

**FACTORS INFLUENCING SUICIDAL BEHAVIORS AMONG
YOUTH IN BOMET CENTRAL SUB-COUNTY**

BY

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DECLARATION

This research report is my original work and has not been presented for an award in any other university.

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This research report has been submitted for examination with my approval as the University Supervisor.

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DEDICATION

I want to dedicate this research report to my beloved wife Carol Ongwae for her humble prayers and encouragement towards this research proposal. I appreciate the mutual love you offered me especially during the time I was writing this proposal. Next, I want to dedicate this research report to my lovely children, Grace Kwamboka Ongwae, Faith Mogati Ongwae and Emmanuel Obuya Ongwae for their encouragement.

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TABLE OF CONTENTS

	Page
TITLE	i
DECLARATION	ii
DEDICATION	iii
ACKNOWLEDGEMENTS	iv
TABLE OF CONTENTS	v
LIST OF FIGURES	ix
LIST OF TABLES	x
ABBREVIATIONS AND ACRONYMS	xi
ABSTRACT	xii
CHAPTER ONE: INTRODUCTION	1
1.1 Background to the Study	1
1.2 Statement of the Problem	3
1.3 Purpose of the Study	4
1.4 Objectives of the Study	4
1.5 Research Questions	5
1.6 Significance of the Study	5
1.7 Delimitation of the Study	6

1.8 Limitations of the Study	6
1.9 Assumptions of the Study	6
1.10 Definitions of Significant Terms	6
1.11 Organization of the Study	7
CHAPTER TWO: LITERATURE REVIEW	8
2.1 Introduction.....	8
2.2 Overview of Suicidal Behaviors	8
2.3 Land Issues and Suicidal Behaviors Among Youth	10
2.4 Domestic Conflicts and Suicidal Behaviors Among Youth..	12
2.5 Alcoholism and Suicidal Behaviors Among Youth	14
2.6 Terminal Illness and Suicidal Behaviors Among Youth	16
2.7 Theoretical Framework	20
2.8 The Conceptual Framework.....	21
2.9 Gaps in Literature Review...	21
CHAPTER THREE: RESEARCH METHODOLOGY	22
3.1 Introduction.....	22
3.2 Research Design.....	22
3.3 Target Population.....	22
3.4 Sample and the Sample selection.....	23

3.5 Research Instruments.....	23
3.5.1 Instrument’s Pretesting.....	24
3.5.2 Instrument’s Validity	25
3.5.3 Instrument’s Reliability.....	25
3.6 Operational Definition of Variables.....	26
3.7 Data Collection Procedures.....	27
3.8 Data Analysis Techniques.....	27
3.9 Ethical Considerations.....	28
CHAPTER FOUR: DATA ANALYSIS, PRESENTATION AND INTERPRETATION	29
4.1 Introduction.....	29
4.2 Return Rate.....	29
4.3 Demographic Characteristics	29
4.3.1 Distribution of Return Rate by Gender.....	29
4.3.1 Distribution of Return Rate by Age.....	30
4.3.2 Distribution of Return Rate by Highest Level of Education.....	30
4.3.3 Distribution of Return Rate by Marital Status.....	31
4.4.1 Methods of Suicide.....	32
4.4.2 Land Issues and Suicidal Behaviors.....	33
4.4.3 Domestic Conflicts and Suicidal Behaviors.....	34

4.4.4 Alcoholism and Suicidal Behaviors.....	35
4.4.5 Terminal illness and Suicidal Behaviors.....	36
4.5 Interviews for the Health Workers.....	38
CHAPTER FIVE: SUMMARY OF THE FINDINGS, DISCUSSIONS	
CONCLUSIONS AND RECCOMMENDATIONS.....	40
5.1 Introduction.....	40
5.2 Summary of Findings.....	40
5.3 Discussion.....	41
5.4 Conclusions.....	42
5.5 Recommendations.....	43
5.6 Suggestion for Further Study.....	43
5.7 Contribution to the Body of Knowledge.....	43
REFERENCES.....	46
Appendix I: Introductory Letter... ..	50
Appendix II: Questionnaire for Youth	51
Appendix III: Interview Guide for the Health Workers.....	55
Appendix IV: Research Permit	56
Appendix V: Authorization letter	57

LIST OF FIGURES

	Page
Figure 2.1 Theoretical Framework	19
Figure 2.2 Conceptual Framework	20

LIST OF TABLES

	Page
Table 3.1 Operational Definition of Variables	26
Table 4.1 Return of the Questionnaire and Interview.....	29
Table 4.2 Distribution of the Respondent by Gender.....	30
Table 4.3 Distribution of Return by the Age.....	30
Table 4.4 Distribution of Return by Highest Level of Education.....	31
Table 4.5 Distribution of Return by Marital Status.....	31
Table 4.6 Methods of Suicide.....	32
Table 4.7 Land Issues and Suicidal Behaviors.....	33
Table 4.8 Domestic Conflicts and Suicidal behaviors.....	34
Table 4.9 Alcoholism and Suicidal Behaviors.....	35
Table 4.10 Terminal Illness and Suicidal Behaviors.....	36
Table 4.11 Interview for the Health Workers.....	38
Table 5.1 Summary of the Findings.....	40
Table 5.2 Contribution to the Body of Knowledge.....	44

LIST OF ABBREVIATIONS AND ACRONYMS

AIDS	Acquire Immune Deficiency Syndrome
AN	Anorexia Nervosa
Ca	Cancer
HDU	High Dependent Unity
HIV	High Immune Virus
ICU	Intensive Care Unity
SPSS	Statistical Package for Social Sciences
UN	United Nations
WHO	World Health Organization

ABSTRACT

The research report sought to investigate factors influencing suicidal behaviors among youth in Bomet Central Sub-County, Bomet County. Bomet County was situated in South Rift valley in Kenya. Bomet county had a population of 730 129 people (Kenya Census, 2009) and the main occupation was farming in rural areas and business activities in urban center. Suicidal behaviors among youth were very common especially in Bomet Central Sub-County. Suicidal behaviors among youth had become a problem not only to the affected family but also to the entire county; because of serious effects on medical care fee, injury and death. As a result, the researcher sought to study factors influencing suicidal behaviors among youth in Bomet Central Sub-County. The research was guided by the following objectives: Firstly, the researcher sought to determine the extent to which land influences suicidal behaviors among youth in Bomet Central Sub-County. Secondly, the researcher sought to determine the extent to which domestic conflicts influence suicidal behaviors among youth in Bomet Central Sub-County. Thirdly, the researcher sought to determine the extent to which alcoholism influences suicidal behaviors among youth in Bomet Central Sub-County. Fourthly, the researcher sought to determine the extent to which terminal illness influences suicidal behaviors among youth in Bomet Central Sub-County. The researcher used questionnaires for youth who indulged in suicidal behaviors and interview guides for health workers (doctors, social workers and psychological counselors) to obtain the data of the study in Bomet Central Sub-County. The target population was 70 youth who were involved in suicidal behaviors in Bomet Central Sub-County. In addition, the researcher targeted 10 Health workers who had encountered suicidal behaviors among youth using an interview guide. The researcher used both quantitative and qualitative methods to analyze the data. The researcher found out that majority of participants (60%) was aged between 22-27 years, middle level college and married. The most common method of suicide was by poison, 47.1%. Regarding the role of land issues influencing suicide, landlessness was the most common influence (38.0%) followed by land disputes. In addition, domestic conflicts influence suicidal behaviors whereby the most common responses reported assault in the family, 32.9%. Alcoholism influence suicidal behaviors whereby the most common responses reported addiction as having very high influence, followed by irresponsible in the family and by violence when drunk. Concerning the extent to which terminal illness influences suicidal behaviors among youth; the most common responses reported infection of HIV/AIDS having a very high influence. Finally, the researcher gave the following recommendations to mitigate suicidal behaviors among youth in Bomet Central Sub-County: firstly, proper policy of poisons management should be established in order to regulate on how to handle and to keep all dangerous poisons away from youth. Secondly, psychological counseling centers should be established in accessible places for quality management of domestic conflicts among youth. Thirdly, Land policy programs should avail relevant information to minimize land disputes among youth.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Suicide behaviors have been an existing problem in the society yet no full solution has been offered conclusively. These suicidal behaviors normally occur all over the world using different methods to commit or attempt suicide such as poison, rope, gun, sharp object, drowning and even falling in a deep dam; depending on what is available around the youth. When we ask why suicidal behaviors among youth occur, various reasons are mentioned which can be solved if correct measures could have been taken on time.

In America, cases involving suicidal behavior among youth have been reported while the number is continuing to increase over the decade. Cutler et al (2001) observed that the states with the largest increase in youth suicides between 1950 and 1990 were predominantly seen in the United States of America. In addition Cutler et al (2001) observed that today youth suicide behaviors are 15 percent more prevalent in rural areas than in urban areas in the United State of America.

In Africa, the population is increasing and the land to be subdivided among sons and daughters in the family is becoming too small to sustain the livelihood of the youth. Perhaps that has influenced youth to suicidal behavior in African countries because of the small size of land. This is because the main economic activity is farming which requires land. As a result of the competition of land resource, some youth may be influenced to suicidal behavior rather than facing the crisis of land resource proactively.

In addition, some of the youth who are involved in suicidal behavior come from the area where the use of alcohol is commonly found. According to Brizer and Castaneda (2010), suicidal behaviors are more often found on alcoholic and drug addicts among the youth. In addition, Brizer and Castaneda (2010) observed that substance abuse remains the

second leading cause of suicide after depression and carries a six times greater than average risk in America. This is because some of the youth access both alcohol and drugs easily which can influence them toward suicidal behavior in America. This may easily cause a huge burden not only to the immediate family but also to the nation whereby losing energetic people who are needed to build the economy of the county.

