

# CONTENT ANALYSIS OF NEWSPRINTS REPORTED CASES OF SUICIDE IN NIGERIA BETWEEN 2010- 2015 USING PRINCIPLE OF PSYCHOLOGICAL AUTOSPY.

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# ABSTRACT:

Newspaper reports on suicide seems to be on the increase. Despite this, needed attention has not been given to the menace. Are these reported cases that of suicide or secondary to other causes? The Aims of this paper is to further sensitize Governmental, Non governmental, clinicians and other stakeholders on the increasing report of suicide by Media organizations and to also determine whether these cases are secondary to suicide using psychological principle. Sixty three (80%) of the seventy eight cases analyzed meet the criteria of suicide. It is therefore suggested that preventive measures as well as prompt diagnosis and treatment should be put in place to stem the tide in our society.

Key Words: Newsprints Reports, Suicide, Psychological Autopsy

# INTRODUCTION

Suicide is defined as a human act of self inflicting, self intentional harm resulting in death, committed out of constructed thinking, tunneled logic and acute anguish (Baby, Harisdas & Yesudas 2006).

Worldwide, statistics about suicide is different and sometimes difficult to obtain because of under reporting. It is also said to be understudied and under-researched subject in many developing countries where disease, ignorance, poverty, stigmatization, culture and religion influence non-reporting of suicidal behavior (Khan & Reza, 2000).

Most available data on suicide behavior come from developed countries with few ones from developing countries especially sub Saharan Africa. It was reported to be the 5<sup>th</sup> highest cause of death worldwide (Gelder, Harrison & Cowen 2006). World Health Organization (WHO) estimated that 1million people die from suicide yearly. This represents 16 per 100,0000people or death occurring every 40seconds. It has also been predicted that it may increase to one per 20seconds in 2020. China in 2011 recorded 22.23 per 100,000 suicide death, united state of America (USA) in 2009 recorded 12 per 100,000 suicide death. Scotland in2005 recorded 9.4 per 100,000 suicide death. W.H.O further revealed suicidal data from Africa are rare and sometimes unavailable (WHO, 1999). Asuni (1962) corroborated W.H.O report revealing there are few scientific studies of suicide in Africa. However, he reported low rate of less than 1 per 100,000 among western Nigeria population in a 4year coroner review in 1962. In ile ife, also western Nigeria, coroner reports revealed 2.2% (Etebu & Nwosu 2003) and 4% (Akhiwu,Nwosu & Aligbe 2000) at different times. Similar coroner studies in Port Harcourt (Nwosu & Odesanmi 2001) and Benin city (Odesanmi 1982), both southern state of Nigeria revealed 0.9% and 1.8% respectively.

In Nigeria, there is no National establishment for collation, analysis, treatment and prevention of Suicide. Frequent newsprint reported cases of suicide seem to suggest that suicide is on the



increase than previously thought. It was reported in Nigeria daily Punch newspaper of 3<sup>rd</sup> February 2013, that 2 undergraduate students committed suicide within a month in Lagos. Mr E. A, in Sun newspaper of 6 April 2014, confirmed 10 reported cases of suicide in Nsukka area, Anambra state, six of which occurred within 7months. Similarly, Daily Trust newspaper reported 3 cases of suicide in its 3<sup>rd</sup> December 2015 edition. Many more have been reported across the country. Are these reported cases secondary to suicide or other causes? The aim of this paper is to further sensitize the general public, clinicians, governmental and non governmental organizations, other stakeholders to increasing newsprint reported cases of suicide in Nigeria. Also to determine whether these cases are secondary to suicide using principles of psychological autopsy.

Psychological autopsy is used for evaluation of death by suicide with the aim to retrospectively assess for risk factors available at the time of the event. The method was originally developed by Shneidman. It consist of interviewing close relatives and or friends of the deceased using a combination of open ended questions and standardized instruments that can generate psychiatry diagnosis, as well as identify developmental or environmental risk and predictive factors that may have been associated with suicide. Factors that suggest high suicide intent include, carrying out the act in isolation, careful planning to prevent intervention, caution taken to avoid discovery, making of will or organizing insurance, purchasing of arms and saving up of tablets. Others include, communicating intent to others before hand, leaving suicidal note, not alerting potential helpers after the act (Gelder, Harrison & Cowen 2006). Methods include Hanging, Knife stabling, Gun shooting and jumping into a sea or from a height. Other methods of suicide include ingestion of drug overdose, drowning and other less violent activities.

