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A comparative analysis on suicide prevalence in Kasungu and Dedza.

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ABSTRACT: Suicide is a globe problem which is claiming millions of lives every year. Suicide never respects the race of an individual, education background, economic status, occupation, age, gender and marital status. This study was aimed at identifying the causes of suicide and coming up with preventive measures by focusing on roles which various stakeholders and government can play. A comparative analysis on prevalence of suicide was conducted in Kasungu and Dedza districts in Malawi.

The study used both quantitative and qualitative approaches. Questionnaires were administered to respondents through one-on-one interviews. The one-on-one interview method was selected with an aim of overcoming late returning of questionnaires and also to deal away with an illiteracy problem which is high among most of the respondents in the villages (Some would not have managed to respond by writing). Data was also collected by using focus group discussions and case study.

The findings of this study shows that suicide is high among men as compared to any category of people in Malawi. Relationship failure and unpaid loans are found to be the major causes of suicide among Malawians. It is therefore recommended that stakeholders and government should raise awareness among Malawians on the negative impacts of suicide, strengthen community economic empowerments programmes and establishing mental health units in all the health centres where people in communities can get psycho-social counselling.

Keywords: - Suicide, prevalence, economic empowerment, Psycho-social counselling

I. INTRODUCTION

Life is one of the most precious gifts to man. Article 3 of the United Nations convention on human rights stipulates that everyone has the right to life, liberty and security (1) Despite having this right, countries and nations are being hit by high rates of suicide. Studies are showing that suicide is one of the major causes of death around the world (2)It is a fourth major cause of death among the youths aged from 15 to 29 years (4). According to (4), 77% of suicide occur in low- and middle-income countries.

According to (4), suicide is when people direct violence at themselves with the intent to end their lives, and they die as a result of their actions. Emile Durkheim defined suicide as any death which is immediate result of positive or negative act accomplished by the victim him/herself which he/she knows will produce this result (5). So, according to my own understanding, suicide can be defined as death caused by oneself.

Suicide exists in different forms. According to Sociologist (6), there are four main types of suicide namely: egoistic, altruistic, anomic and fatal suicide.

Egoistic suicide

This is seen as stemming from the absence of social integration. It is committed by individuals who are social outcast and see themselves as being alone or an outsider. These individuals are unable to find their own place in society and have problems adjusting to groups. They received little and no social care. Suicide is seen as a solution for them to free themselves from loneliness or excessive individuation (8)

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Altruistic suicide

This mainly occurs when social group involvement is too high. Individuals are so well integrated into the group that they are willing to sacrifice their own life in order to fulfil some obligation for the group. Individuals kill themselves for the collective benefit of the group or for the cause that the group believes in (8) . An example is someone who commits suicide for the sake of a religious or political cause, such as the infamous Japanese Kamikaze pilots of World War II, or the hijackers that crashed the airplanes into the World Trade Centre, the Pentagon, and a field in Pennsylvania in 2001.

Anomic suicide

This type of suicide is caused by the lack of social regulation and it occurs during high levels of stress and frustration (9). Anomic suicide stems from sudden and unexpected changes in situations. For example, when individuals suffer extreme financial loss, the disappointment and stress that individuals face may drive them towards committing suicide as a means of escape. Studies conducted by the Centres for Disease Control and Prevention (CDC) have found that historically, suicides for people aged 25 to 64 rose during economic downturns (9). There was a significant increase in suicide rates in USA from 1928 to 1932 when unemployment rates were nearly 24%. On the other hand, suicide rates were at a low in 2000 when unemployment was about 4%.

Fatalistic suicide

It occurs when individuals are kept under tight regulation. These individuals are placed under extreme rules or high expectations are set upon them, which removes a person's sense of self or individuality. Slavery and persecution are examples of fatalistic suicide where individuals may feel that they are destined by fate to be in such conditions and choose suicide as the only means of escaping such conditions. In South Korea, celebrities are being put under strict regulations. There was a case where, a singer committed suicide due to exhaustion to keep up with society's rules and regulations. In 2017, celebrity Kim Jonghyun ended his life due to severe depression and the pressure of being in the spotlight as he felt that he could not fulfil the society's expectations of his performance (10).

1.1 BACKGROUND OF THE STUDY

Suicide Global Scenario

Suicide is one of the global problems which is claiming almost 800,000 lives every year (11). In 2019, 1.3% of global deaths were from suicide (12). According to (13), every 40 seconds people commit suicide. Research shows that older people are the ones who mostly commit suicide unlike the youths, however, suicide is the second leading cause of death among the youths (14). Studies show that suicide is high among males. According to (15)the rate of suicide among males is two times higher as compared to females. The 2019 suicide by gender report indicated that 12.6 per 100,000 males die by suicide as compared to 5.4 deaths of females per 100,000.

