SOCIO-CULTURAL AND RELIGIOUS FACTORS INHIBITING SUICIDE REPORTING AMONG THE YORUBA PEOPLE OF SOUTH-WESTERN NIGERIA
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Abstract

In the sociology of suicide, research and theoretical postulations have considerably illustrated the relevance of socio-cultural and religious contexts of suicide mortality. However, how sociocultural factors impact suicide reporting behavior has been largely undeveloped. In addressing this gap, community-based approach was deployed to explore sociocultural and religious factors that impact suicide reporting behavior. Qualitative techniques were adopted to conduct key-informant interviews in 30 communities from the six states which make up the southwest region of Nigeria, with the use of stratified sampling method. In the chosen communities, 90 purposively selected traditional rulers, local chiefs and

religious leaders were interviewed, and a thematic analysis of the narratives was carried out. Findings indicated that both the bodies of suicide victims and bereaved families are subjected to secondary victimizations which have significant implications on families' decisions in reporting suicide. Hostile post-suicide social reactions, shame, harsh societal practices in handling suicide cases, cost of traditional cleansing rites, and police extortion of bereaved families, were found to be potent factors that dissuade families from reporting suicide. Without considering and addressing the sociocultural context that impacts suicide reporting, official rates of suicide mortality in Nigeria will continue to be underestimated. These findings have other important practical and policy implications to enhance valid suicide mortality statistics for healthcare planning and research.

Keywords: Death, Reporting behaviour, Socio-cultural factors, Suicide, Mortality rate.

Introduction

Suicide is said to have been committed when death occurs from self-directed injurious behavior with the intent to die (Gelezelyte et al., 2021; Sahimi et al., 2021; Yockey et al., 2022). The World Health Organization – WHO (2021) reports that 703,000 people take their own lives every year. Despite the importance of valid mortality statistics for healthcare research and planning, suicide rates in most countries are underestimated (WHO, 2019). Figures of suicide are reportedly 'hidden' in categories of 'deaths of undetermined intent,' 'accidents,' and 'ill-defined and unknown cause of mortality' (Skinner *et al*, 2016, Olibamoyo *et al*, 2021). To resolve the misclassification of deaths, the WHO published the International Statistical Classification of Diseases and Related Health Problems (ICD), which contains comprehensive definitions and instructions for the use of mortality statistics (WHO, 2019). While the classification standards may prove effective in resolving the controversies surrounding the determination of the cause of death, they may not

succeed in societies where suicide underreporting have sociocultural and religious underpinnings.

Africa is one of the regions of the world where underreporting of suicide cases is believed to be premised on sociocultural and religious factors (Aborisade, 2021; Aborisade *et al*, 2022; Olibamoyo *et al*, 2021). Despite this situation, there are limited studies which examine the sociocultural and religious factors inhibiting suicide reporting to address the trend. Considering that WHO (2021) reported that 77% of global suicide occur in low and middle-income countries, it becomes imperative to pay sustained attention to increasing the validity of suicide rates in the region. This is partly because most of the countries in Africa are within low and middle-income range. Also, the perennial underreporting of suicide in Africa has been identified as a key factor undermining research and the formulation of preventive and control measures in addressing the growing rate of suicide in the continent (Aborisade, 2016; 2021; Osafo *et al,* 2020; Onozure, 2021; Oyafunke-Omoniyi *et al*, 2022). Consequently, statistics and information from high-income countries, which may not capture the peculiarities of African cultural context, largely constitute what informs the knowledge and understanding of suicide and suicidal behaviour in Africa.

Nigeria, a low-income African country, is reported to have one of the highest suicide rate among African countries in 2019 with 7,019 (5,110 males and 1,909 females) lives lost to suicide (WHO, 2019). Despite this relatively high figure, experts believe that Nigeria's suicide rate is underreported and miscoded (Aborisade, 2015; Olibamoyo *et al*, 2021; Oyetunji, *et al*, 2021). The coordinator of Suicide Research Prevention Initiative, SUPRIN, Dr. Tade, attributed the underreporting of suicide in Nigeria to criminal status of suicide, shortage of mental healthcare personnel, as well as stigmatization of mental diseases and suicide death (Onozure, 2021).

