Understanding the Determinants of Suicidal Behaviours Among People in Southwest Nigeria

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ABSTRACT

Suicide is a prominent cause of mortality worldwide, and it is happening at an alarming rate in Nigeria, especially among young people. It is estimated that 800,000 individuals commit suicide each year. Previous research has found a number of factors, such as mental illness, financial hardships, marital issues, and social pressures that lead to suicidal behaviour. The causes of suicidal behaviour in Southwest Nigeria, however, have received little attention. In this study, the causes of suicidal behaviour among people in southwest Nigeria are examined. The study uses a qualitative methodology and gathers its data from secondary sources such as academic journals, books, newspapers, theses, and dissertations. The data demonstrate that major risk factors for suicide behaviour in Southwest Nigeria included sadness, anxiety, and hopelessness. Significant factors in suicide behaviour included social pressure, relationship issues, and financial hardships. The report also emphasises the role that stigma around mental health conditions and a lack of access to quality medical care play in escalating suicidal conduct. In order to encourage economic growth and development, the article advises the supply of mental health resources, the development of awareness campaigns, the construction of psychological and emotional support groups, overcoming financial obstacles, and collaboration with private organisations. The prevalence of suicidal conduct in Southwest Nigeria would decrease with the use of these approaches.

Keywords: suicide, mental health disorders, physical illness, poverty, relationship issues.

INTRODUCTION

Nigeria is one of the most populous countries in Africa, with a population of over 200 million people. Due to a lack of government data, it is impossible to estimate the suicide rates in Nigeria, but some sources indicate an increase in the number of suicides there. Suicide is the second most common cause of death worldwide for young people between the ages of 15 and 29, according to the World Health Organisation (WHO). WHO (2020) asserts that more than 700,000 people worldwide die by suicide each year. Suicide happens everywhere in the world. In actuality, low- and middle-income nations account for 77% of all suicides worldwide. Suicide is a common occurrence in Nigeria, affecting people of all ages and genders.

Previous research has demonstrated that while many developed nations have implemented suicide prevention programmes in response to the World Health Organisation's (WHO) appeal, many developing nations have not (WHO, 2012). This can be a result of the widespread perception that these nations have low suicide rates (Khan, 2005). This belief may exist because, in developing nations,

suicide may not be adequately documented in comparison to the enormous number of deaths brought on by infectious diseases and malnutrition (Vijayakumar, Pirkis, & Whiteford, 2005). However, according to data from the WHO mortality database, the majority of suicides take place in LMICs (WHO, 2014). However, as much of the data used to study suicidal conduct comes from high-income nations, it is unclear which specific factors may be at play in poor nations (Mars, Burrows, Hjelmeland, & Gunnell, 2014; Randall, Doku, Wilson, & Peltzer, 2014). Research in developing nations indicates that social, economic, political, and cultural factors are key precipitants of suicide, contrary to Western evidence that emphasises psychiatric problems as risk factors (Manoranjitham et al., 2009; Randall et al., 2014). For instance, Zhang (2010) documents the low incidence of mental problems in young married women who commit suicide in rural China and makes the case that marriage restricts a young woman's social interactions and raises her risk of suicide. Studies in Asia (Chen, Wu, Yousuf, & Yip, 2011), Ethiopia (Alem, Jacobsson, Kebede, & Kullgren, 1999), Benin (Randall et al., 2014), and Benin (Vijayakumar, John, Pirkis, & Whiteford, 2005) have also found similar trends, with sociocultural factors like acute life stress, interpersonal difficulties, family conflicts, and socioeconomic difficulties playing a significant role. The results of a recent systematic review that sought to understand the relationship between economic poverty and suicidality in developing nations revealed a consistent pattern at the individual level implicating poverty as being related to suicidality (especially in the form of worse economic status, diminished wealth, and unemployment) (Iemmi et al., 2016). There is no denying the relevance of psychiatric factors in suicidality in developing nations, but the link between suicide and mental illness that is stressed in the West does not fully acknowledge the impact of societal factors that have been found by studies in developing nations.

According to the World Health Organisation (2020), one suicide death occurs every 40 seconds, or more than 700,000 people each year. Suicide can happen at any time. In the world, it is the fourth most common cause of mortality for people aged 15 to 29. Suicide happens everywhere in the world. In actuality, low- and middle-income nations account for 77% of all suicides worldwide. Although there is a well-established connection between mental illnesses and suicide, particularly depression and alcohol use disorders, many suicides nevertheless occur spontaneously at times of crisis. Additional risk factors include having experienced bereavement, loneliness, discrimination, a relationship ending, financial difficulties, illness and chronic pain, violence, abuse, conflict, or other humanitarian catastrophes. Attempted suicide in the past is the biggest risk factor for suicide.

