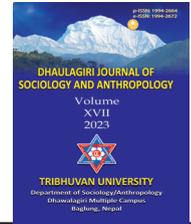


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# Suicide Death and Post-suicide Cultural Practices in Southwest Nigeria: Implications for Suicide Reporting

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## Abstract

Indeed, the underreporting of suicides and misclassification of causes of death has been acknowledged as a serious global concern among scholars and policymakers, especially in low and middle-income countries (LMIC). While studies have identified the criminal status of suicide as a factor responsible for the low reporting of suicide cases in Nigeria, religious and sociocultural underpinnings of suicide reporting have been ignored. This study, therefore, explores the social interpretations and cultural practices involved in handling suicide cases in 30 selected communities in southwest Nigeria. This is to unravel how these practices impact suicide reporting in the selected region. Purposive sampling was used to reach out to 90 traditional rulers, religious priests, and opinion leaders in the selected communities. The narratives of the study participants revealed that suicide is socially perceived as an abominable way to die, a revolt against one's destiny, and a protest against the gods. Communities are in awe of the spiritual import of suicide deaths, which often informs the harsh treatment of bodies of suicide victims and secondary victimization of bereaved families, with implications for suicide reporting. The study suggests aligning cultural practices with the formal methods of handling suicide.

*Keywords:* death, suicide, social interpretations, reporting behavior, victims

## Introduction

The World Health Organization (2021) reported that about 703,000 people take their own lives every year, while even more people attempt suicide annually. It also reported that 77% of global suicides occur in low and middle-income countries (LMIC). Despite this high prevalence, statistics and information from high-income countries largely constitute what informs the knowledge and understanding of suicide and suicidal behavior within the LMIC region (Aborisode, 2021; Adewuya

& Oladipo, 2019; Mars et al., 2014; Kootbodien et al., 2020). This is a result of gross underreporting of suicide and misclassification of causes of death in LMIC. Indeed, the underreporting of suicides has been acknowledged as a serious global concern among scholars and policymakers (Snowdon & Choi, 2020; De Leo, 2015). However, while there are considerable studies focused on examining the causes of underreporting of suicide in high-income countries (Li & Yip, 2020; Matsubayashi & Ueda, 2021), the same does not apply to LMICs, especially in Africa.

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In Africa, few studies that sought to explain the prevalence of underreporting of suicide merely identified the criminal status of suicide, shortage of mental healthcare personnel, and stigmatization of mental diseases and suicide deaths (Aborisade, 2021; Aborisade et al., 2023a; Mars et al., 2014; Kootbodien et al., 2020). Meanwhile, community-based studies examining the social interpretation, cultural beliefs, and religious perspectives as they border on suicide, suicide victims, and families of the dead are understudied. This is despite the potential impact that sociocultural and religious beliefs and practices can exert on suicide-reporting behavior. The dearth of studies in these areas appears to lend credence to the position that sociology is only a bit-part player in worldwide suicide research (Chandler, 2020; Mueller et al., 2021; Scourfield et al., 2012). Although there is a growing body of sociological literature explaining social factors driving the increase in suicide (Abrutyn & Mueller, 2014; Bryant & Garnham, 2015; Recker & Moore, 2016), nonetheless, macro-sociological approaches to studying cultural factors that impact suicide-reporting behavior are imperative in bridging the gap in knowledge on underreporting of suicide. Therefore, drawing from the case of Nigeria, a middle-income African country, cultural factors that may impact suicide reporting will be investigated.

In the year 2019, the WHO (2021) identified Nigeria as one of the countries in Africa with the highest suicide rates. The country was reported to have lost 7,019 (5,110 males and 1,909 females) to suicide. High as this figure may seem, underreporting of suicide has been noted to be a prevalent problem in the country, especially in rural areas (Olibamoyo et al., 2021; Oyetunji et al., 2021). In a country having an estimated 218 million people, with 48.04% of the total population living in rural areas (The World Bank, 2022), the reported spate of under reporting of suicide in the rural areas cannot be ignored. Therefore, sociocultural factors that could negatively impact suicide-reporting behaviors of communities within the southwest region of Nigeria will be explored using a community-based approach. Specifically, this study intends to unravel the social interpretation of death by suicide, post-suicide cultural practices regarding the treatment of the dead, and the implications of these practices on reporting behavior of bereaved families.