Research activities on the effects of religion on suicide have appreciably followed the footsteps of Emile Durkheim. He viewed religion as a source of social integration which reduces the tendencies for individuals to commit suicide (Durkheim, 1951). However, he relegated the influence of culture to a minor role. He maintained that any effect that cultural factors may have will depend on their

ability to enhance group cohesion, rather than their specific contents. Although, this position has been subjected to re-examination by sociologists and suicidologists (Danigelis & Pope, 1979; Van Tubergen *et al*, 2005), both Durkheim's theory on religion and suicide, as well as scholarly extrapolations of his theory, have not considered religion and culture as factors for reporting suicide. Unlike Durkheim's position, recent studies have provided ample evidence of how cultural factors can condition the influence of interpersonal relationships and how such factors can influence the social beliefs on suicide (Aborisade 2021; Gelezelyte, 2021; Yockey *et al*, 2022).

Purpose of the Study

Despite the widespread acknowledgement of suicide underreporting in Nigeria, it is yet to gain appreciable research interest. Therefore, it is imperative to explore sociocultural and religious barriers to suicide reporting to address the trend and enhance the validity of suicide mortality rate. Adopting community-based and cross-cultural research approaches, traditional beliefs on social meanings and suicide reporting in the South-west Nigeria will be explored.

Research Questions

The present study is guided by three salient questions: what are the social meanings attached to suicide in the selected areas within the southwest region? In addressing this question, the possible implications of social interpretations of suicide on reporting behavior will be explored. Second, what are the sociocultural factors impacting reporting of suicide cases in the region? This involves examining specific social and cultural attributes or practices relative to various communities which impact suicide reporting behavior. Finally, how do the various religious/traditional tenets in handling cases of completed suicide conflict with or compliment formal procedures of suicide treatment? This entails examining how the sequence of socio-religious events that follow completed suicide conflict with, or complement reporting and/or police investigative procedures.

Methods

The Qualitative approach was chosen as suitable for this research due to the unexplored, emotive and complex nature of suicide reporting. The study was conducted in 30 towns and cities within the southwest region of Nigeria. The region is mainly inhabited by the Yoruba people, one of the major ethnic groups, although it is multidialectal and multicultural with hundreds of kingdoms having peculiar history, traditional political structures and social identities. The region consists of six states (Ekiti, Lagos, Ogun, Ondo, Osun and Oyo), which were entirely covered in this study. In each state, five towns/cities were selected using stratified sampling method to ensure the inclusion of diverse cultural subgroups. Purposive sampling was then used to reach out to traditional rulers, religious and opinion leaders within each selected town/city (three participants from each chosen community). Face-to-face interviews took place in kings' palaces, community premises, offices and other locations preferred by participants.

We interviewed 90 people (81 men; 9 women) between the ages of 33 and 85 living in 30 (14 rural, 11 urban and six suburban) communities within the six southwestern states in Nigeria. The study sample consisted of paramount traditional rulers or their representatives, holders of chieftaincy titles, Christians, Islamic religious leaders, and traditional religious priests. Table 1 displays socio-demographic attributes of the sample. Approval of this study was sought and obtained from the Health Research Ethics Committee of the authors' university with the approval number OOUTH/HIREC/491/2022AP.

Table 1: Participant Characteristics

Variables	Total N=90	Percentage (%)
Age (years)		
<40	11	12.2
41-50	17	18.9
51-60	23	25.6
61-70	26	28.9
>70	13	14.4
Gender		
Male	81	90.0
Female	9	10.0
Status		
Traditional ruler	19	21.1
Chiefs	18	20.0
Traditional religion priest	16	17.8
Christian religious leader	14	15.6
Islamic cleric	12	13.3
Traditional rulers' proxy	11	12.2
Religion		
Christianity	38	42.2
Islam	27	30.0
Traditional	25	27.8
Classifications of participants' communities	Total N=30	Percentage (%)
Urban	11	36.7
Suburban	6	20.0
Rural	14	46.7

Source: Field survey 2022.

In analyzing the data, inductive thematic analysis approach was adopted (Braun & Clarke, 2006). Once the first author had familiarized himself with the data by reading through 15 randomly selected transcripts, it was line-by-line coded in Nvivo12. Apparent common and contrasting thematic elements were noted among the samples, after which a coding scheme was drafted. In this initial codebook, participants' description of suicide, social meanings of suicide, and traditional treatment of suicide cases were tracked. The second, third and fourth authors also examined the same 15 transcripts with the use of the same codebook. The discrepancies bordering on conceptualizations were then discussed by the four

authors' and the coding schemes were amended. All remaining transcripts were separately coded by the first four authors, and discrepancies that emerged were resolved for all applied codes to be mutually agreed.

