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Understanding the Rising Incidence of Suicide in Nigeria: Causes, Consequences, and Holistic Remedies

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Abstract

Suicide has increasingly become a critical public health concern in Nigeria, reflecting a complex interplay of socio-economic, psychological, cultural, and environmental factors. Recent reports indicate a steady rise in suicide rates, yet systematic research into its determinants, consequences, and remedies remains limited. This study examines the causes of suicide, including economic hardship, unemployment, relationship challenges, academic pressures, mental health disorders, and social stigma. Using a mixed-methods approach, data were collected from 500 survey respondents across multiple Nigerian states and in-depth interviews with 50 individuals, including suicide attempt survivors and mental health professionals. Quantitative analysis revealed significant correlations between financial stress, psychological distress, and suicidal ideation, while qualitative findings highlighted cultural beliefs, religious interpretations, and inadequate mental health services as exacerbating factors. The study is grounded in Durkheim's sociological theory of suicide and Joiner's interpersonal theory, offering both macro-structural and individual-level perspectives. Results underscore the consequences of suicide, including family trauma, loss of productivity, and community destabilization. Recommendations emphasize holistic interventions, such as policy reforms, integration of mental health services into primary care, public awareness campaigns, community-based support networks, and collaboration with religious and traditional leaders. The study highlights the urgent need for a multi-sectoral approach to mitigate suicide risk in Nigeria. Implementing culturally sensitive, evidence-based strategies can reduce the incidence of

suicide, strengthen mental health awareness, and promote resilience within communities. These findings provide actionable insights for policymakers, health practitioners, educators, and civil society organizations, contributing to a more coordinated national response to this growing crisis.

Keywords: Suicide, Nigeria, Mental Health, Socio-Economic Factors, Holistic Remedies, Public Policy

Introduction

Suicide represents a significant challenge to public health and societal well-being globally, and Nigeria is no exception. While historically underreported due to cultural stigma and legal constraints, recent data indicate an alarming rise in suicidal behaviors across the country. Suicide impacts individuals, families, and communities, creating profound psychological, social, and economic consequences.

The objectives of this study are:

1. **To identify and analyze** the socio-economic, psychological, and cultural factors contributing to the rising suicide rates in Nigeria.
2. **To examine** the short- and long-term consequences of suicide on families, communities, and national development.
3. **To evaluate** the applicability of theoretical frameworks such as Durkheim's sociological theory of suicide and Joiner's interpersonal theory in explaining suicidal behavior.
4. **To propose** holistic interventions and policy recommendations to address the rising incidence of suicide.

Understanding suicide in the Nigerian context requires a nuanced exploration of intersecting factors including poverty, unemployment, mental health disorders, social stigma, and religious and traditional beliefs. The study contributes to bridging empirical gaps by combining quantitative and qualitative data to offer a comprehensive understanding of the issue.

Empirical Review and Gaps in Literature

Empirical Review

Empirical studies highlight the multifactorial nature of suicide in Nigeria. Economic hardship, including unemployment and poverty, is consistently cited as a key driver (Ajibola & Agunbiade, 2021). Financial stress contributes to feelings of hopelessness and perceived burdensomeness, which are critical predictors of suicidal ideation. Relationship challenges, family conflicts, and academic pressures further exacerbate emotional distress, particularly among youth and young adults.

Mental health disorders, notably depression, anxiety, and substance abuse, are strongly correlated with suicidal behaviors (Van Orden et al., 2010). However, societal stigma and cultural norms often prevent affected individuals from seeking timely mental health care, compounding vulnerability. In rural areas, limited access to mental health

services and community support structures further intensifies the risk (Tade, 2021).
Despite these insights, there remain gaps in the literature. Research on the intersection of socio-economic stressors and mental health within the Nigerian context is limited. Additionally, studies rarely address the role of religious and traditional beliefs in shaping responses to suicidal ideation. There is a paucity of longitudinal studies assessing the long-term impact of suicide on families and communities, as well as the efficacy of intervention programs.

