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## Interrogating the Prevalence, Determinants and Consequences of Suicide among Youths in Nigeria

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### Abstract

Suicide is a social problem that has been in existence in human history for a very long time. It appears that every civilization in human history witnessed its fair share of people who for one reason or the other were unwilling to continue to stay alive. In the contemporary era, the prevalence of suicide is not only disturbing but appears to be only way out for the persons involved. This paper therefore interrogated the prevalence of suicide in our contemporary era among youths in Nigeria. The paper also examined the determinants of suicide, the consequences of suicide and offered remedial measures for mitigating the phenomenon in our contemporary Nigerian society. This is a theoretical paper which is anchored on the General Strain Theory by Robert Agnew (1992) and the Classical Theory of Suicide by Emile Durkheim (1897). It was found that Nigeria ranked 72<sup>nd</sup> in the world as at 2019 in global suicide deaths documentations with 18,608 suicide deaths recorded per year. Determinants of suicide were found to include personal risk factors like financial constraints, family history of suicide, loss of loved ones, mental illness, physical illness, substance abuse, depression and so on. The consequences of suicide were found to include economic hardship on the bereaved when the victim is the breadwinner, stigmatization and psychological/emotional trauma. The paper recommended among others that parents should learn to befriend their children; they should learn to study them, understand their moods and their body language and give the necessary support to them.

**Keywords:** suicide, suicide ideation, egoistic suicide

### Introduction

Suicide is a human action; the action itself is an outcome of social circumstances (O'Connor & Nock, 2014). Across the ages and societies, the phenomenon of suicide has taken different shapes and meanings, making it more or less, object of scientific interest other than emotional circumstance demanding sympathy. Suicide in antiquity has existed without a formal understanding of it as a social menace as such until the moment the French sociologist (Emile Durkheim) approached such in a scientific manner (Haralambos & Holborn, 2008), bringing it to the limelight of scholarly community.

Among other things, suicide was perceived as cultural practices among some ethnic and tribal groups while in some situations, it never appeared as a social problem (Baechler,

1979). With the work of Durkheim, which set the platform for the understanding of suicide as a social problem as well as worthy of scientific exploration, many interests were developed in understanding, classifying, predicting and controlling suicide phenomenon (Okafor, 2020).

Suicide, the action of taking one's life intentionally is a social problem. It is a global issue as youths have seen suicide as one of the solutions to difficult times, poverty, sickness, abuse, and molestations. Suicide is defined as death caused by self-directed injurious behaviour with intent to die as a result of the behaviour (NIHS, 2023). Suicide and attempted suicide are complex behaviours that involved multiple risk factors. It starts from suicidal behaviour ranging from thoughts of suicide, suicide attempts, and in some cases to committing suicide itself (Wilde, 2000).

### **Objectives of the Paper**

This is a theoretical paper that sought to ascertain the prevalence of suicide among youths; to identify the factors responsible for suicide ideation and suicide itself and to determine the consequences of suicide to the immediate family of the deceased and the society at large. Finally, remedial actions on mitigating the rates of suicide were also examined with a view to minimizing phenomenon in the human society.

### **Theoretical Framework**

This paper adopted General Strain Theory (GST) by Robert Agnew (1992) and classical theory of suicide by Emile Durkheim (1897). The GST explained the social cultural determinants of suicide among the youths and the consequences of suicide in the context used in this work. This theory investigates the social pressure in micro level. The central proposition demonstrates that individuals with higher pressure and strain are more likely to commit crimes. The theory proposes four sources of strain leading to suicide: (1) value strain from conflicting values, (2) aspiration strain from the discrepancy between aspiration and reality, (3) deprivation strain from relative deprivation such as poverty, and (4) coping strain from deficient coping skills in the face of a crisis. The first premise suggests that deviant behaviours are kind of adjustment strategies to strain sources and are responses to anger. Deviant behaviours are the direct result of negative and adverse emotions, anger, and frustration.

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The second premise stressed the fact that individuals evaluate objective strain differently which their evaluation depends on many factors like personality traits, available social sources, or the living conditions. Third premise emphasize that individuals who respond to pressure and stressful situations with depression, despair, and disappointment might end up with inner-directed delinquency like drug usage as these individuals do not have strong motivation to revenge. Fourth premise believed that stressful and pressured events propel crime and deviance when they seem to be unfair, to be in high level, to have low social control, or come along with an incentive to engage in deviated adjustment.