Results

Ninety key-informant interviews were conducted in 30 southwestern communities in Nigeria between November 2021 and May 2022. All interviews were conducted face-to-face in the visited urban, suburban and rural areas.

Theme 1: Social Meanings of Suicide

Participants expressed various indigenous beliefs on suicide-induced death compared to natural causes of death. Traditional rulers, priests, and chiefs described the evolving meanings of suicide in their sub-Yoruba ethnic societies. According to the participants, in the traditional era, suicide was perceived as a last resort for warriors, kings, and other spiritually powerful individuals who were confronted with conditions or situations that appeared to compromise their integrity. "A warrior will rather consume poison and die than return home as a defeated war commander. The same goes for a king, as rather than being deposed, he will be expected to commit suicide" (P3, traditional ruler, Ekiti state). In virtually all the communities, suicide was socially perceived as an honorable act, and those that committed suicide than facing public rebuke or scorn were respected in their death. However, during this historic era, suicide was not welcome for those that were not warriors, kings or spiritually powerful people.

In contemporary society, participants were of the opinion that suicide is socially perceived as a curse, disaster, and abomination. This perception of suicide is premised on the perceived cause, method used, and the location where the suicide act occurred.

> The person that dies by suicide is believed to have invoked disastrous tidings to the community and is not treated with any form of respect. The person is not giving befitting funeral rites even if the person dies at old age. The families are not

allowed to cry or mourn and the person is not buried within the township (P13, traditional ruler, Ogun State).

In some communities, only those adjudged to have committed suicide against their will are giving befitting funeral rites. Participants in these communities pointed out that some individuals can be manipulated to kill themselves with the use of *juju* (black magic). "Once we consult the oracle and found out that the person did not kill himself out of their freewill, they are given their full rites of burial" (P45, traditional Chief, Osun State). In respect of the mode of committing suicide, participants in some communities stated that suicide by hanging, shooting, and stabbing are treated with more social disdain than suicide by consumption of poison. 'Taking poison is more discreet and less humiliating for the family and community left behind than the other methods of committing suicide' (P71, traditional religion priest, Oyo state). However, in most communities, suicide victims are denied normal funeral rites in order to dissuade other people from doing same. Other reasons for denying suicide victims proper funeral rites include the need to appease the gods, cleanse community, and punish the dead. The bodies are buried in the bushes to "ward off evils" from their communities and as a way of rejecting the body literally and suicide symbolically.

Theme 2: Sociocultural Factors

Participants acknowledged the low rate of reporting of suicide cases in their various communities. They were requested to list out factors that appear to hinder express reporting of suicide cases to appropriate authorities in their localities.

Table 2: Social and Cultural Factors Inhibiting Suicide Reporting

Factors	Total N=90	Percentage (%)
Post-suicide social reactions	81	90.0
Shame	79	87.8
Societal rules/norms in handling suicide	76	84.4
Cost of corrective rituals	65	72.2
Police extortion	31	34.4
Method of committing suicide	29	32.2
Family grief	22	24.4
Ignorance of the law	15	16.7

Source: Field survey 2022.

As presented in Table 2, the most mentioned factor is the fear of social reactions towards the deceased's family. According to an Ogun state-based traditional religion priest:

> It will bring blemish to the family's name. Anyone that wants to get married into such family must be ready for words like; 'someone hung himself in that family'; 'that's what they do in that family.' They would rather keep such incident within them than tell people. The family members don't want a bad name for themselves (P18, Traditional religion priest, Ogun state).

Several other participants expressed various forms of stigmatizations that victims' families are often subjected to. These include isolation, taunting, loss of patronage in business, and being subject of societal gossips. Shame is also a huge factor that acts as barrier to reporting suicide. Participants explained that causes of family members committing suicide are usually centered around economic hardship and lack of family cohesion. Therefore, families whose members commit suicide are generally perceived to have failed in their basic responsibilities.

It is a thing of shame to the family members, especially the elderly ones. It is either they have failed to provide for the needs of their family members, or have not controlled them well. This can go a long way in the way such families will be perceived in the society

(P73, Pastor, Lagos State).

