



Suicide **Reporting**

An analysis of reporting on suicide through social media by Kenya's broadcasting stations.

By Baraza Media Lab.

Reporting on suicide through social media by Kenya's broadcasting stations.

Suicide is a serious public health problem that needs to be addressed, yet preventing and controlling it is a challenging task. Current studies indicate that suicide prevention is attainable through a wide variety of activities, ranging from proper and appropriate reporting, use of the appropriate words, language and tone, providing the best possible conditions for self expression and competent mental health treatment, to environmental risk factor control. Suicide prevention efforts can only be successful if accurate information and awareness are given.

The suicide mortality rate (per 100,000 population) in Kenya was reported at 6.1% in 2019, according to the World Bank collection of development indicators¹. WHO estimates that 1408 people die by suicide in Kenya every year, translating to 4 deaths daily.

When it comes to reporting on suicide, journalists in Kenya face a difficult challenge. There is a contradiction between telling a visibly consequential story about a specific suicide case and avoiding components that may contribute to suicide contagion or increase in suicide among vulnerable people.

As more people use social media to get their news, it is now more crucial than ever for journalists, writers and online content creators to think about how they portray suicide. Due to social media users' enhanced ability to distribute information quickly to a larger audience, getting a story properly the first time is critical.

Most major news outlets have a strong social media presence, and many adults and an increasing percentage of youth, now acquire their news from these sources (e.g., Facebook, Twitter, Telegram, Instagram etc). Unfortunately, there is lack of research on how these changes affect viewers when news is communicated through social media compared to traditional media. A news item can now reach thousands or even millions of people in a short period because of the proliferation of "shares", "reposts" and "retweets" on social media.

In these times, news has become a collaborative endeavour in which readers contribute their own material, such as stories, comments, and images, and disseminate what they have learned to others. This then calls for a check on how we do our reporting on matters of mental health and more so, suicide.

For journalists, the public is dependent on positive and safe reporting.

¹<https://data.worldbank.org/indicator/SH.STA.SUIC.P5?locations=KE>.



Background

The way a journalist communicates a story about suicide can have a significant impact on public perception. According to previous research and World Health Organization (WHO) recommendations, those who are susceptible to suicidal thoughts and/or behaviour may be influenced by the way suicide is reported. As a major public health concern, suicide should be reported as preventable.

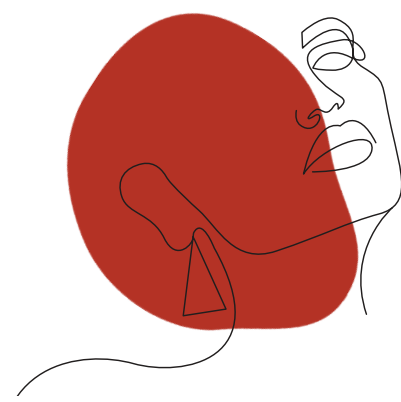
For example, in January 2022 renowned Kenyan entertainer DJ Lithium stationed at the popular radio station [Capital FM](#) collapsed and died while at work. Many TV and radio stations rushed to their social media platforms to announce the news, divulging information about the substance used, the content in a suicide note and the probable reason for taking his life. Incidents such as this reporting, about a celebrity death and other deaths by suicide give justifiable reason to be concerned about how suicide reports were disseminated online.

Objective

This qualitative study aims to explore the characteristics and nature of reporting suicide by Kenyan news stations through social media by answering 3 questions:

1. Are media houses in Kenya adhering to responsible reporting of suicide as advised by the World Health Organisation², and what are the characteristics compared to the global and national guidelines proposed?
2. Do we have national guidelines that Kenyan news media professionals can adopt to encourage more sensitive reporting on suicide?
3. How can policymakers and mental health professionals in Kenya support the media fraternity to provide safer dissemination of information on suicide to the public?

² <https://www.who.int/docs/default-source/mental-health/suicide-prevention-journalists.pdf>



Methods

This study looks into one of the popular social media platforms used in Kenya, Twitter, and how suicide reporting on the platform was done between January 1st – December 31st 2021. Data was gathered through uniform in-built search tools from 18 mainstream media houses using keywords; *'committed suicide'*, *'political suicide'*, *'unsuccessful attempt'*, *'suspicions of suicide'*, *'alleged attempts'*, and interviews media personnel conducted with the victim's family or friends and the use of explicit descriptions of methods while reporting about suicide.

The study also looked into the public measures taken by the same online media publishers to inform their staff and the public on responsible reporting about death by suicide. Geopoll Audience Measurement polling of the most popular TV³ and radio stations in Kenya from January to November 2021 was used for this scope of work.

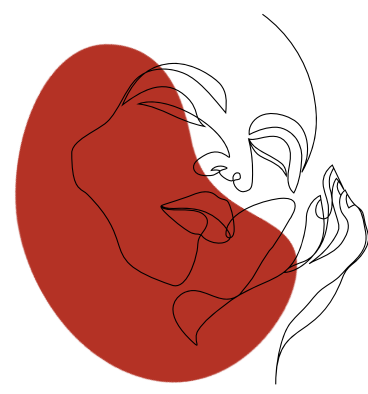
Results

There were at least 46 tweets published by mainstream media houses reporting on the suicide incidences using insensitive language discouraged in WHO's guidelines, and at least 97 tweets by the same media outlets using explicit descriptions of methods used, describing content in suicide notes, explaining possible causes for suicide, interviewing victims of the deceased, reporting on unconfirmed incidents and using terms such as *'political suicide'* when reporting about party politics.

