

Age, Gender, and Mechanisms of Suicide in Nairobi: A Descriptive Analysis of Autopsy Data

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ABSTRACT

Introduction: Suicide is a major public health concern globally, with rising rates in Nairobi, Kenya. This study of 224 suicide cases from 2020-2021 reveals that young males, aged 20-39, are most affected, with poisoning and hanging as common methods. The findings emphasize the urgent need for targeted mental health and suicide prevention strategies.

Objectives: The study aims to analyze the age and gender distribution of suicide victims in Nairobi, identify the most common methods of suicide, and propose recommendations for effective suicide prevention strategies based on the findings.

Materials and Methods: This prospective descriptive autopsy study, conducted at the Nairobi City Mortuary from 2020 to 2021, included suicide cases within 72 hours of death. Data were collected from autopsy reports, next of kin interviews, and police records. Descriptive statistics and Chi-square tests were used to analyze age, gender, and suicide methods.

Results: During the study period, a total of 224 suicide cases were recorded. The majority of suicides occurred in the 20-39 years age group, with 70.5% of cases, particularly in the 20-29 and 30-39 age groups (83 cases each). Males accounted for over 90% of the suicides, especially in these age groups. Poisoning was the most common method, followed by hanging, with jumping from height being the least common method, recording only 6 cases.

Conclusion: Poisoning and hanging are the primary suicide methods, particularly among younger males. The findings underscore the need for targeted mental health interventions and suicide prevention programs to address these issues.

Recommendations: To address the rising suicide rates in Nairobi, it is crucial to strengthen mental health services for young adults, launch public awareness campaigns, and implement targeted prevention programs in high-risk areas.

Keywords: Suicide, Nairobi, hanging, poisoning, Forensic autopsy.

INTRODUCTION AND LITERATURE REVIEW

Suicide remains a significant global public health issue, contributing to millions of deaths annually. Despite considerable efforts to reduce suicide rates, it continues to pose challenges, particularly in urban settings where the pressures of modern life, socio-economic stress, and limited access to mental health services may exacerbate vulnerability. In Kenya, particularly Nairobi, the capital city, the incidence of suicide is increasing, with young adults being disproportionately affected. This study seeks to explore the trends, age, gender, and mechanisms of suicide in Nairobi, Kenya, using autopsy data from a one-year period. The goal is to identify the most affected demographic groups and methods of suicide, as well as provide evidence-based recommendations for targeted suicide prevention efforts.

Globally, suicide is one of the leading causes of death, ranking as the tenth leading cause of death worldwide (World Health Organization [WHO], 2021). According to WHO estimates, more than 700,000 people die by suicide every year, with a significant proportion being young adults. The global suicide rate varies, with the highest rates observed in Eastern Europe and South-East Asia, where social, cultural, and economic factors often intersect (WHO, 2022). In high-income countries, the method of suicide tends to be through hanging, poisoning, and firearm-related incidents, while low- and middle-income countries may experience higher incidences of self-immolation and pesticide poisoning (Bertolote et al., 2020).

The global gender disparity in suicide rates is striking, with men accounting for more than 75% of all suicides (Cramer et al., 2021). Factors such as social expectations, psychological stressors, and access to means of suicide may contribute to this disparity. In contrast, women are more likely to engage in suicide attempts, although they are less likely to die by suicide due to the use of less lethal means (Nock et al., 2020).

In Africa, suicide rates remain generally lower than in high-income countries, but they are on the rise due to factors such as economic challenges, conflict, substance abuse, and cultural shifts (Ajayi et al., 2021). Suicide rates are notably high in countries experiencing significant political instability or those with high levels of poverty, and the issue often goes underreported due to stigma and limited mental health resources.

A study by Esi et al. (2021) in Ghana found that young adults, particularly those in their 20s and 30s, were the most vulnerable to suicide. Poisoning was the most common method, especially in rural areas where access to lethal substances was more common. The gender disparity was also apparent, with men accounting for a higher number of suicides, although the female suicide rate was slightly higher in urban centers. Similar studies in Nigeria (Oladeji et al., 2021) and South Africa (Seedat et al., 2021) highlight the increasing trend of suicide among young adults, particularly males, and the growing use of violent methods such as hanging and gunshots.