Drawing from the social action theory, this study explored social interpretations of suicide in the southwest region of Nigeria. It examined its implications on classifications of death as suicide and its formal reporting to the appropriate authorities. First, the subjective meanings of suicide death and treatments of suicide bodies were investigated to unravel contemporary beliefs about dying by suicide in traditional Nigerian societies. It explored the traditional procedures that follow the announcement of a suicide death that may inadvertently obstruct police investigations and/or medical examinations to classify the cause of death. Second, the post-suicide ceremonies or

burial rites were explored. The implications of completed suicide on the families of the deceased were examined to unravel possible secondary victimizations that families might be exposed to following the death of their relatives through suicide. Understanding the social interpretation of suicide death, the treatment of the dead, and the impact of post-suicide cultural practices on survivors of the deceased will assist stakeholders of suicide reporting in identifying possible barriers to recording valid suicide mortality in the country.

### **Theoretical considerations**

Existing theories of suicide that dwell on social factors precipitating suicidal behavior often follow the approach of Emile Durkheim (1951). Durkheim's sociological approach has been well-acknowledged and influential both within and outside sociology (Aborisade, 2016; Becker & Woessmann, 2015; Stack, 1980; Torgler & Schaltegger, 2014; Van Tubergen et al., 2005). His idea was to examine the social context of an ostensibly individual act by studying the link between suicide rates and various social factors (such as regulation and integration). Durkheim's approach has, however, been the subject of an appreciable amount of debate among scholars. For example, in an important contribution, Douglas (1967) argued and opposed the Durkheimian tradition in favor of Weberian emphasis on the subjective meanings of suicidal behavior to social actors. Although this current study takes a sociological turn, it is directed at exploring social factors that may precipitate underreporting of suicide mortality rather than factors precipitating suicide. This, therefore, justifies the choice of Weber's social action theory which borders on how society constructs interpretations and meanings of its members (Weber, 1991).

Social Action Theory (SAT) was developed by the sociologist Max Weber to observe how human behaviors relate to cause and effect in the social realm. In sociology, SAT is a critical theory that posits that society is a construction of the interactions and meanings of its members. The theory explains human behavior at a microscopic small-scale level through which the understanding of social structures is made possible. As against structuralist theories such as feminism, Marxism, or functionalism, the position of SAT is that people create society, structure, and institutions. This is attributed to the fact that norms and values are not fixed but flexible. Weber argued that individuals give societal norms and values meanings, and people are much more active in influencing the shaping of society than the assumptions of structuralist theorists.

The sociological study of suicide and the theoretical postulations that emerged therefrom have been directed at explaining the suicide rates and suicidal behavior (Danigelis & Pope, 1979; Joiner, 2005; Pescosolido, 2016). However, extrapolating from Weber's SAT enables us to

explore the social interpretations of suicide and how social factors interplay in suicide reporting. In understanding the meaning of people's actions, Weber holds that there is a need to practice understanding, which is of two kinds: direct and empathetic understanding. While direct understanding involves observing people directly to understand social actions, empathetic understanding has to do with understanding the meaning and motives behind social action.

Suicide has been reported to be subjective in meaning across cultures, and driven by social, economic, and political forces, as it is not globally linked with pathology (Ausenda et al., 1991; Becker & Woessmann, 2015; Stack, 1980). According to Giddens (1965), it represents a culturally accepted solution to certain situations. In the same vein, this study takes a social action approach to examine the subjective meanings of suicide death, post-suicide cultural practices across Nigerian communities, and how these social meanings and cultures impact suicide reporting to formal authorities. By so doing, this study aims to call attention to the need to develop sociological theories explaining how social factors impact suicide reporting.

