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Causes Of Suicide Among University Students in Kenya: Case Study of Selected Universities in Nairobi

By

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Abstract
The purpose of this article was to investigate causes of suicide among university students in Kenya, with special reference to selected universities in Nairobi. Suicide is an act with the intent to end one's own life. This is a major issue globally since it affects the individual as well as the public, calling for concerted effort in ensuring preventive measures are put in place. Being a fatal self-injurious act with an intention to end one's life. It is ranked the second leading cause of death among youths world-wide. It is noted that male youths have fallen victims of suicide than female youths. This study will be guided by research objectives: To assess the causes of suicide among university students in Kenya, to examine the impact of suicide among university students in Kenya to the victim and the family. The significance of it, is to enable Policy makers identify how the suicide cases could be handled to generate a positive outcome for the benefit of the individual youth, sensitize families on how they are expected to relate with youth who are stressed and thus encourage educators to always treat learners equally and handle their issues individually. This study employed mixed method of research. The study employed both open and close ended questionnaires to the university student and an in-depth interview University counselor. The sample size was 345 university students and five counselors. The study revealed that Maladaptive Perfectionism (28%), Perceived Stress (47%), Attribution Style (56%), Self-Awareness (14%), Depression, Anxiety (19.4%), Hopelessness (28%), Reasons for Living (28%), and Drug and Substance abuse (84%) are the major causes of suicide among university students. There are also preventive measures that were suggested by counselors such include making counseling services available to students. The study recommends that the Universities should develop school-based mental health-promoting programmes that enhance young people's self-esteem, reduce psychological distress and boost subjective wellbeing.

Key words: Nairobi, suicide, university students, Kenya, mental health, prevention

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Introduction

Suicide among university students is a growing concern worldwide. For instance, Bilsen (2018) highlights the alarming rate at which youth suicide is increasing, particularly within the university demographic, which constitutes one-third of the population in both developed and developing nations. In addition, Nyundo et al. (2020) points out the emerging phenomenon of "cyber-suicide" in the Internet era, providing a platform for learning new methods of suicide for depressed university students. This has been observed in the United States, where suicide has persistently been a major public health issue, influenced by psychological, biological, and societal factors (Curtin, 2016). For instance, Zaśko-Zielińska (2022) reports that data from 1999 to 2013 indicates that suicide is one of the 15 leading causes of death for individuals aged 10 to 64, especially among adolescents and young adult. The study further reports that in 2013, suicide was the second leading cause of death among all races and sexes for ages 10-24, and the fifth leading cause for ages 25-44. The rising incidence of suicide among university students necessitates urgent and tailored preventive measures to address this critical issue.

According to Kabugi (2019) addressing suicide in university settings should involve involves navigating complex and multifaceted challenges For instance, Curtin (2016) note that suicide is influenced by a range of psychological, biological, and societal factors. Poor school performance, depression, substance abuse, and social isolation are some of the critical drivers behind suicidal behaviors among students (Zielinska, 2018). Despite widespread awareness of these factors, universities often struggle to implement effective interventions due to limited resources, social stigma, and inadequate mental health infrastructure. The need for comprehensive, culturally sensitive strategies is imperative to mitigate these challenges (Njoroge et al., 2025; Nyamwange, 2024).

Gumbo (2022) consent that most Universities lack adequately trained mental health personnel, with counselling services often underfunded and reactive rather than preventive. In addition, institutional policies rarely prioritize suicide prevention, and staff lack training in early identification of psychological distress (Obinna et al., 2024). Furthermore, poor coordination between universities and external mental health provides further fragments support (Ongeri et al., 2023). Additionally, confidentiality concerns, limited peer-led structures, and the absence of tailored programs hinder effective implementation of suicide prevention strategies (Othieno et al., 2014).

This trend cuts across Kenyan Universities where factors such as depression, social pressure, academic stress, substance abuse, and financial hardship among student is prevalent (Wanyoike, 2015). Several interventions, including counseling services and mental health programs, have been implemented to address this crisis (Muiru, 2021). However, these measures often fall short due to inadequate funding, lack of accessibility, societal stigma around mental health, and insufficient support systems (Kabugi, 2019). The gaps in implementation include the need for more comprehensive support structures, greater

community involvement, and policies that address the root causes of stress and mental health issues among students.

