UNIVERSITY of BOTSWANA

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DEPARTMENT OF SOCIAL WORK

PSYCHOSOCIAL CAUSES OF SUICIDE AMONG YOUTH AND ITS IMPLICATIONS ON THE FAMILY: LESSONS FOR BOTSWANA.

MSW 700: RESEARCH ESSAY

SUBMITTED BY:

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DEDICATION

This work is dedicated to my family, friends and the youth of Botswana.

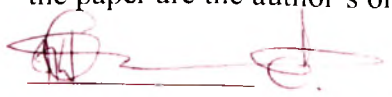
ACKNOWLEDGEMENTS

I would like to firstly thank my almighty God for watching over me and making sure that I am safe all the time. My sincere thanks to my family for the support they have given me throughout my life. Special thanks to my supervisor, Professor Kwaku Osei-Hwedie for his support and guidance, I guess the arguments we had on this paper were worth it, thank you very much. Thanks to everybody who assisted and encouraged me in the Department of Social Work. A special thanks to the Department of Careers and Counseling Centre for sharing their studies with me, it gave me a lot of direction.

Lastly but not least, I would like to thank all my friends, you know who you are. Thanks for your support...Much love to all!!

DECLARATION

This research essay was undertaken from January 2007 to July 2007. The study has never been published elsewhere before, and as such, except where referenced the contents of the paper are the author's original work.



Hope Musaka Kunda

APPROVAL

The undersigned certify that, this research essay has been read and examined. They hereby recommend for acceptance by the Department of Social Work, University of Botswana as part of the work recommended in fulfillment of the requirements for the award of the Degree of Masters of Social Work.

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Dean of Graduate studies

ABSTRACT

This study explores the psychosocial factors that contribute to suicide among the youth in Botswana and how it affects the family. The Study uses available literature to examine the psychosocial causes of suicide among the youth and also its implications on the family. The study uses Durkheims's twin theory of social integration and social regulation to describe the causes of suicide among the youth and its impact on the family. Findings from the literature reveal that there is a combination of one or more psychosocial factors leading to suicide among the youth. These factors, to mention a few include intrapersonal issues, relationship problems, unemployment, sexual problems, family problems and social status.

The paper also highlights the important lessons that Botswana can learn in their struggle to address suicide. It lastly discusses the recommendations that could be useful in addressing suicide in Botswana.

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CHAPTER ONE

INTRODUCTION

1.0 BACKGROUND OF THE STUDY:

1.1 Trends in Suicide Rates Worldwide:

Suicide, especially, when viewed in global terms represents a huge and complex public health problem (World Federation for Mental health , 2006).A full understanding of this problem demands the recognition that many factors come together when a person attempts or completes a suicide. According to the World federation for Mental Health (2006) it is estimated that over a million people die by suicide every year. It is widely believed that the true number of self-inflicted deaths is higher due to underreporting in many countries. It is further reported that the impact of non-fatal self-inflicted injuries may be as much as twenty times higher than the number of reported deaths by suicide.

Suicide is also a world wide social and health concern that reaches across the lifespan. Suicidal behavior among young people (youth), working adults, and the elderly takes a heavy toll on families, communities, and countries in all regions of the world (World Federation for Mental Health, 2006).In almost all countries, suicide rates among male adolescents increased at some point during the 1980s and 1990s. The most notable exception to this trend is Western Europe, where most countries experienced declining suicide rates among adolescent males. Since 1997, it appears that this decline is also taking place in Eastern Europe, Southern Europe, Asia, Australia and New Zealand. Although the overall global suicide rates among adolescent girls appear to be declining as well, some countries, such as India, report relatively very high rates of suicide among

girls in this age group .The 1990 World Health Organization suicide statistics given by Lester (1997) show different suicide rates for Hungary 39.9, Sri Lanka 33.2, New Zealand 13.5, and Zimbabwe at 7.4 (World Federation for Mental Health, 2006). Although there seems to be underreporting and no reporting at all by some African countries, there is enough evidence that suicide is a universal behavior. It is exhibited by individuals who feel hopeless and helpless about their situations and could not come up with any viable option to resolve their problems (Alao et al, 2005).

Statistics indicate that adolescent suicide is on the increase internationally. In the United States in the 1980s, it was one of the leading causes of death for those aged between fifteen to twenty four years. Again, attempted suicide was more prevalent among this age group (15-24) as compared to the age group above twenty four. Further evidence of this is the tripling in the rate of adolescent and young adult suicides over the last thirty years (Bezuidenhout, 2005).

1.2 Trends in Suicide rates in Botswana

Suicide and attempted suicide cases have been reported in Botswana just as in any other country. In a study on suicide by Tembo et al (1989) the factors associated with suicide were highlighted in selected areas of Botswana. The study was conducted in two urban areas: Gaborone and Lobatse and in two rural areas: Kweneng and Kgatleng districts. The findings indicate that the factors associated with suicides and suicide attempts were mental illness (32%) and alcohol abuse about (69%) from a total of 100 subjects out of

which 45 subjects were attempters and 55 subjects were completers. Of the 100 subjects, 78% were males and 22% were females.

Looking at social characteristics of persons having attempted or completed suicide, in Botswana, Tembo et al (1989) further noted that more men completed suicide, and more women than men attempt suicide, while means of suicide is mostly by hanging from a tree or rafters or a hut or house, and using firearms. For both sexes, groups above 20 years are the most affected by completed suicides and in young age groups suicide is less common. Unemployment has also been linked to alcoholism and suicide (Tembo et al, 1989).

