

ECONOMIC PRACTICES THAT INFLUENCE ADULT SUICIDE IN EDEM, NSUKKA LGA OF ENUGU STATE, NIGERIA

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Abstract

The study determined the economic practices of the people of Edem in adult suicide aetiology. One research question and two hypotheses were postulated to guide the study. A case study design was employed in the study with a sample of 601 adults. Data gathered utilizing questionnaire were supplemented by focus group discussion (FGD). The data generated using the questionnaire were analyzed using frequency and percentage which were utilized for answering the research question while Chi-square (χ^2) was used for testing the hypotheses at $p < .05$. Data obtained using FGD were qualitative and used to complement the quantitative data. Findings from the study showed that economic practices (55.08%) influenced adult suicide positively since the grand percentage average was higher than the cut off percentage. Chi-square test indicated that occupation ($cal.\chi^2=72.02 > tab.\chi^2=7.82$, $df=3$, $p < .05$) and age ($cal.\chi^2=41.77 > tab.\chi^2=7.82$, $df=3$, $p < .05$) made statistically significant difference on economic practices. Based on the above results, the researcher recommended among other things the education of the people to change the economic practices that precipitate suicide among adults in Edem. Additionally, the researcher recommended the revitalization of the traditional mores that acted as a restraint against suicide in the area in the past.

Keywords: suicide, economic practices and adults

Introduction

Suicide is becoming an intractable problem internationally. World Health Organization-WHO (2002) indicated that suicide death occurred every 40 second across the world. In most countries of the world, suicide was one of the three leading causes of death among the most economically productive group (WHO, 2012). In Nigeria suicide rate was already high. Atiatah (2013) stated that 1211 suicide cases were documented in Nigeria from 1990-2004. According to Ugwuoke (2016), in Enugu state where Edem is located, 23 suicide deaths were recorded by the police from 1994-2014. Following the strong association between economic practices and suicide, Asogwa (2015) predicted an increase in suicide in Nigeria as a result of the impoverishment of the masses. The prediction is ominous since suicide rate and poor economy are mutually supportive. An increase in suicide in Nigeria will worsen the global suicide burden which OConnor (2008) put at one million per annum. Official data on suicide are likely to be inaccurate due to the stigma associated with it. Therefore, community based study on suicide like the present one is necessary.

Suicide means killing oneself. Berman (2009) defined suicide as intentional self-inflicted death. According to Ugwuoke and Ene (2014), suicide is simply death by choice. Suicide is an individual's reaction to hopelessness in life which could be as a result of economic misfortune or negative economic practices.

Economic practices are concerned with all the activities people engage in so as to earn a living and create additional wealth. Economic practices differ from one community to another and from country to country. Some economic practices could be protective against suicide; nevertheless, some others could be important risk factors for suicide. Economic practices occur in farming, business, civil service, unemployment among other areas of life. Farming was the mainstay of the economy of the traditional Igbo society where Edem is located.

Farming in the area was done at the subsistence level. As a result of the poor agricultural practices, crop failure was the order of the day. However, at the time of this study, different types of farm inputs like fertilizers, herbicides and pesticides were accessible to the farmers in the open market and were utilized to protect and increase plants and animal yields. Such poisonous substances could be ingested by any farmer or his family member who was suicide ready. Gunnell and Eddleston (2003) showed that uncontrolled use of chemicals for agricultural purposes accounted for high rates of

self-poisoning in China and Sri Lanka. Men and women were involved in farming activities along gender line. According to Akubue (2001), each gender was the master of his or her own area of specialization. While men cultivated the land, hunted and reared animals, women, according to Shehu and Sheshi (2005), gave birth, reared, counseled and nurtured children. Nonetheless, National Bureau of statistics-NBS (2009) indicated that the agricultural sector had lost its first position as the greatest employer of labour in Nigeria generally.

Edem people currently engage in other business activities such as buying and selling. Some of them were also into small-scale manufacturing. However, business activities in Edem have been affected negatively by the economic recession in the country. Due to the fluctuations in the cost of goods and services some of the businesses have folded up leaving the owners miserable which could induce suicide.

