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

BY
UGWUOKE ANTHONY C. (Ph.D)
DEPARTMENT OF HUMAN KINETICS AND HEALTH EDUCATION,
UNIVERSITY OF NIGERIA, NSUKKA

AND
ANI N. R. (Ph.D)
DEPARTMENT OF HEALTH AND PHYSICAL EDUCATION, ENUGU STATE
UNIVERSITY OF SCIENCE AND TECHNOLOGY ESUT

Abstract
The study was aimed at determining the influence of social practices of the people of Edem in adult suicide. One research questions as well as one hypothesis were postulated to guide the study. A descriptive case study design was employed in the study with a sample of 601 adults. Data were gathered by means of questionnaire. The data generated were analyzed using frequency and percentage for answering the research questions. Chi-square was used for testing the hypothesis at p<.05. Findings from the study showed that social practices (50.54%) influenced adult suicide in Edem. Chi-square test revealed that gender made no significant difference in the social practices that influenced adult suicide in Edem ($cal.^2=2.13>tab.^2=3.84$, $df=1$, $p<.05$). Based on the above results, the researcher recommended the education of the people to change the offending social practices. Also that recreational facilities should be provided and utilization by the people to help fight against boredom and tension in the individuals and community generally.

Keywords: suicide, social practices, adult.

Introduction

Suicide is the deliberate act of ending one's life. However, suicide is not limited to overt methods of self-destruction such as hanging, shooting, ingesting poison or cutting. Suicide can be latent in form (Soreff, 2013). Both direct and latent suicides are on the increase in Nigeria. Atiatah (2013) recorded that 1,211 suicide cases were registered by the security agents in the country from 1994-2004 and it is still increasing. Nigerian daily newspapers were full of stories of Nigerians who ended their lives deliberately (Dike, 2009; Eze, 2013; Kalu, 2008; Nnadi, 2013; Oji & Dike, 2012; Sunday, 2009; Usman & Olaide, 2006). It

is necessary to point out that due to the stigma associated with suicide, a greater proportion of the cases were never announced to the public. As it was shown earlier, suicide is not limited to conventional ones alone. Soreff (2013) indicated that some single occupant road traffic accidents could be suicide. Based on that, the high road traffic accidents in Nigeria could have suicidal undertone. For instance, 9,114 persons lost their lives in year 2007 alone in road traffic accidents in the country (National Bureau of Statistics-NBS, 2007) however it might be in the increase. Linking some of the accidents with suicide is because where suicide is disapproved of, as is the case with Nigeria, individuals resort to indirect methods of

self-destruction. In this part of the world suicide is well known to have serious social consequences such as denial of burial/funeral rites, discrimination and stigmatization on the decedents and the survivors. On the other hand suicide also has social predictors.

The increasing wave of suicide in African communities, of which Edem is one, is really a problem and could be the result of the new social practices of the modern citizens. Whether direct or indirect, suicides can be motivated by social practices. Social practices are acts usually directed at other people. As a social animal, man is not isolated in day to day activities from the general environment. In other words, man's basic existence depended on social interactions (Chauhan, 2007). Ogunbameru and Rotimi (2006) described social interaction as the interplay between the actions of one individual and the expected or actual reactions of others. These actions and reactions constitute social practices. Man's social practices could be protective but some of them are inimical to health or are suicide inviting. The social practices of most traditional African societies were more or less protective against suicide. From childhood to adulthood, people were socialized into the non-suicidal cultures. These cultures were well ordered that the course of life was predictable and pleasant. Self-directed violence in the form of suicide occurred, but they were infrequent (Ekeh, 2000). This could be due to the fact that they had cohesive social support systems that rallied round any of their members in distress.

