being involved in bullying increases the likelihood of developing suicide ideation and behavior in the future (Kim, 2009; Klomek, 2008; Winsper, 2012). Cyber bullying is a relatively new area of study; it is similar to and frequently occurs in tandem with more traditional forms of bullying (Wang, Iannotti, Luk, & Nansel, 2010), but it takes place via electronic devices like cell phones or computers (Hinduja & Patchin, 2010). In contrast to traditional bullying, cyber bullying can be distinguished by a variety of factors, such as the victimization's potential frequency and durability as well as the perpetrator's anonymity (e.g., potential to bully 24 hours a day in select settings). Cross-sectional studies have shown

that both participating in cyber bullying and being the target of it are associated with higher rates of suicidal ideation and conduct (Bauman, Toomey, & Walker, 2013; Hinduja & Patchin, 2010; Litwiller & Brausch, 2013). According to evidence, cyber bullying is just as destructive as other types of harassment, if not even more so (Hinduja & Patchin, 2010; Bauman, 2013; Van Geel, Vedder & Tanilon, 2014).

Although bullying is a widely discussed issue in Kenya, this study is the first to quantify its scope in scientific terms (Ndetei, 2020). In Australia, the prevalence of bullying is between 15% and 20%, whereas in the United States, it is between 15% and 30%. Students in Kenyan schools, similar to those in South Africa, are facing higher levels of bullying than the global trend, a phenomenon that researchers warn may negatively impact individual performance and self-esteem.

According to study published in 2020 by the Africa Mental Health Foundation, the number of cases of bullying in secondary schools will have increased as a result of mistreated students turning into bullies. Concerning high rates of bullying have been documented in Kenyan schools, which could have serious consequences for bullied students if effective measures are not taken to reduce the problem (Ndetei, 2020). Between 63 and 82 percent of 1012 students polled at 17 Nairobi secondary schools in 2020 reported experiencing bullying. Eighty-two percent of students reported having their stuff stolen by classmates or higher-level students. Boarders in first and second form have reported being abused and having their possessions stolen. The study indicated that day students and students in grades three and four were less likely to be bullied. The study also found that victims of property theft are reluctant to tell their parents or guardians about the incident for fear of retaliation from bullies.

In addition, students voiced concerns about other forms of bullying that made it difficult for them to focus or want to remain in school. Additionally, 63% of the students reported being physically assaulted, 64% reported being blackmailed or threatened, 71% reported being called nasty names, 68% reported having tricks played on them, and 72% reported having lies said about them. While 60% of girls reported being bullied at least once, 67% of boys and students in mixed-gender schools reported experiencing bullying at least three times.

The prevalence of both direct and indirect bullying was higher at national schools. Seventy percent of those polled at national schools reported having been the target of direct bullying, compared to sixty percent in county and extra county schools. Researchers were unable to determine the precise causes of these variations, but they hypothesize that the greater diversity of pupils from different socioeconomic, rural, and urban backgrounds in national schools may contribute to the higher rates of bullying there. Students who experienced bullying had a higher risk of depression and worse self-esteem, perceived an increased level of school safety, and were more likely to avoid school altogether. It was discovered that bullies and their victims attended the same school. However, 30% of victims stated that those who bullied them to be older.

Direct bullying is more common among students in forms one and two than among students in higher grades. This bullying took place at school in dorms, playgrounds, corridors and on the route to and from school, away from adult supervision. A hazardous tendency which disturbs all of us is that victims of bullying later turn become bullies as well, employing the same forms by which they were bullied. It was discovered that boys bully both boys and girls, but girls bully only other girls. Girls were skilled at more indirect types of bullying, such as spreading rumors and encouraging social isolation, while boys were

adept at more overt forms of bullying, such as name-calling and physical assault. Girls place a higher priority on friendships than do boys. This is why bullying females purposefully spread false rumors about their victims in an effort to isolate them socially. Teen suicide is a major public health problem worldwide, accounting for the most deaths among that age group (Centre for Disease Control, 2017). Women between the ages of 15 and 17 have seen a particularly dramatic increase, with their numbers more than doubling.

Barzclay and Shiva (2017) looked at bullying victimization and suicidal ideation and behavior among adolescents in Europe, adding to a growing body of research examining the connection between traditional bullying and suicidal ideation. The data showed that 9.4% of people had been victims of physical abuse, 36.1% of verbal abuse, and 33.0% of relational abuse. Suicide ideation was more common among those who had experienced physical victimization, and suicide attempts were more common among those who had experienced relational victimization. According to Kaltiala-Heino and Frojd (2011), youth who engage in bullying are at an increased risk for suicidal ideation and behavior, whereas youth who are bullied appear to be at an increased risk for poor psychosocial adjustment, possibly because so many internet users are also socially isolated. Consequently, it is imperative to determine the relationship between various risk factors and suicide ideation among secondary school students in Butere Sub County, Kenya.

Bullying and suicidal thoughts have been the subject of a variety of research projects. Hinduja and Patchin (2010) conducted a study of 1,963 American middle school students. In this study, they looked into the possible links between cyber bullying and taking one's own life. When compared to their non-cyber bullied peers, both cyber bullying victims and bullies were found to be at increased risk for suicidal thoughts and behaviors. Those who were cyber bullied were nearly twice as likely to take their own lives as those who

bullied them (1.9 to 1.5). Alavie (2017) also examined the association between bullying and suicidal ideation among adolescents under the age of 18 who were patients in Canada. Seventy-seven percent of the students had been bullied, and sixty-six percent were considering suicide before the study began. Furthermore, there was an 11-fold increase in the prevalence of recorded suicide ideation among individuals who reported experiencing cyber bullying. Therefore, research on the correlation between certain risk variables and suicide ideation among secondary school students in Butere Sub County, Kenya, is warranted.

Smokowsk, Evans, & Cotter (2014) note that adolescents who were the targets of chronic and cumulative physical and cyber bullying reported the highest levels of school-related stress, perceived discrimination, peer rejection, anxiety, depression, and externalizing behaviors. Other research have found a link between cyber bullying and a variety of negative health and social effects (Pham & Adesman, 2015), as well as suicidal thoughts, plans, and attempts among Canadian schoolchildren (Sampsa-Kanyinga, Roumelictis and xu, 2014; Garzig, 2015).

Chiodo, Wolfe, Crooks, and Jaffe (2009) looked at the correlation between being a victim of sexual harassment and later coping psychologically in ninth grade. At the beginning of ninth grade and the end of eleventh grade, 1,734 students from 23 schools completed self-report surveys regarding victimization experiences, such as sexual harassment, physical dating, violence, peer violence, and relational victimization, as well as adjustment experiences, such as emotional distress, problem substance use, self-harm, suicidal ideation, maladaptive diets, feeling unsafe, and comprehension of violent delinquency. Williams, Langhinrichsen-Rohling, Wornell, and Finnegan (2017) studied the

consequences of bullying on students' mental health and the connection between bullying and suicide thoughts and behaviors among 9th graders (N=233).

Cyber bullying victims among women were more likely to experience depression, suicidal ideation, and attempted suicide. Muelley, James, Abrutyn, and Levin (2015) also conducted research on the correlation between bullying and suicidal ideation among young people in the United States. They looked at how sexuality, gender, and race/ethnicity all interact with one another. Young people of all races and sexual orientations were more likely to report suicidal thoughts and feelings, but the results showed that Black and Hispanic children were less likely to be bullies. However, the study did not detail the specific forms of bullying participants faced. Bauman, Toomey, and Walker (2013) analyzed the relationships between depression, suicide behavior, and bullying and victimization events among 1,491 high school students using data from the 2009 adolescent risk behavior survey. Males and females showed varied patterns of depression's mediation of the link between bullying victimization and suicide attempts. This fact encouraged researchers to examine the correlation between a few risk factors and suicidal thoughts in children attending public secondary schools in Butere Sub County, Kenya.

According to data collected from deputy principals in Butere Sub-county, bullying is pervasive in the area's schools. Theft from victims, particularly form ones and new students, forced use of the upper decker beds, and forced use of the victims' valuables, such as uniforms, are the most typical kinds of bullying in these schools. The study's findings indicate a prevalence of bullying practices in some school settings. Assigning form ones to upper decker beds, subpar amenities like desks, difficult manual tasks, and being served last at meals are all examples of this cultural norm.

2.5 The role of guidance and counseling teachers in mitigating suicidal ideation among the students

AFSP, (2018), established that there are five critical measures that can be taken to lessen the likelihood of a suicide attempt among young people. Here are a few: 1. high school educators should see the relevance of suicide prevention to their work, Second, they should be on the lookout for children who might be suicidal; third, they should intervene on behalf of those students; fourth, they should be ready to deal with a suicide death; and fifth, they should seriously consider being involved in school-wide suicide prevention. Teachers are in a prime position to foster a sense of community and belonging among students at their school. For kids to feel connected to their school, they must have faith that their teachers and classmates are really invested in them as people and their academic success (CDC, 2009). A teacher's ability to foster a sense of community among their students can be demonstrated by positive interactions with students and the facilitation of student engagement with classmates and other adults in the school community throughout the academic day and beyond. The feeling of belonging to a community has been linked to less suicidal thoughts and actions, and it has been shown to boost academic performance and positive lifestyle choices (Whitlock, 2014; Marraccini, 2017).

Teachers are encouraged to vigilantly look for warning signs that could indicate a student is suicidal in order to better identify those pupils who need help (AFSP, 2018). Mental health problems like depression and anxiety, substance abuse, ready access to lethal methods like firearms or drugs, prior suicide attempts, a family history of either mental illness or suicide, abuse, neglect, or trauma in childhood, witnessing the suicide of another person, and exposure to such events are all contributors.

Suicide talk or planning, extreme pessimism about one's own or others' futures, extreme emotional anguish or distress, and concerning behavioral signs including isolation or changes in social ties, altered sleep patterns, irrational rage or aggression, and heightened agitation are all red flags. In the event that a teacher does identify any of the aforementioned risk indicators in a kid, they should take prompt action. Do not leave the student alone; instead, take them to the school's mental health contact and provide them any extra information they might need to make an assessment. Students from different cultural backgrounds may also react to and discuss problems, mortality, and suicide in different ways, and have different attitudes on confiding in adults, asking for help, and making personal disclosures in general (AFSP, 2018). The death by suicide of a student, teacher, or other prominent person of the community can elevate the suicide risk among at-risk youth. Therefore, knowing how to react in a crisis or suicide prevention situation is crucial (Marraccini, M.E & Brier, Z. M .F. 2017). Postvention describes this process. Suicide prevention strategies that don't include identifying at-risk students are lacking.

