A Phenomenological Exploration of the Perceived Causes of Suicidal Ideations among School-Going Adolescents in Central Uganda

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Abstract

The study aimed to explore the perceived causes of suicidal ideations among school going adolescents. The population was comprised of a school administrator, a school counsellor, a school chaplain, a teacher and students. The sample size was 16 and respondents, selected using purposive sampling. Data were collected using both key informant interviews and focus group discussions. Data were analysed using narratives and thematic analysis methods. The findings show that suicidal ideations are caused by school-based, home-based, personal, social and technological factors. The study concludes that suicidal ideations are determined by factors related to parenting, self–esteem, relationships, social media, academic pressure, gender, and last but not least, spiritual drivers. Hence, interventions geared towards reducing suicidal ideations should focus on involving parents, boosting self-esteem, offering guidance on healthy relationships, encouraging healthy peer groups, regulating social media usage, reducing academic pressure and offering spiritual guidance. Parenting should be intentional and teachers should prioritize not only creating safe and supportive learning environments but also interpersonal connections with their learners. At community level, adolescent mental health must be prioritized so as to aim at a future where no parent or larger community will have to face and endure the pain of losing a child to suicide.
Keywords: *Suicidal Ideations, Suicide, Adolescents, School-Going Adolescents, Uganda*

1.0 Introduction

Globally, suicide is a cause of death and various forms of disability, as it is ranked as 15th in the leading causes of demise that accounts for 1.4 percent of deaths (WHO, 2025), as about 800,000 people of diverse age groups face death annually due to suicide. Suicidal thoughts or ideations deserve equal attention as suicidal behaviors and actions (Klonsky, May & Saffer,

2016). These ideations predict suicidal behaviors and suicidal deaths, and effects related to hospitalization, financial constraints and injury (CDC, 2010; Nock et al., 2008; WHO, 2014). As suicide deaths are the 15th cause of demise, injuries related to suicide attempts are placed at the 19th position in disease burden globally and at the 9th position among the 15-44 years age group for both men and women (WHO, 2008) hence the need for urgent understanding and prevention of suicidal ideations and behavior (Klonsky, May & Saffer, 2016). According to Klonsky et al. (2016), suicide's definitions are elusive as it is sometimes used concurrently with suicidal thoughts and suicidal actions while other sources refer to it as behaviors aimed at self-injury with or without intent to die. Suicidal ideations mean suicidal ideas and suicidal thoughts, which are characterized by pre-occupations with wishes and contemplations of death (Harmer, Lee, Duog & Saadabadi, 2020).

The risk factors and prevalence of actual suicide target the attempts, plans and suicidal ideations (Nabasajji, 2025) yet their causes and drivers are not well established and known. Among the 15-29 year old age group, suicide is ranked as the second leading cause of demise (Bifftu et al., 2021). Suicidal ideation is the harboring of suicide thoughts or wishing for death, and because of the associated stigma with suicide, cases are usually under reported (Behmani, 2018). In the general population, suicidal ideation is placed between 3.1 and 56 percent as driven by culture, mental health, gender, socio-economic status and age (Cheung et al., 2021). As much as suicidal ideations are apparently prevalent, they are rarely reported and hence their actual prevalence is unknown (Bitarafan et al., 2022).

In Iran (Bitarafan et al., 2022) and Thailand (Peltzer & Pengpid, 2012), suicide thoughts are placed at 12.7 percent and 8.8 percent respectively and attributed to peer experiences and victimization, family perceptions, child abuse and child neglect, and social integration. Seedant et al. (2009) and Mekonen et al. (2020) have done studies on suicidal ideations in South Africa and Ethiopia respectively and attributed this covert experience to gender, income status, mental health, low social support, anxiety and depression. On the other hand, suicidal ideations have been linked to health conditions such as HIV especially in South Africa as Van Niekerk (2015) asserts. Yet Bakuluki et al. (2021) argues that suicide ideations in Uganda are common among urban youth especially the slum dwellers. Studying and understanding suicidal ideations is crucial in understanding the triggers of suicidal behavior and its eventual control (Jenkins et al., 2015). From a human developmental perspective, adolescence as a unique category has been linked to suicidal ideations (Orri et al., 2020).