Social practices of any people are found in their associations with one another. They are part of the societies' norms (Asogwa, 2015). Social practices were normally passed on from one generation to another and are subject to change over time. Such change can undermine people's social ways of life and can also enhance them. For instance, changes in the traditional African social practices have no doubt affected their rural communities negatively (Cunningham & Cunningham, 2012). These communities are currently characterized by lack of basic amenities, poverty, hostilities and even self-directed violence like suicide. Worse still is the migration of their younger ones to the cities in droves. In the same vein, it is likely that the beneficial traditional social practices that acted as safeguards against suicide have been abandoned. A typical example is the extended family system that was practised in almost all traditional African societies. According to Ogbalu (undated), the system included the man, his wife or wives and children, and many others who might not have any blood link with him. Among the Igbos in particular, polygamy was practised both as an evidence of social status and also a means of creating further wealth. All the family members lived in the same compound so that no member was lonely except on account of ostracism consequent upon breaking a taboo.

In the traditional Igbo society men took precedence over women in all spheres of life. It was their belief that women were adopted from other families (Olumba, 2005). They were given in marriage at a very tender age even to be second wives without their consent while the boys were sent to school. After a woman's marriage, her social status and peaceful marital life depended on her childbearing. Under these situations the woman's existence was intricately woven around that of her husband and children to the extent that the death of any of them could precipitate suicide in her. A childless woman was inconsequential in the system and any unfortunate one who lost the husband

self-destruction. In this part of the world suicide is well known to have serious social consequences such as denial of burial/funeral rites, discrimination and stigmatization on the decedents and the survivors. On the other hand suicide also has social predictors.

The increasing wave of suicide in African communities, of which Edem is one, is really a problem and could be the result of the new social practices of the modern citizens. Whether direct or indirect, suicides can be motivated by social practices. Social practices are acts usually directed at other people. As a social animal, man is not isolated in day to day activities from the general environment. In other words, man's basic existence depended on social interactions (Chauhan, 2007). Ogunbameru and Rotimi (2006) described social interaction as the interplay between the actions of one individual and the expected or actual reactions of others. These actions and reactions constitute social practices. Man's social practices could be protective but some of them are inimical to health or are suicide inviting. The social practices of most traditional African societies were more or less protective against suicide. From childhood to adulthood, people were socialized into the non-suicidal cultures. These cultures were well ordered that the course of life was predictable and pleasant. Self-directed violence in the form of suicide occurred, but they were infrequent (Ekeh, 2000). This could be due to the fact that they had cohesive social support systems that rallied round any of their members in distress.

Social practices of any people are found in their associations with one another. They are part of the societies' norms (Asogwa, 2015). Social practices were normally passed on from one generation to another and are subject to change over time. Such change can undermine people's social ways of life and can also enhance them. For instance, changes in the traditional African social practices have no doubt affected their rural communities negatively (Cunningham & Cunningham, 2012). These communities are currently characterized by lack of basic amenities, poverty, hostilities and even self-directed violence like suicide. Worse still is the migration of their younger ones to the cities in droves. In the same vein, it is likely that the beneficial traditional social practices that acted as safeguards against suicide have been abandoned. A typical example is the extended family system that was practised in almost all traditional African societies. According to Ogbalu (undated), the system included the man, his wife or wives and children, and many others who might not have any blood link with him. Among the Igbos in particular, polygamy was practised both as an evidence of social status and also a means of creating further wealth. All the family members lived in the same compound so that no member was lonely except on account of ostracism consequent upon breaking a taboo.

In the traditional Igbo society men took precedence over women in all spheres of life. It was their belief that women were adopted from other families (Olumba, 2005). They were given in marriage at a very tender age even to be second wives without their consent while the boys were sent to school. After a woman's marriage, her social status and peaceful marital life depended on her childbearing. Under these situations the woman's existence was intricately woven around that of her husband and children to the extent that the death of any of them could precipitate suicide in her. A childless woman was inconsequential in the system and any unfortunate one who lost the husband

women's literacy, more men (76.2%) than women (23.8%) were still regarded as heads of households (NBS, 2008). That could be frustrating. However, it is cheering to note that later empirical evidence by Ugwu (2013) indicated a common understanding between the African men and their wives on women's new roles in the changing social environment of the 21ˢᵗ century.

