ORIGINAL ARTICLE

Communication Strategies for Curbing Suicide in Anambra West LGA

CHINELO E. UDE-AKPEH, PhD & CHINEDU IGBOELI, PhD

Department of Television JournalismNTA TV College, Josneloudeakpeh@yahoo.com Department of Mass Communication Chukwuemeka Odumegwu Ojukwu University, Igbariam Campus

Abstract

The study examined how communication strategies could be employed to curb suicide in Anambra West LGA of Anambra State. Four basic objectives guided the study. The study adopted a cross-sectional survey design in which 96 respondents were sampled using convenience sampling technique. Data were collected by means of a questionnaire designed by the researcher. The test-retest reliability of the instrument was 0.70. Data analysis was done using simple percentage. Results revealed among other things that financial difficulties and personal problems are the lead causes of suicide. Similarly, social media and clinical counseling sessions were found to be the most influential communication strategy for curbing suicide in the study area. The study concluded that the use of good communication strategies could help in curbing suicide. It recommended among others that there should be advocacy and enlightenment on issues relating to suicide, especially the warning signs and risk factors so as to assist people with suicide thoughts and tendencies. Also the government should address the socio-economic problems that drive people to committing suicide such as mental disorder, hardship, alcoholism, schizophrenia, and even drug abuse.

Keywords: Communication, strategies, suicide, Anambra West

Introduction

Cases of suicide are on the increase all over the world. The World Health Organisation (WHO) (2012) records indicate that annually 7.4% of all deaths result from suicide across the world – a development that is raising concerns for individuals, groups, governments and other agencies. Records from WHO (2012) also indicate that annual death by suicide across the globe has an estimated figure of one million. It is also estimated that the incidence of attempted suicide is above 25% higher than that of complete suicide (Alabi et al., 2017). According to Hamilton and Klimes-Dougan (2015), apart from documented facts on adolescent suicide behaviour, death by suicide is more common in males while non-fatal suicide attempts are more common among females. There have been efforts by sociologists and concerned scholars to adduce reasons why people take to suicide. Most of suicides are blamed on dwindling economy and psychological problems (Oladimeji & Gureje, 2011). Many attempts made to proffer solution to this social malaise or ways of preventing it have not yielded remarkable results. The rate of suicide in Nigeria is still on the increase.

In Nigeria, suicide and suicide attempts are becoming rather common. It has become a normal sight especially in Lagos where numerous cases of jumping into the Lagos Lagoon from the Mainland Bridge by some persons have been reported severally in the mass media. In Anambra State the story is not different. Several cases of suicide and suicide attempts have been recorded. Though there is paucity of statistics on suicide in Nigeria (as many of such cases are not reported to the authorities due to some cultural factors and stigmatization), it is however important to create awareness about the high rate of suicide in order to proffer workable solutions.

It is regrettable that cases of suicide are grossly under reported; however, the data available is based on every one hundred thousand persons in any country (WHO, 2009). There are high suicide rate countries such as Belarus, Lithuania, Sri Lanka and Russia which record 30 or more suicide deaths per 100,000 persons. Midrate countries which record between 10-29 suicide deaths are China, Hungary and Japan. Low rate countries are those with fewer

than 10 suicide deaths per 100,000 persons e.g. Egypt, Jamaica, Syria (Varnik, 2012).

Unfortunately, many countries especially developing ones do not have the requisite data on their births and deaths, let alone death by suicide. Khan and Prince (2003) indicate that these non-reporting countries exceed 50 adding that they include nations with population higher than 100 million such as Indonesia, Pakistan and Bangladesh.

In Nigeria, just like in many other developing nations, there is dearth of data on death by suicide probably owing to religious, social, and cultural reasons plus the rigours (in some cases) caused by bureaucratic bottlenecks. Asuni in Alabi (2014) reports that there are higher rates of suicide in Nigerian urban areas than the rural areas following a 4-year (1957-1960) study that evaluated Coroners` reports in Western Nigeria. This directly implies that the more developed nations have reasons to record more suicide deaths than their undeveloped/ developing counterparts.