The prevalence of suicide varies from region to region and country to country. According to (16), Greenland is a country which recorded highest rate of suicide in the world. Nearly 51 deaths per 100,000 are registered which surpasses the global rate. According to reports, the rise of suicide in Greenland started around 1970s. According to suicide data published by Statistics Greenland, suicide accounts for 8% of total deaths in Greenland and is the leading cause of death among young men aged 15–29 (17).

An article published in the journal, BMC Psychiatry, in 2009 reported that a total of 1,351 suicides took place in Greenland during a study period of 35 years, from 1968 to 2002. The study noted a significant variation of the suicide rate in relation to the season, characterized by peaks in June and troughs in the winter (18). A 2020 report by Ty Haqqi shows that the following are 5 countries with highest rate of suicide in the world:

S. No	Country	Deaths per 100,000
1	Greenland	51
2	Lesotho	31.7
3	Lithuania	28
4	Zimbabwe	25
5	Ukraine	6

Table 1: Global countries with high suicide rates

Suicide in Africa

Write -ups shows that African region do not report accordingly on issues to do with suicide as a result it is labelled as a region with low suicide

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cases despite some of her countries reporting high cases (20). This is so because suicide mortality statistics are likely to underestimate the true magnitude of the problem as a result of religious and cultural sanctions (20). Another factor for Africa to report less on suicide is inadequate access to medical facilities, particularly in rural areas, which means that many suicide cases and attempts are unlikely to be presented to hospitals. Though this is the case, reports shows that countries like Ghana a country in west Africa registers high numbers of suicide. According to (21) 1500 suicide cases are registered in Ghana per year. This however, according to the report, is lower since other cases are unreported.

Other countries in Africa which report high cases of suicide include Lesotho which in 2019 reports was on number one in Africa with 28.9 rate of suicide cases recorded (22). In another report by (23), Lesotho recorded 31.7 suicide deaths per 100,000 which still keeps it on high in Africa.

The table below shows African countries with highest and lowest suicide rates according to World Health Organization.

HIGHEST		LOWEST	
COUNTRY	RATE	COUNTRY	RATE
Lesotho	28.9	Morocco	3.1
Cote d'Ivoire	23	Sao Tome and Principe	3.1
Eq. Guinea	22	Tunisia	3.2
Cameroon	19.5	Algeria	3.3
Uganda	20	Egypt	4.4
Zimbabwe	19.1	Libya	5.5
Nigeria	17.3	Kenya	5.6
Eswatini	16.7	South Sudan	6.1
Togo	16.6	Madagascar	6.9
Sierra Leone	16.1	Mauritius	7.3
Benin	15.7	G. Bissau	7.4
Chad	15.5	Mauritania	7.5
*Age-standardised, WHO 2016			

Table 2: African countries with high suicide rate according WHO 2016

The Global scenario and African report can prove that suicide is rising by comparing Zimbabwe 2020 and 2016 data accordingly.

Malawi Suicide

Malawi is one of the countries in Sub – Saharan Africa. World Bank ranks Malawi as one of the poorest countries in the world. It is a country which falls under low-income category. The worldwide data said that suicide is high among the middle and low-income countries in which Malawi is one of such.

According to (24), Malawi lacks substantial prevalence data on suicide. Though this is the case, continually high suicide rates have been reported over the past five years. In 2017, a study by Mwale and Mafuta revealed that the prevalence of suicide in Malawi was at 0.009% which translates that 9 out of 100,000 people commit suicide in Malawi as compared to the global rate of 11.1 out 100,000 (24). In one of the police reports, it showed that in a period of nine months between 2018 and 2019, Lilongwe police recorded 128 suicide deaths and 5 attempted suicide cases (25). In 2020 suicide cases rose by 57% and in 2021 the cases rose by 72% (26)). In another report written by Chikondi Mphande on ZODIAK online news of September 2022, the suicide cases were as follows: in 2021 almost 168 Malawians committed suicide between January and August whilst in 2022 within the same period, 208 Malawians committed suicide. This indicates that almost 26 Malawians die by suicide each month. Though 26 is an estimate, the rate according to Times Group report of 5 November 2022 is much higher. The report showed that 58 people committed suicide in October 2022 alone and 44 the same month in 2021 (27). This refutes the approximation of 26 Malawians dying of suicide per month. The statistics of the country do not give a true average reflection per month. For instance, the 2022 suicide data for Central East Police Region only showed that 166 people committed suicide (28) yet data for the whole country showed that 208 people committed suicide. The country has almost 5 Police Regions. If the data from all the regions can be properly added, the rate can rise. There is under reporting and unproper recording of suicide data in Malawi.

