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A review of the causes, manifestations and panacea of incidences of suicide in Nigeria: Implications for higher education

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ABSTRACT

This paper focuses on the phenomenon of suicide ravaging the Nigerian society. It specifically espouses the causes, manifestations and feasible panacea to the scourge of suicide in the context of students in higher education in Nigeria. It adopted the content analysis methodology whereby existing secondary data on suicide were comprehensively reviewed and major strands and themes in the data analyzed were used as basis for the discourse in this paper. The results of the reviewed data reveal that the major causal factors of the upsurge in suicide in Nigeria are attributed to a myriad of problems bedeviling Nigerian society such as; the comatose economy, abject poverty, anomie, globalization, get-rich-syndrome, peer influence, stress and anxiety associated with socio-economic and political realities of the Nigerian society. These systemic and personal problems negatively impact the youths especially those in the higher institutions of learning because of the rigors associated with academic pursuits in Nigeria. A feasible panacea on how to stem the tide of suicide in Nigeria were discussed at the end of the paper.

Introduction

Suicide is a very serious social problem bedeviling the nations of the world and currently the third leading cause of death for youths between ages of 15 and 30 years (Izadina et al., 2010). It has become a global which is detrimental to man's peaceful existence due to increased daily occurrences both in developed and underdeveloped nations of the world. This may be a pointer to the fact that most people are not happy about their situations and the realities of their environment (Nwanyanwu and Okowa, 2017; Okoedion and Okolie, 2019). For example, suicide accounts for 1.5% death and the onset of suicide ideation increase during adolescence in almost every country (Nock et al 2008). The World Health Organization (WHO) (2016) reported that globally, over 800,000 people commit suicide, while World Health Organization Suicide Projection (SUPRE) program gave the statistics of people who committed suicide annually to be around one million (Adedeji et al., 2019).

The incidence of suicide is so perverse and prevalent to the extent that internet death sites and suicide hotels now abound. Here, people are not only taught how to commit suicide but assisted to actually commit suicide and sadly enough, thousands of people (young and old) visit and access these internet sites daily (Okoedion and Okolie, 2019). Many reasons have been alluded as the causal factors of suicide which include abject poverty, unemployment, drug, cultism, divorce and separation, stagnation in career, mental insanity, rejection and frustration amongst others.

Suicide, the act of killing oneself deliberately, initiated and performed by the person concerned in the full knowledge or expectation of its total outcome (Alabi et al, 2015), is the third leading cause of death among young people aged 15-44 years, and ranks second for adolescent between ages 15 and 19 years old (Alabi et al, 2015). Ogunsaye 2013 (cited in Okoedion and Okolie, 2019) reveals that suicide is a daunting problem in Nigeria as shown in records of cases of attempted or real completed suicides. For example, the

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report, Ogunsaye, 2013 had it that the phenomenon of suicide increased over a ten year period spanning 2009-2018, in which the average suicide attempt rate was 10-25 per 100,000 and sadly the common age group was among teenagers aged 15-19 years (43%) while nearly nine out of ten attempters of suicide (76.8%) were aged 30 years and below (Ogunsaye, 2013). The mean age of these reports show that youths are predisposed to suicide ideation hence, it could be damning for a nation like Nigeria where majority of its populace are under 30 years. It is therefore imperative to revisit the phenomenon of suicide in the context of its profound impact on the educational pursuit of the youths in the 21st century owing to the harsh socio-economic and political realities of the society.

Suicide is a complex behavioural phenomenon that involves taking one's life by oneself; hence a global fundamental social and public health problem (Izadina et al., 2010). Suicide is the act of intentionally causing one's own death as a result of intrinsic and extrinsic factors in the present complex human society (Mba, 2010). Reports of analysis of data collected from the 2016 Global Burden of Disease Study shows a pattern of suicide rates in the context of age, sex and socio-demographic factors across 195 countries in the world. For example, suicide rate was found to be higher in men than women and seem to be more prevalent in highly developed cosmopolitan and sophisticated nations like Japan, than in developing nations. Globally, however, the availability and quality of data on suicide and suicide attempts is poor, only 60-member states have good quality vital registered data that can be used directly to estimate suicide rates. This problem of poor-quality mortality data is not unique to suicide alone but given its sensibility, and illegality in many nations, it is likely that under reporting and misclassification are greater problems for suicide than for most other causes of death (Muanya et al.,2019).