Factors that can trigger suicide or suicide tendencies according to WHO (2012) include personal or individual factors like mental disorder, depression, alcoholism or drug abuse, mood disorder and hopelessness among others. Several kinds of suicide are being committed today. The government has made efforts to reduce the incidences of suicide through family unit, counselling, and education. However, it seems as these measures are not potent enough as there is no remarkable reduction in the cases of suicide in Nigeria. Daily incidences of suicide and suicide attempts are being reported across the various media platforms. If the suicide and suicide attempts are not addressed, it may be difficult to have a sound and wealthy nation. It becomes very imperative that other measures or means of curbing suicide be examined. It is against this background and in a bid to safe guard the future of the nation that the present study is being conducted which aims at examining how effective communication strategies could be applied in reducing the incidences of suicide in Anambra State.

Statement of the Problem

In Nigeria, there is an increasing rate of suicide. Many persons are committing suicide on daily basis. It is true that not all suicide cases are reported by the media, but the truth is that a lot of suicide cases are recorded daily. The worrisome part of suicide is that most suicide victims do not share their problems or thoughts with friends or relatives. An old adage says that a problem shared is half-solved. It is believed that if the suicide victims had been able to communicate their worries to people around them, their challenges might have been addressed through advice which would have helped to avert the suicide tendency. In essence, poor or lack of communication seems to be a major trigger of suicide actions. Now, the problem of the study is to examine whether communication strategies could be of any effect in reducing the incidences of suicide in Anambra State.

Objectives of the Study

The study is designed to achieve the following objectives:

1. To identify the causes of suicide and suicide tendencies
2. To ascertain the most common kind of suicide committed in Anambra State.
3. To find out measures to reduce the occurrences of suicide in Anambra State.
4. To determine the communication strategies that could be adopted in reducing the high rate of suicide in the study area.

Research Questions

1) What are the causes of suicide in the study area?
2) What is the most common kind of suicide committed in Anambra State?
3) How could the incidences of suicide be curtailed in the study area?
4) What communication strategies could be employed in curbing suicide in the study area?

Theoretical Framework

This research is anchored on 2 theories: the Social Cognitive theory and the interpersonal theory of suicide.

The Social Cognitive theory of 1986 was developed from the Social Learning theory of the 1960s by Albert Bandura. The theory posits that environment, people and behaviour are factors that regularly influence one another. The theory delves into the manner people coordinate their behaviour through control and reinforcement to achieve goal-directed behaviour that can be maintained over time. This theory explains human behaviour, personal factors and the influence of the environment where such behaviour is performed. Bandura (2008) cited in Kauppi (2015) avers that people are self-organizing, proactive and self-regulating adding that external influence affects behaviour through the cognitive process and not directly. The theory explains that intervention obtained from social cognitive theory relies on the importance of individual's efforts to control their own behaviour and how changes in the individual and/or environment result in changes in behaviour. This theory emphasises social influence and its impact on external and internal social support.

This theory is relevant to this study since it relates to how media message can help in a social context with a flexible and reciprocal interaction which involve people, environment and behaviour.

The Interpersonal Theory of Suicide (ITS), first described by Joiner (2005), is considered for this study. The ITS, which was elaborated by Van Orden et al. (2010), proposes that the desire for suicide is separable from capability for suicide. This implies that to die by suicide an individual must first desire to do so and, second, be capable of engaging in such a frightening and painful act. The theory also proposes four falsifiable hypotheses concerning the ingredients for suicidal desire. The first two are described as thwarted belongingness and perceived burdensomeness. Desire for suicide, according to the ITS, occurs when individuals simultaneously experience thwarted belongingness, or feelings of loneliness and that one does not belong, and perceived burdensomeness, thoughts that one's death is worth more than one's life. The last two are the ingredients for capability which are described as fearlessness about death and physical pain tolerance. The acquired capability for suicide is developed through reduced fear of death and increased pain tolerance.

Therefore, in order for active suicidal desire to develop, individuals must perceive their experience of thwarted belongingness and perceived burdensomeness to be stable and permanent—that is, they must be hopeless about their perceived interpersonal situation. The construct of hopefulness is however considered a protective factor in suicide in the context of ITS variables. This theory is deemed fit for this study as suicide is psychological and efforts to address it, including the Communication option, should involve psychological steps and therapy.

