



# SUICIDE AND SELF HARM IN AFRICA/NIGERIA

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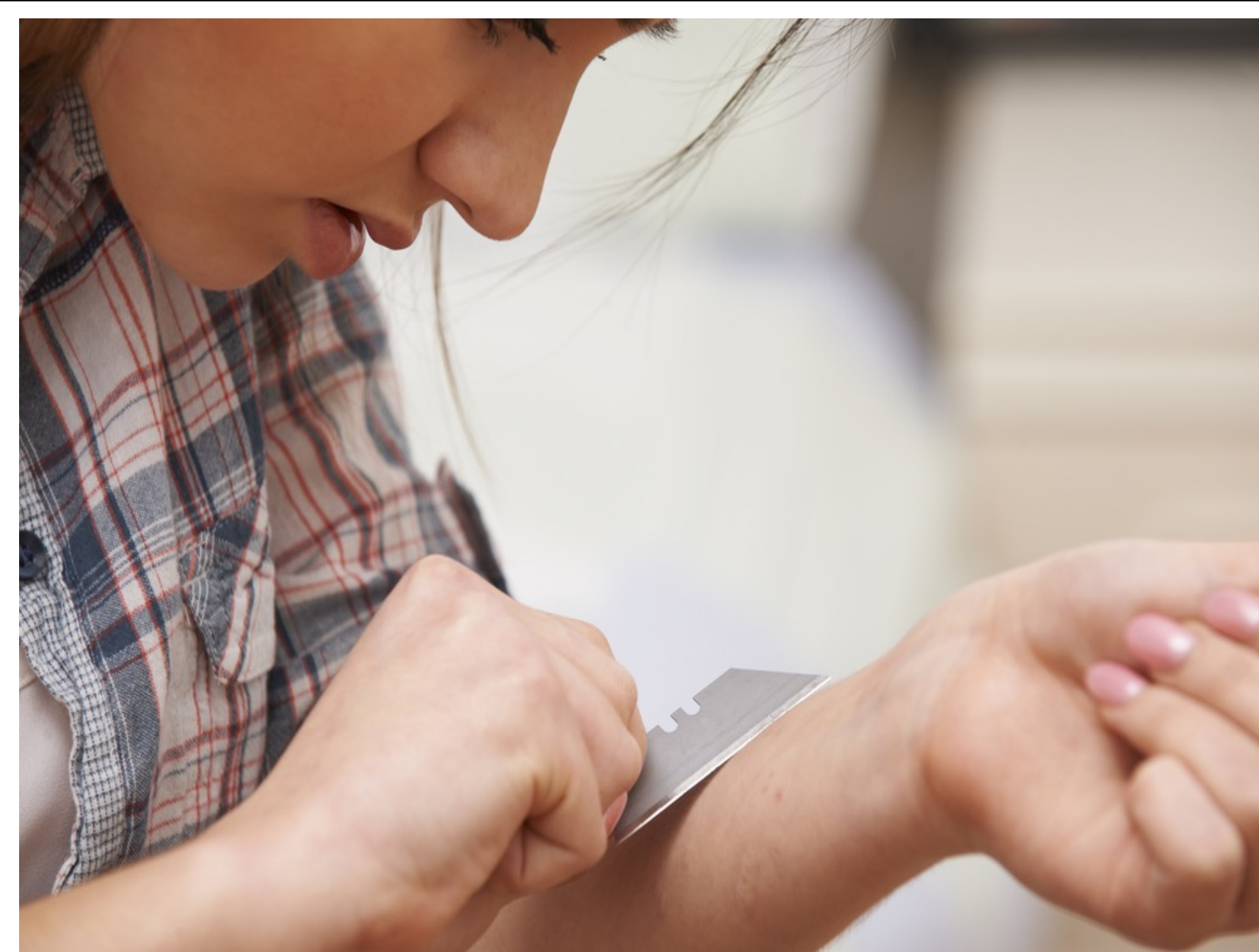


## Introduction

Self-harm and suicidal ideation represent a global public health issue contributing to over 2% of the global disease burden. Self-harm or attempted suicide has become a subject of discourse for a long time, but it has received attention only a few decades ago. This research explore suicide and Self-harm in Africa/ Nigeria

### Overview of Africa And Nigeria:

- Suicide is a major cause of mortality worldwide
- Self-harm and suicidal ideation represent a global public health issue.
- An estimated one million deaths occurred annually as a result of suicide and self harm.



### Availability of data about suicide and self harm:

- There is paucity of information as regards the incidence of suicide and suicidal behaviors in Nigeria, with the exception of a few recent studies.
- There is a lack of research that focuses on the intervention for suicidal ideation and self-harm in the African regions.
- Suicides are generally reported to be rare in less developed countries.