A quick search on Meta (formerly, Facebook) also showed multiple posts by media outlets on their official pages where journalists divulged details of suicide notes, described methods and exact locations, detailed use & procedures of substance used and picked up social media posts of the deceased, to put together likely reasons for the loss of life.

Alternatively, there were at least 47 tweets by media houses some with experts on board explaining how to report responsibly on death by suicide, sharing on suicide prevention, sources of help and reading material on the same.

³ <https://www.geopoll.com/blog/report-top-tv-and-radio-stations-in-kenya-in-2021/>



Conclusion

The analysis made 3 conclusions:

- i. Multiple harmful elements were predominantly present in reporting about suicide online by mainstream media houses such as inappropriate language, and the presence of positive elements was rare, including creating awareness of available means of care;
- ii. Inclusion of helpful information on suicide prevention and safer reporting practices was low and/or missing;
- iii. There is potential for online news media publishers, policymakers and mental health professionals to bridge the knowledge gap on suicide prevention in Kenya.

An increase by online news media publishers on suicides and attempts in Kenya indicates an increase in not only journalists' awareness about death by suicide, but also the need to inform the public about the same. This has resulted in sensational and subsequently irresponsible reporting on the alarming rise in suicide cases in Kenya.

Keywords and Abbreviations

Mainstream publishers; social media; suicide; suicide reporting

WHO - World Health Organisation

IASP -International Association on Suicide Prevention

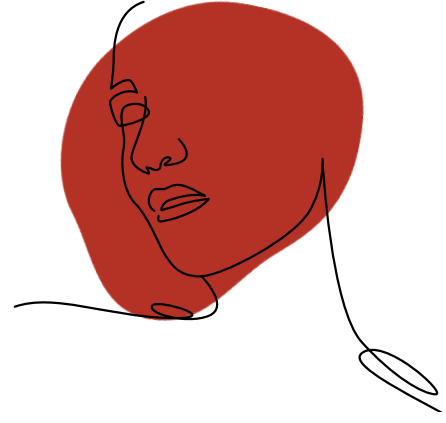
SUPRE - A World Health Organisation suicide prevention program

