

PRECIPITANTS OF SUICIDE AMONG SECONDARY SCHOOL STUDENTS IN NIGERIA

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Abstract

At the present, the rate at which suicide occurs among young persons in secondary schools in Nigeria is on the increase. Cases of suicide have been recorded among students in different parts of the country. Possible precipitants of suicide among the students were examined in this study. They were grouped into biopsychosocial, environmental and sociocultural factors. Some of these precipitants were inherent in the students themselves while the others emanated from their surroundings. The precipitants could act singly or in combination with others. The psychological and the sociological theories of suicide guided the explanation of the effects of the variables on the students in secondary schools in Nigeria. With a clearer picture of the precipitants of suicide among the students made, the researcher suggested that school health educators should explore every available moment to educate the students on suicide. He also advocated the design of suicide education programme to be implemented in the schools.

Keywords: suicide, students, secondary school, suicide precipitants

It is an illusion to believe that the problem of suicide is still that of the industrialized countries only. According to Clayton (2013), suicide is also a growing challenge in developing countries. Specifically, Ogunseye (2011) reported that suicide is a daunting problem in Nigeria. The most disturbing aspect of this ugly development is that students in secondary schools currently engage in it. Documented evidence in Nigeria revealed that younger individuals committed suicide more frequently than was the case in the past. According to Nwafor, Akhnmu, and Igbe (2013), the youngest victim among the sample they studied in Benin City was only 15. Offia and Obiorah (2014) showed that the youngest case in the study they conducted in Niger Delta area was 16 years old while a preponderance (66%) of all the victims were between 10-29 years of age. Ugwuoke (2016) in a study found in Enugu state, that four cases of suicide were reported among secondary school students. All of them were aged below 19 years while the youngest victim was barely 13.

The report was the same from other parts of Nigeria. For instance, Usman and Olaide (2006) reported the suicide of a 15 year-old boy who hanged himself in Lagos. Ajuwon (2013) on the other hand reported that a 20 year old boy killed himself by ingesting

pesticide in Ondo town. According to Atiatah (2007), 16.75% of the suicide cases in the research she carried out in Akwalbom state were aged 15-24.

It is worthy to note that any available data on suicide among students or any other group in Nigeria were merely a tip of the iceberg. This is because Nigeria is one of the countries that tend to conceal suicide (Atiatah, 2007). Expectedly, suicide was ranked the 34th cause of death in the country by World Health Organization-WHO(2010).

The concealment of suicide cases tends to diminish its socioeconomic and public health effects in Nigeria. The desire of the researcher to highlight the precipitants of suicide among students and ways to reduce their impact on them motivated this study. It is worthy of note that the concealment of suicide cases in Nigeria could be associated with its concept among the people.

Meaning of Suicide in Nigeria

Offia and Obiorah (2014) perceived suicide as the act of intentionally ending one's own life. Ugwuoke and Ene (2014) described suicide as death by choice. Ugwuoke (2016) added that the choice death must be self-inflicted. The concept of suicide across Nigeria is that it is a bad death. In many Nigerian cultures, rituals were performed to prevent the spirit of the person that committed suicide from disturbing the living. Nigerian peoples' concept of suicide is attributable to their belief that man is not the author of his life. Christians, Islamic and traditional worshippers in Nigeria believe in life after death (Offia&Obiorah, 2014).

The rate of engagement of secondary school students in suicide practices is on the increase. Therefore, this work is poised to examine the possible precipitants of suicide among secondary school students in Nigeria. This was done along the line of the nature of the students, their schools, theories of suicide and the prevailing factors.

Students

Students are the preferred nomenclature used for persons studying in secondary and tertiary schools in Nigeria (Ani, 2007). According to the author, secondary school students in the country should be for persons 12- 17 years old while students in tertiary schools were expected to be aged 18- 21 years. These ages coincide with adolescent period (Osagide&Agbonlehor, 2016). Being adolescents and students at the same time pose special challenges to the individual and the society.

The challenges which are associated with adolescence include rapid changes in thought and feeling, a strong feeling of stress, confusion, fear, and pressure to succeed. Ohio State Medical Center(2013) showed that these challenges sometimes may precipitate suicidal thoughts. Some students in Nigeria have even committed suicide. Moreover, secondary school experience may be challenging to some adolescents, as this period mark their separation from the tutelage of the family and the beginning of individuation.