1.2 PROBLEM STATEMENT

Less attention is put on prevention of suicide globally despite incorporating an intervention in the United Nations Sustainable Development Goals (Target 3.4). The target stipulates that by 2030, nations and countries should reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and wellbeing. The main problem is that suicide is on increase in Malawi (more lives are being claimed through suicide) but less is being done to address the challenge.

1.3 RESEARCH OBJECTIVES

To analyse the prevalence of suicide in Malawi by comparing the rates of Kasungu and

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Dedza districts and identify possible mitigation/preventive measures.

Specific objectives

- To identify the root causes of suicide among Malawians by using a case study of Kasungu and Dedza.
- To explore the emotional impact, physical impact, economic impact and spiritual impact of suicide on people.
- To compare and analyse suicide levels in the two districts under study.
- To identify ways of reducing and preventing suicide in Malawi

Research questions

- Why is the rate or level of suicide increasing in Malawi? What could be the major causes of the rising suicide cases among Malawians?
- What impact do suicide have on emotions, physical, economic and spiritual lives of dependents?
- What is the prevalence in terms of suicide level in Kasungu and Dedza? Why is there such a difference?
- How can Malawians prevent the occurrence of suicide?

1.4 SIGNIFICANCE OF THE STUDY

This research titled 'a comparative analysis on suicide prevalence in Kasungu and Dedza districts in Malawi,' was aimed at identifying possible interventions which can help both government and non-governmental organizations in reducing suicide deaths among Malawians. The study therefore set its objectives in the sense that the root causes of suicide are identified and possible interventions which can reduce the high rates of suicide were proposed. The results or findings will also help people in the communities on the role they need to play in preventing suicide from occurring. Again, the findings of this study have helped in identifying the gaps that are there in the fight against suicide in Malawi. The student of this study believes that successful implementation of the proposed interventions by both government and other stakeholders can contribute towards the achievement of the Universal Declaration of Human Rights more especially right to life. It will also contribute to achievement of sustainable development goals.

DEFINITION OF TERMS

TERM	DEFINITION
Suicide	• Suicide is when people direct violence at themselves with the intent to end their lives, and they die as a result of their actions. • It is any death which is immediate result of positive or negative act accomplished by the victim him/herself which he/she knows will produce this result. • It is ending of one's life with an aim of escaping pain (29)
Suicide prevalence	It is a total number of individuals in a population who died as a result of suicide in a specific period. Suicide is calculated out of 100,000 people per year (30).
Psycho-social support	It refers to the process of restoring social cohesion by facilitating and strengthening resilience within individuals, family and community at large (31).
Suicide survivor	A friend or family member of someone who died by suicide (32)

Table 3: Definition of terms

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II. LITERATURE REVIEW

Suicide is among the major causes of death globally. Reports indicate that it is a number three cause of death among those from 15 - 44 years and number two cause of death among 15 – 29 years age category (33). There are numerous reasons which cause people to commit suicide. Some of the causes include the following: disorders and mental health conditions such as depression and stress, financial hardships, intimate relationships, conflicts, hopelessness, loneliness, illnesses and academic pressure to mention a few.

Suicide is like un expected disaster which occur to a household or family. It brings a lot of negative impacts on the dependents, friends and relatives. According to (33), suicide affect the emotional part of dependents, physical, Economic and spiritual well-being.

Emotional impact of suicide on dependents

The pain left in parents, loved ones, friends and other people can be great when the cause of that particular death is suicide. According to (33), it is estimated that every suicide has direct and profound impact on the dependents. Relatives, loved ones and friends experience high emotional, psychological and social distress for a long period of time. Suicide loss-survivors also experience nightmares, extreme sadness and anxiety. They are most often haunted by the memories and thoughts of why their loved one has committed suicide

Physical impact of suicide on dependents/family.

Research conducted in the previous year's says that dependents of members who die by committing suicide suffer from different physical challenges. According to (34) the affected family, relatives and loved ones suffer from a range of diseases which include the following: cardiovascular, chronic obstructive pulmonary disease, hypertension, diabetes, pancreatic cancer and depression.

People bereaved by suicide also face the following physical challenges: severe abdominal pain, loss of appetite, low energy levels, and sleep disruptions. They too are likely to commit suicide (35)

Economic impact of suicide

Suicide is costly to both the family and government in any country. In a study conducted in the United Kingdom, it was noted that there is abrupt change of earnings or income as a result of death of the loved one more especially if he/she was a bread winner (36) There is a reduced income in the family due to a number of factors such as failure to copy up with the shock of death as a result some members become unproductive for some time.

Spiritual impact of suicide.