In Ugandan schools where adolescents pursue education, there have been notable instances of suicide, which according to researchers cannot be random acts but rather, a result of ideations and contemplations. Adolescents in schools are attempting suicide due to stress caused by day to day school demands, accompanied by factors related to parenting (Nabasajji, 2025). The resultant consequences are not only profound but also enduring and long lasting to all affected parties such as families, schools and the general communities because of its irreversible nature.

The study was informed by the Interpersonal Theory of Suicide and Adolescent Suicidal Behavior as Barzilary et al. (2015) suggests. This theory explains a point of intersection between a learner's wish to commit suicide and the actual implementation of that wish (Nabasajji, 2025). According to this theory, the desire to face death emanates from two psychological situations and experiences, that is, thwarted belongingness and perceived burdensomeness. Also, a learner that plans to commit suicide must possess the ability to do so through exposure to experiences that include violence which makes them insensitive to pain, hence a significant reduction in the fear of the death experience. Holistically therefore, this theory tackles the causes and drivers of suicidal ideations from parenting, psychological and

cognitive factors. This theory is further boosted by Beck's cognitive theory of suicide (Beck, 1990; Brown et al., 2006; Weishaar, 1996) and its argument that suicidal ideations are driven by negative cognitive schemas which impact on self-perception and increase hopelessness and hence predict suicidal ideations (Milesi at al., 2025). Furthermore, the two theories are informed by Joiner's theory of suicide behaviour (Brown et al., 2006; Joiner et al., 2010; Weishaar, 1996) which explains suicidal ideations to be a result of issues related to rejection by parents which contributes to feelings of loss of connectedness (Van Orden et al., 2008) as cemented by lack of warmth and excessive parental criticism (Buitron et al., 2020). Suicidal ideations are detrimental to human life in all its perspectives and completeness. People harboring suicidal ideations are impulsive and dangerous (Gliatto & Rai, 1999) irrespective of whether or not they are caused by substance abuse or depression (Kandel et al., 1991). Suicidal ideations cause imminent danger of suicide (Rotheram, 1987), hence, controlling these ideations may control actual suicide behaviours and attempts (Shear, 2004). Therefore it is important to study the causes of these ideations as these causes point to the causes of suicidal behaviours.

2.0 Literature Review

Suicidal ideations can be equated to suicidal thoughts and suicidal ideas (Harmer et al., 2020; Nabasajji, 2025). As much as there may not be a globally accepted definition for suicidal ideations, educators, among key existent professionals, can attest that the experience is apparent among learners (Miller, 2021; Estrada et al., 2019). In a systematic review done by Goodfellow and Kolves (2019), it is indicated that four features emerge when trying to define suicidal ideations and suicidal behaviors, that is, agency (Gaily-Luoma et al., 2024; White, 2016), intent (Andover & Gibb, 2010; Beck & Kovacsi, 1979; Silverman, 2016), knowledge about possible outcomes (Klonsky et al., 2016; Van Spijker et al., 2014) and actual outcome (Ribeiro et al., 2016). Suicidal ideations differ from suicidal actions and behaviours. The former is a means to the latter as people with suicidal thoughts actually attempt suicide (Jobes & Joiner, 2018; Szanto et al., 2002; Wilburn & Smith, 2005) as such thoughts lead to death associated with suicide, which is among the leading causes of adolescent deaths.