1.3 STATEMENT OF THE PROBLEM.

Suicide among the youth has increased worldwide including Botswana. Research has shown that many young people commit suicide or attempt suicide in their life time (World Health Organization, 2006).According to the Suicide Information and Education center in Alberta, Canada, studies indicate that adolescent girls are four to seven times more likely to attempt suicide than their male peers. It further indicates that males typically use more lethal means (firearms, hanging) than do females (who usually use drugs, poisons or gases). Sadly, recent trends indicate that females are starting to choose more lethal means than they did before (World Federation for Mental Health, 2006)

In Botswana, suicide is deemed to be on the increase, especially, among young women. The term passion killing has been used to describe suicide which follows the death of both parties who were said to be in a romantic relationship. In this manner one kills the

other before he or she finally takes his or her life. Suicide in Botswana is mainly attributed to the economic situation in the community which is said to have made young women, especially, vulnerable to suicide or passion killings (www.gov.bw). It follows that men end up killing themselves and their partners due to the fact that they feel they have been cheated or abused financially by their partners. Women, on the other hand, are said to commit suicide due to the fact that they are unable to provide for themselves thereby being vulnerable to poverty.

No major study has been done on suicide since 1998. However, media reports suicide cases from time to time. Over a period of four years from 1995 to 1998, the Botswana police suicide statistics reported a total of 783 cases of both attempted and completed suicide (Alao et al, 2005).Even though the majority of cases (217) were in 1997, the police believe that there is a lot of underreporting. Life, in general, has become stressful and challenging. Individuals react differently to these challenges and also employ different coping mechanisms during these difficult times (Alao et al 2005).

The study, therefore examines the psychosocial causes of suicide among the youth and its effects on the family.

1.4 OBJECTIVES OF THE STUDY

The overall objective of this study is to examine the psychosocial factors that contribute to suicide among the youth.

1.5 SPECIFIC OBJECTIVES

1. To identify the causes of suicide among the youth.
2. To examine the social or cultural, economic and psychosocial factors influencing suicide among the youth.
3. To examine the psychosocial impact of suicide on the family.

1.6 SIGNIFICANCE OF THE STUDY

The study explores the psychosocial factors associated with suicide among youth and examines the impact on the family. The study positively adds towards social work practice, education, research and policy formulation.

1.7 SOCIAL WORK PRACTICE

The study may help social workers to determine strategies for assisting the youth and families who are at risk and are affected by suicide. The study aims at identifying the patterns of factors that influence suicide ideation among the youth. Once the patterns or indications of suicide are clear and known to social workers, they will be able to identify the groups of youth who may be at a greater risk of committing suicide and appropriately attend to them. Suicide has been observed to be an emerging trend in Botswana even

though very little has been documented since 1989. The study will throw more light on the concept of suicide and also assist social workers to appropriately help groups who are at risk and families that have been affected by suicide. When death occurs by suicide in the family, family members often experience bewilderment, sorrow and shock. Characteristically, feelings of guilt, anger and depression set in. The suicide brings about uncertainty in the family structure, functions and roles are negatively disturbed (Bezuienhout, 2004; Firestone, 1997). The study will assist social workers in designing appropriate interventions that will help the groups who are at risk, or affected by suicide.

1.7.1 SOCIAL WORK EDUCATION.

The study could be used as a resource material on the subject of problems that are experienced by youth and their families. The findings will educate social workers and other professions such as doctors and psychologists and on the subject of youth suicide and its consequences on the family. With such a foundation, social workers and other professionals will be in a position to conceptualize the causes of suicide among the youth and also be in a position to capture the impact that is caused by suicide on the family unit.

1.7.2 SOCIAL WORK RESEARCH

The study will add to available research on issues surrounding suicide and its impact on the family. The study will also stimulate questions and debates on the subject matter and examine its implication. Suicide, especially, among young unmarried couples has been reported to be on the rise in Botswana (Alao et al, 2005). The study may stimulate

interest among potential researchers to deeply research on the matter and be able to assist groups at risk and their significant others.

1.7.3 SOCIAL POLICY AND ADMINISTRATION.

The study would contribute towards knowledge necessary for the development of policies, programmes and guidelines for assisting youth who are at risk of suicide and also families who are affected by suicide. Suicide can be attributed to many causal factors. Different factors would be acknowledged and incorporated in the appropriate policy to assist different groups. A policy may lead to programmes to assist students in avoiding situations that may lead to suicide. This will help both the teachers and students to understand suicide and be able to seek the necessary help.

There is need for programs that will specifically reduce suicide ideation among youth, whether they are at home, school or at work. Different interventions could be put in different settings to cover the subject. The family is of significance too as it is the basic unit where individuals interact most. It is the basic unit of life and policy will lead to programmes to address the impact of suicide in families.

1.8 DEFINITION OF OPERATIONAL KEY CONCEPTS.

Youth- A person between the age of twelve and twenty nine. (Ministry of Youth and Culture Botswana, 1998).

Suicide-The process of taking ones life (Firestone, 1997).

Attempted Suicide- The failure of a planned suicide (Firestone, 1997).

Suicide Attempters- Individuals who have attempted suicide but have not succeeded.

Suicide Completers- Individuals who have attempted and succeeded in taking their lives

CHAPTER TWO

METHODOLOGY AND THEORETICAL FRAMEWORK

2.0 Introduction

This chapter discusses the method used for gathering information for the study. It further discusses the theory that has been used to guide the study and explain its significance. The study employs Durkheim's twin theory of social integration and social regulation to explore the causes of suicide among the youth and the implication on the family. The study will also use available literature to throw light on the subject.

2.1 Methodology

The research methodology for the study was mainly through the use of secondary data by review of available literature. Journal articles and books covering the subject were used. The other source of information was the internet. Major Websites used are, www.google.com and Ebscohost database.

2.2 Theoretical framework

The paper uses the social integration and social regulation theory to explain the existence of suicide among the youth, its cause and implication on the family. The theory basically argues that, suicide is related to the degree of social integration and regulation that individuals have. The theory explains that individuals commit suicide due to the imbalances that exists in the social environment that individuals live in (Johnson, 1965).

2.2.1 Social integration and Social Regulation theory.

The social integration and social regulation theory describes the situation of youth and the factors that ultimately lead them to commit suicide. The proponent of this theory is Emile Durkheim (1952). Durkheim's starting point is the observation that self destruction occurs with varying frequency in the different populations, the theory explains the variations among social environments in the incidence of suicide, not the suicides of particular individuals (Johnson, 1965).Durkheim contends that suicide rates depend on two variable social conditions. These two variables are social integration and social regulation. Social integration refers to the extent to which an individual is involved and included in any social interaction system, either on a personal or at a community level. Social regulation refers to the overall participation and acceptance of social rules that govern a social group or system (Durkheim, 1952).