The majority of the participants (21/30) in Oyo and Osun states mentioned the traditional methods of handling suicide cases in their communities as a key factor fueling non-disclosure. They stated that family members are often not allowed to be present during the burial of their member that committed suicide. In some of these communities, the suicide victim will be taken to the forest and left without being buried. 'Not many families will like their dead member to be treated in such way, so they often hide the cause of death if they could' (P48, Traditional chief, Osun state) In such communities, it is only suicide committed in public places that undergoes such rituals as those committed in private places are often concealed. The cost of corrective rituals or traditional cleansing that the family will have to bear after the demise of their member is another major reason listed as factors impeding reporting of suicide by victims' families.

Participants in some communities, especially traditional rulers, identified the manner of investigation, intimidation and extortion by police officers as a factor that also inhibits suicide reporting. According to an Ogun state based traditional head: "sometimes, investigation on the suicide case are unnecessarily delayed, family members are harassed and wrongfully accused of supporting the suicide incident, all in a bid to extort money from them." "We bribe to bail out suspects held by the police; we will still bribe to bail out dead bodies from them" (P51 Traditional chief, Ondo State).

Theme 3: Religious/Traditional Tenets vs. Formal Procedures

Aside from the aforementioned factors that impede individual families from reporting completed suicide of their members, participants expressed various traditional rites, rituals and practices that often work against police procedures in investigating and documenting suicide incidents. The Christian and Islamic clerics involved in the study stated that their religious practices do not discriminate against suicide deaths and burying of suicide corpses. According to an Ondo-based Pastor, "in Christianity, we do bury the

victim the same way we bury other dead people." This statement was echoed by other Christian leaders in the study. The same was stated by Islamic leaders: "In Islam, suicide is forbidden, but if any man that is faithful in worship dies in such manner, we will bury him or her normally" (P29 Alfa, Ogun State). However, the Alfa stated that with police involvement, burying the corpses of suicide victims within the normal time stipulated in Islam is often impossible. 'This may account for the reason some Islamic faithful may refuse to invite the police to do the needful with the dead body of their family member" P29 submitted.

In the case of traditional religion, accounts of traditional rulers, chiefs and priests from 23 study areas revealed that traditional burial rites and such other practices are factors which may impede police procedures in handling suicide cases. In these communities, families of suicide victims are expected to report to local occultists who will perform some special rites, and bury the dead on behalf of the family. In some cases, all the belongings are expected to be buried along with the dead. In a detailed account of how a typical suicide case is handled, one of the participants disclosed that:

> If it was discovered that he or she died as a result of a spiritual attack, no one can remove the corpse from the scene of suicide except the occult people called *Oloro*. It is dangerous for anyone to touch the person that committed suicide without being an initiate or a spiritually powerful person (P16, Priest, Ogun state).

Participants in this category were further probed whether the police are always invited and allowed to perform their duties. The majority of them stated that police are not usually invited except if the family suspects that the victim was murdered.

> … any police officer that will remove such victim from the suicide scene must be a powerful spiritual officer, or they will look for someone more spiritual to help them. No ordinary person can remove such victim; if he does, it is believed that such incident will happen to him or his family member… (P19, Priest, Ondo state).

Other participants stated that police officers will put their lives and those of their families in danger if they interfere with traditional methods of handling suicide cases. "Haven't you heard of strange things that happen to some police officers who disrupt the traditional process of handling suicide? Sometimes, they end up committing suicide" (P56, Priest, Ekiti state). Participants disclosed that community members would rather report cases of suicide to traditional occult groups than to the police because they are aware of the dire consequences of doing otherwise.

Discussions

This research explored sociocultural and religious barriers to suicide reporting with the aim of addressing the trend and enhancing the validity of suicide mortality rate in Nigeria. To understand how social meanings of suicide, its cultural and religious perception, impact suicide reporting behavior, a qualitative study was adopted. In deploying qualitative techniques, the complexity of sociocultural underpinnings inhibiting reporting of suicide cases at family and community levels were taken into consideration.

