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SUICIDE A LOST BATTLE OF THE MIND: WAY FORWARD.

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Abstract

Human beings are unique, being gifted with the ability to reason, make choices, and take decisions that affect their overall being. As a unique being, regards for human life is treated with utmost priority, both within the confines of religion and mainstream governance. From the perspective of the state, protection for human life has occupied essential spots in the constitution of many nations as well as in universal human rights norms and standards which acknowledges the supremacy of human life. The emphasis in constitutions and human rights documentshad always focused on preventing the arbitrary loss of lives of people, however, in an event where the life in question is arbitrary taken by the bearer! Who and what can be blamed. Suicide refers to the death resulting in self-focused harmful behaviours of people with the sole goal of facilitating the onset of death due to the exhibited harmful self-directed behaviour. The prevalence of suicide is widespread among men and women of various age groups both in high, middle and low-income countries, with a global prevalence of 800,000 deaths per year. Most suicidal acts are influenced by an ongoing mental and psychological disorder, stress from work or school, depression, personal conflicts, among many others. In Nigeria, the prevalence of suicide is said to be 9.9 per 100,000, with the highest mortality occurring among people within the age of 19-30. Despite the high prevalence of suicide, yet suicide is still preventable. This study, therefore, explored the prevalence as well as motivation for suicide in Nigeria, with the focus of recommending a way out of the scourge.

Keywords: Suicide, Suicide attempts, Death, Nigeria

Introduction

Man is a unique being gifted with the ability to reason, make choices, and take decisions that affect his overall being. As a unique being, regards for human life is treated with utmost priority, both within the confines of religion and mainstream governance. For instance, in the Christian religion, human life is treated as a sacred thing which should not be taken by anyone, inclusive of the life bearerand the government by extension, as the power to take and give life resides with the giver of life himself-God. (Oduwole & Akintayo, 2017). From the perspective of the state, protection for human life has occupied important spots in the constitution of many nations as well as in universal human rights norms and standards which acknowledges the supremacy of human life. Hence, most emphases on constitutions and human rights documents had always focused on preventing the arbitrary loss of lives of people, as well as emphasizing the illegality of people taking the life of other people. However, in events where the life in question is arbitrary taken by the bearer! Who and what can be blamed for this.

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Suicide is a scourge ravaging the society today, as cases of successful and failed suicide attempts continues to grow, especially among the younger generations. Every life lost to suicide is a tragedy that leaves a lifetime impact on the close relatives, loved ones andfriends of the suicidal as well as the communities where this suicidal act was carried out (WHO, 2014). The incidence of suicide is a problem for people in both developing and developed countries, though some studies have suggested a higher prevalence in developed countries. Suicide is considered as the fifth leadingcause of death and disability globally, and a second leading cause of death for people between the age brackets of 15-29 years (WHO, 2014). Statistically, over 800, 000 lives are lost to suicide yearly, with men accounting for the more significant population of these lives lost to

suicide, as exemplified in the study by Kwakpovwe (2018) which reported that the incidence of suicide among the study population stood at 75% for men, with 80% of them around the mean age of 15-24 years. Specifically, in every 40 seconds somewhere around the worldlife is lost to suicide with accounts of several suicidal attempts, precisely, globally failed suicide attempts are said to be 25 times higher than the incidence of actual suicide(WHO 2014; Alabi et al., 2017). Suicide maybe considered as a way out by people going through a serious personal crisis which could be as a result of stress, a health condition, emotional problems, financial problems, marital crisis, drug addiction and substance abuse, but in reality, it is an act of defeat.This paper, therefore, is set to explore the prevalence, behavioural tendencies, and causes of suicide as well as a way forward in Nigeria.

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Literature Review

Conceptual Analysis of Suicide

There has been conceptual uniformity concerning the definition of suicide, a development which has accounted for the varying definitions available in works of literature. Among these available definitions, the definition provided by the world health organization has been variously adopted in many research literature. Accordingly, theWorld Health Organization, in their 2008 report on Mental Health Action Gap, defined suicide as the "act of killing oneself, deliberately initiated and performed by the person concerned in the full knowledge or expectation of its total outcome"(WHO, 2008). Similarly, Crosby et al. (2011) and the Center for Disease Control (2015), respectively, saw suicide as the death resulting self-focused harmful behaviours of

people with the sole goal of facilitating the onset of death due to the exhibited harmful self-directed behaviour.