Together, the two determine the incidence of suicide in any group. In any given level of integration and regulation, there is a corresponding rate of suicide (Bjarnason, 1994). The theory states that a society, group, or social condition is said to be integrated to the degree that its member's posses a "common conscience" of shared beliefs and sentiments, interact with one another and have a sense of devotion to common goals. Durkheim (1952) describes four types of suicide that exist in any society. These are altruistic, egoistic, anomie and fatalistic suicide (Bezuidenhout, 2004; Johnson, 1965).

2.2.2 Altruistic Suicide

This refers to the over-identification and integration of the individual in society to such an extent that societal welfare is seen as more important than his or her own life. Durkheim mainly uses this type of suicide to understand primitive people and the army. Altruistic societies such as these have many suicides because they stress individual renunciation (Johnson, 1965).This kind of suicide could be used to understand the suicides that happen in the Botswana defense force (BDF) where individuals commit suicide due to imbalances that exist in their work environment, individuals in this instance are said to have failed to meet the demands of their work environment.

2.2.3 Egoistic Suicide

This suicide happens when an individual is defined as being less powerfully linked with society as a consequence of reduced religious, political and family integration. Egoistic suicide, according to Durkheim (1952) happens when the common conscience is weak (that is, few common beliefs and sentiments are present), interaction is limited, dedication is to self-interests rather than those of a collectivity (Johnson, 1965).

Egoistic suicide can be used to understand suicide among Protestants and unmarried people, among others. Groups such as these, although at the opposite end of the scale from altruism, also display a high rate of suicide. In a condition of weak integration, life derives no meaning and purpose from the group, and is readily surrendered (Johnson, 1965).Passion killings in Botswana could be used to explain the existence of egoistic suicide, especially, among the youth. When individuals discover that they are no longer

serving a purpose in a relationship, they firstly kill their partners and then kill themselves. There is fear of rejection, which leads to less relationship integration.

2.2.4 Anomic Suicide

This suicide results from a reduction of mechanisms of control due to a rapid change in the social order. Such change is characterized by the individual's inability to internalize the appropriate social norms of a society (Johnson, 1965). Regulation and suicide have exactly the same relationship, either a low or high level of regulation causes many suicides, while a moderate level causes a few. Durkheim (1952) assigns the term anomie to a state of low regulation.

When society has a weak control over an individual, his/her passions are apt to burst forth and he /she may become disoriented and perhaps kill himself/herself. Anomie occurs among businessmen, especially during booms and depressions; this is also significant in understanding suicide among the youth, divorced people and widows (Johnson, 1965).In the context of Botswana, this type of suicide could be used to understand the reported increase that has been observed among young couples who are not able to work their relationships out. Individuals are reported to be stressed in resolving their relationships, a lot resort to suicide after failing to resolve their differences (Alao et al, 2005).

2.2.5 Fatalistic Suicide

This type of suicide represents an escape mechanism from excessive control. It emanates from the individual's feelings of hopelessness and powerlessness. Fatalistic suicide happens when an individual experiences an intense social regulation where

futures are pitilessly blocked and passions violently choked by oppressive discipline. This social cause of suicide occurs among childless married women, very young husbands and slaves (Johnson, 1965). There has been observed evidence that a childless woman is likely to commit suicide than a woman who has a child (Johnson, 1965). With such evidence, young women in Botswana who are not able to conceive are a group that could be at risk of committing fatalistic suicide.

CHAPTER THREE

LITERATURE REVIEW

3.0 Introduction

This chapter discusses the available literature to throw some light on the psychosocial factors that are said to be contributing to suicide among the youth and its implication on the family.

3.1 Causes of Suicide among the youth

The process of ascertaining and analyzing the causes of suicide is often hindered by secrecy surrounding the act and its reported cause (Bezuidenhout, 2004).Research into suicide is far from definitive in its explanation of variables associated with the subject. Significant indicators have however emerged to the identification of individuals at risk. The study will discuss the personal, psychological, social, cultural, economic and other psychosocial factors that influence suicide among the youth. The study will also examine the impact of suicide in families using the outlined causal factors or indicators.

3.2 Intra-personal and psychological causes of suicide among youth

Suicide among youth has been explained to be a result of personal perception (Bezuidenhout and Firestone, 1997). Suicide is caused by psychache, this is, the hurt, anguish, soreness, aching, psychological pain in the psyche, that is the mind. It is intrinsically psychological- the pain of excessively felt shame, or guilt, or humiliation, loneliness, fear, angst or dread of growing old, of dying badly or any other unhealthy thoughts(Firestone,1997). When such thoughts occur, reality is introspectively

undeniable. Suicide occurs when the psychache is deemed by that person to be unbearable.

At this point in the (suicidal) trance, the inner pull towards suicide dramatically intensifies. Often it comes in the form of a voice. This voice grows in volume with the stress of the suicidal ordeal. It demands increasingly to be heard above everything else, and it begins to occupy a greater part of the person's psyche until it smothers more reasonable voices altogether. Often, people experience this voice as relentlessly driving them toward self destruction (Firestone, 1997).

Suicide among the youth represents the final submission to self-destructive machinations. Negative reactions against the self are an integral part of each person's psyche, ranging from critical attitudes and mild-attacks to severe assaults on the self. The latter includes feelings and attitudes that predispose physical injury to the self and eventually the complete obliteration of the self. No one reaches maturity completely unscathed by personal experiences during the developmental years and no person is completely exempt from suicidal process that leaves its mark on every life (Firestone, 1997).

In terms of self- introspection, youth suicide appears to be related to one or more of the following (Bezuidenhout, 2004).