Suicidal ideations are caused and triggered by diverse factors that are personal, psychological, cognitive, social factors, gender, age to mention but a few. Ideations and behaviours of suicide are gender dependent, where males are more likely to contemplate suicide than females (Beautrais, 2002), while in situations of depression among younger adolescents, there is documented increase in suicidal ideations among females (Allison et al., 2001). Gender as a psycho social correlate of suicidal ideations has been noted as a significant factor (Rich et al., 1992). Suicidal ideations are more prevalent in females while suicidal actions happen more among males, hence the dilemma commonly known as the gender paradox of suicidal behavior (Schrijvers et al., 2012). Since ideations are a process towards actions, males therefore experience the more fatal version of suicidality. According to Furr (2001), suicidal ideations are triggered by hopelessness (Beck et al., 1993; Huen et al., 2015; Uncapher et al., 1998); helplessness (Gencoz et al., 2008; Lester, 1998) and depression (Allison et al, 2001; Chocoinov et al., 1998; Schwenk et al., 2010). Nabasajji (2025) however attributes suicidal ideations specifically to stress and selected parenting styles while Stephenson et al. (2006) assert that suicidal thoughts and contemplations are a result of loneliness. From the studies therefore, it can be concluded that suicidal ideations are a direct and indirect result of psycho-social factors.

Some researchers have indicated that suicidal ideations come with unimaginable effects. In some instances, suicidal ideations lead to suicidal actions and death (Harmer et al., 2020; Jobes & Joiner, 2019; Klonsky et al., 2021; Klonsky et al., 2016; Turecki & Brent, 2016). In addition

to the obvious death as a suicidal ideation fatality, psychological effects too emanate from this tendency. The magnitude of psychological pain that comes with suicidal ideations cannot be under looked and under estimated (Ducasse et al., 2017). The psychological distress, demoralization and depression are undeniable and require psychological interventions (Fang et al., 2014). In whatever grade it is experienced, whether passive or active, Liu et al. (2020) argue that suicidal ideations have two unique influences and effects, that is, psychological and psychiatric effects.

Psychologically still, suicidal ideations cause stigma, specifically perceived stigma and lowers the sufferer's self-esteem especially among people living with chronic illnesses such as HIV, hence a call for boosting of self-esteem and social support (Wang et al., 2018).Suicidal ideations are in indicator of the capability and potential of suicide, hence an attitude and mindset towards suicidal behaviours (Van Orde et al., 2008; Grossman, Park &Russel, 2016). Socially, suicidal ideations affect social interaction because of internal strife within the sufferer, hence, social isolation (Amitai et al., 2012; Calati et al., 2019; Park, Cho & Moon, 2010), hence the need for social support. Social anxiety too is a product of suicidal ideations, hence social anxiety disorder. Although researchers on this connection are still limited, most suggest that instead, social anxiety is what leads to suicidal ideations (Capron et al., 2012; Fattouh et al., 2022; Sareen et al., 2005), implying that as much as anxiety causes suicidal ideations, the latter can worsen the former.

Strategies to limit, control and eliminate suicidal ideations must target the respective causes and triggers. According to documented research, suicidal ideations can be reduced through a reduction in the access to triggers such as drugs that cause psychosis as these are risk factors for both suicidal ideations and suicidal behaviours (Harmer, 2020). It is also prudent to tackle suicidal ideations by reducing anxiety, depression and stress (Petrie at al., 2019). Facing the reality, asking questions and acknowledging the reality of its existence actually reduces its occurrence rather than increasing it (Dazzi et al., 2014). Controlling the exposure to internet influences can also have significance on suicidal ideation reductions (Dunlop et al., 2011). Most importantly, irrespective of age, gender and socio economic status, psychotherapy can be helpful in reducing suicidal ideations' realities and eventual control (Alexopoulos &Reynolds, 2009; Blanhard & Farber, 2020; Cuijpers et al., 2013) through its popular cognitive behavioural intervention (Brown et al., 2005; Tarrier, Taylor & Gooding, 2008) and spiritual intelligence counselling approaches (Alshareef & Alfugaha, 2024). Hence the need to tackle the causes, normalising conversations about the challenge and through the use of psycho therapeutic strategies.