#### **Yoruba people, death and suicide deaths: Social meanings and values**

The Yoruba people of the southwestern part of Nigeria are described as one of the largest ethnic groups south of the Sahara with a population of over 40 million which accounts for 15.5% of Nigeria's total population (Martinez, et al., 2019). They are mostly found in six states of southwest Nigeria, comprising Ekiti, Lagos, Ogun, Ondo, Osun, and Oyo states, although they are also largely found in Kogi and Kwara states in the North-central part of the country. They are regarded as a collection of diverse groups bound together by a common language, common history, and culture (Omobowale, 2018). However, the diversity of the Yoruba people lies in their speaking of different dialects, diverse sub-cultures, and belief systems. Yoruba mythology holds that all Yoruba people are descendants of a founder or progenitor referred to as O'dua or Oduduwa (Aborisade 2015; Osanyinbiyi & Falana, 2016). In modern-day southwest Nigeria, there are over 100 kingdoms that are ruled by kings who consider themselves descendants of O'dua.

The Yoruba people consider death as inevitable and the separation of the soul from the body (Osanyinbiyi & Falana, 2016). However, they equally believe that death is only a transition from the world of humans and physicality to the spirit world (Aborisade et al., 2023a; 2023b; Awolalu & Dopamu, 2005). They hold that man in human form comprises the physical and tangible body, and the personality soul, which is the spiritual substance of an individual being and is capable of being separated from the physical body. Therefore, while the physical

body dies and decays, the personality-soul returns to the source, which is the land of the spirits. This belief in the immortality of the soul accounts for the values attached to burial ceremonies and celebrations among the Yoruba people (Aborisade, 2015, Oyafunke-Omoniyi et al., 2022). According to Idowu (1973), the Yoruba people believe in the possibility of communion and communication between the living and the dead in the spirit world. The dead are believed to still possess the power to influence the living directly or indirectly and are still revered. However, all these powers and successful transitions are believed to exist only for those who must have died in their *appointed time* or lived the full course of their lives (Osanyinbiyi & Falana, 2016).

There are categorizations of death into "good death" and "bad death" in Yoruba people based on the manner and time of dying (Awolalu & Dopamu, 2005). Death is taken to be a good if an elderly person dies, having lived a fulfilled and exemplary life with surviving children. Such a person is buried with full funeral rites, pomp, and pageantry under the belief that the person successfully transits into the spirit world and will possess terrestrial powers to protect their survivors. On the other hand, death is considered *bad* if an individual is perceived to have died untimely, mysteriously, or tragically (Awolalu & Dopamu, 2005). Such death is not normally celebrated or given full and deserving funeral rites. Examples of deaths categorized as bad ones are an infant or young person's death, deaths believed to be facilitated by punishment from the gods (e.g. those killed from a thunderstorm believed to be caused by Sango – the god of thunder; those afflicted by leprosy and who later died are believed to have been killed by *Sanponna* – the god of leprosy). Others include those who died from drowning in a river, a woman who died during childbirth, a child who died before its naming ceremony, and a person who committed suicide. Those believed to have suffered bad death will be unable to join their ancestors, cannot reincarnate to be born as a child into their family, must not be buried with full funeral rites, and are usually buried by specialists or occult people in their communities (Osanyinbiyi & Falana, 2016).

Suicide is considered by the Yoruba people an evil and abominable act. This explains its categorization as a *bad death*. However, in the traditional Yoruba society, suicide was perceived as an honorable way for certain categories of people to exit difficult and dishonorable situations (Aborisade, 2015). These included kings facing deposition, chief warriors on the verge of losing a war, and spiritually powerful people facing humiliation. Lanre-Abass (2010) posited that this category of people often made the choice of suicide based on the need to preserve their self-respect and dignity and that of their communities. Similarly, Mazrui (1965) rationalized the choice of suicide for this category of people when he noted that 'suicide becomes respectable when the life which it ends had once aspired to great heights and is now descended to such depths' (p.30).

However, Yoruba people do not support suicide for people outside this category. This is based on the belief that those who commit suicide will be punished in the spirit world and will not be given a chance to reincarnate (Awolalu & Dopamu, 2005; Falade, 2013).