However, there exist notable gaps in existing research on suicide prevention among university students. Many studies, while identifying risk factors, fail to explore the dynamic interplay of these elements within different cultural and socioeconomic contexts (Njoroge et al., 2025; Nordin et al., 2022; Nyundo et al., 2020; Odhiambo et al., 2024a). These studies categorize affected individuals broadly without pinpointing specific age groups or demographic details (Wanyoike, 2015). Additionally, the impact of emerging phenomena such as cyber-suicide and the role of digital platforms in exacerbating suicidal tendencies remain under-researched. These gaps hinder the development of tailored interventions that can effectively address the needs of diverse student populations.

This study aims to address these research gaps by providing a comprehensive analysis of the causes of suicide among university students in Nairobi, Kenya. By focusing on specific universities and employing a mixed-method approach, this research seeks to offer nuanced insights into the demographic and contextual factors influencing suicidal behaviors. It highlights the significance of tailored preventive measures and the role of policy in creating supportive environments for students. Ultimately, this study aspires to contribute to the ongoing discourse on suicide prevention, offering practical recommendations that can be adopted by educational institutions and policymakers to reduce the incidence of suicide among university students.

Statement of the Problem

Suicidal behavior among university students in Kenya has become a pressing mental health crisis, with growing evidence showing an increase in suicidal ideation, suicide attempts, and related psychological disorders such as depression, anxiety, and hopelessness. According to Odhiambo et al. (2024), suicidal ideation among students is on rise affecting student wellbeing. In addition, there is a significant association between lifetime substance use and suicidal ideation among university students (Masha, 2022). Similarly, Mutwiri et al. (2023) documented alarming rates of suicidal behaviours among emerging adults in Kenyan universities, particularly among first-year students who struggle with academic pressure and psychosocial adjustment. These rising trends not only jeopardize the wellbeing and academic success of students but also reflect broader systemic issues, including limited access to psychological services, widespread stigma around mental illness, and the absence of structured institutional support for mental health in higher education institutions.

Although several studies have examined the prevalence of suicide ideation and general mental health conditions among Kenyan university students (Masha, 2022; Obinna et al., 2024; Odhiambo et al., 2025; Odhiambo et al., 2024), however, there is lack of understanding of specific psychological and behavioural drivers of suicidal behaviours. Moreover, studies have rarely explored protective psychological factors such as subjective wellbeing and the role of peer support systems like student counselling clubs (Masha, 2022; Ndetei et al., 2022). In addition, there is limited information on how student-recommended interventions can be practically implemented. The available studies (e.g., Ndetei et al., 2022; Obinna et al., 2023) either focus narrowly on individual risk factors or lack contextual depth regarding institutional responses. Therefore, this study fills both gaps by examining the multidimensional causes of suicide and highlighting evidence-based, student-informed interventions within selected Nairobi universities. It contributes to policy, practice, and

scholarship by offering a localized, holistic framework for suicide prevention in Kenyan higher education institutions.

Research Methodology

The study employed a descriptive research design, which is ideal for analyzing social issues by capturing detailed information about current conditions, behaviors, and attitudes. This approach allowed the researcher to systematically examine the causes of suicide among university students in Kenya by directly engaging both students and professional counsellors. A stratified random sampling method was used to ensure equitable representation across the seven public universities, from which a sample of 357 respondents was selected based on Krejcie and Morgan's formula. The sampling strata were based on institutional populations, with proportional allocation followed by simple random sampling within each stratum to guarantee fairness and accuracy in respondent selection.

Data was collected through structured questionnaires for students and open-ended interviews with university counsellors. The questionnaires gathered both demographic and thematic data on suicide causes and prevention strategies, while interviews provided in-depth qualitative insights from experienced mental health professionals. Quantitative data were analyzed using SPSS version 29.0, applying descriptive statistics to reveal trends and patterns, while qualitative data from interviews were transcribed and thematically analyzed. Ethical protocols were strictly followed, including securing approvals from NACOSTI and relevant institutional bodies, obtaining informed consent, and ensuring participant confidentiality throughout the research process.