CoK - Constitution of Kenya

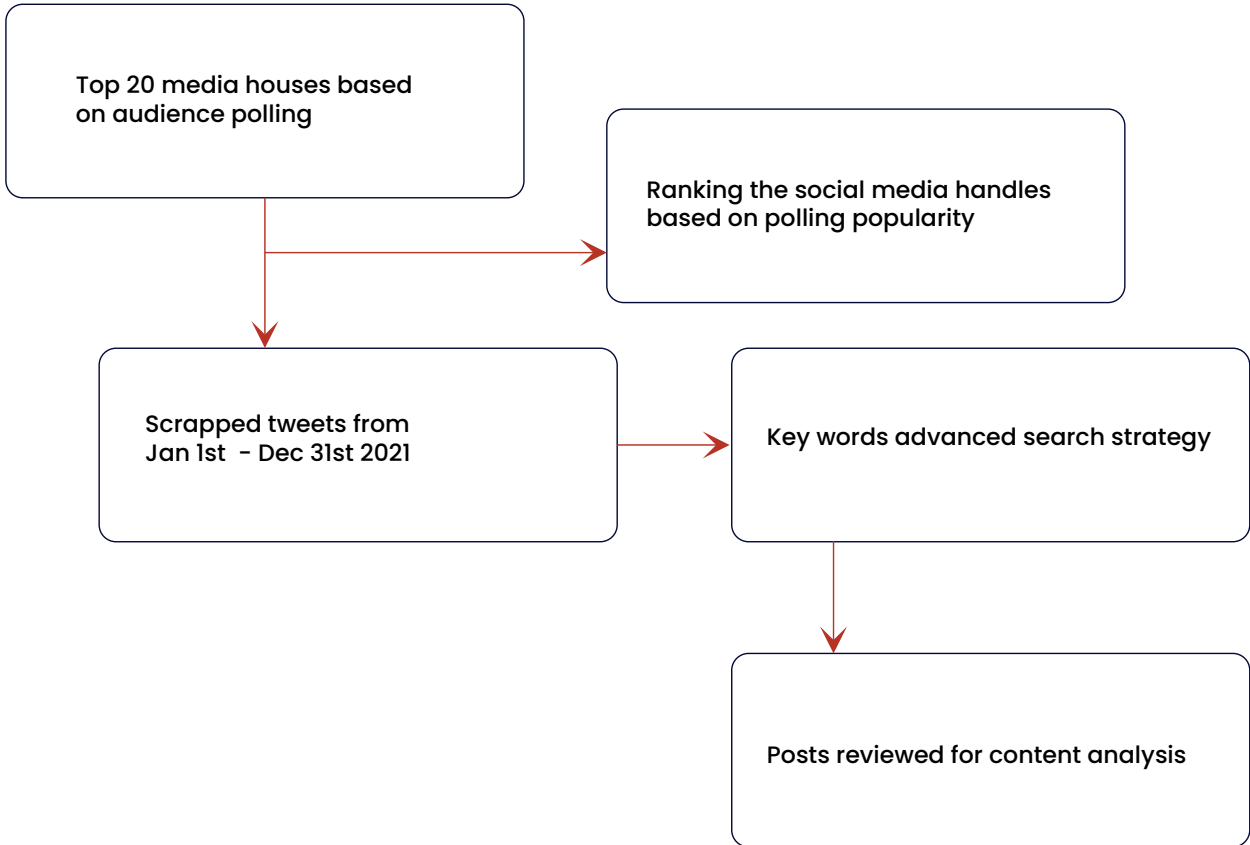
MCK - Media Council of Kenya

KTN - Kenya Television Network

KBC - Kenya Broadcasting Cooperation



Figures



“ According to the World Bank collection of development indicators, the suicide mortality rate in Kenya was reported at 6.1% in 2019...

Conflict of interest statement

Conflicts of Interest : None declared.

Introduction

According to the World Health Organization (WHO) suicide is a serious public health problem that demands our attention in its prevention and control. This is in ensuring communities are proactive in providing safer environments for the public to talk about the treatment of mental disorders, and raising awareness through responsible dissemination and distribution of information related to suicide reporting and suicide prevention.

WHO in collaboration with the International Association on Suicide Prevention (IASP), under its Media Task Force have continued to update resources in its world initiative for the prevention of suicide, SUPRE, launched by WHO in 1999. This includes providing resources to specific social and professional groups that are particularly relevant to the prevention of suicide and guidelines that promote accurate, responsible and ethical reporting of suicide in the media.

According to IASP, the high publicization of media coverage on suicide incidents has increased concerns about the 'Werther effect' in various parts of the world. The Werther effect, a term used in social sciences and medicine, is used as a synonym for media-induced imitation effects of suicidal behaviour, where recipients of this information could find details on suicide to identify with ⁴. This dates back to a high number of suicides after the publication of Goethe's "The Sorrows of Young Werther" in 1774, describing shadow suicides following media reports on suicides ⁵. In this context, reporting by media has been shown to be highly relevant and a number of studies around the world have shown that media reports on suicide are associated with an increased number of subsequent suicides ⁶.

Many years later, WHO launched guidelines in 2001 providing insights on what to avoid when reporting about suicide by the media. The guidelines were a result of years of evidence-based research indicating that incautious media reporting and continued portrayal of suicide or attempts have the potential to encourage imitative behaviour among vulnerable persons.

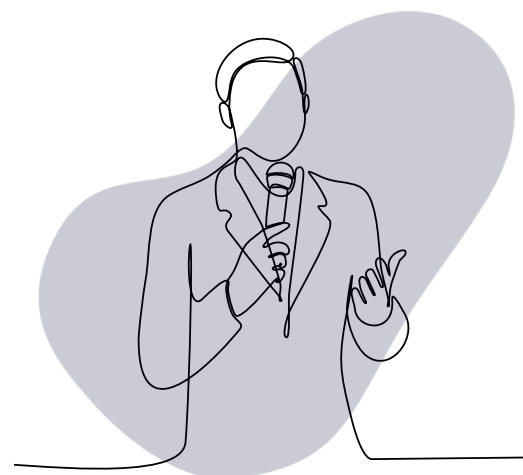
According to World Health Organization (WHO) recommendations, those who are susceptible to suicidal thoughts and/or behaviour may be influenced by the way suicide is reported.

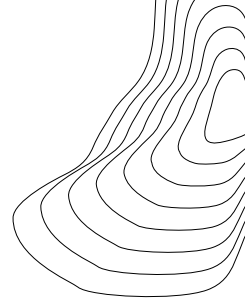
*- W.H.O. International,
Information for journalists and others writing about suicide*

⁴ <https://www.sciencedirect.com/science/article/pii/S0277953618305707>

⁵ <https://www.openaccessgovernment.org/the-werther-effect/42915/>

⁶ <https://www.bmj.com/content/368/bmj.m575#ref-5>





Some of the general guidelines specific to news and information media include⁷ :

1. Taking the opportunity to educate the public about suicide.
2. Avoiding language that sensationalizes, normalizes or presents suicide as a solution to problems.
3. Avoiding prominent placement and undue repetition of stories about suicide.
4. Steering clear of describing methods used in a contemplated or attempted suicide.
5. Wording news headlines carefully.
6. Exercising caution in using photographs or video footage.
7. Taking particular care in reporting celebrity suicides;
8. Showing due consideration for people bereaved by suicide;
9. Providing information about where to seek help;
10. Recognizing that media professionals themselves can be affected by stories about suicide.