3.0 Methodology

The study was qualitative (Camic et al., 2003; Hanurawan, 2012 & Freebody, 2002; Lichtman, 2023) and explorative (Stevens & Wrenn, 2013; Tagiliapietra et al., 2009).The population was a diverse group consisting of a teacher, school administrator, school counsellor, school chaplain and students from an urban school (Mackintosh,2025; Percudani et al., 2024) where suicide cases have been reported, in order to achieve different views from different categories of stakeholders about suicidal ideations (Lozano et al., 2008; Preston & Colman, 2000). The sample size was 16 in total, that is, one teacher, one school administrator, one school counsellor, one school chaplain and 12 students. These participants were selected purposively (Campbell et al., 2020; Denieffe, 2020) because of their school-based accessibility to suicidal ideations and acts. Data were collected using both in-depth interviews-IDI (Legard et al., 2003; Rutledge & Hogg, 2020) and focus group discussions-FGD (Akyildz &Ahmed, 2021; Vaughn et al., 1996). The former involved an administrator (IDI 1), a chaplain (IDI 2), a counsellor

(IDI 3), a teacher (IDI 4) and each interview took about thirty minutes, while the latter involved students (FGD1-15) and each took about sixty minutes. Both methods were used to for complementarity and triangulation purposes. The collected data were managed through digital recording (Roseblum &Hughes, 2017), transcription (Stuckey, 2014; Widodo, 2014) and generation of themes. Data analysis was done following thematic analysis (Braun &Clarke, 2024; Clarke & Braun, 2017) and narratives (Maitlia, 2012; Smith, 2016). Data analysis and discussion of findings were done simultaneously and concurrently.

4.0 Findings and Discussion

From the in-depth interviews and focus group discussions, the findings that emerged fall under the following five themes.

Home-based drivers of suicidal ideations

Interestingly, factors within students' homes became prominent during the interviews and discussions. One of the major perceived home based drivers of suicidal ideations that emerged was parenting factors, which as presented in diverse ways by diverse respondents. The school counsellor for example highlighted the issue of step parents and its role in leading to suicidal ideations,

> *Step parents are in the lives of these adolescents because either the parents separated for different reasons or the biological mothers passed away. The step mothers mistreat the children they find in the homes, segregate them from their own children, threaten to chase them from home, to mention but a few. This makes the students from these homes fear to return home in the school holidays, yet the school cannot accommodate them during these breaks. This leads to desperation and thoughts about suicide (IDI 3).*

On further interrogation if the effect of step parents only refers to step mothers as far as causing suicidal ideations among students is concerned, the participant added,

> *By the way, in my job as school counsellor in several schools, I have come across desperate female students who are at the verge of ending their lives due to what step fathers do to them. The vice of sexual assault and harassment by step fathers is more common than we think. When mothers divorce and re-marry, the category that goes with their children rather than leaving them behind to be raised by future step mothers, indirectly subject the female children to sexual assault from their new husbands who now become the children's step fathers. This vice is common in homes but because of cultural factors, it is rarely talked about. Female students that go through this can never act normal at school. Some can share their pain with the school counsellor but the majority cannot, and the same majority either become sex perverts as a coping method or end their lives to put an end to the suffering (IDI3)*

From the FGD, students also highlighted the role of parents in causing suicidal ideations among their adolescent children, from the perspective of parenting styles, as one female student asserted,

> *Our parents have left their responsibility of raising us to maids and relatives, in the name of working hard to make ends meet. Secondly, some parents these days are too soft on us, which can be dangerous. The students with soft parents know that their parents cannot correct them because they fear to anger them so they become free to do whatever they want, without fear of being reprimanded. Even at school, such students*

> *do not expect a teacher to correct or punish them. When such a parent toughens once in a while, they call them toxic, and use suicide as a way of punishing the parent (FGD2).*

