

# The Rising Cases of Suicide among Nigerians: What Are the Risk Factors, Prevention, and Remedies?

Увеличение числа суицидов среди жителей Нигерии: факторы риска, профилактика, средства помощи

doi: 10.17816/CP15497

Opinion

**Nnaemeka Chukwudum Abamara<sup>1,2</sup>,  
Onyinye Ezinne Ozongwu<sup>1</sup>**

<sup>1</sup> *Nnamdi Azikiwe University, Awka, Nigeria*

<sup>2</sup> *Kampala International University, Ishaka-Bushenyi, Uganda*

**Ннаэмека Чуквудум Абамара<sup>1,2</sup>,  
Онйине Эзинне Озонгву<sup>1</sup>**

<sup>1</sup> *Университет Ннамди Азикве, Авка, Нигерия*

<sup>2</sup> *Международный университет Кампалы, Исхака-Бушеньи, Уганда*

## ABSTRACT

The escalating suicide rate in Nigeria, exacerbated by economic, political, health, and social crises, represents a pressing concern. The aftermath of the global COVID-19 pandemic and subsequent lockdowns has exacerbated this issue, particularly in African nations with bare-bones governmental support systems. This paper examines the underlying causes of the alarming number of suicides in Nigeria, utilizing interviews to explore the risk factors, preventative measures adopted, and crisis interventions. Our findings reveal that spousal conflicts, job loss, and bereavement are significant triggers of suicidal ideation. Recommendations include fostering supportive environments, crisis interventions, and psychological rehabilitation services. Urgent attention is warranted to address this growing trend and mitigate its socioeconomic repercussions in Nigeria.

## АННОТАЦИЯ

Повышение частоты суицидов в Нигерии является актуальной проблемой и усугубляется экономическим, политическим, медицинским и социальным кризисами. Последствия пандемии COVID-19 и вызванного ей локдауна обострили эту проблему, в особенности в африканских странах с минимальным уровнем государственной поддержки населения. Настоящая работа посвящена изучению причин, лежащих в основе угрожающего роста числа суицидов в Нигерии. Для решения этой задачи используются интервью для оценки факторов риска, анализ принятых в стране профилактических мероприятий и кризисных вмешательств. Полученные результаты показывают, что значимыми факторами, провоцирующими суицидальные мысли, являются супружеские конфликты, потеря работы и переживание тяжелых утрат. Рекомендации по противодействию сложившейся ситуации включают создание благоприятной поддерживающей среды, кризисные вмешательства и оказание услуг по психологической реабилитации. Обсуждаемая проблема требует незамедлительного привлечения внимания для уменьшения ее отдаленных социально-экономических последствий в Нигерии.

**Keywords:** *suicide; Nigeria; suicide prevention*

**Ключевые слова:** *суицид; Нигерия; профилактика суицида*

## INTRODUCTION

Suicide, the deliberate act of ending one's life, often serves as a desperate escape from unbearable suffering. Each year, nearly 800,000 individuals globally succumb to suicide, with many more attempting it, as reported by the World Health Organization<sup>1</sup>. Contrary to the perception that suicide is predominant in high-income nations, it is a widespread problem affecting various regions worldwide, particularly in low-income countries like those in Africa and Asia<sup>1</sup>.

Nigeria is one of Africa's largest economies. In recent years, its Gross Domestic Product (GDP) growth has fluctuated, influenced by factors such as oil prices, which significantly affects its economy due to its strong reliance on oil exports. Before the pandemic, Nigeria's unemployment rate stood at 23%. During the pandemic, Nigeria, not unlike many other countries, experienced economic disruption that drew its unemployment rate to 46%, even as specific post-pandemic figures vary due to the unstable economic situation in that country. Nigeria also has to grapple with challenges related to hunger and food security. Factors such as internal displacement due to conflicts, climate instability affecting agriculture, and economic conditions also have bearing on food availability and access for many Nigerians. The current situation in the country has exacerbated the already high rate of preventable deaths witnessed in that country.

