



Risk Factors of Suicide Among Youths

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Editorial

Suicide has been reported as the third leading cause of death among young people of 10 to 34 years of age [1]. It has been continued to affect families, communities, societies, governments, and policymakers requires psychological and social interventions [2,3]. Suicide was found the second among persons aged 15 to 34 years and fourth among persons aged 35 to 44 years [4].

Suicide occurs as a result of multiple risk factors such as biological, psychological, and societal backgrounds. This study found that chronic illness or long-suffering with disease/HIV/Aids and other related diseases 64 (60.4%) was found the most common risk factor. This is similar to the studies conducted by Tsuang et al. and Isometsa et al. [5,6], that chronic illness or illness severity might have increased the possibility of suicide attempt and completed suicide [7]. People with HIV and AIDS are at high risk for suicide, associated with comorbid factors such as substance abuse and other psychiatric diagnoses, stigma, social isolation, and lack of support [8], as well as the direct effects of HIV on the brain [9]. According to the data obtained from the 2016 EDHS report, the prevalence of HIV in Gambella was high [10]. Youth's vulnerability to risky sexual behavior might have led to HIV infection after exposure to substances. This can in turn increase the likelihood of attempting and committing suicide which is also evidenced from the interviews.

More than half (53.8%) had poor relationships among family members/relationship problems. Studies show that having positive parental relationships are one of the most consistent protective factors. In addition, adolescents who attempted suicide describe their families as stressful, unsupportive, highly conflicted, dysfunction and emotionally distant [1,11-15]. In this study, it is verified that unplanned married/early married/divorce 47 (44.3%) and unwanted pregnancy/unplanned pregnancy 47 (44.3%), were identified among the primary risk factors which showed consistency with studies conducted elsewhere [4,13,14]. The other common risk factors were alcohol abuse and/or drugs abuse 43 (40.5%) followed by the lower frequencies of physical/mental illness 35 (33.1%) and preventing youngest from his/her lover or prevented one's choice 32 (30.2%). These risk factors have been reported elsewhere that shows agreement with our study [4,6,16-18].

We can conclude that environmental risk factors were the most common reasons for suicide completion among youths. Thus, a collaborative effort should be exerted by the government, NGOs, and social organizations. Mental healthcare providers, counselors, and psychosocial workers should give emphasis on the identified common risk factors.

We thank the research teams featured in this special topic for their work and encourage them to continue generating knowledge to critically enhance our understanding of suicide and its causes. We hope that readers of the Journal will find this special topic timely and interesting, and that the results included here help guide decision-making at several levels.

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