RECENT CASES OF SUICIDES IN NIGERIA: IMPLICATIONS TO COUNSELLING.

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Abstract

In recent times there have been several reports of people committing suicides in Nigeria. Although, the issue of people committing suicide in Nigeria is not new but in recent times, the increase in reports of citizens committing suicide is very alarming, a challenge that calls for urgent intervention in order to arrest the present ugly trend. This article, therefore seeks to have an overview of suicide worldwide, discuss the recent incidences of suicides in Nigeria, the likely predisposing factors, the prevailing consequences and its implications to counselling.

Keywords: *Suicide; Counselling; Incidences; Consequences*

Introduction

In recent times, about 800,000 people died as a result of suicide; that is to say, in every 40 seconds a person deliberately kills him/herself. The overall yearly mortality rate has been approximated by the World Health Organization (WHO) to be 10.7 per 100,000 individuals, with variations across age groups and countries (WHO, 2015). In another report by WHO (2014) it is attested to that suicide is the second leading cause of death worldwide occurring in all regions of the world and all through the lifespan particularly among young people from the age range of 15-29 years.

However, suicide is not peculiar to a country as it occurs throughout the world irrespective of people's tribes, beliefs, culture, gender, and socio economic status. Besides, statistics reveals that the highest suicides rates in the world are extremely diverse. For example, in 2019, the top 5 are eastern European country of Lithuania (31.9 suicides per 100k), Russia with 31 suicides per 100k, the South American country of Guyana experiencing 29.2 suicides per 100k, the Asian country of South Korea has 26.9 per 100k. Although, there are other eastern European countries that have high suicide rate and this includes, Belarus with 26.2 suicides per 100k, Suriname and Kazakhstan both having 22 suicides per 100k (Worldpopulation review.com).

According to Barauh and Chalha (2014) the word suicide originated from a Latin word sui caedere which meaning to kill oneself. WHO (2001) defined suicide as "the act of killing oneself, deliberately initiated and performed by the person concerned in the full knowledge or expectation of its fatal outcome. However, risk factors for suicide includes alcohol or drug abuse, feeling lonely, physical illness, family history of suicide or violence, history of depression or mental illness and previous suicide attempt.

Although, there is no single explanation of why people die by suicide however, many suicides happen impulsively and, in such circumstances, easy access to a means of suicide – such as pesticides, firearms or privacy tend to make the difference as to whether a person lives or dies. Notwithstanding, social, psychological, and cultural factors can interact to lead a person to manifest suicidal behaviour, but the stigma attached to mental disorders and suicide make people that are in need of help to be unable to (WHO, 2014).

In Nigeria, the issue of suicide has become a re-occurring decimal as tabloids every now and then report incidences of suicides. For instance, Obinna and Olawale (2019) reported that more Nigerians are dying as a result of suicide and gave instances of a lecturer at the University of Ibadan who took his life; a week after a 100 level undergraduate students also took her life; some days later another undergraduate student also ended his life by drinking poison and thereafter, an 18 year old was found dead in her room with a bottle of insecticide and sniper by her side. Yakubu (2019) reported that Omolola a three hundred level student in one of the Nigerian as University took her life after having a disagreement with her parents. Also, Akinkuotu and Aworinde (2019) reported a story of Chidike Oyeka, a 25-year-old graduate of Madonna University, who just returned to his parents' home in the Aguda area of Lagos State after the compulsory one-year National Youth Service Corps programme committed suicide by piercing himself with knife inside the kitchen.

However, counselling which is a veritable means of assisting people to adjust positively to changes and challenges in vocational, educational and persona social issues can be explored in addressing the present upheaval bedevilling Nigeria called suicide. Before now in Nigeria, counselling is more enshrined and practiced in the four walls of schools and down played in the larger society.

It is on this basis that the article seeks to shed light on suicide at the world stage, discuss the present trends of suicide in Nigeria with the aim of highlighting the causes and the roles counselling can play in addressing ugly trend of citizens of Nigeria taking their lives.

SUICIDE GLOBALLY

Globally, suicide rates have increased by 60% worldwide, in the last 45 years, with an estimated global incidence rate of 16 per 100 000 (WHO, 2014). According

to WHO (2014), an estimated 804 000 suicide deaths happened internationally in 2012, signifying an annual global age-standardized suicide rate of 11.4 per 100 000 population that is 15.0 for males and 8.0 for females. Nonetheless, since suicide is a susceptible issue, and even illegal in some countries, it is very likely that it is under-reported. In nations that have good registration system to register data in place, suicide cases may be misrepresented as a mishap or another cause of death. Therefore, registering a suicide is a complicated procedure involving several different authorities, often including law enforcement. And in countries without consistent registration of deaths, suicides simply die uncounted.