Secondary Schools

Secondary education in Nigeria is categorized into junior and senior schools. Unfortunately, there is limited access to secondary education in the country. For instance, National Bureau of Statistics (2008) indicated that the net enrollment in secondary schools

in Nigeria was only 45.6%. The report also revealed that in the rural areas the net enrolment was far lower (39.6%). From the foregoing, it is clear that entrance into many secondary schools was through competitive examinations. While in the school, competition was also a cardinal feature of almost all the students' activities, be it sports or academic. Contrary to Aggarwal's (2011) view that secondary education should focus on building the capacity of each student to learn and grow, the emphasis in Nigeria was on passing examinations. The urge to pass examinations compelled virtually every student to be individualistic, intolerant of one another's views and some adopted sharp practices to out-smart others.

In addition, the management of students by classes' teachers in Nigerian secondary schools was extremely difficult. This is because of the staggering officially stipulated teacher student ratio of 1:40 (Ani, 2007). In the absence of individualized care for the students, who were challenged daily by a multitude of psychological and socioeconomic stressors, some might not be able to cope. Thus the maladapted student might have engaged in suicide.

Psychological and Sociological Theories of Suicide

There are various theories of suicide. Nonetheless, the psychological and sociological theories were the anchor for explaining the precipitating factors of suicide in this study. Psychological theory of suicide dwelt on individual's failure to adjust to life's stresses and strains. Sigmund Freud (1957) in his work, originally published in 1917, propounded the theory which indicated that suicide is an internalized aggression. The sociological theory of suicide was postulated in 1897 by Emile Durkheim (1858-1917), a French sociologist. According to Durkheim, suicide is attributed to social conditions rather than personal factors and hypothesized that suicide rates vary inversely with the degree of social integration of the groups of which the individual formed part. Thus psychological and sociological theories of suicide offered explanations to the role of some of the precipitants of suicide raised in this work.

Factors that precipitate Suicide among Secondary School Students in Nigeria

The precipitants of suicide are many and varied and can act concurrently or singly to impel an individual to suicide. Center for Mental Health Services, United States of America, CMHS-USA (2001) categorized the risk factors of suicide into biopsychosocial, environmental and sociocultural factors.

Biopsychosocial factors

Substances' abuse is one singular variable that can lead to suicide. Soreff (2013) pointed out that substances' abuse contribute to suicide in all the three phases of their use—intoxication, withdrawal and chronic usage. It has been documented in literature that Nigerian adolescents abused substances (Udoku&Nnamani, 2014). In almost every nook and cranny of the country one observes young persons smoking/ingesting drugs or abusing alcohol. Some of them indulged in drug to calm their anxiety and or hunger. Others engaged in drug due to peer pressure (Igbokwe, 2011). Indulgence in drugs can give rise to mental disorders.

Mental illness is another precipitant of suicide requiring attention. This is because WHO (2002) showed that 80-100% of suicide cases had mental conditions. Among all the socioeconomic strata, age and religious groups, mental illnesses have been diagnosed. WHO (2005) showed that 4.7% of Nigerians were suffering from various forms of mental problems like depression and a host of others. Depression is characterized by a feeling of sadness and hopelessness. Depression could arise from lack of social support, poverty, drug abuse and or physical illness. Nwosu and Odesanmi (2001) ascribed the growing cases of suicide in Africa to emergence of depression which hitherto was rare among them. Another mental illness that has been linked with suicide is schizophrenia. Schizophrenia is characterized by hallucinatory commands. The command could even be to get rid of oneself. Owing to the inadequacies in Nigeria health care system as shown by Ebong (2016), individuals suffering from mental illness are at times forcefully hospitalized.

Forceful hospitalization and-or the use of brute force to calm the patient down also serve as precipitant of suicide. The use of such brutality as treatment for mental illnesses in Nigeria was necessitated by the African man's misconception that they were caused by supernatural forces (Anike, Uwa&Ezeanya, 2015). Similar misconstruction exists in HIV/AIDS and other ailments in Nigeria.

Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (HIV/AIDS) are regarded as trigger to suicide among adolescents in secondary schools in Nigeria. This is because Nwankwo and Ejike (2014) revealed that in Abia state alone, more than 100 students aged 10-20 were diagnosed with HIV/AIDS every month. The scholars reported that a majority of them died as a result of avoidance of treatment. The situation is disconcerting for Ezeala-Adikaibe and Eze (2014) estimated that more than 3 million persons were already living with HIV/AIDS in Nigeria. The avoidance of HIV/AIDS treatment is of particular interest in this work. This is in view of the fact that Alston and Anderson (1998) disclosed that HIV/AIDS was a latent form of suicide of choice for black Americans. The method was adopted because of their sociocultural taboos against conventional suicide. According to Akinsola (2006), sufferers of not only AIDS but also other ailments in Nigerian sought for solution to their predicament by committing suicide.