Suicide is a rising public health concern worldwide, as was previously stated, and Nigeria is not an exception to this pattern. A number of variables, such as poverty, unemployment, socioeconomic difficulties, interpersonal problems, mental and physical disorders, substance misuse, and trauma, have been found to be predictors of suicide instances in Nigeria. Suicide in Nigeria has been linked significantly to mental health issues. However, sadly, the stigma attached to mental illness has discouraged many people from seeking treatment (Oladeji et al., 2018; WHO, 2020). The declining suicide rates are partly a result of weak support networks in families and communities. There are many homes in Southwest Nigeria with limited access to helplines and professional counselling services. Furthermore, social pressures that emphasise independence and stoicism can prevent people from asking for assistance or talking freely about their problems. People become even more isolated when there are no trustworthy support networks available to them, which makes it harder for them to find comfort or get help when they need it.

CONCEPTUAL CLARIFICATION ON FACTORS RESPONSIBLE FOR SUICIDE IN SOUTHWEST, NIGERIA

Mental health disorders and Physical illness. In the Southwest area of Nigeria, mental health illnesses are a common occurrence among households and are a substantial risk factor for suicide. Due to a lack of mental health resources, cultural stigma, and inadequate understanding, diseases like depression, anxiety, and substance misuse are frequently misdiagnosed or untreated. A person may decide to commit suicide as a result of the pressures of daily life and the lack of appropriate mental health care. Anxiety is a state of tension, disquiet, or worry about an upcoming occasion or an unclear result. Physical signs like agitation, an elevated heart rate, and trouble concentrating are frequently present. Numerous studies have demonstrated that people who suffer from mental diseases are more likely to engage in suicidal behaviour than people who are mentally

healthy. For instance, a study by Atilola, Ayinde, and Adeitan (2018) found that people with substance use, depression, and anxiety disorders were more likely to have suicidal thoughts and attempts.

A person's mental health can be significantly impacted by physical ailments, which can raise the risk of suicide. In Nigeria, a higher risk of suicide has been linked to chronic illnesses like cancer, HIV/AIDS, and chronic pain. Physical sickness and depression were major predictors of suicide ideation and attempts among Nigerians, according to a study by Oladeji et al. (2014).

Socioeconomic factors. Socioeconomic difficulties are one of the major causes of suicide in Southwest Nigerian households. High levels of poverty, unemployment, and income inequality characterise the area. Economic difficulty can cause psychological suffering, hopelessness, and frustration, which can encourage people to consider suicide. Lack of access to necessities like clean water, healthcare, and education exacerbates household issues and raises the risk of suicide as a result of people's hopeless predicaments.

A socio-economic state known as poverty is characterised by a lack of sufficient income and resources to meet essential demands, including those for food, shelter, and healthcare. It frequently evokes thoughts of lack of opportunity, hardship, and vulnerability. In Nigeria, poverty levels and suicide rates are positively correlated, according to a study by Gureje et al. (2012). Their research demonstrates that those who are poor are more likely to experience sadness, hopelessness, and other mental health problems that raise the risk of suicide. The negative impacts of poverty can be made worse by a lack of access to essential resources like food, healthcare, and education, creating a vicious cycle of poverty and mental health problems.

Similar to the previous example, unemployment is an important socioeconomic element that fuels Nigeria's rising suicide rate. The National Bureau of Statistics (NBS) (2021) reports that Nigeria had one of the highest jobless rates in the world as of 2020, at 33.3%. Lack of employment possibilities, unstable finances, and social isolation brought on by unemployment can have a serious negative effect on a person's mental health and well-being, finally resulting in suicidal thoughts and actions.

Relationship issues. Another significant element in Nigerian suicide is relationship problems. A person's mental health can be severely impacted by marital problems, domestic abuse, and family conflicts, which might limit their access to social support systems. Sometimes, loneliness results in suicide. A subjective experience of social isolation, or a lack of meaningful connections with others, is referred to as loneliness. It can happen even while one is surrounded by other people and can be harmful to one's physical and emotional well-being. For instance, a study by Lamis et al. (2015) discovered that Nigerians were more likely to have suicidal thoughts and actions if they had suffered physical violence from an intimate partner.

Substance abuse and trauma. Other significant factors leading to suicide in Nigeria include substance addiction and trauma. Suicidal thoughts and actions have been associated with substance addiction, particularly alcohol and drug abuse. Suicidal conduct can result from trauma, such as childhood maltreatment and violent exposure, which can have long-lasting impacts on a person's mental health (Lamis et al. 2015; Oladeji, Makanjuola, Gureje, & Reed 2014).

Social pressure and stigma. Suicidal ideation is significantly influenced by societal expectations and shame associated with failures, perceived deficiencies, and social position in Southwest Nigerian households. A crippling sense of failure and hopelessness can result from feeling under pressure to live up to unattainable ideals of performance and success. Furthermore, due to widespread preconceptions and false information, people who struggle with mental health difficulties may experience rejection or isolation from their communities. It is crucial to combat these detrimental societal attitudes because social pressure and stigma like this promote an environment where suicide tendencies are encouraged.