The second theory adopted in this paper was propounded by Emile Durkheim in (1897). Durkheim identified four types of suicide. These are;- Egoistic suicide: Egoistic suicide reflects a lasting feeling of being integrated into the community and not belonging. It comes from suicidal ideation that an individual doesn't have a chain. This absence can lead to meaninglessness, indifference, and depression. Altruistic suicide: Altruistic suicide is marked by the feeling of being overwhelmed by the group's goals and beliefs. It occurs in a highly integrated society where the needs of individuals are considered less important than the needs of society as a whole. Anomic suicide: Anomic suicide reflects an individual's moral turmoil and lack of social orientation associated with dramatic social and economic upheavals. It is the product of a failure to define legitimate aspirations through moral deregulation and restraint of social ethics that can impose meaning and order on an individual's conscience. Lastly but not the least, fatalistic suicide: Fatalistic suicide occurs when a person is over-regulated, their future is constantly hampered, and repressive discipline causes intense choking of passion. It is the opposite of anomic suicide, which happens in an oppressive society where its inhabitants want to die rather than live. Suicide results from social turmoil or lack of social integration or social solidarity. Classical theory emphasizes on social factors that influences people to commit suicide. The theory is said to be highly flawed and unilateral, Because of its overemphasis on social factors and neglects of other factors. The theory also fails to adequately address the ecological fallacy of studying suicide rates to understand individual behaviour. Despite this flaw this theory on suicide has influenced supporters of control theory and is often referred to as classical sociological work. The theory explained the influences of socio-cultural factors on suicidal tendency.

## Relevant Literature

### Prevalence of suicide among the Youths

Suicide is the second leading cause of death among youth aged 10–19 years in the United States. Numerous risk factors are associated with suicide and suicidal behaviour including individual, family and social characteristics. Knowledge of the complex interplay of factors contributing to youth suicide is highly relevant to the development of effective prevention strategies (Ruch & Bridge, 2022). CDC (2020) reports that suicide rates declined in 1999 but between 2010 and 2019, suicide rate increased so much. According to the 2019 Youth Risk Behaviour Survey (YRBS) conducted by US high school students, 1 in 5 youths indicated they had seriously considered suicide, and 1 out of 11 youths reported they attempted suicide at least once in every 12 months (CDC, 2020). Numerous risk factors are associated with suicide and suicidal behaviour including individual psychopathology, prior suicidal behaviour, family discord, child maltreatment, and social issues like school-peer-related problems. Also developmental differences among youth influence the expression and rates of suicidal thoughts and behaviours (CDC, 2020).

According to Cha et al. (2017), prevalence rates for suicidal ideation range between 19.8% and 24.0% among youth. Suicide attempt is less widespread, with lifetime prevalence rates between 3.1% and 8.8%. This is largely aligned with other cross-national studies. Suicide death accounts for 8.5% of all deaths among adolescents and young adults around the world (15–29 years), and is a leading cause of death among youth worldwide (WHO, 2017). Suicide death rates are strikingly elevated in Post-Soviet countries (e.g., Lithuania, Latvia, Uzbekistan), with rates ranging from 14.5–24.3 per 100,000 for adolescents and young adults, and 0.3–2.8 per 100,000 for children and young adolescents. Additional countries with elevated suicide rates among youth include New Zealand, Finland, and Japan (WHO, 2023).

Mental health problems account for up to 11% of the risk factors associated with suicide. This year's World Mental Health Day was being marked under the theme "Make Mental Health and Well-Being for All a Global Priority" to draw attention to the importance of mental health care and the need for better access to health services (WHO, 2022).

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Meter, Knowles, Mintz (2022) conducted a study on systematic review and meta-analysis: International prevalence of suicidal ideation attempt in youths in New York using mixed methods accounting for shared methods and hypothesized moderators conducted using the metaphor package. The sample size comprised of 371 for suicide ideation, 94 for suicide ideation with a plan and 316 for suicide attempt, while participant were 6-21years old. The findings of the research showed that the prevalence of suicide ideation across all regions ranged from 14% to 22.6%, while the prevalence of suicide attempt ranged from 4.6% to 15.8%. The implication of this is that the prevalence of suicide showed increasing rates of suicide ideation and suicide attempt since 2007. Although this finding is relevant to this paper in terms of the prevalence of suicide, it focused mainly on suicide prevalence while overlooking other aspects such as the factors influencing suicide, effects of suicide and measures to minimizing suicide. Hence, this paper is broader in scope. More so, the above study was conducted in a foreign and more developed country. As such, what is obtainable in the United States may not be obtainable in Nigeria.