Going further an earlier attempt by Schneidman (2005) as cited in Wanyoike (2014), explained that suicide as a word symbolizesapurposeful death, which by all standard is inflicted on the deceased by no other person than the deceased himself as a result of a premeditated and intentional injurious effort which is aimed at ending one's life. From a medical standpoint, suicide is perceived as a form of psychopathology (Mittendorfer-Rytz et al., 2008).Despite the variations in the opinion of what suicide is, such key words as intentional, self-inflicted and a premeditated effort to terminate one's life were central to the many definitions available in works of literature. What this suggests is that suicide does not occur as an act of accident; instead, it is borne from a premeditated thought and ideas, and the result of an unresolved/overwhelming psychological battle which could have lasted for a relatively fair period within an individual.

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On a broader scale most suicide cases often occur as a result of the inability of people to find positive ways out of their problems; hence, from evidence in studies as well as from personal experiences the stories behind most suicide cases especially Nigeria is often centred on a personal crisis in an individual's life, which may have its root to the inability of the individual to meet his basic needs, or that of his dependents, or stress and pressure from work, feelings of loneliness and worthlessness due to the inability of the individual to succeed at his or her chosen career. Other factors include academic failures, hopelessness due to poverty and unemployment, family issues, childlessness, failures at romantic relationships among many others. From these

factors, it becomes clear that most suicide is influenced by a perceived worthlessness an individual holds regarding his /her existence due to overwhelming problems.

However, contrary to these known motives for suicide, Durkheim (1951) cited in Wanyoike (2014), noted another motive for suicide. Specifically, he added that people might decide to take their lives as a way of decrying a perceived untamed prevalence of social injustice, corruption and large scale moral decay in a given society, within this context, the suicidal see taking their lives as a way of attracting attention to the perceived problem, and as a way of helping the larger population; they are guided by the conviction that their suicide would translate to a visible and prompt result which could profit the larger society. Accordingly, Durkheim called these categories altruistic suicide. A clear picture of altruistic suicide can be seen in events where people take their own lives a way of decrying a state of injustice as seen in the case of Bruce Mayrock, who reportedly, took his life by setting himself ablaze in front of the United Nations Headquarters as a reaction to a perceived genocide against the people of Biafra during the Nigerian Civil War of 1967-1970. In a little twist Animasahun, & Animasahun, (2016), added that a variation of altruistic suicidal, are individuals who perceived themselves to be aproblem and danger to the world and people around them, and thus; concluded that their death will raid the world and the people around them of the dangers they pose to the world.

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Conceptual Framework

Suicide as a Global Problem: Global Prevalence of Suicide and Suicide Attempts.

Suicide as a social problem is prevalent in many countries of the world. While in some countries it is treated as a crime (Wanyoike, 2014; WHO, 2014), in others it is seen as a taboo and sin

within the context of customs, traditions and religion, specifically, in most African Traditional Religion dominated societies, suicide is seen as a taboo, which occurrence requires cleansing and offering of sacrifices to the deities as a way of appeasing them. These factors combined have made the accurate estimation and documentation of the global prevalence of suicide as affected families may decide not to disclose or make a formal report on the cause of death of a suspected suicide. However; despite the challenges in holistic data coalition, which is spurred by poor incident reporting, on a global prevalence, suicide is reported to account for over 800, 000 deaths with times three higher in the number of attempted suicide (WHO, 2014).

On a possible socio-demography associated with the global prevalence of suicide, studies have established a disparity in the prevalence of suicide in developed and developing countries, (with an estimated rate of 11.2% suicide death per 100, 000 in developed countries and 12.7% suicide death per 100, 000 in both low and middle-income countries), as well as a disparity between men and women. These studies have reported a higher occurrence of suicide in developed countries, as well as a higher prevalence of suicide and suicidal attempts in men as opposed to women (Alabi et al., 2017; WHO, 2014). Specifically, a 2014 report from the Centres for Disease Control, noted that suicide accounts for an estimate of 0.013 of every 100 death in theUnited States. The World Health Organization reported the occurrence of 804, 000 deaths resulting from suicide in the year 2012, which was translated to a yearly, global age-standardized suicide rate of 11.4 per 100 000 population, with a 15.0 to 8.0 ratio of men to women respectively, and three times increased suicidal tendencies and death among men indeveloped countries when compared to women in developed countries. In emerging and developing economies, suicidal tendencies

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and death is still higher among men, although with less emphasized margins, as the proportion of men-women stood at 1.5 men to each woman.