More so, some of the youth who show suicidal behavior come from families who are experiencing marital problems. For example, some of the youth who indulge in suicidal behaviors come from homes with either broken a marital relationship or a broken family relationship. Coon (2006) argues that successful marriage may be the best natural guard against suicidal impulse. The highest youth suicidal behavior rates are found among the divorced then followed by the widowed and finally lower rates are found in single person. The main issue among youth involved in suicidal behaviors usually is unresolved conflict within the family set up. This could be resolved if proper conflict and resolution skills can be applied effectively.

Similarly, some of the youth who are involved in suicidal behaviors come from regions where poverty is rampant. King (2003) argues that an increased risk of suicidal behavior is found among youth who lack formal education, who have low annual incomes and have changed residence within the previous months in America. In addition, King (2003) points out that youth who are among suicidal behaviors dwell on temporally structure such as slums in urban and rural areas. Hence poor accessibility to resources for the basic human needs is seen a common problem among the youth demonstrating suicidal behavior.

Further, the issue of terminal illness such as cancer, HIV and AIDS is commonly noticed among the youth who indulge in suicidal behavior. Gehlert and Brown, (2012) observed that research shows that an increased risk of suicidal behavior is associated with several terminal illnesses including HIV/AIDS. This is because of the fear of the pain and the shame of the illness which some of the youth who are affected face. Due to lack of quality guidance and counseling among the youth who are infected and affected with

terminal illness such as Cancer and HIV and AIDS, some of the youth are exposed to suicidal behaviors.

1.2 Statement of the Problem

According to Dwivedi (2012) suicide is the third leading cause of death in youth in the United States. More so, nonfatal forms of suicidal behaviors are the most common reasons for the psychiatric hospitalization of youth in many nations in the world. Similarly, about 1600 youth, age 15–19, committed suicide in the United States in 2001; 3.4 million youth in that age group were seriously considering suicide; 1.7 million youth did a suicide attempt; and 590,000 committed suicide sufficiently serious to require medical attention in the hospitals.

In addition, there seems to be patterns all over the world of youth and attempting suicide. Although little data is available for African countries, it can be helpful to examine literature from larger nations which have studied the issue more in depth. Crosby et al (2006) argue that African American youth have the highest number and the highest rate of suicide of any age group of African Americans. They pointed out that suicide was the third-leading cause of death among African American youth aged 15 to 19 years, fourth among those aged 20 to 29 years, and eighth among those aged 30 to 39 years.

According to World Health Organization estimates for the year 2020, approximately 1.53 million people, particularly youth, were to die from suicide; and 10 to 20 times more people were to attempt suicide in the world. Those estimates represent on average one death every 20 seconds and one attempt every one to two seconds in the world. Although of low predictive value, the presence of psychopathology is probably the single most important predictor of suicide especially among youth. In addition, more transient factors that reflect an imminent risk of suicide crisis and therefore need immediate intervention include unbearable mental pain and related experiences of depression and hopelessness among youth. Problems with help-seeking, social communication and self-disclosure also pose a suicide risk, as do personality traits of aggression and impulsivity in the lives of youth (Gvion et al, 2015).

According to the Tenwek Hospital records it was noted that the number of people taking poison (suicidal attempt) has increased. Statistics shows that the hospital is attending an average of 24 people in a month each translating to 16.1% of admission in High dependence Unity (HDU) and Intensive Care Unit (ICU). This strains the limited resources and it also gives a picture of what is happening in the society, that there are issues to be addressed (Tenwek Hospital Annual Report, 2012-2013).

The nation that loses the youth as a result of suicide cannot progress well in the sustainable development. The issues of suicidal behaviors among youth may seem to be negligible but their effects are painful not only to the affected family but also to the entire county. Bomet County has not been spared from suicidal behaviors among youth. Nearly each day referral hospitals like Tenwek Mission Hospital in Bomet County receive cases of attempted suicide among youth. This is retrogressive not only within Bomet County but also in the entire nation. The common factors influencing suicidal behaviors among youth seem to be revolving around land issues, marital issues, alcoholism and terminal illness. The researcher will seek to understand the problem in order to suggest possible ways that can help to minimize suicidal behaviors among youth in Bomet County.

1.3 Purpose of the Study

The purpose of the study was to establish factors that influence suicidal behaviors among youth in Bomet Central Sub-County, Bomet County, Kenya.

1.4 Objectives of the Study

The study was guided by the following objectives;

1. To determine the extent to which land issues influence suicidal behaviors among youth in Bomet Central Sub-County.
2. To determine the extent to which domestic conflicts influence suicidal behaviors among youth in Bomet Central Sub-County.

3. To determine the extent to which alcoholism influences suicidal behaviors among youth in Bomet Central Sub-County.
4. To examine the extent to which terminal illness influence suicidal behaviors among youth in Bomet Central Sub-County.

1.5 Research Questions

The research questions of the study were as follows;

1. Do land issues influence suicidal Behaviors among youth in Bomet Central Sub-County?
2. Do domestic conflicts influence suicidal behaviors among youth in Bomet Central Sub-County?
3. Does alcoholism influence suicidal behaviors among youth in Bomet Central Sub-County?
4. Does terminal illness influence suicidal behaviors among youth in Bomet Central Sub-County?

1.6 Significance of the Study

The study sought to provide vital information that could be utilized by the parents/guardians, spiritual leaders and Bomet Central Sub-County leaders to understand factors influencing suicidal behaviors among youth. As a result, effective measures will be realized on how to mitigate the problem of suicidal behavior among youth in Bomet Central Sub-County. This will be resourceful in project planning and management especially to the person who is monitoring and evaluating the welfare of the youths in Bomet Central Sub-County. In addition, the study will also provide some information for equipping youth on relevant projects especially the most vulnerable youth. More so, early measures will be taken in order to resolve issues which usually result in suicidal behaviors among the youth. If youth suicidal behavior will be minimized, then chances of

proper implementation of sustainable development growth and sustainable population as we approach vision 2030 in Bomet Central Sub-County will increase.

1.7 Delimitation of the Study

The study was restricted within Bomet Central Sub-County. The study focused on factors influencing suicidal behaviors among youth within Bomet Central Sub-County.

1.8 Limitations of the Study

There was no adequate assurance that respondents would return all the questionnaires fully completed. There was no adequate assurance that the respondents were to respond to all the questions put forward to them accurately. Prompt clarification of questionnaires and follow up were observed by the researcher to ensure completion of the work effectively.

1.9 Basic Assumptions of the Study

It was assumed that the participants in Bomet Central Sub-County would be co-operative in providing accurate information to the research questions. It was assumed that the sample size chosen was adequate to enable the researcher to obtain a valid conclusion concerning the population in Bomet Central Sub-County.

1.10 Definitions of Significant Terms

Alcoholism – This is a continuous and usually excessive use of alcoholic drinks which leads to addiction.

Domestic conflicts- These are unresolved crisis which usually occurs in certain families.

Land issues- These are conflicts which usually arise during subdivision of land especially among family members and also when the parents refuse to give land to their children (youth) for cultivation or even for sale.

Suicidal behaviors- This is an act or an instance of taking one's own life voluntarily and intentionally especially by a person of years of discretion and of sound mind such as ingesting poison, hanging using a rope on a tree, jumping into a deep pool of water (waterfall and deep dams). It also refers to tendency having thoughts of taking one's own life.

Terminal illness- An incurable and irreversible condition caused by injury, disease, or illness that would cause death within a reasonable period of time in accordance with accepted medical standards, and where the application of life-sustaining treatment would serve only to prolong the process of dying.

Youth- This is a male or female aged between 16 to 34 years.

1.11 Organization of the Study

Chapter one provides a background on factors influencing suicidal behaviors among youth, statement of the problem, research objectives and research questions that the study will be looking forward to answering, purpose of the study, and significance of the study, delimitations of the study, limitations of the study, basic assumption of the study and definition of the key terms. Chapter Two outline the various schools of thought on factors influencing suicidal behaviors among youth and challenges facing them. Chapter three outlines the research design and methodology used for purposes of completing the study. It explained in details, research design, target population, sample, sampling procedure and data collection instruments. Chapter four outlines data analysis, presentation and interpretation of the study. Chapter five provides the summary of the findings, discussions, conclusions and recommendations of the study.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

In this section the researcher discussed overview of suicidal behaviors. Also the researcher discussed influences of land issues, domestic conflicts, alcoholism, and terminal illness; factors influencing suicidal behaviors among youth in Bomet Central Sub-County. Finally, the researcher discussed theoretical framework, conceptual framework and gaps in literature review.

2.2 Overview of Suicidal Behaviors

Miller et al (2007), assert that suicidal behaviors include completed suicide, suicide attempts, and suicidal ideation. Firstly, Coleman et al (2008) argue that many suicide prevention advocates use the phrase “completed suicide” to distinguish from attempted suicide. They continue arguing that such phrase avoid the problematic language of “successful” and “failed” suicide, terms which imply that youth who survives is a failure and that death equals success. Secondly, the term suicide attempt means a self injurious act performed with the intent to end one’s or youth’s life. It is vital to distinguish between true suicide attempts and non-suicidal self-injurious behaviors, such as means to cope with or to signal distress to others. Thirdly, phrase suicidal ideation is thoughts of killing youth himself or herself, with or without the intent to do so (Coleman et al, 2008).

Rogers et al (2010) argue that in philosophical perspectives suicides among youth have occurred almost as long as human beings have been in existence. They continue arguing that early suicide had evolved over the millennium to encompass many other forms including self punishment and rational control over death. More so, in the early church tradition, suicide was perceived as a means of self martyrdom and around 400 A.D. suicide behavior was viewed as a crime against God and the state. Also, Thomas Aquinas (1256-1272) conceptualized suicide as a clear sin against God (Rogers et al, 2010).

Rogers et al (2010) assert that in contrast to defining suicide as crime, sin, or illness the existential work of Hume (1783/1979), Kierkegaard (1954), Nietzsche (1886/1929), Heidegger (1962), Sartre (1957) and Camus (1955) argued that suicide can be an expression of freedom and responsibility which may be represented as existential option.