Across Yoruba societies, common ways of treating the death and burial of individuals that commit suicide include, denying the deceased’s families and sympathizers the right to cry or mourn publicly (Aborisade, 2015), forbidding eating, drinking, and other merriments during the burial ceremonies (Falade, 2013), and mandating cleansing ceremonies to be performed by the deceased’s families (Falade, 2013; Lanre-Abass, 2010). Others include burying the dead in the forest or outskirts of the town to symbolize rejection and forbidding families and friends from having memorial or remembrance ceremonies for the dead in the future (Awolalu & Dopamu, 2005; Falade, 2013). According to Falade (2013), these harsh burial rites are adopted to forestall future occurrences of suicide and to serve as a deterrent to potential suicide attempters. Although existing literature appears to have covered social interpretations of suicide and the treatment of the dead, their approaches are devoid of empiricism related to social science inquiry. Also, the implications of suicide handling and cultural practices on suicide reporting are yet underdeveloped.

**Methods**

In this research, a qualitative approach was adopted under an interpretive paradigm. This is due to the unexplored nature of the study and the interest of the study to capture the breadth of social interpretation of suicide and cultural practices peculiar to each community (Adetola et al., 2017). Therefore, purposive sampling was used to identify and engage individuals within each community with deep information about the traditions of selected communities in handling suicide cases.

The study was conducted in 30 communities in the six states (Ekiti, Lagos, Ogun, Ondo, Osun, and Oyo) that make up Nigeria’s southwest region. In each state, five communities were selected using stratified sampling to ensure the inclusion of diverse cultural subgroups. Although selecting five communities does not effectively cover existing cultural diversities in each state, we ensured that geographical spread and cultural distinctions were considered in selecting locations for the study. Purposive sampling was then used to reach out to traditional rulers and religious and opinion leaders within each selected community (three participants from each community) as key informants of the study.

Interviews were conducted face-to-face in community centers, participants’ houses, and other locations as preferred by the participants. A key informant interview guide was developed. The interview guide followed a semi-structured protocol, designed to explore cultural meanings

attached to suicide and post-suicide practices in the selected communities. By so doing, the possible implications of the social meanings and practices of suicide-reporting behavior will be identified and discussed. Interviews were conducted by the authors and eight research assistants were trained for the purpose. The interview sessions ranged from 40 to 90 minutes and were audio-recorded and transcribed verbatim. In all, 90 interviews were conducted.

We interviewed 90 people (81 men; 9 women) between the ages of 33 and 85 living in 30 (13 rural, 11 urban, and six suburban) communities within the six southwestern states in Nigeria. The study sample consisted of paramount traditional rulers, holders of chieftaincy titles, Christian and Islamic religious leaders, and traditional religious priests. The key informants were largely males because of the status of those invited for the study. Being a patriarchal society, women are rarely selected as traditional rulers in Nigeria. The same is true for religious leadership, as men are expected to lead in Christian, Islamic, and traditional religions. All the nine women involved in the study were those holding chieftaincy titles in their communities. However, participants were fairly evenly divided in their religious affiliation, with those that identified as Christians being slightly higher in number. Table 1 displays the socio-demographic attributes of the sample.

**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

We explored the social meanings of suicide and culturally-inclined post-suicide practices that may impact suicide classification and reporting. Braun and Clarke's (2006) thematic analysis was applied to the data. In particular, a selection of a hybrid of deductive and inductive analysis was made (Fereday & Muir-Cochrane, 2006). In deploying the hybrid, the analysis was data-driven (inductive) as a result of the dearth of existing literature and theoretical framework that borders on social interpretations of suicide. Four authors were involved in the analytic process, as they independently coded the data, guided by the six-step methods of Braun and Clarke (2006). After this, independent coders clarified and revisited the data until agreements were reached. The agreements helped produce a thematic map to ensure that the codes (extracted data) and the entire data set duly offered a representation of the themes and subthemes (Maguire & Delahunt, 2017). This step aimed to ascertain that the themes reflected the opinions and experiences of the participants and were contextually meaningful (Guest et al., 2012).

Ethical approval for the study was granted by the Health Research Ethics Committee of the authors' university with the approval number OOUTH/HIREC/491/2022AP. In the process of recruiting and interviewing the participants, emphasis was laid on voluntariness and informed consent. Prospective participants were contacted and given study information and interview guides at least 48 hours before the interviews were conducted. Assurances of confidentiality and anonymity were given to all research participants and all data were securely held by the regulations of the authors' university.

