

Incidences, Factors and Nature of Suicide among Populations in FCT Abuja, Nigeria

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Abstract

This study investigated the increasing incidences, factors, and nature of suicide among populations in Nigeria-specifically around the suburban towns of the FCT Abuja. The study's objectives were to ascertain reasons for increasing suicide incidences, the nature of suicides, and reasons for poor suicide incidences records or documentations among populations around suburban towns of FCT Abuja. The study was conducted using a descriptive survey research approach, with three key research questions. A purposive random selection method was used to choose 750 respondents from among the populations in five suburban areas in the FCT for the sample. The researcher developed a 45-item Likert scale questionnaire to ask the respondents about their experiences of suicide incidences in their communities. The data were analysed using the mean. The study's findings showed there is increased incidences of suicide among FCT suburban populations, revealed most common suicide methods used by victims, and showed no adequate documentation of such incidences. Recommendations: Government to establish and implement an effective preventive measures framework that could help reduce incidences of suicide throughout Nigeria and the world at large.

Keywords: Suicide incidences, economic challenges, mental health issues and FCT populations.

Introduction

In Nigeria today more than ever before, the prevention of suicide and other mental health related issues have become imperative considering the alarming increase rates of suicide. Nigeria is the most populous country in Africa with numerous cultural, economic, and social diversities, and their attendant challenges. Despite being preventable, close to a million people die by suicide daily worldwide while the low and middle-income countries account for approximately 80% of the global suicides. Nigeria with a population of over 200 million is one of the epicentres of suicide in the world with a suicide estimate of 17.3 per 100 000, which is higher than the global (10.5 per 100 000) and Africa (12.0 per 100 000) estimates (WHO, 2020). According to global statistics, since 2012 there has been an increase in suicide in the country. Moreover, Nigeria currently has been reporting the highest number of depression cases in Africa (WHO, 2018). With a population of over 200 million people, the increasing health care demands and weak health systems, along with inadequacies in social determinants of health, adverse economic meltdown on businesses and investments, are some of the most disturbing challenges faced by populations-leading to increased incidences of suicide across Nigeria. Based on the section 327 of the criminal code of Nigeria, Suicide is a crime in Nigeria. Research evidence on suicidal behaviour in Nigeria

document the use of chemicals, self-cutting, burning with kerosene, hanging and firearms as methods of suicide (Nwosu & Odesanmi, 2001). Several other methods arose as persons who engaged in suicide are sometimes ambivalent and some are impulsive responses to psychological stressors. Factors attributed to suicide are personal risk factors including financial constraints, family history of suicide, loss of loved ones, mental illness, physical illness, substance abuse and so on (Uwakwe & Gureje, 2011)

Problem Statement

In Nigeria today more than ever before, the prevention of suicide and other mental health related issues have become imperative considering the alarming increase rates of suicide. Suicide is a global public health problem and Nigeria is one of the epicentres of suicide in the world. However, there is a dearth of research exploring the epidemiological aspects of suicide in Nigeria (Oyetunji, Arafat, Famori *et al*, 2020). Suicide is a global phenomenon having a deep consequence not just to the dying person but also towards the bereaved, the community and society at large. Another problem that is worrisome is the fact that suicide in many Nigeria communities is grossly under-reported and under-documented due to the non-existence of a vital statistics system (Gureje & Alem, 2004) and the sensitive nature of the subject (Panyayong, Tantirangsee, Bogolian *et al*, 2018) The dearth of data is another problem shrouded in stigma, cultural and religious sentiments associated with suicide in most cultures and societies in Nigeria. In many communities, deaths by suicide are perceived as sinful, a taboo and caused by evil forces, so the family members of the victim are often stigmatised and may cover up such incidences or decline talking about such to any outsider. People prefer to hide the mode of death, declaring suicides as accidental deaths or as homicides (Ohayi, 2019). Many of the reported cases rely on police and hospital records, neither of which are comprehensive nor might have been influenced by the bereaved. Another problem is that in Nigeria, the suicide phenomenon remains under-explored, and there has been insufficient attention to the content analysis of most Nigerian communities on the demography, methods, and risk factors for suicide in Nigeria. This study seeks to find out the reasons for increased suicide incidences among populations around the FCT Abuja and proffer preventive measures that could help reduce suicide among populations not just in the FCT Abuja, but in Nigeria entirely.