The Merck Manual (2009) describes that suicidal behaviors usually result from the interface of several factors which youth usually undergo. The most widespread is depression which is involved in over 50% of attempted suicides specifically among youth. Marital issues, recent arrest or trouble with the law, unhappy or ended love relationships, disputes with parents especially among youth, or the recent loss of a loved one may trigger the despair which may likely end to suicide attempt.

In addition, The Merck Manual (2010) argues that youth with certain wide-ranging health turmoil may become depressed and attempt or complete suicide. Most disorders linked with increased suicide behavior rates can either directly affect the nervous system and brain such as AIDS, numerous sclerosis and temporal lobe epilepsy or involve treatment that can cause depression such as certain drugs used to treat high blood pressure. The threat of suicide is higher if the depressed youth has nervousness or facial appearance of psychosis, such as illusion (The Merck Manual, 2010).

The Merck Manual (2010) argues that youth who have painful childhood experiences, including cruelty, are more likely to attempt suicide, perhaps because they are at higher risk of becoming depressed.

Depression may be deepening by the use of alcohol, which in turn, makes suicidal behavior more likely. Alcohol also reduces self-will. About 30% of people who attempt suicide drink alcohol before the suicidal attempt. Alcoholism, particularly binge drinking, often causes deep feelings of remorse during dry periods, alcoholics are suicide-prone even when sober (The Merck Manual, 2010).

Other mental health disorders besides depression also put youth at risk of suicide. Youth with schizophrenia and other psychotic disorders may possess auditory hallucinations commanding

them to kill themselves. Youth with borderline personality disorder or antisocial personality disorder, especially those with a history of violent behavior, are also at a higher risk of suicide (The Merck Manual, 2010).

Concerning the methods which youth with suicidal behaviors use, the methods usually are influenced by cultural factors and availability. Sometimes it may or may not reflect the seriousness of intent. Some of these methods like jumping from a tall building make survival almost impossible, while other methods like ingesting poison or drugs make rescue possible. However, even if a youth uses a method that proves not to be fatal, the intent may have been just as serious as that one whose method was fatal. Other methods include; taking poison, self shooting, hanging and drowning (The Merck Manual, 2010).

2.3 Land Issues and Suicidal Behaviors among Youth

Land is one of the important factors of production in Kenya. It is well known that land cannot be consumed but without land it is difficult to obtain production of goods and services especially as we focus on vision 2030. Land is the resource which has no cost of production while its usage can be switched from a less to a more profitable one. In his writing, Onyemelukwe (2005) argues that economists writing on today's modern economies seem not to be clear about what constitute the factors of production. He continues arguing that most seem to work on the basis that capital and labor are the recognized factors of production. Basing on this argument, the youth usually focus on land rather than capital and labor as the major factor of production. In addition, Onyemelukwe (2005) discusses why in early times land was regarded as factors of production on the basis of agriculture whereby tea factories required it and other associated facilities such as water. Likewise to majority of African nations whereby there is great demand for more land for agriculture which is the backbone of the people.

In addition, land as an asset includes anything firstly on the ground (such as buildings, crops, fences, trees, water); secondly, above the ground (air and space rights); and thirdly, under the ground mineral right down to the center of the Earth. This is clearly seen in Bomet County whereby as the oldest form of collateral, land is still very attractive to lenders because it cannot be destroyed, moved, stolen, or wasted. What a lender needs is the borrower's clear title to it.

Whenever we touch a land issue, we touch the lives of people especially those who occupy it. The more people compete for it due to high demand, the more it continues to claim the lives through suicidal behaviors among youth.

Concerning land on agricultural output, Winter et al (2009) say that while the global expansion of the area under which agricultural land has been in use, food supply has been increased in the market. As result, this has made possible arable production that has increased agricultural output. Perhaps this is one of the reasons why the youth of Bomet County are yearning for land from the parents so that they may increase food production output in the agricultural sector. Yet there is not enough land to allocate to youth.

In addition, Cooke (2012) says that much of the nation's heritage property belongs to the natural trust, which is able to acquire land and then to declare it inalienable. This is to say a person has a power to exclude others. She continues arguing that land is so useful and flexible that people can have different sets of rights in it. Hence land law does not always make a rigid distinction between ownership and non ownership rights. This has brought some challenges between youth who are demanding land from their parents passed on from their grandparents. The reason is that the land is becoming too small to be shared among sons and daughters in Bomet County.

According to Hilhorst et al (2000), land has always been a matter of life and death, survival or starvation. This is because the growing population requires land as a natural resource on which youth in Bomet County are depending.

As the population of the people in Bomet County increases, vital issue arise whereby good quality of soil becomes paramount to sustain the growing population in agriculture which is the backbone of our nation. This is a great challenge if the land is not capable of accommodating the population, particularly the youth in Bomet County which may lead to suicidal behaviors among youth.

In addition Hilhorst et al (2000) say that the land-use problems facing Kenya today are due to a lack of appropriate national land-use policy. As a result, the air is increasingly being polluted and water systems are diminishing in volume and deteriorating in quality. The impacts of

unsustainable land use are many. The decline in the supply of pastures and potable water fuels conflicts among family members who are farming. Eventually, large population end up living below the poverty line. Currently, some households are unable to access basic needs such as food, medical care, and education and to meet other social obligations. This may easily increase stress which leads to suicidal behaviors among youth.

Laws of Kenya under the Constitution of Kenya revised ed. (2010) has stated land policy which intends to address land conflicts amicably. This is indicated in chapter five in the constitution of Kenya. The constitution says in part one that Land in Kenya shall be held, used and managed in a manner that is equitable, efficient, productive and sustainable, and in principles of land policy; in accordance with the following principles: Equitable access to land, security of land rights, sustainable and productive management of land resources, transparent and cost effective administration of land, sound conservation and protection of ecologically sensitive areas, elimination of gender discrimination in law, customs and practices related to land and property in land; and finally encouragement of communities to settle land disputes through recognized local community initiatives consistent with the Constitution (Constitution of Kenya, 2010).

The government of Kenya believes that if the land laws would be followed faithfully it will reduce land conflicts which mostly affect the livelihood of the people of Bomet County on suicidal behaviors among youth. Hence this will promote land sustainable use in all daily activities in Bomet County which may likely reduce suicidal behaviors among youth in Bomet Central Sub-County.

2.4 Domestic conflicts and Suicidal Behaviors among Youth

Perez (2005) says that the most frequent reasons given for suicidal behaviors among youth include family conflict especially when youth despair on life issues such as marital relationships. This is commonly seen when a youth is being refused by the parent to marry a person of his or her choice. If proper counseling is not done appropriately relational conflicts can lead to suicidal behaviors among youth.

In addition, these family conflicts which Perez describes are usually caused by socioeconomic problems (Perez, 2005). This is true when we see how a majority of the youth enter marital relations without undergoing counseling regarding the role of the wife and husband, especially concerning work. Lack of proper counseling on socioeconomic issues can cause marital problems which eventually may end up in suicidal behaviors among youth.

Perez (2005) says that when young people in a family get divorced one of them may tend to engage in suicidal behavior due to depression. In addition, Clarke-Stewart (2006) in his writing argues that suicidal behavior rates are higher among divorced youth in countries all over the world; especially in Australia where separated men are six times more likely to commit suicide than married men. In addition, in his study he observes that one-fifth of the men thought about suicide after marriage breaks up in America. This shows that divorce among youth may result to suicidal behaviors among youth.

This is related to what Tailor (2011) comments that among youth suicidal behaviors, where by socially prominent male youth caught on love affairs with more than one woman commit suicide due to resulting marital problem. In addition, Zimmermann (2002) in his work, observes that great importance exists in the chastity and fidelity of women whereby among youths, accusation against marital infidelity can lead to suicidal behavior of a young women. This is because fidelity values are not kept well as agreed during the time young woman and husband vowed to each other during the marriage day. In this case proper management of family values is highly needed to ensure youth are growing up morally in order to avoid cases of suicidal behaviors among youth.

There are number of studies conducted by social scientists who have noted that family breakdown in general and the absence of marriage in particular, tends to heavily influence suicidal behavior rates. Gulliver xvi (2010) observes that suicide is the ultimate retreat from youth's problems. In his study Gulliver xvi (2010) observes 20% of the deaths of youths, for example, young soldiers during the Iraq War had twice the rates of suicidal behaviors than young soldiers had before the war started. This is likely because of marital problems caused by their

absence from home during the war period. The increase may be partially due to the increased marital tension arising from deployment.

Vijayakumar (2003) in a study observes that interpersonal problems among youth which are related to marital problems are significant causes for suicidal behaviors. He argues that more suicidal behaviors among youth occur when there is a cluster of life events which imply a more abrupt failure of coping mechanisms. For instance, a majority of the youth who marry do not pass through premarital counseling which is paramount to a successful family relationship.

Thomas (2000) argues that the studies investigating causes of suicide especially among youth have identified feelings of shame as a trigger of suicidal behavior among youth. Thomas (2000) says that precipitant were family problems of guilt, shame and even grief in the family which were likely lead to suicidal behaviors among youth. In addition, Jordan (2011) says that some form of suicidal behaviors among youth which express loyalty to the family can still be found in Hong Kong due to shame. There have been a few suicidal attempts by women who have marital problem. Therefore, perhaps premarital and marital counseling would be helpful in dealing with feelings such as shame to reduce suicidal behaviors among youth.

Dinesh (2007) argues that the natural and gender differences of suicidal behavior and violence are culturally determined. He continues saying that marital conflicts and relationship problems with in-laws are among common causes of domestic violence which sometimes leads to suicidal behaviors. In addition, Thies et al (2001) argue that a history of abuse, especially sexual abuse among female youth, and a family history of depression, may increase risk of suicidal behaviors. Therefore, gender sensitivity is vital so that both young men and women should learn how to relate to one another to minimize marital crisis which influences suicidal behaviors among youth.