- Low self image or esteem: Feelings about ones worthiness will affect the way they perceive their lives. Individuals who have low esteem are more vulnerable to suicide ideation than those individuals who have a high sense of esteem.
- Fear of failure: Individuals who always think of failure are likely than those who consider themselves as hard workers to commit suicide or have thoughts of

committing suicide. A study by Alao et al (2005) found that among the 1669 subjects who participated in the study among University of Botswana students, suicide ideation was reported to be very often in 2.3 % of the subjects, and often in 3.1%, while suicide ideation was sometimes felt by 29.6%. With reference to suicide attempts, 12.5 % had attempted suicide and more females, 14.8%, compared to males 9.9%, had attempted suicide. Factors that contributed to suicide ideation were noted to be feelings of academic failure, failure in family relationships and fear of losing an intimate partner.

The study indicated that the issues of most concern, or problems that have led to suicide ideation among the male subjects were family problems, loss of a close person and relationship problems. Among the female subjects, the order was family problems, relationship problems and loss of a close person. The age group 20- 24 years was the group indicating family problems as the source of suicide ideation (Alao et al, 2005).

3.3 Suicide and Mental health

Bezuidenhout (2004) indicates that when a group of young people (normal controls) who have never attempted suicide are compared to young people (experimental group) who have attempted suicide, the latter are found to be significantly more depressed and stressed. In a similar light, Hawton and Heeringen (2000) report a higher suicidal risk among those who have a history of mental health problems, alienation from

family and community ties, and those who had a friend who committed suicide. They found that as the general health of the individual declined, suicidal behavior increased.

Depression is a very common mental health problem worldwide. The world Health Organization estimates that 121 million people currently suffer from depression, with 5.8% of men and 9.5% of women experiencing depressive episode in any given year (World Federation for Mental health, 2006). In light of these high rates of depression, it is a cause for concern that mood disorders (of which depression is the major example) are the most common psychiatric condition associated with suicide. It is important to note, however, that depression encompasses a wide range of experiences and illness forms from mild to severe, transient to permanent, and the risk of suicide varies substantially with the type of depression.

Amongst those diagnosed with depression, a study in Finland found that key indicators for suicide include: previous self- harm, severity of the illness, alcohol or drug abuse, serious or chronic physical illness, lack of a partner, anxiety and personality disorders (World Federation for Mental health, 2006).Thus, the relationship between psychiatric illness and suicidal behavior is a strong one (Hawton and Heeringen, 2000).

Adolescents with bipolar disorder are at risk of completed suicide. A study among Swedish adolescents found that majority of them made at least one medically significant suicide attempt (Hawton and Heeringen, 2000). They found that depression in schizophrenia may be related to the fact that young people felt that they were falling

apart and becoming mentally ill, and there is indeed evidence that suicidality and depression in these patients is related to good premorbid function, better insight, higher intelligence and preservation of cognitive function (Hawton and Heeringen, 2000). On this note, it can be argued that many young people with mental illness in Botswana are likely to commit suicide than those that do not have any mental illness.

Mental illness has been found to be one of the major contributing factors to suicide and suicide ideation. One significant epidemiological trend in suicidal behavior in Botswana is the association between mental disorder and suicide (Alao et al 2005). Apart from relationship and family problems, a study by Tembo et al (1989) found that mental disorders was the third causative factor of suicide in Botswana. The study further noted the relationship between alcohol abuse and mental illness and how it contributes to suicide.

3.4. Social and cultural causes of suicide among the youth

According to Bezuidenhout (2004) and Hawton and Heeringen (2000), various cross-cultural research has determined distinct differences between suicide rates in different cultures. It can be concluded that suicide is not culturally specific for it occurs among all cultures. Some kinds of culture-related suicide are associated more with one gender than another.

3.5 Cultural beliefs and practices

In India, dowry death by suicide occurs when a young married woman or her parents are pressured after a marriage to continue to pay a dowry that exceeds the financial capacity. Suttee, which has a mythological status, refers to a type of self-cremation of a widow on her husband's pyre. It was symbolically the sign of the superiority of the feminine principle in India. It is therefore an acceptable suicide in that the woman elects to remain connected with her husband instead of surviving as an outcast and a person without identity (Hawton and Heeringen, 2000).Japan is often regarded as a country in which suicide is permissible to some extent. It s reported that the Japanese regard suicide as an honorable way to take responsibility, similar to seppuku (hara-kiri, self-disembowelment), the traditional form of suicide committed by warriors in the feudal era. Hara-kiri was in some cases a self-imposed demonstration of loyalty, indignation or atonement, and in other cases a self-execution ordered by authority on account of improper conducts. This form of suicide symbolizes the value of self control and of exerting some sense of power over one's death (Hawton and Heeringen, 2000).

Another example of culture-related suicide is juramentado. This comes from the Moros of the Philippines, who professed Islam as their common religion. The Moros considered Christians as evil. Although Islam condemns self-killing, death at the hands of Christians qualifies as martyrs death and therefore a sure pathway to paradise. A man who wished to end his life because he had been shamed, or had marital or other difficulties, would swear an oath that he would go to a place frequented by Christians and would kill as many as possible in the always realistic hope that he would be killed. Some of these suicides were

self-punishments, performed by persons who had committed a serious religious crime (Hawton and Heeringen, 2000).

3.6 Religion

Religion has been found to be a predisposing factor to suicide. Modern civilization has been argued to have resulted in a decline in the individual's involvement in religion, specifically in church attendance. Relating to specific religious denominations; Protestants have a higher suicide rate than Catholics, who in turn have higher suicide rates than Jews. The type of religion is not as important as the strength of religious identity, involvement and the degree of conservation (Bezuidenhout, 2004).

Botswana has its own set of beliefs that are held by different people. It can further be noted that the youth have their own beliefs considered to be part and parcel of their culture. Suicide will therefore be determined by the kind of belief system that an individual has. If, for instance, an individual believes in human sacrifice as a way of appreciating the work of a supreme being, he or she is likely to commit suicide so as to obey that supreme -being that the person believes exists.

A study by Alao et al (2005) found that there is a close relationship between suicide and religion. Among the 1669 subjects that participated in the study among University of Botswana students, the Muslim/Hindu subjects, 24 subjects or 47.1% indicated religion and family beliefs to be a contributing factor in suicide ideation. Subjects with traditional religion at 34 or 18.3%, and catholic at 63 or 16.2% also indicated religion and different family values to be a contributing factor in suicide and suicide ideation (Alao et al, 2005).