The economic downturn triggered by the global COVID-19 pandemic has plunged Nigeria into a severe recession, leading to a sharp rise in an already high unemployment rate. The COVID-19 pandemic had a significant impact on various economic and social indicators in Nigeria, including GDP, unemployment rate, hunger rates, and the number of killings and kidnapping. Nigeria's GDP growth rate stood at about 2.2% in 2019. Then economy was gradually recovering from a recession in 2016, driven by improvements in oil production and prices, as well as some economic reforms, before the advent of the COVID-19 pandemic that severely derailed the country's economy<sup>2</sup>.

In 2020, Nigeria's economy contracted by 1.8% due to the pandemic, with a significant impact from lockdown measures and a drop in global oil prices. In 2021, the economy began to recover, growing by approximately 3.4%, supported by higher oil prices and a rebound in the non-oil sector. By 2022, GDP had continued to grow, albeit at a slower pace, constrained by ongoing challenges such as inflation and insecurity<sup>3</sup>.

The unemployment rate in Nigeria was around 23.1% in the third quarter of 2018 (the latest data available before the pandemic). By the second quarter of 2020, it had jumped to 27.1%. By the fourth quarter of 2020, the unemployment rate had surged to 33.3%, reflecting the economic disruptions caused by the pandemic. Unemployment remained high in 2021 and 2022, with limited job creation and persistent economic challenges. According to the Global Hunger Index, Nigeria faced a serious hunger situation, with a score of around 27.9, in 2019<sup>4</sup>.

The pandemic worsened food insecurity because of the lockdowns, disrupted supply chains, and loss of income. By 2021, the situation had worsened, with millions of Nigerians experiencing heightened food insecurity. Efforts to address hunger were launched, but challenges such as inflation and conflict continued to adversely affect food availability and access. Nigeria had been facing significant security challenges, with incidents of killing and kidnapping due to a long-running insurgency in the Northeast of the country, farmer-herder conflicts, as well as criminal gang activity in the middle belt region<sup>5</sup>.

The fragile security situation worsened during the pandemic, with increased incidents of kidnapping, wanton violence and banditry. Kidnapping for ransom surged, particularly in the Northwest and North central regions, as well as in the Southeast. Killings related to the insurgency, banditry, and communal conflicts continued to escalate, straining the country's security apparatus. The COVID-19 pandemic had a profound impact on Nigeria's economy and social conditions. The country experienced economic contraction, increased unemployment, heightened food

<sup>1</sup> World Health Organization [Internet]. Suicides in the world: global health estimates. Geneva; 2023 [cited 2024 May 15]. Available from: <https://www.who.int/news-room/fact-sheets/detail/suicide>

<sup>2</sup> National Bureau of Statistics [Internet]. Economic situation in Nigeria in pre and post COVID-19 era. 2019 [cited 2024 May 15]. Available from: <https://nigerianstat.gov.ng/elibrary/read/937>

<sup>3</sup> International Monetary Fund [Internet]. 2020 [cited 2024 May 15]. Available from: <https://www.imf.org/en>

<sup>4</sup> National Bureau of Statistics [Internet]. Three years quarterly estimation. 2022 [cited 2024 May 15]. Available from: <https://nigerianstat.gov.ng>