In Nigeria, suicide occurs at an alarming rate as the news media are daily awashed with reported cases in the country and pathetically among undergraduates and adolescents (Nigerian Punch Newspapers of July, 2018; The Nigerian Guardian Newspapers of 12th June, 2018). The rise in the rates of suicide among Nigerian youths is a serious problem in all ramifications due to the resultant effects of such attrition and self-mortification of the supposed leaders of tomorrow the youths. Hence, this situation calls for a revisit in order to understand the nature, structure, causal factors, manifestations and impact of the resurgence of suicide among the youths in Nigeria.

The high prevalence of suicide especially among the youth of Nigeria is of great concern to researchers and scholars. The turning of that force/energy meant for educational and career development now inward and which results in suicide is worth investing in order to tame the hydra-headed causal factors and stem the tide of suicide rate among the youths. The rationale for this discourse is to espouse the nitty-gritty and intricacies of suicide among youths in the context of the impact of suicide on the academic pursuit of youths in Nigerian Higher Institutions.

Conceptual Explication of Suicide

The term suicide is derived from the Latin word "suici*dium"* which means, the act of taking one's own life, while attempted suicide or non-fatal suicide behaviour is self-injury with at least some desire to end one's life that does not result in death. Similarly, assisted suicide also known as "mercy killing" is a situation where one individual helps another to bring about his/her own death indirectly either by providing advice or other means (Zalsman et al 2011, Wang, 2015; Olson, 2011). Hudgens (1983) posits that suicide behaviour is any deliberate action with potential life-threatening consequences such as taking a drug overdose, deliberately crashing a car or aircraft, or other automobiles. Suicide behaviour often occur in response to a situation which a person views as overwhelming such as social isolation and being ostracized, death of a loved one, emotional trauma, serious physical illness, ageing, unemployment or financial problem and bankruptcy, guilty feeling or addiction/dependence on alcohol or other hard drugs (Lester, 2009).

Suicidal behaviour has also been explicated as any deliberate action and inaction intended to end one's life in order to escape unbearable, ignoble and dehumanizing suffering or humiliation or help change adverse conditions of living (Kerkof, 2004). Suicide has also been conceptualized as a deliberate, intentional and compulsive act of taking one's own life or the destruction of one's own interests or prospects (Shapper, 2008; Mba, 2010). Maris (2002) describes suicidal behaviour as problem solving disposition in which people with such behavioural dispositions often believe that the real lasting solutions to their problem is to die as a result of their mindset of hopelessness and helplessness.

Specialists in the study of suicide typically call those suicidal actions and inactions or behaviour in which the person dies a completed (fatal) suicide and those in which the person survives as attempted (non-fatal) suicide (Canetto, 2001). In this context, suicidal behaviour is the intent to commit suicide or as having ever attempted suicide in a life time. It implies all the intentions, ideations or actions pertaining to, leading to or involving suicide (Kastenbaum & Kastenbaum, 1993; George, 2007). The implication of these conceptualization and explication of suicidal behaviour demonstrates or shows that something is fundamentally wrong either with the individual (his/her coping mechanism) or with the society/situation/community where the individual exist or lives (a state of anomie, war of attrition etc.) or with both the individual and the society/community/situation. Suicidal behaviour is a conglomeration of some seemingly insurmountable personal and/or family problems of individuals which makes them think that suicide is the only solution to an overwhelming problem(s) (Mba, 2010).

Suicidal behaviour involves the pain, an individual's unwillingness to tolerate that pain, the decision not to endure it and the active will to stop the pain by putting in a little more effort (Kerkof, 2004). An individual's coping mechanism has a lot to do with his/her suicidal behaviour which is borne out of their self-concept, self-worth, love and willingness to open up to other persons for a feasible panacea to their perceived or real problems. This perhaps explains why suicide is prevalent among oppressed, exploited, dehumanized and degraded members of the human society. It also includes people with low socio-economic status, young people,

people with low educational level, queer, unemployed, the physically challenged, divorced and separated, the terminally ill and drug/alcohol addicts. The above listed category of people in almost all societies of the world live on the fringe or periphery of the society and are usually relegated to the background in the scheme of things, hence their sense of worthlessness and hopelessness (Bertolote et al, 2014).