2.5 Alcoholism and Suicidal Behaviors Among Youth.

According to Saunder et al (2011), in the United States, alcohol consumption remains a formidable contributing factor to suicidal behaviors among youth. It is observed that some youth begin taking alcohol even when they are in high school. Some of them start taking alcohol as a result of poor relationships with their parents or guardians. As a result of alcoholism among

youth, some of them become vulnerable to suicidal behaviors because of hopelessness. In addition, Pison (2006) points out that alcoholism has a decisive influence on the marital relationship being presented especially hopelessness and depression which leads to suicidal behaviors.

Robila (2010) indicates youth who are at higher risk of suicidal behavior tend to be individuals with alcoholism. Some of these youth may have been brought up in families who brew alcohol and perhaps started taking in early age. Therefore, alcoholism tends to direct the youth to hopeless lives which may eventually lead them to suicidal behavior in the community

According to Jaycox et al (2011) he indicates that there is an elevated risk of death by suicide among persons with substance-use disorders as well as among heavy users of alcohol and other drugs. Jaycox et al (2011) on his case-control study also indicates that 23–46 % of suicides among youths can be attributed to alcohol intake which is one of the factors that influences youth toward suicidal behavior. This is in agreement with what is seen in the society whereby majorities of the youth who are alcoholic tend to have multiple problems in their lives which eventually lead them to suicidal behavior.

In addition, Bamuhigire (2009) argues that alcoholism is considered to be a risk factor for suicidal behaviors among youth. This is because the alcoholic youth cannot perform his or her duties properly, especially within the family and in the work place. As result, conflict can arise which may end up in the youth demonstrating suicidal behavior. Bamuhigire (2009) argues that the spread of alcohol abuse is believed to have increased suicidal behaviors among youth since 1970. When we observe most African villages where alcoholism is the order of the day especially among youth, suicidal cases are often found among them.

Auer et al (2007), argue that in some very small towns in Australia, there has been a wave of suicides caused by the influence of alcoholism among the youth. Auer et al (2007) observe that this is most prevalent in the rural communities of Australia where life seems to hold no future due to consumption of alcohol.

More so, Nelson et al (2006) assert that alcohol can cause troubled youth enough pain to make them want to commit suicide. The National Academy of sciences (2002) adds that family crisis and personality traits can contribute to the effects of alcohol abuse on suicidal behavior among youth. That is the reason intoxication with alcohol can be an important predictor of hopelessness, particularly among lonely youth. As a result, youth become vulnerable to suicidal behavior.

Hillin (2005) argues that contemplation of suicide is prominent in alcoholism as a rather slow form of suicide. Hence as the youth keep on contemplating suicide, they may tend to be influenced by alcoholism toward suicidal behaviors.

2.6 Terminal Illness and Suicidal Behaviors Among Youth

The influence of terminal illness among youth showing suicidal behavior is clearly demonstrated worldwide irrespective of religion, political affiliation or region. Thakrar et al (2001) argue that Hinduism forbids both suicide and active euthanasia especially when it comes to spiritual matters. The Hindu religion considers life as sacred and it should be respected no matter what kind of suffering the person is passing through.

Nemeiyer et al (2013) assert that terminal illness such as HIV has also been associated with increased suicidal behavior especially among youth. The youth with AIDS have been shown to have a 20-36 times greater risk of suicidal behavior than men in the general population. This is unclearly held notion about what constitutes suicide in the terminal phases of diseases and this affects their ability to recognize suicidal behaviors among youth and prevent premature death especially when we focus on some African nations (Nemeiyer et al, 2013).

Poor et al (2001) argue that the suicide rate among terminally ill patients is unknown but several studies support the notion that suicide is rare in that population. They continue reporting that only five deaths 0.027% occurred by suicide in a population of 17 964 terminally ill patients with cancer being cared for at home by palliative care teams in Italy between 1985 and 1997. Also in a five year study of palliative care units in the United Kingdom, he found 14 suicides 0.019% among 72 633 terminally ill cancer patient receiving palliative care.

On other hand Louis et al (2009) argue that terminal sedation may be used to prevent the suffocating sensation when patients discontinue mechanical ventilation. The sedations are terminal in that it occurs at the end of life, because it causes death. However many palliative care specialists acknowledge that there is fine line between medication sufficient to sedate the patient and the level that would suppress breathing and to terminate death.

Irene (2001) says many gay or bisexual youth begin to believe they are destined to die of AIDS; hence they do not engage in long term relationships. As a result, they suffer from low esteem, depression, and reckless behavior which usually lead to suicidal behaviors.

According to American Psychiatric Association (2000) suicidal behaviors are complex issues that arise during the course of psychiatric care for HIV patients. In addition, the entire terminal treatment reported of completed suicide in HIV-positive men was as high as 66 times that of the general population in 1980. However more recent data shows suicide rates only modestly elevated and comparable to those in other medically ill population, where the most elevated are among men who have sex with men. Also, a study of the United States military service applicants found suicide rates for both HIV positive and HIV negative individuals as only slightly more elevated than the US general (American Psychiatric Association, 2000).

Singhal et al (2003) argue that AIDS orphans living on their own are notably more likely to be psychologically depressed. As a result, depression can influence them toward suicidal behavior.

Gabarb et al (1999) points out that the strong support for euthanasia and assisted suicide for people suffering from penalty of HIV infection on the part of HIV advocacy groups is worth exploring.

Weaver et al (2000) argue that the eighteenth century syphilitics appeared to have considered reasons for attempting suicide so repeatedly that a relationship is evoked with HIV/ AIDS patients during this time. Hence studies have long established which constitute HIV/AIDS as one of the highest risk groups for suicidal behavior today. In addition, Orden et al (2011) assert that one illness with mainly high risk for suicide is HIV/AIDS, which has been shown to confer

approximately a seven-fold risk for suicide as compared to the common population especially among youth.

Orden et al (2011) indicate that the vast majority of people who die by suicide (i.e., just about 95%) suffer from mental disorders and it is quite possible that the outstanding 5% suffer from subclinical variants of mental disorders or presentations of disorders not detected by methodologies such as psychological autopsies. In addition, he continues arguing that certain mental disorders confer higher threat for suicidal behavior than others. The studies indicate that the following disorders are connected with particularly elevated rates of suicide: major depressive disorder, with suicide rates flanked by 2–6%; bipolar disorder, with estimates suggesting a 15-fold increased risk for suicide; borderline personality disorder, with suicide rates between 4–5%; anorexia nervosa, with a suicide rate 58 times that which was expected; schizophrenia, with suicide rates sandwiched between 1.8%-5.6%; substance abuse, with a suicide rate 5.7 times that of the general population; and conduct disorder in youth, with a six-fold increase in risk for suicide compared to community controls.

Lastly, Orden et al (2011) argue that an additional sickness that appears to confer suicide risk is brain cancer, which has a nine-fold increased risk for suicide as compared to the general residents and a four-fold risk as compared to individuals with other forms of cancer. Finally, amyotrophic lateral sclerosis has an anticipated six-fold increased risk and multiple sclerosis a two-fold increased risk.

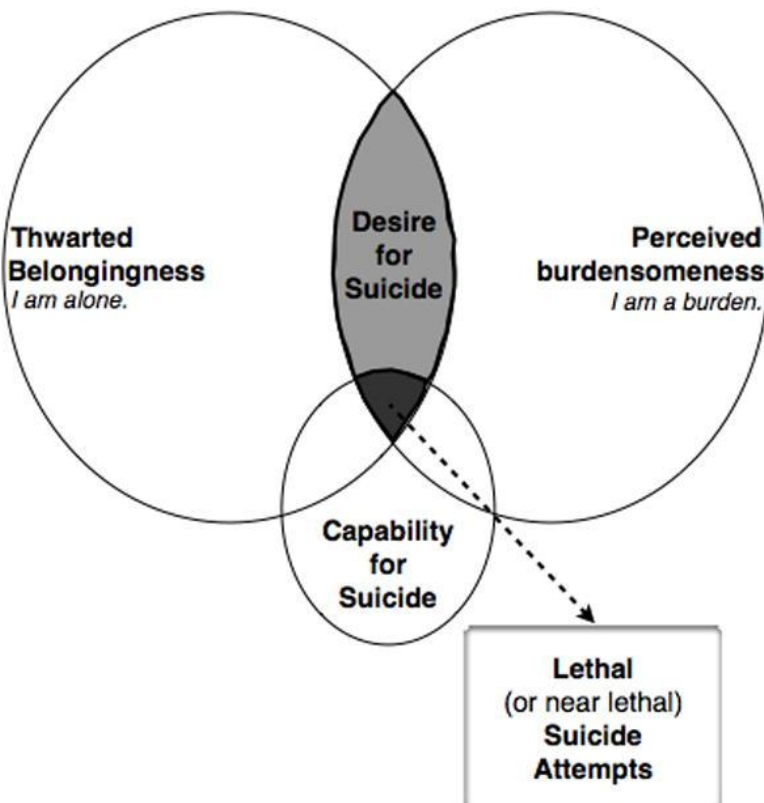
2.7 Theoretical Framework

Orden et al (2011) summarized theoretical perspectives on suicidal behaviors which were conducted in a theoretical context, theories of suicide spanning diverse perspectives which included biological, psychodynamic, cognitive-behavioral, and developmental or systems etiologies. Biological theories proposed that suicidal behavior results from the dual presence of a biologically-based diathesis and an activating psychosocial stressor (Orden et al, 2011). Psychodynamic theories proposed that suicide was as a result of unconscious drives which were intense; affective states which desire for escape from psychological pain, existential drives for meaning and disturbed attachment (Orden et al, 2011). Cognitive-behavioral theories posited

causal roles for hopelessness, the suicidal cognitive mode autobiographical memory deficits and perceptions of entrapment and emotion deregulation (Orden et al, 2011). Developmental or system theories posited causal roles for disturbed social forces and family systems (Orden et al, 2011).

The most dangerous form of suicidal desire was caused by the simultaneous presence of two interpersonal constructs; thwarted belongingness and perceived burdensomeness (and hopelessness about these states). Further, that the capability to engage in suicidal behavior is separate from the desire to engage in suicidal behavior. According to the theory, the capability for suicidal behavior emerges, via habituation and opponent processes, in response to repeated exposure to physically painful or fear-inducing experiences as it shown on the figure 2.1 (Orden et al, 2011).