Review of Related Literature

Concept of Suicide

Suicide has been defined in various ways. It is the act of deliberately killing oneself (World Health Organization, 2014) or a fatal self-injurious act with some evidence of intent to die (Bilsen, 2018). It could also be defined as intentional self-inflicted death (Masango *et al*, 2008). The scourge of suicide has assumed grave dimensions globally and nationally, where 75% of suicides occur in low-and-middle income countries, such as Nigeria where resources and services are often scarce and limited for early identification, treatment, and support of people in need (WHO, 2014).

Suicide Rates

In the observations of Raphael E O et al (2020), In Africa, Nigeria has the 13th highest suicide mortality rate of 9.5 per 100,000 above the Regional (African) average of 7.4 (World Health Organization, 2018c). Males have a higher suicide rate of 9.9 per 100,000 population while females have a rate of 9.2 per 100,000 population. As of 2012, there were 7,238 reported suicides in the country – 5,653 males and 1,584 females – with the likelihood that the figures are under-reported (WHO, 2019a).

Risk Factors of Suicide

Despite being recognized by the World Health Organization as a significant social and health concern, information on suicidal behaviours in Nigeria is limited. Some identified risk factors for suicide include depression, job or financial loss, hopelessness, harmful use of alcohol and other substances, chronic pain and illness, family history of suicide and genetic/biological factors⁸ (World Health Organization, 2014). In addition, experiencing conflict, disaster, violence, abuse, or loss and a sense of isolation are strongly associated with suicidal behaviour. By far, the strongest risk factor for suicide is a previous suicide attempt (World Health Organization, 2019a; Blasco-Fontecilla et al; 2019).

Depression: Depression, as defined by the WHO, is a common mental disorder, characterized by persistent sadness and a loss of interest in activities that are normally enjoyed, accompanied by an inability to carry out daily activities, for at least two weeks (World Health Organization, 2019a). It is a common mental disorder that affects more than 300 million people globally and can lead to suicide at its worst (World Health Organization, 2019a). Depression is the leading cause of illness and disability worldwide, affecting more women than men (World Health Organization, 2019a; World Health Organization, 2019b). Energy loss, appetite change, sleep deprivation/hypersomnia, anxiety, reduced concentration, indecisiveness, restlessness, feelings of worthlessness, guilt, hopelessness and thoughts of self-harm or suicide are characteristic of people with depression (World Health Organization, 2019a). On average, 22% of Nigerians - 74% who are household heads, 27% who are female - have depressive symptoms (The Mind, Behaviour, and Development Unit, 2018).

Depression in the young: Worldwide, it is estimated that 10%-20% of adolescents experience mental health conditions, yet these remain underdiagnosed and undertreated (World Health Organization, 2019). A study on depression among students of Ahmadu Bello University (ABU), Zaria revealed that 58.2% suffered from depression, with 37.0%, 15.7%, 3.9%, and 1.6% showing mild, moderate, moderately severe, and severe depression respectively (Abdulrazaq & Dabana, 2018). In another study conducted among adolescents attending secondary schools in Enugu and Ebonyi states in Southeast Nigeria, adolescents exhibited different levels of depression with a female preponderance where prevalence of moderate depression was highest at the age of 13 while prevalence of severe depression was highest at the age of 12. A study identified factors associated with depressive symptoms in 13-18 years old attending senior secondary schools as parental depressive

symptoms, adolescents' perception of family functioning as poor, adolescents' problems with peers, adolescents' low self-esteem, adolescents' drinking, female gender, and large family size (Adewuya & Ologun, 2006).

Depression in the old: Achievements in healthcare have contributed to changes in national demographic structures, with a positive impact on population aging. Older persons are those considered 60 years or older (United Nations, 2013). About 15% of adults aged 60 and above suffer from mental disorders and global population of older persons is projected to increase from 12% in 2015 to 22% in 2050 (World Health Organization, 2017b). Nigeria's older population was estimated at 9,622,056 (2016) (National Bureau of Statistics, Nigeria, 2017); accounting for about 5% of the total population. A cross sectional survey of older adults conducted in Uyo revealed that 45.5% of the adults had depression (Akosile, C.O et al., 2018). Depression is underdiagnosed in primary care settings and symptoms are often overlooked and untreated among older adults (World Health Organization, 2017b), sometimes related to difficulties in carrying out normal ever day function⁶ (World Health Organization, 2010).