This submission indicates that permissive parenting, whose proponents have termed as gentle parenting has caused the same vices and behaviours it was intended to minimize. On the other hand, another student, a male this time elaborate that,

> *By the way madam, it is not only soft parents that can cause their child to think of suicide. Even tough parents can be too much and you wonder where to run to. Some homes are like military barracks. Some parents are so tough and distant that they don't have a close relationship with their children, to an extent that even reporting a problem to them is not encouraged. This has made us to detest our parents to an extent of wanting life ended (FGD7).*

This was elaborated upon by another female student who argued that,

> *To tell you the truth, some parents beat us every time we make simple mistakes. You oversleep, they beat you, you forget to cook, they beat you. You decline in class they beat you. The same parents that gave us life can make us want to end the same life on our own. Parents need to soften a little bit. Some don't forget our mistakes even when we change and apologise. Home has become a prison yet school is another prison. These parents have made life become unbearable. You would rather not be alive (FGD, 5).*

On the contrary therefore, authoritative and authoritarian parenting styles can also be deemed as parenting factors responsible for the increase in suicidal ideations among school going adolescents. Therefore, according to both the counsellor and the students, the home based factors are parenting factors responsible for suicidal ideations in the form of step parents and parenting styles. These studies concur with similar studies such as those done by Cong et al. (2021), Nunes and Mota (2017), Singh and Behmani (2018), and Arafat et al. (2022) who collectively view parenting as an influence on attachment styles and depression that affect endurance and resilience, while Choi et al. (2020) and Lai and Bride-Change (2001) acknowledge the role family climate on suicidal ideations.

School-based drivers of suicidal ideations

Since some suicide attempts have happened on school premises, it was imperative to find out if some of these drivers are actually school based. As envisioned, the school counselor put the blame on teachers,

> *Teachers these days are tired and only focus on teaching and nothing else. They do not take some time to find out what problems a quiet, absent-minded and/or attention-seeking student is going through at a personal level. They simply teach and go. This is sad because all teachers are trained in basic counselling skills, and need to keep giving words of encouragement and guidance on a daily basis, so as to minimize the causes of suicide among the students that they teach, for teaching should go beyond subject content delivery. One word of encouragement could save a life (IDI3).*

However, another submission that nullifies the argument that teachers have shown laxity towards learner problems was submitted by a teacher who instead argues that teachers have no authority to discipline students,

> *As teachers, we have not been empowered to impart discipline on our learners yet we are important players in reducing behaviours that later on cause suicidal ideations that crop up from failure for behavior to change from indiscipline to discipline (IDI 4).*

In addition to teacher laxity as a school based driver of suicidal ideation, another respondent referred to academic pressure as another factor within the school as one male student expressed,

> *The pressure on us to excel is pushing us to the edge. This school likes to shine nationally in national exams. To the school, we must excel whether we like it or not. We sleep for a maximum of four hours. Every teacher gives us daily assignments. Warning comments on our academic report cards make us anxious. The students that are academically weak lose morale all the time. We wake up at 4 am for morning lessons and sleep late because of assignments. Education is not optional but because of this pressure, we hate school and studying. We do weekly tests and this keeps us anxious and tense. We fear to fail because we also do not want to disappoint our parents. This leads us to have a lot of pressure that sometimes makes us want to end it all through things like suicide (FGD10).*

Bullying was also perceived as one of the causes of suicidal ideations in schools where adolescents study, as the school administrator argued,

> *As administrators, we are aware of acts of bullying of many forms in schools, which the victim students sometimes can't handle. Some forms of bullying push students to throw themselves over balconies or hang themselves. Senior students usually bully new comers (IDI 1).*

This was further submitted by a male student who asserted,

> *You join school and the senior students start calling you names, forcing you to make their beds, eating your snacks, but also warning you over reporting to the school authorities. Bullying makes you hate school and life in general. I know that even the other student in the other school must have hang himself due to bullying because bullies target students from rich homes (FGD 9)*

