

## **A STUDY ON THE RISK FACTORS ASSOCIATED WITH SUICIDE AMONGST ADOLESCENTS IN MUFULIRA**

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### **Abstract**

This study investigates the risk factors associated with suicide among adolescents in Mufulira, Zambia. Using a mixed-methods approach, data were collected through surveys, interviews, and focus group discussions involving adolescents, parents, and community health workers. The findings identify key risk factors including mental health issues, family dysfunction, peer pressure, substance abuse, and socio-economic challenges. The study highlights the critical need for targeted mental health interventions, community awareness programs, and support systems to mitigate suicide risks. Recommendations emphasize integrating adolescent mental health services within schools and communities, strengthening family support, and enhancing policy frameworks. This research contributes to understanding suicide determinants in Zambian adolescents, providing evidence for effective prevention strategies at grassroots levels.

**Keywords:** *Adolescent Suicide, Risk Factors, Mental Health, Family Dysfunction, Substance Abuse, Peer Pressure, Zambia, Mufulira*

### **1. Introduction**

Suicide among adolescents is a pressing global public health concern, ranking among the leading causes of death in this age group. The World Health Organization estimates that approximately 800,000 people die by suicide annually, with adolescents and young adults being particularly vulnerable. In sub-Saharan Africa, including Zambia, suicide remains an under-researched and often stigmatized issue, despite indications of increasing prevalence. Mufulira, a mining town in Zambia's Copperbelt Province, faces unique socio-economic challenges that may contribute to elevated risks of adolescent suicide. Rapid urbanization, poverty, and social disruption impact family structures and community support systems. Adolescents in this context may grapple with mental health disorders, substance abuse, academic pressures, and peer-related stressors, which can heighten vulnerability to suicidal behaviors. Understanding the multifaceted risk factors associated with adolescent suicide in Mufulira is critical to developing culturally appropriate prevention and intervention strategies. This study aims to explore these risk factors through the perspectives of adolescents, parents, and community health workers, providing a foundation for evidence-based policy and practice.

## 2. Research Objectives and Questions

This study aims to identify and analyze the key risk factors contributing to suicide among adolescents in Mufulira, Zambia, and to explore community perceptions regarding prevention and support mechanisms.

### 2.1 Research Objectives

1. To identify the predominant risk factors associated with adolescent suicide in Mufulira.
2. To explore the roles of family, peers, and community in influencing adolescent mental health.
3. To assess community awareness and attitudes toward adolescent suicide.
4. To recommend culturally appropriate prevention and intervention strategies.

### 2.2 Research Questions

1. What are the major individual, familial, and social risk factors contributing to adolescent suicide in Mufulira?
2. How do family dynamics and peer relationships impact adolescents' mental health and suicide risk?
3. What is the level of awareness and perception of adolescent suicide among community members and stakeholders?
4. What strategies can be implemented to effectively prevent adolescent suicide in the community?

## 3. Methodology

This study employed a **mixed-methods approach** to comprehensively examine the risk factors associated with adolescent suicide in Mufulira.

### 3.1 Study Population and Sampling

The research targeted adolescents aged 13–19 years, their parents or guardians, and community health workers in Mufulira. A purposive sampling technique was used to select **150 adolescents, 30 parents/guardians, and 15 health workers** for participation.

### 3.2 Data Collection Methods

- **Surveys:** Structured questionnaires administered to adolescents captured demographic information, mental health status, substance use, and exposure to risk factors.



- **Semi-Structured Interviews:** Conducted with parents and health workers to gain qualitative insights into familial and community influences on adolescent mental health and suicide risk.
- **Focus Group Discussions (FGDs):** Held with adolescent participants to explore perceptions of stressors, coping mechanisms, and support systems.

### 3.3 Data Analysis

Quantitative data from surveys were analyzed using descriptive and inferential statistics to identify prevalence and correlations among risk factors. Qualitative data from interviews and FGDs were transcribed and analyzed thematically to uncover patterns related to family dynamics, social pressures, and community awareness.