A combined record on the prevalence of suicide in both developed, emerging and developing economies, suicides account for 50% and 71% of all violent deaths in men and women respectively. With people (men and women) at the age bracket of 70and above showing higher rates when compared to other age brackets (WHO, 2014). They have however been a variation in the age-related prevalence of suicide per region, as suicide is reported to be more prevalent among people between the age brackets of 15-29 in some countries of the world, for instance, in Patton et al. (2009), it was noted that suicide prevalence was higher among middle-aged men in high-income countries when compared to their counterparts in low and middle-income countries, conversely, there was a higher prevalence of suicide among older women and young adults in low and medium-income countries when compared to their counterparts in high-income countries (Patton et al. 2009).

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Such methods as the use of firearms, death by hanging and the consumption of pesticide (Sniper in the case of Nigeria, a pesticide used at home in killing unwanted domestic insects likecockroaches, rats, ants, wallgecko, among others). In fact, death from pesticide is reported to account for 20 per cent of global suicide deaths. Hanging and firearms are among the most common methods of suicide globally, but many other methods are used with the choice of method often varying according to population group (WHO, 2014; WHO, 2019). Though suicide is reported to be more prevalent in high-income countries. However, current statistics have revealed an increase in the number of deaths resulting from suicide in low and middle-income

nations. Specifically, a 2019 report of the World Health Organization reported that a total of 79 per cent of the total deaths from suicide globally in the year 2016 was scored in low and middle-income countries (WHO, 2019)

On a country basis, the prevalence of suicide is often reported at per100,000 rate. With a classification of high, middle and low rate depending on the number of suicide deaths recorded. Hence, countries that made it to the high category includes Russia, Belarus, Lithuania and Sri Lanka, and these countries are said to report over 30 deaths resulting from suicide per 100,000. This is followed by the countries that made it to the middle category, with a record of 10 deaths resulting from suicide per 100,000, these countries include Japan, China and Hungary, the low category countries include Syria with a report of fewer than ten deaths from suicide per 100,000(WHO, n.d.).Conversely, Alabi et al. (2017) have raised concern on these rates, as they may not present the actual picture of the reality of suicide in the countries classified either as having high, medium and low suicide rates. For instance, in a study by Phillips & Zhang, (1995), it was reported that China had a suicide prevalence rate of 25 deaths per 100,000.This statistics no doubts qualifies China for the middle category. However, China accounts for a greater population of deaths from suicide annually, with a total number of 287, 000 reported deaths from suicide, which translate to over one-third of the annually reported deaths from suicide in the world (Phillips & Zhang, 2002).

In the same vein, Girdhar et al., (2003), noted that the prevalence of death from suicide in India is ten deaths per 100,000, this statistics also positions India at 76.9 per cent slightlyabove nations that made it to the low category. However, the reality is far different as India had an annual

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suicidal death rate of 110, 000 per 100,000, thus, making India the country with the second-highest suicide mortality rate in the world. Going further, Khan (2005)in his study proved that the combined total number of death from suicide in the reportedly high suicide rate countries (Russia, Lithuania, Estonia and Latvia) was lower than the figures obtained in India alone, which is a presumed middle rate country. These unavailabilitiesof global data on suicide per country are influenced by the non-collection of annual data on death rate as well as a culture of incident non-reporting observed in over 50 countries and is more pronounced among nations with a population density of over 100 million people such as Indonesia, Pakistan and Bangladesh (Khan & Prince, 2004).