According (37)When a loved one dies by suicide, emotions overwhelm the bereaved. The grief become heart wrenching. The spiritual life also becomes affected. In a study conducted on women who lost their loved ones through suicide, it was discovered that through spiritual platforms such as spiritual counselling dependents find courage to cope with grief (37).

Levels/rates of suicide across the world

The levels of suicide differ from one area to another and from one age group to another. Research has shown that suicide is a number two or three cause of death among the adolescents (2) Studies have revealed that more men commit suicide as compared to women.

Figure 1: Suicide level between men and women according to World Health Organization

According to (14), suicide rates are also high among the elderly people despite suicide being the second leading cause of death among the adolescents. Reports shows that 11 people per 100,000 commit suicide each day (12).

Literature review on suicide prevention and reduction

National Institute of Mental Health proposed that suicide can be reduced by implementing the following interventions (38):

- Mental health counselling
- Therapies and treatment
- Employment
- Economic empowerment

2.2 THEORETICAL REVIEW

Various theories point out that for someone to commit suicide, there must be compounded factors contributing to it. This study has linked up with some of the theories which were developed by different psychologists, sociologists and scientists.

Psychodynamic theory: The theory was developed by Sigmund Freud. Freud believed that human

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thoughts, feelings, and behaviors are governed by the unconscious mind. Causes of these behaviors and mental processes are due to the deep-rooted problems which reside and operate beyond consciousness (39). This theory is linked with the causes of suicide among people.
The findings of this study shows that hopeless situations such as where to get money to pay back loans, failing to support families due to retrenchments are some of causes of suicide.

Social cultural theory: Founded by Emile Durkheim in 1897 (5). In his sociocultural view on suicide, he argued that suicide probably depends on how a person is attached to social groups such as family, religious institutions and community. He said that the risk of suicide will be lower if a person intricately belongs to a certain group.
The findings of this study have noted that it is men who mostly commit suicide in Malawi because of lack of attachment. Men fail to share problems as a result some of them commit suicide.

2.3 CONCEPTUAL FRAMEWORK (REVIEW)

Suicide ideation or thinking of committing suicide is a result of different risk factors. Thomas Joiner developed a theory called "why people die of suicide." It is an interpersonal theory of suicide.
The theory provides an explanation of why certain people engage in suicidal behaviour. The model says that there are three necessary elements that combine to create the potential for suicide as it is shown below:

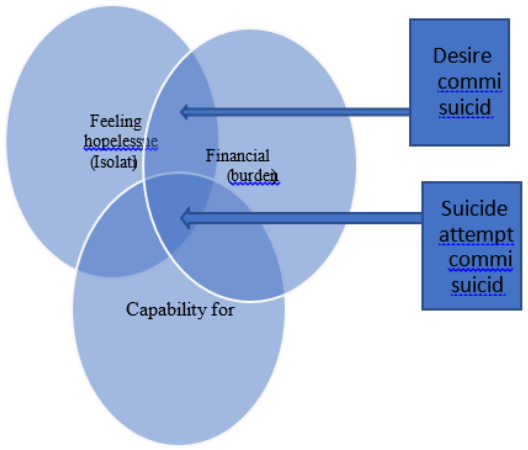

Figure 2: Conceptual framework (Interpersonal theory of suicide)

The Thomas Joiner Interpersonal Psychological theory of suicidal behaviour says that an individual will not die by suicide unless there is a desire to die by it (suicide) and ability to do so (40).

III. INTRODUCTION

The chapter outlines the following areas: research design, population of the study, sampling procedure, sample size, sampling area, sources of data collection, methods of data collection, tools for data collection, tools for data analysis and limitations of the study

3.1 Research Design

According to (41) research design is a blueprint for scientific study. This study used descriptive, exploratory and mixed research designs. In the paragraphs below is a discussion of the research designs selected.

3.2 Population of the study

The target of this study were dependents (households) of the suicide deceased, social welfare officers, police officers, health workers, community victim support groups, youth representatives religious, community leaders and Community members.

3.3 Sampling procedure

The study used both probability and non-probability sampling techniques.

3.4 Sample size

Based on the nature of research, the student planned the sample size as follows:

Quantitative target		**Qualitative**
Group	Number	
Police officers	6	40 but 4 focus group discussions
Health workers	6	
Social welfare	4	
Dependents households	4	

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Religious leaders	8	
Community leaders	6	
Youth rep	4	
Community members	62	

Table 4: Planned sample size

The actual size however changed due to reasons beyond the control of the student. Data was collected from 97 respondents for quantitative and 3 Community Victim Support Units for qualitative.

3.5 Data collection areas (Sampling area)

The study was conducted in Dedza and Kasungu districts in Malawi. In Dedza, the study took place in the areas of T/A Kasumbu and Tambala while in Kasungu took place in the areas of T/A Kaomba and Kaluluma. These areas were chosen because of the rising suicide cases which are being reported.