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Findings

Table 1: Demographic characteristics of the sample

Variables	Frequency	Percentages
Age		
20 – 24	200	56.0
25 – 29	40	11.1
30 – 34	55	15.3
35 – 39	60	16.7
41 – 44	73	20.8
45 and above	30	8.3
Total	**357**	**100.0**
Marital Status		
Single	308	86.4
In a relationship	45	12.7
Married	32	0.9
Total	**357**	**100**
Gender		
Male	79	22.0
Female	278	78.0
Total	**357**	**100.**
Year of study		
First year	180	50.3%
Second year	52	14.7%
Third year	87	24.5%
Fourth year	31	8.9%
Postgraduates	6	1.6%
Total	**357**	**100%**
Professions		
Arts and Built Environment	38	10.6%
Humanities and Social Sciences	82	23.0%
Health Sciences	82	23.0%
Agric and Natural Sciences	34	9.6%
Engineering	42	12.0%
Sciences	77	21.7%
Total	**357**	**100%**

Source: Field Data 2025.

The demographic findings of the study on causes of suicide among university students in selected Nairobi universities highlight key risk factors that may influence student mental health. Most respondents (56%) were aged 20–24, indicating that younger students are particularly vulnerable, though a substantial portion of older students (ages 30–44) also face academic and social stressors. Most participants were single (86.4%), suggesting limited emotional support systems, while females made up a significant 78% of the sample,

potentially indicating higher mental health awareness or willingness to participate. First-year students accounted for over half the sample (50.3%), emphasizing the transitional pressures they face in adjusting to university life. Academically, students were distributed across diverse disciplines, with Humanities and Health Sciences each making up 23% and Sciences 21.7%, highlighting that suicide risk transcends fields of study but may be shaped by the distinct stressors of each profession. These patterns underscore the importance of targeted, inclusive mental health strategies that address age, relationship status, gender, year of study, and academic field**.**

4.1 Prevalence of suicide

Table 2: Suicidal behaviour among participants

Variable	Frequency	Percentage
Current Prevalence		
Attempted suicide	22	6.3%
Suicide ideations	54	15.2%
Death wishes	87	24.3%
Suicidal plan	24	6.8%
Lifetime Prevalence: Attempted Suicide		
None	130	36.5%
Once	142	39.7%
More than once	84	23.8%
Lifetime Prevalence: Suicide Ideation		
None	122	34.2%
Once	146	40.8%
More than once	89	25.0%
Lifetime Prevalence: Death Wishes		
None	90	26.9%
Once	123	40.3%
More than once	117	32.8%
Lifetime Prevalence: Suicide Plan		
None	136	38.2%
Once	152	42.7%
More than once	68	19.1%

Source: Field Data 2025.

The study sought to find the prevalence of suicide. The study found that suicidal behaviour among university students was prevalent. For instance, the data show that 6.3% of students had attempted suicide recently, 15.2% had experienced suicidal ideation, 24.3% had harboured death wishes, and 6.8% had made a suicidal plan. These indicators of current prevalence are further compounded by lifetime experiences: 39.7% reported having attempted suicide once and 23.8% more than once, while 40.8% experienced ideation once and 25% more than once. Death wishes were reported once by 40.3% and repeatedly by 32.8%, with suicide planning experienced once by 42.7% and repeatedly by 19.1%. This layered pattern indicates that not only is suicidal behaviour present, but it is recurrent and intensifying among a significant portion of the student population.