The authors using the principle of psychological autopsy retrospectively assessed for risk factors at the time of reported suicide. Based on the findings of this study, necessary recommendations were made.

# **METHODS**

Analysis of 5 Nigeria Newspapers' (SUN, PUNCH, NATION, VANQUARD AND DAILY TRUST) reported cases of suicide between January 2010- December 2015. The first author follows the newspapers on suicide report, over the stated period. The authors drew up 5 factors eliciting information as proposed by psychological autopsy methods. These factors are loss of life, method involved, circumstances/factors preceding the action, previous suicide attempt and suicide Note. Meeting 3 (loss of life and 2 other factors) out of the 5 factors strongly suggest the cause as suicide.

# **Inclusion Criteria**

Reported cases with basic socio demographic indices' (Sex, estimated age, occupation and marital status).

#### **Exclusion**



Reported cases without basic socio demographic characteristics.

# **RESULTS**

Seventy-eight (78) subjects out of one hundred and eighteen cases noted to have been reported between January 2010- December 2015 meet the inclusion criteria. There were fifty-five males (70.5%) and twenty-three (29.5%) females. The age ranged of subjects that meet the inclusion criteria was between 8 and 75years old with the mean of 25.5years. The distribution of the ages is shown in table1. Thirty two (41%) subjects were married, forty three (55.1%) single while three (3.9%) were noted to be divorced (Table2). The occupation of the subjects is shown on table 3. Unemployed subjects were 27( 34.6%), students were 12(15.4%) while there were 3(3.9%) clergymen. Methods of suicide revealed those that hanged themselves were fifty nine (75.6%), sixteen (20.5%) poisoned themselves, two (2.6%) jumped into well while one (1.3%) stabbed himself with knife and another one(1.3%) set himself on fire(Table4).

Subjects that had precipitating factors and also left suicide note were nine (15%), Three(5%) had previous suicide attempt and also left suicide note. Ten (16.7%) of the subjects had attempted suicide and also had precipitating factors. Four (6.7%) of the subjects attempted suicide before eventually terminating their lives. Twenty nine (48.3%) subjects had identifiable precipitating factors (Table 5). Sixty seven (86%) of the cases were reported to police authority.

Using the principle of psychological autopsy, sixty three (80%) of the 78subjects with sociodemographic characteristics meet the criteria of suicide.

Table 1: Age Distribution

Age group	frequency	percentage (%)
<10years	3	3.9
11-20	15	19.2
21-30	20	25.6
31-40	16	20.5
41-50	13	16.7
51-60	7	8.9
61-70	2	2.6
> 70	2	2.6



# **TABLE 2: Marital status**

Status	Frequency	Percentage (%)
Single	43	55.1
Married	32	41
Divorced	3	3.9

# **TABLE 3: Occupational Status**

Occupation	Frequency	Percentage (%)
Students	12	15.4
Traders	5	6.4
Security guards	5	6.4
Civil servants	8	10.3
Clergy man	3	3.9
Bankers	3	3.9
Unemployed	27	34.6
Others	15	19.2

# **TABLE 4: Methods of suicide**

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Methods	Frequency	Percentage (%)	
Hanging	59	75.6	
Poisoning	16	20.5	
Jumping into a well	2	2.6	
Setting himself on Fire	1	1.3	

# **TABLE 5: Suicidal Factors**

Suicidal factors	Frequency	Percentage (%)
PF +AS+SN	5	8.3
PF+ SN	9	15
AS+SN	3	5
PF+AS	10	16.7
AS alone	4	6.7
PF alone	29	48.3



#### NOTE.

PF = Precipitating Factors
AS = Attempted Suicide
SN = Suicidal Note

#### DISCUSSION

Seventy eight subjects with basic socio-demographic characteristics were analyzed. This is among the few that were brought to the notice of the authority. It is not unlikely for many not to have been reported. Cultural, religious factors and legal reason might have accounted for many unreported cases. 40% of suicidal subjects were between ages of 21-30years.

Suicide is said to be low at two extreme of life that is, at childhood and at old age (Nwafor & Igbe 2013). The youngest subject assessed to have committed suicide using psychological principle was aged 12 while 75years old man was the highest. This is similar to report in Benin city (Nwafor & Igbe 2013) that reported 15year old as the youngest suicidal person in their study. Further analysis revealed that 60% of the subjects were between 21-40years of age. This finding is also similar to other studies in Nigeria (Offiah & Obiorah 2014, Scotland ,Gunnell , Hawton & Kapur 2011). Therefore, there is need to target the youths in prevention strategies of suicide.

