



## Article

## The prevalence and correlates of suicidal behaviours (ideation, plan and attempt) among adolescents in senior high schools in Ghana



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## ABSTRACT

Suicide is recognised as the third leading cause of death among adolescents globally. There is however limited data on the prevalence and factors associated with suicide particularly in Ghana. To explore the prevalence and risk and protective factors associated with suicide in Ghana, a nationwide Global School-based Student Health Survey data collected among senior high school adolescents in Ghana was used. The prevalence of suicidal behaviours was 18.2%, 22.5% and 22.2% for suicidal ideation, suicidal plan and suicidal attempt respectively. In the final analysis, anxiety increases the odds of suicidal behaviour, even after controlling for other variables. Loneliness increases the odds of suicidal behaviour but after adjusting for other factors the odds remained for only suicidal plan. Being bullied, physically attacked, involved in a physical fight and food insecurity remained risk factors for suicidal behaviour (i.e. ideation, plan and attempt) after adjusting for other factors. Truancy was found as a risk factor for both suicidal ideation and plans but such effect diminished for suicidal plan after adjusting for other variables. Increasing number of close friends remained a risk factor for both suicidal plan and attempt but such effect diminished for suicidal ideation after adjusting for other variables. Parental understanding of adolescents' problems and worries remained a significant protective factor for all the indices of suicidal behaviour after adjusting for other variables. Parental respect for privacy was protective of suicidal attempt but was not significant after adjusting for other variables. Early identification and intervention for at-risk adolescents in senior high schools, for example those experiencing different forms of physical abuse, drug and substance use and hunger can potentially reduce the prevalence of suicide among this population in Ghana.

## Introduction

In Sub-Saharan Africa, about 23% of the population is aged between 10 and 19 years old (WHO, 2014a). Projections by the Ghana Statistical Service (GSS) show that Ghana's population has grown from 24,658,823 (in 2010) to 28,308,301, as of December 2016 (GSS, 2012, 2017). Persons aged between 10 and 24 years constitute about 38.3% of the population. There are significant developmental changes that take place during the transition from childhood to adolescence, which are accompanied by physical and psychological challenges (Sinha, Cnaan, & Gelles, 2007). Among these challenges is engagement in risky behaviours (e.g., having unprotected sex and substance use, self-harm etc.) which increases their vulnerability to poor physical and mental health outcomes (Glozah & Pevalin, 2016; Patel, Flisher,

Hetrick & McGorry, 2007; WHO, 2014a). Since it has been estimated that sub-Saharan Africa will have more adolescents than any other region by the year 2050, adolescent health research and interventions, thus become key priority (WHO, 2014a).

Globally, 10–19 year olds are highly susceptible to mental health disorders. It has been suggested that about half of adult mental health disorders begin in adolescence, but go undetected and untreated (WHO, 2014a). Suicide is recognised as the third leading cause of death among adolescents globally, and in Ghana, anecdotal evidence has suggested an increase in suicide among adolescents (Citifmonline, 2012). Suicidal ideation is a strong predictor of suicide in both the general population as well as among adolescents (WHO, 2011). Furthermore, psychological autopsy studies show that most suicides occur on the first attempt (Cavanagh, Carson, Sharpe, & Lawrie, 2003), highlighting the impor-

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tance of identifying precursors to suicidal behaviour (such as suicidal ideation) to inform suicide prevention efforts. Multiple studies have demonstrated that several factors (e.g., personal/intrapersonal, interpersonal and environmental) are associated with adolescent suicidal ideation and attempts (Brent & Mann, 2006; Johnson, Krug & Potter, 2000; Portzky, Audenaert, & van Heeringen, 2005; Roberts, Roberts & Chen, 1998). These studies have contributed to the development of interventions aimed at suicide prevention among young adults globally.

There is continuous disagreement among clinicians and researchers on suicide-related nomenclature, terminology and definitions, particularly for nonfatal suicidal behaviours and outcomes (O'Carroll et al., 1996; Silverman, Berman, Sanddal, O'Carroll, & Joiner, 2007a, 2007b; Wagner, 2009). Thus, in this study the commonly used definitions with consensus in the literature are applied. We define *suicidal ideation* as “any self-reported thoughts of engaging in suicide related behaviour” (O'Carroll et al., 1996, p.247); *suicidal plan* refers to the formulation of a specific method by which one intends to kill oneself (Silverman et al., 2007b); *suicidal attempt* is used to mean “intentional self-inflicted poisoning, injury or self-harm which may or may not have a fatal intent or outcome” (WHO, 2014b, p.12); and *suicide* is defined as “the act of deliberately killing oneself” (WHO, 2014b, p.12). A person experiencing suicidal crisis typically engages in suicidal behaviours from thinking about suicide (suicidal ideation), formulating plans for suicide (suicidal plans), trying out suicidal acts (attempting suicide), to actually killing oneself (Millner, Lee, & Nock, 2016; WHO, 2014b). Recent clinical and school-based studies involving young people show that sometimes impulsivity facilitates the transition from suicidal thoughts to suicide in the face of negative emotions (Anestis, Soberay, Gutierrez, Hernández, & Joiner, 2014; Klonsky, & May, 2010; Klonsky, May, & Glenn, 2013; May, & Klonsky, 2016; Millner et al., 2016).