In wealthier nations, men commit suicide three times than more women counterpart do, save for low- and middle-income nations their the male-to-female ratio is much lower at 1.5 men to each woman. Globally, suicides account for 50% of all violent deaths in men and 71% in women. With regard to age, suicide rates are highest in persons aged 70 years or over for both men and women in almost all regions of the world. In some countries, suicide rates are highest among the young, and globally suicide is the second leading cause of death in 15−29-year-olds. The ingestion of pesticide, 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).

However, it has been reported recently that suicides are the second leading cause of untimely mortality in individuals especially those whose age ranges from 15 to 29 years (preceded by traffic accidents), and number three in the age-group 15–44 years [8]. Ominously, in 2015, the vast majority—namely 78% of suicides—were completed in low- and middle-income countries (LMIC) (Figure WHO, 2015).

According to Figure WHO (2015) the international suicide mortality rate amounts to 1.4%, ranging from 0.5% in African regions to 1.9% in the South-East Asia region (Värnik, 2012). Although, WHO defines regions which do not completely overlap with geographic regions that is to say the African region excludes the Eastern Mediterranean region/the Arabic countries.

Expounding the uneven distribution of suicides between countries even further, some examples are presented. All rates refer to 100,000 inhabitants. The lowest rates, i.e., between 0 and 4.9, were found, for example, and in order of escalating rates, in Antigua and Barbuda, Barbados, Pakistan, Guatemala, Egypt, Syrian Arab Republic, United Arab Emirates, Indonesia, Iraq, Venezuela, Algeria, Jordan, Saudi Arabia, Philippines, Iran, Kuwait, Greece, and Morocco.

Suicide rates between 5.0 and 9.9 were acknowledged in Mexico, Somalia, Bangladesh, Panama, Afghanistan, Libya, Tunisia, Peru, Nepal, Bosnia and Herzegovina, Brazil, Zambia, Kenya, Ghana, United Republic of Tanzania, Uganda, Kyrgyzstan, Viet Nam, Ecuador, Namibia, Italy, Macedonia, Ethiopia, Mozambique, Spain, United Kingdom, Turkey, Congo, Nigeria, Chile, and

Singapore. While rates between 10.0 and 14.9 existed in China, South Africa, Gabon, Norway, Ireland, Romania, Bhutan, Australia, Cambodia, Cameroon, Netherlands, Denmark, Lao People's Democratic Republic, Canada, Slovakia, New Zealand, Iceland, Germany, Portugal, Czech Republic, Argentina, and USA.

The countries with the highest rates of _15 were Switzerland, Sierra Leone, Sweden, India, Democratic People's Republic of Korea (North), Bulgaria, Thailand, Finland, Austria, France, Serbia, Bolivia, Estonia, Japan, Russian Federation, Belgium, Slovenia, Hungary, Latvia, Poland, Kazakhstan, Mongolia, Republic of Korea (South), Lithuania, and Sri Lanka (Figure WHO, 2015).

Unfortunately, developing nations such as Nigeria, do not routinely collect death records and have no reporting systems to document the causes of death. These non-reporting countries exceed 50, and include nations with populations numbering over 100 million people such as Indonesia, Pakistan and Bangladesh (Khan, 2003).

SUICIDE IN NIGERIA

There is paucity of information about the epidemiology of suicide in Nigeria and this is due to the fact that in less developed climes deaths that result from suicide are generally not reported and documented as it ought to. This is partly attributable to the routinely poor records of death and its causes. In a study that evaluated coroners' reports over a four-year period (1957-60) in the Western Region (now broken down into several states) of Nigeria, Asuni concluded that the suicide rate in Western Nigeria was very low. He reported higher rates of suicide in the rural areas compared to urban regions (Asuni, 1962; Alabi, Alabi & Abdumalik, 2014).

In the study of Asuni (1962) it was revealed that as at then suicide rate in Nigeria was very low; most suicide were by hanging and that more cases of suicide occurred in rural areas than urban areas. The study of Eferakeya (1984) which is a hospital based studies that reviewed reported cases of attempts to commit suicide in hospitals in Benin City, Edo State showed that suicide had not increased over the period of four years that is the year 1978 to 1981 during which the average crude suicide attempt rate was 7 per 100 000. The commonest age group was among teenager aged 15-19 years (39.4%), while nearly nine out of ten attempters (87%) were aged 30 years and below. The most important predisposing factors reported were mental illness (32%) and parental conflict (24%). There was no significant gender difference.