Death by suicide is mainly perceived as the most evil act, an abomination and a taboo by the sampled cultures within the southwestern parts of Nigeria. Participants expressed that both the suicide corpses and victims' families are subjected to secondary victimization as a symbolic rejection of the act and based on the religious belief that those that die by suicide will be punished in the hereafter. Families of suicide victims are disallowed from shedding tears or mourning the deceased in public while cleansing rites are performed to drive away the spirit of the suicide victim just as the body is buried outside the community. Earlier studies of Yoruba people's perception of death, and death by suicide aligns with the findings of this study (Falade, 2013; Ikyoive & Sheik, 2017). However, this current study further examined the possible connection between these beliefs and bereaved families' suicide reporting behaviour.

The social meanings attached to suicide across sampled societies may be largely responsible for the underreporting of suicide in these communities. Negative community response to incident of suicide,

leading to harsh treatments meted out to both the deceased and the bereaved families, were found to be the most potent fear that hinders suicide reporting to appropriate authorities. Families' exposure to social shaming, adverse societal rules and procedures in handling suicide cases, and the cost of cleansing imposed on deceased's relatives were other potent inhibitive factors to reporting suicide. Although there is a dearth of studies on cultural factors inhibiting suicide reporting in Nigeria, studies in other countries have documented relationship between cultural and religious factors and suicide reporting (Skinner *et al*, 2016; Yockey *et al*, 2022).

Notably, for families that appropriately reported suicide to the police, their unpleasant experiences with the law enforcement officers prominently featured as one of the factors inhibiting further reporting of suicide cases in some communities. The study sample indicated police officers' constant intimidation of deceased's family members. Extant studies and reports of international agencies have documented extortive and intimidating tendencies of officers of the Nigeria Police (Aborisade & Fayemi, 2015; Aborisade & Gbahabo, 2021). However, this is the first report exposing officers' complexities in suicide reporting. Some traditional rulers disclosed that the deceased's bodies are unnecessarily delayed until unofficial monies are paid by bereaved families, while deceased's relatives are threatened with charges as accomplices to the suicide act.

Findings from this study suggest a profound influence of cultural and traditional beliefs and practices on suicide reporting behavior of community members. There are contradictory practices and procedures between traditional religious rites and police processes of handling suicide cases which appear to favor reporting incidents of suicide to community cults and traditional groups over police authorities. The apparent preference of community members to reporting suicide cases to traditional groups is informed by the superstitious beliefs of a spiritual backlash that is believed to trail refusal to adhere to traditional religious rites and cleansing following suicide deaths. However, traditional religious rites involve tampering with the bodies of suicide victims, materials used to commit suicide, as well as suicide scenes in general, which may

impede effective police investigation and coroner's classification of the death as suicide.

Conclusion

Extant studies have highlighted the underreporting of suicide in Africa and the adverse effect it will have on proper planning and policy interventions, however, community-based factors that may contribute to reporting behavior are largely understudied. This research captured rich descriptions of sociocultural and religious factors that impact families' decision-making in reporting suicide, and community practices that stand to compromise police procedures in handling suicide cases. The social meanings ascribed to deaths by suicide, community-based treatment of suicide cases, and community's post-suicide reactions towards bereaved families are potent factors that hinder families' disposition towards making official reporting of incidents. Without considering and addressing the sociocultural context that impact suicide reporting, official rates of suicide mortality in Nigeria will continue to be underestimated. Therefore, in order to enhance valid suicide mortality statistics for healthcare planning and research, community-based approach in moderating sociocultural beliefs and practices that hinder reporting should be deplored.

Recommendations

The importance of knowledge about suicide mortality in Nigeria cannot be overemphasized, not only for Nigerian policy, but also to enhance the precision of global estimates of the magnitude of suicide. Research findings highlight the need to consider sociocultural and religious context towards raising awareness for suicide reporting and improving the precision for suicide mortality rate in Nigeria in particular, and Africa by extension. Government, non-governmental and international agencies need to engage communities in addressing practices and factors that negatively impact on families' decision-making processes towards reporting suicide incidents. Social meanings attached to death by suicide and traditional rites that appear to subject secondary victimization to the deceased and

bereaved families should be moderated to encourage positive reporting of suicide cases. Reporting channels should be purged of any misdemeanor as police extortion is a major adverse effect of appropriate reporting found in this study that needs to be checked. Traditional practices that stand to compromise suicide reporting, police investigation and coroner's examination should be addressed. In doing this, the potential of incorporating traditional rites processes with police procedures in a way that will preserve the integrity of vital information may be exploited.

Acknowledgments

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