## Results

Thirty communities in the six states that make up the southwest region of Nigeria were covered between November 2021 and May 2022. Within this period, 90 purposively selected key informants gave informed opinions about social interpretations of suicide, treatment of suicide bodies, community relations with the bereaved families and cultural practices that follow suicide incidents in the various communities. The interviews were thematically analyzed and three main themes emerged with their respective subthemes. The main themes are social interpretations, post-suicide rites, and implications.

### Theme 1: Social interpretations

Participants presented the perspectives of 30 communities on suicide death and how it is socially perceived in the past and contemporary societies. Their accounts were separated and discussed in the following subthemes: historical social perceptions and contemporary social position.

**Subtheme 1a: Historical social perceptions.** Suicide was considered an abominable and undesirable way to die in the past in all communities visited. Participants disclosed that it was perceived as wrong religiously, spiritually, and morally. According to P6, a traditional ruler in Ekiti State, "Suicide is forbidden by all the tenets of our traditional religions, life was perceived to be sacred, men are meant to conquer odds, and those that committed suicide were perceived as cowards and were not respected in death." Regarding the myth that kings, warriors, and highly placed spiritual figures were allowed to take their own lives in the past to avoid dishonorable conditions, the majority of the participants denied the myth. Only participants from 11 communities admitted that kings were allowed to commit suicide when faced with deposition or when they had to perform the "ultimate sacrifice" to preserve the peaceful coexistence of their communities.

...there were stories of kings that resorted to suicide either on the insistence of the community members when his kingdom was conquered by warriors, when there was a successful coup against his kingship, or when the chief priest pronounced that the king must vacate the throne. In the past, a king did not just walk away after being deposed. The honorable thing to do was to commit suicide. You know, there cannot be two kings in a kingdom, whether one is deposed or not. Therefore, suicide played a key role in offering respectable passage for troubled kings in the past. (P13, traditional ruler, Ogun State).

However, in 19 communities, participants denied any history of kings or warriors committing suicide, although some of them admitted having heard such occurrences or myths. P46 stated:

...no king ever did that in our kingdom because the consequences would be dire. A ruling king is meant to invoke the spirit of his predecessors and ancestors if faced with great troubles and dilemmas. However, if the predecessor died by suicide, how can the present king rely on the spirit of such a coward and an abominable predecessor? No king will defer to the spirit of such a king for spiritual direction... (P46 traditional Chief, Osun State).

Some other participants reported that the practice of kings and warriors committing suicide was not socially acceptable even in the past though it was tolerated and accepted because of the empathy that societies had for their situations and statuses.

It is just like the present time, social elites enjoy some privileges in their burials; suicide was never right

or acceptable in the past, but kings, warriors and some spiritually strong individuals only enjoyed some privileges that make societies overlook the abominable way they died and bury them with full rites (P61 traditional Chief, Lagos State).

Participants argued that suicide was socially perceived as a “revolt/protest against one’s destiny,” “a cowardly excuse to exit the world that could spark off moral panic,” “an untimely way to die which may usher in bad tidings,” and “soul/spirits of those that die by suicide are usually unsettled and may cause havoc in communities.” P49 posits that “their spirits hover around and may spiritually dislodge the unborn baby in the womb of a pregnant woman, and replace the baby inside the womb with itself to be reborn.” According to participants, suicide represented incomplete serving of one’s mission or time on earth. Therefore, when committed at any age, the spirit cannot be admitted into the land of the spirits and would rather wander around in their communities, except proper rituals are done to ward off the spirit.

If allowed to wander around, there may be plaque, high infant mortality, low land fertility, and other troubles in the community as their spirits will be moving around with vengeance. I remember when I was young, once it was announced that someone committed suicide, all children must be indoors by 6 pm. It was believed that the spirit of the dead would want to take kids along with them” (P18 Traditional Chief, Lagos State).