The death of an in-school adolescent's dear one (i.e., parents, siblings, co-students, friends or guardians) could be suicide evoking, particularly, if it is through suicide. This is because the cause of death is usually attributed to the punishment from the gods in Nigeria (Ani&Ugwuoke, 2014). Consequently, the ensuing sense of shame and stigma could be overwhelming.

Sexual violence in the same vein elicits feelings of shame and frustration. Sexual abuses are indeed significant precipitants of suicide. Reports of sexual abuse are becoming common in Nigerian media. From all indications school teachers, 'sugar daddies' and 'deviant boys' have taken advantage of the vulnerability, poverty and gullibility of the girls to abuse them sexually. Sugar daddies as used in this study refer to older men who use their position and or wealth to lure young girls into casual/premarital sex. Deviant boys on the other hand are those adolescents Dibia and Nji (2015) described as sexual harassers. They have maladaptive behaviour. Apart from the deviants' unpleasant sexual activities, they also indulge in drug and alcohol abuse. As mentioned above, sexual abuse has unsavory

effect on the victim (Ugwueke, 2015). When the victim of sexual abuse is not well counseled, she might terminate her life if she has the means.

Environmental factors

The availability of lethal means of suicide has been found to be an important factor in its aetiology. According to Gunnell and Eddleston (2003), ingestion of poison in rural areas of China was due to their availability. This is worrisome in view of the fact that agricultural chemicals are widely used in Nigeria at the moment and can be utilized for suicide. Already, three-fifth (75.00%) of all the suicide cases studied by Mkanjuola (2002) were by poisoning while 91.30 per cent of all the cases reviewed by Nwafor, Akhnmu and Igbe (2013) were by using rodenticide. Nwosu and Odesanmi (2001) showed that a majority of suicides in their study was by the use of gammalin-20 and hanging.

Hanging was the traditional method of committing suicide in Nigeria. According to Ugwuoke (2016), this was associated with the ease of procuring the materials utilized for hanging in the area. On the contrary, firearms were the predominantly used method for suicide in USA. That was because of easy access to gun in the country (Canetto&Sakinofsky, 1995). Illegal possession of arms by the adolescents in Nigeria has become rampant (Ene, 2004). It is likely that any maladapted student could turn the weapon against him or herself. This is because Silverman and Maris (1995) showed that self-injurers often used readily available methods at their time of acute distress. This is especially so if the individual is under the influence of alcohol or drug or have impulsive disposition. Impulsive behaviour may in turn result in the incarceration of the student in prison.

Sociocultural factors

The incarceration of a student in secondary school in prison is a risk factor. NBS (2007) reported that in 2001 alone, a total of 164,798 prison admissions were made in Nigeria for offences like abduction, armed robbery, Indian hemp, unlawful possession of arm, rape amongst others. Since secondary schools students in Nigeria have been linked with these offences, it is suggestive that they constitute a large proportion of the prison admissions. Consequently, it is probable that many of the students engaged in suicide. This is because Soreff (2013) linked incarceration of an individual in prison with suicide. Apart from imprisonment, students with behaviour disorders are often punished by the relevant authorities.

Excessive application of corporal punishment by the teachers, fellow students or the parents could motivate erring students to commit suicide too. Corporal punishment could take the form of hitting, kicking, flogging and slapping. It is possible that undue application of corporal punishment could have goaded some secondary school students to suicide. This position was informed by Umeh's (2015) finding that secondary school teachers in Nigeria had favourable attitudes toward corporal punishment. The author linked corporal punishment with physical injuries on the students. Corporal punishment might be tantamount to physical abuse which Wahlbeck and Makinem (2008) showed to be suicidogenic. An abused Nigerian finds it difficult to report to the police or for treatment in the clinic due to socioeconomic and cultural barriers (Ugwueke, 2015).

Barrier to modern health care goes beyond those who have been abused to persons with debilitating conditions. Debilitating illness could be painful and stigmatizing. According to Nwafor, Onwunaka and Nwimo (2016), such agonizing condition could persist interminably. The relationship between this kind of illness and suicide is of special interest in Nigeria. This is due to the prevalence of such diseases (Ebong, 2016). For instance, Ibe and Eze (2014) disclosed that about 500,000 cancer cases were expected in the country annually. Regrettably, persons afflicted with seemingly terminal conditions frequently resorted to spiritual or herbal treatment (Anike, Uwa&Ezeanya, 2015). Some other sufferers of such debilitating illnesses often refused to seek medical attention. This might be on account of the perceived limited efficacy and high cost of modern health care in Nigeria (Udo, 2000), cultural prohibitions (Nwafor, Onwunaka&Nwimo, 2016) or fear of stigmatization (Ene&Ugwuoke, 2016). Irrespective of the reason for not accessing appropriate health care, when the pains or stigmatization become unbearable the individual might view suicide as the only option. The suicide of one tuberculosis (TB) victim in Ibadan was a typical example. Anucha and Irekugbe (2000) reported that the victim who was incapacitated by the ailment deemed it better to seek egress. With the high prevalence (546/100,000) of TB in Nigeria, more suicide cases may result from either the pains or stigma. Stigmatization is influenced by people's traditional and religious beliefs.