These guidelines have been adopted as major components in many regional and national suicide prevention strategies. Despite efforts to provide and update these guidelines, the adherence and uptake have been slow and limited due to culture and other surrounding political, social and economic factors.

On the national front, the Media Council of Kenya (MCK) , an independent⁸ national institution established by the Media Council Act, No. 46 of 2013 is the⁹ oversight body established to ensure compliance with media standards. The role of this independent national institution, envisaged in Article 34(5) on Freedom of Media of the Constitution of Kenya (CoK), is to set media standards of practice¹⁰ in Kenya and ensure adherence to those guidelines.

⁷ <https://apps.who.int/iris/bitstream/handle/10665/258814/WHO-MSD-MER-17.5-eng.pdf>

⁸ <https://mediacouncil.or.ke/>

⁹ <http://kenyalaw.org/kl/fileadmin/pdfdownloads/bills/2013/THEMEDIACOUNCILBILL.pdf>

¹⁰ <https://www.klrc.go.ke/index.php/constitution-of-kenya/112-chapter-four-the-bill-of-rights/part-2-rights-and-fundamental-freedoms/199-33-freedom-of-expression>

Hunter Institute of Mental Health (2014). Reporting suicide and mental illness: AMindframe resource for media professionals. Newcastle.

Media Guidelines for Reporting Suicide, Samaritans

Media Guidelines for Reporting on Suicide: 2017 Update of the Canadian Psychiatric

Association Policy Paper, Canadian Psychiatric Association

Reporting on Child Suicides, SNEHA- Suicide Prevention Centre, Chennai

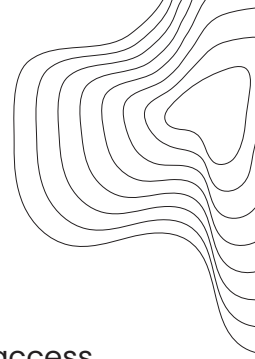
Suicide Prevention: Information for Media Professionals, National Institute of Mental

Health and Neurosciences, India

Preventing suicide: a resource for media professionals, update 2017. Geneva: World

Health Organization; 2017 (WHO/MSD/MER/17.5). Licence: CC BY-NC-SA 3.0 IGO.

The Carter Centre: Journalism Resource Guide on Behavioral Health



This is through promoting good standards of media practice and community access to information with some of its functions in relation to our analysis under Section 6(1) of the Media Council Act, 2013 being¹¹:

- (d) promote and enhance ethical and professional standards amongst journalists and media enterprises;
- (e) advise the government or the relevant regulatory authority on matters relating to professional, education and the training of journalists and other media practitioners;
- (f) set standards, in consultation with the relevant training institutions, for professional education and training of journalists;
- (g) develop and regulate ethical and disciplinary standards for journalist, media practitioners and media enterprises;
- (k) establish media standards and regulate and monitor compliance with the media standards.



● The “**Werther effect**” is used as a synonym for media-induced imitation effects of suicidal behaviour, where recipients of this information could find details on suicide to identify with...

● **Media Council of Kenya (MCK)**, an independent national institution established by the Media Council Act, No. 46 of 2013 is the oversight body established to ensure compliance with media standards.

¹² https://mediacouncil.or.ke/sites/default/files/regulations/Media_Practitioner_Guidelines_2020-october_draft.pdf

Some of the guidelines on safe reporting, not all specific to reporting about suicide, under MCK's Media Practitioner's codes of conduct include but are not¹² limited to:

Harm, Abuse and Discrimination:

7.5 Media content must not include material which, considering the context, condones or glamorizes violent, dangerous or seriously antisocial behaviour and is likely to encourage others to copy such behaviour;

7.6 If television Media Practitioners broadcast violent or graphic images, an appropriate warning shall be given before such images are put on screen;

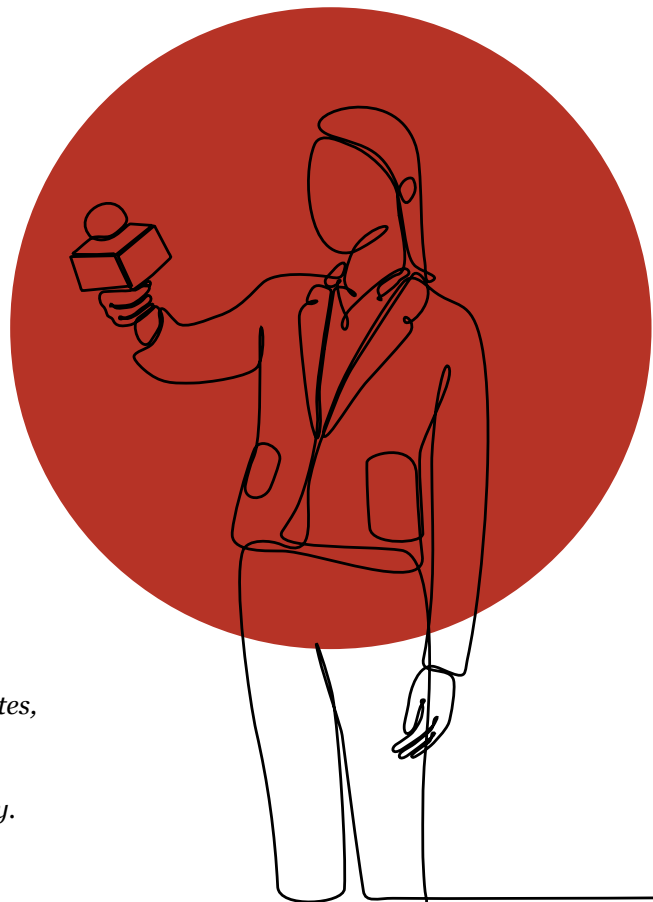
7.9 Details of methods of suicide and self-harm shall not be included in Media content”.