Figure 2.1 Theoretical Framework

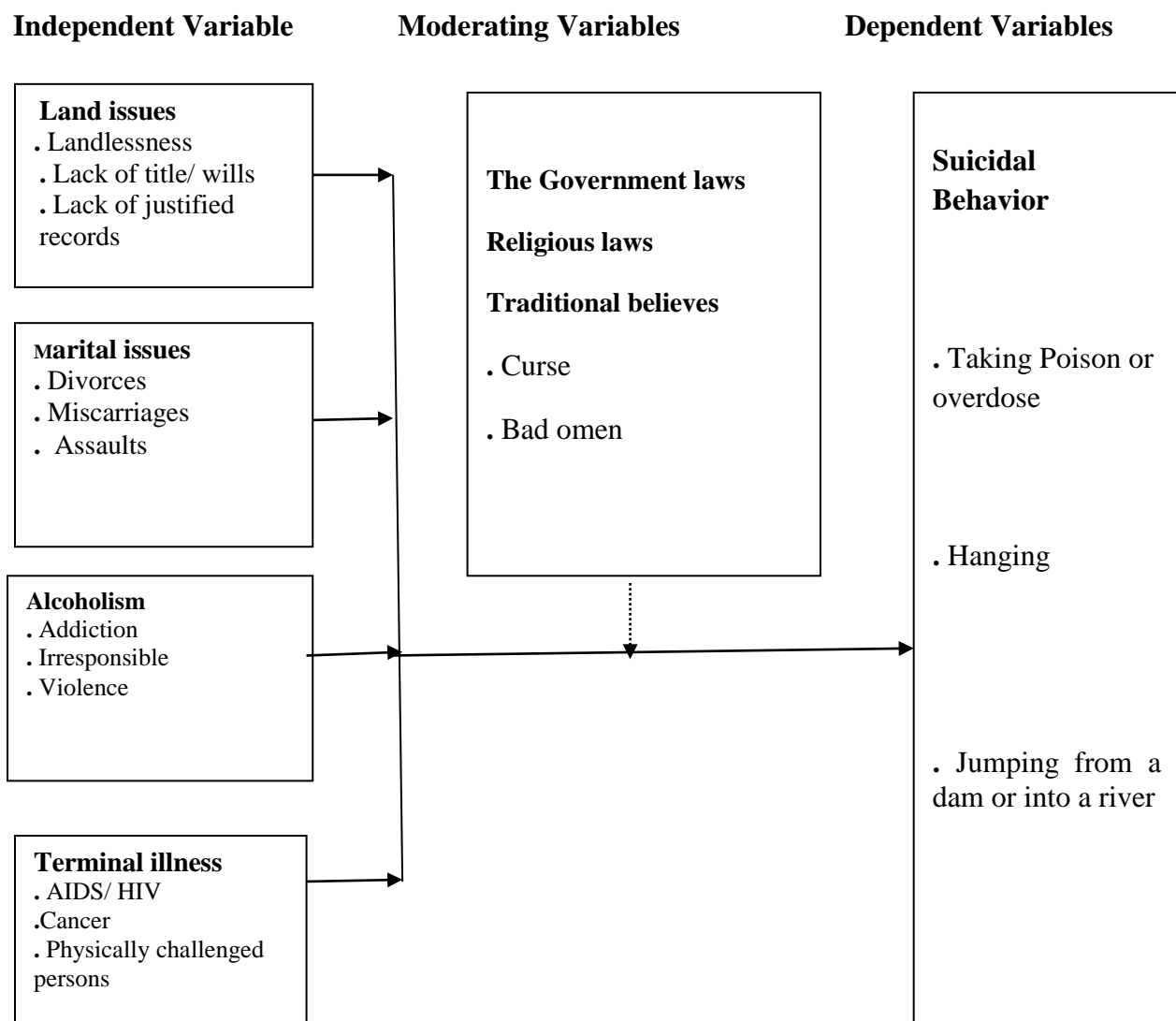


Assumption of the interpersonal Theory of suicide (Orden et al, 2011)

2.8 The Conceptual Framework

The section focused on the conceptual framework which was presented in figure 2.2. The figure showed independent variables which were the influence of land issues, marital issues, alcoholism, and terminal illness. The figure showed moderating variables which were the government, religious laws and the traditional beliefs regarding suicidal behavior. Finally, the figure showed the dependent variable of suicidal behavior.

Figure 2.2 Conceptual Framework



2.9 Gaps in Literature Review

Most research undertaken and accounted on suicidal behavior had not worked on the fiscal aspect as we move toward vision 2030. Not much had been written about the costs and effect on the health of the youth who are involved in suicidal behavior.

There is need to carry out a review on how counseling, education and necessary discipline affect youth who are involved in suicidal behavior, in order to help the society. In addition, the research data may help in adding knowledge about suicidal behaviors so that we can have sustainable livelihood in the community as we approach vision 2030.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

Chapter three gave the methodology which the researcher used in the study. The chapter on research methodology included the research design, the study area, the target population, the sample and the sample selection, data collection instruments for collecting data, instrument's validity, instrument's reliability, the data collection procedure, the data analysis technique that the researcher used and ethical consideration.

3.2 Research Design

The researcher used a descriptive research survey design. The design intended to present facts about the scenery and position of the circumstances as it exists at the time of study (Creswell, 2013). The design also portrayed the relationships and practices that exist, beliefs and processes which were continuing, effects that was felt and even trends which were developed (Kombo and Tromp, 2006). The design provided an analysis and an explanation of the opinions and comments concerning suicidal behaviors among youth in Bomet Central Sub-County. Therefore, the design was appropriate for the study since the researcher was able to collect information without manipulation of variables.

The respondents were expected to fill the questionnaires which were both quantitative and qualitative in nature. The quantitative section of the questionnaire enabled the researcher to link attitudes to behaviors and benchmarks for understanding how to make the facts simpler and easier to apply (Laurel, 2003). The qualitative section of the questionnaires was to enable the researcher to collect data in the actual context so that findings and conclusions about the study was made based on the situation on the ground.

3.3 Target Population

The study was carried out in Bomet Central Sub-County. The area was chosen by the researcher because suicidal behaviors among youth were commonly found and it had a

referral hospital (Tenwek Mission Hospital) where the suicidal victims were being taken. Therefore the respondents were available.

The target population was 70 youth who had gone through suicidal behavior in Bomet Central Sub-county. In addition, 10 workers who had already encountered and had knowledge about youth suicidal behavior in Bomet Central Sub-County were included.

3.4 Sample and Sample Selection

Orodho (2002) explains a sample as part of large population which is a likely representative of the large population. Sampling simply means a procedure of selecting a number of individuals from an inhabitant whereby the selected group contains the same fundamentals in the whole group (Orodho, 2002). In that part, the researcher used cluster sampling as a basis of selecting the youth from the chosen locations in Bomet Central Sub-County. The researcher clustered Bomet Central Sub-County into six locations: Chepngaina, Kapsimotwo, Silibwet Merigi, Kapsimbili and Chepngongon. The researcher sampled in the sense that he chose from a group of possible cases, respondents or even informants (Vogt, 2012). In this study, 70 youth who have gone through suicidal behaviors and 10 health workers in Bomet Central Sub-County were selected using purposive sampling and their responses were used to represent the general view regarding factors that influence youth demonstrating suicidal behavior in Bomet Central Sub-County. In addition, Mugenda and Mugenda (1999) says that, there are times when the target population is so small that selecting a test would be meaningless and that taking the whole inhabitants in such cases would be advisable. Since there are 70 people of the sample in Bomet Central Sub-County, the researcher selected the respondents in all locations.

3.5 Data Collection Instruments

The main research instrument in the study was the questionnaire. The instrument was specifically prepared for the sample in Bomet Central Sub-County. The main purpose of

the instrument was to seek whether land issues, domestic conflicts; alcoholism and terminal illness influence suicidal behaviors among youth in Bomet Central Sub-County.

The design of the questionnaire was based on the understanding factors influencing suicidal behaviors among youth in Bomet Central Sub-County. The questionnaire had two sections. Section one sought to establish the profile of the sample involved in the research. Section two sought to determine the extent to which the objectives of the study influence suicidal behaviors among youth in Bomet Central Sub-County. The extent was rated using the following scores: Very high [5], High [4], Moderate [3], Low [2], Very low [1], none [0].

The researcher prepared an interview guide for health workers who had handled youth who had indulged in suicidal behaviors in Bomet Central Sub-County. Those included doctors, social workers and psychological counselors who had handled suicidal behaviors among youth in Bomet Central Sub-County.

3.5.1 Instrument's Pretesting

Piloting of questionnaire was very essential before actual data collection. As a result, a pilot study was conducted to check if the information on the questionnaire was clear and well understood using the selected population. Zikmund et al (2007) adds that the intention of a pilot study serves as a guide for a larger study. That was examined specific aspects of the research to see if selected trial were actually to work as intended. Hence the defects realized in the instrument were eliminated so that the respondents could not experience difficulties in completing the work accurately.

A pilot study was essential because it could help the researcher to get information which gives support to, in improving reliability and validity of a research instrument (Mugenda and Mugenda, 2003). That was very important for the researcher to disseminate with data collection procedures and to identify any items in the questionnaire that could be ambiguous to the respondents for necessary correction. Therefore, the researcher did

piloting of the questionnaire to five respondents in another Sub-County called Sotik Township in Bomet County.

3.5.2 Instrument's Validity

The term validity means the degree to which data obtained from the analysis of data whether it will cover adequately the phenomenon which the group will wish to shed light on (Olsen, 2008). Since the instrument of a questionnaire which the researcher was to use is adopted in our country, validity was tested to determine its suitability.