Another study on suicide rates and trends in Botswana between 1992 and 2002 by Alao et

al (2005) found that the modes of suicide were also relevant in completed suicides. From the 1235 subject that were studied, hanging was the most utilized mode of suicide by subjects of different religious groups and those without religion. The use of firearms 14.3%, was the second method utilized by Catholics while over dosage of drugs was the second method utilized by protestants(3.6%).Other modes of suicide were noted to be jumping from a high place, running into traffic, poisoning and burning with fire(Alao et al,2005).

3.7 Marital status

There has been a positive relationship between suicide and marital status. A study in the United States found that most suicides are committed by divorcees, followed by those who where single and widowed, while the least are committed by those who are married (Bezuidenhout, 2004). Married couples with children are even less likely to commit suicide, an explanation given that marriage and children provide stronger social ties, as well as more opportunities for communication. More young people who are single and do not have any children are at risk of suicide than those that are married with children (Bezuidenhout, 2004; Charles, 2002).

In Botswana, Alao et al (2005) found that of the 1235 subjects that were studied, marital status was identified as a factor that contributed to suicide. In cases where marital status of victims was indicated, about two thirds (66.8%) were single while 17.4% of the subjects were married and 13.1% were cohabiting. As relationship problems was the highest problem leading to suicide among the subjects, it could be further argued that

marital status possibly accounted for lower suicide rates found among married victims compared to single subjects who possibly could be lonely or living alone thus with no partner to share issues of concern with thus leading to a state of helplessness and hopelessness and eventually lead to suicide .The percentage of subjects cohabiting was also less compared to single subjects(Alao et al,2005).

3.8 Pregnancy and childbearing

Pregnancy and child birth have profound effects on both the mind and body. According to Doyal (1995), motherhood constitutes one of the most fulfilling experiences of a women's life. Indeed, many will be prepared to undergo considerate hardship to ensure a successful conception and the live birth of a healthy child. Instead many women's lives continue to be severely constrained because they are denied the opportunity to make real choices about their procreation. This inability to influence one of the most fundamental aspects of biological functioning can have profound effects on both physical and mental being which make women more susceptible to self harm and suicide.

Santow (1995) found that childbearing had an adverse effect on women's mental health. The same study found that children were valued and desired in many societies worldwide especially in African settings. The latter found that women were considerably under pressure to reproduce. The study further asserted that more women who were unable to reproduce were likely to suffer from severe depression than those that were able to have children.

The assault on women's mental health will be particularly high if, because of concerns for female purity, women marry young and therefore start bearing their children at a younger age. Kraus and Redman (1986) found that postpartum depression was more common in young mothers who had unplanned pregnancies and were not supported by their significant others. In such cases suicide becomes an option to end their misery.

Contraception was found to be a major factor in the development of eating disorders among women. Santow (1995) found that women who used contraception in order to space their children were found to suffer from an eating disorder due to the pressure that they experienced from their partners and the contraception itself. This was found to be a contributing factor to self harm including suicide.

3.9 Parental attitude

Another factor that has been found to influence suicide is that of parental attitude. Bezuidenhout (2004) indicates that as the parental attitude towards the child deteriorates the number of suicides among young people increases. Parents who are ambivalent in their demands upon their children often create uncertainty in the children. These children become emotionally withdrawn and depressed, and tend to turn towards suicide as means of coping with their situation. In similar light (Hawton and Heeringen, 2000) indicate that the cause for parasuicide among young people is associated with problems with their parents. Such problems include lack of emotional involvement, intimacy and affection between parent(s) and child, the reluctance of parents(s) to allow the children their independence and a low level of trust between parent(s) and the young adult.

3.10 Family structure and dynamics

In addition to parental attitude is family structure and dynamics. Suicidal behavior is more pronounced where parents are not living together, or where the parental harmony is considered bad, than in those families where parental harmony exists. There is also evidence to show that the risk of suicidal behavior was greatest in disorganized families, when the disorganization reaches its highest level of disequilibrium, and progressively less in divorced and intact families (Bezuidenhout, 2004). Foster children and young people who are placed in foster homes are particularly at risk of suicide. Research also indicates that more than half of those who attempt suicide report feelings of alienation from their family, and conflict with step- parents (Bezuidenhout, 2004; Charles, 2002).

Furthermore, there is evidence that in instances where parent-child interpersonal interaction is characterized by uncertainty and the family is unable to adapt to internal changes constructively, the children may react with depression and uncontrolled depression may lead to suicide. Adolescents are potential suicide victims in a hostile home characterized by family arguments, the use of drugs and alcohol by parents, and where violence is regarded as the norm to resolve conflict. Under such conditions, those who attempt suicide have learnt from their parents to use action rather than words to express troubled feelings and to cope with conflicts (Bezuidenhout, 2004).

Alao et al (2005) found that among the 1235 subjects who were studied, about two thirds (65.1%) of the individuals who committed suicide were from families with both parents while about one third (34.9 %) were from single parent families. There is a general assumption that with both parents present in the household, there could be shared responsibility in providing support for members in difficulties.

However, other factors are also significant in family dynamics, behavior and adjustment. Disturbances in family structure, including role conflicts and blurring of role boundaries, functional alliances across boundaries, secretiveness and failures of communication and rigidity with liability to accept change or tolerate crisis were though to promote suicidal acting not within the family system. Consequently, the quality of support available and the prevailing home climate could be essential in stemming suicidal behavior (Alao et al 2005).

3.11 Sexuality and suicide

Another social factor that has been cited in the etiology of suicidal behavior among adolescents and young adults is sexual orientation and behavior. Exploration of sexual behavior, sexual identity and new relationships are among the major tasks of adolescent development (Firestone, 1997). A number of environmental factors that negatively affect the adolescent's emerging sexuality and his or her attitudes toward the body during the early years that lead to problems in this area, which can increase the risk for depression and suicide for many young people have been identified to include, sexual abuse, disturbances in sexual orientation and psychodynamics, all factors associated with sexual functioning (Firestone, 1997).