Nigeria was ranked 72<sup>nd</sup> in the world as at 2019 in global suicide deaths documentations with 18,608 suicide deaths recorded per year (Azuonwu, Nwafor & Nwafor 2022). In Nigeria no fewer than 79 persons have committed suicide in 2022. Findings gathered showed that the 79 persons comprise of 70 males and 9 females within the period committed suicide. The Breakdown showed that Lagos ranked highest with 12 suicide cases followed by Oyo 10, Kano 4, Anambra 3, Edo 3, Ogun 3, and Rivers 3. Borno, Bayelsa, Abia, Benue, FCT, Imo, Enugu, Niger, Jos, Jigawa, Kaduna and kwara had two cases each while others such as Adamawa, Ekiti, Bauchi and Yobe had one case each (Habib, 2023). On May 27 2022, a 45 year old Lagos accountant, Folake Abiola committed suicide at her residence at Osapa London in Lekki Area of Lagos State. She allegedly drank what was suspected to be insecticide and died shortly, as her family members, friends and men of Nigeria Police Force met her lying motionless (Habib, 2023). The figure does not include the number of cases of suicide that have not been reported. Like in many developing countries such as Nigeria, suicide is grossly under-reported and under-documented due to the non-existence of a vital statistics system and the sensitive nature of the subject (Tosin et al., 2021). The lack of information or data on suicide may be as a result of cultural and religious sentiments attached to suicide in Nigeria. Deaths by suicide are perceived as sinful; a taboo and caused

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by evil forces, so the family who lost their loved ones are often times stigmatised and denied social opportunities. Some may prefer to hide the mode of death, declaring suicides as accidental deaths or as homicides. Many of the reported cases rely on police and hospital records, neither of which are comprehensive and might have been influenced by the bereaved (Tosin et al., 2021).

Olibamoyo et al. (2021) conducted a study on trends and patterns of suicidal behaviour in Nigeria: mixed-methods analysis of media reports from 2016 to 2019 in Nigeria. Using qualitative content analysis and quantitative method, data were analysed using the statistical package for the social sciences software. The sample size was 4365 selected from 336 verified media report on suicide related events. Quantitative data were collected on age, gender, type of suicidal behaviour, method, place and motivation for suicidal behaviour. The findings show that completed suicide was the most commonly reported suicidal behaviour. Hanging was the dominant reported method, followed by poisoning. Significant gender differences were observed between age groups and methods of suicidal behaviour. Furthermore, significant age differences were observed between the methods of suicidal behaviour, places and motivations for suicidal behaviour. The implication is that that there are gender and age differences in the trends and patterns of suicidal behaviour in Nigeria.

Similarly, Okechukwu, et al. (2022) researched on academic stress and suicidal ideation: roles of coping style and resilience in three Southern Nigeria universities. Using cross-sectional design, the sample size of 505 respondents comprised of 329 males and 176 females, while the questionnaire was the instrument of data collection. The study found that academic stress was positively associated with suicidal ideation, whereas resilience was found to be negatively associated with suicidal ideation. This finding is relevant to this paper; however, it didn't address the factors that influence people to commit suicide and measures that could be taken to minimize suicide.

### **Factors responsible for suicide ideation and subsequent commission of suicide**

Factors attributed to suicide are personal risk factors including financial constraints, family history of suicide, loss of loved ones, mental illness, physical illness, substance abuse, depression and so on (Tosin et al., 2021). Suicide is a tragedy that has a lasting impact on families, communities, and even nations. Suicide and suicidal behaviour are complex

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problems and are not caused by one factor but rather influenced by multiple factors acting at multiple levels: individual, family, community, and societal level. Overtime contributors of suicide include biological, psychological, and social factors acting more proximally to the individual and cultural, political and economic issues operating more detached from the youth. Some of these factors, more specifically, include the following: the presence of a mental health disorder such as mood disorders, substance abuse, personality disorders, history of suicide attempts, physical illness, pain, and socio-economic issues (for instance, place of residence, poverty level and unemployment); family problems such as child maltreatment or history of suicide; relationship problems such as bullying, intimate partner problems, social isolation and societal problems such as easy access to lethal means and stigma associated with mental illness and help seeking. Much of the information about risk factors for suicide comes from psychological autopsy studies, retrospective analyses of the characteristics, backgrounds, and circumstances of people who die by suicide. These studies have advantages such as being very in depth and disadvantages such as relying on key informants who may not be reliable sources of information. Some risks vary by age, gender, and culture, whereas others are more universal (Stone, 2018).