To Seidmann (1999), suicide can be categorized into four, viz: surcease, psychotic, cultural and referred. Surcease suicide behaviour is an attempt with the desire to be released from pain, which can be emotional or physical. Psychotic suicide behaviour results from the impaired logic of delusional or hallucinatory state of mind, associated with clinically diagnosed schizophrenia or manic depressive psychosis, while cultural suicidal behaviour results from the interactions between self-concept and cultural beliefs about death (like Japanese who sees suicide as a light responsibility), and referred suicidal behaviour results from destructive logic, such that the victim confuses the self as experienced by the self with the self as experienced by others. In other words, the victim of self-concept is confused with imaginings of what others think about him/her (Mba, 2010). Similarly, Robert (2008), classified suicidal behaviour into four, namely: completed suicide, suicidal attempts, suicidal ideation and self-destructive acts.

Emile Durkheim (1991), categorized suicide into three, namely: Egoistic, anomie and altruistic. Egoistic suicide results from pride, dignity and self-esteem, for instance when a man is caught in the act of violating sacred laws or norms and he is to be publicly punished by dancing naked in the market or public place. Anomie suicide is a situation whereby the individual feel worthless, neglected, excluded and abandoned hence, he/she believes that the society can do without him/her and attempt taking their lives. Altruistic suicide is a behaviour that is for the perceived benefit of others, mainly his/her loved ones, family and comrades. For instance, when an individual decides to do the unimaginable; like crossing the desert on foot to defeat the vicious circle of poverty, as in the case of the Tunisian graduate who mollifies himself (by setting himself on fire) to protest government's insensitivity to the plight of the poor and unemployed Tunisians. This was an altruistic suicide which resulted in the Arab springs (Ugiagbe, 2009).

Causes, Manifestations and Panacea of Suicide

Suicides is a serious outcome of intra and inter personality conflicts which leads to suicidal behaviour that may culminate in complete or attempted suicide by an individual. Stillion (1995), postulated that suicide behaviour has been an age long phenomenon which is an intra-psychic conflict and suggested that much of the pain experienced by suicidal persons was from unresolved struggle among the id, ego and super ego. The individual's perceptional and cognitive universe and his/her relationship with others and how such relationship is perceived by both the individual and the people he/she relates with will go a long way to affect the individual suicidal behavioural dispositions. The causal factors of suicide behaviour and completed suicide have been identified by scholars and researchers to include the following:

Anger and aggression turned inward

Suicide and suicidal behaviour result from anger and aggression turned inward. To Homer and Fredrick (2003), suicidal behaviour results from intra-psychic and unresolved struggles among the compartment of the human mind (Id, ego and superego). It is the aggression or anger against another individual and being unable to be expressed by the individual who thereby mollifies him/herself and turns against self in frustration. For instance, a child who cannot force his/her parents to concede to his demands, may inwardly turn against the parents and commit suicide. Unresolved inter-personal difficulties such as disappointments or difficulty with loved ones or superiors and neighbours is a cause. Another cause of suicide is crisis ridden and problematic relationships in the family due to poor communication, poor problem identification, role conflict and low cohesion and a sense of worthlessness (Mba, 2010). Also, gender-linked tensions are associated with suicidal behaviour globally owing to the low social status of women in most societies of the world (Bertolote et al, 2004).

Moreover, people who suffer from severe neglect or chronic diseases become despondent and have a sense of worthlessness and may decide to end their lives. From the sociological point of view, anomie, which is a state of normlessness, can result in suicide behaviour as the individual believes that he/she does not fit well within the society which is moving on well without them, this could result in suicide or attempted suicide. Similarly, Sociologists postulate that egoistic suicide occurs when a person is inadequately integrated into the society such as intellectuals or persons whose talents or situations in life place them in a special category. Altruistic suicidal behaviour happens when the individual is overly integrated into the society (an exaggerated concern for the community, family, and comrades) and is willing to die for them (Aiken, 1994, Simpson & Durkheim, 1997).