Though, the desire to be married among Igbo girls is still compelling, many of them are no longer willing to be second wives since Christian religion abhors that. Currently, the mean age for marriage for girls has risen nationally (NBS, 2009).However, Christian faith professes permanence of marriage just like in the traditional dispensation. Inversely, the status associated with age in the past has declined appreciably in the location of the study. Currently, education and material wealth are recognized more than age for both men and women. In some instances the aged are derided and abandoned alone in the rural environment. According to Ugwu, Nwala and Ene (2014), old age is associated with multiple health challenges.

Regrettably, many of the citizens, particularly, the aged population lack culturally accepted health care services (Eboh, Nabofa &Sagua, 2013). Eboh (2006) showed that a majority of rural dwellers in Nigeria patronize traditional medicine due to high cost of care. In addition, the orthodox health care providers often discriminate against the elderly. They confine even minor psychiatric patients (Makanjuola, 2002). In the same vein, their medications are believed to be inefficacious against many health conditions. These factors could be suicide inviting. Those who could not commit suicide might be forced by such hopeless situations to take solace in alcohol consumption.

Consequently, indulgence in alcohol is a growing public health problem in the area (Ene, 2004). These people resort to alcohol in an attempt to reduce stress. According to Achalu (2015), occupational stress is one of the major problems confronting workers in the modern society. Therefore, the rising cases of suicide in these areas including Edem is probably due to the acquisition of new harmful social ways of life. However, it will be wrong to reach that conclusion without subjecting it to empirical test. This work was, therefore, poised to determine the social practices that influence suicide among adults in Edem, Nsukka Local Government Area.

Researches by Berman (2009), Adinkrah (2010), Chandler (2012) and Asogwa (2015) showed that suicide was associated with social practices. Specifically, Cleary (2005) showed that young men in Ireland engaged in suicide to demonstrate strength and avoid being seen as weak. Since they did not want to express emotion openly, they resorted to the use of alcohol and drugs which eventually facilitated their suicide. Meissner (2013) as well attributed the high rate of suicides among males in South Africa to women empowerment that encouraged gender equality. Gender equality threatened men's dominant position since the women gained more education and financial independence. The author indicated that the male suicide arose from their tendency to live up to masculinity stereotypes. Kushner (1995) found that stresses in men's social roles, which women never experienced, was responsible for their suicidality. Furthermore, the author attributed the higher suicide among the European

faced harsh widowhood practices. According to Akubue (2001), the traditional Igbo woman was simply undervalued. But the most surprising thing was that the married one continued to live even in loveless marriage unless she was chased out by the husband. It is also astounding that their girls craved to be married. The reasons could be because a divorced woman invariably lost whatever she had made in the family including the children whereas the single girls wished to be married because they had no other legitimate place to express love and sexuality.

The men on their own part were socialized into being aggressive and brave. They were expected to excel in all tasks seen as masculine whether or not they had the aptitude or interest. Finger (2000) was of the opinion that where men were taught to seek control, success and power, they feel stressed if they are unable to live up to expectation. This is common among all Igbo communities including Edem. As a result of that, any man who was not measuring up with his age mates was easily noticed and scorned. To them masculinity must be demonstrated even in minor issues such as drinking of alcohol.

In almost all their social events palm wine was at the centre of activities. Although, problem of drinking was frowned at, but the traditional Igbos are describe as sober people, alcohol was significant even in their healing processes. For instance, different forms of herbs were mixed with one form of alcoholic substance or another. Nonetheless, the medical practice of the people was wholistic as it combined herbal and spiritual treatments. Since most of their ailments and even suicide were

attributable to spiritual causes, the treatment procedures might be protective against self-destruction. This is because it is assumed that before the supernatural forces that were assumed to goad individuals to suicide began their diabolical activities, they were either appeased or warded off. The appeasement of the gods was the prerogative of the elders who are the adults since they were close to the ancestors and by extension to the gods. Adulthood is a very important landmark in the Edem mans' life and a crucial factor that determined his social status.

Chronologically an adult is a person who has passed the age of adolescence. Adulthood, according to Redmond (2008), is a state of a person who has attained maturity or legal age. Among the traditional Igbos, it is marked with an initiation ceremony. The adult is expected to know the basic norms of the land, marry and live autonomously. Adult was used in this work to mean a person who is 18 years and above.