Other co-existing health conditions: Existing health conditions such as epilepsy, asthma and HIV/AIDS have been found to increase the risk for suicidal ideation and depression. A study showed that there was a frequency of suicidal ideation among patients with asthma. Persons with suicidal ideation were more symptomatic for depression and most had poor asthma control, highlighting the need for increased recognition and treatment of co-morbid psychiatric illness among asthma patients (Aina et al., 2015). Another study highlighted the need to regularly assess for and manage epilepsy-related depression in this population (Bzeala Adikaibe et al., 2012).

Conflict and terrorism: The psychological consequences of Boko Haram-affected children in Nigeria are largely unknown. It is recognized that children who are exposed to ongoing violence in Nigeria may suffer severe cognitive dysfunction, depression, panic disorder, generalized anxiety disorder, and psychiatric illnesses (Djalovsk et al., 2016) Studies have shown that an estimated 3.7 million children exposed to Boko Haram insurgency had mental health needs that are unmet. The failure to update the Mental Health Act to cater to the mental health need of children exposed to terrorism is a gap that continues to put Nigerian children into high risk of permanent psychological health illnesses (Adepelumi, 2018). The bill was not passed even after its introduction to the National Assembly in 2003 and re-introduction in 2013.

Also, Mbah S A (2010) identified some of the factors that could cause suicide behaviours to include:

Bad economic times: Kastenbaum, (1991) in Okafor and Okafor (1998) reported that bad economic times were associated with an increase in suicide rates. They maintained that although data were not available in Nigeria to confirm this assertion, it was most likely that periods of recession in Nigeria had led to a general rise in suicide. That bad economic times resulted in unavailability of jobs, loss of jobs and different forms of financial crises reverses. When people were worn down by tribulations and hardships they asserted, the people

might long for a 'rest in peace' or a 'better refuge.' This motivation may lead to suicides and suicidal behaviours.

Family disruption: Several family disruptions such as separation, divorce, death, parental psychopathology, and family violence have been associated with the suicidality among students (Okafor & Okafor, 1998). These studies agree that parental attitudes, feelings, and actions influence the child and produce in the child lasting identification which, in turn, becomes apparent in the child's perceptions and fantasies of him or herself and others. When a parent, for instance, is violent, the child may wish to escape from the intolerable interactions of his or her parents. It was also observed that children seem to imitate their parents' aggressive behaviour as well as to identify with the parents' hostility and criticism of him or her. As a result, the child regards him or herself as bad, hostile, destructive, and worthless (Okafor & Okafor, 1998). Suicidal behaviour may, therefore, be one drastic mechanism available to the child for unburdening his or her intolerable feelings.

Bereavement: Losses of significant others are difficult for people of any age, and especially so with tenuously adjusted youths. The loss of a loved one can be experienced as so unbearable that the survivor is tempted to join the deceased. Loss of a parent at a young age for instance may result in feelings of undeserved guilt, unbearable grief, or fear of mental illness. These unbearable grieves and undeserved guilt may lead to suicide and suicidal behaviours.

Pressure of work: Pressure of work, particularly academic pressure seems related to suicide, but in a simple way. Typical student victim of suicide has respectable academic record but felt that he or she is not performing up to expectations. People who feel unable to live up to what others expect of them may develop feelings of shame and guilt which can leave them open to developing a sense of worthlessness and inadequacy. Parents who expect too much from their children or put too much pressure for achievement and success on them may contribute to the development of these undesired negative feelings that may result in suicide and suicidal behaviours in their children. These negative feelings may also lead to poor relationships.

Poor relationship: A feeling of isolation may result when one is unable to establish close and meaningful relationships with friends, parents, and older role models. A lover may be rejected, an employee passed over for promotion, or another child preferred and pampered leaving inside him or her feeling of burning resentment and hurt. A repeatedly unfairly treated, achievements never recognized no matter how hard one tried, love and appreciation withheld are some of the predisposing factors for suicide and suicidal behaviours. Somebody who is denied attention or lacks effective relationships with peers may do something wrong to have that attention. He or she then, may decide to punish others by punishing him or herself. In later life, social isolation is among the factors that increase the likelihood of suicide. This is so in societies where appreciate and useful roles are not created for the older citizens.