Additionally, the cultural and societal stigma in Nigeria associated with mental illness and suicide might make matters worse. Many Nigerians still view mental illness as a moral failing or a sign of weakness and are reluctant to ask for help or support. This can result in mental health disorders going untreated, which eventually raises the risk of suicide.

Brief Empirical Review. Recent years have seen a number of empirical studies on suicide in Nigeria. These studies have looked at a range of risk factors for suicidality, such as socioeconomic status, mental illness, marital problems, substance misuse, and trauma. The following studies and their results are highlighted:

Loss of economic control was found to contribute to a sense of abandonment in recent research on suicide among men in Ghana (Andoh-Arthur,

Knizek, Osafo, & Hjelmeland, 2018). In their article titled "Reasons for Attempting Suicide: An Exploratory Study in Ghana," the Akotia and Osofa (2018) study reveals that only women cited desertion as a factor in their suicide attempts and that this was mostly due to problems in romantic partnerships. Disappointment from their male partners is likely to harm not just their self-esteem but also their financial survival in Ghana, where many women are economically dependent on men, and have dire implications like suicide. One of the people they spoke to is quoted as saying: "Since I started dating this man, I've had two ectopic pregnancies; my womb and ovaries have been removed, and today he's telling me it's over between the two of us. What will be my starting point? My life has been ruined by him" (Akotia, 2018).

WHO (2020) notes that suicide has a terrible effect on society and causes emotional and mental suffering for the victim's surviving family and friends. Suicide has a huge negative impact on the healthcare system as well since it leads to more hospital admissions and mental health consultations. Suicide also affects society economically, increasing healthcare expenses and resulting in lost productivity.

The main risk factors for suicide conduct among adolescents, according to Kokkevi, Rotsika, Arapaki, and Richardson (2012), are being female, being exposed to bullying and violence, using alcohol and other drugs, having a mental disorder, as well as having poor connections with family and peers. According to Amare, Meseret Woldeyhannes, Haile, and Yeneabat (2018), violent experiences, low social support, and school absence are important risk factors for suicidal ideation and attempt. According to Parellada et al. (2008), the environment's physical changes and various emotional events have an impact on adolescent suicidal attempts. Additionally, evidence points to a link between parent-child connections and adolescent suicide behaviours. Particularly, some research has discovered that parental contact may protect adolescents from engaging in suicidal behaviours. Examples of parental factors that have been proven to be protective against adolescent suicide behaviour include parental bonding (parental knowledge of children's free time), parental connection (understanding of children's difficulties), and parental supervision (checking children's homework).

On the other hand, the majority of studies concur that mental illnesses are strongly associated with suicide (Bridge, Goldstein, & Brent, 2016; Pelkonen & Marttunen, 2003). According to Gould (2001), at least one mental condition affects 90% of suicide victims. Between 47 and 74% of the risk of suicide is shown to be attributed to mental illnesses. The disorder that occurs here the most frequently is affective disorder. In 50–65% of suicide cases, and more frequently in girls than in males, criteria for depression were discovered. Alcohol consumption, in particular, is substantially correlated with substance addiction and the risk of suicide, particularly in older teens and males. Personality disorders, including borderline or antisocial personality disorder, were present in 30–40% of suicide victims. Last but not least, links have been discovered between anxiety disorders and suicide, although it is challenging to gauge the impact of mood and substance use disorders, which are frequently also present in these cases. In general, the risk of suicide is markedly increased when mental problems coexist. The high frequency of comorbidity between emotional and drug use disorders is particularly significant in this case.

Contrarily, the research by Mahmud, Audu, and Makanjuola (2019) demonstrates that socioeconomic conditions such as poverty, unemployment, and low income were major predictors of suicide behaviour among Nigerian farmers. According to Gureje, Kola, Afolabi, and Olley's (2012) research, poverty significantly increases the risk of suicide in Nigeria. According to the study, people who are below the poverty line are more likely to struggle with mental diseases like depression, hopelessness, and other conditions that raise the risk of suicide. According to Atilola et al. (2018), more people in Nigeria have suicidal thoughts and attempts due to a higher prevalence of depression, anxiety, and substance use disorders.

According to Lamis et al. (2015), intimate relationship physical violence was a major predictor of suicidal thoughts and actions among Nigerians. According to Owoaje, Ogunlesi, and Oluwatosin's (2018) research, Nigerians who showed a higher degree of environmental risk factors, such as inadequate social support, family conflict, and interpersonal violence, were more likely to engage in suicide conduct. Bullying at school and at home was a strong predictor of suicide behaviour for adolescents and young adults in Nigeria, according to Turecki, Brent, Oquendo, and Currier's (2020) research. Perceived social support was found by Kehinde, Lawal, and Makanjuola (2017) to be protective against suicide ideation among Nigerian university students.