The role of trado-religious belief and practices in suicide's aetiology is dangerous. As stated earlier in this report, Africans generally attributed suicide to supernatural causes. It is re-echoed here because suicide intervention or non-intervention was likely to be affected by such superstitious beliefs. Individuals believed to have been led to suicide by the gods are not likely to receive the needed helps in times of crises. Similarly, the survivors may not attract any sympathy. The effect on the survivor might even be worsened by the fading family and communal support in the area (Anike, Uwa&Ezeanya, 2015). The abandonment of these poor boys and girls in such time of distress is likely to generate stress.

Stress which is a well-known risk factor for suicide had been found in large measure among Nigerian students. For the mere fact that adolescence is characterized by stress and tensions indicates that stress overwhelms the modern Nigerian students. Agbaje (2014) attributed such stresses to academic pressure and the deprivations they faced. It is common knowledge that, right from nursery school, Nigerian children are currently challenged beyond their capabilities. Some parents force their wards to excel in their own chosen academic subjects whether such children have the right attitude towards or aptitude for the subject. Knight (2009) showed that such intellectual over stimulation induced suicide. This is because when the child fails to live up to expectation he may seek to escape the humiliation by engaging in suicide. The stress in secondary school students could also result from poverty.

Poverty is, therefore, a significant precipitant of suicide among adolescents in secondary schools in Nigeria. Report by National Population Commission-NPC (2000) showed that a large proportion of Nigerians lacked basic amenities. According to Ikwuba (2011), basic amenities are fundamental to life. That kind of deprivation could be incalculable on secondary school students, many of who are in school on self-sponsorship and catered for their younger siblings and aged or sick parents. NPC finding that the major

reason for the girl-child dropping out from school in the country was inability to pay school fees lent credence to this. Federal Office of Statistics-FOS (1999) showed that 36.4 per cent of those aged less than 24 years were already heads of households and were extremely poor. Definitely, the precocious children were not equipped emotionally and physically for adult roles. Therefore, the ensuing stress could motivate some of them to be depressed, lose hope and ultimately opt for suicide as rational alternatives. Umar, Aliyu, and Suleiman (2011) confirmed that poverty affects child's success in school negatively and increases his or her rate of dysfunctional behaviours. They also reported that the poor were prone to violence and sexual abuses. In an effort to find solution to the developmental, financial, relational, academic and adjustment problems confronting the adolescents in secondary school, they form sub-cultural peer groups.

The desire to conform to some negative expectations of the peer groups put some members at risk of suicide. For instance, the peer group uses physical force for initiations of new members and to ensure compliance with their expectation. To be well integrated to such group, a member has to indulge in substance abuse too. The issue of peer group influence becomes more daunting following the rapid decline in the authority of families over these adolescents while in school. According to Curtis (2010), being a student is marked by negative experiential social detachment. Social detachment leads to a student's feeling of isolation which can in turn trigger off suicide. The student might have recourse to the print, electronic and social media for companionship.

The easy access to the media and the internet for companionship could even make the problem of suicide among the students weightier. This is because Ugwuoke (2016) chronicled a large number of suicide cases reported in Nigerian daily media that were made with little or no concern about their possible effect on the emotional health of their readers. An unguided reportage of suicides of celebrities tends to trigger off suicidal impulses in their fans. For instance, Ige (2007) reported how a Saudi Arabian boy hanged himself just to mimic Saddam Hussein, the ousted president of Iraq, after watching the coverage of his execution. It is, therefore, imperative that the in-school adolescents should be guided away from pro suicide internet sites to anti suicide web sites.

Conclusion and Recommendation

Many students in secondary schools in Nigeria have died through suicide. Many others may still be involved in it if no urgent measures are taken to protect them. This is due to the prevalence of psychological and social factors that precipitate suicide among the students. However, suicide propensity can be altered through appropriate behaviour change. Therefore, school health educators must play a role in providing suicide education in secondary schools using every teachable moment. For a more permanent solution to the problem, a locally designed suicide education programme should be developed and integrated into Nigeria's secondary schools' curricula. In devising the programme, the culture, local resources, feelings of students and other relevant stakeholders have to be taken into account. This will ensure that the resultant programme will be ethically safe, culturally acceptable and feasible to implement. Dutiful

implementation of such programme will save the nation the embarrassment caused by suicide.

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