School programs that promote connectedness and emotional well-being, student programs like peer leadership, screening students at risk, policies and procedures for implementing the components, and staff education and training are all essential parts of a comprehensive school suicide prevention program. A designated leader of the school's suicide prevention response team works with school administration to oversee and manage the program.

2.6 Summary of literature and research gaps

According to the aforementioned research, student suicide is a grave problem. It's also clear that experts and schools have tried hard to find a long-term answer to the issue of

children having suicidal thoughts. Ndetei (2011) notes that in Africa, mental health professionals are in short supply. Patients in suicidal crises, especially those living in rural areas, are more likely to seek help from primary care physicians or alternative medicine practitioners.

The continued prevalence of suicidal tendencies among students justifies more investigation into this issue. It is also unclear whether the schools in Butere Sub-county have properly adopted the methods recommended above regarding the role of teachers in minimizing suicidal thoughts among pupils; hence, the need for this study in Butere Sub-county. Gosnell (2016) investigated mental health and suicide in the general population using a community-based cross-sectional research approach, but without a specific focus on students and utilizing an ex-post facto study design in public secondary schools. Johan (2012) examined the relationship between birth order and suicide in the general population, but not specifically in secondary school students. Bruce (2009) investigated the relationship between mother age and suicide, leaving out the other variables. Hugues (2014) researched cyber bullying and school bullying in general, but not specifically among secondary school students. These deficits justify investing in this Butere subcounty research. This study will depart from prior research by focusing explicitly on suicide ideation among secondary school students in the Butere sub-county.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter describes the methodology utilized to conduct this investigation. This chapter discusses the research design, study region, study population, sample size and sampling techniques, validity and reliability of data collection tools, data gathering procedures, data analysis methodologies, and ethical considerations.

3.2 Research Design

Convergent mixed-methods design provided the framework for this investigation. Integration of quantitative and qualitative information is central to the design (Creswell & Creswell, 2018). In this single-stage methodology, the researcher collects and analyzes both quantitative and qualitative data before comparing the results to see if they support or refute each other. Creswell and Creswell (2018) argue that this method rests on the assumption that qualitative and quantitative data provide complementary but distinct types of information, such as in-depth descriptions of participants in the former and scores on instruments in the latter, and that when combined, they should produce equivalent results.

This investigation used a retrospective research approach. Ex-post facto research is defined as an empirical investigation in which the researcher has no direct control over independent variables because the effects of these variables have already occurred or because they are not normally containable (Kerlinger and Howard, 2000; Cohen, Manion, and Morrison, 2000; Marilyn and Jim, 2013). According to Lammers and Badia (2005), ex-

post facto research design is a non-experimental technique for contrasting two groups that already exist (in this case, those who attempted suicide and those who actually committed suicide) based on a dependent variable (in this case, the selected factors).

Assumptions about the past are used to place people in corresponding tiers of the independent variable. The setup permits contrasting two or more cohorts of comparable individuals who, by virtue of their natural histories, were subjected to varying environmental conditions. There were two primary justifications for this design. First, the mental health, bullying, and birth order of the students had already been predetermined, and second, suicidal tendencies had already manifested. Therefore, the goal of this research was to identify causal connections between preexisting factors. The two factors are independent of any external influence. This design was deemed suitable since it allowed for an analysis of dependent variable changes as a function of independent variable. In addition, the study was able to adjust for additional factors while still determining the link between the independent and dependent variables according to the design. The design also allowed for the collection of qualitative and quantitative data, which was analyzed in both descriptive and inferential ways.

3.3 Location of the Study

It was conducted in the Butere Sub-County, which is seen on a map in appendix 8. Butere is the location of the sub-county seat, which is located at 00013'N34030'E/0.2170N34.5000. Its primary economic activity is growing sugar cane. Most families also pursue subsistence agriculture. Butere Sub-county ranked highest among Kakamega County's twelve sub-counties in the 2019 KCSE.

Records kept by the County Director of Education of Kakamega County on suicidal tendencies among students in the Sub-counties are shown in table 3.0 below.

Table 3.1 Distribution of suicidal cases by Sub-county in Kakamega County between the year 2015 and 2021

Sub-county	Number of attempted suicides	Number of completed suicides
Kakamega north	50	3
Kakamega south	53	2
Kakamega east	41	2
Kakamega central	60	3
Butere	74	4
Mumias east	33	2
Mumias west	41	2
Khwisero	59	1
Navakholo	54	1
Matete	56	1
Matungu	38	1
Likuyani	49	1
Total	608	24

Butere Sub-county was chosen for this study because, according to records kept by the County Education Offices, the problem of suicidal tendencies among pupils was widespread and no research had been undertaken in Butere Sub-county to propose remedies to this problem.. The figures appear to have skyrocketed during and following the Corona holidays reaching 30 suicide attempts and 2 successful suicides between 2015 and 2019, followed by 44 suicide attempts and 2 successful suicides between 2020 and 2021. In this period, more girls attempted suicide (34 occurrences), while more boys completed suicide (3 cases).

3.4 Study Population and Target population

The target population consisted of all the students and teachers in the 30 public secondary schools in Butere Sub-county. The study population consisted of the 2564 form four students, 10 deputy principals, 10 teachers in charge of guidance and counseling and one Sub-county Director of Education. The unit of analysis in this study was the student. There is one National Girls' School, one Extra County Boys' School, and a total of 28 Sub-county Schools, two of which are all-boys day and boarding schools, four of which are all-girls day and boarding schools, and the remaining 22 are mixed day or day and boarding schools. Students in form four were surveyed since their years of schooling make them a good bet to know more about the topic. Teachers in charge of guidance and counseling were included because they had access to sensitive information concerning students' suicide tendencies, Deputy principals were included in the research because they oversee disciplinary matters and receive reports of students' suicide thoughts,. The Sub- County Director of Education was included as a participant in the research because he has access to a breakdown of student enrollment in the Sub- County and to data on student reports of suicidal thoughts and behaviors.

3.5 Sampling Procedures and Sample Size

Since there is no universally agreed-upon sample size, scientists must instead rely on the allowable latitudes for sample sizes. The degree of variability and the extent of unpredictability in the population are two of the most crucial aspects that influence sample size (Khan, Husain, and Lye, 2008). As a result, a larger sample size is required for higher levels of variability. Fraenkel and Wallen (2003) suggest that larger samples can produce results that are more representative of the population's parameter. The size of the sample also depends on the nature of the study. For this reason, stratified random sampling was used to choose the schools for this study. Gender and the type of school attended also played a role in the stratification. These include all-girls boarding, all-boys boarding, coed day, and coed day and boarding. One all-girls boarding school, one all-boys boarding school, one hybrid day/boarding school, and seven all-day schools were chosen using stratified random sampling for a total sample size of 10. Ten guidance counselors, ten deputy principals, and one SCDE were selected using a purposive sampling method. Since information on suicidal tendencies is reported to and preserved in the offices of teachers, deputy principals, and the SCDE, a purposeful sample of these individuals was taken.

Students attending schools that serve both sexes were selected using a basic random sampling method, while those attending schools that serve only one gender were selected using a stratified random sampling method. Using the Yamane Formula (1967), $n=N/1+N(e)^2$, where n is the sample size, N is the population from which the sample is obtained (in this example, 2564 form four pupils in Butere Sub-county in 2021), and e is the degree of confidence (in this case, 0.05), the sample size was equivalent to $2564/1+2564(0.05)^2$ =346 students.

Table 3.2: Description of Population and Sample Size

DESCRIPTION	POPULATION	SAMPLE		SAMPLING
		%	SIZE	DESIGN
Sub-county Director of Education	1	100	1	Purposive
Deputy Principals	30	33.3	10	Purposive
Guidance and Counseling Teachers	30	33.3	10	Purposive
Form Four boys	1305	13.5	176	Stratified
Form four girls	1259	13.5	170	Stratified
Total	**2625**	**13.89**	**367**	

Source: Office of the sub- County Director of Education, Butere (2021)

3.6 Research Instruments

Students participated in the study via a questionnaire, while teachers in charge of guidance and counseling, deputy principals, and the Sub- County Director of Education were interviewed using an interview guide. The Kenyan Ministry of Health's Analyzed Suicide Prevention Plan, 2021–2026 Appendix 6 includes the results of a study on the prevalence of suicide attempts and other risk factors among high school students in Kenya. Standardized recommended instruments for measuring mental health and bullying were adapted for use in this study; the student questionnaire on mental health was taken from the Short General Health Questionnaire (QHD-12), and the student questionnaire on bullying was taken from the Multidimensional peer-victimization Scale.

3.6.1 Questionnaire for students (QS)

Students were polled using the questionnaire in the appendix. Because of their low cost of administration and ability to collect copious amounts of data from a sizable population in a short amount of time, questionnaires were deemed suitable (Kombo & Tromp, 2006). There were five distinct parts of the questionnaires. Section A asked for basic personal information, Section B inquired about mental health, Section C inquired about birth

order, Section D inquired about the function of schools in reducing suicidal tendencies, and Section E inquired about bullying.

3.6.2 Interview Guide for Guidance and Counseling Teachers (IGGCT)

The sampled teachers who oversee guidance and counseling were given a structured interview guide (appendix 3). Due to the widespread spread of the Corona virus, some people were contacted using phone and video conferencing tools like Zoom. Mental health, birth order, bullying, and the role of schools in addressing the problem were the overarching themes that shaped the interview questions. The use of a well-designed interview guide is warranted since it facilitates comprehensive data collection and the resolution of any questions and concerns arising from the study's primary themes.

3.6.3 Interview Guide for Deputy Principals (IGDP)

Deputy principals were interviewed using an interview guide (appendix 4). The deputy principals in the study group followed a carefully crafted interview guide. Due to the corona epidemic, some people were reached via phone and online tools like zoom. The topics of mental health, birth order, bullying, and the role of schools in addressing these issues served as frameworks for the interview. The use of a well-designed interview guide is warranted since it facilitates comprehensive data collection and the resolution of any questions and concerns arising from the study's primary themes.

3.6.4 Interview Guide for the Sub- County Director of Education (IGSDE)

Data from the Sub- County Director of Education was collected using an interview guide, appendix 5. A structured interview guide was designed to collect information from the Sub- County Director of Education

3.6.5 Document Analysis Check List

A check list, appendix 6, was created to direct the researcher on the topics that required document examination. Two publications were analyzed: Suicide prevention strategy 2021-2026 by the Kenyan ministry of health and Suicidal behavior among Kenyan youth- Risk factors and prevalence in secondary schools.