**Subtheme 1b: contemporary position.** The accounts of the participants suggest that there are only minimal changes in the social perception of suicide in the past as against the present. While suicide is no longer accepted irrespective of the person’s status, it is still considered a matter of spiritual significance as the majority of the participants held that the spirits of suicide victims do not rest until special funeral rites are performed.

There is a difference between dying at God’s appointed time and untimely death. God will not just open doors to someone who exited this world at a time not appointed. Let me illustrate it this way: if you send your son on an errand and he comes home a few minutes later without fully running the errand, would you welcome him? (P41 Traditional religious priest, Ogun State).

Participants reported that there is more police involvement in suicide cases than in the past when spiritual groups within the communities took preeminence in the burial processes. However, in 26 communities, participants disclosed that special ceremonies, burial rites, and spiritual cleansing are still being held despite communities aligning with modernity, Christianity/Islamic religions, and police procedures. Community members are said to still hold on to beliefs and myths about suicide deaths having supernatural significance rather than natural deaths. Therefore, while in some societies, traditional rites are helpful in addition to police investigative procedures, in others, police are hardly informed about suicide deaths or are shielded from

effectively conducting proper checks on suicide bodies and scenes.

## Theme 2: Post-suicide rites

In this overarching theme, accounts of events that follow suicide incidents in communities are narrated by participants. These narratives are separated and discussed under the following subthemes: cultural response, treatment of the bodies, roles of other religions, and police intervention/obstruction.

**Subtheme 2a: Cultural response.** There were varieties of patterns of treatment of suicide cases reported by the participants as peculiar to their various communities. Their responses were segmented into the following: announcing/breaking of suicide news, first responders, pre-burial rituals, burial rites, and post-burial events. Announcing the news of suicide mainly depended on where the suicide act was committed or who saw it first. If it was committed publicly, its announcement has no particular pattern. However, if it was committed in a secluded place, the news of suicide was not to be announced publicly until community elders were informed. In some communities, no one is allowed to get close to the suicide scene including the deceased’s family members, as the scene is cordoned off for traditional religious rites. According to participants in 22 communities, news of suicide is concealed as much as possible in order not to attract a bad omen.

In prehistoric Yoruba communities, participants identified traditional religious priests and occult groups as first responders after the community elders had been informed of the suicide case. However, at present, they identified traditional religious priests, occult groups, medical personnel, and police officers as first responders. In 19 communities, participants reported that religious priests and occult groups are still the preferred first responders to suicide cases. This is premised on the prevailing myth that if traditional rites are not done immediately after a suicide incident, it may usher in evil tidings for both the family of the deceased and the community at large.

Pre-burial events were reported to include investigations of the original cause of death. This is explained by P47:

We commune with the spirit of the dead to find out if the suicide was committed willingly or if he/she was manipulated into doing so. You know, with the use of juju (black power), someone can be commanded or manipulated into killing himself. If this is the case, it holds a different spiritual meaning as the spirit of the person may come for serious vengeance against the community. So the spirit has to be appeased.

Other pre-burial events include keeping members of the family in secluded places for spiritual fortifications, occult groups parading the village (usually at night) to ward off the spirit of the dead, performing local sacrifices to the gods, and restricting children from moving around at night. During this period, family members are not

allowed to mourn the deceased, which may have some spiritual consequences. "Mourning is part of a burial rite for someone who has lived a worthy life. Whoever killed himself doesn't deserve that right, otherwise, it may incur the wrath of the gods."

In the past, according to the majority of the participants, the burial of suicide victims used to be the exclusive preserve of occult groups and/or religious priests. In this case, family members are often not allowed to be part of the ceremony. However, these burial patterns have since been modified with bodies being released to families for private burial in most communities. Families are given the choice to opt for Christian or Islamic burial ceremonies after the traditional pre-burial rites have been performed. However, participants stated that releasing the bodies to families for burial does not suggest any passive involvement of traditional rites in the burial process. "Sacrifices will still have to be done and some traditional religious rites performed. The families either pay or participate physically in the process." Other participants described how Christian or Islamic religious burial processes are being fused with traditional ceremonies without the processes converging.