3.5.3 Instrument's Reliability

Wood et al (2006), state that the reliability of a research instrument is defined as the extent to which the instrument yields the same result on repeated measures. To test the reliability of the questionnaire, a pilot study was carried out using selected respondents in Sotik Township Sub-County. The pilot study aimed at achieving the expected reliability of the questionnaire. The five selected respondents were required to fill the questionnaires so as to establish the reliability of the questionnaire. The respondents were omitted from the data collection process of the main study so as to enable the required ethics of the research. The researcher personally gave the questionnaires to the chosen respondents with a view of identifying areas that needed changing in the framing of the words of the items in the questionnaire. The researcher then collected the filled questionnaires so as to carry out a reliability test.

3.6 Operational Definition of Variables

Objective	Variables/ Indicators	Measurement	Measurement Scale	Tools of Analysis	Type of Analysis
To find the method which youth use to attempt suicide	<u>Dependant Variable</u> . Taking poison . Hanging . Jumping into a dam/ into river	Number of youth who take poison, hanging, Falling in a dam/river	Ordinal	percentage	Descriptive statistics
To find the extent to which Land influences Suicidal Behaviors among Youth	<u>Independent Variables</u> . Landlessness .Disputed land ownership . Lack of Title Deed/ will/ justified records	Number of acres which youth can access	Ordinal	Mean percentage	Descriptive statistics
To find the extent to which domestic conflicts Influences Suicidal Behaviors among Youth	. Divorce . Miscarriage/ barrenness . Assaulted versus assaulter	Number of youth who have divorced, miscarriage and been involved assault	Ordinal	Mean percentage frequency	Descriptive statistics
To find the extent to which Alcoholism influences Suicidal Behavior among youth	. Addiction . Irresponsible . Violence	Number of youth who are addicted	Ordinal	Mean percentage frequency	Descriptive statistics
To find the extent to which Terminal Illness influences Suicidal Behavior among Youth	. HIV/ AIDS . Cancer . Physically challenged youth	Number of youth living with HIV/Aids, cancer and physically challenged	Ordinal	Mean percentage frequency	Descriptive statistics

3.7 Data Collection Procedures

The researcher sought permission from relevant authorities to carry out the study in Bomet Central Sub-County. That was done through writing a formal letter and by calling with an aim of getting the respondents to fill the questionnaires in Bomet Central Sub-County. Valid questionnaires were administered to the respondents in Bomet Central Sub-County. The researcher coordinated the exercise of filling the questionnaires in locations in Bomet Central Sub-County.

The researcher also sought permission from relevant authorities to carry out the study using interview guidelines for the health workers who have encountered youth who had indulged in suicidal behaviors in Bomet Central Sub-County. The health workers included doctors, nurses and psychological counselors who have encountered youth who had indulged in suicidal behaviors in Bomet Central Sub-County.

3.8 Methods of Data Analysis

The data was analyzed using the quantitative and qualitative methods. According to Treiman (2009), quantitative data analysis involves the way we organize and manipulate data to assess our hypothesis.

The questionnaires were administered to the target population in Bomet Central Sub-County on both quantitative and qualitative data. The quantitative data from section one of the questionnaires were analyzed using descriptive statistics where measures like frequency and percentages and the relevant implications of those values were indicated.

The qualitative data from section two of the questionnaire were analyzed using the descriptive statistics to analyze the data which was obtained. That was an approach which analyzed interrelationships among a large number of variables and to explain these variables in terms of their common underlying factors. The statistical approach was involved in finding a way of condensing the information contained in a number of original variables into a smaller set of dimensions with a minimum loss of information.

Higher levels of the measures indicated a relatively great influence of the mentioned variables on suicidal behaviors among youth in Bomet Central Sub-County.

3.9 Ethical Considerations

When the researcher conducted the study, ethical issues considered included confidentiality of the participants who were involved in this study. In addition, the researcher considered privacy and anonymity of the questionnaires in all the respondents who participated in Bomet Central Sub-County and Sotik Township Sub-County where the researcher did piloting in Bomet County.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.1 Introduction

This chapter presents data analysis, presentation and interpretation of the study.

4.2 Return Rate

The table below was the presentation of questionnaire and interview for health workers return rate which the researcher found out in the study.

Table 4:1 Return of the questionnaire and interview

Description	Frequency	Percentage
Questionnaire for Youth	70	100
Interview for Health worker	10	100

N=80

The researcher administered questionnaires to seventy youth and all were returned successfully, 100% as it is presented above. In addition, ten interviews which researcher did to health workers were successfully done by 100%.

4.3 Demographic Characteristics

This is demographic characteristic of the respondent of gender, age, level of education and marital status of the respondent in Bomet Central Sub-County.

4.3.1 Distribution of the Respondent by Gender

The researcher found out the following distribution of youth respondents by gender in table 4.2.

Table 4.2 Distribution of Youth Respondents by Gender

Description	Frequency	Percentage
Male	37	52.9
Female	33	47.1
Total	70	100

There were more male youth participant by 52.9% than Female 47.1%. Therefore, Gender balance was fairly well distributed.

4.3.2 Distribution of Return Rate by Age

The researcher found out the distribution of return rate by age as it presented in table 4.3

Table 4.3 Distribution of Return Rate by Age

Description	Frequency	Percentage
16 years – 21 yrs	12	17.1
22 yrs – 27 yrs	42	60.0
28 yrs – 35 yrs	16	22.9
Total	70	100

Age between 22-27 years were highest participant by 60.0%, followed closely age 28-35 years by 22.9% and finally followed closely age 16-21 years by 17.1%.

4.3.3 Distribution of Return by Highest Level of Education

The following was the presentation of distribution of return by highest level of education in the table 4.4 which the researcher found out in the study.

Table 4.4 Distribution of Return by Highest Level of Education

Description	Frequency	Percentage
None	0	0.0
Primary	3	4.3
Secondary	6	8.5
Middle Level College	52	74.3
University	9	12.9
Total	70	100

Middle level college was the highest participant by 74.5% followed by university 12.9% then followed closely by secondary 8.5%. Primary level and those who did go to school were the lowest presented by 4.3% and 0.0% respectively. Therefore, the majority of the participants were middle-level College which was significantly higher than the other education levels.

4.3.4 Distribution of Return by Marital Status

The researcher wanted to understand the distribution of return by marital status and the result were presented in table 4.5.

Table 4.5 Distribution of Return by Marital Status

Description	Frequency	Percentage
Single	26	37.2
Married	43	61.4
Widowed	1	1.4
Separated	0	0
Divorced	0	0
Total	70	100

The majority of the youth who participated were married presented 61.4% followed by single 37.2%. Lastly, widowed were presented by 1.4% and finally none of the youth were separated or divorced.

4.4.1 Methods of Suicide

The participants were asked in their own perception to rate methods of suicidal behaviors in Bomet Central Sub-County. The following was the summary of the response in Table 4.6.

Table 4.6 Methods of Suicide

Description		Frequency	Percentage
1. Youth take Poison when attempting suicide	Very High	33	47.1
	High	24	34.3
	Low	11	15.7
	Very Low	2	2.9
2. Youth Hang themselves when attempting suicide	Very High	6	8.6
	High	22	31.4
	Low	31	44.3
	Very Low	11	15.7
3. Jumping (in dams/river/tall building) when attempting suicide	Very High	3	4.2
	High	9	12.9
	Low	21	30.0
	Very Low	37	52.9

N=70

The largest category of youth who attempt suicide by ingesting poison were presented Very High by 47.1% and followed closely by 34.3% High, 15.7% Low and 2.9% Very Low.

Youth who hang themselves when attempting suicide was presented 44.3% low and 31.4 high, 15.7% very low and 8.6% very high.

Youth who jump (in dams/river/from a tall building) when attempting suicide majority presented 52.9% very low followed by 30.0% low, 12.9% high and 4.2% very high. Therefore, the use of poison is more common than attempts to hang and attempting to jump was least common in Bomet Central Sub-County.

4.4.2 Land issues and Suicidal Behaviors

The respondents were asked to indicate how they rate the influence of land issues on suicidal behaviors among youth in Bomet Central Sub-County. The response was as follows in Table 4.7.

Table 4.7 Land Issues and Suicidal Behaviors

Description		Frequency	Percentage
1. Landlessness among youth causes suicidal behavior.	Very High	13	18.6
	High	27	38.6
	Low	18	25.7
	Very Low	12	17.1
2. Land Dispute Ownership among youth causes suicidal behavior.	Very High	17	24.3
	High	27	38.6
	Low	19	27.1
	Very Low	7	10.0
3. Lack of Land Title/Justified Records among youth causes suicidal behavior.	Very High	4	5.7
	High	18	25.7
	Low	26	37.2
	Very Low	22	31.4

N=70

In the issue of landlessness among youth causing suicidal behavior, the highest response rate of participant rated 38.6% high, followed closely 25.7% low, 18.6% very high and 17.1% very low.

Concerning the issue of land dispute ownership causing suicidal behavior; majority of the participant rated 38.6% high, followed closely by 27.1% low, 24.3% high and 10.0% very low.

On the issue of lack of land title/justified records among youth causing suicidal behavior; most common response indicated 37.2% low followed closely by 31.4% very low, 25.7% high followed by 5.7% very high. Therefore, among issues of the land, disputes over ownership seemed to be the most common concern leading to suicidal behaviors, followed by landlessness itself. Lack of title or records were much less of concern for youth to attempt suicide.

4.4.3 Domestic Conflicts and Suicidal Behaviors

The participants were asked to specify how they rate the influence of domestic conflicts on suicidal behaviors among youth in Bomet central Sub-County. The following was their response indicated in Table 4.8.

Table 4.8 Domestic Conflicts and Suicidal Behaviors

Description		Frequency	Percentage
1. Divorce in the family causes suicidal behaviors among youth.	Very High	14	20.0
	High	18	25.7
	Low	31	44.3
	Very Low	7	10.0
2. Miscarriage in the family causes suicidal behaviors among youth.	Very High	4	5.7
	High	10	14.3
	Low	23	32.9
	Very Low	33	47.1
3. Assault in the family causes suicidal behaviors among youth.	Very High	9	12.8
	High	23	32.9
	Low	23	32.9
	Very Low	15	21.4

N=70

The issue of divorce in the family cause suicidal behaviors among youth; most common response rated 44.3% low, followed closely by 25.7% high, next by 20.0% Very High and Lastly 10.0% Very Low.