Literature Review

Concept of Suicide

The World Health Organisation, (WHO) (2000) explains suicide to mean the art of killing oneself deliberately initiated and performed by the person concerned in the full knowledge or expectation of its fatal outcome. Suicide is also defined as death caused by self-directed injurious behaviour with the intent to die as a result of the behaviour. Suicide is considered as the act of intentionally causing one's own death (Knock, 2008). The author defines suicide as the intentional ending of one's life. Much as these definitions exist, it is worthwhile to mention that suicide can be defined as deliberate or intentional self-directed violence which ends in termination of one's life.

Moreland (1991) argues that an act is suicide if and only if a person intentionally and/or directly causes his own death as an ultimate end to itself or as a means to an end. (e.g. pain, relief) through acting (e.g. taking a pill) or refraining from acting (e.g. refusing to eat) when that act is not coerced and is not done sacrificially for the lives of other persons or in obedience to God.

On the criminal view of suicide, Smith and Hogan (2011)acknowledge that the view differs with location or time, noting that even in places where suicide has been decriminalized, it is not encouraged and goes with stigmatization. In another development, some authors including Moreland (1991) view suicide as an extreme

expression of liberty which is "exemplified by its usage as an expression of devout dissent towards perceived tyranny or injustice which occurred occasionally in cultures like ancient Rome or Medieval Japan". Although a person who died by suicide cannot be reached by the law, some cultures still have some legal consequences on the way the corpse is handled, and the fate of the person`s property and family members. Mention should be made of the case of ancient Athens where such a person was denied the honour of a regular burial; rather he is buried in an unmarked grave at the outskirts of the city. In Nigeria, suicide is a crime.

Hamilton and Kilmes-Dougan (2015) indicate that for youths between the ages of 10 and 24, suicide is the third leading causes of death which significantly supersedes the rate for adults aged between 35 and 54. Records of the Centre for Disease Control and Prevention (CDC) shows that the ratio of male to female deaths by suicide is four is to one as males or more likely to die by suicide (Parks et al. 2014; Kann et al. 2014).

The reports on the spate of suicide have prompted the WHO (2000) to become vigorously involved in campaigning to bring the public health burden and impact of suicide to the attention of governments policy makers and the public through the collation and dissemination of statistics, and the development of preventive programmes (Alabi et al., 2014). The authors also indicate that a staggering one million deaths occur annually across the globe as a result of suicide, which means one death by suicide every 40 seconds. There are also indications that attempted suicide is 25 times more than completed suicide which makes it the most important of all violent deaths across the globe as it accounts for 49% (WHO 2000).

Conditions and Types of Suicide

In the views of Gelder et al. (2003), there are conditions that could endanger suicide. These are social, psychological, biological, genetic and medical.

Social: Social factors that may support suicide are break in family ties or social interactions which could end in the type of suicide called egoistic suicide. A break in relationship between an individual and the society as a result of social and economic dislocation can cause anomic suicide while altruistic suicide may occur as a result of excessive integration and submersion into a given society.

Psychological: There are psychological dispositions seen among people with suicide tendencies. According to Sigmund Freud, a person may turn aggression and hostility inwards against self, or overwhelming feelings of hopelessness, in the views of Aaron Beck, as well as cognitive constriction of choices in the views of Edward Scheidman.

Biological: Research has shown that post mortem findings from suicide death present a low level of serotonin in the central nervous system.

Genetic: People from families with history of suicide have greater tendencies for attempted or completed suicide.

Medical: Medical conditions such as chronic and debilitating physical conditions or mental illness could give a boost to suicide. Other conditions such as depression, drug abuse, personality disorders could increase the risk for suicide.

Religious: This is not too common as it is practised by some religious fundamentalists or terrorists. They have been seen in Nigeria as male, female, young or mature suicide bombers.

According to Alabi et al. (2014), non-fatal suicidal thoughts and behaviours usually precede successful suicide acts. There are 3 stages before it gets to completion.

i. Suicide ideation- Engaging or harbouring thoughts about ending one's life.
ii. Suicide plan - Designing of specific channels and making plans to end one's life.
iii. Suicidal attempt- Adopting self-injuries acts with intent to potentially end one's life.