In the present Igbo society, things have dramatically changed. For instance the extended family system has been replaced by the nuclear type. Even where the extended family system still subsists, it no longer rally round its member in distress (Chauhan, 2007; Nnamani & Ejike, 2013). In the same vein, at present many Igbo women are acquiring new roles in life as a result of their increasing education. Unfortunately, that seems to have set the stage for familial conflict. As many of them are more educated than their husbands, they now seek to be financially autonomous. However, it has been shown

Results

Table 1

Summary of Social Practices that Influenced Adult Suicide in Edem (480)

Social practices	f	%
Beating up the aged who is accused of witchcraft	339	70.63
Looking down on the aged	188	39.17
Formation of age grade	399	83.33
Assuring the aged of befitting burial	0	00.00
Wife's confinement by the husband	257	53.54
Husband marrying another wife	213	44.38
Being divorced by the partner	223	46.46
Compelling couples to live together at all cost	398	82.9
Forcing a girl to marry someone she does not love	392	81.67
Wife's verbal abuse by the husband	195	40.63
Husband's verbal abuse by the wife	250	52.08
Wife being the breadwinner of the family	327	68.13
Wife's physical abuse by husband	184	3 8 . 3 3
Grand percentage average		**52.84**

Table 1 shows that the grand percentage average (52.84%) for social practices was higher than the criterion percentage (50%) and, therefore, influenced adult suicide.

Hypothesis

Gender makes no statistically significant difference in social practices that influence adult suicide in Edem. Results for the above hypothesis are contained in Table 2.

Table 2

Summary of χ^2 values Verifying the Hypothesis of No significant Difference in social practices that Influence Adult Suicide by Gender

Social practices	M=265	F=215	cal. χ^2	df	χ^2 tab	p
	Yes	Yes				
Social practices	68	27	2.13	1	3.84	.05

Table 2 shows that gender made no significant difference in social

(cal. χ^2=2.13>tab. χ^2=3.84, df=1, p<.05) practices that influenced adult suicide in Edem.

Discussion

Finding in Table 1 showed that social practices (52.84%) influenced adult suicide in Edem. The finding lent credence to the sociological theory of suicide enunciated by Durkheim. According to Berman (2009), the sociological theory showed that suicide arises mainly from social defects. The finding in the present study was not surprising since the traditional integrated communal relationships in Edem were experiencing tremendous disruptions. The extended

Discussion

Finding in Table 1 showed that social practices (52.84%) influenced adult suicide in Edem. The finding lent credence to the sociological theory of suicide enunciated by Durkheim. According to Berman (2009), the sociological theory showed that suicide arises mainly from social defects. The finding in the present study was not surprising since the traditional integrated communal relationships in Edem were experiencing tremendous disruptions. The extended kinship system in which everyone was his or her neighbour's keeper was being challenged. The community, for example, no longer offer outlet to frustrated individuals. Currently, individuals are personally responsible for their behaviours. It was a customary practice in Edem to rally around any of their members who was struck by misfortune to protect the individual from self-destruction. However, this important suicide protective strategy has been abandoned; hence suicide is on the increase. The finding was consistent with earlier local and foreign findings by Cleary (2005); Makanjuola (2002) and Berman (2009) that suicide victims were usually socially isolated at their point of suicide.

Predictably, Chi-square test (cal.^{2}=2.13>tab.^{2}=3.84, df=1, p<.05) revealed that gender made no significant influence on the social practices that influence adult suicide in Edem (Table 2). The result was expected because in the setting for the present study social practices were impacting on both males and females equally at the present. For instance, perfectionism is currently impacting equally on males and females who are involved in competition for wealth as well as social status. The increasing education of women in the area is a major

equalizer that accounted for the finding. The finding was consistent with Cleary (2005) that some male suicidal individuals in Ireland took recourse in alcohol or other drugs when they failed to meet up with their societal expectations. In the same vein, Meissner (2012), indicated that male South Africans resorted to suicide as a result of their inability to attain the overarching social roles.