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Causes of Suicide Among the University Students

The study found that there are many factors that cause suicide among the University students. The study revealed that most university may commit suicide because of lack of self-esteem, wellbeing, depression, anxiety, and stress. A counsellor explained that Suicidal attempt is associated with the overall psychological wellbeing and psychological distress. The respondent added that positive subjective or psychological wellbeing buffers against suicidal attempt. While excessive psychological distress increases the likelihood of attempting suicide. Another counsellor stated that positive self-esteem served as a buffer against suicidal ideation and the presence of psychological distress increased the likelihood of having suicidal ideations. This implies that suicidal ideation, self-esteem and psychological distress matter; while in suicidal attempts, subjective wellbeing and psychological distress are the risk factors. In other words, self-esteem seems to play a role in increasing the likelihood of committing suicide. Other factors include frustration as a result of maladaptive perfectionism, and hopelessness.

Table 3: Causes of Suicide

Variable	Frequency	Percentage
Maladaptive Perfectionism	100	28%
Perceived Stress	170	47.6%
Attribution Style	200	56%
Self-Awareness	50	14%
Depression	100	28%
Anxiety	70	19.4%
Hopelessness	100	28%
Reasons for Living	100	28%
Drugs and substance abuse	300	84%

Source: Field Data 2025.

Among the student the following factors may make one commit suicide: Maladaptive Perfectionism (28%), Perceived Stress (47%), Attribution Style (56%), Self-Awareness (14%), Depression, Anxiety (19.4%), Hopelessness (28%), Reasons for Living (28%), and Drug and Substance abuse (84%). Majority of the student indicated that substance abuse contributes to suicide. The counsellor explained that.

> Students who have had bad experience in their relationship and abuse drugs are more likely to commit suicide. Also, some student tends to be highly self-conscious and develop negative attitudes when things don't go as planned, for example, when they failed in their exams (counsellor 1).

Preventive Measures

To address suicide among students the students indicated that the parents and teachers should provide more social support. They university should also introduce peer counselling among the students this can be achieved through club formation. The counsellors suggested that universities should develop suicide-based suicide prevention programmes, student counselling and student health care services as preventive measures. Additionally, the

incorporation of guidance and counselling into the chaplaincy of the university is critical in addressing how suicide rates can be reduced among the youth in these institutions.

Discussions of Findings

These findings align with Odhiambo et al. (2024) who found that suicidal ideation is high among university students in the Nyanza region, reported comparably high rates of ideation but noted slightly lower instances of actual suicide attempts, suggesting a possible escalation in suicidal behaviour in urban Nairobi contexts where academic, social, and financial pressures may be more acute. Similarly, Mutwiri et al. (2023) found high prevalence rates of suicidal behaviours among emerging adults in Kenyan universities but attributed much of this to emerging adulthood challenges such as identity conflict, poor coping skills, and social isolation, which align with the current findings.

However, in contrast, Masha (2022), who examined suicidal ideation among students with a history of substance use in Kilifi County. This study found that substance use was a significant correlate of suicidal ideation, especially in rural university settings. While substance use was not directly assessed in this study, the implications remain relevant. For instance, Otieno (2023), observed that most student abuse drugs as means of coping with stress. Moreover, urban stressors and academic stress may be compounded by risky behaviours that act as both symptoms and causes of psychological distress. Furthermore, the study aligns with Odhiambo et al. (2024) who emphasize that suicide ideation among students aged 18–24 and was strongly linked to academic failure, lack of parental support, pressure from parents and financial instability. These factors are likely at play in the current study, where most respondents fall within the first-year bracket and are unmarried a demographic likely to experience transitional stress and limited emotional support. This is echoed by Nyamwange (2024), who identified low help-seeking behaviours among students with depression in Kisii University, pointing to cultural stigma and limited access to mental health services as barriers that likely also exist in Nairobi campuses.

While the study did not disaggregate suicidal behaviour by gender, prior research such as Gumbo (2022) and Ndetei et al. (2022) who suggests that females are more likely to report suicidal ideation and seek help, whereas males are more likely to die by suicide due to cultural that require men to be tough. This gender discrepancy, while not detailed in the current study, must be acknowledged when interpreting prevalence rates and designing interventions. The implications of these findings are substantial. The high rates of both current and lifetime suicidal behaviours indicate that suicide is not an isolated incident among university students but rather a chronic mental health challenge. The recurrence of ideation, planning, and attempts underscores the need for sustained campus-wide psychological support systems. Universities must implement proactive screening for mental health, train peer counselors, and promote open discussions around suicide to mitigate stigma. Furthermore, the government must address systemic contributors such as academic pressure, financial stress, and the criminalization of suicide, which discourages help-seeking (Ongeri et al., 2023).