Possible Causes of Suicide or Risk Factors for Suicide

There are some factors that may spark off even the latent suicide tendencies in a person. These could be personal, socio-cultural or situational (WHO, 2012). The personal/individual factors include: Mental disorder, depression, alcoholic/drugs

abuse, mood disorder, hopelessness, previous suicide attempt, isolation and lack of social support, aggressive tendencies, impulsivity, history of trauma or abuse, acute emotional distress, major physical/chronic illness, family history of suicide, and certain medications.

Socio cultural factors include: Stigmatization of health seeking behaviour, lack of access to health care services including mental health, cultural and religious beliefs glorifying suicide as a noble outlet in the face of personal difficulties, exposure to suicidal behaviours through the media and the influence of others who have died by suicide.

Situational factors are: Financial difficulties, social losses and breakdown of significant emotional relationship, ready access to lethal means, stressful life events, and conflict/war.

Clues to Suicide and Suicide Tendencies

Many times, people who commit suicide give warning about their intentions though people around them may not understand the moves or may not be able to avert it. Experts (like Khan, & Prince, 2014; Smith & Hogan, 2011)have been able to identity some facts that are pointers to suicide or suicide tendencies. Some of these facts allude to the saying that people should learn to seek emotional support from others, experts or even relatives, especially when they are drifting into depression. From available WHO statistics, men have four times greater tendency to commit suicide than women even though women have a great tendency for suicide.

Depression has been identified as a major reason for suicide. Often times after a suicide has been committed, the suicide notes or statements from the close associates of the victim and circumstantial evidence always indicate that the one who completed the suicide has been depressed previously and at the time of the suicide. Thus, people are urged to treat depression once it is diagnosed. Drug users and abusers often have the likelihood to drift into depression and ultimately may commit suicide. Drug dependence is a high risk factor for suicide which calls for expedited campaign against drugs and substances, especially among the youth.

Suicide is preventable if the society begins to raise awareness especially by discussing it and bringing to mind, the implications, especially the devastation it brings to the individual, family and society. This kind of discussion is rather constructive as it will help to appropriately shape or direct people's thinking on the subject matter, rather than cause them to become suicidal.

It is worthy of note that extreme emotional condition is the root of suicide. For instance, people who consider themselves extremely hopeless, or who have lost interest in a previously pleasurable activity or those with panic attacks are largely susceptible to suicide. Other people also at high risk of suicide are those who suffer insomnia, others with a history of suicide attempts or people whose family have had people that attempted or committed suicide. That is to reaffirm the biological condition. People who are irritable or who have agitation can consider suicide but they could be assisted by friends or peers. This comes handy in the treatment of people with psychiatric cases or drug disorders.

Suicide Prevention Strategies

For many reasons, including stigmatization among other unfavourable attitude towards suicide, the case remains largely under reported which is the reason for paucity of data which poses a threat to research in that area. WHO has recognized this fact which has put suicide on their list as an increasingly important area of public health.

Mann, Apter and Bertolote (2005) identified two major strategies for preventing suicide which include restrictions of access to destructive means and training for primary care doctors for them to be able to identify early signs of depression even when they are not indicative of suicide. Apart from means restrictions, restriction to suicide hotspots, such as bridges and cliffs, as well as placing signs and increasing surveillance at those spots are also advocated (Cox, Robinson, & Nicholas, 2013).

Reduction in access to firearms is also one of the strategies as it has been observed that most of the adults adopt the use of firearms to commit suicide.

Clinical interventions strategies are advocated

to fish out individuals who are at high risk for suicide. This could be effective as part of routine medical check-ups where demographic and psychiatric indices are considered. This makes a case for treating or tackling depression at the primary care level which may prove more potent. Here, the psychological and psychophysiological symptoms of depression should be treated.

When conditions that may endanger depression and other risk factors for suicide are alleviated, suicide and even suicide ideation will be curbed. Also, high proficiency of health and welfare services to such people will go a long way in preventing suicide.

While upholding clinical interventions, O`Connor, Platt and Gordon (2011) posit that there could be a high rate of false-positive identification advocating that those deemed to be at high risk, should be exposed to follow up clinical. Talking with one will assist in assessing if one has suicidal thoughts as well as suicidal plans and when it might be. Some scholars and experts however suggest that such talks should be held with due caution involving care, concern and compassion so as to reduce sadness and give assurance that someone cares.