Occurrence books and guidance and counseling records in each of the schools selected were analyzed

3.6.6 Piloting

A pilot study is an initial test of a larger-scale study plan. It allows feasibility, equipment, and process testing (Sreevidya & Sunitha, 2011). The research questionnaire's validity and reliability were examined in a pilot study. About 10% of the total population was included in the study (Kothari, 2004). The participants came from different universities in the surrounding areas of Butere Sub County. The pilot study's subjects were not included in the final analysis. In order to ensure the high quality of the data collection instruments, a pilot study was conducted to test their validity, reliability, and trustworthiness. The questionnaires and interview questions were put through their paces in a pilot study to make sure they collected the right kind of information to address the research questions. Minor changes were made to the questionnaires based on the findings of the pilot study.

3.7 Quality Assurance of the Research Instruments

Quality assurance was ensured using validity, reliability and trustworthiness.

3.7.1 Validity of Research Instruments

Evidence of precision, generalizability, and reproducibility are required components of any credible academic study. Toili (2007). The term "validity" is used to describe how well a given measuring device actually measures the target variables. It refers to how well and how meaningfully a research instrument can measure a notion (Roberta & Alison, 2015). In order to ensure that the research tools were reliable, this study employed both face and content validity. The specialists in the Educational Psychology department at Masinde Muliro University of Science and Technology determined the face validity of the Student Questionnaire (SQ) and the IGDP. The preference went to a measure with higher face validity so that users might have more faith in the survey's conclusions. Experts evaluate the items, the instrument's phrasing, format, and scoring for relevance to the study's goals; this is known as the content validity of the instrument. To cite this entry: Havercamp, Scandlin & Roth (2004). To do this, the pieces have to be meticulously arranged to remove any room for interpretation. In order to ensure that the appropriate characteristics are being measured, content validity was favored.

3.7.2 Reliability of Research Instruments

Hocking, Stacks, and McDermott (2003) note that a researcher's chosen methodology must be scrutinized closely in order to determine its reliability. The reliability of a test or technique is defined as the degree to which repeated runs yield the same or very similar findings. The dependability of questionnaires can be calculated in a realistic manner by using the split-half method. The split-half method was used to ensure the precision and reliability of SQ on the study's collected data. The preference went to the split-half design because it simplifies test administration, making sure there are lots of questions on the surveys and that they all assess the same construct helped increase confidence in the divided

half. The researchers analyzed and ranked the auto recorded interviews to determine the reliability of the data collected. The data's Cronbach Alpha coefficient value was 0.827, which is above 0.7, the level of acceptable reliability that Cronbach recommends (Cronbach, 1967).

3.7.3 Trustworthiness of the Qualitative Data

Research rigor, or the quality of a qualitative study, is directly related to how much confidence participants are willing to put in the study's findings and conclusions. Credibility, transferability, reliability, and confirmability are the four pillars on which the quality of data collection tools stands (Shenton, 2004)

3.7.3.1 Credibility

This term denotes the degree to which one finds the findings of a study to be credible, accurate, and reasonable (McMillan & Schumacher, 2010). This study's credibility was ensured by the incorporation of data verification procedures from a variety of different sources. Denzin and Lincoln (2000) state that using many methodologies and even just simple triangulation in a study is a way to increase the study's validity, reliability, and generalizability. Some of the pertinent questions from the questionnaire were also asked during the interviews, and participants were provided with relatively basic terminology to work with.

3.7.3.2 Transferability

It refers to the extent to which research results can be extended to other circumstances that are similar (Gay & Airasian, 2003; Leedy & Omrod, 2014). This was made possible by carefully selecting and describing the Butere Sub-county research location.

3.7.3.3 Dependability

Dependability refers to how well the findings hold together and how accurately they portray the opinions of people who were polled, as opposed to those of the researcher (Joppe, 2000). The form four students, assistant principals, guidance and counseling instructors, and the SCDE were all carefully selected as participants because of the wealth of information they could provide to the study. Furthermore, all participants were given the chance to double-check their opinions by reviewing transcripts of interviews with guidance and counseling teachers, assistant principals, and the SCDE.

3.7.3.4 Confirmability

A study's confirmability is dependent on the researcher's dedication to unbiased, pertinent data collection (Shenton, 2004). This was accomplished in the current study by means of a membership check designed to lessen the possibility of bias and prejudice on the part of the researchers.

3.8 Data Collection Procedure

Masinde Muliro University of Science and Technology gave their consent for the study to be conducted (MMUST). The County Director of Education (CDE), the Sub- County Director of Education, and the National Commission for Science, Technology, and Innovation (NACOSTI), appendix 7, were contacted to get a research permit. In order to conduct the research, we contacted the schools' principals and asked for their approval.

3.8.1 Collection of Data

Individual interviews with the assistant principals, guidance and counseling teachers, and the SCDE were used to collect the qualitative data presented here. To ensure the reliability of

the data gathered from the interviews with the participants, audio recordings were made (Creswell, 2012). There were ten separate interviews with assistant principals and guidance counselors. Student surveys allowed for the collection of quantitative information. The surveys were filled out by 176 male and 170 female, roughly reflecting the gender breakdown of the student body at the school in issue. Assistant principals acted as intermediaries between students and the questions.

3.9 Data analysis procedures

Analyses were performed on the collected data. Quantitative and qualitative information were examined. Since there are pros and cons to analyzing both types of data, we looked at both qualitative and quantitative information.

3.9.1 Quantitative data analysis

Quantitative data comprised of field-collected numerical information. The numbers represented things like the percentage of pupils who have shown suicide ideation or who have been exposed to a given risk factor. Hypotheses were evaluated at a 95% degree of certainty. The researcher utilized SPSS, a statistical program used in the social sciences, to compile all of the information gathered from the participants into a coherent whole. To calculate percentages and frequencies, a descriptive data analysis was conducted.

Table 3.3 shows summary of regression model and hypotheses testing.

Table 3.3 Regression model and Hypotheses Testing Model

Objective	Hypothesis	Model for test
Establish the influence of mental health on suicidal ideation among students in public secondary schools in Butere Sub-county	**$H_0$1:** There is no significant influence of mental health on suicidal ideation among students in public secondary schools in Butere Sub-county	Simple regression $Y = \alpha + \beta_1 X_1 + \varepsilon$ Where Y is suicidal ideation, α is the y-intercept term, β_1 is beta coefficient terms, X_1 is mental health and ε is the standard error term **Reject $H_0$1 if $\beta_1 \neq 0$, P≤ 0.05**
Determine the influence of birth order on suicidal ideation among students in public secondary schools in Butere Sub-county	**$H_0$2:** There is no significant influence of birth order on suicidal ideation among students in public secondary schools in Butere Sub-county	Simple regression $Y = \alpha + \beta_2 X_2 + \varepsilon$ Where Y is suicidal ideation, α is the y-intercept term, β_2 is beta coefficient terms, X_2 is birth order and ε is the standard error term **Reject $H_0$2 if $\beta_2 \neq$ O, P≤ 0.05**
Establish influenc of bullying on suicidal ideation among students of public secondary schools in Butere Sub-county	**$H_0$3:** There is no significant influence of bullying on suicidal ideation among students of public secondary schools in Butere Sub-county;	Simple regression $Y = \alpha + \beta_3 X_3 + \varepsilon$ Where Y is suicidal ideation, α is the y-intercept term, β_3 is beta coefficient terms, X_3 is bullying and ε is the standard error term **Reject $H_0$3 if $\beta_3 \neq 0$, P≤ 0.05**
Establish the role played by schools' guidance and counseling programs in mitigating suicidal ideation among students in public secondary schools in Butere Sub-county.	**$H_0$4:** There is no significant role played by schools' guidance and counseling programs in mitigating suicidal ideation among students in public secondary schools in Butere Sub-county.	Simple regression $Y = \alpha + \beta_4 X_4 + \varepsilon$ Where Y is suicidal ideation, α is the y-intercept term, β_4 is beta coefficient terms, X_4 is role played by school and ε is the standard error term **Reject $H_0$4 if $\beta_4 \neq 0$, P≤ 0.05**

The following overall multiple regression guided the study

$$Y = \alpha + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 \varepsilon$$

Where

Y = suicidal ideation, α is the y-intercept term, β_1, β_2, β_3,$\beta_4$are beta coefficient terms,

X_1 is mental health, X_2 is birth order, X_3 is bullying and $X_4$is role of school's guidance and counselling and ε is the standard error term.

3.9.2 Qualitative data analysis

Field descriptions constituted part of the qualitative information gathered. A thematic analysis was performed on the interview data. As opposed to the lengthy first-person accounts provided by the participants, this provides a new form that is shorter and more concise (Gale, 2013). This required playing back the recording of the initial interview to catch any details that were missed. Miles and Huberman (2014) recommend that the analysis of qualitative data begins with assigning codes to the new data, then noting personal reflections or other notes in the margin, then taking notice of parallels, relationships and differences between variables, themes, distinct differences between subgroups and common sequences, then identifying patterns and processes, commonalities and dissimilarities. (Mertens 2010).

3.10 Ethical Considerations

For this study to proceed, approval from NACOSTI was required. Further, approval from school heads and their deputies, as well as from students' parents, was requested. The responders were assured that their responses would remain private. Furthermore, all information gathered was used internally, and will not be shared with any outside parties. The researcher did not resort to bribery or any other unorthodox methods to collect data for this study. Respondents' confidentiality was strictly maintained, and the research was conducted in an ethical manner. A debriefing session was held to gain the participants' trust.

3.10.1 Informed consent

As described by the National Institutes of Health, "informed consent" is "a process of information exchange in which participants are presented with clear, intelligible information

needed to make a participation decision" (Houser, 2008). Therefore, the researcher adopted a permission process wherein initial verbal consent was sought prior to obtaining written consent from the respondents. In addition, at other key junctures in the gathering process before the results are released, communication will be informal but yet essential. This study adhered to the four tenets of informed consent: disclosure of essential information to participants, participants' understanding of information, participants' competence to give consent, and participants' voluntary offer of consent. Participants were also given the option to withdraw from the study at any time without penalty (Burns & Grove, 2007).

3.10.2 Confidentiality and anonymity

This is a method for handling sensitive data without establishing any direct connection to a specific person's reply (Burns & Grove, 2007). All study materials, both digital and paper, were encrypted and stored in a safe location that only the researcher had the key to. All responses and information provided by respondents will be kept strictly confidential.

CHAPTER FOUR

PRESENTATION, INTERPRETATION AND DISCUSSION OF FINDINGS

4.1 Introduction

This study aimed to determine the influence of selected factors on suicidal ideation among secondary school students in Butere Sub-County, Kenya. The study was specifically guided by the following objectives: the influence of mental health on suicidal ideation among students; the influence of birth order on suicidal ideation among students; the influence of bullying on suicidal ideation among students; and the role played by schools' guidance and counseling teachers in mitigating suicidal ideation among students in public secondary schools in Butere Sub-County. The findings are given in accordance with the study's specific objectives.