Conclusions and Recommendations

Social practices influenced adult suicide in Edem. However, gender made no significant difference on social practices that influenced suicide in Edem. Based on the above conclusions the following recommendations have been proposed. Since the adults indicated that social practices influenced suicide in Edem, public health educators could initiate the education of the general public on ways of reducing the suicidogenic practices. Linking those practices to suicidality in particular and public health risks in general can make them change the offending practices. The health educators could use appropriate information, education and communication (IEC) materials and also use culturally acceptable media (e.g., town announcers) to reach the people. Moreover, the adults could be sensitized to develop and utilize recreational facilities to dissipate anxiety, boredom and tension. The numerous positive cultural festivals that never allowed for any dull moment in the lives of the people of Edem in the past could be revived. Similarly, the social practices identified to be protective should be strengthened for maximum benefit.

References

Achalu, E.I. (2015). The challenges and threat of occupational stress in the 21st century.

contribution to national development. *Journal of Liberal Studies, 9*(1&2): 353-359.

Ani, N.R. & Ugwuoke, A.C. (2014). Religious and political practices that influence adult suicide: implications for health education. *Journal of Science and Computer Education, 2*(2): 1-19.

Asogwa, E.U. (2015). Environmental correlates of suicide. *Nigerian Journal of Health Promotion, 8*;101-117.

Atiatah, C.U. (2007). Patterns of completed suicide in Akwa Ibom state 1994-2004. *Unpublished doctoral thesis, University of Nigeria, Nsukka.*

Atiatah, C.U. (2013). Temporal fluctuations of suicide during major public holidays. *http://www.globalacademicgroup.com/.../TEMPORAL%20FLUCTUATIONS%....* Retrieved on January 22, 2014.

Chandler, A. (2012). Exploring the role of masculinity in suicidal behaviour (Samaritans Research Report: men suicide and society).

http://www.samaritans.org/sites/defaults/files/kcfinder/files/Men%20and20suicides%20Research%20Report%20270912.pdf. Accessed February 28, 2013.

Chauhan, S. S. (2007). *Advanced educational psychology (7ᵗʰ ed.).* New Delhi: VIKAS pubs.

Cleary, A. (2005). Suicidal behaviour amongst young men. http://www.khf.ie/Research_project/documents/suicidereport.pdf. Accessed February 28, 2013.

Cunningham, W. P. & Cunningham, A. M. (2012). *Environmental science: A global concern (12ᵗʰ ed.).* New York: McGraws Hill.

Dike, M. (2009, March 2004). Man,43commits suicide. *The Sun newspaper*, pp.3. Eboh, B.O.(2006). *Urine as medicine.* Nsukka: Afro-Orbis pubs company.

Eboh, L.O.,Nabofa, O.A. & Sagua, E.O. (2013). Sustainability of nigerian's external environment for utilization of public healthcare facilities among older adults in Delta state. *Nigerian Journal of Health Promotion, 6*: 228-239.

Nigerian Journal of Health Promotion, 8: 16-29.

Adinkrah, M. (2010). Better dead than dishonored: masculinity and male suicidal behaviour in contemporary Ghana. *Social Science and Medicine, 74*(4): 474-481.

Akubue, F.N. (2001). Women in society: status, education and contribution to national development. *Journal of Liberal Studies, 9*(1&2): 353-359.

Ani, N.R. & Ugwuoke, A.C. (2014). Religious and political practices that influence adult suicide: implications for health education. *Journal of Science and Computer Education, 2*(2): 1-19.

Asogwa, E.U.(2015). Environmental correlates of suicide. *Nigerian Journal of Health Promotion, 8*;101-117.

Atiatah, C.U. (2007). Patterns of completed suicide in Akwa Ibom state1994-2004. *Unpublished doctoral thesis, University of Nigeria, Nsukka.*

Atiatah, C.U. (2013). Temporal fluctuations of suicide during major public holidays. *http://www.globalacademicgroup.com/.../TEMPORAL%20FLUCTUATIONS%....* Retrieved on January 22, 2014.