“WHO launched guidelines in 2001 providing insights on what to avoid when reporting about suicide by the media.

The guidelines were a result of years of evidence-based research indicating that incautious media reporting and continued portrayal of suicide or attempts have the potential to encourage imitative behaviour among vulnerable persons.”



According to WHO estimates, 1408 people die by suicide in Kenya every year. This translates to 4 deaths daily.



¹² https://mediacouncil.or.ke/sites/default/files/regulations/Media_Practitioner_Guidelines_2020-october_draft.pdf



Privacy:

12.10 People who are in a state of distress should not be placed under pressure to take part in the broadcast Media content to provide interviews unless it is warranted.

12.11 Media Practitioners shall take care not to broadcast the identity of a person who has died or of victims of accidents or violent crimes unless it is clear that the next of kin have been informed of the event unless it is warranted.

12.12 Media Practitioners shall as far as possible, seek to reduce the potential distress to victims and relatives when making or broadcasting Media content intended to examine past events that involve trauma to individuals unless it is warranted to do otherwise. This applies to dramatic reconstructions and factual dramas as well as factual Media content.

“Media Content” is defined by MCK as an interview, broadcast or any publication by a media practitioner.

Compliance with the WHO reporting guidelines

Of the thousands of tweets reviewed, published by the 12 broadcast media platforms: Citizen TV, KBC, KTN, K24, NTV, Switch TV, Viu Sasa, Radio Citizen, Radio Maisha, Classic 105, NRG Radio and Hot 96 results indicate that most were in violation of the responsible reporting guidelines.

However, some of these media houses provided best practices for suicide prevention with guidance from mental health professionals and reported responsibly on a few occasions. Many other stations frequently watched and listened to according to the audience polling, or had higher follower counts, barely reported on suicide prevention when this data was collected.

Many other stations frequently watched and listened to according to the audience polling, or had higher follower counts, barely reported on suicide prevention when this data was collected.

Table 1

TV Stations	Twitter Account	Total no. of tweets reviewed	Responsible reporting	Irresponsible reporting
Citizen TV	Citentvkenya	32	0	32
KBC	Kbcchannell	12	6	6
KTN	Ktnnewske	32	2	60
K24	K24tv	30	4	26
NTV	Ntvkenya	32	18	14
Switch TV	Switchtvkenya	21	5	16
Viusasa News	News_viusasa	8	0	8
TV Stations	Twitter Account			
Radio Citizen	Radiocitizenfm	5	1	4
Radio Maisha	Radiomaisha	1	1	0
Classic 105	Classic105kenya	3	0	3
NRG Radio	Nrgradiokenya	8	1	7
Hot 96	Hot_96kenya	12	9	3

Tweets collected in the period of January 1st – December 31st 2021

To assess adherence to suicide-reporting guidelines, we reviewed tweets between January 1st – December 31st 2021 for the presence of potentially harmful elements of reporting. Many of the guidelines published in different countries and by various public health professionals are largely similar in content.

In our analysis, we used the most recent published consensus guidelines found by the World Health Organisation ¹³.

Characteristics of Tweets

Using the reference guide provided by WHO, one of the most alarming results from this analysis showed little caution was taken when reporting on incidents involving death by suicide, including celebrity suicides. The guidelines advise against the use of the statement “committed suicide” which implies criminality, as suicide remains a criminal offence in some countries, including Kenya under Chapter XXI section 226 of the Penal Code ¹⁴.

¹³ <https://apps.who.int/iris/bitstream/handle/10665/258814/WHO-MSD-MER-17.5-eng.pdf>

¹⁴ <https://www.ilo.org/dyn/natlex/docs/ELECTRONIC/28595/115477/F-857725769/KEN28595.pdf>

Table 2

TV/Radio Channel	Tweets with the statement "committed suicide"
Citizen TV	10
KBC	3
KTN	5
K24	9
NTV	2
Switch TV	4
Viu Sasa	2
Radio Citizen	2
Classic 105	3
NRG Radio	4
Hot 96	2

Tweets collected with the statement "committed suicide" in the period of January 1st – December 31st 2021

The responsible phrases to use when reporting about suicide should be "died by suicide" or "took his/her/their life", and with suicide being criminal in most jurisdictions, there is the increase in stigma experienced by those who have lost a person by suicide and the public in general.

Another observation was the out-of-context use of the word "suicide", in phrases such as "political suicide" when reporting on party politics and elections in Kenya. According to WHO, this desensitizes the public on the gravity of this ongoing public health issue.