4.2 Response Rate

In this study, only 338 of the 346 individuals from the sampled group completed the questionnaires. This indicates that the response rate was 97.69%. According to Kothari (2004), a return rate of greater than 50% is acceptable in social science research, hence the percentage of completed questionnaires received was deemed satisfactory.

The results are presented in Table 4.1.

Table 4.1 Questionnaire return rate

No	Sampled group	Total issued	Total returned	Percent Returned
1.	Boys	176	174	98.86
2.	Girls	170	164	96.47
	Totals	**346**	**338**	**97.69**

Source: Field Data, 2022

4.3 Reliability Test

The study used Cronbach's Alpha coefficient of reliability to establish the reliability of the research instruments. The findings were as shown in Table 4.2

Table 4.2 Reliability Test

Variable	Cronbach's Alpha coefficient
Mental Health	0.881
Birth Order	0.833
Bullying	0.901
Role of School	0.922
Suicidal Ideation	0.877
Overall	**0.827**

Source: Field Data, 2022

From the results in Table 4.2, the variables had alpha values all above 0.7. Mental health had alpha value of 0.881, birth order 0.833, bullying 0.901, role of school 0.922 and suicidal ideation 0.877. The overall alpha value was 0.827. Therefore data was deemed reliable given

the Cronbach Alpha of coefficient value is at least 0.7 as recommended by Cronbach (1967). The data was therefore suitable for further analysis.

4.4 Demographic Characteristics of Respondents

The study respondents who filled questionnaires were form four students. The background information was as discussed in the following subsections.

4.4.1 Distribution of the respondents by gender

The findings of the study are as illustrated in Table 4.3.

Table 4.3: Distribution of respondents by gender

Gender	Frequency	Percent
Boy	174	51.5
Girl	164	48.5
Total	**338**	**100**

Source: Field Data, 2022

The same results were as shown in Figure 4.1

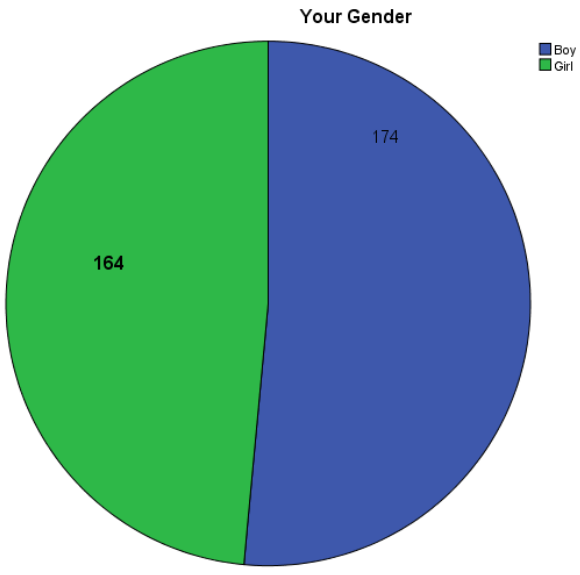

Figure 4.1 Distribution of respondents by Gender

Source: Field Data, 2022

The results show that of the 338 respondents, 51.5 percent were boys while 48.5 percent were girls. The response rate shows on average a balance between the boys and girls who participated in the study. The implications of the distribution of the respondents by gender were that more boys than girls responded.

4.4.2 Distribution of Respondents by School

The students who participated in the study were sampled from different categories of schools. These categories are illustrated in Table 4.4.

Table 4.4: Distribution of Respondents by Type of school

Category of school	Frequency	Percent	Cumulative Percent
Girls boarding	85	25.1	25.1
Boys boarding	92	27.2	52.4
Mixed Day	72	21.3	73.7
Mixed Day and boarding	89	26.3	100.0
Total	**338**	**100.0**	

Source: Field Data, 2022

From the results in Table 4.4, 85 students were from girls boarding schools, 92 were from boys boarding, 72 were from mixed day while the remaining 89 were from mixed day and boarding. The spread of respondents according to the school was evenly distributed given that the highest representation was boys boarding at 27.2% while the least was mixed day at 21.3%.The implication was that all the students were given equal opportunities to participate in the study and so the findings can be applied to the whole Sub-County.

4.5 Presentation of findings of the Study

The finds of the study are presented objective wise in this section.

4.5.1 Suicidal tendencies among students

The study established from the respondents by use of a tick **(✓)**, to indicate whether they Strongly Agree (SA), Agree (A), Not sure (N), Disagree (D) or Strongly Disagree (SD) with the following statements on data on Suicidal tendencies among students.

The findings were summarized in Table 4.5

Table 4.5 Data on Suicidal ideation among students

Statements	**Mean**	**Standard Deviation**
1.Our school has experienced cases of students who have committed suicide	3.654	0. 2196
2.Suicidal cases are on the increase in secondary schools around	3.712	0.8765
3.Some of my classmates have taken their own life	3.864	0.5431
4.In our school, some of my classmates are thinking of taking their own life	3.765	0.6758
5.We have several cases of suicidal tendencies among students in our school that were prevented by the guidance and counseling department of the school	3.655	0.4321
6.The role played by the school has a significant relationship with suicidal tendencies among the learners	3.712	0.8651
7.We have student counselors who help others in cases of need	3.431	0.7651
Composite Mean and Standard Deviation	**3.6847**	**0.6930**

Source: Field Data, 2022

Descriptive statistics on suicidal ideation scored different means. In statement one; our school has experiences cases of students who have committed suicide, the mean was 3.654 and standard deviation 0.2196. In statement two; Suicidal cases are on the increase in secondary schools around, the mean 3.712 and standard deviation 3.712 and standard deviation 0.8765. In statement three; some classmates have taken their own life, the mean was 3.864 and standard deviation 0.5431. In statement four; in our school, some of my classmates are thinking of taking their own life the mean was 3.765 and standard deviation 0.6758. In statement five; we have several cases of suicidal tendencies among students in our school that were prevented by the guidance and counseling department of the school, had a mean of 3.655 with standard deviation of 0.4321. In statement number six; the role played by the school have a significant relationship with suicidal tendencies among the learners, the mean was 3.712 and standard deviation 0.8651. In statement seven; we have student counselors who help others in cases of need, the mean was 3.431 and standard deviation 0.7651. The overall mean was 3.6847 while the overall standard deviation was 0.6930. The results implied that the respondents were in agreement with the statements on suicidal ideation in table 4.5 above.

According to Michell (2000), suicide is the third leading cause of mortality among those aged 15–24 in the world. Seven Kenyan students who had planned to continue their education at the secondary level took their own lives after failing to achieve the grades they needed to progress (Onyango (2012)

The findings are presented objective-wise, guided by the study variables.

4.5.2 Mental ill health and suicidal ideation of Students

In section B of the questionnaire, respondents were asked to use a tick **(✓)**, to indicate whether they Strongly Agree (SA), Agree (A), Not sure (N), Disagree (D) or Strongly

Disagree (SD) with the statements regarding the relationship between mental ill health and suicidal ideation. This measured the emotional, psychological and the social well-being aspects of mental health (How students think, feel and act). The summary of the results were presented in Table 4.6

Table 4.6 Mental ill Health and Suicidal Ideation

Statements	**Mean**	**Std Deviation**
1.In our school, students suffering from mental health problems have had suicidal tendencies	3.521	0.9121
2.My sibling who has mental health problems has had suicidal tendencies	3.655	0.7771
3.One of my siblings who suffered mental health problems committed suicide	3.432	0.6710
4.Our school has experienced attempted suicide by students who have mental health problems since I joined	3.891	0.7129
5.In the recent past, there have been cases of completed suicide by students who have mental health problems in our school	3.501	0.8101
6.My schoolmates who have mental health problems have occasionally threatened to commit suicide	3.781	0.6121
Composite Mean and Standard Deviation	**3.630**	**0.7492**

Source: ***Field*** ***Data,*** 2022

From the results in Table 4.6, statements scored different mean with regard to mental ill health and suicidal ideation. In statement one; in our school, students suffering from mental health have had suicidal tendencies the mean was 3.521 with standard deviation 0.9121. In

statement two; my sibling who has mental health problems has had suicidal tendencies, the mean was 3.655 with standard deviation 0.7771. In statement three; one of my siblings who suffered mental health problems committed suicide, the mean was 3.432 with standard deviation 0.6710. In statement four; our school has experienced attempted suicide by students who have mental health problems since I joined, the mean was 3.891 with standard deviation 0.7129. In statement five, In the recent past, there have been cases of completed suicide by students who have mental health problems in our school, the mean was 3.501 with standard deviation 0.8101. In statement six; my schoolmates who have mental health problems have occasionally threatened to commit suicide, the mean was 3.781 with standard deviation 0.6121. The overall mean was 3.630. On the Likert scale of 1-5, the value is approximately 4 which is closer to five than to one, which implied that the respondents were in agreement with the statements regarding mental ill health and suicidal ideation in table 4.6 above.

Suicide attempts among the secondary school students often occur in the context of a plan, which in itself is a construct of the mind, therefore pointing at mental ill health. Nock, Borges & Cha (2008)

The study also used simple regression model to explain the relationship between mental health and suicidal ideation. The study set out to test the following null hypothesis;

$H_0$1: There is no significant influence of mental ill health on suicidal ideation among students in public secondary schools in Butere Sub-county

A simple linear regression was run to get the correlation. Results were as illustrated in Table 4.7.

Table 4.7 Correlation between Mental ill health and Suicidal Ideation

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.751[a]	.564	.563	1.86560

a. Predictors: (Constant), Mental ill Health

Source: Field Data, 2022

Study findings revealed that the correlation coefficient was r=0.751 with p<0.000 being statistically significant. This led to rejecting the null hypothesis given that the value of R was more than 0. From the findings, the coefficient of determination (R^2) indicated that 56.4% of the variance in suicidal ideation, in the students was attributed to mental health.

Analysis of Variance was done and the results were as presented in Table 4.8.

Table 4.8 Analysis of Variance between Mental ill health and Suicidal Ideation

ANOVA[a]						
Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	1513.216	1	1513.216	434.774	.000[b]
	Residual	1169.435	336	3.480		
	Total	2682.651	337			

a. Dependent Variable: Suicidal tendencies

b. Predictors: (Constant), Mental ill Health

Source: Field Data, 2022

The ANOVA results had an F test value of 434.774 which was significant given p=0.000. This implied that the mental health explained the suicidal ideation given that the F- test was over 0.5 and significant.

Summary of the coefficient values and t-test results were presented in Table 4.9.

Table 4.9 Relationship between mental ill health and suicidal ideation

Coefficients[a]						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	-9.529	.392		9.809	.000
	Mental ill Health	.347	.017	-.751	2.851	.000

a. Dependent Variable: Suicidal tendencies

Source: Field Data, 2022

In the model, the p-value is significant ($p<0.001$) implying that mental health and suicidal ideation are related. In other words, good mental health reduces the chances of suicidal ideation.