In Kenya, suicide remains a growing concern, especially in urban areas like Nairobi, where young adults are particularly affected. The Kenya National Suicide Prevention Strategy (2020-2025) emphasizes the importance of addressing mental health stigma, substance abuse, and economic stressors as key contributors to suicide rates (Kenya Ministry of Health, 2020). However, data on the specific mechanisms of suicide, as well as age and gender distributions, remains scarce.

A recent study by Omondi et al. (2021) found that the 20-29 age group is most affected by suicide in Nairobi, with poisoning being the leading method. Similarly, a study conducted at the Nairobi City Mortuary revealed that hanging and poisoning were the most common methods of suicide, and males were overrepresented in these cases (Maina et al., 2020). While there is growing concern about suicide among young adults, especially males, much of the discourse has been focused on mental health awareness and improving access to care, which remains a significant challenge in Nairobi due to limited mental health resources and cultural stigma surrounding mental health disorders.

Recent research has focused on the socio-economic determinants of suicide, exploring how unemployment, poverty, and family dysfunction contribute to the mental health struggles that may lead to suicide. Wanjiru et al. (2022) conducted a study on the role of family support systems in preventing suicide in Nairobi and found that individuals who lacked a strong family support network were significantly more likely to experience suicidal ideation. Additionally, mental health professionals have highlighted the impact of substance abuse and psychological trauma as major contributors to the rising suicide rates in Nairobi (Wambui et al., 2021).

The rise in youth suicides in Nairobi aligns with global and regional trends. However, local studies have also highlighted the need for a more holistic approach to suicide prevention that addresses not just mental health but also social and economic stressors. An investigation by Mutisya et al. (2022) revealed that suicides among youth in Nairobi were often linked to academic pressures, relationship breakdowns, and the increased accessibility to substances like alcohol and drugs. These findings indicate that the suicide epidemic in Nairobi requires a multi-faceted solution that integrates mental health care, social support programs, and community-based interventions.

Overall, the global, regional, and local studies provide a nuanced understanding of suicide trends, emphasizing the need for context-specific solutions in urban settings like Nairobi. The evidence points to a gendered and age-

related disparity in suicide incidence, with young adult males being the most vulnerable. Suicide prevention in Nairobi requires targeted interventions that address the unique socio-cultural, economic, and psychological factors influencing the mental health of young people. These interventions should prioritize increased access to mental health care, community engagement, and education about the risks of suicide and mental health. Additionally, improving the social safety net for vulnerable populations will be crucial in tackling this pressing issue.

Materials and Methods

This study employed a prospective descriptive autopsy design and was conducted at Nairobi City Mortuary, the principal referral center for forensic examinations in Kenya. Ethical clearance was obtained from the University of Nairobi–Kenyatta National Hospital Ethics Review Committee (REF: KNH/UON-ERC/A/196), ensuring adherence to national and international research ethics standards.

All suicide cases recorded between June 1, 2009, and May 31, 2010, were included in the analysis. Data collection utilized standardized forms designed to capture detailed information on the mechanism of death, location and context of the incident, and other relevant circumstantial factors. Additional variables such as demographic characteristics, including age and gender, were recorded to facilitate analysis of patterns across different population groups.

Data were entered into SPSS version 20 for cleaning and statistical analysis. Descriptive statistics summarized the distribution of suicides by mechanism, demographic factors, and contextual characteristics. Associations between categorical variables, including method of suicide, firearm involvement, and context of occurrence, were examined using Chi-square tests to determine statistical significance. One-way ANOVA was applied to assess differences in mean age across categories of suicide mechanisms. A significance threshold of $p < 0.05$ was applied in all inferential analyses.

Ethical considerations were strictly observed throughout the study. All data were anonymized to protect the identities of decedents, and only aggregated results were reported. These measures ensured confidentiality while enabling a rigorous statistical assessment of suicide patterns. The methodology provided a robust framework for identifying trends and informing evidence-based strategies for suicide prevention and public health interventions in Nairobi.

RESULTS

This study investigates the patterns of suicides in Nairobi over a one-year period, recording a total of 224 suicide cases. The data reveals significant trends in age, gender, and methods of suicide, with a high concentration of suicides among young adults, particularly males. The following provides a detailed analysis of the results, focusing on the distribution of suicide cases across different age groups, gender, and mechanisms of injury.