3.6 Sources of data and methods of data collection

Both Primary and secondary data sources were used.

3.6.1 Primary data sources

This study used data collected by using focus group discussions, one on one interviews and a case study. Two categories of questionnaires were objectively developed for data collection. One for quantitative data collection and the other one for qualitative.

3.6.2 Secondary data sources

This type of data sources was used for comparison purpose. Publications from different media were used.

3.7 Data collection and analysis

The questionnaires which were developed were fed into kobocollect app. This was done to ease the work on enumerators and for easy analysis.

The data which was collected was analysed by using excel spreadsheet and SPSS.

3.8 Limitation (s) of the study

The main limitation which was faced by the researcher was the cost for all the necessary processes. This includes covering transport cost for enumerators, supervision and meals.

IV. DATA ANALYSIS AND INTERPRETATION

4.0 Introduction of data analysis

This chapter gives a presentation of research findings in relation to objectives of the study. This chapter draws conclusions from the data which was collected in Kasungu and Dedza. It links the research findings to broader suicide cases/issues as highlighted in chapters one and two. Chapter four therefore focuses on proposed interventions which help in combating or reducing suicide among Malawians. The study firstly identified the suicide causes among Malawians and thereafter proposed interventions.

The findings were at first recorded separately for Kasungu and Dedza and later merged to deduce the status of Malawi.

4.1 Number of quantitative data respondents

The overall respondents for both Kasungu and Dedza was 97

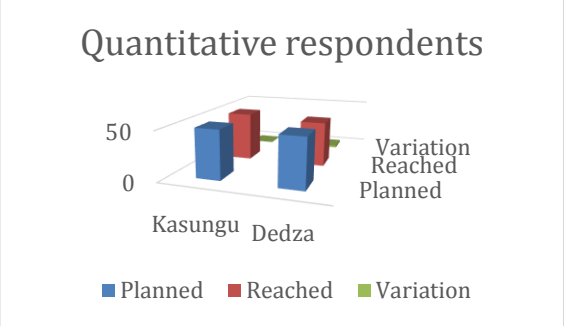

Figure 2: Number of un disaggregated respondents

Sex of respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Female	42	43.3	43.3	43.3
	Male	55	56.7	56.7	100.0
	Total	97	100.0	100.0	

56.7% of the respondents were males while 43.3% were females.

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4.2 Number of respondents for qualitative

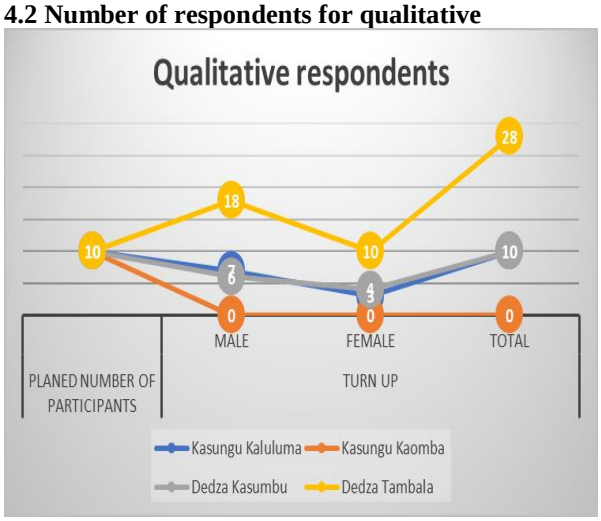

Figure 3: Qualitative data respondents

As shown above, 48 members participated in Focus group discussions.

4.3 FINDINGS BASED ON OBJECTIVES

4.3.1 To identify the causes of suicide in Malawi

The findings for the two districts are more familiar. The notable differences is on the main cause per district.

A CAMPARISON ON CAUSES OF SUICIDE IN DEDZA AND KASUNGU		
DEDZA	**KASUNGU**	**REMARKS**
Redundance/termination of work	Not mentioned	Participants to focus group discussions said that unexpected ending of contracts is one of the causes of suicide in Dedza.
Marital issues	Not mentioned	They said that cheating/unfaithfulness in families and denial of conjugal rights is a contributing factor to suicide
Unpaid loans	Unpaid loans	Common in the two districts.
Huge responsibilities on men	Not mentioned	They said when the responsibility is too much on men, some decide to die by suicide.
Low income	Low income	Failure to meet all HH needs
Depression	Depression	Common
Stress	Stress	Common
Loss of loved ones	Loss of loved ones	common
Depression and Stress	Depression and stress	Common
Unsupportive behaviours	Unsupportive behaviours	Failing to provide or support needs for a loved one such as fees to a brother, financial support to relatives and other basic needs.
Not mentioned	Unspecified (Alcohol and substance abuse)	So many issues were coming out which include drug and alcohol abuse