The interview schedule carried out on the first guidance and counseling teachers portrayed the following scenario;

> "*It is quite challenging when students are faced with mental health problems. Unless the cases are handled on time, most of these students end up taking their own life. It is therefore important to handle the cases as they come. In fact it is better to isolate the students whose mental health is not good to be guided separately. This reduces the chances of having mentally ill students taking their own life."*

The first deputy principal held the following observation;

"*In our society, it is not possible to imagine we cannot have cases of mental problems. There are a lot of issues that are happening in the homes of these students. In itself, it's a challenge. Therefore it is important to have the issues of mental health*

addressed to avoid cases where students are taking their own life. I'm saying so because there are cases that have already occurred in the past and we do not want the same to continue in future"

Interview schedule from Sub county Director was recorded as follows;

"*In schools, it is impossible to assume students will not have mental problems. Challenges for the students are diverse. That is why it's important for such cases to be taken care of. In the past we have had cases where students have committed suicide due to mental challenges. This is one of the facts as a ministry we can't sweep under the carpet."*

The above narrative from teachers in charge of guidance and counseling, deputy principals and the SCDE clearly point out that there is a problem of suicidal ideation among students in Butere Sub-County as a result mental health problems. This is consistent with the results of earlier investigations. Previous research indicates that depression is the primary cause of suicide in Kenya, according to the WHO report for 2019. This survey ranked Kenya sixth in Africa in terms of the prevalence of depression. It was also said that suicide was the main cause of death among young people. According to the WHO study Depression and other common mental illnesses global health estimates, 4.4% of Kenyans (1952981) suffered from depression. In 2016, the suicide rate in Kenya was estimated by the United Nations to be 3.2 instances per 100,000 people, or 1,453 cases out of a total population of 45.4 million.

Kenya National Statistics recorded 302 suicides in 2016 up from 221 in 2015. Police data puts Kenya's cases of suicide in 2017 at 421 according to the 2018 Economic Survey by the Kenya National Bureau of Statistics (KNBS 2017). In 2017, only 41.2 % of deaths were reported in Kenya. This further complicates the process of data collection on suicide cases. According to the Kenya's health ministry's civil registration and vital statistics office, the majority of Kenya's data on suicide comes from uncoded lay reports. Cases reported do not specify whether or not they are suicides. Mental ill health leads to wrong judgment of situations which case repeated exposure to painful experiences leads to a feeling low

belongingness and burdensomeness

4.5.3 Birth order and suicidal ideation

By use of a tick **(✓)**, the respondents were to indicate whether they Strongly Agree (SA), Agree (A), Not sure (NS), Disagree (D) or Strongly Disagree (SD) with the following statements Birth order and suicidal health. Summary of the findings were as presented in Table 4.10

Table 4.10 Birth Order and Suicidal Ideation

Statements	**Mean**	**Standard Deviation**
1.Our last born once attempted suicide	3.812	0.8119
2.I know of a last born who committed suicide	3.012	0.6121
3.I do not know of a first born, second or only child who committed suicide	3.761	0.7612
4.Last borns easily talk of killing themselves	3.799	0.6517
5.Thoughts about committing suicide depend on birth order	3.871	0.8991
6.It is not easy for first born, second born or only child to think about committing suicide	3.898	0.6712
7.First borns, second born or only child rarely talk about killing themselves	3.589	0.7222
Composite Mean and Overall standard Deviation	**3.677**	**0.7327**

Source: Field Data, 2022

In statement one; our last born once attempted suicide, the mean was 3.812, standard deviation was 0.8119. In statement two; I know of a last born who committed suicide, the

mean was 3.012 while standard deviation was 0.6121. In statement three, I do not know of a first born, second or only child who committed suicide, the mean was 3.761 with standard deviation 0.7612. In statement four; Last borns easily talk of killing themselves, the mean was 3.799 with standard deviation 0.6517. In statement five; Thoughts about committing suicide depends on birth order, the mean was 3.871 with standard deviation 0.8991. In statement number six; it is not easy for first born children to think about committing suicide, the mean was 3.898 with standard deviation 0.6712. In statement number seven; First borns, second born or only child rarely talk about killing themselves, the mean was 3.589 with standard deviation of 0.7222. The overall mean was 3.677 while the overall standard deviation was 0.7327. On the likert scale the overall mean is approximately 4, which implied the respondents were in agreement with regards to the statements on birth order in table 4.10 above.

Unpleasant childhood experiences and exposure to trauma are common among last borns and can have detrimental effects on the individual both in childhood and adult hood Santrock (2013). The last born children feel they are burdens to other members of the family due to the support they get from older members of the family. They therefore develop a low sense of belongingness. In most cases older children's ideas are more listened to and acted upon.

In order to explain the relationship, the study tested the null hypothesis which was;

$H_0$2: There is no significant influence of birth order on suicidal ideation among students in public secondary schools in Butere Sub- County

Simple regression was used to establish the relationship between birth order and suicidal ideation. The findings were presented in Table 4.11.

Table 4.11 Regression between Birth Order and Suicidal Ideation

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.548[a]	.301	.299	1.00703

a. Predictors: (Constant), Birth Order

Source: Field Data, 2022

Study findings revealed that the correlation coefficient was r=0.548 with p<0.000 being statistically significant. This led to rejecting the null hypothesis given that the value of R was more than 0. From the findings, the coefficient of determination (R^2) indicated that 30.1% of the variance in suicidal ideation, in the students was attributed to birth order. Analysis of variance was carried out between the two variables and the findings were as presented in Table 4.12.

Table 4.12 ANOVA Test Results

ANOVA[a]						
Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	146.522	1	146.522	144.482	.000[b]
	Residual	340.744	336	1.014		
	Total	487.266	337			

a. Dependent Variable: Suicidal Ideation

b. Predictors: (Constant), Birth Order

Source: Field Data, 2022

The ANOVA results had an F test value of 146.522 which was significant given p=0.000. This implied that the birth order explained the suicidal ideation given that the F- test was over 0.5 and significant. Therefore higher birth orders are more prone to suicidal ideation.

Summary of the coefficient values and t-test results were presented in Table 4.13.

Table 4.13 Coefficient Summary

Coefficients[a]						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.323	.239		5.540	.000
	Birth Order	.624	.052	.548	12.020	.000

a. Dependent Variable: Suicidal Ideation

Source: Field Data, 2022

In the model, the p-value is significant (p<0.001) implying that increase in birth order positively affects suicidal ideation.

The interview schedule carried out on sub county director portrayed the following scenario;

> "*As a parent, I'm aware of a case where a child in a family committed suicide. Actually the boy was a lastborn in their family. Chances are that the increase in birth order has a likelihood of increasing the chances of having suicidal ideation. Parents should therefore be aware of this. Normally, the lastborns in families are ignored which now might arise to cases of taking their own lives."*

The second deputy principal held the following;

> "*Challenges exist in families where children are very many. Sometimes parents put a lot of concentration to firstborns. Naturally, firstborns meet various setbacks in life and in the event they harden up. On the contrary, lastborns do not have a lot of problems. Responsibilities are left to their older brothers. This makes them not be in a position they can handle a stressing situation."*

The second guidance and counseling teacher said;

"*It is true birth order has an effect on suicidal ideation among students. Children who are born last in families do not have the muscles to face challenges in their lives. However, firstborns are passed through difficult experiences and in the event they harden up."*

According to research published in 2013 in the American Journal of Epidemiology, the risk of suicide increased by 46% for each additional birth order in a sample of 1.7 million adults in Norway. Rostila and his colleagues duplicated the Norway findings using Swedish data in their latest investigation. Everyone who was born in Sweden between 1931 and 1980 who was still alive at the end of that year had their vital statistics culled from Sweden's national birth and death records. The researchers followed up by keeping a database of fatalities from 1981 to 2002. Researchers showed that when they accounted for factors such as a person's sex, birth year, and mother's age at delivery, the sequence in which a person was born had a significant impact on his or her risk for suicide. (As of 2011, the WHO estimated that there were 11.1 suicides for per 100,000 Swedes). A higher birth order was also associated with a greater chance of accidental death, according to the study's authors. This association was weak, but it does suggest that younger siblings may be more prone to taking risks or being impulsive, both of which have been linked to an increased risk of suicide, according to the study's authors. Even after accounting for differences in age between siblings, marital status, and socioeconomic position, the association between birth order and suicide remained. Increased risk factors remain unexplained. Rostila posited a theory wherein younger children are easy targets for bullying from older siblings. Teen suicide rates have been connected to a person's position in the birth order.

4.5.4 Bullying and suicidal tendencies

The respondents were asked to indicate by use of a tick **(✓)**, indicate whether you strongly Agree (SA), Agree (A), Not sure (N), Disagree (D) or Strongly Disagree (SD) with the following statements regarding Bullying and suicidal tendencies.

The findings were summarized in Table 4.14

Table 4.14 Bullying and suicidal tendencies

Statements	**Mean**	**Standard Deviation**
1.Our school has experienced cases of attempted suicide due to bullying	3.781	0. 8711
2.Most students who think of committing suicide have been bullied	3.688	0.9171
3.I have once considered suicide because of being bullied	3.761	0.8612
4.Most students who commit suicide have been victims of bullying	3.781	0.7161
5.Students commit suicide to escape from being bullied	3.512	0.3091
6.Some students in our school opted to kill themselves when they experienced numerous bulling from their peers	3.321	0.6172
7.Sometimes my classmates say that the best solution to evade bulling is by committing suicide	3.871	0.6121
Composite Mean and Standard Deviation	**3.6736**	**0.6721**

Source: Field Data, 2022

Descriptive statistics on bullying were as summarized in Table 4.14. Statements regarding bullying in schools scored differently. In statement number one; our school has experienced cases of attempted suicide due to bullying, the mean was 3.781 with standard

deviation 0.8711. In statement number two; most students who think of committing suicide have been bullied, the mean was 3.688 with standard deviation 0.9171. In statement number three; I have once considered suicide because of being bullied; the mean was 3.761 with standard deviation 0.8612. In statement four; Most students who commit suicide have been victims of bullying, the mean was 3.781 with standard deviation 0.7161. In statement number five; Students commit suicide to escape from being bullied, the mean was 3.512 with standard deviation 0.3091. In statement number six; some students in our school opted to kill themselves when they experienced numerous bulling from their peers, the mean was 3.321 with standard deviation 0.6172. In statement number seven; sometimes my classmates say that the best solution to evade bulling is by committing suicide; the mean was 3.871 with standard deviation 0.6121. The overall mean was 3.674 while the overall standard deviation was 0.6721. On a Likert scale of 1-5, a mean of 3.674 is closer to five than one. The responses implied that the students were in agreement with statements regarding bullying and suicidal ideation in schools as shown in table 4.14 above.