Chandler, A. (2012). Exploring the role of masculinity in suicidal behaviour (Samaritans Research Report: men suicide and society). http://www.samaritans.org/sites/defaults/files/kcfinder/files/Men%20and20suicides%20Research%20Report%20270912.pdf. Accessed February28, 2013.

Chauhan, S. S. (2007). *Advanced educational psychology (7ᵗʰ ed.).* New Delhi: VIKAS pubs.

Cleary, A. (2005). Suicidal behaviour amongst young men. http://www.khf.ie/Research_project/documents/suicidereport.pdf. Accessed February 28, 2013.

Cunningham, W. P. & Cunningham, A. M. (2012). *Environmental science: A global concern (12ᵗʰ ed.).* New York: McGraws Hill.

Dike, M. (2009, March 2004). Man,43commits suicide. *The Sun newspaper*, pp.3.

Eboh, B.O.(2006). *Urine as medicine.* Nsukka: Afro-

Nnadi, C. (2013,November 30). Man, 30 commits suicide in Owerre Ani, Nsukka. *The Truth newspaper, 3*(7), 16.

Nnamani, M.N. & Ejike, F. C. (2013). Teachers' perceptions of health problems of HIV/AIDS orphan and vulnerable children in Agbani Education Zone of Enugu state. *Nigerian Journal of Health Promotion, 6*, 112-127.

Nwachukwu, K. O. (2001). Assessment of the state of democracy in Nigeria and other countries using some democratic elements. *Journal of Liberal Studies, 9*(1&2), 209-217.

Nwala, T. U. (1986). Igbo philosophy. Ikeja: Lantern Books.

Ogbalu F.C.(Undated). *Igbo institutions and customs.* Onitsha: University Publishers.

Ogunbameru, K.A. & Rotimi, W.R. (2006). *Man and his social environment: A textbook of sociology.* Abuja: Spectrum books Ltd.

Oji, C. & Dike, M. (2012, April 17). Sick man commits suicide. *The Sun newspaper*, pp.7.

Olumba, M.O. (2005). When cultural practices are health risks: the dilemma of female genital mutilation. *Nigerian Journal of Health Education, 13(1): 44-55.*

Olusola, F.J. (2013). Knowledge and attitude of parents, teachers and students towards the integration of HIV positive adolescents in regular classes in Oke-Ogun, Oyo state, Nigeria. *Nigerian Journal of Health Promotion, 6: 204-214.*

Redmond, W.A.(2008). *Adulthood.* Microsoft Encarta. Soreff, K. (2013). Suicide overview. http://www.emedicine.medscape.com/article/2013085_overview#a30. Retrieved January 16, 2013. Sunday, O. (2009, October13). Female corps member commits suicide. *The Guardian newspaper*, pp.5.

Ugwu, D. I. (2013). Influence of work sections on commercial bank employees, work family-family strain experience in Enugu state. *Nigerian Journal of Health Promotion, 6*, 5-18.

Orbis pubs company.

Eboh, L.O.,Nabofa, O.A. & Sagua, E.O. (2013). Sustainability of nigerian's external environment for utilization of public healthcare facilities among older adults in Delta state. *Nigerian Journal of Health Promotion, 6*: 228-239.

Ekeh, P.P.(2000). Nigerian political history and the foundations of Nigerian federalism. *Annals of the Social Science Academy of Nigeria, 12*: 1-16.

Ene, O.C.(2004). *Health, wellness and longevity*. Enugu: Cheston Agency Ltd.

Eze B. (2013, November 30). Man, 40 sets self-ablaze in Nsukka. *The Truth newspaper, 3*(7), 1&11.

Finger, W.R.(2000). Some cultures tolerate risky male behaviours. *Network, 20*(3): 21-23.

Kalu, U. (2008, August 30). Woman drinks otapiapia, dies after scuffle with in-law. *The Sun newspaper*, pp.8.

Khan, M.M.& Reza, H. (1998). Gender differences in non-fatal suicidal behaviour in Pakistan: significance of socio-cultural factors. *Suicide*