While reporting on suicide attempts, terms like "unsuccessful suicide" or "successful suicide", implying that death is a desirable outcome, should not be used; alternative phrases such as "non-fatal suicidal behaviour" are more accurate and less open to misinterpretation ¹⁵.

¹⁵ <https://apps.who.int/iris/bitstream/handle/10665/258814/WHO-MSD-MER-17.5-eng.pdf>

Language influences our attitudes towards suicide and victims of the death by suicide, other responsible phrasing includes¹⁶:

Say this	Instead of this
Died by suicide	Committed suicide
Suicide death	Successful attempt
Suicide attempt	Unsuccessful attempt
Person living with suicidal thoughts or behaviour	Suicide ideator or attempter
Suicide	Completed suicide
(Describe the behaviour)	Manipulative, cry for help, or suicidal gesture
Working With	Dealing with suicidal crisis

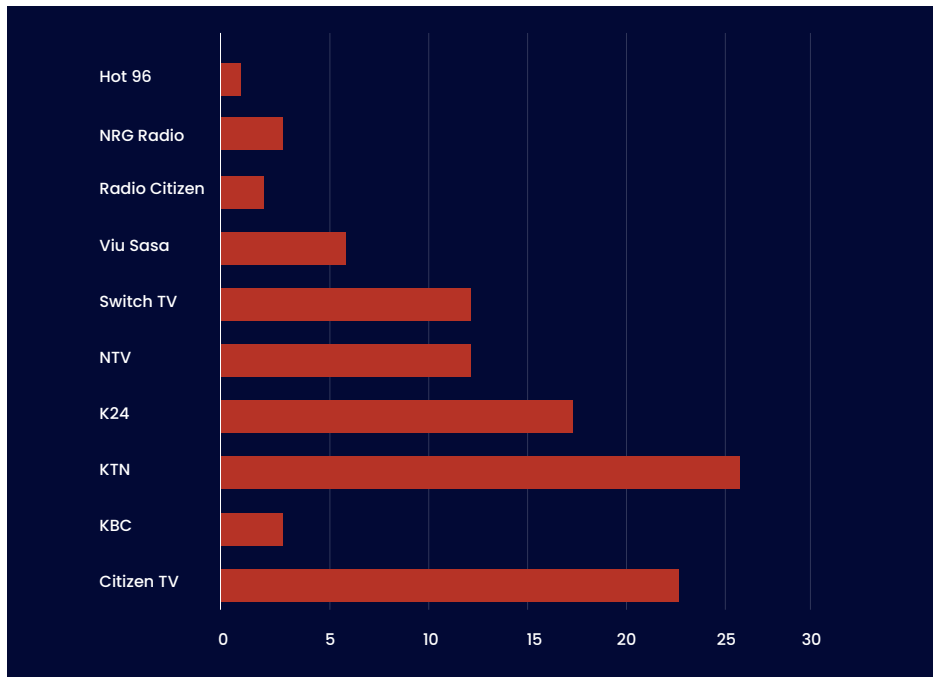
Other online news publications by Kenyan media houses in this study showed explicit descriptions of methods used. The guidelines advise against discussing the methods used or providing descriptive content as this could increase the likelihood of a vulnerable person using the same methods; and at the same time applying caution when reporting on novel or rare cases on the same¹⁷.

There were multiple instances of tweets with content that included:

- a. Explicit descriptions of methods used such as display of noose, pills and ammunition;
- b. Provided details of the site/location;
- c. Used insensitive headlines to attract readers' attention such as "botched suicide attempt" or "shooting spree";
- d. Reported using language that presented suicide as a constructive solution to problems;
- e. Used photographs and video footage.

¹⁶ <https://www.irmi.com/articles/expert-commentary/language-matters-committed-suicide>

¹⁷ <https://apps.who.int/iris/bitstream/handle/10665/258814/WHO-MSD-MER-17.5-eng.pdf>



Best practice

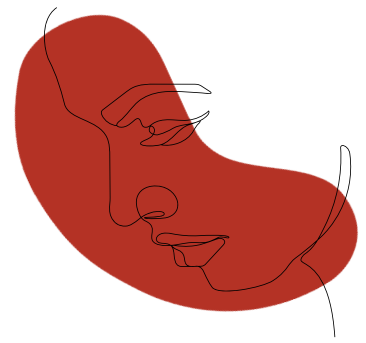
We undertook analysis from the perspective of best practices applied in reporting about suicide on Twitter. Evidence indicates that some broadcast media houses have taken the initiative to educate the public with the help of professionals, about suicide and by extension mental health as an existent public health crisis.

Campaigns have been ongoing by the Kenya Psychological Association (KPsyA) directed toward Kenya's policymakers to decriminalize suicide. This was highlighted by KTN News, a commendable move towards reducing the stigma in addition to educating the public on this mental health crisis.

Limitations

Our approach was intentionally conservative with a focus on low to moderate risk of bias and deviation, by focusing on reporting on the Twitter social media platform only. Non-inclusion of media outlets with lesser viewing audiences or Twitter followers on Kenyan media outlets may have limited the evidence of this study, with reference to the extent and pattern of compliance or violation of suicide-reporting guidelines.