Suicide of adolescents appears as a distinctive act of compensation for the perceived harassment as a result of demands from other people Rasmussen (2018). Repeated bullying inflicts emotional and psychological pain on the victim which makes them develop resistance to pain. This in turn makes them able to inflict self-injury and develop suicidal ideation

The study also set out to test the following null hypothesis

$H_0$3: There is no significant influence of bullying on suicidal ideation among students of public secondary schools in Butere Sub-county

Simple regression was used to establish the relationship between bullying and suicidal ideation. The results were summarized in Table 4.15

Table 4.15 Coefficient of determination between Bullying and Suicidal ideation

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.781[a]	.610	.608	1.76562

a. Predictors: (Constant), Bullying

Source: Field Data, 2022

Study findings illustrated in Table 4.15 showed an R value of 0.781. This implied that there was a statistically significant positive relationship between bullying and suicidal ideation. Further the study revealed the coefficient of determination (R^2) indicated that 61% of the variance in suicidal ideation, in the students was attributed to bullying.

Analysis of variance was carried out between the two variables and the findings were as presented in Table 4.16.

Table 4.16 ANOVA Test Results

ANOVA[a]						
Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	1635.202	1	1635.202	524.539	.000[b]
	Residual	1047.449	336	3.117		
	Total	2682.651	337			

a. Dependent Variable: Suicidal tendencies

b. Predictors: (Constant), Bullying

Source: Field Data, 2022

The ANOVA results had an F test value of 524.539 which was significant given p=0.000. This implied that the bullying explained the suicidal ideation given that the F- test was over 0.5 and significant.

Summary of the coefficient values and t-test results were presented in Table 4.17.

Table 4.17 Coefficient Summary

Coefficients[a]						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	18.345	.408		14.965	.000
	Bullying	.422	.018	.781	22.903	.000

a. Dependent Variable: Suicidal tendencies

Source: Field Data, 2022

In the model, the p-value is significant (p<0.001) implying that increase in bullying increases the chances of suicidal ideation. This led to rejection of the null hypothesis.

The third guidance and counseling teacher held the following scenario;

> "*Bullying is all over schools. Nowadays we have discovered that even junior students can bully their senior ones. In addition, bullying in schools takes several forms. It is therefore important for us to keep vigilant over such cases. We have reports in the past where students committed suicide because of being bullied."*

Sub county director had this to say;

> "*From time in memory, cases of bullying in schools have been reported. However, the forms of bullying nowadays have changed. We therefore need to be on alert to avoid losing lives of students. I have worked elsewhere and have discovered bullying is a problem in most schools across the country. If not taken seriously, we might end up losing most of our students who commit suicide."*

The third deputy principal had the following to say;

> "*Bullying is as old as the beginning of formal education system where students interact with each other in schools. It is one of the ways through which students have taken their own life and it is quite unfortunate to report it that way. We need to handle bullying in schools with care to avoid suicidal ideation among our students".*

Using data from the 2009 Youth Risk Behavior Survey, Sheri (2013) analyzed the connection between depression, suicide behavior, and bullying and victimization experiences among 1491 high school students, and her findings coincide with those of the current study. The study indicated that bullying or victimization was associated with an increased risk of suicidal ideation or behavior, and that depression moderated this association, though in different ways for males and females.

To be more specific, depression mediated the association between traditional victimization and suicide attempts in a way that was consistent across gender, but depression mediated the association between cyber victimization and suicide attempts in women exclusively. For women exclusively, traditional bullying was linked to suicide attempts via depression. Neither gender's depression served as a moderator between cyberbullying and attempted suicide. For this reason, initiatives to reduce suicidality among bully victims should keep an eye out for signs of depression. This research also demonstrates the importance of focusing on high school kids as part of a broader strategy to combat bullying. Dorothy, (2012) examined the relationship between school bullying and suicidal ideation after adjusting for depressive and antisocial personality disorder. They conducted a cross-sectional study to look at how frequently suicidal thoughts and actions occurred among students who engaged in verbal bullying, victims of bullying, physically aggressive bullies, and students who were not involved in bullying.

When compared to the 12% of youth who are not involved in any form of bullying, 32% to 38% of verbal bullies and victims, 60% of bully victims, and 43% of physically aggressive bullies report having suicide thoughts. Similarly, compared to the 8% of children who weren't involved in any way, 24% to 28% of verbal bullies and victims, 44% of bully victims, and 35% of physically aggressive bullies reported intentionally intending to damage or kill themselves. Suicidal ideation and conduct were especially prevalent among females who fell into the bully victim group.

4.5.5 The role of schools in mitigating suicidal tendencies among students

The fourth objective of the study was to establish role played by schools' guidance and counseling programs in mitigating suicidal ideation among students in public secondary schools in Butere Sub- County. The study established from the respondents by use of a tick **(✓)**, to indicate whether they Strongly Agree (SA), Agree (A), Undecided (U), Disagree (D) or Strongly Disagree (SD) with the following statements on the role of schools in mitigating suicidal tendencies among students.

The findings were summarized in Table 4.18

Table 4.18 Role of schools in mitigating suicidal tendencies among students

Statements	Mean	Standard Deviation
1.Our school has a functional guidance and counseling office that deals with cases of suicidal tendencies among students	3.551	0. 3211
2.Students freely and frequently visit the guidance and counseling office from time to time to discuss suicidal ideation among them	3.643	0.7654
3.Our school has guidance and counseling programs in the routine to help students who have suicidal tendencies	3.432	0.6421
4.In our school, the guidance and counseling department has programs tailored for mitigation of suicidal tendencies among students	3.875	0.6543
5.We have several cases of suicidal tendencies among students in our school that were prevented by the guidance and counseling department of the school	3.121	0.6751
6.The role played by the school has a significant relationship with suicidal tendencies among the learners	3.776	0.7641
7.We have student counselors who help those with suicidal tendencies	3.981	0.8644
Composite Mean and Standard Deviation	**3.626**	**0.7276**

Source: Field Data, 2022

Descriptive statistics regarding the role played by the school scored different values of mean. In statement number one; our school has a functional guidance and counseling office that deals with cases of suicidal tendencies among students, the mean was 3.551 while the standard deviation was 0.3211. In statement number two; Students freely and frequently

visit the guidance and counseling office from time to time to discuss suicidal ideation among them, the mean was 3.643 while the standard deviation was 0.7654. In statement number three; our school has guidance and counseling programs in the routine to help students who have suicidal tendencies, the mean was 3.432 while the standard deviation was 0.6421. In statement number four; in our school, the guidance and counseling department has programs tailored for mitigation of suicidal tendencies among students, the mean was 3.875 while the standard deviation was 0.6543. In statement number five; we have several cases of suicidal tendencies among students in our school that were prevented by the guidance and counseling department of the school, the mean was 3.121 while the standard deviation was 0.6751. In statement number six; the role played by the school has a significant relationship with suicidal tendencies among the learners, the mean was 3.776 while the standard deviation was 0.7641. In statement number seven; we have student counselors who help those with suicidal tendencies, the mean was 3.981 while the standard deviation was 0.8644. The overall mean was 3.626 while the overall standard deviation was 0.7276. The results implied respondents were in agreement with statements regarding the role played by the school in mitigating suicidal ideation. Students undergo a culture shock when they join secondary schools. They are subjected to more demands and expectations from the teachers, parents and their peers. When such students are not properly guided and counseled, they sense of belonging goes down and they feel they are not meeting the expectations of their seniors. To escape this, some students resort to suicidal ideation and attempts

The American School Counseling Association states that school counselors are responsible for helping students grow in academic, social, career, and personal areas; fostering the growth of positive habits, values, and attitudes; helping students gain insight

into their own strengths and weaknesses; assessing their academic progress; and easing the transition into new environments.

The study also tested the following null hypothesis;

$H_0$4: There is no significant role played by schools' guidance and counseling programs in mitigating suicidal ideation among students in public secondary schools in Butere Sub-County.

Simple regression was used to establish the relationship between bullying and suicidal ideation. The results were summarized in Table 4.19

Table 4.19: Coefficient of determination of Role played

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.616[a]	.379	.378	.94861

a. Predictors: (Constant), Role Played

Source: Field Data, 2022

Study findings illustrated in Table 4.19 showed an R value of 0.616. This implied that there was a statistically significant positive relationship role played by school and suicidal ideation. Further the study revealed the coefficient of determination (R^2) indicated that 37.9% of the variance in suicidal ideation, in the students was attributed to the role played by the school.

Analysis of variance was carried out between the two variables and the findings were as presented in Table 4.20.

Table 4.20 ANOVA Test Results

ANOVA[a]						
Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	184.911	1	184.911	205.486	.000[b]
	Residual	302.356	336	.900		
	Total	487.266	337			

a. Dependent Variable: Suicidal tendencies

b. Predictors: (Constant), Role played

Source: Field Data, 2022

The ANOVA results had an F test value of 205.486 which was significant given p=0.000. This implied that the role played by the school explained the suicidal ideation given that the F- test was over 0.5 and significant.

Summary of the coefficient values and t-test results were presented in Table 4.21.

Table 4.21 Coefficient Summary

Coefficients[a]						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.012	.156		12.924	.000
	Role played	.493	.034	-.616	4.335	.000

a. Dependent Variable: Suicidal tendencies

Source: Field Data, 2022

In the model, the p-value is significant ($p<0.001$) implying that role played by the school reduces the chances of suicidal ideation given beta value was negative. Therefore the null hypothesis was rejected.

The forth guidance and counseling held the following scenario;

> "*We normally handle cases of bullying seriously. We even go to an extent of expelling any students who bully others in school. In cases of mental health, we normally call the parent and advice on the best way forward. Our guidance and counseling office is very active to handle."*

The forth deputy principal had the following;

> "*Schools are putting in a lot of effort to guide and counsel students to enable them overcome life challenges and avoid suicidal ideations"*

Sub County director had the following;

> "*We have streamlined the issues regarding guidance and counseling in schools to reduce the chances of bullying in schools. This in a way has helped our schools to mitigate the issue of suicidal ideation. "*

AFSP, (2018) determined five essential measures to lessen the likelihood of adolescent suicide. One, they need to know how to talk to kids about suicide, two, they need to know how to spot students who might be at risk for suicide, three, they need to know how to respond to a suicide death, and five, they might want to get engaged in school-wide suicide prevention. Teachers are in a prime position to foster a sense of community and belonging among students at their school. For kids to feel connected to their school, they must have faith that their teachers and classmates are really invested in them as people and their academic success (CDC, 2009). When a teacher engages with students and helps them engage with one another, they are fostering a sense of community. The feeling of belonging to a community has been linked to less suicidal thoughts and actions, and it has been shown to boost academic performance and positive lifestyle choices (Whitlock, 2014; Marraccini, 2017).