3.11.1 Peer group dynamics

Peer group dynamics have also been found to have an effect on suicide. The presence or absence of peer group relationships affects the adolescent quality of life. Bezuidenhout (2004) and Sofronoff et al (2005) maintain that where adolescents find it difficult to build relationships with the peer group, they are more likely to attempt suicide. However, when young people are faced with a degree of continuous competitiveness within the peer group setting, and there is a strong possibility of failure or recurring failure, many see suicide as a solution for their perceived failure.

Suicides are also more likely to occur when a friend has committed suicide. Various reasons can be cited for this. Young people may experience depression over the loss of a close friend. Some may experience feelings of guilt for not being able to prevent the suicide from taking place, while others may commit suicide thinking that they will be able to join the deceased in a life after death (Bezuidenhout, 2004; Sofronoff et al, 2005).

3.11.2 Life events

Social life events have also been described as one of the major causes of suicide among the youth. The nineteenth century has been described as a period characterized by "misery, frustration, and torments of life (and) the discordances and sorrows of existence, the pain and suffering with which mankind is afflicted. The finite world cannot satisfy our infinite cravings, nor is there a proper balance between denials and gratifications of life" (Bezuidenhout, 2004:111).This sentiment is no less appropriate to the worldview that confronts majority of individuals. With physical, psychological and social aspirations

rising disproportionately to society's ability to satisfy such needs, inward and outward ways of violence are perceived as the only logical ways of adapting to the situation (Bezuidenhout, 2004).

3.11.3 Suicide and the media

Suicide is also said to be affected by the mass media. The way in which television and newspapers report suicide can have a negative or positive impact on an individual's suicide ideation. In a related vein, the effects of the television series about suicide seem to be sporty. In some areas of New York and Cleveland, researchers found that television and newspapers accounts of suicide stories had an effect on suicide rates and that the more prominence given to the stories, the more likely there will be an effect (Robbins, 1998).It was reported that after a female character took an overdose in one soap opera on British Broadcasting Cooperation (BBC), an increased number of patients were admitted to hospital after having taken overdoses (Hawton and Heeringen, 2000). It can be further learnt that Botswana youth can also be influenced by the media and how they report suicide.

3.12 Economic causes of suicide among the youth

Conflicting results have been found regarding the relationship between occupational status and the propensity to commit suicide. A positive relationship has been cited between occupation and suicide, with higher status professions (with higher prestige and income) having much higher rates than lower status occupations. Other research has found a curvilinear relationship, high status and low status occupations having equally

high suicide rates while middle status occupations have lower rates (Bezuidenhout, 2004).

3.12.1 Youth unemployment

Economic conditions have imposed increasing strains on the young in recent decades. Many have grown up under financial pressure. Tough competition for work and higher costs of living has caused many youth to resort to suicide (Hill, 1995).The young have been hit hard by recession. Youth unemployment (15-24) has usually been double the general adult rate. In 1993, the rate of joblessness among 16-19 year olds was 19%, and 17% among 20-24 year olds. Alongside unemployment, relative inequalities have increased. The proportion of the British population living on or below the poverty line climbed from 12% in 1979 to 19% in 1987).A substantial proportion of this new poverty has been amongst the young unemployed(Hill,1995).

The rapid increase in youth suicide among young men during the 1980s seems likely to reflect a number of these pressures from poverty. Despite many adjustments to modern sex roles, boys are still socialized to rely more exclusively than girls on work identity (Hill, 1995).Research suggests that adolescent girls experience considerable confusion and conflict about a future which prescribes a dual identity as a worker and a mother. But they enjoy the psychological 'safety net' of a status which is independent of the work place. Becoming a mother is less dependant on economic prospects than breadwinning function of traditional fatherhood. Young men in most cases are there to achieve. Therefore the job is so important that unemployment and financial hardship put pressure

on them and the whole relationship. Suicides are likely to increase based on these pressures (Hill, 1995, and Phillips, 2001). Generally, most people would agree that employment is essential for an individual's self esteem and respect, especially if that individual is expected to provide support for the family. Unemployment could also lead to a variety of problems including suicide. Alao et al (2005) found that suicide rates among the unemployed (44.2%) and the employed (43.9%) were similar among the groups.

3.12.2 Level of education

The level of education of individuals is also said to be one of the factors that has a direct link to suicide and suicide ideation. Alao et al (2005) found that people who had no formal education were reported to have had committed suicide. From the sample of 1235, the study revealed that about one third of the subjects, who committed suicide had no formal education while about half had secondary education as the highest education completed, compared to 16.1% with tertiary education. Possible assumptions from the study revealed that higher status in education could play a significant role in seeking help when in difficulties thus reducing incidence of suicide in such individual with such education (Alao et al, 2005).

3.12.3 Gender, Age and Suicide

Alao et al (2005) found that there is link between gender, age and suicide. The study found that the ratio of female to male suicide was 1:4 over the period of 1992 to 2002 under review. Out of the 1230 cases recorded, nationally, 80.9% male suicides were

noted, compared to 19.1% female suicide. The precipitating life events for women who committed suicide tend to be the following order; relationship problems, family problems and terminal diseases. The precipitating life events were reported to be the following order; relationship problems, family problems and terminal diseases. In African setting, there is the tradition of men being reluctant to talk about their problems or express their feelings compared to women. Women are also likely to seek psychological counseling than their counterparts. The expectation that the man should be strong and other cultural factors could be responsible for men keeping to themselves on their issues of concern that could easily be shared with others (Alao, et al 2005).

3. 12. 4 Socio-economic status of women

Research in developing countries report that it is among poor women in the third world countries that the rigours of domestic work are at their most severe. Many have little or no money to spend in the cash economy and welfare services are not available to fill the gap. As a result they have to weave their patchwork of survival through the direct production of their own and family's needs (Doyal, 1995).

Many women are engaged in subsistence agriculture, growing and then processing the food they can not afford to buy. Fuel is usually collected in the form of firewood rather than purchased from a gas or electricity supply company. Water is collected from a local source rather than flowing to the house through pipes thus increasing the physical burdens of domestic labour which affect them greatly. These pressures put them at high risk of depression and untimely to suicide (Doyal, 1995). It is usually women who have to mange the consequences of poverty for the whole family.