Table 5: Causes of suicide per district

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The respondents in Dedza said that relationship failure is the number one cause of suicide in their area. The figure below shows the causes of suicide in Dedza:

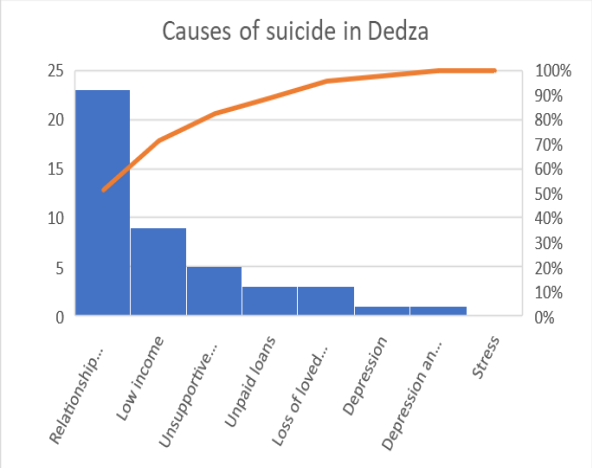

Figure 4: Causes of suicide in Dedza

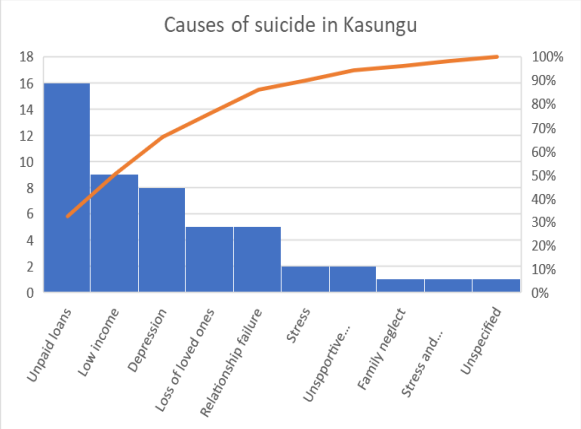

Figure 5: Causes of suicide in Kasungu

The consolidated data on the causes of suicide for both Kasungu and Dedza reveals that unpaid loans and relationship failure are the major causes of suicide among Malawians.

4.3.2 To explore the emotional, physical, economical and spiritual impact of suicide on dependents.

a. Emotional impact

The findings show that in both Dedza and Kasungu, dependents or family members of those who die by committing suicide goes through very high level of sadness (61% of respondents in Dedza and 50% of respondents in Kasungu rated high level).

During the focus group discussions, participants said that the extreme level of sadness come in as a result of unbelief but also guilty over the death of the loved one.

b. Physical impact

On physical impact, the study has revealed that in both Dedza and Kasungu dependents of those who die by committing suicide suffer from cardiovascular, hypertension and severe abdominal pains as shown above. Combining results on strongly agree and agree, the two districts' scores 76% in Dedza and 90% in Kasungu.

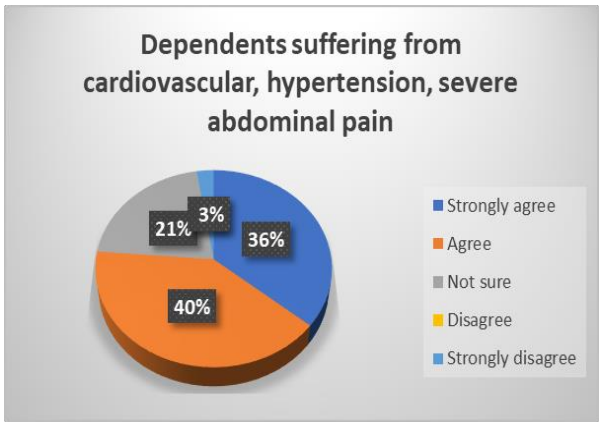

Figure 6: Dedza responses on physical impact

c. **Economic impact**

The third impact was assessing on abrupt economic loss. 61% of the respondents in Dedza were in strong agreement with the statement and 35% in the same district were in mutual agreement too. This translates that 96% of the total respondents in Dedza agreed that dependents of those who die by committing suicide experience abrupt economic loss. On the other hand, 100% of the respondents in Kasungu agreed that dependents or families of those who die by suicide experience abrupt economic loss (28% was in strong agreement).

On the same, during focus group discussions; participants in both districts said that there is abrupt economic loss due to unexpected and unforeseen circumstance which came to the family in a shocking way. They further said that if the deceased was a bread winner, it affects the economic negative impact become high.