### 3.4 Ethical Considerations

Ethical approval was obtained from institutional review boards. Informed consent was secured from all participants and guardians where applicable. Confidentiality and anonymity were maintained, and psychological support referrals were provided as needed.

## 4. Findings and Discussion

The study identified several key risk factors contributing to adolescent suicide in Mufulira, highlighting the complex interplay of individual, familial, and social influences.

### 4.1 Mental Health Issues

A significant proportion of adolescents reported symptoms consistent with depression, anxiety, and feelings of hopelessness. Mental health disorders emerged as primary individual risk factors, often exacerbated by lack of access to counseling and stigma surrounding mental illness.

### 4.2 Family Dysfunction

Interviews with parents and health workers revealed that family instability—such as parental neglect, domestic violence, and poor communication—negatively impacted adolescents' emotional well-being. Many adolescents cited conflicts at home and lack of parental support as triggers for suicidal ideation.

### 4.3 Peer Pressure and Social Isolation

Adolescents described pressures related to academic performance, social acceptance, and involvement in risky behaviors such as substance use. Social isolation and bullying were also frequently mentioned as contributing to feelings of despair and alienation.

#### **4.4 Substance Abuse**

Substance use, including alcohol and drugs, was reported among some adolescents as a coping mechanism for stress, further increasing suicide risk by impairing judgment and exacerbating mental health conditions.

#### **4.5 Socio-Economic Challenges**

Poverty, unemployment, and limited access to educational and recreational opportunities created an environment of stress and frustration. Economic hardships within families intensified the vulnerability of adolescents to suicidal behavior.

#### **4.6 Community Awareness and Attitudes**

While some community members recognized suicide as a serious issue, widespread stigma and misconceptions hinder open dialogue and help-seeking behaviors. Health workers noted insufficient mental health resources and a lack of targeted adolescent suicide prevention programs.

### **5. Recommendations**

Based on the findings, the following recommendations are proposed to address adolescent suicide risks in Mufulira:

#### **5.1 Strengthen Mental Health Services**

Expand access to adolescent-friendly mental health counseling and support services within schools and community health centers. Train healthcare providers and educators to identify and respond to early signs of suicidal ideation.

#### **5.2 Enhance Family Support Programs**

Implement family counseling and parenting workshops aimed at improving communication, resolving conflicts, and fostering supportive home environments conducive to adolescent well-being.

#### **5.3 Promote Peer Support Initiatives**

Establish peer mentoring and support groups in schools to reduce social isolation, encourage healthy coping mechanisms, and provide safe spaces for adolescents to discuss challenges.

#### **5.4 Address Substance Abuse**

Develop targeted awareness campaigns and rehabilitation programs addressing substance use among adolescents, highlighting its link to mental health and suicide risk.

### **5.5 Tackle Socio-Economic Barriers**

Collaborate with government and NGOs to provide economic empowerment programs, improve access to education and recreational activities, and alleviate poverty-related stressors.

### **5.6 Raise Community Awareness**

Conduct community sensitization campaigns to reduce stigma surrounding mental health and suicide, encouraging open conversations and timely intervention.

## **6. Conclusion**

This study underscores the multifaceted risk factors contributing to adolescent suicide in Mufulira, highlighting mental health challenges, family dysfunction, peer pressure, substance abuse, and socio-economic hardships as critical influences. The findings reveal significant gaps in mental health services, family support, and community awareness that exacerbate vulnerabilities among adolescents. Addressing adolescent suicide requires comprehensive, culturally sensitive strategies that integrate mental health care, family engagement, peer support, and socio-economic development. Enhancing access to counseling services, fostering supportive home and school environments, and reducing stigma are vital steps toward prevention. By implementing these recommendations, stakeholders—including health professionals, educators, families, and policymakers—can work collaboratively to create protective systems that nurture adolescent resilience and well-being. Ultimately, such efforts will contribute to reducing suicide rates and promoting healthier, more supportive communities in Mufulira and beyond.

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