Recent statistics from the African and Asian regions indicate that on average women work at least twelve hours longer each week than men. This often means performing physically heavy work, even during pregnancy and lactation. In many of the poorest countries, between 60 and 90 hours a week of hard labour are required to maintain minimal living standards in the face of economic recession (Doyal, 1995).These factors that have been discussed have been found to be the major causes of depression in women. In both developed and developing countries, most attention has been focused not only on the physical hazards on domestic labour but on the psychological risks which may expose women to suicide because they can not cope with life demands.

3.12.5 Multifunction role of women

The conditions in which women work have been identified as stressful in studies as compared to men. A study among Swedish women (between 18-35 years) found that those women who were doing hectic, monotonous work with little control over their hours or conditions of employment were significantly more likely than their fellows to suffer from alcohol-related or gastro-intestinal illness or to be hospitalized as a result of a heart attack, these factors have been said to contribute to suicide (Doyal, 1995).

Women who have direct responsibility for the fate of others often report more distress than those that deal with only the manipulation of inanimate objects. Women are greatly affected in particular since many are either in 'caring' jobs or are expected to take on the mothering role in other workplaces (Doyal, 1995).

Women are expected to care for their significant others upon their return from work. Research has shown that in chronic conditions, women are expected to care for the sick

and also face the pressures that they encounter at the work environment. This has been found to be very stressful for women and can lead to depression in the case when they fail to help the people they are supposed to, they continuously blame themselves for failure. Depression has been found as one of the serious mental illness that contributes to suicide (Doyal, 1995).

3.13 Methods of suicide

Although the risk of suicide has been found to be strongly associated with mental illness and social factors, all these features are dwarfed by the fact that men generally kill themselves more often than their female counterparts, who have been found to have an excess of depressive illness, irrespective of age and ethnicity(Hawton and Heeringen,2000; Bezuidenhout,2004).This male preponderance appears to be at least partly linked to the lethality of suicide methods employed, that is men tend to choose more aggressive methods, even in suicides which are related to psychiatric disorders. The availability of particular methods of suicide as an important contributing factor to suicide completion has received considerable attention.

In fact, apart from personal preference, the availability of suicide methods is largely society-dependant. In most developed countries, firearms are the most used for homicides and suicides. The pattern of suicide has changed in Asian countries, Hong Kong reported hanging, poisoning, burning and drowning to be the common means of suicide. Another method of suicide is euthanasia. This is assisted suicide which is carried out by a second person, usually a doctor in case of hospitalization or any other significant other. There has been much debate about euthanasia, whether or not to allow people to kill

themselves, especially, by medical practitioners, (Hawton and Heeringen, 2000).In Botswana, the methods of suicides that have been observed to be common is hanging, using sharp objects such as knives and firearms. Men are said to use more lethal methods than women. Religion has also been found to have an impact on suicide, Muslims and Catholics are reported to use softer means of suicide than traditional religion that have been reported to use more violent methods (Alao et al., 2005).

3.14 Psychosocial impact of suicide on the family

When death occurs by suicide, family members often experience bewilderment, sorrow and shock. Characteristically, feelings of guilt, anger and depression set in. It may be necessary for individual members to go for therapeutic intervention to help them cope with the trauma of such an experience (Bezuidenhout, 2004). Suicides sometimes occur in the absence of any prior danger signs, and the shock to loved ones is profoundly shattering. The blow disrupts the families' equilibrium and leaves them feeling devastated, confused, and disoriented in trying to make sense of a seemingly senseless act (Firestone, 1997).

The family blames themselves for the suicide of a family member. No matter what their rationale is, they feel a sense of guilt and torture themselves. These feelings of guilt and self-recrimination are difficult to cope with because of the tendency to idealize someone after death, especially in the case of parents, spouses, and those with whom one has formed a close attachment. Idealizing the qualities of the person who committed suicide compels survivors to deny the feelings of anger that always arouse this type of loss (Firestone, 1997).

Suicide in a family member intensifies abandonment anxiety in those remaining, which in turn generates anger and even rage. The more survivors deny their outrage at being left, the more inward, self-critical, and self-hating they become. In turning their anger against themselves, they become progressively more debilitated. Like all deaths in a family, death by suicide affects the functioning and structure of the family. The family has to learn to function as a unit once again, without the presence of the deceased person. As life goes on the pain may ease, but the family will never forget that the individual who committed suicide was once a member of the family. Couples who have one child are greatly affected by the suicide as it totally removes from the experience of having and raising a child (Bezuidenhout, 2004; Firestone, 1997; Phillips, 2001).

Apart from these experiences, the family may be subjected to the trauma of a judicial inquiry, bringing further stress to the lives of those concerned. Closely linked with this are the effects associated with the loss of privacy due to the reporting of the incident in the media (Hill, 1995). In cases where the suicide is unsuccessful, the family may also initially experience bewilderment and shock. The individual members of the family may react to the situation and towards the suicide attempter in different ways. While the members of the family may have to individually come to terms with their crisis, family disorganization may set in until all have learnt to cope constructively with the situation (Hill, 1995; Phillips, 2001).

Owing to stigmatization, the family may experience varying degrees of withdrawal from extra-familial interaction. Suicide brings shame upon the family. When someone dies by suicide, the response to that act is visited upon those who were closely connected with that person. The public reaction may range from condemnation to sympathy, but even at the latter end of the spectrum, there tends to be an element of uneasy questioning: What went wrong in that family to drive the young person to suicide? Even close friends may find it difficult to maintain personal relationships because they do not know how to deal with the situation (Alexander, 1998).

While members of the family may blame themselves, they may also resort to blaming each other for the situation. Conflict may develop, causing families to become temporarily or permanently disorganized (Bezuidenhout, 2004). The siblings may experience the demands placed on them by over-controlling parents as unnecessarily unjust and difficult to cope with. While the fears of parents may be understandable, many are unnecessary. Parents who harbour such attitudes may unknowingly harm the parent-child relationship (Firestone, 1997).