Personal factors: At the personal level, self – directed aggression which seems to encompass Freud's view of lurking death wish and extends to 'partial' suicides, such as

accident proneness, drug addiction, and excessive risk taking is identified as a main cause of suicide. A desire for rebirth and restitution in which children and suicidal schizophrenics, for instance, often speak of loss of doing away with 'bad me.' Finally, despair, loss of self-esteem and poor self-image is also predisposing factors for suicide and suicidal behaviours.

Other factors: Other factors associated with suicidal behaviours according to Lewinsohn, Hops, Roberts, Seeley, and Andrews, (2003) include family history of suicidal behaviour; family dysfunction; and peer difficulties. This view was supported by Hovey and King (2004); George (2007); Canino and Roberts (2007), who added school failure and problems; parents/child conflict and substance abuse/dependence as contributing factors to suicidal behaviours. Numerous studies, for example, have demonstrated that alcoholics have much higher annual and lifetime rates of suicide and suicidal attempts than do those in the general population (Bonges, Walters & Kessler, 2000; Meril, Milner, Owens, and Vale, 1999; Murphy, 1999). Boarding school students may be at increased risk for suicide attempts and ideation (Manson, Ackerson, Dick, Brown, & Fleming 2000; Sack, Beiser, Phillips & Baker-Brown, 2000) due to the characteristics (peer influence) that may direct them there and to disruption of critical development process. Off-campus students may also be at risk for suicide attempts and indirect self-destructive behaviour because of the societal influence on them. Undergraduates of universities in South-eastern States of Nigeria may also be at increased risk for suicide attempts and ideations due to peer influence. These risk factors may inform the development of effective, preventive intervention strategies for the protection against suicidal behaviours and co morbid behaviours that often co-occur.

Nature of Suicide

It is estimated that around 20% of global suicides are due to pesticide self-poisoning. (World Health Organization, 2019a). Indeed, in the last 2 – 3 years, the use of a pesticide called Sniper has been one of the most common methods of suicide in Nigeria. Other common methods of suicide are hanging and drowning. A study revealed that the choice of how to die often depends on the most available and most convenient means at hand. Women chose less violent means of suicide such as drowning or poisoning, while males often chose violent methods such as hanging or firearm (Offiah & Obiorah, 2014). The paucity of structured, state-specific, region-specific, and national-specific data are areas that clearly need to be improved upon. It is however clear that the rise in suicide rate in Nigeria from 6.5 per 100,000 people in 2012 to 9.9 in 2015 makes it a serious public health concern of national imperative.

Suicide Preventive Measures

Suicidal prevention is an umbrella term for the collective efforts of local citizen organizations, mental health practitioners and related professionals to reduce the incidence of suicide. Such efforts include preventive and proactive measures within the realms of medicine and mental health, as well as public health and other fields-since

protective factors such as social support and connectedness, as well as environmental risk factors such as access to lethal means, appear to play significant roles in the prevention of suicide, suicide should not be viewed solely as a medical or mental issues (Maine, 2004). Suicide prevention interventions fall into two broad categories: prevention targeted at the level of the individual and prevention targeted at the level of population (Bertolote, 2004).

Adapting the American National Strategy for suicide prevention Framework as a model for the Government in FCT Abuja

In 2001, the United States Department of Health and Human Services, under the direction of the Surgeon General, published the National strategy for suicide prevention, establishing a framework for suicide prevention in the U.S. The document calls for a public health approach to suicide prevention, focusing on identifying patterns of suicide and suicidal behaviour throughout a group or population (as opposed to exploring the history and health conditions that could lead to suicide in a single individual) (Bertolote, 2004). The document also outlines eleven specific objectives for the prevention of suicidal behaviours. These include:

1. Promoting awareness that suicide is a public health that is preventable.
2. Developing broad-based support for suicide prevention.
3. Developing and implementing strategies to reduce the stigma associated with being a consumer of mental health,
4. Substance abuse and suicide prevention services.
5. Developing and implementing community-based suicide prevention programmes.
6. Promoting efforts to reduce access to lethal means and methods of self-harm.
7. Implementing training for recognition of at-risk behaviour and delivery of effective treatment.
8. Developing and promoting effective clinical and professional practices.
9. Increasing access to and community linkages with mental health and substance abuse services.
10. Improving reporting and portrayals of suicidal behaviours, mental illness and substance abuse in the entertainment and news media.
11. Promoting and supporting research on suicide and suicide prevention; and expanding surveillance systems.