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

Findings from the previous chapter are summarized here. Conclusions and suggestions were taken from the data. Moreover, suggestions for future research are made.

5.2 Summary of Findings

Summary of the research findings was done according to the research objectives which were specifically to; establish the influence of mental health on suicidal ideation among students in public secondary schools in Butere Sub- County; determine the influence of birth order on suicidal ideation among students in public secondary schools in Butere Sub- County; establish influence of bullying on suicidal ideation among students of public secondary schools in Butere Sub- County; and establish the role played by schools' guidance and counseling teachers in mitigating suicidal ideation among students in public secondary schools in Butere Sub- County.

5.2.1 Influence of Mental Health on Suicidal Ideation among students in Butere Sub County.

The study used simple regression model to explain the relationship between mental health and suicidal ideation.

Study findings revealed that the correlation coefficient was r=0.751 with p<0.000 being statistically significant as shown in table 4.7 above. This led to rejecting the null hypothesis given that the value of R was more than 0. From the findings, the coefficient of determination (R^2) in table 4.7 above indicated that 56.4% of the variance in suicidal ideation, in the students was attributed to mental health. The ANOVA results in table 4.8 above had an F test value of 434.774 which was significant given p=0.000. This revealed that the mental health explained the suicidal ideation given that the F- test was over 0.5 and significant. The study rejected the null hypothesis.

5.2.2 Influence of Birth Order on Suicidal Ideation among Students

Simple regression was used to establish the relationship between birth order and suicidal ideation. Study findings in table 4.11 revealed that the correlation coefficient was r=0.548 with p<0.000 being statistically significant. This led to rejecting the null hypothesis given that the value of R was more than 0. From the findings in table 4.11, the coefficient of determination (R^2) indicated that 30.1% of the variance in suicidal ideation, in the students was attributed to birth order.

The ANOVA results in table 4.12 had an F test value of 146.522 which was significant given p=0.000. This showed that the birth order explained the suicidal ideation given that the F- test was over 0.5 and significant. In the model, the p-value is significant (p<0.001) meaning that increase in birth order positively affects suicidal ideation.

5.2.3 Influence of Bullying on Suicidal Ideation among students in Butere Sub County.

Simple regression was used to establish the relationship between bullying and suicidal ideation.

Study findings in table 4.15 showed an R value of 0.781. This implied that there was a statistically significant positive relationship between bullying and suicidal ideation. Further the study findings in table 4.15 revealed that the coefficient of determination (R^2) indicated that 61% of the variance in suicidal ideation, in the students was attributed to bullying.

The ANOVA results in table 4.16 had an F test value of 524.539 which was significant given p=0.000. This meant that bullying explained the suicidal ideation given that the F- test was over 0.5 and significant. In the model, the p-value is significant ($p<0.001$) meaning that increase in bullying increases the chances of suicidal ideation. The null hypothesis was therefore rejected.

5.2.4 Role Played by teachers of guidance and counseling in Mitigating Suicidal Ideation among students in Butere Sub County

The fourth objective of the study was to establish role played by schools' guidance and counseling programs in mitigating suicidal ideation among students in public secondary schools in Butere Sub- County.

Study findings illustrated in Table 4.19 showed an R value of 0.616. This meant that there was a statistically significant positive relationship role played by school and suicidal ideation. Further the study findings in table 4.19 revealed that the coefficient of determination (R^2) indicated that 37.9% of the variance in suicidal ideation, in the students was attributed to the role played by the school.

The ANOVA results in table 4.20 had an F test value of 205.486 which was significant given p=0.000. This implied that the role played by the school explained the suicidal ideation given that the F- test was over 0.5 and significant. In the model, the p-value is significant ($p<0.001$) meaning that role played by the teachers of guidance and counseling reduces the chances of suicidal ideation given beta value was negative. Therefore the null hypothesis was therefore rejected.

5.3 Conclusion

Bullying is the most influential factor at an R^2 value of 61% as seen in table 4.15, followed by mental ill health at an R^2 value of 56.4% (table 4.7), then the role of schools at an R^2 of 37.9% (table 4.19) and lastly birth order at an R^2 of 30.1% (table4.11)

The study concluded that mental health and suicidal ideation are negatively related. Good mental health reduces the chances for suicidal ideation

Birth order and suicidal ideation are positively related. Increase in birth order leads to increase in suicidal ideation.

Bullying and suicidal ideation are positively related. Increase in cases of bullying leads to increase in chances of suicidal ideation.

The school plays an important role in mitigating the risks associated with suicidal ideation. Effective programs of guidance and counseling reduce suicidal ideations among students.

5.4 Recommendations

The following were recommendations made from the study

i. Teachers in charge of guidance and counseling should develop programs to diagnose and treat mental ill health conditions in order to prevent or eliminate suicidal ideation among their students.
ii. In order to lessen the likelihood of suicidal ideation, parents and educators must converse with their children, provide the necessary resources, and be present, particularly to the youngest child.
iii. Due to the prevalence of bullying such forced use of the upper decker in schools, it is necessary to address the issue in order to prevent suicidal ideation.
iv. Teachers should be encouraged to enhance their capacity and introduce and implement effective peer counseling programs to mitigate suicidal ideation among students.
v. Counselors should be engaged in capacity build to prevent them from becoming victims of suicide

5.5 Suggestions for Further Research

During data collection from respondents, it was realized that there were other areas that were featuring prominently but were not being covered by this study. The following suggestions were therefore made for further studies:

i. The study was carried out in Public secondary schools in Butere Sub County, Kenya. Further studies are encouraged to cover other sub counties to check whether the findings are consistent.

ii. Further studies are encouraged to cover both public and private schools and compare the findings with the current research.

iii. The research was restricted to education sector. Further studies are encouraged to have other sectors and compare the findings.

iv. Further studies are encouraged to establish the moderating influence of parental support on the relationship between psychosocial factors and suicidal ideation among students in public secondary schools.

v. The study used the tools modified from the standard tools of data collection. Further studies using already established psychological tools for measuring mental health such as The General Health Questionnaire and Generalized Anxiety Disorder and tools for measuring bullying such as Forms of Bullying Scale are encouraged so as to compare the findings.

vi. In the literature reviewed, mental health, birth order and bullying were the most prominent factors but during data collection, the mother's mental health and father' absence also featured and so they need to be addressed as well.

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APPENDICES

Appendix 1: Introductory Letter

Dear respondent,

I am a postgraduate student undertaking Award of the Degree of Masters of Education in Educational Psychology of Masinde Muliro University of Science and Technology. I am carrying out a study on the INFLUENCE OF SELECTED FACTORS ON SUICIDAL IDEATION AMONG STUDENTS IN PUBLIC SECONDARY SCHOOLS IN BUTERE SUB-COUNTY, KENYA. The following questionnaire and interview schedule are being used to collect data for the study. Please help me out with this research by filling out the questionnaire and answering the questions truthfully and completely. Fill out the form below as accurately and impartial as you can. Only information relevant to this study will be used, and all information supplied will be kept in the strictest confidence.

Thank you

Yours faithfully

AMBALE C. KENNEDY

Appendix 2: Questionnaire for students

Dear respondent

You have been selected to participate in a study that aims to establish the extent to which selected factors affect suicidal tendencies among students of public secondary schools in Butere Sub-county. The information you will provide will be treated as confidential and will only be used for the purpose of this study. Kindly read each question carefully and answer by ticking in the appropriate blank space.

PART A.Background data

1. What is your gender? Male ( ) Female ( )

2. What is the category of your school? Girls boarding ( ) Boys boarding ( ) Mixed day ( )

   Mixed day and boarding ( )

3. What is your birth order First born ( ) last born ( ) only child ( ) others ( )

PART B. Mental health and suicidal ideation data

To answer each question, select the single option that most closely reflects who you are. There is no correct response; simply share your thoughts. To do this, tick (√) one of the answers under each statement.

1= Strongly Disagree (SD), 2= Disagree (A), 3= Not Sure (N), 4= Agree (A), 5=Strongly Agree (SA)

	Statements	SA	A	N	D	SD
1	In our school, students suffering from mental health have had suicidal tendencies					
2	My sibling who has mental health problems has had suicidal tendencies					
3	One of my siblings who suffered mental health problems committed suicide					
4	Our school has experienced attempted suicide by students suffering from mental health since I joined					
5	In the recent past, there have been cases of completed suicide in our school by students suffering from mental health					
6	My schoolmates who suffer from mental health have occasionally threatened to commit suicide					

PART C. Birth order and suicidal ideation data

To answer each question, select the single option that most closely reflects who you are. There is no correct response; simply share your thoughts. To do this, tick (√) one of the answers under each statement.
1= Strongly Disagree (SD), 2= Disagree (A), 3= Not Sure (N), 4= Agree (A), 5=Strongly Agree (SA)

	Statements	SA	A	N	D	SD
1	Our last born once attempted suicide					
2	I know of a last born who committed suicide					
3	I do not know of a first born, second born or only child who committed suicide					
4	Last borns easily talk of killing themselves					
5	Thoughts about committing suicide depend on birth order					
6	It's not easy for first born, second born or only children to think about committing suicide					
7	First borns rarely talk about killing themselves					

PART D. Bullying and suicidal tendencies data

To answer each question, select the single option that most closely reflects who you are. There is no correct response; simply share your thoughts. To do this, tick (√) one of the answers under each statement.
1= Strongly Disagree (SD), 2= Disagree (A), 3= Not Sure (N), 4= Agree (A), 5=Strongly Agree (SA)

	Statements	SA	A	N	D	SD
1	Our school has experienced cases of attempted suicide due to bullying					
2	Most students who think of committing suicide have been bullied					
3	I have once considered suicide because of being bullied					

4	Students who commit suicide have been victims of bullying					
5	Students commit suicide to escape from being bullied					
6	Some students in our school opted to kill themselves when they experienced numerous bulling from their peers					
7	Sometimes my classmates say that the best solution to evade bulling is by committing suicide					

PART E. Data on the role of schools in mitigating suicidal tendencies among students

To answer each question, select the single option that most closely reflects who you are. There is no correct response; simply share your thoughts. To do this, tick (√) one of the answers under each statement.

1= Strongly Disagree (SD), 2= Disagree (A), 3= Not Sure (N), 4= Agree (A), 5=Strongly Agree (SA)

	Statements	**SA**	**A**	**N**	**D**	**SD**
1	Our school has a functional guidance and counseling office that deals with suicidal tendencies among students					
2	students freely and frequently visit the guidance and counseling office from time to time to discuss suicidal ideations among them					
3	Our school has guidance and counseling programs in the routine to help students with suicidal tendencies					
4	In our school, the guidance and counseling department has programs tailored for mitigation of suicidal tendencies among students					
5	We have several cases of suicidal tendencies among students in our school that were prevented by the guidance and counseling department of the school					
6	The role played by the school has a significant relationship with suicidal tendencies among the learners					
7	We have student counselors who help students with suicidal tendencies.					