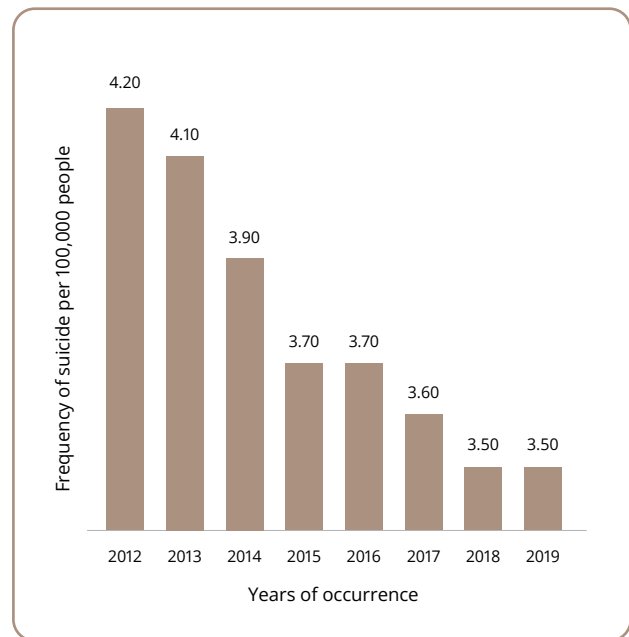
<sup>5</sup> African Development Bank Group [Internet]. 2021 [cited 2024 May 15]. Available from: <https://www.afdb.org/en>

insecurity, and a deteriorating security environment. While there have been efforts to recover and stabilize the existing status-quo, the political and economic challenges remain significant<sup>6</sup>.

Studies in Nigeria often highlight the indirect effects of corruption, such as economic instability, poverty, and social inequality, and a direct effect such as the mismanagement of public funds by corrupt officeholders in various governmental offices, which are known risk factors of mental health issues, including suicide [1]. Nigeria has a high corruption index, and there is evidence of poor-quality public services, economic disparities and lower levels of trust in institutions; all these factors collectively contribute to the stress and mental health challenges that are behind the high rate of suicide in Nigeria<sup>7</sup>. As a consequence, the specter of hunger looms over the nation, posing a threat to countless vulnerable individuals. If immediate measures are not taken by the Nigerian government to address the unprecedented economic crisis, an alarming number of Nigerians may succumb to hunger and suicide<sup>7</sup>.

In Nigeria, suicide attempts often involve the ingestion of toxic substances such as rat poison, drugs, or pesticides. Some individuals resort to hanging or drowning in rivers or a pool water, because firearms are rarely used. Understandably, women tend to opt for drug overdoses, a method with higher chances of intervention and survival. However, recent trends suggest an increase in the lethality of the suicide methods used among women, potentially placing them at equal risk of fatal outcomes as men. Unfortunately, suicide in Nigeria remains significantly underreported and under-documented due to the lack of a comprehensive system for collecting statistics and the societal stigma associated with suicide<sup>8</sup>. Cultural and religious beliefs often lead families to conceal suicides, portraying them as accidents or homicides to avoid social opprobrium. The criminalization of suicide in many African nations further reinforces the reluctance to acknowledge and address this issue [1].

Research on suicidal behavior in Nigeria identifies various methods, including chemical ingestion, self-cutting, burning, hanging, and the ingestion of lethal doses of rat poison or



**Figure 1. Graphic representation of the frequency of suicide in Nigeria from 2012 to 2019.**

Source: Nigerian Bureau of Statistics (2012–2019).

pesticides. These methods are often chosen impulsively by individuals experiencing emotional instability or psychosocial stressors [1].

Figure 1 illustrates Nigeria's suicide rates from 2012 to 2019, ranging from 4,200 to 3,500 cases annually. Data for the years 2020 onwards is currently being compiled and will be released soon.

### **RISK FACTORS OF SUICIDAL BEHAVIOR IN NIGERIA**

Age has long been recognized as a significant risk factor for suicide, with rates typically rising during adolescence and peaking in young adulthood (ages 20–24), before gradually increasing until around age 84 [2]. Individuals over 45 years of age account for the majority of suicides. Between 2012 and 2019 there was a notable increase in suicides among Nigerian adolescents and young adults, including those in secondary education and University, to the tune of 40,000 people per 100,000 population, compared to 15,000 per 100,000 between 2000 and 2009. This trend has solidified as a result of poverty and the current economic

<sup>6</sup> Council of Foreign Relation [Internet]. 2022 [cited 2024 May 15]. Available from: <https://www.cfr.org>