Example of suicide



## Two exploratory studies

- Systematic literature review – Registered PROSPERO protocol ID: CRD42021283795
- Mixed methods study – Ethics received from JUTH

### Study-One: Systematic review

Location:	Data Bases:	Instruments/ Analysis:	Sample:
<ul style="list-style-type: none"> <li>▪ Studies conducted in African on suicide and self harm</li> <li>▪ Studies conducted in Nigeria on suicide and self harm..</li> </ul>	<ul style="list-style-type: none"> <li>▪ Electronic data base: ProQuest Central</li> <li>▪ PubMed</li> <li>▪ PsycINFO</li> <li>▪ Cochrane Controlled Trials Register</li> <li>▪ Web of Science</li> <li>▪ MEDLINE And</li> <li>▪ Embase</li> </ul>	<ul style="list-style-type: none"> <li>▪ Data will be harnessed from 7 databases.</li> <li>▪ Qualitative findings will be synthesised and thematically analysed</li> <li>▪ Quantitative findings will be analysed using meta-synthesis</li> </ul>	<ul style="list-style-type: none"> <li>▪ Intervention for the population residing in an African country</li> <li>▪ Participants/patients with a history of suicidal ideation and self-harm or diagnosed using any recognized diagnostic criteria</li> <li>▪ Adolescents between 14 to 24 years</li> <li>▪ Elderly people over the age of 70 years.</li> </ul>

## Study-two: Mixed methods:

### Qualitative arms (N=30):

Using purposive and snowball sampling techniques to conduct interviews/focus groups with:

- Suicide/self harm patients (n=10)
- Mental health professionals who have worked or working with suicide/self-harm patients (e.g., clinical psychologists, psychiatrists, psychiatric nurses or guidance counsellors) (n=10)
- Family members and carers for self-harm/suicide patients (n=10)
- Each interviews/focus group discussion is anticipated to last approximately 60-80 minutes.
- Will be recorded, transcribe and analyze using IPA

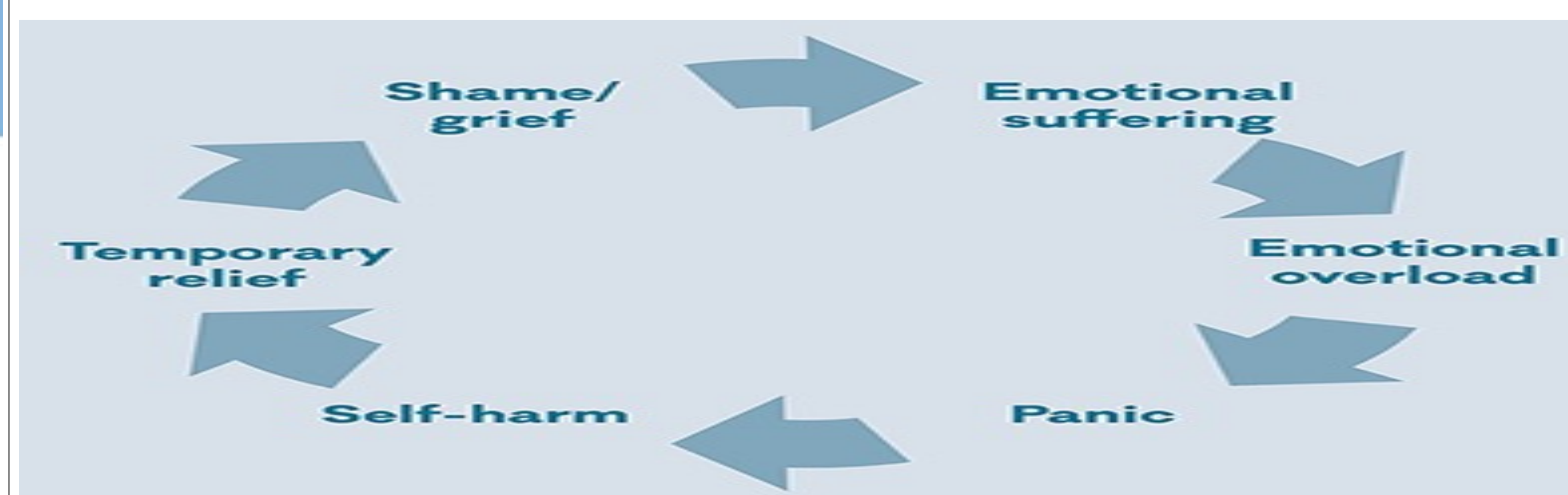
### Quantitative arm (N=500-600).

Using opportunity sampling technique to administer questionnaire to the general public in Nigeria. See sample scales:

- Lund Tolerance Toward Self-Harm Scale (Nilsson, 2020)
- Opinions and Reactions to Suicide Questionnaire (Eskin, 1992)

## Future research and Prospects

- Lived experiences of participants and anticipated findings of prevailing practices for treating persons or patients with suicidal ideations or self-harm in Africa/Nigeria will be instrumental in designing a culturally appropriate intervention.
- Preventative strategies and culturally appropriate treatment interventions for suicide and self-harm will be tested in randomised controlled trials in Nigeria and other African countries.



## Acknowledgment

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