Some Edem men and women were civil servants. According to NBS (2009), more than 28 million working age group were in professional activities in Nigeria. Though, large proportion of Nigerians were engaged in paid jobs, Owie (2000) indicated that wages to the workers were generally low. It might be on account of the abandonment of the farms coupled with poor remuneration to employees that more than three decades ago, Echeruo (1979) predicted that suicide in Nigeria would be more likely as a result of failed contracts than from failed crops. Failed crops and businesses coupled with irregular salaries for civil servants have led to a high proportion of Nigerians (60.9%) being poor at the time of the present study (Kale, 2012). Records from National Bureau of Statistics-NBS (2006) indicated that 76.8 per cent households in South East Nigeria self-classified themselves as poor. Poverty, according to NBS (2008), was higher in the rural (63.3%) where Edem belongs, than in the urban (36.7%), and there was also a significant difference between them with regard to access to basic facilities (World Bank, 2013).

The poverty level in Nigeria was capable of precipitating suicide. According to Kale (2012), this implies a condition in which citizens afford minimal feeding, clothing, health care and shelter. Nwachukwu (2001) noted that such deprivation evoked feelings of anomie and frustration. Poverty which is caused by unemployment might even be more suicide inviting.

Historically, there was absence of unemployment among the traditional Igbos (Nwala, 1980). This was partly due to their innate acquisitive tendency but more importantly it was because of the society's belief in the dignity of labour. During the olden time, according to Afigbo (1980), hard work was so highly valued among the Igbos that the hard worker was held up for admiration. However, NBS (2009) revealed that unemployment has become common in Nigeria with rural women being worst hit. Nnamani and Ejike (2013) disclosed that unemployment has become worse due to loss of job by those suffering from Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (HIV/AIDS). Loss of job associated with HIV/AIDS stigma is likely to induce suicide since the victim is given the impression that he or she is worthless. Moreover, in a country where there is no social security system, to lose a job could be suicidogenic to the maladapted individual, who might consider suicide as a rational option.

The present economic practices in Nigeria generally, have given rise to bitter competition for survival. Different negative economic practices have evolved. Nwachukwu (2001) reported that many have adopted different economic survival strategies by engaging in bribery and corruption, armed robbery, stealing by trick, prostitution, drug and human trafficking, and kidnapping; all in effort to get quick money in order to meet up with society's way of rating people. These economic practices characterized by harsh struggle for wealth is most acute during middle age.

Age was introduced into the study since suicide has been associated with it. Local study by Ugwuoke and Ene (2014) showed that suicide was most prevalent among the middle age. However, Berman (2009) and Soreff (2013) indicated that suicide rate in the United States of America increased with age-being highest among the elderly. Soreff also reported that men of the armed forces and medical professionals were at higher risk of suicide than other professionals. This was linked to the availability of firearms and poisons they utilized to achieve the goal of self-killing. On the other hand Gunnell and Eddleston (2003) reported that suicide in China and Sri Lanka was highest among farmers owing to easy access to agricultural chemicals. Due to the variability of these findings, occupation was included in the present study of economic practices that influenced suicide among adults in Edem.

Adults as used in this study were persons aged 20 years and above. This is because teenage period ends at age 19 (Solomon & Nnamani, 2015). At adulthood, an individual was expected to have a job, marry and live autonomously. Adults were chosen for the present study since suicide was shown to be an adult behaviour in Nigeria at a whole (Nwosu & Odesanmi, 2001; Atiatah, 2003; Offia & Obiorah, 2014).

The associations between suicide and economic practices have been documented in literature. Soreff (2013) showed that suicide was significantly associated with economic practices. Makanjuola (2002) indicated that 100% of the cases studied were in paid jobs-civil service or other establishments. Center for Mental Health Services-CMHS-USA (2003) also linked suicide with poor economic conditions. Atiatah (2007) associated improvement in economy to reduction of suicide in Akwa-Ibom state. The author indicated that suicide was highest among the low socioeconomic group (77.65%) than the high-income earners (22.35) because they cannot meet their economic desires. Similarly, Offia and Obiorah (2014) revealed that economic pressure and failure to achieve were the major risk factors in suicide.

There is scant information on the role of the economic practices of the people on the victims' suicide obtained from community-based study in the location of the present study. Thus, the present study determined the economic practices that influence suicide among adults in Edem, Nsukka Local Government Area of Enugu state.

Research questions

What is the influence of economic practices on adult suicide in Edem?

Hypotheses

The following hypotheses that were postulated to guide the study were tested at $p < .05$. Occupation makes no significant difference in economic practices that influence adult suicide in Edem. Age makes no significant difference in economic practices that influence adult suicide in Edem.