<sup>7</sup> National Bureau of Statistics [Internet]. Economic situation in Nigeria in pre and post COVID-19 era. 2019 [cited 2024 May 15]. Available from: <https://nigerianstat.gov.ng/elibrary/read/937>

<sup>8</sup> World Health Organization [Internet]. Suicides in the world: global health estimates. Geneva; 2023 [cited 2024 May 15]. Available from: <https://www.who.int/news-room/fact-sheets/detail/suicide>

realities in Nigeria. Particularly noteworthy are the critical periods of student suicides, often occurring within the first seven weeks of the academic term or semester in their first year and during their final year. These suicides are often linked to the immense pressure students face from high expectations, typically imposed by parents and guardians. Additional contributing factors include chronic health issues, interpersonal difficulties such as rejection from a love partner, and social isolation.

Psychologists have expressed alarm at the sharp rise in adolescent suicides, with recent opinion polls indicating that approximately 500,000 adolescents attempt suicide annually in Nigeria, resulting in 302,000 deaths [2]. Moreover, there has been an unsettling trend among Nigerian youths employing highly lethal methods such as shooting or injecting themselves with deadly substances to end their lives. Certain professions or vocations, such as medicine, psychology, nursing, engineering, priesthood, and trading, have also been found to have higher-than-average suicide rates. Thus, suicide affects individuals across various strata of society, irrespective of their social status.

Marital status is another significant risk factor of suicide, with divorce and separation rates being notable at the rate of 25% among Nigerians [3]. A reported 35% prevalence rate of single parenthood in contemporary Nigerian communities has further exacerbated psychological distress, especially concerning the challenges of raising children and managing family dynamics amidst the deplorable economic situation. Poverty, which has risen to 70% in many Nigerian communities, accounts for the 40% rise in stress level experienced by single parents, potentially leading to suicidal ideation or contemplation.

Drug and alcohol abuse also play a significant role in triggering suicide among Nigerian youths. About 50% of young individuals are enticed into substance abuse, including marijuana, cannabis, and methamphetamine, as well as locally brewed alcoholic beverages made from millets, often as a means of coping with the economic and social hardships prevalent in their communities as a result of joblessness [1].

Suicide often comes on the tail of profound emotions such as despair, guilt, and anger, driving individuals to seek an escape, punishment, or harm. These emotions may originate from romantic relationships, interpersonal conflicts within families, or other social dynamics. The impacts of economic and social challenges on suicidal contemplation in Nigeria are evidenced in alcohol-related issues, sexual

adjustment difficulties, or unemployment [1]. Suicidal behavior represents a complex interplay of cultural, social, economic, and psychological factors, yielding varying manifestations across nations. Nigeria, with its rich cultural diversity, holds particular attitudes and beliefs concerning mental health and suicide. In several Nigerian cultures, mental health issues and suicidal ideation come with stigma and taboo are considered subjects, fostering underreporting and hindering access to essential mental health services [4].

Religion carries profound weight in Nigerian society, predominantly Christianity and Islam. Religious doctrines often denounce suicide as a sin, adversely impacting help-seeking behavior and creating internal conflicts for individuals contemplating suicide, who may feel torn between seeking support from their religious community or professional psychiatrists and community mental health centers [4]. The socio-economic landscape in Nigeria, marked by inequalities and challenges like poverty, unemployment, and inadequate access to basic services, amplifies psychological distress and susceptibility to suicidal behavior [4]. Economic hardship can exacerbate feelings of hopelessness that may contribute to a suicide attempt, particularly among marginalized groups in various Nigerian communities.