Education, possibly as general studies, will go a long way in addressing the problem of suicide. Such a curriculum should incorporate risk factors, warning signs/indications, and social issues such as stigmatization and where to get help from. It should also touch on social campaigns and possible support groups at community and expanded levels.

Reducing people`s access to toxic substances, poisons and other convenient means of suicide and self-harm will help in the prevention as well as reducing dosages of drugs supplied to patients.

Improved clinical and professional practices as well as research on protective strategies will be helpful while reducing domestic violence and drug abuse should be advocated. The media will have a great role by adequate reportage of negative behaviour, suicide tendencies and actual suicide, mental disorder, drugs and substance abuse. This should take various forms in both traditional and new media as news, entertainment and even documentaries. The media should not in any way showcase such negative emotion in a positive light as it could lead to vicarious traumatisation. It is germane that the media should always highlight the negative outcomes of suicide to the individual, his survivors and the society in general. The media should hype other means of solving problems other than committing suicide, and avoid all forms of speech that cold rationalize suicide.

Communication Strategies to Curb Suicide

Suicide is most plausible when victims have no access to channels to communicate to. In communication, several channels abound. Magu (2003) suggested the following channels: social media, social functions, religious and cultural platforms, media channels, guidance counselors, friends, and family members.

Access to channels of communication is vital for intending suiciders to air their pains or fears to listening ears. Many suiciders commit suicide due to weights or burdens in their minds which could not be released through sharing them to dependable listeners. That is why O'brien (2009) advises that anyone found with suicide tendency or has attempted suicide should not be left alone. Loneliness could trigger feeling of depression which may lead to suicide.

Methodology

The study adopted the survey design, specifically the cross sectional survey design. The survey design allows the researcher to elicit data from a representative sample of a population and to use such for generalizations (Awotunde & Ugodulunwa, 2004). The population is all male and female adults residing in Anambra West LGA of Anambra State between the ages of 20 years and above. The sample for the study consisted of 96 respondents selected based on convenience. Data were collected by means of a researcher-designed questionnaire based on the objectives of the study. The questionnaire was validated by three senior lecturers from Nnamdi Azikiwe University, Awka. The test retest reliability of the questionnaire was 0.70. The personal contact method was used for data collection while the percentage was adopted for

data analysis.

Results

Research question 1: What are the causes of suicide in the study area?

Table 1: Causes of Suicide

S/NO	Statement	Agreed		Disagreed	
		Freq	%	Freq	%
1.	Personal factors and problems	76	79.2	20	20.8
2.	Social factors like stigmatization	68	70.8	28	29.2
3.	Cultural factors like beliefs	60	62.5	36	37.7
4.	Situational factors like financial difficulties	88	91.7	18	8.3
5.	Exposure to corruptive media contents	72	75.0	24	25.0

Source: Researchers Fieldwork, 2020

Table 1 shows that situation factors like financial difficulties (91.7%) and personal problems (79.2%) are the greatest causes of suicide. The least observed cause was cultural factors like beliefs (62.5%).

Research Question 2: What are the common kinds of suicide committed by people in Anambra State?

Table 2: Common Kinds of Suicide

S/NO	Statement	Agreed		Disagreed	
		Freq	%	Freq	%
1.	Social suicide	80	83.3	16	16.7
2.	Psychological suicide	76	79.2	20	20.8
3.	Biological suicide	24	25.0	72	75.0
4.	Genetic suicide	34	35.4	62	64.6
5.	Medical suicide	56	58.3	40	41.7
6.	Religious suicide	82	85.4	14	14.0

Source: Researchers Field work, 2020

From the analysis in table 2, the most popular kind of suicide is religious suicide (85.4%) and social suicide (83.3%). However, the least common form of suicide is biological suicide (25.0%).

Research Question 3: How could the incidences of suicide be curtailed in the study area?