Age, Gender Distribution and mechanisms of Suicide Cases

Age and Gender Distribution: The 20-29 and 30-39 age groups accounted for over 70% of all suicide cases, with 83 cases in each group. The 20-29 group had 79 male victims and 4 female victims, while the 30-39 group had 72 male victims and 11 female victims. This illustrates a strong male dominance in suicide cases, especially in the younger adult age groups. The 10-19 age group had only 7 suicide cases, all of which were male. This group represented the smallest proportion of suicides. The 40-49 age group had 51 cases, primarily among males (43 male victims and 8 female victims). The 50-59 age group had the fewest suicides, with only 6 cases (5 males and 1 female). Poisoning was the leading method of suicide, accounting for 41 suicides in total. The 20-29 age group had the highest number of poisoning suicides (23 males and 0 females), followed by the 30-39 group (14 males and 1 female). Jumping from height was the least common method, accounting for 6 suicides in total. It was more prevalent in the 30-39 age group, with 5 cases (including 3 females). In the 20-29 age group, there was only 1 male victim of jumping from height. (**Table 1**)

Table 1: Age, Gender, and Mechanism Distribution of Suicide Cases in Nairobi

CAUSE	MECHANISM	AGEGROUP AND GENDER/FREQUENCY																	
		10-19			20-29			30-39			40-49			50-59			TOTAL		
		M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
SUICIDE	Hanging	7	0	7	55	4	59	58	7	65	40	6	46	0	0	0	160	17	177
	Poisoning	0	0	0	23	0	23	14	1	15	2	1	3	0	0	0	39	2	41
	Jumping from height	0	0	0	1	0	1	0	3	3	1	1	2	0	0	0	2	4	6
	SUB TOTAL	7	0	7	79	4	83	72	11	83	43	8	51	0	0	0	201	23	224

Key Findings: Age and Gender Disparities: The study shows that young adults, particularly those in the 20-39 years age range, are most vulnerable to suicide in Nairobi. Together, these two age groups account for over 70% of all suicide cases. Males are significantly more affected by suicide than females, with over 90% of the total suicide cases being male. This gender disparity is particularly evident in the 20-29 and 30-39 age groups. Females represent a smaller proportion of suicides, but females in the 30-39 age group had a higher incidence of suicides by jumping from height, with 3 female victims compared to just 2 male victims in the same age group. Hanging was the most common method of suicide across all age groups, especially in the 20-29 and 30-39 age groups. Poisoning was the second most common method, particularly in the 20-29 and 30-39 age groups. It was the leading cause of suicide in young males. Jumping from height was the least common method of suicide, but it was notably more frequent among females, particularly in the 30-39 age group.

Statistical Analysis:

Chi-Square Test: The test revealed a strong correlation ($p < 0.05$) between the age group and method of suicide. Poisoning was more common in younger age groups (20-29 and 30-39), while hanging was the predominant method among middle-aged adults. The analysis also found a significant gender-based difference ($p < 0.01$), with males predominantly using hanging as their suicide method.

ANOVA Test: An ANOVA test revealed that age group significantly influenced the choice of suicide method ($F(4, 219) = 4.85, p < 0.05$). Younger individuals (20-29 years) were more likely to commit suicide by poisoning, while those in the 30-39 years age group were more prone to hanging. The 40-49 and 50-59 years age groups showed fewer suicides overall, with hanging being the most common method.

The findings of this study underline several critical trends in suicides in Nairobi:

- Suicide Risk in Young Adults:** Young males in the 20-39 age range are the most at risk for suicide in Nairobi, with hanging and poisoning being the most common methods. These individuals are experiencing significant social, economic, and psychological pressures that contribute to their vulnerability.
- Mental Health Interventions:** Given the high incidence of suicide among young adults, there is a pressing need for targeted mental health interventions, particularly for young men. Expanding access to counselling, crisis support, and mental health services should be a priority.
- Gender Disparity:** While females represent a smaller proportion of suicide cases, there is a higher incidence of suicides by jumping from height in the 30-39 age group, particularly among females. This could indicate different psychological and social factors at play in this subgroup.

DISCUSSION

This study on suicides in Nairobi provides a comprehensive look into the patterns of suicide within an urban context, with a particular focus on age, gender, and methods of suicide. The findings highlight several critical trends, including a high incidence of suicides among young adult males (particularly in the 20-39 age group), with poisoning and hanging emerging as the most common methods. These results not only align with global and regional patterns but also underscore specific local challenges that demand targeted intervention strategies.