Gender dynamics also shape suicidal behavior in Nigeria, with studies indicating a higher rate of suicide among males compared to females, contrary to the patterns observed in certain Western countries [5]. Cultural norms of masculinity may discourage men from seeking help for mental health issues, aligning with societal expectations of strength and resilience. In Nigeria, the availability and accessibility of means for suicide differ from those in Western countries. Firearms, prevalent in some Western nations, are less common in Nigeria, where methods such as pesticide ingestion or hanging may be more prevalent due to their accessibility [4]. Limited access to mental health services and professionals further favors reliance on non-medical means for suicide attempts. This could include methods such as hanging from a rope, drowning in a river, sea or ocean, firearms, or other forms of self-harm that do not involve ingesting medication or substances typically used for medical purposes. This is a serious issue and often a sign of a person experiencing severe distress or crisis.

Due to cultural, religious, and legal factors, official statistics on suicides in Nigeria may be underestimated discouraging open discussion and reporting. Moreover,

inadequate resources and infrastructure for data collection and mental health research pose challenges in accurately assessing the prevalence and characteristics of suicidal behavior in the country [4].

Economic hardship, coupled with the inability to provide for one's family, can significantly impact mental health, potentially leading to suicide, in the absence of adequate psychological support. Sometimes communication breakdown among members of families may further exacerbate feelings of isolation and worthlessness, which may lead to suicide [6]. The role of severe hopelessness, exacerbated by adverse economic conditions resulting from the COVID-19 pandemic and job loss, is greatly implicated as an accelerant in the rising number of suicides in Nigeria. Individuals contemplating suicide are not always mentally ill; severe depression arising from stressful life events such as business failure, academic failure, spousal or partner infidelity and others can push anyone to consider suicide, especially during periods of significant life stressors such as job loss, divorce, or bereavement [7, 8].

It is our opinion that addressing suicidal behavior in Nigeria necessitates a nuanced understanding of its important cultural, religious, socio-economic, and gender dynamics. Tailored interventions must consider the influence of cultural and societal norms on help-seeking behavior and access to mental health services, ensuring comprehensive support for those at risk.

## **REMEDIES/CRISIS INTERVENTIONS**

To effectively reduce instances of suicide in our society, the following measures are crucial:

1. Establishment of Suicide Prevention Centers: It is imperative for every state or local government in Nigeria to establish centers dedicated to suicide prevention. These centers should be staffed with a mental health intervention team comprising psychologists, psychiatrists, occupational health therapists, and social workers. Psychologists trained to handle suicide situations should also be equipped to provide counseling over the phone. Individuals deemed at risk of committing suicide should be provided with the contact information of experts at these centers, encouraging them to seek help when they need it. Additionally, assistance should be offered to help individuals schedule appointments for psychological examination with a clinician. Nigeria

is a country blessed with abundant human and natural resources, but the mismanagement of the country's resources by its political leaders has seemingly condemned it to a low-income status. Therefore, Nigeria cannot afford suicide prevention centers irrespective of its current economic status.

2. Involvement of Law Enforcement: In cases of attempted suicide within our neighborhoods, it is essential to promptly involve law enforcement agencies such as the Nigerian Police or the Nigerian Civil Defense Corps, particularly the Suicide Response Squad or Suicide/Crisis Intervention Centers. Law enforcement agencies like the Police and Civil Defense Corps can play a critical role in suicide prevention in Nigeria through several strategic actions. Police officers and Civil Defense Corps personnel are trained to recognize signs of suicidal behavior and respond appropriately. This training can equip them to intervene effectively in crisis situations. According to a study by Chan and Yip (2014) [9], training law enforcement officers in suicide prevention significantly enhances their ability to identify and interact with suicidal individuals. Research has shown that community-based suicide prevention initiatives involving law enforcement agencies can lead to increased awareness and improved access to support services (WHO, 2018)<sup>9</sup>. Law enforcement officers can play a key role in referring individuals in crisis to these facilities, ensuring that they receive timely assistance (WHO, 2018)<sup>9</sup>. Their intervention can be vital in preventing further harm and providing the necessary assistance to individuals in crisis. By implementing the above-mentioned strategies, law enforcement agencies in Nigeria can effectively contribute to suicide prevention efforts and support the mental health needs of their various communities.