To which another student in the same group added,

> *Madam, I hope I won't be quoted but another form of bullying that pushes students to considering suicide is sexual harassment. This is from both older students in upper classes and teachers. They insist on demanding for sex from us and they won't give up until you give in. Sometimes you would rather give up on life than give in to sex, with all its negative consequences (FGD 7)*

Hence the school based drivers, according to the respondents are bullying, academic pressure, schools' failure to empower teachers and teacher laxity towards students' behavior. These school based factors also feature in studies conducted by Arun et al. (2017), Akta and Alam (2015), Okechukwu and Ogba, (2022), and Nandagaon (2020). These studies collectively tackle issues that are located within schools that might drive students to consider suicide or harbor suicidal ideations, such as academic pressure, stress and teacher-instructional factors.

Personal-demographic factors for suicidal ideations

Respondents also fronted personal factors that can also be viewed as demographic causes of suicidal ideations among students. According to the school administrator,

> *Student behaviours have forced us to put in place measures to correct these behaviours but unfortunately, some students who for example have been publically humiliated in front of all students or expelled from school for bad behavior have ended up committing suicide because of the humiliation and desperacy. Another behavior that leads to suicidal ideations is drug use and abuse. We have discovered that some students come to school with biscuits laced with drugs and some even add them to pre-diluted juices. When these drugs alter thinking to an extent of students considering suicide as a relief. We don't know where they get the drugs from but when you watch their behavior before suicide, you can tell that drugs are involved (IDI 1).*

This sentiment was also raised by another participant who briefly mentioned,

> *In church, we have behavior change sermons but drugs might need more strategies than preaching (IDI 2).*

Stress was also identified as a personal experience that could push students to consider suicide, as one male student argued,

> *We have so many stress factors as students. A lot of books to read, a lot of expectations from home and friends to meet, relationship demands, friends that no longer want to associate with us. When stress goes on and on, depression comes in. you become sad all the time, with no solutions. By the way, some people, due to stress and depression, believe that being dead is much better than living a sad life (FGD 7)*

Another personal driver of suicidal ideations presented by the participants was demographic in nature, that is gender,

> *According to me, I have observed that male students are more prone to suicide than female students. This means males think of it more than females, because boys have less endurance than females hence the boy child needs attention from those whose job is targeted towards ending suicide, because according to what I see, most interventions are focusing on the girls instead (IDI 2)*

This sentiment was also presented by another participant who argued that,

> *As a society, we always think the female student is emotionally weak and hence more prone to suicidal ideations. Let me shock you by telling you that from my observation, boys are more prone. When it comes to emotional challenges, boys suffer more and this can lead to suicide (IDI 1)*

Health complications too were presented as personal factors for suicidal ideations, as one participant asserted,

> *Students suffer from health complications. These challenges are both physical and mental in nature. For example, we have a number of students that are on HIV medication, that is, ART, and they are faced with challenges of self-inflicted stigma, low self-esteem and low adherence to medication. Mentally, they are sad, stressed, anxious and hopeless. The absence of good health leads them to desire to die (IDI 3)*

Spiritual causes too could not go unnoticed in this study, as personal drivers of suicidal ideations as one participant submitted,

> *Whether you like it or not, I have seen suicidal attempts happen in specific families because of the spirits there. Sometimes, a student can be bewitched to commit suicide, hence the need for students to pray against the spirit of suicide as soon as they sense it or recognize it in their family line (IDI 2)*

Finally, adolescence stage, as a personal human developmental factor also surfaced as a driver of suicidal ideations, as one teacher asserted,

> *Any parent that does not have a child who is an adolescent has not yet seen what real parenting means. The adolescent of these days is a complex human being. I don't know how their brain operates and how it is wired. Any small trigger, suicide is the nearest option. It is tough, but later when they become adults, they outgrow it (IDI 4).*