Method

Case study research design was utilized to determine the influence of economic practices on adult suicide in Edem. According to Okwor (2001), case study research design plans for an in-depth study of one element, which in this case is Edem, in a problem situation. The sample for the study consisted of 601 adults that were selected through purposive sampling technique from the estimated 12,028 adult population in the twenty-five quarters in the area. They included political leaders, titled persons, religious leaders, retired public servants, survivors of suicide, teachers, leaders of social clubs, market men and women, traditional healers, health workers, 'umuadas', youths and other adults. They were selected based on their personal experiences on suicide and trade-social positions in the area. The researcher's self-developed questionnaire was used to collect quantitative data while focus group discussion (FGD) was used to elicit qualitative data to complement the quantitative data. FGD guide was utilized to facilitate the discussion of the two focus groups involved in the study. One FG was for eight (8) men while the other was for eight women. The instruments were validated by five experts: two suicidologists, a sociologist and two health and physical education experts. The questionnaire was subjected to reliability test and it yielded a reliability coefficient of .81 using the Spearman Rank Order statistic. During data collection, illiterate respondents had the questionnaire read for them by any of the research team members. Nonetheless, in accordance with Reamer (2005), all the subjects involved in the study voluntarily chose to participate.

Out of the 601 copies of the questionnaire distributed, 480 (80%) that were properly completed and returned were used for data analysis. The percentage and frequency were calculated and the mode of each sets of scores were identified. In order to answer the research questions generated to guide the study, the grand percentage of the set of scores were computed and compared with the criterion score of 50 per cent. Set of scores with grand percentage of 50 and above were given positive interpretation as influencing suicide while those with values less than the criterion score were considered to exert minor influence. The chi-square was used to test the postulated hypotheses since it is suitable for determining significant difference between data at nominal level. The hypotheses were tested at the probability level of .05 significance. The Statistical Package for the Social Sciences

(SPSS) batch system was used for the analysis. The data generated from the focus group discussion (FGD) were analyzed qualitatively and used to substantiate the quantitative data.

Results

The results of the study were presented below.

Table 1: Economic Practices that Influence Adult Suicide in Edem (n=480)

Economic Practices	Responses	
	f	%
Economic Factors		
Failure of one's crop to yield adequately	369	76.88
Business failure	390	81.25
Financial or property loss to fraudsters/thieves	196	40.83
Loss of job	322	67.08
Unemployment	98	20.42
Failure to perform in one's job	190	39.58
Engagement in job that separates couples	218	45.00
<i>Economic factor's percentage</i>		<i>53.01</i>
Economic practices		
Denying an individual access to capital resources including land	299	62.29
Bitter competition for wealth	311	64.79
Individualism (i.e., uncontrolled pursuit of individual's economic interest)	379	78.96
Communalism (i.e., economic practice in which interest of all is the goal)	94	19.58
Engaging in job where lethal agents are freely used	401	85.21
Women engaging in job considered to be for men	154	32.08
<i>Economic practices percentage</i>	<i>57.15</i>	
Grand percentage		55.08

Table 1 shows that economic practices had grand percentage (55.08%), which was higher than the cut off percentage of 50 and thus influenced adult suicide. Economic factors' grand percentage was also higher than the criterion percentage indicating that they positively influenced adults' suicide. Business failure (81.25%) was the mostly indicated economic factor followed by failure of one's crops to yield adequately (76.88%) and loss of job (67.08%). The Table also shows that economic practices grand percentage (57.15%) was higher than the criterion percentage and, therefore, influenced adult suicide. Forms of practices indicated to influence suicide were engaging in job where lethal agents were freely used (85.21%), individualism (78.96%), bitter competition for wealth (64.79%) and denying an individual access to capital resources including land (62.29%).

Hypothesis one

Occupation makes no statistically significant difference on economic practices that influence adult suicide in Edem. Data for testing the above hypothesis are contained in Table 2.

Table 2: Summary of χ^2 values verifying the Hypotheses of No Significant Difference In Economic practices that Influence Adult Suicide by Occupation

Occupation	Economic practices				
	%	χ^2_{cal}	df	$\chi^2_{critical}$	p
Farming	91.01	72.02	3	7.82	.05
Business	21.58				
Civil service	38.47				
Unemployed	65.00				

Table 2 shows that occupation made a statistically significant difference in economic practices that influenced adult suicide (cal. $\chi^2=72.02>$ tab. $\chi^2=7.82$, df=3, p.05).