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d. Spiritual Impact

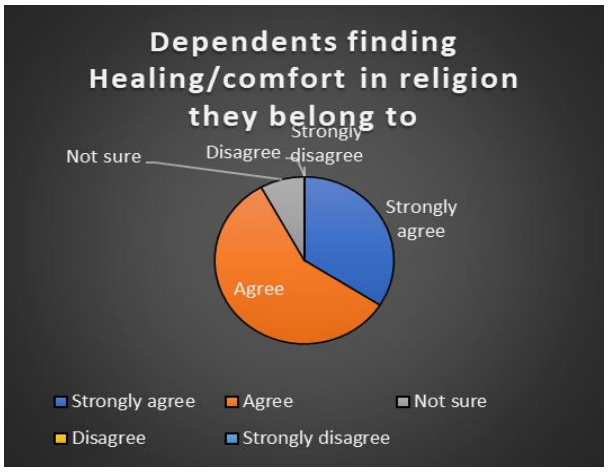

Figure 7: Spiritual Impact - Kasungu findings

Both Dedza and Kasungu respondents agreed that most of the dependents of those who die by commit suicide find healing from their hurting in religion they belong to. Nearly 75% and 69% of the respondents in Dedza and Kasungu agreed on the statement.

The focus group discussions in both districts compounded to the statement by saying that some of the dependents open up the issues to spiritual leaders for counselling and prayers

4.3.3 T compare and analyse the level/prevalence of suicide in Dedza and Kasungu

The study revealed that in both districts, the rate of suicide is high. Participants to the focus group discussions said that more than 1 suicide deaths can occur in one T/A since the areas are vast. But the CVSUs said that approximately out of 100 deaths, 1 death can be suicide one. Below is an example for Dedza:

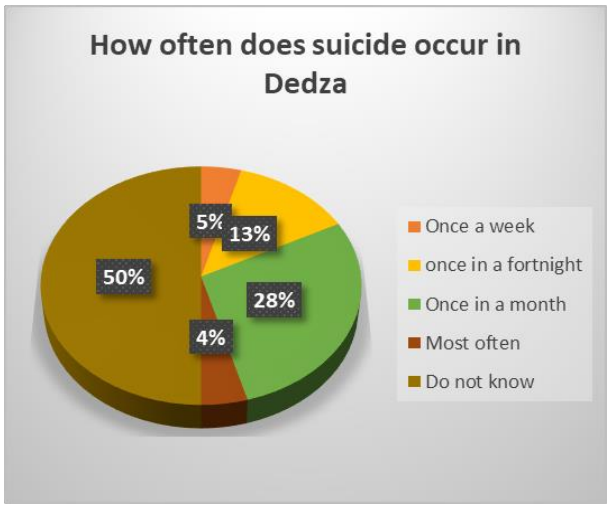

Figure 8: Frequency of suicide occurrence according to Dedza Respondents

4.3.4 To identify ways of reducing and preventing suicide

According to the findings in Dedza and Kasungu, nearly all the suggested ways are similar. The two districts suggested the following interventions:

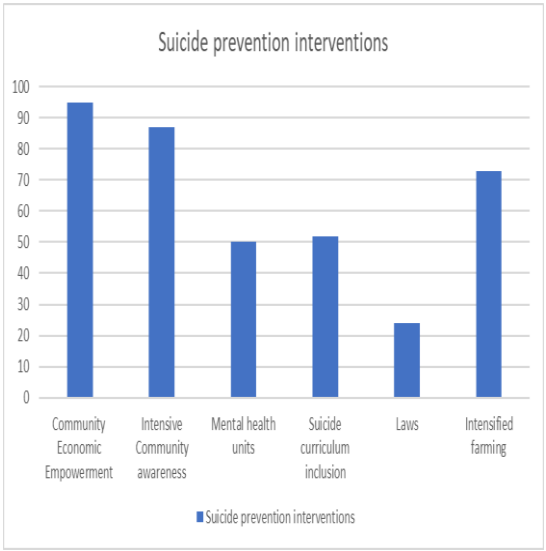

Figure 9: Proposed intervention for suicide

As shown in the above figure, respondents and participants to the study were of the view that by strengthening community economic empowerment, conducting intensive community awareness, intensified farming and the above other interventions, Malawi can manage to reduce suicide cases.

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V. SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0 INTRODUCTION

This chapter presents the summary, conclusion and recommendations of the study which was conducted in Dedza and Kasungu. The recommendations are based on primary data research findings. The study was comparing the prevalence level of suicide in Dedza and Kasungu so that by understanding it, interventions can be made to reduce/prevent it from further occurring. The findings of this study therefore proposed some measures.