Odejide et al (1986) undertook a six-month prospective study of thirty-nine cases of deliberate self harm reported in the three major hospitals in Ibadan, Nigeria and revealed that nearly eight in ten (76.9%) were under the age of 30 years; and just over half (51.3%) were students, while 25.6% were manual workers. The commonest methods used were ingestion of chemicals and psychotropic drugs.

Nwosu S.O, Odesanmi (2001) in a study carried out in the Teaching Hospital, Ile-Ife, Nigeria, that was based on medico-legal autopsy reports, reported the suicide rate as 0.4 per 100,000 populations, with nearly four times as many males committing suicide when compared to females (ratio of 3.6:1). The majority of the suicides were committed by the ingestion of Gammalin 20 and use of the local dane gun. Adewuya (2016) et al; carried out a study on prevalence and factors influencing suicidal ideation in Lagos State and revealed that Eight hundred and forty-six participants (7.5%) endorsed having suicidal ideation in the past 2 weeks. These consisted of 667 (6.0%) participants endorsing 'several days', 151 (1.3%) endorsing 'more than half the days' and 28 (0.2%) endorsing 'nearly every day.

Gureje O, Kola L, Uwakwe R, et al., (2007) carried out a Large-scale epidemiological survey among adults that covered 36 states in Nigeria. They reported prevalence of suicidal ideation, plan and attempts were 3.2%, 1% and 0.7% respectively. The presence of mental disorders, especially mood problems significantly correlated with suicide outcomes, while a history of early childhood adversity was identified as a risk factor for lifetime suicide attempt. However, in a recent study conducted by Okoedion and Okolie (2019) carried out an evaluation of risk factors that could be influence suicide behaviour among youths in Edo State reported that all the risk factors such as depression and mental illness, substance use, interpersonal conflict, anxiety and stress, unemployment and poverty, sexual violence, previous suicidal behaviour, childhood adversity, hopelessness and others influence or predict suicidal behaviours. The study (Okoedion & Okolie, 2019) also revealed that depression and mental illness, substance use, interpersonal conflict, anxiety and stress, unemployment and poverty, previous suicidal behaviour, sexual violence, childhood adversity, hopelessness and others individually influenced or predicted youth suicidal behaviour in Edo State.

Trends and Causes of suicide in Nigeria in Recent Times

Basic data on the causes and risk factors for suicide and its immediate precursors – suicidal ideation, plans, and attempts are scarce in many countries around the world, particularly those that are less developed such as Nigeria. However, World Health Organisation suicide statistics, Nigeria's suicide rate was rated at 6.1% (WHO, 2011).

Although, in recent times, newspaper have reported several cases of suicides for example, Eno (2019) asserted that hardly a week passes now without a person attempting or committing suicide in Nigeria with most of such incidents missing out on the pages of of the tabloids. Some other widely reported suicide cases include that of Kogi State University 100-level student, whose boyfriend broke up their relationship and decided to commit suicide by taking a pesticide, and another 100 level Chemical Engineering at the University of Port Harcourt, Rivers State, who committed suicide by taking two bottles of poisonous substances.

The inventory of those that committed suicide in Nigeria in recent times also includes an 18-year-old found dead in her room in Aluu, a community in Rivers State; a 26-year-old hairdresser in Lagos State who ended her life after her boyfriend broke their relationship; and a 17-year-old boy in Jos, Plateau State who resorted to sipping pesticide as a result of failing a University entrance examination. There have also been two reported (separate) cases of pastors in Abuja and Lagos who got depressed over personal challenges of life and resorted to ending their lives by committing suicide (Eno, 2019).

Muanya, Akpunonu and Onyenucheya (2019) reported a case of a 17 years old girl by the name Saka who ended her life by drinking a poisonous substance called sniper when she was told to pack out of the house by her grandmother because of the pregnancy she was carrying.

Before the case of Saka came up, just some street away, a 19 year old girl by the name Uche Obiora was alleged to have also taken sniper at her boyfriend's house. Also, Chukwuemeka Akachi, a 400-level student of the Department of English and Literary Studies, University of Nigeria, Nsukka, (UNN) was found dead in an uncompleted building after experiencing coma as a result of drinking a poisonous substance called sniper.

In Nigeria, the SURPIN has found that about one-fifth of suicide cases seen at its affiliated institution are those aged 13-19 years, and that over 50 per cent of the crisis calls received through its hotlines are from those aged 13- 29 years; 27.8 per cent were students. This should worry every parent, and indeed any Nigerian who values life, considering that the Nigerian National Youth policy (2009) defines youth as those aged 18 -35 years, while the African Youth Charter defines it as 15 – 35 years (Muanya, Akpunonu & Onyenucheya, 2019).