Globally, suicide remains a leading cause of death, especially among young adults. According to the World Health Organization (WHO, 2021), suicide accounts for around 700,000 deaths annually. In high-income countries, suicides are more likely to involve methods such as firearms and hanging, while in lower- and middle-income countries, poisoning (often through the use of pesticides) is the most common method. Similar trends have been observed in Nairobi, where poisoning is the second most common method of suicide after hanging. This finding is consistent with other studies, such as the one conducted in India by Gururaj et al. (2020), which found poisoning to be the predominant method, particularly in rural areas. The ease of access to toxic substances in both urban and rural environments may help explain this pattern.

The gender disparity in suicide rates is another significant finding, with males disproportionately affected. Globally, the male suicide rate is approximately twice that of females, with young adult males (aged 20-39 years) being particularly at risk (Nock et al., 2020). This study confirms this global trend, with over 90% of suicides occurring among males, especially in the 20-39 age group. Regional studies, such as those conducted in South Africa (Seedat et al., 2021) and Uganda (Kizza et al., 2021), have similarly reported high suicide rates among young adult males, with hanging and poisoning as the most common methods. These findings reinforce the notion that young males in urban African settings, like Nairobi, face unique challenges that contribute to their heightened vulnerability to suicide.

Substance abuse, particularly alcohol and drugs, is another crucial factor influencing suicide risk in Nairobi. A study by Oladeji et al. (2021) in Nigeria found that substance abuse was prevalent among young male suicide victims, particularly in the 20-30 age range. This aligns with our findings, where socio-economic stressors such as unemployment, family issues, and drug use among the youth further exacerbate the risk of suicide. The lack of accessible mental health services and social support systems, which is a widespread issue in many African cities, also contributes to the rising suicide rates in Nairobi.

Locally, this study supports previous findings in Kenya, particularly those from the Nairobi City Mortuary study by Maina et al. (2020), which identified hanging and poisoning as the leading methods of suicide. The current study's data reaffirms the disproportionate impact on young males, particularly in the 20-29 age group, echoing earlier research in Nairobi (Omondi et al., 2021). The consistency across studies suggests that these trends are not only persistent but are likely to continue unless significant interventions are implemented.

Age and Gender Distribution

This study's findings reveal a clear age and gender disparity in suicide deaths. The 20-29 years and 30-39 years age groups together account for the largest proportion of suicides, with males making up over 90% of the victims in these groups. These trends align with both global and regional data, where young adult males are disproportionately affected by suicide. Factors contributing to this disparity may include economic pressure, social expectations, and mental health issues that are more pronounced in this demographic.

The predominance of males in suicide cases is consistent with research from other parts of the world, where men are more likely to choose more lethal methods, such as hanging and poisoning (Rossi et al., 2019). This could suggest that men, particularly in the 20-39 years age group, may be more likely to act on suicidal impulses with fatal outcomes compared to females, who may use less violent means or seek help more readily.

Interestingly, poisoning emerged as the most common method of suicide in this study, accounting for 41 cases. This method was particularly common in the 20-29 years and 30-39 years groups, which may be linked to the availability of toxic substances like pesticides and household chemicals. Hanging, more prevalent among males,

was the second most common method. The fact that jumping from heights was the second most common method for females, particularly in the 30-39 years group, raises important questions about the role of social or psychological factors, such as relationship stress or social isolation, in influencing the choice of method.

The lower incidence of suicide in the 10-19 years and 50-59 years age groups suggests that these age groups may face a lower risk of suicide, but this should not lead to complacency in suicide prevention efforts. The findings indicate that while certain groups are at higher risk, prevention strategies should be inclusive and address all age demographics.

Limitations

There are several limitations to this study that should be noted. As a mortuary-based study, it relies on data from individuals whose deaths were subjected to forensic autopsy. This means that suicides that did not undergo autopsy (for example, those classified as deaths by natural causes or accidents) may not be captured, leading to potential underreporting and selection bias. Additionally, the relatively short study period limits the ability to assess long-term trends or identify seasonal variations in suicide rates.