5.1 KEY FINDINGS

The findings of this study are not far much different from the findings of previous researchers. In the paragraphs below are the findings:

- The level of suicide in Malawi is high that is according to study which took place in Dedza and Kasungu.
- Approximately 12% of the deaths which are occurring in Malawi are suicide related deaths.
- The causes of suicide in Malawi include unpaid loans, relationship failure, low income, loss of loved ones, family neglect, stress, depression, alcohol and substance abuse which has been described as unspecified.
- Malawian culture put almost all the responsibilities on men. Men are regarded as heads of households and they are burdened with multiple duties such as financial support to the needs of their families, parents and other relatives. When some men are stretched beyond their capacity, they commit suicide.
- Suicide has been noted to be high among men and boys in Malawi. 100% of the respondents mentioned that it is men and boys who mostly commit suicide in their area.
- The study found out that men between the ages of 20 and 40 years are the ones who mostly commit suicide in Malawi.
- Boys were mentioned to be among the group of people who mostly commit suicide. This was so because of the current tendency whereby children are left unattended; they watch action movies such as suicide related movies. They try to put into action what they watched. For example, if parents are annoyed with behavior of their child, they may want to correct that behaviour but the child instead of being corrected opt to commit suicide.
- Dependents/families of people who die by committing suicide suffer from emotional, physical and economic negative impacts. However, spiritually; some of the families get healing from the hurting through the religion they belong to while some dependents drag away from the same religion.
- The study also found out that Malawi as country is using an outdated mental health act of 1948 which does not suit the current situation. This contributes to less response from the government side on addressing suicide issues. Less is being done on prevention of suicide.
- Raising community awareness and strengthening community economic empowerment are suggested to be major ways of preventing further suicide deaths in Malawi among the many other suggested ways.

5.2 OVERALL CONCLUSION

Suicide is a major setback to the development of any nation/country. The study has discovered that suicide level is high in Malawi and it is occurring most often. Coordinated efforts are required for the successful reduction of suicide deaths in Malawi. This study therefore makes the following recommendations:

5.3 RECOMMENDATIONS

Fighting against suicide in Malawi requires coordinated efforts. The following are the recommendations which require action by both government and other stakeholders:

i. **Mainstreaming suicide issues in all the government and non-governmental organization programmes**
Suicide messages should be disseminated in all the activities which government and various other stakeholders are implementing. This can help in prevention of further occurrence of suicide.

ii. **Conducting intensive community awareness on suicide prevention**
This can be done by establishing a special week for suicide prevention. Then the awareness can proceed by mainstreaming as mentioned in bullet 5.3.2 above.

iii. **Tracking and recording of suicide cases**

This study is also recommending that government together with all the relevant stakeholders should put into writing the suicide cases occurring per district, the sex of those who committed suicide, their ages and causes. This study proposes that this should be done monthly and bring out a national report which specifies district statistics and national averages.

iv. **Recruitment, training and deployment of psycho-social counsellors**.
Some suicide deaths can be prevented by dealing with mental health challenges which are among people. It is therefore the proposal of this study that government, non-governmental organizations and faith-based organizations should recruit psycho-social support counsellors to assist people who undergo mental problems in various communities. The recruited pyscho-social counsellors should then be trained and deployed into various health centres, social welfare offices and CVSUs all over Malawi.

v. Coordination of suicide prevention
There is a need to develop a coordination system for effective implementation of suicide prevention in Malawi.

vi. Reviewing of mental health act and implementation
Malawi is currently using outdated mental health act of 1948. The act was enforced when the living standards of people in Malawi were different from the current one. The cost of living is now high as compared to 1948. The law also focuses on admission. The law therefore requires reviewing and effective implementation.

vii. Long term strategies on suicide prevention
There must be long term and sustainable programmes, projects and activities which can be implemented across Malawi. The programmes which can empower communities economically and transform their mindset. Such programmes can be transformative agriculture, community economic empowerment programmes and youth empowerment programmes.

5.4 AREAS WHICH REQUIRE FURTHER RESEARCH

Wholistic approaches are needed for effective reduction of suicide cases in Malawi. This study therefore suggest that further research should be done on:

- **Assessment on the impact of community economic empowerment in reducing suicide in Malawi.**
  This study has shown that strengthening community economic empowerment programmes can help in reducing suicide cases. It is therefore important to conduct a study to find out if this can really help.
- **Investigating the impact of mainstreaming suicide preventive messages in public programmes**
  This research topic is being suggested in order to check if mainstreaming can work out in prevention of suicide.
- **Assessing the impact of empowering women as an instrument of reducing suicide.**
  This study noted that men are burdened with so many responsibilities and as a result some men commit suicide. This study therefore suggest that research should be done to assess if empowerment of women can assist in the fight against suicide in Malawi.

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