In the United States, numerous studies have concluded that firearm access is associated with increased suicide risk. Because guns are quick and more lethal than other suicide means (about 85% of attempts with a firearm are fatal, a much higher case fatality rate than other methods), they are often a major drive of suicide rates (CDC, 2006). The report further concluded that reduction in the possession of firearms would eventually reduce drastically, the rates of suicide and suicidal attempts in U.S. Finally, it was suggested that the best way to prevent suicide is to know the risk factors, be alert to the signs of depression and other mental disorders, recognize the warning signs of suicide, and intervene before the person can complete the process of self-destruction. This can help define the problem and provide

a more comprehensive view of injury circumstances useful to inform researchers and guide public health officials in developing prevention strategies against suicide. The above suicide prevention framework by the US government if adopted and studied properly by experts and properly implemented by the Niger State Government, could go a long way to prevent or reduce the increasing incidences of suicide in not just Suleja, Minna and Bida emirates, but the whole of Niger State

Objectives of the Study

Three specific objectives guided the study.

1. To find out the reasons for increasing suicide incidences among suburban populations around the FCT Abuja, Nigeria
2. To find out why suicide incidences are not adequately reported and documented amidst increasing incidences of suicide among suburban populations in the FCT Abuja, Nigeria.
3. To determine the nature of suicide among suburban populations around the FCT Abuja, Nigeria

Research Questions

Three research questions guided the study.

1. What are the reasons for increasing suicide incidences among suburban populations in the FCT Abuja Nigeria?
2. Why are suicide incidences not adequately reported and documented amidst increasing incidences of suicide among suburban populations in the FCT Abuja, Nigeria?
3. What is the nature of suicide among suburban populations in the FCT Abuja Nigeria?

Methodology

A descriptive survey research strategy was used for the study's methodology. Based on replies to a sample drawn from populations among suburban communities around the FCT Abuja, Nigeria. This approach was chosen because it helps in the description, inspection, documentation, analysis, and interpretation of study variables. Respondents were given questionnaire, and the sample size for the study was drawn from five suburban communities around the FCT Abuja, Nigeria: Bwari, Nyanya, Karu, Dei-Dei and Karmo. A total number of 750 respondents participated in the survey, and the respondents were chosen through purposive sampling technique from each of the chosen communities. The researcher created a four-point Likert-scale questionnaire titled "Incidences, Factors and Nature of Suicide in FCT Abuja" (IFNSFA). The Veritas University Abuja Faculty of Education's Counselling and Educational Psychology specialists modified and updated the instrument to assure its validity. The reliability of the questionnaire was assessed using Cronbach's Alpha. The acquired value of 0.75 was sufficient to determine its dependability. The gathered data were analysed using mean to address the study's issues.

Results

The three research questions earlier raised in the study were answered descriptively using mean.

Research Question 1: What Are the reasons for increasing suicide incidences among suburban populations in the FCT Abuja Nigeria?

Table 1: Mean analysis showing reasons for increasing suicide incidences among suburban populations in the FCT Abuja Nigeria

S/N	Factors Responsible for Increased Suicide Incidences	Level of Agreement				Mean	Decision
		SA	A	D	SD		
1	Adverse economic meltdown on businesses and investments one of the reasons for suicide in FCT Abuja	198	256	145	151	2.67	Agreed
2	Very poor and weak health care system and outdated health treatment facilities for people with severe illnesses	99	123	239	289	2.04	Disagreed
3	Job loss	219	267	111	153	2.74	Agreed
4	Feelings of hopelessness and despondency	234	255	109	152	2.76	Agreed
5	Harmful use of alcohol and other substances	187	256	98	209	2.56	Agreed
6	Chronic pain and illness	215	230	88	217	2.59	Agreed
7	Previous suicide attempt	198	218	145	189	2.57	Agreed
8	Family history of suicide and biological factors	231	241	122	156	2.73	Agreed
9	Depression	216	236	121	177	2.65	Agreed
10	Conflict and terrorism	242	209	89	210	2.64	Agreed
11	Other co-existing health conditions and factors	78	129	245	298	1.98	Disagreed
12	Family disruptions like separation, death or divorce	198	289	89	174	2.68	Agreed
13	Bereavement of loved ones	203	256	110	181	2.64	Agreed
14	Poor relationship with others	87	136	259	268	2.06	Disagreed
15	Heavy pressure of work	235	215	105	195	2.65	Agreed
16	Academic problems like school examination failures among students	193	217	154	186	2.56	Agreed
17	Loss of self-esteem	213	254	122	161	2.69	Agreed