On the issue of miscarriage in the family cause suicidal behavior among youth; majority of the respondent rated 47.1% Very Low, followed closely by 32.9% Low, next 14.3% High and lastly 5.7% Very High.

The respondent specified on the issue of assault in the family cause suicidal behaviors among youth as follows; majority of participant tied 32.9% High and Low, next 21.4% Very Low and finally 12.8% Very High.

4.4.4 Alcoholism and Suicidal Behaviors

The participants were asked to point out how they rate the influence of alcoholism on suicidal behaviors among youth in Bomet Central Sub-County. The participants responded as follows in Table 4.9.

Table 4.9 Alcoholism and Suicidal Behaviors

Description		Frequency	Percentage
1. Addiction in the family causes suicidal behavior among youth.	Very High	26	37.1
	High	21	30.0
	Low	14	20.0
	Very Low	9	12.9
2. Irresponsible behavior in the family causes suicidal behavior among youth.	Very High	13	18.6
	High	30	42.9
	Low	21	30.0
	Very Low	6	8.5
3. Violence (as a result of alcohol) in the family causes suicidal behavior among youth.	Very High	23	32.9
	High	28	40.0
	Low	13	18.6
	Very Low	6	8.5

N=70

The participants rated on the issue of addiction in the family causing suicidal behaviors among youth as follows; most common response rated 37.1% Very High, followed closely by 30.0% High, next 20.0% Low and finally 12.9% Very Low.

Then the participants reported on the issue of irresponsible in the family cause suicidal behavior among youth as follows; most common response rated 42.9% High, followed closely by 30.0% Low, next 18.6% Very High and finally 8.5% Very Low.

The participants pointed out how violence when drunk cause suicidal behaviors among youth as follows; most common response rated 0.0% High, followed closely by 32.8% Very High, next 18.6% and lastly 8.5% Very Low. Violence seems to be a significant factor influencing suicidal behavior since a combined majority if 72.8% rated this as high or very high. Issues of addiction also seem to be significant as does irresponsible behavior in the family.

4.4.5 Terminal Illness and Suicidal Behaviors

The participants were asked to show how they rate the influence of terminal illness on suicidal behaviors among youth in Bomet Central Sub-County. They responded as follows in Table 4.10.

Table 4.10 Terminal Illness and Suicidal Behaviors

Description		Frequency	Percentage
1. Infection of HIV/AIDS in a family cause suicidal behaviors among youth.	Very High	23	32.9
	High	19	27.1
	Low	21	30.0
	Very Low	7	10.0
2. Cancer cause suicidal behaviors among youth.	Very High	10	14.3
	High	23	32.9
	Low	26	37.1
	Very Low	11	15.7
3. Physical Challenge cause suicidal behavior among youth.	Very High	4	5.7
	High	11	15.7
	Low	22	31.4
	Very Low	33	47.2

N=70

The participants reported on the issue of infection HIV/AIDS in a family cause suicidal behaviors among youth as follows; most common response noted 32.9% Very High, then followed closely 30.0% Low, next 27.1% and finally 10.0% Very Low. About half of respondents did rate this is either high or very high, showing is it a significant factor.

On the issue of cancer cause suicidal behaviors among youth in Bomet Central Sub-County, majority of participant reported 37.0% Low, followed closely 32.9% High, next 15.7% Very Low and finally 14.3% Very High.

The participants reported on the issue of physical challenge cause suicidal behaviors among youth as follows; Majority responded 47.2% Very Low, then followed closely 31.4% Low, Next 15.7% High and finally 5.7% Very High. Comparing; these responses show that of health related issues, HIV/AIDS is the most common factor leading toward suicidal behaviors.

4.5 Interview for the Health Workers

The researcher carried out the interview for the health workers to determine the extent to which suicidal behaviors influence youth in Bomet Central Sub-County. The following was the response of the health workers in Table 4.11.

Table 4.11 Interview for the Health Workers

Description	%yes/no	Objectives	Percentage
1. Have you encountered youths who were on suicidal behaviors?	100% Yes	Taking poison	80.0
		Hanging themselves	20.0
2. Have you encountered youth who were on suicidal behaviors because of land issues?	100% yes	Landlessness	10.0
		Disputed Land	90.0

3. Have you encountered youth who were on suicidal behaviors because of domestic conflicts?	100% yes	Assault	60.0
		Unfaithfulness	40.0
4. Have you encountered youth who were on suicidal behaviors because of alcoholism	100% Yes	Addiction	30.0
		Irresponsible	50.0
		Violence	20.0
5. Have you encountered youth who were on Suicidal Behaviors because of terminal illness?	80.0% yes	HIV/AIDS	87.5
	20% No	Physical challenges	12.5

N=10

The researcher found that all health workers had encountered youth who were on suicidal behaviors; majority said 80% were poison cases followed by 20% hanging (using a rope) suicide method and nobody encountered a youth who attempted suicide via jumping.

The researcher found out that all health workers had encountered youth who were on suicidal behaviors because of Land issues. Majority reported that 90% were because of land disputes and 10% were as a result of landlessness.

In addition, the researcher found out that all health workers had encountered youth who were on suicidal behaviors because of domestic conflicts. Majority responded that 60% were because of assaults, followed 40% who were as a result of unfaithfulness.

Next, the researcher found out that all health workers had encountered youth who were on suicidal behaviors because of alcoholism. Majority reported that 50% were because of irresponsible, followed by 30% who were because of addiction and 20% were because of violence.

Finally, the researcher found out that 80% of respondent had encountered youth who were on suicidal behaviors because of terminal illness while 20% had not handled. 87.5% were because of HIV/AIDS and 12.5% were as a result of physical challenges.

CHAPTER FIVE

SUMMARY OF THE FINDINGS, DISCUSSIONS, CONCLUSIONS AND RECOMMENDATION

5.1 Introduction

The following chapter presents the Summary of Findings, Discussions, Conclusion and Recommendations of the study.

5.2 Summary of Findings

Table 5.1 Summary of the Findings

Objectives	Summary of Findings
1. Demographic characteristics of youth.	Majority of participant were aged between 22-27 years 60.0%, middle level college 74.5% and married 61.4%.
2. Rate the methods of suicidal behaviors in Bomet Central Sub-County.	Most common response among participants presented Very High youth who take poison. Then followed by Low youth who hang themselves (using a rope) and finally, Very Low youth who jump (in dams/river/from tall building when attempting suicide.
3. Do land issues influence suicidal Behaviors among youth in Bomet Central Sub- County?	Most common responses were reported High, 38.6% landlessness, High 38.6 land dispute ownership and Low, 37.2% lack of land titles/will/justified record among youth cause suicidal behaviors.
4. Do domestic conflicts influence suicidal behaviors among youth in Bomet Central Sub-County?	Most common respondents reported tied High and Low, 32.9% assault in the family, Low, 44.3% divorce in the family and Very Low, 47.1% Miscarriage in the family cause suicidal behaviors

	among youth.
5. Does alcoholism influence suicidal behaviors among youth in Bomet Central Sub-County?	Most common respondents reported Very High, 37.1% addiction in the family, High, 42.9% irresponsible in the family and High, 40.0% violence when drunk cause suicidal behaviors among the youth.
6. Does terminal illness influence suicidal behaviors among youth in Bomet Central Sub-County?	Most common participants reported Very High, 32.9% infection of HIV/AIDS, Low, 30.0% cancer and Very Low, 47.1 physical challenges cause suicidal behaviors among youth.
7. Have you encountered youth who were on suicidal behaviors because of land issues, domestic conflicts, alcoholism, and terminal illness? If yes, why and which methods of suicide did they attempt to use?	All of the respondents reported 100% yes except terminal illness which scored 80% of Participants. In this part, there were multiple reasons for one suicide attempt. So 90% of attempts included a land dispute, 87.5% included HIV/AIDS, 60% included assaults and 50% included irresponsible as result of alcoholism. The most common respondent indicated 80% by poison (method of suicides).

5.3 Discussion

The purpose of the study was to determine factors influencing suicidal behaviors among youth in Bomet Central sub-County.

The major method of suicide was ingestion of poison (such as pesticides and herbicides) among youth in Bomet Central Sub-County. Since majority of the population in Bomet County are farmers, those poisons were readily available. Hence majority of the youth were able to access poison whenever they wanted to attempt suicide.

The researcher noted that the land issues caused youth to have suicidal behaviors in Bomet Central Sub-County. On land issues, land disputes and landlessness were among main reason which the youth who were on suicidal behaviors were expressing. That was because land as one of the factors of production had a high demand and the size of sharing among youth in the family was bringing a lot of landlessness and land disputes.

In addition, domestic conflicts especially in families were among the causes of suicidal behaviors among youth in Bomet Central Sub-County. The major problems were assaults and divorces among youth in Bomet Central Sub-County.

More so, alcoholism was among major cause of suicidal behaviors among youth in Bomet Central Sub-County. Major problems which youth who were on suicidal behaviors were facing were alcohols addiction, irresponsible when drunk and violence due to influence of alcohol.

Lastly, terminal illnesses were also major cause of suicidal behaviors among youth in Bomet Central Sub-County. In terminal illness the most common factors which were influencing youth to attempt suicide were infection of HIV/ADS and some low cases of cancers and physical challenges.

5.4 Conclusions

The purpose of the study was to determine factors influencing suicidal behaviors among youth in Bomet Central sub-County. The following were the conclusions which the researcher found out in the study.

Poison ingestion was the major method of suicide which majority of the youth, who were on suicidal behaviors in Bomet Central Sub-County use. Land issues (such as Land disputes and landlessness) influence youth to attempt suicide in Bomet Central Sub-County. Domestic conflicts such as assaults and divorces were among major factors influencing suicidal behaviors among youth in Bomet Central Sub-County. In addition, alcoholism was another major factor influencing suicidal behaviors among youth in Bomet Central Sub-County. That was because of alcohol addictions, irresponsible when drunk and violence as a result of alcohol. Finally, terminal

illness such as HIV/ADS and some low cases of cancer and very low issues of physical challenges cause suicidal behaviors among youth in Bomet Central Sub County.