## **CONCLUSION**

The prevention of suicide ideation and actual suicide can be achieved through active listening and provision of essential support to vulnerable individuals, thereby mitigating the triggers of suicide. To address the escalating rate of suicide in Nigerian society, it is crucial for community members to report any observable signs of suicidal behavior in individuals within their neighborhoods to designated suicide centers. These centers should be adequately staffed with qualified clinical psychologists and other mental health

<sup>9</sup> World Health Organization [Internet]. Preventing suicide: A community engagement toolkit. Geneva; 2018 [cited 2024 May 15]. Available from: <https://www.who.int/publications/i/item/9789241513791>

professionals, facilitating a multidisciplinary approach to effectively rehabilitate individuals rescued from the brink of suicide.

### Article history

**Submitted:** 14.01.2024

**Accepted:** 12.07.2024

**Published Online:** 22.08.2024

**Acknowledgements:** Finally, we thank all the individuals who, in one way or the other, provided materials for the write up of the manuscript.

**Authors' contribution:** All the authors made a significant contribution to the article.

**Funding:** The research was carried out without additional funding.

**Conflict of interest:** The authors declare no conflicts of interest.

### For citation:

Abamara NC, Ozongwu OE. The rising cases of suicide among Nigerians: what are the risk factors, prevention, and remedies? *Consortium Psychiatricum*. 2024;5(3):CP15497. doi: 10.17816/CP15497

### Information about the authors

**\*Nnaemeka Chukwudum Abamara**, Ph.D, Associate Professor, Department of Psychology, Faculty of Social Sciences, Nnamdi Azikiwe University, Department of Mental Health & Psychiatry, Faculty of Clinical Medicine and Dentistry, Kampala International University  
E-mail: abamaranc@kiu.ac.ug

**Onyinye Ezinne Ozongwu**, administrative assistant, Department of Psychology, Faculty of Social Sciences, Nnamdi Azikiwe University

\*corresponding author

### References

1. Okeke AO, Ezeokana JO, Abamara NC. Age, Gender, Stress and Self-Blame as Predictors of Suicidal-ideation among Prison inmates in South East Nigeria. *Social Science Research* [Internet]. 2020 [cited 2024 May 15];6(1):[23 p.]. Available from: <https://journals.aphriapub.com/index.php/SSR/article/view/1429>
2. Shneidman ES. Psychological approaches to suicide. In: VandenBos GR, Byrant BK, editors. *Cataclysms, cries, and catastrophe: psychology in action*. Washington: American Psychological Association; 1987. p. 147–184.
3. Ntoimo LFC, Akokuebe ME. Prevalence and Patterns of Marital Dissolutions in Nigeria. *The Nigerian Journal of Sociology and Anthropology*. 2014;12(2):1–5. doi: 10.36108/NJSA/4102/12(0210)
4. Adebowale TO, Adelufosi AO, Ogunwale A, et al. Suicidal ideation and attempts among psychiatric patients admitted in a tertiary hospital in Southwestern Nigeria. *Nigerian Postgraduate Medical Journal*. 2018;25(4):221–227.
5. Nock MK, Borges G, Bromet EJ, et al. Cross-national prevalence and risk factors for suicidal ideation, plans. *Br J Psychiatry*. 2008;192(2):98–105. doi: 10.1192/bjp.bp.107.040113
6. Cole DE, Protinsky HO, Cross LH. An empirical investigation of adolescent suicidal ideation. *Adolescence*. 1992;27(108):813–818.
7. Marks MT. The question of quality circles. *Psychology Today*. 1986;20:36–46.
8. Garland AF, Zigler E. Adolescent suicide prevention. Current research and social policy implications. *Am Psychol*. 1993;48(2):169–182. doi: 10.1037/0003-066x.48.2.169
9. Chan CH, Yip PS. Law enforcement and suicide prevention: A systematic review. *Int J Environ Res Public Health*. 2014;11(7):7973–7991. doi: 10.3390/ijerph 110707973