Prevalence of Suicide in Nigeria

There is a dearthof data on suicide prevalencein developing nations including Nigeria, a development which is influenced by the culture ofpoor record-keeping on annual death rates as causes of such deaths, as well as a poor state of incident reporting in most developed countries such as Nigeria(Palmier,2011; Fine, Alison, Vanderwesthuizen &Kruger, 2012; Norhayati&Suen, 2014). Hence, the larger proportion of available data on death from suicide ismostly culled from reports from hospital autopsy or police data. The criminalized nature of suicide in many developing nations such as Nigeria and Kenya is among the major factors influencing the paucity of data on suicide rate and prevalence in Nigeria (Alabi et al., 2014; Wanyoike, 2014). Also, in most religion in Nigeria, both within the Christian and traditional believers, suicide is frown at and is seen as Sin and Taboo in both religions respectively. This perception of suicide implies that suicide survivors often refuse to disclose cases of suicide due to the fear of getting stigmatized (Uddin-Ojeahere, 2019).

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Research investigations into unmasking the rate of suicide in Nigeria has led totheexistence of varying results. Specifically, in a study by Asuni, (1986), which investigated the prevalence of suicide in the Ogun, Lagos, Ekiti, Ondo,Osun and Oyo, which comprised the then western region of Nigeria forfour years (1957-1960), it was established that the prevalence of suicide in these regions was low, however; there was a higher incidence of suicide among rural dwellers as compared to their urban counterparts. Furthermore; a 1987 study by Eferakeya, reported an average crude suicide attempt rate of 7 per 100,000 people. Suicide attempts among people within the age brackets of 15-19 yearsstatistically represented 39.4% per cent of the study population, while people within the age of 30 and below accounted for 9 per every 10 suicide attempts (87%). Mental disorder and parental conflicts were the most prominent pre-disposing factors and statistically stood at 32 and 24 percent, respectively (Eferakeya, 1984). Similarly, in another study by Odejide et al., (1986) based on 99 reported cases of intentional self-harm, it was founded that in every 8 per 10 attempters which represent 76.9 per cent were people within the ages of 30 years and below. In terms of occupational variation, the study reported that students were more prone to attempting suicide, as 51.3 per cent of the 99 reported cases were students, while people involved in manual labour accounted for 25.6 per cent of the 99 reported case thus, making these two groups the most vulnerable group. The majority of the suicidal attempts were made through the ingestion of chemicalsand other harmful liquid substances (Odejide et al., 1986).

Based on a WHO report, the prevalence of suicide in Nigeria is said to be 9.5 per 100,000. Notably, as insecurity and poverty continues to grow in Nigeria, they have also been a re-

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emergence in the surge of suicide in Nigeria. They have been accounts of lots of suicide bombers exploding themselves and as well as killing others in Nigeria. They have also been an emergence of a disturbing suicide trend among young people in Nigeria. This is collaborated by the revelations made by the Suicide Prevention Initiative in Nigeria (SURPIN), showed that a total of 1/5 of the suicide cases in Nigeria occurred among people within the age brackets of 13-19 years, this age bracket also accounted for over 50 per cent ofdistress calls received by the institution via its hotlines. Accordingly, Muanya et al.(2019) chronologically listed the incidence of suicide among many Nigeria youths, including the incidence involving a 17-year-old girl (Temitope Saka) and a 19-year-old girl, (Uche Obiora) all in Igando area of Lagos,as well as a student of the University of Nigeria, (Chukwuemeka Akachi), a final year student of the Department of English and Literary Studies. All three suicidal died from intentionally drinking Sniper; a pesticide used in killing domestic insects. Other instances include the death of two undergraduate students of Ladoke Akintola University of Technology (LAUTECH), and a Private University in Nigeria respectively (Punch Newspaper, 2017). They have been countless other cases which have gone unreported.

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Theoretical Review

Several theories have been developed by researchers with the intent of aiding understanding of the various dimensions, causes and motivation for suicide and suicidal behaviours. However, this study favours the psychache theory proposed by Shneidman 1993. Accordingly; Shneidman's, in his theory, have argued that pains resulting from emotion and psychological challenges are a basic motivator for suicide and suicidal attempts (Shneidman, 2014). The theory argues further that suicide sets in when the psychological pain within an individual outweighs his/her threshold

for enduring the psychological pain, and this endurance threshold is peculiar to personality type and thus varies in volume from person to person. Going further, Baumeister, who based his suicide theory on cognitive, social and personality psychology construct, postulates further that the need to decrease the state of an individual's aversive self-awareness is the underlying motivation for many suicidal attempts.