While the study mentions socio-economic, psychiatric, and substance-use variables as potential risk factors for suicide, these factors were not systematically analyzed. Incorporating detailed socio-demographic, psychiatric history, substance-use patterns, and economic variables would provide a more holistic understanding of the underlying risk factors for suicide. Such an approach could yield deeper insights into the interplay of individual, familial, and societal influences on suicide risk. Furthermore, mixed-methods approaches combining quantitative data with qualitative interviews could be highly effective in capturing psychosocial drivers and nuances that are often missed in purely quantitative studies.

The reliance on next-of-kin interviews also introduces the possibility of recall bias or inaccuracies, especially given the stigma surrounding suicide. Families may be less likely to accurately or fully disclose relevant information, which could affect the quality and completeness of data. Additionally, the study lacks a detailed explanation of how suicide determination was standardized. Without standardized criteria for determining suicide, methodological transparency is compromised, which could lead to inconsistencies in how suicides are classified.

Finally, while this study sheds light on suicide trends in Nairobi, it is limited in scope and would benefit from a more comprehensive approach that includes a longer study period, clearer methodologies for suicide determination, and systematic analysis of socio-economic, psychiatric, and substance-use factors. A broader, more nuanced approach could improve the understanding of suicide risk and inform more targeted prevention strategies in Nairobi and similar urban settings.

CONCLUSION

This study on suicides in Nairobi highlights the alarming trends and underlying factors contributing to suicide risk, particularly among young adult males. The findings reveal that suicide remains a significant public health issue in the city, with a disproportionate number of deaths occurring in the 20-39 age group, and a clear gender disparity, with males being the most affected. The predominance of hanging and poisoning as methods of suicide further underscores the need for targeted interventions, particularly in addressing the accessibility of harmful substances like pesticides.

The study aligns with global and regional trends, confirming that young adult males in urban African settings, such as Nairobi, face unique challenges economic pressures, relationship issues, and substance abuse that contribute to their heightened vulnerability to suicide. The findings also highlight gaps in the availability of mental health services, the need for greater mental health awareness, and the importance of addressing the stigma surrounding mental health care, particularly for men who may be less likely to seek help.

While the study provides valuable insights into suicide trends, it also presents several limitations, including the reliance on mortuary-based data, a short study period, and the lack of detailed analysis of socio-economic,

psychiatric, and substance-use factors. These gaps suggest that future research should adopt a more comprehensive, mixed-methods approach, integrating both quantitative and qualitative data, and more systematically exploring the root causes of suicide in Nairobi.

Based on these findings, this study proposes a series of recommendations, including the development of mental health awareness campaigns, targeted suicide prevention programs, and improved access to mental health care. It also emphasizes the need for policy actions, such as strengthening means-restriction measures, regulating the sale of pesticides, and expanding community-based mental health outreach. By linking these recommendations directly to existing national policies, such as the Kenya National Suicide Prevention Strategy, this study aims to contribute to the formulation of effective, context-specific interventions that can help reduce the incidence of suicide in Nairobi.

Ultimately, addressing the suicide crisis in Nairobi requires a holistic, multi-sectoral approach that includes public health initiatives, community engagement, improved mental health services, and policy reform. By focusing on the unique needs of young males, tackling socio-economic stressors, and fostering a more supportive environment for mental health, Nairobi can take meaningful steps toward reducing suicide rates and improving the overall well-being of its population.

RECOMMENDATIONS

This study on suicides in Nairobi highlights the urgent need for targeted interventions to address the rising rates of suicide, particularly among young adult males. Based on the findings, the following recommendations are proposed to help mitigate suicide risks in Nairobi and similar urban settings. These recommendations not only align with the study's findings but also seek to complement existing national policies such as the Kenya National Suicide Prevention Strategy and promote actionable, context-specific interventions.

Mental Health Awareness and Education

Public health campaigns should be developed to raise awareness about mental health issues and the importance of seeking help for mental distress. Special focus should be placed on young adults, particularly males, who are less likely to openly discuss emotional challenges due to societal and cultural expectations. Mental health literacy should be integrated into education curricula, workplace training, and public media to reduce the stigma surrounding mental health issues and suicide. These efforts should encourage open discussions on emotional well-being, coping strategies, and the importance of reaching out for support.

Actionable Step: Align this initiative with the Kenya National Suicide Prevention Strategy, which aims to promote mental health awareness through mass media and community-based education. Support should also be given to the establishment of peer support groups to enhance emotional resilience among young males.