CHAPTER FOUR

LESSONS FOR BOTSWANA, CONCLUSION AND RECOMMENDATIONS

4.0. Introduction

This chapter highlights the lessons that can be drawn from the study, the conclusion and the recommendations that could be considered in addressing suicide in Botswana.

4.1 Lessons for Botswana.

From the study, the following are some of the lessons that are relevant to the Botswana context.

1. The study has shown that suicide is on the rise in Botswana, especially among the youth, gender is also relevant in understanding the ratio of suicide between men and women. The implication here is that suicide should be addressed based on the gender of an individual. This will require the addressing of the causes of suicide differently, factors that affect men should be addressed differently from women.
2. Suicide is more common among subjects who are single and do not have children as compared to their counterparts who are married or cohabiting. Botswana can learn that the marriage status of an individual has an impact on suicide ideation. Suicide, in this manner, should be addressed among those subjects that are at risk. Suicide ideation, for instance will differ between married and single persons.
3. Suicide is prevalent among people who do not have formal education than those with formal education. The implication is that suicide prevention programmes

should focus on those individuals who do not have adequate and competitive formal education.

4. Employment is precipitating factor in suicide and suicide attempts. People who are not employed are likely to commit suicide than those who are employed. The implication is that the consequences of unemployment should be addressed in order to prevent suicide among the unemployed.
5. Family disorganization and family problems are said to be directly linked to suicide and suicide ideation.
6. Mental illness and alcohol abuse are said to be among the major causes of suicide in Botswana and across the globe. Botswana in this manner could address the alcohol abuse and its impact on the mental health of a person.
7. Hanging has been identified to be the common method of suicide in Botswana. The implication here is that families should be helped to understand the dynamics of suicide and the availability of the means to suicide.
8. The social role of women has been identified to be a contributing factor in suicide among women. Botswana can learn that women could be at risk to suicide as compared to their male counterparts due to their social status. Suicide in this manner could be addressed looking at those social factors that put women at risk than men.
9. Culture has a direct impact on suicide and suicide ideation among individuals. Cultural beliefs here could be addressed in a manner that would prevent individuals from committing suicide

10. An intrapersonal factor such as the self esteem of an individual has a direct link on suicide and suicide ideation. The implication is that individuals should be helped, especially in families when children are growing up. Parents could be helped to create a foundation for personal development and for building good self esteem whilst the children are growing up.

4.2.Conclusion

Suicide is a worldwide concern and has a number of consequences for individuals, families and the society at large. Although factors such as gender, age and religious affiliation indicate the varying nature of suicidal tendencies, there are a number of factors that lead to suicide. While one factor may be more prevalent than the other, it is usually a combination of factors that eventually induces the person to end his or her on life. The literature throughout the study indicates that the youth are the age group mostly affected by suicide.

Among others, intrapersonal problems, family dynamics, gender and social status, unemployment, alcohol abuse, peer pressure, relationship problems, academic pressures, sexual problems and perceived personal failure are some of the psychosocial causes of suicide among the youth. The literature also indicates the use of and preference for a particular method of suicide. Suicide is often associated with the availability of the means with which to commit suicide and the extent to which the individual is committed to dying.

Research also indicates that males as compared to females are more likely to use more lethal means to commit suicide. The study also shows that the family as the first unit of life is greatly affected by suicide. The society as whole is also affected by suicide both socially and economically. Lastly but not least, suicide like any other social concern could be prevented or addressed. This can only be successful if individuals, families and the society put their heads together and try and fight suicide.

4.3.Recommendations

1. Botswana Police should provide adequate demographic variables on suicide victims so that its trends could be monitored and understood. Such variables could include, sex, age, marital status, level of education, income, employment status and family status. Other variables may include place or venue of suicide, mode of suicide, cause of suicide, and the nature of help provided prior to suicide. The police and social workers should work together in addressing this issue. In addition, the police will be required in addressing the means to suicide, especially, the possession of guns, strict rules should be in place to guide the use of guns.

2. There is need to change the publics attitude to suicide. Counseling services Psychiatric services should be provided in clinics and also at any mental institution in order to address suicide. This could be done through the provision of educational programmes and any other information that address suicide and its consequences. This will improve suicide awareness thereby preventing it.

3. The Ministry of Health should provide all health institutions with manuals on antecedents of suicide, prevention and management. This will help in addressing suicide in the community and how it could be prevented.

4. There is need to continuously monitor the preventive interventions available and their effectiveness measured. Clinical staff and social workers should be constant in evaluation of any programme that has been put in place to address suicide.

5. Social workers should include provision of skills in problem solving, interpersonal relationships, conflict resolution and the building of a good self –esteem in their dealings with clients.

6. There is need to improve access to counseling and psychiatric services in the country. Clinicians treating suicidal adolescents, for instance, at the Lobatse Mental Hospital, should be trained to make psychiatric diagnoses and psychiatrics treating mentally ill adolescents should be on the watch for suicidality.

7. Risk behaviors such as alcohol and other drug abuse associated with suicide in the community should be discouraged at all times. This will be successful only if individuals, families and the community work together. Parents for instance should discourage their children from drug abuse. The government should also put alcohol restrictions to avoid suicide ideation due to drug abuse.

8. There is need to regulate the media's reporting on suicide so as to reduce the impact of such suicide stories on the individual and community. Botswana Television should introduce programmes that specifically deal with suicide and its consequences. This will help in discouraging suicide among the youth and the community at large.

Suicide attempters should be invited to come and share their stories with the viewers to portray the negative consequences of suicide.

9. Activities to discourage suicide among students should be introduced, for instance debates, talk shows or essay competitions. A new curriculum should be included in the syllabus for all schools. The guidance and counseling departments should be in a position to introduce different activities and programmes that would help in addressing suicide among the students.

10. There is need to increase efforts to reduce suicide rates among the youth through effective life skills and prompt treatment for suicide attempters. Social workers and other professions such as teachers, doctors and any other significant profession should introduce life skills such as the need to volunteer in the case when one is not working, unemployment has been found to be a causal factor for suicide among the youth. Such factors should be addressed in order to prevent suicide.

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