In addition, the study found that suicide among university students is a multifactorial issue, with prominent psychological and behavioural dimensions. The leading causes identified include perceived stress (47.6%), attribution style (56%), maladaptive perfectionism (28%), depression (28%), hopelessness (28%), anxiety (19.4%), and significantly, drug and substance abuse (84%). Notably, drug use emerges as the most dominant factor, aligning with the findings of Masha (2022), who reported a high prevalence

of suicidal ideation among university students with a history of substance use in Kilifi County. This suggests a strong relationship between maladaptive coping strategies and suicidal tendencies, whereby substance abuse both masks and aggravates underlying psychological distress.

Furthermore, the study underscores the protective and risk roles of subjective wellbeing, psychological distress, and self-esteem. Counsellors noted that *psychological distress* increases the likelihood of suicidal attempts and ideation, while *positive psychological wellbeing* and *self-esteem* serve as buffers. This insight is supported by Odhiambo et al. (2024) in the who emphasized the critical influence of mental health conditions particularly distress and diminished self-worth on suicidal ideation across various age brackets. In addition, the role of *maladaptive perfectionism*, characterized by excessively high personal standards and a harsh self-critical stance, was also significant. According to Wanyoike (2015) students who internalize failure, especially in academics may view poor outcomes as personal deficits, contributing to hopelessness and suicidal thinking. This finding resonates with Mutwiri et al. (2023), who linked suicidal behaviours among emerging adults in Kenyan universities to rigid goal setting, emotional vulnerability, and difficulty coping with setbacks.

Furthermore, Obinna et al. (2023) argue that academic stress, especially during high-stakes transitions like first-year entry or final exams, correlates strongly with suicidal ideation. This is consistent with the current study, where perceived stress ranks second among the listed causes. The stress may not only stem from academic load but also from social comparison, pressure to perform, and fear of failure, all of which can lead to psychological disintegration in students with low emotional resilience. The presence of *hopelessness* and *depression*—each accounting for 28% adds to the chronicity of psychological vulnerability, a concern echoed by Muiru (2021), who found that up to 75% of Kenyan college students with depression do not seek help, thus allowing symptoms to intensify unchecked.

Interestingly, *attribution style*, noted by 56% of respondents, is a cognitive risk factor that has received less attention in Kenyan literature but is theoretically significant. Students with negative attribution styles often internalize failure as a reflection of their inadequacy and generalize it across life domains, fostering helplessness. This links conceptually with Ndetei et al. (2022), who identified that socio-cognitive distortions including negative thinking patterns, predispose youth to suicidal ideation. *Self-awareness*, reported by only 14%, appeared as a protective or at least reflective trait, suggesting that lower self-awareness might exacerbate emotional impulsivity and poor problem-solving, furthering the risk.

From a clinical psychology perspective, these findings suggest that suicide risk among students is not only emotionally driven but also cognitively and behaviorally mediated. The interaction between *maladaptive perfectionism*, *attribution styles*, and *psychological distress* forms a potent triad, which, when compounded by drug use and lack of support, can lead to fatal outcomes. The qualitative input from counsellors reinforces the importance of resilience-building and emotional regulation as preventive strategies. Students who suffer relational losses or academic failure tend to develop distorted self-evaluations, leading to heightened suicidal ideation supported by Onchiri et al. (2021) who explored predisposing factors to mental distress among medical students.

These patterns carry crucial implications for suicide prevention strategies within universities. First, interventions must target substance use through comprehensive harm-reduction programs and psychosocial counselling. Second, fostering resilience through *self-*

esteem enhancement, *stress management*, and *cognitive-behavioral interventions* can buffer against suicidal ideation. Third, mental health services must be designated and integrated into routine student wellness programs, recognizing that students may not self-report symptoms of depression or anxiety unless approached sensitively. Finally, the role of *peer counselling*, *early screening*, and *faculty training* in detecting early distress cannot be overstated.