Table 3: Measures to Curb Incidences of Suicide

S/NO	Statement	Agreed		Disagreed	
		Freq	%	Freq	%
1.	Early detection of suicide tendencies	67	69.8	29	30.2
2.	Reduction in access to firearms and weapons	80	83.3	16	16.7
3.	Clinical interventions	73	76.0	23	24.0
4.	Counseling of depressed persons	75	78.1	21	21.9
5.	Education to create awareness	70	72.9	26	27.1
6.	Media campaign against suicide	68	70.8	28	29.2
7.	Improvement of citizens conditions	90	93.8	96	6.2

Source: Researchers Field work, 2020

The most potent measure to curb suicide according to table 3 is improvement of citizens' economic conditions which 90 out of 96 (representing 93.8%) attested to. Other measures include reduction in access to firearms and weapons (83.3%) and counseling of depressed persons (78.1%). However, the least observed remedy is early detection of suicide tendencies (69.8%).

Research Question 4: What communication strategies could be influential in curbing suicide in the study area?

Social media platform (83.3%) is the most widely accepted communication strategy against suicide. Other strategies according to table 4 are media programme (75.0%), social function platforms (72.9%) and clinical counseling session (77.1%). However friends and family friends (45.8%) and use of guidance counselors (37.5%) were not accepted as influential as their affirmative responses are below the 50% bench mark.

Table 4: Communication Strategies to Curb Suicide

S/NO	Statement	Agreed		Disagreed	
		Freq	%	Freq	%
1.	Dialoguing with friends and family members	44	45.8	52	54.2
2.	Use of guidance counselors	36	37.5	60	62.5
3.	Media programmes on campaign against suicide	72	75.0	24	25.0
4.	Use of religious and cultural fora to educate citizens against suicide	60	62.5	36	37.5
5.	Social functions platform	70	72.9	26	27.1
6.	Social media platform	80	83.3	16	16.7
7.	Clinical counseling session	74.	77.1	22	22.9

Source: Researchers Field work, 2020

Discussion of Results

The study sought to examine communication strategies that could help to curtail suicide in the study area. Research question one revealed that situational factors like financial difficulties rated highest among the causes of suicide. The result is in accordance with the submission of WHO (1998 & 2012) which stated that financial difficulties and breakdown of relationships are some of the situational factors that could causes suicide. Finance is critical to human existence. Almost all issues in life could be addressed with money (finance). However, when people face financial challenges and could not make ends meet, they may resort to suicide.

In the same vein, religious and social suicides are the most popular kinds of suicide. This is not surprising because in these modern days where terrorism is on the increase, many people have turned to suicide bombers (Aliyu, 2018). Many people prefer to die than to live a frustrated life of no influence or meaning. The depression that follows financial difficulties has led many affected persons to resort to suicide as the last option.

It was discovered that reduction in access to firearms and weapons will go a long way to reduce suicide cases. This finding agrees with Mann et al. (2005) who noted that availability of weapons is responsible for increased cases of suicide lately. Many youths possess weapons like guns, knives and dagger. This is common during election where some youths are hired as political aides or thugs. After the election, some of these weapons are not retrieved from them. At the end, most of the youths are in possession of arms which could be easily used to commit suicide.

It was discovered that social media platform was found to be the most effective communication strategy to curb suicide. This is very true because social media has the largest and widest audience and could be easily accessed globally. Information on social media goes viral within few seconds.

Conclusion

The purpose of the study was to examine communication strategies that could help in curbing suicide in the study area. From the study, the causes of suicide include financial difficulties, social factors and personal factors. It was equally discovered that religious and social suicide are the most common type of suicide. In the same vein, improving the economic conditions of citizens and reduction in access to firearms and weapons are necessary in reducing the incidences of suicide. Finally, it was discovered that the most viable communication strategy for curbing suicide is the social media platform and clinical counseling session. The study concludes therefore that the use of good communication strategies could help in curbing suicide.

Recommendations

It is hereby recommended that:

1. There should be advocacy and enlightenment on issues relating to suicide, especially the warning signs and risk factors so as to assist people with suicide thoughts and tendencies. Knowledge of the needed support is crucial so as to help prevent a suicide.
2. People should be alert on people who have behavioural changes that are indicative of depression. These should be reported to the adequate health expert or psychologist for counselling and diagnosis.