The present study also fails to investigate causality as a result of the before-and-after effects of the manner of reporting about suicide by Kenyan media, on the actual rates of suicide and suicidal behaviour in Kenya.



Recommendations

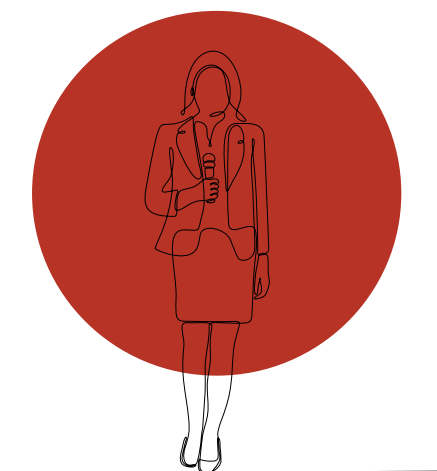
As professionals in the media fraternity, there is a unique opportunity to influence the national dialogue on suicide prevention by disseminating positive messages on social media. While the suicide is tragic, a community's response can have a significant impact on the likelihood of another suicide or cluster of suicides. Suicide contagion can be reduced by sharing stories of people who have overcome their suicidal thoughts and found meaning in their lives.

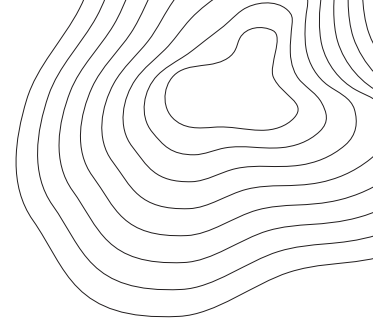
Well-developed stories about suicide can reduce misinformation, increase compassion, enhance awareness of coping tools, and provide pathways to recovery. Journalists can combat hopelessness and change public perceptions about the inevitability of suicide by improving the messaging on their social media platforms. On the flipside, increasing the availability of stories about real people who struggle with suicide but find meaning and value in life despite these struggles is a powerful suicide prevention strategy.

Online content remains on the internet indefinitely, making it accessible for many years to come, potentially increasing the chances of harm to individuals. So far, we have not seen reports from Kenya on suicide contagion, the process by which one or more suicides increase the risk of suicidal behaviour in others. However, research suggests that certain ways of reporting suicide can contribute to imitative suicides or suicide clusters – when an unusually high rate of suicides occurs in a specific region across a specified period of time¹⁸.

WHO and researchers in the area of media and suicide prevention globally have recommended the development of media reporting guidelines by communities and countries globally.

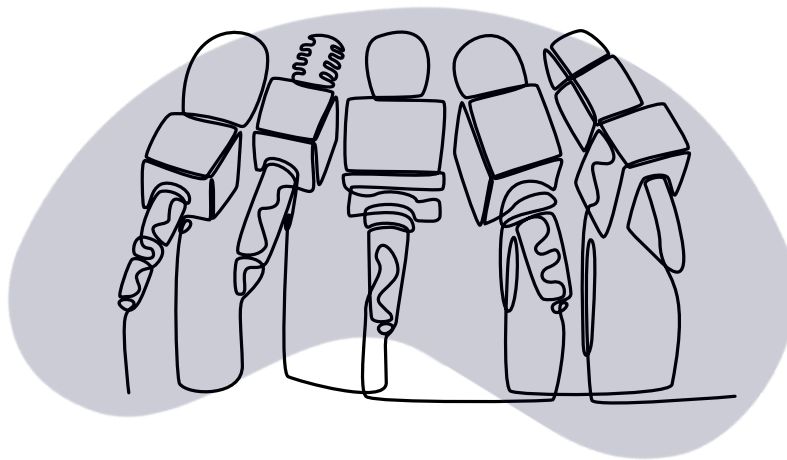
Other recommendations for various media partners from this content analysis study include;





For the Media fraternity:

1. Provide training and support on ethical and safe reporting about suicide for practitioners in the media ecosystem in order to support the development of timely, consistent and coordinated media messaging about suicide prevention.
2. Focus on using media's collective voice to proactively change the public's perception of suicide and suicide prevention. Reports on mainstream and social media platforms with aims of captivating readers attention using graphic or sensationalistic nature of suicide, contribute to the negative narrative engulfed in stigma.
3. Avoid portraying suicide as a common solution to stress-relief but instead focus on solution-oriented conversations that encourage help-seeking, further highlighting suicide prevention success. Presenting suicide as common and acceptable may reduce a community's protective factor.