18	Very poor self-image	231	245	98	176	2.71	Agreed
19	Parents and children's conflict	217	256	109	168	2.70	Agreed
20	Experiencing disaster, violence or abuse	241	203	108	198	2.65	Agreed
	Sectional Mean					2.56	Agreed

Scale Mean 2.50, n=750

Table 1 showed mean analysis of reasons for increasing suicide incidences among suburban populations in the FCT Abuja Nigeria. From the Table, it could be observed that the mean values of 2.67, 2.74, 2.76, 2.56, 2.59, 2.57, 2.73, 2.65, 2.64, 2.68, 2.64, 2.06, 2.65, 2.56, 2.69, 2.71, 2.70 and 2.65 were in agreement with items 21, 23, 24, 25, 26, 27, 28, 29, 30, 32, 33, 35, 36, 37, 38, 39 and 40 respectively while the mean values of 2.04, 1.98 and 2.06 were in disagreement with items 22, 31 and 34 respectively. The sectional mean of 2.56 indicated that some of the respondents agreed that adverse economic meltdown on businesses and investments, job loss, feelings of hopelessness and despondency, harmful use of alcohol and other substances, chronic pain and illness, previous suicide attempt, family history of suicide and biological factor, depression, conflict and terrorism, family disruptions like separation, death or divorce, bereavement of loved ones, heavy pressure of work, academic problems like school examination failures among students, loss of self-esteem, very poor self-image, parents and children's conflict, and experiencing disaster, violence or abuse as factors responsible for increased suicide incidences while the remaining respondents disagreed with very poor and weak health care system and outdated health treatment facilities for people with severe illnesses, other co-existing health conditions and factors and poor relationship with others. Therefore, many factors led to incidences of suicide among suburban populations in the FCT Abuja, Nigeria.

Research Question 2: Why are suicide incidences not adequately reported and documented midst increasing incidences of suicide among suburban populations in the FCT Abuja, Nigeria?

Table 2: Mean analysis showing Why suicide incidences are not adequately reported and documented midst increasing incidences of suicide among suburban populations in the FCT Abuja, Nigeria.

S/N	Report and Documentation of Incidences of Suicide	Level of Agreement				Mean	Decision
		SA	A	D	SD		
21	Suicide incidences among suburban populations in the FCT Abuja, Nigeria are under-reported and under-documented due to lack of vital statistics system of suicide incidences in the FCT Abuja	234	200	121	195	2.63	Agreed

22	Suicide incidences are not reported adequately due to cultural and religious sentiments associated with suicide in such communities	213	234	143	160	2.67	Agreed
23	Families of suicide victims prefer to hide the mode of death declaring it as accidental death or homicide due to stigma	221	254	132	143	2.74	Agreed
24	Most suicide incidences are hidden from the media by the relatives of the victims who see it as a taboo not to be talked about	256	198	122	174	2.71	Agreed
25	Suicide incidences are not properly reported and documented by the police neither	254	213	100	183	2.72	Agreed
26	Suicide incidences are not properly reported and documented by the hospital workers neither	278	188	125	159	2.78	Agreed
27	Suicide is seen as sinful and a taboo and as a result, is never to be make known to any outsider apart from the family concerned to avoid any unforeseen repercussions on the family of the victim in many communities	209	261	108	172	2.68	Agreed
28	Suicide leaves a stigma on the family of the victim; hence, it is not reported by most family members of a suicide victim	217	234	178	121	2.73	Agreed
29	Many media reporters do not follow the World Health Organization 2017 suicide reporting guidelines	198	271	158	123	2.73	Agreed
	Sectional Mean					2.71	Agreed