3. Government should be transparent and deliver their promises to the people because, often, disappointment breeds anger, frustration, despair, depression and even self-destruction.
4. Government should provide support system for people with suicide tendency at schools, family and community levels.
5. Governments, NGOs, faith-based organizations should have counseling centres with qualified personnel who will handle causes of depression and suicide thoughts.
6. Medical personnel at Primary Healthcare facilities should be trained on how to identify symptoms of depression and other suicide signs and take possible action to prevent it. When it fails, they should refer them to the appropriate secondary medical institutions.
7. Government should address the socio-economic problems that drive people to committing suicide such as mental disorder, hardship, alcoholism, schizophrenia, and even drug abuse.

References

Alabi, O. O., Alabi, A. I., Ayande, O. O., & Abdulmalik, J. O. (2017). *Suicide and suicide behaviours in Nigeria: A review*. Retrieved on 10th June, 2015 from www.dokitaeditorialboard.com

Awotunde, P. O., & Ugodulunwa, C.A. (2004). *Research methods in education*. Jos: Fab Anieh (Nig) Ltd.

Cox, G. R., Robinson, J., & Nicholas, A. (2013). Interventions to reduce suicide at hotspots: A systematic review. *BMC Public Health*, *13*, 214.

Hamilton, E., & Klimes-Dougan, B. (2015). Gender differences in suicide prevention responses: Implication for adolescents based on an illustrative review of literature. *International Journal of Environmental Research & Public Health, 12,* 2359-2372.

Joiner, T. E. Jr. (2005). *Why people die by suicide*. Cambridge, MA: Harvard University Press.

Kann, L., Kinchen, S., Shanklin, S. L., Flint, K. H., Hawkins, J., Harris, W. A., Lowry, R., O'Malley, O. E., McManus, T., & Chyen, D. (2014). *Youth risk behaviour surveillance.* X Atlanta GA, USA: Centre for Disease Control and Prevention (CDCP).

Kauppi, S.,*Behaviour change and communication- a descriptive literature review of behaviour change and communication in sub-Saharan countries.*Retrieved 5/7/20 on semanticsscholar.org.

Khan, M. M., & Prince, M. (2003). Beyond rates: The tragedy of suicide in Pakistan. *TROPDOCT,* 33, 67-69.

Knock, M. K., Borges, G., Bromet, E. J., Cha, C. B., Kessler, R. C., & Lee, S. (2008). Suicide and suicide behaviour. *Epidemiological Review, 30(*1), 133-154.

Magu, L. K. (2003). *Channels of communication*. Kano: Bayero Press.

Mann, J. J., Apter, A., & Bertolote, J. (2005). Suicide prevention strategies: A systematic review .*JAMA,* 294 (16), 2064-74.

Moreland, J. P. (1991). The morality of suicide: Issues and options. *Bibliotecha Sacra,* 214-230.

O'brien, M. S. (2009). Managing suicidal tendencies. *Journal of Mental Health, 2* (4), 119 - 122.

O'connor, R. C.; Platt, S., & Gordon, J. (2011). *International handbook of suicide prevention: Research, policy and practice.*

Oladeji, B. D., & Gureje, O. (2011). Parental mental disorders and suicidal behaviour in the Nigerian survey of mental health and well-being. *Arch Suicide Research, 15*(4), 372-383.

Parks, S. E., Johnson, L. L., McDaniel, D. D., & Gladden, M. (2014). *Surveillance for violent deaths -National violent death reporting system, 16 states 2010.* Atlanta GA, USA: Centre for Disease Control and Prevention (CDC).

Smith, J. C., & Hogan, B. (2011). *Criminal Law* (13th ed.). Omerod (Ed). Oxford: Oxford University Press.

Van Orden, K. A., Witte, T. K., Cukrowicz, K. C., Braithwaite, S. R., Selby, E. A., & Joiner, T. E. Jr. (2010). The interpersonal theory of suicide. *Psychological Review,* (117), 575-600. doi: 10.1037/a0018697

Varnik, P. (2012). Suicide in the world. *International Journal of Environmental Research and Public*

Health, 9(3), 760-771. Doi:10.3390/ijerph 9030760.

World Health Organization. (1998). *Primary prevention of mental, neurological and psychological disorders.* Geneva: WHO.

World Health Organization. (2012). *Public health action for the prevention of suicide: A framework.* Geneva: WHO.

World Health Organization. (2000). *Preventing suicide: A resource for general physicians.* Geneva: WHO.