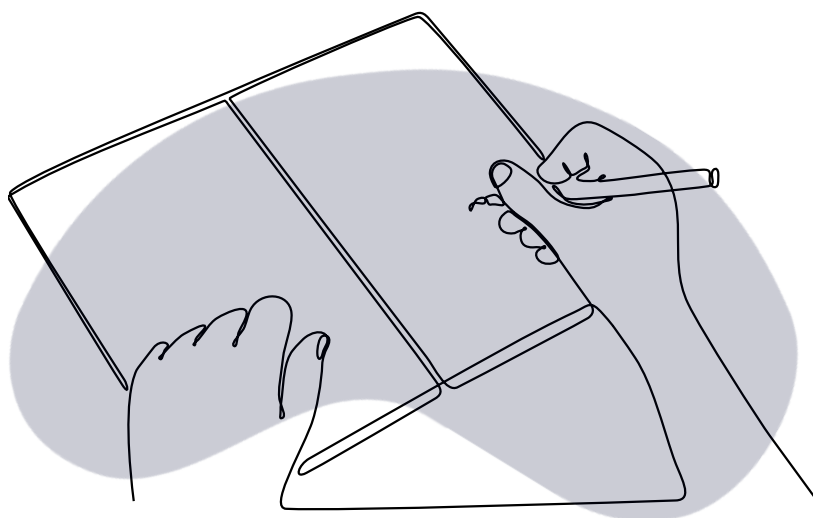


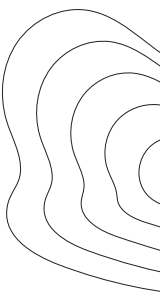
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As professionals in the media fraternity, there is a unique opportunity to influence the national dialogue on suicide prevention by disseminating positive messages on social media.

For Policymakers:

1. Keeping abreast with the recent research on suicide and its trends as there is a lot of misinformation going around. In the suicide prevention field, numerous studies have been conducted, many of which are recent and easily accessible. More policymakers need to know this in order to make informed policy decisions about what and how to proceed. Policy is always part of the solution to public health problems, but is never in and of itself sufficient.
2. When called upon, policymakers and professionals should avoid the immediate and uninformed explanations of suicide as unexplainable or stress-related. Suicide by a healthy or successful person may foster identification with the victim. It also fails to teach audiences about suicide's complexity and preventability. The same goes for explaining suicide as a response to stress or discrimination. Oversimplifying suicide can encourage individuals to feel it's a normal response to a regular life event.
3. Members of Parliament, Senators, Governors and all other elected or nominated representatives in Kenya should commit to changing patterns of injury and death by repealing section 226 of the penal code that criminalises suicide in Kenya. Some of these laws go as far back as 160 years ago¹⁹, yet progress has been made in the field of mental health in providing the necessary support for the prevention of suicide. These laws do not deter people from taking away their lives, they instead make it difficult for them to seek help in times of distress detracting from the root causes of suicide.
4. The Ministry of Health and county governments in Kenya should allocate more funding to treatment of mental health illnesses including but not limited to the provision of community extension services through relevant training in suicide prevention. Prioritising the distribution of resources such as funding and deployment of qualified suicide prevention personnel will encourage safer suicide care, strengthening access to help which could prevent future risk.





For the Public:

1. Suicide is shrouded in stigma, shame and misunderstanding. This means that people often do not or cannot seek adequate help. Suicide prevention will not be achieved by (the) individual, it requires support from the community. Our communities can help by giving people a sense of belonging, and social support within communities can help protect vulnerable persons from suicide by building social connectedness and improving skills for coping with difficulties. It is essential to understand that the community itself is best placed to identify local needs and priorities.
2. In sharing and retweeting, the public needs to embrace empathy, care and consideration and this is by redistributing information that will build and/or encourage self-seeking, without blaming the situation on anyone or anything.
3. Members of the public are also encouraged to support the creation of protective environments through community-based programs, mechanisms and policies for the prevention of suicide. These tools will reduce barriers to supportive and effective care allowing communities to tailor suicide prevention approaches best suited in their context.

END



About the Centre for Suicide Research and Intervention (CSRI)

About the Centre for Suicide Research and Intervention (CSRI) Centre for Suicide Research and Intervention (CSRI) is an institution that grew out of a desire to develop comprehensive and integrated approaches to preventing suicide and reducing its impact. Its mission is to promote and provide direction in efforts to modify the social infrastructure in ways that will affect attitudes about suicide in our educational sectors, social service sectors, healthcare systems and the community at large.

CSRI holds training for Counselors and Healthcare workers in assessment, intervention and monitoring for suicide prevention; School staff and administrators in developing standardized policies and procedures to support best practices for suicide prevention and intervention in schools; and support people bereaved by suicide. CSRI also creates curricula and training sessions for policies and procedures to support best practices in suicide prevention.

This study was conducted in consultation with Mary Gitau, a suicide prevention specialist and Director at the CSRI. Mary has an MSc. Suicidology & MACP, MA Counseling Psychology and BA Human Resources.



About Baraza Media Lab

Baraza Media Lab is a physical and virtual space for networking, collaborating, and experimenting among Kenya's media practitioners – journalists, bloggers, writers, artists, filmmakers, cartoonists, social media experts, technologists, and other cross-disciplinary collaborators.

Baraza Media Lab supports collaborative storytelling ideas, methods, and delivery platforms; raising the skill and capacity of media practitioners; and providing an environment for new business models to emerge. BML aims to build a community of like-minded media practitioners committed to acting in the public interest





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By Baraza Media Lab.



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