PART F. Data on Suicidal tendencies among students

To answer each question, select the single option that most closely reflects who you are. There is no correct response; simply share your thoughts. To do this, tick (√) one of the answers under each statement.

1= Strongly Disagree (SD), 2= Disagree (A), 3= Not Sure (N), 4= Agree (A), 5=Strongly Agree (SA)

	Statements	SA	A	N	D	SD
1	Our school has experienced cases of students who have committed suicide					
2	Suicidal cases are on the increase in secondary schools around					
3	Some classmates have taken their own life					
4	In our school, some of my classmates are thinking of taking their own life					
5	We have several cases of suicidal tendencies among students in our school that were prevented by the guidance and counseling department of the school					
6	We sometimes find anonymous notes written by students threatening to commit suicide					
7	Student counselors report cases of suicidal tendencies in our school					

Appendix 3: Interview guide for teachers in charge of guidance and counseling

Dear respondent

My name is Ambale C. Kennedy, a student of masters in Educational Psychology at Masinde Muliro University of Science and Technology. I am conducting a study on Influence of Selected Factors on Suicidal ideation among Students of Public Secondary Schools in Butere Sub-county. The aim of this study is to establish the effect of the selected factors on suicidal tendencies, the role played by schools in addressing the problem and to suggest possible solutions to the problem. May I assure you that the information you will provide will be treated with total confidentiality and will be used only for the purpose of this study. The interview will last for not more than thirty minutes and will be recorded. I will ask you five questions relating to the selected psychosocial risk factors and the role being played by your school to solve the problem of suicidal tendencies among students.

1. Which criteria do you use to identify students who have suicidal tendencies?
2. In your opinion, how does mental health of the student, birth order of the student and bullying among students affect suicidal tendencies among students in your school?
3. Which measures have you put in place to solve the problem of suicidal tendencies among students?
4. Which challenges do you face in managing of suicidal tendencies among students?
5. Suggest ways in which the management of suicidal tendencies can be improved in your school

Appendix 4: Interview guide for deputy principals

Dear respondent

My name is Ambale C. Kennedy, a student of masters in Educational Psychology at Masinde Muliro University of Science and Technology. I am conducting a study on Influence of Selected Factors on Suicidal ideation among Students of Public Secondary Schools in Butere Sub-county. The aim of this study is to establish the influence of the selected factors on suicidal tendencies, the role played by schools in addressing the problem and to suggest possible solutions to the problem. May I assure you that the information you will provide will be treated with total confidentiality and will be used only for the purpose of this study. The interview will last for not more than thirty minutes and will be recorded. I will ask you five questions relating to the selected psychosocial risk factors and the role being played by your school to solve the problem of suicidal tendencies among students.

1. Which criteria do you use to get information about students who have suicidal tendencies?
2. In your opinion, how does mental health of the student, birth order of the student and bullying among students affect suicidal tendencies among students in your school?
3. Which measures have you put in place to solve the problem of suicidal tendencies among students?
4. Which challenges do you face in managing of suicidal tendencies among students?
5. Suggest ways in which the management of suicidal tendencies can be improved in your school

Appendix 5: Interview guide for the Sub- County Director of Education

Dear respondent

My name is Ambale C. Kennedy, a student of masters in Educational Psychology at Masinde Muliro University of Science and Technology. I am conducting a study on Influence of Selected Factors on Suicidal ideation among Students of Public Secondary Schools in Butere Sub-county. The aim of this study is to establish the influence of the selected factors on suicidal tendencies, the role played by schools in addressing the problem and to suggest possible solutions to the problem. May I assure you that the information you will provide will be treated with total confidentiality and will be used only for the purpose of this study. The interview will last for not more than thirty minutes and will be recorded. I will ask you five questions relating to the selected psychosocial risk factors and the role being played by your school to solve the problem of suicidal tendencies among students.

1. Which criteria do you use to identify students who have suicidal tendencies in the sub-county?
2. In your opinion, how does mental health of the student, birth order of the student and bullying among students influence suicidal tendencies among students in your school?
3. How do you handle reported cases of suicidal tendencies among students in the sub-county?
4. How many cases of suicidal tendencies among students were reported to your office in the last twelve months?
5. Suggest ways in which the management of suicidal tendencies can be improved in the Sub-county.

APPENDIX 6: DOCUMENT ANALYSIS CHECKLIST

Document analyzed	Data analyzed and findings
Suicide Preventive Strategy 2021-2026- Ministry of Health, Kenya	The document aims at reducing suicide mortality by 10% by the year 2026. The paper states that WHO (WHO, 2019) estimates Kenya's age standardized suicide rate to be 11.0 in 100,000. Mental health problems are associated with up to 8% of the suicidal thoughts.
Suicidal behavior among Kenyan youths-risk factors and prevalence in secondary schools	The document reported that lack of parent child bond as it happens on higher birth order children leads to confusion, conflict, and frustration in the growing child. These serve as an antecedent for an adolescent to develop psychopathology and suicidal behavior (Khasakhala, 2013). Macharia (2013) in a study on suicide risk factors of secondary school adolescents in Nyandarua, Kenya, found that parent -child– communication, dysfunctional families, irresponsible parents, absence of and parents pressure on adolescents to perform academically were risk factors that fuelled suicidal ideation among adolescents
Occurrence books in the deputies' offices and guidance and counseling offices	The occurrence books revealed that cases of suicidal tendencies are rampant in schools. Most cases were of students known to have mental ill health, or have been bullied or they were last borns in their families.

APPENDIX 7 LETTER OF AUTHORIZATION (NACOSTI)

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No: **846265**

Date of Issue: **01/February/2022**

RESEARCH LICENSE

This is to Certify that Mr.. AMBALE KENNEDY of Masinde Muliro University of Science and Technology, has been licensed to conduct research in Baringo, Bomet, Bungoma, Busia, Elgeyo-Marakwet, Embu, Garissa, Homabay, Isiolo, Kajiado, Kakamega, Kericho, Kiambu, Kilifi, Kirinyaga, Kisii, Kisumu, Kitui, Kwale, Laikipia, Lamu, Machakos, Makueni, Mandera, Marsabit, Meru, Migori, Mombasa, Muranga, Nairobi, Nakuru, Nandi, Narok, Nyamira, Nyandarua, Nyeri, Samburu, Siaya, Taita-Taveta, Tanariver, Tharaka-Nithi, Transnzoia, Turkana, Uasin-Gishu, Vihiga, Wajir, Westpokot on the topic: SELECTED PSYCHOSOCIAL FACTORS AND SUICIDAL IDEATION AMONG STUDENTS IN PUBLIC SECONDARY SCHOOLS IN KENYA for the period ending : 01/February/2023.

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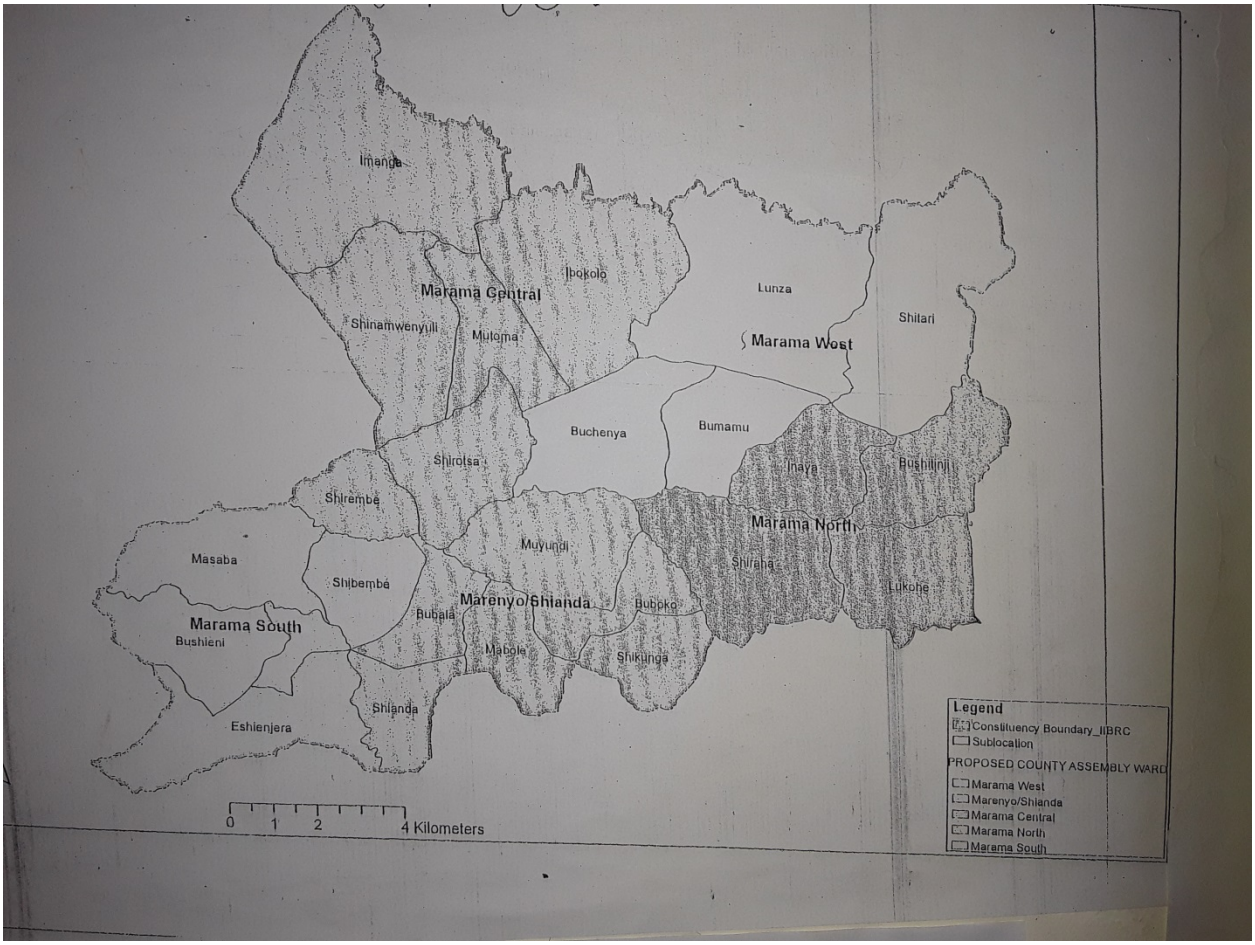
Appendix 8 Map of Butere Sub-county