According to Alake (2018) Nigeria is a highly unstable country where hardships are a part of the daily life of an average citizen. This is simply due to the fact that significant number of Nigerians lives below the minimum wage of N18,000,000. However, while hardships lead to depression, other subtle undiagnosed like chemical imbalance are also vehicles for depression. Also a reporter Nwokeoma (2018) quoted a psychiatrist consult at the Universityof Ilorin teaching hospital who said

"Mental illness is on the increase in Nigeria. Generally, people are becoming more and more stressed due to the hardship and difficulties we have in the country. They do not have money, so an increasing number of people are engaging in self-medication. More people are abusing alcohol and drugs like Tramadol and Cannabis sativa"

To buttress this remark, Nwokeoma (2018) quipped that when the World Mental Health Day was commemorated on October 10, 2018, the World Health Organisation released a study that claimed that one in four people in the world would be affected by mental or neurological disorders at some point in their lives;

that is at least 1.7 billion persons, making mental disorder one of the leading causes of ill-health and disability in the world.

The issue of the mental health challenges may have resulted to some Nigerian youth engaging in substance abuse even as Eno (2019) submitted that many young Nigerians, most especially the youth are fast developing a passion for substance abuse most especially as a result of growing poverty and frustration in many homes. Furthermore, the rising unemployment rate (at about 20%), societal pressure, among others may have in a way resulted to depressive disorder, a major detonator of full-blown madness, incoherent behaviour or suicide among people who have been overwhelmed by the challenges of life. The scores of suicides recorded recently, according to reports, were made possible by a popular brand of pesticide, sniper. Some victims also hanged themselves, others jumped into rivers while drug overdose was not ruled out in a few cases (Eno, 2019).

Implications to Counselling

The present trend of suicide cases in Nigeria has implications for counselling in reducing the rates of suicide, establish support systems required to strengthening the citizens resiliency in the face of challenges.

It is a known fact that most people turn to their friends for help, the counsellor can utilise the friends of those that are at risk of committing suicide as resources in suicide prevention. For example, can organize peer help programmes and help those that are at risk to build up social support networks (Myrick & Folk, 1999). However, in a school setting, the school counsellor can come up with a multiple social skills training programme (Hui, 2003) that can raise students self efficacy thereby enabling them to be able to maintain friendships, negotiate and solve peers conflicts amicably. Even as the programme has the potentials to minimise peer victimization, rejection and at the same time maximize support among students and develop caring relationships in schools.

In the Nigerian setting, communal living is valued and family base are viewed as buffer against life challenges that can lead to suicide ideation. Therefore, counsellor can initiate a forum to host family relationship enrichment programme (Ginsberg, 1997) to help in assisting those who have been observed to be capable of committing suicide with their parents to build effective conflicts resolutions, problem solving and communication skills. At such forums, counsellors can train parents on how to show love, affection by attending to the emotional/ psychological needs of their children and give the needed guidance and support their wards may need.

Some citizens view suicide as a way to escape their present predicament and stress, therefore there is the need for counsellors to host talk shows on radio, television and social media with the aim of arming the general public on how they can handle, stress, depression and anxiety. These counselling programmes may

include, teaching the public appropriate coping strategies, positive thinking skills, stress and emotional management, all of which has the prospect of equipping listeners with necessary knowledge and skills to handle life events (Rice et al., 1993).

Conclusion

The present rate of suicide in Nigeria calls for all hands to be on deck, most especially mental health practitioners such as professional counsellors. This is due to the fact that the counselling profession in the public clime is not given its rightful place at it is given in schools generally. Most people with suicide ideation may not be aware of where to go to for help and if they do they may not be aware how to reach out to a counsellor around their vicinity. These calls for the need for counsellors to make themselves more visible and audible than ever on the television, radio and social media by giving the populace the tips or skills in managing stress and depression that can lead to suicide if not well managed.

Recommendations

Having discussed suicide as it relates with the world and the Nigerian context, the following recommendations hereby proposed:

a) There is need for more enlightenment programmes on air, most especially the radio on how members of the public that may be going through a stressful situation can handle it before it leads to them contemplating suicide.

b) Counsellors in schools should rise up to the occasion by organizing seminars for pupils on how to prepare for their examinations and should as well be equipped with ways to handle academic failures.

c) Counsellors should organize awareness programmes in-order to educate students on how to note suicidal behaviours in others and how to assist such people to avoid committing suicide.

d) Local Governments should endeavour to create counselling centres and publicize the same in order to the general public to know who they can go to for help whenever they are depressed.

e) Counsellors should regularly organize sensitization programmes for teachers and parents on how they can handle students and/or children that are exhibiting suicidal behaviour.

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