Scale Mean 2.50, n=750

Table 2 showed mean analysis why suicide incidences are not adequately reported and documented midst increasing incidences of suicide among suburban populations in the FCT Abuja, Nigeria. From the Table, it could be observed that the mean values of 2.63, 2.67, 2.74, 2.71, 2.72, 2.78, 2.68, 2.73 and 2.73 agreed with items 12, 13, 14, 15, 16, 17, 18, 19 and 20 respectively. The sectional mean of 2.71 indicated that all the respondents agreed that suicide incidences suicide among suburban populations in the FCT Abuja, Nigeria are under-

reported and under-documented due to lack of vital statistics system of suicide incidences in the FCT, suicide incidences are not reported adequately due to cultural and religious sentiments associated with suicide in such communities, families of suicide victims prefer to hide the mode of death declaring it as accidental death or homicide, most suicide incidences are hidden from the media by the relatives of the victim, suicide incidences are not properly reported and documented by the police, suicide incidences are not properly reported and documented by the hospital workers, suicide is seen as sinful and a taboo and as a result, is never to be made known to any outsider apart from the family concerned to avoid any unforeseen repercussions on the family of the victim in many communities, suicide leaves a stigma on the family of the victim; hence, it is not reported by most family members of a suicide victim and many media reporters do not follow the World Health Organization 2017 suicide reporting guidelines. Therefore, it could be seen that there is no adequate report and documentation of incidences of suicide among suburban populations in the FCT Abuja, Nigeria.

Research Question 3: What is the nature of suicide among suburban populations in the FCT Abuja Nigeria?

Table 3: Mean analysis showing the nature of suicide among suburban populations in the FCT Abuja Nigeria

S/N	Nature of Suicide among populations in FCT Abuja	Level of Agreement				Mean	Decision
		SA	A	D	SD		
30	Hanging is one of the common suicide nature around the FCT Abuja	198	256	145	151	2.67	Agreed
31	Suicide bombing is another method of suicide in the FCT	99	123	239	289	2.04	Disagreed
32	Use of pesticides is another suicide method	219	267	111	153	2.74	Agreed
33	Drowning in rivers is a common suicide method among victims in the FCT	234	255	109	152	2.76	Agreed
34	Harmful use of poisons and other substances is another suicide method of suicide in the FCT Abuja	187	256	98	209	2.56	Agreed
35	Exposing oneself to electric shock to die is suicide method among FCT suicide victims	215	230	88	217	2.59	Agreed

36	Jumping into a moving vehicle to be killed a method of suicide in some suburban towns in the FCT	198	218	145	189	2.57	Agreed
37	Jumping in to burning fire flames to be killed is a method of suicide in some suburban towns in the FCT	231	241	122	156	2.73	Agreed
38	Falling from treetops to die is another suicide method used by victims	216	236	121	177	2.65	Agreed
39	Falling from high-rise building tops to die	242	209	89	210	2.64	Agreed
40	Asking a friend to inject one to death is another suicide method in the FCT	78	129	245	298	1.98	Disagreed
41	Stabbing oneself to death is another suicide method among FCT victims	198	289	89	174	2.68	Agreed
42	Setting oneself on fire with petrol to burn up immediately one of the suicide methods used around the FCT	203	256	110	181	2.64	Agreed
43	Jumping into a train moving train to die is one of the suicide methods in the FCT	87	136	259	268	2.06	Disagreed
44	Cutting of one's throat with knife to die is one of the suicide methods around the FCT	235	215	105	195	2.65	Agreed
45	Murder-suicide is another method of suicide used by victims around the FCT	193	217	154	186	2.56	Agreed
Sectional Mean						2.56	Agreed

Scale Mean 2.50, n=750

Table 3 showed mean analysis showing the nature of suicide among suburban populations in the FCT Abuja Nigeria. From the Table, it could be observed that the mean values of 2.67, 2.74, 2.76, 2.56, 2.59, 2.57, 2.73, 2.65, 2.64, 2.68, 2.64, 2.06, 2.65, and 2.56, were in agreement with items 30, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 44, and 45, respectively while the mean values of 2.04, 1.98 and 2.06 were in disagreement with items 31, 40 and 43 respectively. The sectional mean of 2.56 indicated that some of the respondents agreed that Hanging is one of the common suicide nature around the FCT Abuja, Use of pesticides, Drowning in rivers, Harmful use of poisons and other substances, Exposing oneself to

electric shock to die, Jumping into a moving vehicle to be killed, Jumping in to burning fire flames to be killed, Falling from treetops to die, Falling from high-rise building tops to die, Stabbing oneself to death, Setting oneself on fire with petrol to burn up immediately, Cutting of one's throat with knife to die and Murder-suicide, are some of the different methods used to commit suicide by suicide victims among FCT Abuja suburban populations while the remaining respondents disagreed with others that Suicide bombing , Asking a friend to inject one to death and Jumping into a moving train to die are suicide methods used among FCT suburban populations. Therefore, there are many methods of suicide used among FCT suburban populations.