Several family-related factors have been linked to youth suicide. A prospective study examining the familial transmission of suicidal behaviour revealed that offspring of parents with a history of mood disorders and suicide attempts had fivefold increased odds of suicide attempt (Brent et al., 2015). According to DeVille et al. (2020) children aged 9-10 years found family conflict and low parental monitoring as one of the causes of suicidal ideation. Parental loss from death, divorce, or abandonment increases the risk for suicide. Timmons et al. (2011) examined the association between suicide attempts, feelings of belonging, and parental displacement among high school aged youths, they defined it as a separation from parents or substantial disruption in the parent/child relationship. Their findings showed that youth who experienced parental displacement and low feelings of belonging had the highest rates of suicide attempts (Stack, 2021).

According to Forte et al. (2018), most studies on ethnicity/immigrant status and suicide attempts showed higher rates among immigrants as compared to the native population, though the reverse was found in a few cases. Risk factors were found to be: language barriers, worrying about family, back home and separation from family, often leading to

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hopelessness, depression, and anxiety. Furthermore, the lack of information on the health care system, loss of status, loss of social network, as well as acculturation when an individual acquires attitudes, etc. from a different country were identified as potential triggers to suicide. Unlike American culture as a whole, some Asian cultures condone and accept the practice of suicide as legitimate in the context of familial shame, interpersonal conflict, and for altruistic reasons (WERE, 2020).

Raschke et al. (2022) conducted a study on systematic review investigating socioeconomic risk factors for suicidal behaviours suicidal ideation, attempted suicides, and completed suicides in South Korea. Using a descriptive synthesis, the sample size comprised of 53 studies. The findings show that low income, unemployment, and financial difficulties were identified as risk factors for all suicidal behaviours. Working in precarious conditions, long working hours, self-employment, changes in employment status, shift work/night-time work, and occupational stress were associated with an increased risk for suicidal ideation. More so, low educational attainment appears to increase the risk for suicide attempts and completed suicide.

In the same vein, Kukoyi et al. (2023) conducted a study on the factors that influence self-harm and suicidal ideation among university undergraduates in a Nigerian private university. Focused group discussion was employed in the study. Sample size comprised of 450 students. The findings show that more than 46% (208) had moderate social support while 80.4% had a high self-esteem and 72.7% low environmental factor scores. It was also found that 63 persons admitted that they do not have any special person to share their joys and sorrows, 25% had poor social support, 33% strongly agreed that they certainly felt useless at times, 46.9% stated that the counselling unit in school were too judgemental, while 63.3% reported that academic workload stresses them out. The implication is that there was some form of influence from self-esteem, social support, and environmental factors on self-harm and suicidal ideation that influence people to commit suicide. Interventions tailored towards these factors in order to improve mental health outcomes among undergraduates are needed.

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### Consequences of suicide among the youths

Suicide is quite a traumatic experience for everyone involved, especially for the family of the deceased. The impact of suicide on the family as a whole can be incredibly devastating, and it's more often than not, one of the reasons behind a family's decline into depression, fights, and unrest. Since this is such a tragic and traumatic moment in one's life, it's not unusual to see long-term consequences on one's psyche after they had to deal with the passing of a loved one. In fact, in some cases, people who have had to deal with suicide result may start contemplating suicide themselves, especially if they've lost a child or spouse they love most (Becker et al., 2021).

According to Stone (2018) millions of people make suicide attempts and struggle with suicidal thoughts. In 2012, according to data from a national sample of emergency departments, nearly 484,000 (rate: 157/100 000) people visited emergency departments for self-harm injuries. In 2008, 1.1 million US adults (1%) self-reported a suicide attempt in the past year, suicide claimed the lives of 39 518 people (rate: 12.3/100 000) and was the tenth leading cause of death overall. This equates to 1 death from suicide every 13.3 minutes. The picture around the world shows a pervasive burden, with an overall rate of 11.4/100 000 in 2012. According to the World Health Organization (WHO, 2022), suicide is the 15th leading cause of death globally for all ages, with 803,900 deaths per year (rate: 11.4/100 000). In the same year, 8.3 million adults reported serious thoughts of suicide (3.7%). According to a nationally representative sample of high school students, in 2013, 8% of students self-reported having attempted suicide, and 17% seriously considered suicide in the past 12 months. Unofficial estimates suggest that for every suicide, there are 4 attempts among elderly people, 25 attempts among adults and from 100 to 200 attempts among young people.