Suicide behaviour has also been attributed to some psychological states, including hostility, shame, guilt, anxiety, failures, inferiority and superiority complexes, dependency and disorganization (Krause, 1996). In Nigeria, suicide is prevalent owing to the harsh economic realities, comatose economy, social disintegration and normlessness, hopelessness, helplessness, trapped situation and depression. Others are the bandwagon of get-rich syndrome, peer and family pressure, the make it quick, syndrome, domestic and sexual violence and abuses, the unfortunate feeling of not progressing, loss of loved ones and verbal and emotional insults. Furthermore, suicide in Nigeria also results from feeling of failure in life, disappointments, drug and alcohol abuse, mental imbalance, bullying or maltreatment, job loss or loss of treasured asset, money, perceived humiliation or letdown, family rejection, marital separation or divorce and low self-esteem amongst others (Mba, 2010).

Manifestations of Suicidal Behaviour

Suicide and suicidal behaviour manifest in the behavioural dispositions, orientations and disorientation of an individual and the intra and inter personality relationship of the individual amongst other manifestations. Ikechukwu & Ajayi (2016) identified the symptoms of suicide to be observed to include:

Bipolar swinging of mood,: This entails changing from sad mood to sudden happiness or unusual calmness, and always lamenting the worthlessness and hopelessness that is his/her lot; taking dangerous risks like jumping from heights, excessive drinking, dangerous driving etc.; unwillingness to participate in things/events around and lack of interests in things that should interest one, loss of appetite and desire for love for the opposite sex and sexual activities (Nwanyanwu & Okowa, 2017).Experiences of insomnia and amnesia which is a pointer to the fact of deep seated emotional trauma from anxiety and stress. Others are sudden visitation to relations to say good bye; fantasising about death, wishing for death by discussing about it. This is called suicide ideation; which manifests intense concern and involvement in putting one's household in order, in case of tomorrow; manifest extreme depression, reclusive and social isolation dispositions; manifest delusional dispositions like illusion of grandeur and sometime illusion of guilt and paranoia; exhibiting intense blame game and sometimes unhealthy love and pity for love ones which is borne out of anticipatory sense of loss because of intending suicide; manifestation of overindulgence and compulsive excessive and over dose, consumption of drugs, alcohol and dangerous substances and strained intra and interpersonal relationships. Also the behaviour in tandem with history of suicide and mental health issues in the family; disposing off properties in an unhealthy manner and manifesting perennial suicide thoughts.

Legg (2019), Highlighted some warning signs viz: talking about feeling hopeless, trapped, or alone; saying they have no reason to go on living; making a will or giving away personal possessions; searching for a means of doing personal harm such as buying a gun; sleeping too much or too little; eating too little or eating too much resulting in significant weight gain or loss and engaging in reckless behaviour, like excessive alcohol or drug consumption. Others are: avoiding social interactions with others; expressing rage or intentions to seek revenge; showing signs of extreme anxiety or agitation; having dramatic mood swings and talking about suicide as a way out.

Prevention, Control and Feasible Panacea to Suicide

Suicide prevention is an umbrella term for the collective efforts of local citizens, government, organizations, mental health practitioners and related professionals to address the incidences of suicide. Such efforts include preventive and proactive measures within the realm of medicine and mental health as well as public health and other fields. Protective factors like support and commitment as well as environmental factors such as access to lethal means appear to play significant roles in the prevention of suicide (Maine, 2004, Mba, 2016). Suicide prevention is a collection of efforts to reduce the risk of suicide which may occur at the individual, relationship, community and societal levels (Simon, 2008). Most times, it can be very difficult to understand suicide because the person who manifest suicide thoughts, attempts suicide and eventually dies of suicide has a very deep and traumatic pain that defies explanation, even to themselves. It is the duty of persons close to them and professional helpers to decipher the intricacies and traits associated with suicide behaviour in an individual (Schlozma & Tedder, 2020).