These theories accordingto Duberstein, (1995), offers exploratory tool towards a further investigation into the common motivations for suicide, and suicidal behaviours, and thus may influence the development of intervention and prevention approaches. That notwithstanding,Miller et al.,(2009), cautioned that having an understanding of the motivations of suicide may significantly inform intervention planning approach, but cannot be used in isolation to explain the why behind peoples propensity and willingness to patronize suicide. The desire to die has been widely presented as a common motivation for most suicidal, however; researchers as Brown, 2000; Chapman et al., 2007; May, & Klonsky, 2013, have argued that they are lots of other factors which could serve as a motivation for suicide for so many people such feelings of escape from a reoccurring difficult situation, communication, the feelings of altering one's environment, and dealing with an intolerable state of mind could also serve as a motivation for suicide.

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Motivation for Suicide

Several factors have been named as a motivation for suicide globally. Among these factors depression, mental disorder, drug abuse and substance use, stress from work, or academic activities, family problems such as spousal separation and childlessness, emotional stress

resulting from breakups in intimate relationships, unemployment, poverty, inability to achieve one's dream, cyber and physical bullying, childhood maltreatment among many other factors have been voraciously reported in many research studies to serve as a motivation for suicide and suicidal attempts. For instance, Bertolote & Fleischmann (2002), have noted that mental disorders were present in over 90 per cent of the individuals who death via suicide. Such mental disorder as bipolar and post traumaticstress disorder were major underlying factors for suicide in high-income countries. In contrast, such disorders as conduct disorder, post traumaticstress disorder, drug abuse/dependence as well as depression were the major underlying motivation for suicide in many developing countries (Nock et al. 2009).

Studies by Shaheen and Jahan (2014); Shaffer (2010); and Lester (2014) also reported life frustration and stress from academic activities and stressful life frustration to be a motivation for suicide.From experience, in such a developing country like Nigeria, frustration, stress, academic failures, breakup from romantic relationships, and financial problems could be a motivator for suicide. For instance, the stories behind most suicide cases in Nigeria always revolve around these facts, with more young girls patronizing suicide because of a breakup from romantic relationships.

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The Way Forward

Suicide through a personal act, but is highly preventable. The world health organization presents the following as a preventive measure for suicide;

- Extending suicide prevention intervention programs to schools;

- Decreasing peoples access to substances and objects that could serve as a means for suicide (e.g. pesticides, firearms, certain medications);
- Increasing media-based suicide incidence reporting, but this should be done responsibly;
- Controlling the unhealthy use of alcohol by introducing alcohol control policies;
- Strengthening institutions and promoting the early detection, treatment and care for individuals living with substance use and mental disorder, unpalatable health conditions as chronic pain and acute emotional distress;
- Promoting sustainable documentation and follow up and provision of community support for people who have at some point in their lives attempted suicide;
- Increasing capacity building through the training of non-specialized health workers to lend a hand in the evaluation as well as management of suicidal behaviour

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In addition to theserecommendations, within the context of Nigeria, this study proffers the following recommendations;

- The need for government to strengthen research into probing the actual extent of suicide in Nigeria, as well as the possible motivations for suicide as this would go a long way in revealing the actual state of the problem and as well inform intervention approaches.
- Since the recent trend of suicide has shown a high prevalence among youths, most of whom are either in secondary or tertiary institutions. Hence, there is a need to revamp the school counselling units, as these units are not functional in most

public tertiary institutions, while they are almost dead in most rural-based secondary school.

- The frustration resulting from unemployment, hardship and poverty are also motivations for suicide in Nigeria; hence, the government must intensifyher effort towards engaging the youths economically and as well initiate a sustainable and realistic poverty alleviation programs as a way to ease off the intense hardship many Nigerians live in.

Conclusion

Though, suicide is very personal, however; it is also preventable. There is, therefore,need to intensify efforts at all ends towards promoting mental health and increasing awareness of mental health. In Nigeria, there have been reports of a high prevalence of suicide among youths. This development holds serious implications for parents. Hence parents need to strengthen the channel of communications with their children to be able to detect when they are having emotional stress or are going through any form of crisis.

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