Gaps in Literature

1. Limited focus on combined socio-economic and mental health factors.
2. Insufficient exploration of cultural and religious influences on suicidal behavior.
3. Scarcity of longitudinal studies to evaluate intervention outcomes.
4. Lack of region-specific data to inform targeted prevention strategies.

Theoretical Framework

Durkheim's Sociological Theory of Suicide

Durkheim (1897) categorizes suicide into four types: egoistic, altruistic, anomic, and fatalistic. Egoistic suicide results from weak social integration, while altruistic suicide arises from excessive integration. Anomic suicide occurs under conditions of social or economic upheaval, and fatalistic suicide is linked to oppressive social conditions. This framework illuminates how societal structures, norms, and disruptions contribute to suicidal behaviors in Nigeria.

Joiner's Interpersonal Theory of Suicide

Joiner (2005) posits that suicide results from the co-occurrence of perceived burdensomeness, thwarted belongingness, and acquired capability for self-harm. This theory offers an individual-level perspective, highlighting psychological determinants such as hopelessness, social isolation, and habituation to pain or fear. By integrating Durkheim and Joiner's theories, the study addresses both macro-social and micro-psychological dimensions of suicide.

Research Method

A **mixed-methods design** was adopted, combining quantitative surveys and qualitative interviews to provide a comprehensive analysis.

Quantitative Component

A structured questionnaire was administered to **500 respondents** across five Nigerian states (Lagos, Abuja, Kano, Enugu, and Rivers), representing urban and rural populations. Variables included socio-economic status, mental health status, relationship issues, and suicidal ideation. Data were analyzed using descriptive statistics (percentages, frequencies) and inferential statistics (correlation and regression analysis).

Qualitative Component

In-depth interviews were conducted with 30 suicide attempt survivors and 20 mental health professionals. Interviews explored personal experiences, coping mechanisms, cultural and religious beliefs, and perceptions of support systems. Thematic analysis was used to identify recurrent patterns and insights.

Results and Discussion

Socio-Economic Factors

Table 1: Socio-Economic Factors Contributing to Suicide

Factor	Percentage (%)
Unemployment	45
Poverty	38
Relationship Issues	30
Academic Pressure	25
Family Conflicts	20

Source: Field Survey, 2025

Depression and anxiety were the leading psychological determinants, supporting Joiner's assertion that perceived burdensomeness and social disconnection contribute to suicidal behavior.

Cultural and Religious Influences

Qualitative interviews highlighted that stigma, religious interpretations, and societal taboos prevent help-seeking behavior. Traditional beliefs sometimes frame suicide as a moral failing, leading families to conceal incidents, which hinders preventive efforts.

Consequences of Suicide

1. **Family Trauma:** Grief, emotional distress, and financial burden on surviving family members.
2. **Community Impact:** Disruption of social cohesion and increased anxiety within local communities.
3. **Economic Loss:** Loss of productive workforce, particularly among youth.

Discussion

The findings confirm that suicide in Nigeria is multifactorial, influenced by socio-economic, psychological, cultural, and environmental factors. Holistic interventions must address these interrelated determinants. Integrating mental health services, promoting awareness, reducing stigma, and leveraging community and religious support are critical strategies.

Conclusions and Recommendations

Conclusions

1. Suicide in Nigeria is driven by a complex interplay of economic hardship, mental health disorders, relationship challenges, and socio-cultural factors.
2. Families and communities bear profound psychological, social, and economic consequences.
3. Both Durkheim's and Joiner's theories effectively explain societal and individual determinants of suicidal behavior.

Recommendations

1. Implement **comprehensive mental health policies** integrating primary care and community-based services.
2. Promote **public awareness campaigns** to reduce stigma and encourage help-seeking.
3. Foster **collaboration with religious and traditional leaders** to provide culturally sensitive interventions.
4. Increase **research funding** to conduct longitudinal and region-specific studies.
5. Establish **support networks** for at-risk individuals and families affected by suicide.

By adopting a holistic, culturally informed, and evidence-based approach, Nigeria can mitigate the rising suicide incidence, promote mental well-being, and enhance community resilience.

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