In combating the suicidal behaviour in Nigeria, the adoption of legislation that addresses mental health concerns is one potential method of suicide prevention. The construction of suicide prevention hotlines and counselling facilities, as well as the raising of awareness about mental health, could all fall under this category. To enhance the general welfare of the populace, the government may also support projects aimed at reducing poverty, creating jobs, and fostering community development in collaboration with civil society organisations. By building networks of support, offering emotional support, and encouraging people to seek help when they need it, community members can also make a significant contribution to reducing suicide (World Bank, 2020; WHO, 2020).

THE IMPLICATIONS OF SUICIDE ON POLICY-MAKING IN NIGERIA

1. Mental Health Policy: mental health conditions like depression, anxiety, and other mental diseases are frequently associated with suicide. The creation and execution of comprehensive mental health policies that emphasise prevention, early intervention, and access to mental health services must be given top priority by policymakers. Increasing money for mental health facilities, hiring additional mental health professionals, and promoting awareness of mental health issues may all be part of this.

2. Methods for Preventing Suicide: National policy needs to include effective suicide prevention measures. This entails creating community-based initiatives that encourage mental health literacy, offer early identification and intervention, and provide support systems for people who might consider suicide. The socioeconomic determinants of mental health, which include problems like poverty, unemployment, and social isolation, should also be taken into account in prevention efforts.

3. Access to Mental Healthcare: legislators should endeavour to provide public access to cost-effective, high-quality mental healthcare. This may entail taking steps like creating mental health clinics in remote locations, offering financial incentives to mental health specialists who work in disadvantaged regions, and integrating mental health into primary healthcare systems. Policies should also work to raise awareness of the options available and lessen the stigma attached to obtaining mental health care.

4. Data Gathering and Monitoring: accurate and current information on suicide rates and associated risk factors is necessary for effective policymaking. Establishing a thorough suicide surveillance system that gathers accurate data on suicide cases, including demographic data, techniques utilised, and underlying causes, should be a top priority for policymakers. This information will support prevention efforts, identify high-risk groups, and track the efficiency of applied programmes.

5. Collaboration and Partnership: governmental organisations, healthcare providers, non-governmental organisations, and community organisations must work together in order to effectively prevent suicide. To achieve a thorough and integrated strategy for suicide prevention, policymakers should encourage partnerships and cooperation among various stakeholders. This may entail creating cross-sectoral task groups, offering financial options for organisations engaged in suicide prevention, and encouraging collaboration across sectors.

The Nigerian penal code, chapter 27, section 327, further states that "any person who attempts to kill himself is guilty of a misdemeanour and is liable to imprisonment for one year"; abetment of suicide is also illegal under Nigerian law. Any person who (1) procures another to kill himself; (2) counsels another to kill himself and therefore induces him to do so; or (3) aids another in murdering himself is guilty of a felony and is subject to life imprisonment, according to Chapter 27, Section 326 of the Nigerian Penal Code.

Summarily, it is critical that Nigerian authorities acknowledge the gravity of suicide as a public health issue and take early action to address it with evidence-based policies and treatments. Nigeria may endeavour to lessen the burden of suicide and foster general well-being in the population by placing a high priority on mental health and suicide prevention.

CONCLUSION

The study has identified a number of variables that contribute to suicide tendencies in southwest Nigeria. Suicidal thoughts and deeds are more likely

to occur in people who are depressed, anxious, and hopeless as a result of societal pressure, relationship issues, and financial hardships. The lack of access to quality healthcare services and the stigma around mental health issues make the situation even worse. To stop the spread of suicide behaviours, it is crucial to raise awareness about mental health concerns, offer those in need the necessary assistance and resources, and lessen stigma.

RECOMMENDATIONS

Based on the conclusion drawn from the study, the following recommendations were offered:

1. Resources for Mental Health: southwest Nigerian governments at all levels need to give priority to mental health and allocate funds to facilitate the treatment of those who need it.
2. Develop Community Awareness Initiatives: to modify cultural attitudes about mental health concerns, lessen the stigma associated with suicidal thinking and behaviour, and promote community support, public awareness and community education initiatives should be held.
3. Psychological and Emotional Support: community-based psychological and emotional support groups for people with mental health concerns will help by giving them a safe place to be and equipping them with the knowledge they need to seek medical attention.
4. Overcoming Financial Barriers: governments and non-profit organisations must develop various programmes to make sure that those in need of mental health care do not face financial barriers.
5. Collaboration with Private Organisations: the government can work with private organisations to offer resources, training programmes, and job opportunities to combat poverty, keep jobs from being lost, and advance economic growth and development.

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