Therefore, suicide among Kenyan university students is a product of complex, interlinked psychological, cognitive, and behavioural factors. The findings of the present study align closely with existing literature, particularly in highlighting the roles of stress, depression, perfectionism, and drug use, while also drawing attention to the moderating impact of psychological wellbeing and self-esteem. The differences observed across regions may stem from variations in institutional support, cultural perceptions of mental health, and socio-economic stressors. Nonetheless, a nationwide, multi-sectoral strategy is needed to mitigate suicide risk and build emotionally resilient student communities

The findings underscore the critical role of social and institutional support systems in mitigating suicide risk among university students. According to the participants, enhancing parental and teacher involvement in providing emotional and psychological support is essential. This suggests that suicide prevention is not only a clinical issue but also a relational and community-based challenge, where a lack of connectedness can exacerbate feelings of isolation, hopelessness, and distress. The emphasis on parental and teacher support reflects the need for stronger interpersonal networks, particularly in transitional periods such as early university life, when students are adjusting to new academic, social, and personal demands. This resonates with Odhiambo et al. (2024), who identified low perceived social support as a key correlation of suicide ideation among university students in the Nyanza region, emphasizing the buffering role that strong interpersonal bonds can play.

Moreover, students suggested that peer counselling and club training should be institutionalized to promote peer-led psychosocial support. This strategy is rooted in the principle of peer connectedness, which has been shown to reduce the stigma of seeking help and foster open communication about mental health challenges. Mutwiri et al. (2023) support this approach, noting that students are often more comfortable disclosing distress to peers rather than authority figures, which position peer counselling as a viable preventive mechanism. Club activities also foster a sense of identity, belonging, and shared purpose, which can counteract the isolation often associated with suicidal ideation.

The counsellors' recommendations to develop institutional suicide prevention programs, student healthcare, and formal counselling services further highlight the need for systemic approaches. These initiatives align with the best global practices that advocate multi-layered suicide prevention frameworks in higher education institutions, combining awareness, screening, treatment, and crisis intervention. According to Ndetei et al. (2022), mental health services within universities in Kenya are often underfunded and underutilized, partly due to stigma and lack of integration into mainstream student services. This makes the recommendation for structured, accessible counselling services both timely and necessary. The proposal to integrate guidance and counselling into the chaplaincy structure is particularly culturally relevant.

In many Kenyan universities, chaplaincy services are often viewed as accessible and non-stigmatizing. Embedding psychological counselling within these structures may encourage help-seeking among students who are otherwise reluctant to engage in formal mental health services due to cultural or religious beliefs. This integrative model reflects an

understanding of the socio-cultural context of mental health in Kenya, where spiritual support is often intertwined with psychological wellbeing.

From a psychological standpoint, these recommendations point toward the ecological model of suicide prevention, where risk factors are addressed across multiple layers: individual, relational, institutional, and societal. While individual traits such as depression and hopelessness are direct predictors of suicide, the presence of supportive relationships and institutional frameworks acts as a protective barrier. The call for collective responsibility through family, peer, faculty, and institutional involvement indicates a shift from purely individualized interventions to more holistic, community-embedded strategies.

Conclusion and Recommendations

The study concludes that suicide among university students is driven by complex psychological, social, and behavioral factors including depression, anxiety, maladaptive perfectionism, hopelessness, and especially substance abuse. Students emphasized the need for stronger parental and faculty support, the formation of peer counselling clubs, and the integration of suicide prevention programs within universities. Counsellors stressed the protective role of self-esteem and psychological wellbeing. Institutional responses should include structured counselling services, chaplaincy-based mental health integration, and destigmatization efforts. A holistic, student-centred approach is critical to reduce suicide rates and promote emotional resilience within university settings across Kenya. Immediate, collaborative action is essential. This study recommends that the Universities should develop school-based mental health-promoting programmes that enhance young people's self-esteem, reduce psychological distress and boost subjective wellbeing.

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