Suicides, attempts, and ideation take an immense emotional, physical, and economic toll on individuals, families, and communities, inclusive of our health care system, schools, workplaces, places of worship, and beyond. By one estimate, for every death by suicide, 6 people are directly affected (i.e., survivors). Based on this figure, there are an estimated 13 million survivors in the United State, and unfortunately, survivorship itself is a risk factor for suicide. CDC (2020) noted that suicide creates economic burden on the government using 2005 suicide data and cost estimates, including medical and work loss costs,

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estimated a combined cost of \$55 billion. Compounding these costs are the unquantifiable costs that result from emotional trauma experienced by surviving family, friends, and communities.

Suicide is a mental health problem that offers a permanent solution to a temporary problem in a flash flood of negative emotions. Suicide is the result of a convergence of risk factors including but not limited to genetic, psychological, social and cultural risk factors, sometimes combined with experiences of trauma and loss, with depression as the most common mental disorder in people who die by suicide (WHO, 2019). According to the World Health Organization (WHO) during 2019 world suicide prevention day, reported that about 800,000 people die from suicide each year (that is one person every 40 seconds), majority of them being youth aged 15-29 year. For every 1 suicide 25 people make a suicide attempt. That has made suicide one of the leading causes of death. Suicide among youth is a silent mental illness since it remains undiagnosed and undermanaged.

#### **Measures that can be taken to minimise Suicide among youths**

According Stone (2018), prevention of access to firearms can serve as a measure to minimized suicide as firearms account for half of all suicides in the United States; rates vary by sex, race/ethnicity, and age. Men use firearms more than half of the time, followed by suffocation, and poisoning. Women are more likely to die from poisoning, followed by firearms and suffocation. In 2011, firearms were the leading method of suicide among whites and blacks. This is troubling, given the challenges to reducing access to this method, except among confined populations. Some facilities are restricting access through a comprehensive strategy, including training, assessment, identification, safe housing, and monitoring. Among youth 15 to 24 years old, firearms were the leading cause of suicide in 2011, followed by suffocation. Among older adults 65 years old, firearms account for more than 71% of suicides.

There are some measures that can be put in place to reduce the rate of suicide among youths. Parents should learn to befriend their children, they should learn to study them, understand their moods and their body language. These youths who committed suicide didn't just wake up one morning to do it. It's been in motion. It is something that they took time to plan. Some parents who allow their children to enjoy independence should ask their children the difficult questions that most of us are running from when you noticed abnormal

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behaviours, (Agbedo, 2019). When you notice that a child is moody, deeply sad, withdrawn or is either gaining weight or losing weight, ask the difficult question. And what is the difficult question? The difficult question is: Are you planning to take your own life? Asking that question would make the child feel that somebody already knows about the plan and that could make them to abandon the plot.

The Centres for Disease Control and Prevention (CDC, 2018) identified enhanced connectedness as a strategic direction for suicide prevention. They suggests that connectedness to family, in particular, is effective at reducing suicide risk among youth. Positive coping and conflict resolution skills are also measure to curtail suicide among depressed adolescents; research suggests that the perception of problem-solving ability and attitude toward solving problems appear to be more important than self-reported ability in predicting risk of suicidal action.

According to Stone (2018), the first goal of the 2001 National Strategy for Suicide Prevention reads “Promote awareness that suicide is a public health problem that is preventable. Public education initiatives are a popular way to do this. They typically seek to raise awareness in the population about suicide and its risk and protective factors, dispel myths related to suicide, change attitudes and social norms around help seeking, increase mental health literacy, and reduce stigma toward mental illness. These interventions may take the form of billboards, signs on public transportation, public service announcements via television, radio, or the internet and brochures or other traditional print materials. According to Wasserman et al. (2020), people who make a suicide attempt are at increased risk of repeating the attempts, particularly in the period soon after hospitalization. To prevent this, follow-up programmes seek to help people maintain medication compliance, keep follow-up appointments, and provide support. Interventions have included simple referrals, written communication, phone contacts, or home visits with patients after inpatient hospitalization or emergency room visits for self-harm. With regard to suicidal behaviour, specifically, research indicates that postcards sent to patients showing concern and inquiring about treatment follow-up did reduce suicide however, as the contact was reduced, the protective effect also decreased.