Majority (75.5%) of the subjects used Hanging as their method of suicide with forty nine (62.8%) men and ten (12.7%) women. This finding is similar to other studies (Khalid 2001, Kanchan, Menon & Menezes 2009, Offiah & Obiorah 2014) but contrast the study in Benin (Akhiwu, Nwosu & Aligbe 2000) that revealed all their subjects committed suicide by poisoning.

This study revealed that slightly more than half of the subjects had precipitating factors like financial problem, marital disharmony, physical ill health, depressive disorder, drug abuse, among others. The possible reason for this association is that previous studies had reported significant association between precipitating factors and suicide (Nwafor & Igbe 2013). More than three-quarters of the cases were reported to the security agencies. The coroner laws that require that bodies of individuals, who died suddenly, including suicide cases, should be reported to the police for investigation might have accounted for the number of cases so reported.

# Conclusion

Suicide occurs among Nigerians like in other countries of the world. Cultural and religious factors that often prevent reporting of such cases may have affected statistics. Newspapers reporting and this paper are further drawing attention to the menace in the society.

World Health Organization(WHO) reported that suicide death occurs every 40seconds and further predicted that it may increase to one per 20seconds in 2020. Therefore, Government, Non-governmental organizations (NGO) and the society should put in place measures aimed at timely diagnosis and treatment of suicidal behavior as well as prevention in general. There is need for



National institution for collating, dissemination and prevention of suicide. Also, there is need for more current epidemiological studies on suicidal behavior in Nigeria.

# **REFERENCES:**

- Asuni, T.(1962) Suicide in Western Nigeria. British Medical Journal Vol II 1091-97
- Akhiwu WO,Nwosu SO and Aligbe J U.(2000) Homicide and suicide in Benin city,Nigeria Ani Aggra internet J foren Med tox 1(2): 1-5.
- Baby S, Harisdas MP, and Yesudas KF. (2006) Psychiatric diagnosis in attempted suicide Medical journal 4(3): 1-5.
- Daily Punch.(2013) 19year old UNILAG undergraduate commit suicide. Punch Newspapers Ltd, 3 feb
- Daily Trust Newspaper. (2015) Why people killed themselves in Taraba Nigeria Media trust, 3 dec
- Etebu EN and Nwosu SO.(2003) Medicolegal autopsies in University of Port Harcoult,, Nigeria. Nig jnl orthopaedics and trauma 2(1) 33-35
- Gelder, M., Harrison, P., Cowen, P. (2006) Shorter Oxford Textbook of Psychiatry 5<sup>th</sup> Edition, Oxford University press New York U.S.A. pp. 218 – 222, 418 – 428
- Gunnell D, Hawton K, Kapur N.(2011) Coroner's verdicts and suicide statistics in England and Wales. BMJ 343:6030.
- Kanchan T, Menon A, Menezes RG.(2009) Methods of choice in completed suicide: Gender differences and review of literature. *Journal of Forensic Science* 54:938-42.
- Khalid N.(2001) Pattern of suicide, causes and methods employed. *Journal of Comparative Physicians Surgery Pak* 11:759-61.
- Khan, M.M., Reza, H.(2000) The pattern of suicide in Pakistan. Journal of Crisis, 21:1-6.
- Nwafor CC and Igbe A P.(2013) Review of suicide deaths seen in Nigeria tertiary health institution. Pioneer Medical Journal 3 5 1-8.
- Nwosu SO and Odesanmi.(2001) Patterns of suicides in ile ife, Nigeria WAJM 20(3): 259-262
- Odesanmi WO.(1982) Forensic pathology in Nigeria, the ife experience Med sci law 22(4) 269-274.
- Offiah S, Obiorah C C.(2014) Pattern of suicide in Nigeria: The Niger Delta Experience. *Journal of Medical Investigating Practice [serial online] [cited 2016* Feb 23];9:8-11
- Sun Newspapers. (2014) Suicide plague in Nnsuka, Anambra state. Sun Publishing Limited, 6 April
- World Health Organization.(1999) Primary Prevention of Mental, Neurological and Psychosocial Disorders. Figures and facts about suicide. Geneva