Hence the personal drivers of suicidal ideations from the respondents are behavioral, adolescence, health, spiritual, stress and gender factors. Personal drivers such as self-esteem have also been discussed by Manani and Sharma (2013), Wilburn and Smith (2005), De Man and Gutierrez (2002), and Nguyen et al. (2019), while studies on adolescence as a personal factor in driving students towards suicidal ideations are confirmed by Wilurn and Smith (2005), Thomson et al. (2012, Kandel et al. (1991) and Reinherz at al. (2002). Adolescence is not just a biological milestone but one that has psychological implications on young people's thoughts and ultimate behaviours too. Spiritual determinants of suicidal ideations have been confirmed by studies conducted by Rasic et al. (2009), Rasic et al. (2009), and Euseche and Munoz-Garcia (2025). Hence, such factors call for interventions that address personal challenges that tackle self-esteem, demographics, developmental milestones and spiritual challenges, if suicidal ideations are to be reduced.

Social drivers of suicidal ideations

Under social drivers, respondents fronted peer pressure and peer influence as a factor, with several dimensions, as one asserted, 'these students are funny. They advise each other to commit suicide to hurt those they perceive to take away their peace'' (IDI 1) while another participant argued that socially suicide has been caused by relationship problems,

> *We have boyfriends and girlfriends in our schools or even in other schools. Once your man disappoints you, you kill yourself because it is hard to live without them after giving them your heart. Most students who kill themselves have done so because of disappointments in their love relationships (FGD 6).*

This was further elaborated upon by another participant who explained,

> *Hmmm, these students, instead of focusing on academics, they concentrate on relationships. After some time, when they break up, the heart-broken one ends their life because they didn't envision any future without their partner (IDI 4)*

Hence, the social drivers of suicidal ideations are complications in romantic relationships and peer pressure. These social factors have also been identified by past researchers such as Mananai (2014), Wang and Wu (2021), Runkle et al. (2023), Pirkis et al. (2024) and Gill et al. (2020) who tackle peer pressure, socio-environmental, social norms and social connectedness, which must then be put into consideration when designing interventions into suicidal ideations among young people especially those in school settings.

Technology-based factors for suicidal ideations

The internet, which has been widely used by adolescents through the ownership of electronic gadgets such as smart phones, provides digital search tools and content that have normalized suicide clips and discussions as pathways to viewing suicide as a coping mechanism, as one teacher asserted,

> *The internet does not limit what young people access on its platforms. I know of a child who hang himself at school in the neighborhood. When his parents were giving a eulogy at his funeral, they expressed that they checked his google search history on his mobile phone and discovered that he was reading about how to end a miserable life, how heaven looks like after death, and how to have a less painful death (IDI4).*

This, among other ways the internet had done more harm than good is indicative how mobile communication gadgets have done more harm than good for young people. As much as schools prohibit the use of such gadgets, parents have practiced laxity by providing freedom for children to use these gadgets, without restrictions and monitoring, and instead of these gadgets being put to proper use for example for learning and healthy entertainment, they have become sources of destructive information such as destruction to young lives. Such findings concur with those conducted by De Choudhury, Kiciman and Dredze (2016) and De Choudhury and Kiciman (2017). Social media content has normalized suicidal ideations as a coping mechanism, hence a need for its regulation if suicide cases are to be reduces and stopped