According to WHO (2014), suicides are preventable through a number of measures that can be taken at population, sub-population and individual levels to prevent suicide and suicide attempts. These measures include, but not limited to: reducing access to the means of suicide like pesticides, firearms and certain medications; reporting suicide behaviour responsively by media houses; introducing alcohol policies to reduce the harmful use of alcohol and hard drugs/substances; intervention by professionals through early detection and identification; treatment and care of people with mental and substance use disorders, chronic pain and acute emotional distress. It also includes training of non-specialized health workers at community levels in the assessment and management of suicidal behaviour and follow-up, care for people who attempted suicide and provision of community support; prevention strategies which focus on reducing the risk factors and intervening strategically to reduce the level of risk and improving economic fortune of people, structured counseling and psychotherapy.

Other measures are: hospitalization for those with low adherence to collaboration for help and those who require monitoring and secondary symptom treatment; supportive therapy like substance abuse treatment, psychotropic medication and access to emergency phone calls, emergency rooms, suicide prevention and hotlines amongst others; person-centered life skills training and employment programmes flouting a support group by the government, anonymous suicide bereavement support group, religious groups, therapeutic recreational therapy group amongst others; applying psychotherapies that have shown success or evidence based like dialectical behaviour therapy (Boyed –Frank et al, 2013) and at organizational level like the University, there should be improved surveillance and monitoring of suicide behaviour, suicide attempts and suicide through inter departmental and units collaborations and counseling units

Phenomenon of Suicide and Implication for Higher Education in Nigeria

The fear of youth deviant behavior including suicide and suicidal dispositions is a constant concern for millions of people all over the world due to the upsurge of moral decadence in children who take up suicide behaviour and crimes that are hitherto committed

by adults without difficulty, (Levine, 2007). It is a truism that children are the hope of the human society and educating them and youths is the actual bedrock of any sustainable development and societal progress. However, the youth on whose shoulders rest the future hope of the society now manifest unwholesome behavioural dispositions that are anathema to the very foundation and hope of the society. In Nigeria, it is also true that the educational system is bedeviled with a myriad of problems, from micro planning which entails school/mapping educational disparity and internal efficiency. Internal efficiency is concerned with the problem of efficient utilization of resources, investigation of the level of quality of involvement ratio, drop out, repetition rate, student-teacher ratio, stress and anxiety associated with campus life has been a constant decimal in all nations of the world but such pressure alone cannot be said to be progenitor and purveyor of suicidal rate in Nigerian Campuses. As earlier mentioned in this discourse, Nigerian news media are often awash with reported cases of suicide among Nigerian undergraduates which is a very disturbing and unfortunate development as youths are considered the pivot for generational continuity which spells doom and retrogression for Nigeria if not checked.

The reasons for the astronomical upsurge of suicide among undergraduates cannot be far-fetched as they include systemic, institutional, family problems and individual unique personality traits and dispositions. The myriads of systemic problems bedeviling the Nigerian society like abject poverty excruciating harsh economic realities, comatose economy, anomic and lawlessness, waxing cold of the love of the people for others, self- centeredness and irresponsible leaders in all spheres of the nation endeavour; corruption, ethno-religious squabbles and violence, globalization and postmodernism. Others include the unwholesome greed and acquisitive spirits and the get-rich syndrome and slogan pervading the society (Omoregbe, 2019, Osibanjo, 2019, Ugiagbe, 2020).

The institutional problem has to do with the pathetic situation and learning environment in the higher institutions in Nigeria which include infrastructural decay, inadequate or complete absence of learning equipment in laboratories, classrooms and outdated books, over-crowding and lack of devotion of academic and administrative staff. Ideally, students should be made to study under a conducive environment without undue stress; devoid of economic, financial, social and psychological problems. Such, is an illusion in Nigerian universities, hence most of them are shadow of the ideal situation and a far cry from what obtains in developed nations and even other third world and African nations (Eneh, 1998). Students are daily confronted with excruciating economic difficulties such as inability to pay school fees, acquisition of essential books, feed, clothe themselves, cope with the rigours of academic work, obtain good medical care and pass their examinations. Nigerian higher institutions are the epic examples of harbingers of the causal factors of suicidal behaviour. Little wonder then, that suicidal behaviour such as completed suicides, attempted suicide, such as suicide ideation and indirect self-destructive behaviour like alcoholism, substance abuse, possession of lethal weapons, cultism, and armed robbery are daily occurrences.