Compared to high income countries, studies on the prevalence and determinants of adolescent suicide in low-and middle-income countries (LAMICs), including many countries in sub-Saharan Africa such as Ghana, are limited. Nevertheless, evidence from a number of studies shows a significant increase in suicidal attempts and suicide related deaths among adolescents and young adults in Africa, including Ghana (McKinnon, Gariépy, Sentenac, & Elgar, 2016; Quarshie, Osafo, Akotia & Pehrah, 2015; Swahn, Palmier, Kasirye & Yao, 2012; WHO, 2014b). In a study examining adolescent suicidal behaviour among 32 countries in low-and middle-income countries using the Global School-based Health Survey (GSHS), selected countries within sub-Saharan Africa had relatively higher prevalence of suicidal behaviours among school-going adolescents, compared to the selected low-and middle-income countries from other WHO regions (i.e., Americas, Eastern Mediterranean, and South-East Asia and Western Pacific) involved in the study (McKinnon et al., 2016). A study pooling data from Botswana, Kenya, the Seychelles, Uganda, United Republic of Tanzania, and Zambia showed that parental involvement served as both risk and protective factor for various mental health problems including suicidal ideation, attempt and plan (Arat & Wong, 2016). On a broader societal level, a systematic review of studies on the prevalence of child mental health problems in sub-Saharan Africa showed that low subjective socio-economic status, poverty, or insufficient food are the most significant risk factors for poor mental health (Cortina, Sodha, Fazel & Ramchandani, 2012).

In Ghana, the 2010 population and housing census report by the Ghana Statistical Service (GSS, 2012) provides some omnibus statistics of death by suicide, violence, accident, and homicide. The report shows 18,938 deaths recorded and categorized under *deaths by accident, violence, homicide, or suicide* within the 12 months preceding the census. Additionally, the 2008 GSHS data from Ghana also showed that 14.6% of the students seriously considered attempting suicide during the 12 months before the survey and 15.4% of the students made plans to attempt suicide during the 12 months preceding the survey (Owusu,

2008). A recent study revealed an increase in suicide reported cases among adolescents in Ghana over a 15-year period, with more boys than girls likely to attempt and die by suicide (Quarshie et al., 2015). The same report also indicated that psychological factors, conflictual relationships, loss of significant other, poor school work, and socio-economic factors influence adolescent suicidal behaviours (Quarshie et al., 2015). Thus, generally, in Ghana, few studies have assessed the factors that are associated with suicidal behaviours. In the context of this gap in knowledge, the purpose of this study was therefore to examine the factors that are associated with suicidal ideation, plans and attempts using a national school-based survey of Ghanaian senior high school adolescents.

### *Conceptual framework of adolescent suicide*

The risk and protective factors model (Hawkins, Catalano, & Miller, 1992) served as the theoretical framework that guided this study. This framework posits that within a particular population, there are factors that may ameliorate the effects of psychological problems (protective factors) or exacerbate the probability of developing a psychological problem (risk factors). Among school-going adolescents, several factors may be associated with susceptibility to mental health problems including suicide. These include personal and situational and/or social context characteristics associated with mental health. Among adolescents, pertinent socio-demographic factors related to suicidal ideation and attempt may include their younger age, perceived socio-economic status, and alcohol and substance use. Knowledge of risk and protective factors associated with suicidal ideation among school-going adolescents living in Ghana is needed to help develop appropriate harm-reduction programmes for this population.

The above mentioned studies suggest that suicidal ideation and attempts among adolescents are associated with several personal, familial, societal and systemic factors which need to be addressed holistically in any attempt to reduce the incidence and prevalence of suicide among adolescents. In the present study, we used the nationwide Global School-based Health Survey, conducted among senior high school students in Ghana, to explore risk and protective factors associated with suicidal ideation, plans and attempts. We assessed multiple risks and protective factors at the individual, family, peer and school levels to provide a broader perspective of factors related suicidal behaviours in adolescents in senior high schools in Ghana. We hypothesized that risk and protective factors will be uniquely associated with suicidal ideation, plans and attempts. Specifically, we expected psychosocial variables (anxiety and loneliness), substance use and violence related behaviours to heighten the risk of suicidal behaviours whilst parental support behaviours, and peer behaviours (having close friends) may be protective of suicidal behaviours.

## **Methods**

### *Study design and sample*

Data for this study was obtained from the Ghana Global School-based Student Health Survey (GSHS) conducted in 2012 (WHO, 2014c). This survey was conducted through the partnership among the World Health Organization (WHO), Disease Control and Prevention (CDC), Middle Tennessee State University and the Ghana Education Service (GES). The data was collected using a cross-sectional survey design among WHO countries which were interested in examining the behavioral risk factors and protective factors in several domains of functioning among the youth in schools. Data collection was done by the use of close-ended structured questionnaires administered to the students. Details of the systematic steps involved in the data collection among the students can be found on the WHO website (WHO, 2014d) for further information. Participants for this study were sampled from selected senior high schools (SHS) in all the 10 administrative regions

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