5.0 Conclusion

The study concludes that suicidal ideations among school-going adolescents are the outcome of a broad and interconnected set of influences rather than a single isolated cause. Evidence from the findings shows that parenting styles, including both excessively harsh and overly permissive approaches, weak parental attachment, and challenges associated with step-parenting, significantly shape adolescents' emotional stability and coping capacity. At the personal level, low self-esteem, poor health status, exposure to chronic stress, substance use, developmental challenges associated with adolescence, and spiritual struggles were identified as critical triggers that heighten vulnerability to suicidal thoughts. Within the school context, intense academic pressure, bullying, sexual harassment, limited teacher support, and punitive disciplinary practices emerged as major stressors that undermine learners' sense of safety and belonging. Socially, peer pressure, romantic relationship conflicts, and fear of social rejection intensified emotional distress, while technology-linked factors, particularly unregulated access to harmful online content and social media narratives that normalize suicide, further reinforced suicidal ideation as a perceived coping option. Collectively, these factors can be meaningfully organized into home-based, school-based, personal, social, and technology-linked domains, demonstrating that suicidal ideations among adolescents are shaped by the interaction of family environments, educational systems, peer networks, individual psychological states, and digital exposure. This holistic understanding underscores the need for multi-level prevention approaches that address structural, relational, and individual determinants simultaneously rather than relying on isolated interventions.

6.0 Recommendations

As different stakeholders navigate the complexities of adolescence, it is crucial that school and home environments that foster emotional resilience and open communication are created. Adolescence is a crucial human developmental stage in everyone's lifespan where young

people face immense pressure, identity crises, pressures and struggles, and emotional turbulence. As a result, parenting today requires adaptive approaches and strategies that acknowledge that each generation faces unique challenges, and that these challenges keep evolving. Schools, families and communities must work together to provide support systems that nurture adolescents through these turbulent and difficult stages.

To prevent suicidal ideations and eventual losses as a result of suicide among school going adolescents, there must be open and non-judgmental communication. Adolescents need safe spaces where they can express their emotions without fear of dismissal and judgement. Communication about their emotions must be listened to without interruption and their feelings must be validated. They must receive assurance that help to overcome these emotions is available in these spaces. Also, the warning signs must be recognized, although they are most times subtle. These include, but are not limited to changes in behavior, withdrawal from loved ones, loss of interest in previously loved activities, drastic mood swings, expression of hopelessness, for early intervention saves lives. Family-school support systems must also be strengthened. Parenting styles must be balanced between authoritarian and gentle styles. Teachers and parents play a vital role in building and maintaining a protective network around adolescents as a vulnerable age group at schools and home respectively. These collaborations must make adolescents feel valued and supported so as to reduce feelings of isolation.

Mental health education, in addition to counselling and therapy and awareness in schools must be integrated and normalized into school schedules. This may target the teaching of emotional regulation, self-esteem, conflict resolution, emotional intelligence, coping mechanisms and skills, self-care strategies, effective communication, life skills, to mention but a few. These strategies are crucial in empowering students to handle stress and frustration and to seek professional help when it is needed. There should also be intentional minimization of stigma around suicide drivers and help-seeking among adolescents harboring suicidal ideations for many adolescents dread judgement if they admit that they are struggling with mental health challenges. Stakeholders at different levels must normalize conversations about help-seeking. Counselors, school psychologists, parents, spiritual leaders, administrators, teachers and trusted adults must work together to fight this life threatening behavior and act. Parents that are unable to do the talking may entrust this duty to a trusted professional or family friend.

There is need to limit what school going adolescents consume in terms of harmful influences. Excessive and unregulated social media exposure, violent movies, cyber bullying and unrealistic societal expectations which are major contributors to mental and emotional distress must be checked. Educators and parents must encourage media literacy and healthy habits in the use of digital technology tools. On the other hand, there must be intervention in the field of crisis support and management/response. In all schools, there must be clear protocols aimed at addressing mental health crises that could easily trigger suicidal ideations. There should be easy access to school counselors, peer support cohorts and emergency intervention services. Suicide prevention should be a collective responsibility. Parenting should be intentional. Teachers should prioritize not only creating safe and supportive learning environments but also friendships and connections with learners. At community level, adolescent mental health must be prioritized so as to aim at a future where no parent will have to face and endure the pain of losing a child to suicide.

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