The family and individual personality traits are also major causal factors of the upsurge in suicide among students of high institutions. The family is taking a serious beating from the excruciating economic realities, poverty, comatose economy, globalization, societal anomie and postmodernism and internal strife between its members. The fall out of theses endemic and pandemic problems is the dislocation of the youth. The traumatized youths will go to higher institutions and be confronted with academic stress, sadistic and nonchalant lecturers, inadequate amenities and uncertainty which put undue demands and task on their coping mechanism, hope and faith on themselves and the society. Students who have low self-esteem, history of mental illness and drugs/hard substance consumption always fall prey to suicide ideation, behaviour, attempts and completed suicides.

Other causes of suicide among undergraduates are inferiority complex, peer influence wrong choice of discipline or course of study, For instance, a student who manages to pass mathematics at credit level being admitted to study pure and applied mathematics or parents forcing their child to study engineering or other examples of mismatch. Such students will perpetually remain in the fringe of such discipline and be definitely traumatized. Other causes are the unwholesome information on the internet, pressure of becoming rich or of total failure and lackadaisical attitude of lecturers who brutalize and exploit weak and vulnerable students, among other factors.

Implication of the Study and the Way Forward

There are serious implications of the upsurge in suicide behaviour and completed suicide among undergraduates of Nigeria higher institutions. These implications call for concerted efforts and sustainable programmes to stem the tide of suicide among undergraduates in higher institutions in particular and the society in general. This is also a clarion call to all professionals in the medical, paramedical, care-givers, social helping, humanities and religious institutions, to collaborate and synergize on how to drastically reduce the ugly trend of suicide. The government, management of higher institutions and parent bodies should also collaborate, identify and help traumatized students early enough. Authorities of higher institutions should sensitize and retrain their staff in all categories on how to assist students generally and those with psychological problems in particular. The attitude and dispositions of staff of higher institutions towards students is very pathetic and fall short of best practices as obtained in other climes. Students should not be treated with disdain rather they should be respected and treated as an individual and not as figures.

More importantly, efforts should be made to really know the background of students before and during clearance processes. Each student should be made to undergo mental health test before the final clearance is issued to newly admitted students. Newly admitted and returning students should be periodically counselled about campus life and studentship career progression. Specifically, prospective and returning students should be confident in themselves and avoid joining the bandwagon or having the unhealthy

determination to belong to some clubs, groups and associations in and outside the campus. They should know that the primary reason they are admitted into higher institutions is to study and not to live in the flamboyance or high social life. They should learn to live one day at a time and avoid bad companies especially the social loafers, internet freaks and football enthusiasts as these are capable of having negative influences on their studies and persons.

Furthermore, Students should be courageous to approach any responsible staff, especially heads of departments, senior staff and credible ones for help. They should also be courageous enough to change their course of studies to the programme that suits their God-given talents and abilities. For instance, leaving a quantitative programme to a qualitative one. Higher Institutions are established for learning nothing more. Though there is room for socializing, it should be on a minimized level. They are admitted in school to acquire knowledge and skills not for frivolous lifestyle which usually leave many brokenhearted with dashed dreams of quality education. They should flee secret cult's activities and occultist associations where some sell their souls to the devil for a crap of meal. It will result in sustained trauma and sometimes violent end of precious life and dreams. Students should be spiritually inclined and be close to the creator – the Almighty God and put their trust in him rather than on man because the Bible says "woe to him who puts his trust on man (Psalm 146:3) because the hand of flesh must fail you".

Conclusion

Suicide and suicidal behaviour are very reprehensive and absurd, yet a pointer to the fact that there is deep seated endemic problem bothering on moral decadence, anomie, failing socialization functions of the family and a gap between the government and the people of Nigeria. The task of nation building is being denigrated by the leadership failure and the deification of money and opulence by the Nigerian people. The failure of government to address the endemic and pandemic problems of poverty and harsh socio-economic realities, which are the main progenitor and harbinger of suicide and suicide behaviour among undergraduates of higher institutions in Nigeria, should be adequately addressed. This is therefore a clarion call for a revisit of the educational policies, curricular of higher institutions, work ethics and attitudinal dispositions and best practice in the staff-student relationships in Nigeria.

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