Discussion of Findings

The findings of research question one on reasons for increasing suicide incidences among suburban populations in the FCT Abuja Nigeria indicated that majority of the respondents agree that adverse economic meltdown on businesses and investments, job loss, feelings of hopelessness and despondency, harmful use of alcohol and other substances, chronic pain and illness, previous suicide attempt, family history of suicide and biological factor, depression, conflict and terrorism, family disruptions like separation, death or divorce, bereavement of loved ones, heavy pressure of work, academic problems like school examination failures among students, loss of self-esteem, very poor self-image, parents and children's conflict, and experiencing disaster, violence or abuse as factors responsible for increased suicide incidences. This agrees with the finding of WHO (2019), Djalovsk et al., (2016), and Bahago, (2022) on similar research works on the reasons for increasing suicide incidences among populations. The findings of research question two on why suicide incidences not adequately reported and documented midst increasing incidences of suicide among suburban populations in the FCT Abuja, Nigeria , showed that that all the respondents agreed that suicide incidences suicide among suburban populations in the FCT Abuja, Nigeria are under-reported and under-documented due to lack of vital statistics system of suicide incidences in the FCT, suicide incidences are not reported adequately due to cultural and religious sentiments associated with suicide in such communities, families of suicide victims prefer to hide the mode of death declaring it as accidental death or homicide, most suicide incidences are hidden from the media by the relatives of the victim, suicide incidences are not properly reported and documented by the police, suicide incidences are not properly reported and documented by the hospital workers, suicide is seen as sinful and a taboo and as a result, is never to be make known to any outsider apart from the family concerned to avoid any unforeseen repercussions on the family of the victim in many communities, suicide leaves a stigma on the family of the victim; hence, it is not reported by most family members of a suicide victim and many media reporters do not follow the World Health Organization 2017 suicide reporting guidelines. This agrees with the findings of Gureje & Alem, (2004), WHO (2014&2019a), Panyayong, Tantirangsee, Bogoian et al, (2018) Ohayi, (2019).

The findings of research question three on the nature of suicide among suburban populations of the FCT indicted that Hanging , Use of pesticides, Drowning in rivers, Harmful use of poisons and other substances, Exposing oneself to electric shock to die, Jumping into a moving vehicle to be killed, Jumping in to burning fire flames to be killed, Falling from treetops to die, Falling from high-rise building tops to die, Stabbing oneself to death, Setting oneself on fire with petrol to burn up immediately, Cutting of one's throat with knife to die and Murder-suicide, are all different methods used to commit suicide by suicide victims among FCT Abuja suburban populations. This agrees with the findings of Tosin Philip Oyetunji et al (2021) and Olushola Olibamoyo et al (2021) on the trends and methods of suicide among Nigerian populations.

Conclusion

From the findings and results of this research, the author concludes that there is increasing incidences of suicide among suburban populations of the FCT, and these incidences are not being reported and documented adequately for many reasons revealed by the study and the victims use different methods to commit suicide in their communities, hence the need for effective suicide prevention strategies to help reduce rising suicide incidences around the FCT, Abuja.

Recommendations

Based on the results of the findings, the following recommendation are made:

- i. The need for an effective suicide counselling intervention framework be put in place by all arms and all levels of government in the FCT to help reduce or prevent suicide incidences among FCT suburban populations
- ii. The government establish and implement effective policies towards eradicating the root causes of suicide incidences not just in the FCT but across the entire country.
- iii. Government authorities to liaise with NGOs and organize community awareness campaign on suicide prevention strategies, and its devastating effects on the families of such victims and the entire community at large.
- iv. All media reporters to help in following the WHO 2017 guidelines on reporting suicide incidences to help discourage those who may be ideating suicide.

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