5.5 Recommendations

The following recommendations were made to minimize suicidal behaviors among youth in Bomet Central Sub-County.

1. Proper policy of poisons management should be established in order to regulate on how to handle and to keep those dangerous poisons away from youth.
2. Psychological counseling centers should be established and placed in position for quality management youth conflicts.
3. Land policy programs should avail relevant information to minimize land disputes among youth.

5.6 Suggestion for Further Study

1. To determine effects of suicidal behaviors in social economic in Bomet County.
2. To determine the extent of conflict resolution in land matters among youth in Bomet County.
3. To determine the extent of the cultural and personal perception of suicide in Bomet County.

5.7 Contributions to the Body of Knowledge

The following table indicates contributions made by the researcher to the body of knowledge.

Table 5.2 Contributions to the Body of Knowledge

No.	Objectives	Contributions to the Body of Knowledge
1.	To determine the extent to which land issues influence suicidal behaviors among youth in Bomet Central Sub-County.	Land is one of the major factors of production of goods and services in Bomet County. Majority of youth rely on land for farming, building homesteads and even business premises. Since the demand of land has become very high, some youth may likely be landlessness and others fall into land disputes which cause suicide behaviors among youth in Bomet Central Sub-County. Therefore, there is a need to continue promoting land management policy which will provide enough information to youth in order to address land issues in Bomet Central Sub-County.
2.	To determine the extent to which domestic conflicts influence suicidal behaviors among youth in Bomet Central Sub-County.	In African context, there were cultural values which governed how to deal with domestic conflicts whenever they arise in the family. Those vital values seem to be eroded by modernization and borrowed western cultures which make youth in suspense on how to deal with domestic conflicts such as assaults. Due to lack of enough psychological counselors to manage domestic conflicts such assaults, suicidal behaviors among youth may continue rising in Bomet Central Sub-County
3.	To determine the extent to which alcoholism influences suicidal behaviors among youth in Bomet	When we observe rules and regulations on alcohol use in African tradition set up, we notice that young people were not supposed to drink till elderly age (Over 35yrs). They were supposed take alcohol in disciplined manner. That rules and regulations are no more governing youth

Central Sub-County.	on how to use alcohol. Addiction and irresponsible in the family as a result of alcoholism among youth has influenced them to suicidal behaviors. Proper introduction and implementation of alcohol management policy should be promoted especially in grassroots where youth indulge alcoholism in Bomet Central Sub-County in order to reduce suicidal behaviors among youth.
4. To examine the extent to which terminal illness influence suicidal behaviors among youth in Bomet Central Sub-County.	Terminal illness has been rampant among youth in Bomet Central Sub-County. The most common terminal illness is HIV/AIDS which seems to make youth lose hope in life in Bomet Central Sub-County. There is a great need for competent psychological Counselors to continue managing cases of HIV/AIDS among those youth who are infected and affected in order to reduce suicidal behaviors in Bomet Central Sub-County.

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APPENDICES

Appendix I: Introductory Letter

Dear participant,

I am a post-graduate student at the University of Nairobi pursuing a Masters Degree in Project Planning and Management.

My study is based on: **Factors Influencing Suicidal Behaviors among youth in Bomet Central Sub-County.**

I kindly request you to assist in giving me information required to complete my study effectively.

The information provided will be treated with strict confidentiality and it will only be used for the academic purpose. Kindly do not write your name or any other personal identification on the information.

Your assistance in this regard will be highly appreciated.

Thanking you in advance.

Yours sincerely,

James Matara Ongwae

L50/69684/2013

Appendix II: Questionnaire for the Youth

The information in this questionnaire is meant for research only. The sources will be kept confidential. **Do not write your name.** The questionnaire has nineteen main questions only. Please respond to all questions appropriately.

Please tick appropriately using (√) in the boxes provided:

1. What is your gender? Male Female

2. Please provide age group.

16-21 years of age

22-27 years of age

28-35 years of age

3. What is your highest level of education?

a. None

b. Primary

c. Secondary

d. middle level college

e. University

4. What is your marital status?

a. Married (___)

b. Single (___)

c. Widowed (___)

d. Separated (___)

e. Divorced (___)

f. cohabitated (___)

In your own perception, rate the methods of suicidal behaviors in Bomet Central Sub-County.

NO		Very High	high	low	Very low
5	Youth take poison when attempting suicide.				
6	Youth hang themselves (using a rope) when attempting suicide.				
7	Youth jump (in dams/river/tall building) when attempting suicide.				

Indicate how you rate the influence of land issues on suicidal behaviors among youth in Bomet Central Sub-County.

NO		Very High	high	low	Very low
8	Landlessness among youth cause suicidal behavior.				
9	Land dispute ownership among youth cause suicidal behavior.				
10	Lack of land title/will/justified record among youth cause suicidal behavior.				

Specify how you rate the influence of Domestic Conflicts on suicidal behaviors among youth in Bomet Central Sub-County.

NO		Very High	high	low	Very low
11	Divorce in the family cause suicidal behaviors among youth				
12	Miscarriage in the family cause suicidal behavior among youth				
13	Assault in the family cause suicidal behavior among youth				

Point out how you rate the influence of alcoholism on suicidal behaviors among youth in Bomet Central Sub-County.

NO		Very High	high	low	Very low
14	Addiction in the family cause suicidal behavior among youth				
15	Irresponsibility in the family cause suicidal behavior among youth				
16	Violence when drunk cause suicidal behavior among youth				

Show how you rate the influence of terminal illness on suicidal behaviors among youth in Bomet Central Sub-County.

NO		Very High	high	low	Very low
17	Infection of HIV/AIDS in family causes suicidal behaviors				
18	Cancer cause suicidal behaviors among youth				
19	Physical challenges cause suicidal behaviors among youth				

Thank you.

Appendix III: Interview Guide for the Health worker

Interview Guide for the Health workers (Doctors/clinical officers, social workers and psychological counselors) for suicidal behaviors among youth in Bomet Central Sub-County.


1. Have you encountered youth who were on suicidal behaviors? Yes___/No___ If yes, which methods of suicide did they attempted to use? (A) Taking poison (b) hang (using a rope) (c) Falling in a dam/ in into a river/ from a tall building (d) other _____
2. Have you encountered youth who were on suicidal behaviors because of land issues? Yes___/No___ If yes, which kind of land issues? (a) Landlessness (b) Disputed land ownership (c) Lack of title/will/justified records (d) others _____
3. Have you encountered youth who were on suicidal behaviors because of domestic conflicts? Yes___/No___ If yes, which kind of marital issues? (a) Divorce (b) Miscarriage (d) Assault (d) others _____
4. Have you encountered youth who were on suicidal behaviors because of alcoholism? Yes___/No___ If yes, which kind of alcoholic issues? (a) Addiction (b) Irresponsible (c) Violence (d) others _____
5. Have you encountered youth who were on suicidal behaviors because of poverty? Yes___/No___ If yes, which kind of poverty issues? (a) Lack of food (b) Lack of clothing (c) Lack of education (d) Others _____
6. Have you encountered youth who were on suicidal behaviors because of terminal illness? Yes___/No___ If yes, which kind of terminal illness? (a) HIV/AIDS (b) Cancer (c) Physical challenge (d) Others _____

Thank you.

Appendix IV: Research Permit

THIS IS TO CERTIFY THAT:
MR. JAMES MATARA ONGWAE
of UNIVERSITY OF NAIROBI, 39-20400
Bomet, has been permitted to conduct
research in Bomet County
on the topic: FACTORS INFLUENCING
SUICIDAL BEHAVIORS AMONG YOUTH IN
BOMET CENTRAL SUB-COUNTY
for the period ending:
4th December, 2015

Permit No : NACOSTI/P/15/8564/6438
Date Of Issue : 7th August, 2015
Fee Received :Ksh 1,000




James Matara Ongwae
Applicant's Signature

[Signature]
Director General
National Commission for Science, Technology & Innovation

CONDITIONS

- 1. You must report to the County Commissioner and the County Education Officer of the area before embarking on your research. Failure to do that may lead to the cancellation of your permit**
- 2. Government Officers will not be interviewed without prior appointment.**
- 3. No questionnaire will be used unless it has been approved.**
- 4. Excavation, filming and collection of biological specimens are subject to further permission from the relevant Government Ministries.**
- 5. You are required to submit at least two(2) hard copies and one(1) soft copy of your final report.**
- 6. The Government of Kenya reserves the right to modify the conditions of this permit including its cancellation without notice.**

REPUBLIC OF KENYA



National Commission for Science, Technology and Innovation

RESEARCH CLEARANCE PERMIT

Serial No. A 6070

CONDITIONS: see back page

Appendix V: Authorization Letter



NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY AND INNOVATION

Telephone: +254-20-2213471,
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When replying please quote

9th Floor, Utalii House
Uhuru Highway
P.O. Box 30623-00100
NAIROBI-KENYA

Ref: No.

Date:

7th August, 2015

NACOSTI/P/15/8564/6438

James Matara Ongwae
University of Nairobi
P.O. Box 30197-00100
NAIROBI.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on *“Factors influencing suicidal behaviors among youth in Bomet Central Sub-County,”* I am pleased to inform you that you have been authorized to undertake research in **Bomet County** for a period ending **4th December, 2015.**

You are advised to report to **the County Commissioner and the County Director of Education, Bomet County** before embarking on the research project.

On completion of the research, you are expected to submit **two hard copies and one soft copy in pdf** of the research report/thesis to our office.


DR. S. K. LANGAT, OGW
FOR: DIRECTOR-GENERAL/CEO

Copy to:

The County Commissioner
Bomet County.

The County Director of Education
Bomet County.



National Commission for Science, Technology and Innovation is ISO 9001:2008 Certified