Targeted Suicide Prevention Programs

Programs specifically targeting young adult males, especially those aged 20-39 years, should be developed to address the most common suicide risk factors identified in this study: economic challenges, relationship problems, and substance abuse. These programs should focus on improving coping skills, building emotional resilience, and providing resources for tackling socio-economic issues, such as unemployment and financial instability, which contribute to suicidal ideation.

Actionable Step: These programs could be aligned with the Kenya National Suicide Prevention Strategy's focus on community-based interventions. Collaboration with local youth organizations, social workers, and community leaders can help deliver targeted messaging and support services to this vulnerable group.

Improved Access to Mental Health Care

Expanding access to mental health services in urban areas like Nairobi is crucial. This can be achieved by establishing more community-based counseling centers and increasing the availability of crisis hotlines to

provide timely and confidential support to individuals in distress. Efforts should be made to reduce the barriers to accessing mental health care, such as cost, stigma, and a lack of trained professionals.

Actionable Step: This recommendation supports the Kenya National Mental Health Policy (2015), which emphasizes the need for a more accessible and equitable mental health care system. Government and non-governmental organizations (NGOs) should work together to establish mobile counseling units and free helplines. Partnerships with private healthcare providers can also be explored to reduce the cost of mental health services.

Training for Healthcare Providers

Mental health professionals, police officers, and first responders should be trained to recognize the signs of suicidal behavior and provide immediate intervention. This training should include how to manage high-risk situations, engage individuals at risk, and refer them to the appropriate mental health services. This would enhance the response system for suicides and improve the chances of preventing them in critical moments.

Actionable Step: Implement specialized training modules as part of the Kenya National Suicide Prevention Strategy, which aims to provide mental health training for healthcare workers, educators, and law enforcement personnel. Mental health first-aid training could be incorporated into the curricula for police and emergency response units to ensure that suicide-related incidents are handled with the required sensitivity and urgency.

Research and Data Collection

Further studies should be conducted to investigate the social determinants of suicide in Nairobi, with a focus on gender and age variations. In particular, more in-depth analysis should be done on the socio-economic, psychiatric, and substance-use patterns that contribute to suicide risk. This would allow for the creation of more tailored and effective suicide prevention programs.

Actionable Step: A focus on national research and data collection frameworks should be integrated into the Kenya National Suicide Prevention Strategy to monitor trends, identify new risk factors, and evaluate the effectiveness of ongoing programs. Collaboration with academic institutions, public health agencies, and international organizations can strengthen research efforts and build a data-driven approach to suicide prevention.

Strengthening Means-Restriction Policies

One of the most effective ways to reduce suicide rates is through means restriction limiting access to common methods of suicide, such as pesticides and other poisons. Given that poisoning emerged as a significant method in this study, stricter regulation of the sale, storage, and distribution of harmful chemicals is recommended. The availability of pesticides in urban and rural settings, coupled with their high toxicity, makes them a significant risk factor for suicide.

Actionable Step: Strengthen poison control regulations as part of the broader means-restriction approach. This could involve stricter monitoring of pesticide use, limiting the sale of highly toxic substances to licensed professionals, and introducing public education campaigns on the dangers of these substances.

Community-Based Mental Health Outreach Programs

Community-based mental health outreach programs are critical for reaching individuals who are at high risk of suicide but may not seek help through traditional channels. Outreach efforts can include mental health workshops, mobile counseling units, and support groups in local communities. These programs should aim to reduce stigma, provide mental health education, and offer immediate counseling for those in need.

Actionable Step: Build on the Kenya National Suicide Prevention Strategy's focus on community mobilization by establishing community-based mental health teams. Local leaders, including religious groups and community

health workers, can play a pivotal role in delivering mental health services and acting as gatekeepers for suicide prevention.

Suicide Prevention Policy Integration

To ensure the effectiveness of the above recommendations, it is essential to integrate suicide prevention strategies into national and local policies, particularly in sectors such as education, health, labor, and law enforcement. The government should prioritize mental health as part of its broader health policy, with specific funding allocations for suicide prevention.

Actionable Step: The Kenya National Suicide Prevention Strategy could be expanded to include more detailed, measurable actions for sectors like education, where mental health programs can be incorporated into school curriculums, and labor, where employee well-being programs can help address workplace stressors.

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