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Suicide is the leading cause of death among school age youth. However, *suicide is preventable* because youths who are contemplating suicide frequently give warning signs of their distress. Parents, teachers, and friends are in a key position to pick up on these signs and help them get help. If all adults and students in the school community are committed to making suicide prevention a priority and are empowered to take the correct actions, we can help youths before they engage in behaviour with irreversible consequences (Stone et al., 2022).

The President of the APN, Prof. Taiwo Obindo in his recent article protested the continued criminalisation of attempted suicide, in the statement titled “Not in need of punishment but, of treatment: attempted suicide cases in Nigeria” concluded that “attempted suicide ought to be completely removed from Nigerian law as a crime and treated as a psychosocial problem requiring a humane solution. The proponents of the law were of the opinion that it was better to criminalise the act while they were afraid that doing otherwise might shoot the case up. But in his view, Obindo faulted the proponents on the grounds that there was no evidence that decriminalisation increased the risk of suicide. since the offender is aware that the attempt of suicide is a crime if unsuccessful, and will put in strenuous effort to ensure absolute success in the attempt thereby further worsening the profile of suicide in the country (Daud, 2022). Apparently worried over the legal approach of the issue, the House of Representatives in Nigeria on February 15, 2022, made a strong move to replace one-year jail term with community service and counselling as punishment for attempted suicide. Furthermore, the government have made provisions for helpline volunteer’s workers who are specially trained to offer support to people in an emotional crisis. There are Government established hospitals with well qualified psychologists who are there waiting to be consulted. Families, friends, churches, mosque are there to help out, there is no right or wrong way to talk about suicidal feelings than reaching out for help.

September 10th is commemorated as world suicide prevention day. Aimed at creating awareness about suicide, how to recognise the warning signs, and how we all play a part in preventing suicide globally. The triennial theme (2021–2023) “*creating hope through action*” is a call to identify warning signs and act toward suicide prevention. The theme emphasizes the role of hope in suicide prevention for individuals who are struggling with

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mental health issues, those who feel helpless and isolated, and those who “just want it to end” (Ibe & Gada, 2023). In addition, the Mental Health Act 2021 signed into law by former President Muhammadu Buhari in 2023, seeks to enhance and protect the lives of people suffering from mental illnesses by increasing access to mental health care. However, the act does not adequately outline preventive strategies for suicide in Nigeria. The Government needs to develop a strategy that sets out the national ambitions for suicide prevention and the collective steps to take to achieve them. This should include individuals, organisations across national and state governments and the private sector.

Daniel and Goldston (2009) found that suicidal youths tend to keep fewer outpatient aftercare appointments than non suicidal youth, and tend to drop out of treatment earlier than other youth receiving psychiatric treatment. It is not clear whether adolescents actually drop out of treatment at higher rates than adults, but it has been assumed by some that many adolescents do not have the tolerance for prolonged therapy, or the continued capacity to focus on verbalization or examination of feelings. Intervention also consisted of education to staff and a videotaped presentation for families describing the dangers of suicidal behaviour and benefits of treatment and a family therapy session. The intervention was designed to engage the family and to initiate steps to mend the parent-child relationship.

### **Conclusion**

Suicide is a social problem which has persisted in the human society from time immemorial. It has social, cultural, health, economic, psychological and even political implications. It appears that the phenomenon defies every possible means of eradicating it. However, there are several ways of mitigating it in our contemporary era. It is worthy of note that there are triggers to suicidal ideation and the final act of suicide commission. Some of these factors could be socio culturally inclined, economic, psychological or even mentally determined. It is therefore necessary to identify these triggers timely and make concerted efforts to assuage the problem. As the saying goes, prevention is better than cure, it is pertinent that every possible avenue is explored to prevent or reduce suicide in the society. Some of these efforts could be at the family level and at societal/community levels.

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## Recommendations

It is recommended that we should be our brothers' keepers and helpers. The unbridled individualism which characterizes the modern era should be moderated to accommodate the not too integrated members of the family, society and organization. Parents should as a matter of necessity monitor their children and wards to be able to identify when they are not fully integrated into the family activities. There is need for the society to identify with people with sudden disruptions of their psychological balances. This could be people who are facing serious problems which could be psychological, economic or even marital discords. It is imperative that people who are at risk of suicide should be identified, counselled and if necessary be provided for. This will enable them to be integrated in to the society. The faith based organizations should explore ways and means of exhorting members who may be inclined to contemplate suicide going by their prevailing circumstances. Lastly but not the least, governments both at the centre and at the sub nationals should not penalize suicide or suicide attempts, rather, provisions should be made to provide care to persons with suicidal tendency.

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