Hypothesis two

Age makes no statistically significant difference in economic practices that influence adult suicide in Edem. Data for testing the above hypothesis are contained in Table 3.

Table 3: Summary of χ^2 values verifying the Hypotheses of No significant Difference in Economic practices that Influence Adult Suicide by Age

Age	Economic practices				
	%	cal. χ^2	df	χ^2 critical	p
20-39 (young adult)	47.31	41.77	3	7.82	.05
40-59 (middle age)	83.54				
60 and above	13.74				

Table 3 shows that age made a statistically significant difference in economic practices that influenced adult suicide in Edem (cal. $\chi^2=41.77>$ tab. $\chi^2=7.82$, df=3, p<.05).

Discussion

Finding in Table 1 showed that economic practices (55.08%) influenced adult suicide positively in Edem. The finding from the FGD disagreed with this result. According to the participants in the FGD, life must go on irrespective of all economic difficulties. The finding was ambivalent in a way. This is because the Igbos have a saying that 'Ndu ka aku' (i.e., life is more precious than wealth). On this premise, it would be surprising to find any form of economically motivated suicide in the location of the study.

In reality, however, the Igbos placed high premium on wealth. The poor economic condition of Nigeria might have worsened the situation. The finding conformed to earlier report that poor individuals engaged in suicide to avoid the humiliating effect of poverty (Atiatah, 2007; Offia & Obiorah, 2014). Obviously, life can nowadays be sacrificed for material things since the moral values that moderated the quest for wealth in the past have been jettisoned. After all the Igbos also have a saying that 'there is life which is worse than death'. Therefore, the participants in the FGD might be just 'faking good'.

Chi-square test showed that occupation made a significant influence on adult suicide in Edem (cal. $\chi^2=72.02>$ tab. $\chi^2=7.82$, df=3, p<.05) [Table 2]. The result is surprising since in the area of the present study mobility of labour was high. In other words, before the distress inherent in one job begins to manifest, the individual was expected to move to another. Additionally, in the traditional Igbo society it was difficult to distinguish between work and leisure. However, the finding could be attributed to either the lack of the material rewards of the occupations. It was shown that paid employment and farming in Nigeria at a whole were characterized by poor economic returns (Owie, 2000). Thus under such condition, people who were engaged in such occupations would probably consider suicide. This position is in consonance with findings by Atiatah (2007) which showed that the economically disadvantaged committed suicide more frequently because of their inability to satisfy their daily needs. Additionally, since wealth is celebrated among the Igbos those who were not well to do suffered humiliation to the extent that suicide could be considered.

Expectedly, chi-square test revealed that age made a significant influence on the economic practices that influence adult suicide in Edem (cal. $\chi^2=41.77>$ tab. $\chi^2=7.82$, df=3, p.05) [Table 3]. The finding agreed with earlier study that suicide was most frequent among those aged 30-60 (Makanjuola, 2002). At that age, competition for self-actualization was most acute in the location of the study. Daily media reports on suicide in Nigeria shows that the median age of suicide in the country is fast lowering too. This could be attributed to the adult roles Nigerians take early in life at the present.

Implications for Health Education

The finding that economic practices influenced suicide positively in Edem implies that urgent measures should be taken to control the suicidogenic variables identified. In pursuant of this, public health educators at the Local Government level could begin discussion with the community leaders to find a way of reducing the suicide inviting practices. Health educators could also look out for individuals who experienced serious economic misfortune in order to counsel them. Since finding showed that suicide was influenced by occupation, health educators in collaboration with relevant agencies could ensure strict control of materials that the different professionals work with that can be used for self-destruction.

Conclusions and Recommendations

On the basis of the findings from the study the following conclusions were reached. There were:

1. economic practices influenced adult suicide positively in Edem;
2. occupation made a significant influence on adult suicide in Edem; and
3. age made a significant influence on the economic practices that influence adult suicide in Edem.

Based on the above conclusions the following recommendations have been proposed.

As the respondents reported that economic practices influenced adult suicide, there is need for the sensitization of the populace to re-conceptualize the value they currently place on material wealth. Sanctions could be placed on inordinate quest for materialism. The egalitarian way of life of the traditional Edem people that accommodated the poor and the rich has to be revived. Additionally, religious leaders should be sensitized to preach more about the sanctity of human life above material things.

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