After the burial, participants described different kinds of cleansing activities performed in their communities, usually to avoid a reoccurrence of such incidents. Also, the spirits of the dead are either appeased (if suicide was spiritually masterminded) or driven away from the community (if it was a willing suicide). Traditional memorial services are forbidden in most communities, and it is forbidden to speak about the suicide event and the dead publicly. If the suicide was committed in the house that was cordoned off, no one is allowed back into the house until after the burial and some cleansing has been done. In some cases, all the movable properties of the dead will have to be buried, burnt, or given to the poor without the family members keeping any of the items.

**Subtheme 2b: Treatment of the dead.** Participants narrated how the bodies of suicide victims are treated differently from those of natural death as part of special burial rites both in the past and the present time. In the past, these treatments ranged from incisions being made on the bodies, bodies being bound and buried with ropes (for those that hung themselves), flogging off the bodies with sticks, and bodies being buried at undesirable areas like dumpsites, river banks, inside forests, border areas, outskirts of the town, and some isolated areas. According to the participants, these are to symbolically reject the suicide act of the victim and dissuade other community members from emulating the victims. In communities where the bodies of the deceased are bound with ropes and buried, participants stated it is symbolic to stop the spirit of the dead from reincarnating.

At present, participants indicated that these practices have changed, although suicide victims are still forbidden from being buried alongside those who died of natural causes. "If families of the deceased insist that they will

not want to bury the body of their relatives where tradition dictates for suicide victims, then they cannot bury such bodies within our township." (P51 Traditional religious priest, Ekiti State). Participants of a particular community indicated that bodies of suicide victims are still being publicly flogged with whips before final burial to serve as deterrence to community members. "In our community, the dead are still made to receive their punishment, dying does not stop whoever deserves punishment from being punished."

**Subtheme 2c: Roles of other religions.** Participants acknowledged the substantial influence of non-traditional religions of Christianity and Islam in altering religious and cultural practices associated with suicide in their communities. They particularly affirmed that these religions, rather than the law or enforcement of the laws, are responsible for the significant modifications of the treatment of suicide cases in their communities. "As we continued to have kings that practice these foreign religions, they used their royal might to change a couple of things that we used to do in burying suicide victims" (P33 traditional religious priest, Ogun State). According to a Christian cleric, "even though it is a grievous sin for someone to take his own life, there is absolutely no need to subject the body of the dead to such gruesome treatments. The person will face judgment before God, we cannot administer judgment to the dead" (P22 Church Pastor, Lagos State). Other Christian and Islamic clerics supported the same line. However, the clerics narrated how some traditional religious and cultural practices that contravene Christian and Islamic practices are still being kept to the present.

I have seen a case where the body of someone who committed suicide and was buried within the church graveyard was exhumed with the consent of the family for traditional rituals to be performed on the body. The family was just too fearful of the spiritual repercussions that may emanate from their initial refusal to commit the body of their relative to traditional religious rites (P22 Church Pastor, Lagos State).

Some other clerics also gave accounts of cases where traditional religious measures were fused into the Christian and Islamic burial processes for suicide victims, either overtly or covertly.

**Subtheme 2d: Police interventions/obstructions.** Participants from all communities affirmed the influence of police processes in enforcing the laws and investigating suicide on the religious and cultural practices governing suicide treatment in their localities. However, most participants identified the level of police interventions and obstruction of cultural practices as minimal. Their position was informed by the preference of community members to report incidents of suicide to the community first before police are invited. More often than not, families of the deceased do not contact the police after fulfilling the community requirements for traditional rites. "It is only on

rare occasions that families contact the police except the suicide was committed in a public place and with several people in the know” (P41 Traditional religious priest, Ogun State).

The reasons listed by the participants for the apparent preference of bereaved families to inform local chiefs first before the police or without involving the police include fear of spiritual repercussions, the discreet approach of traditional processes, a higher level of public trust in traditional than police system, police lengthy investigative processes, and alleged police extortion of bereaved families. According to a traditional ruler in Ogun State: “Police officers often take advantage of the suicide laws that stand to jail anyone guilty of aiding the suicide of another to threaten victims’ families. This is often a ploy to extort money from the family members.”

### Theme 3: Implications

This overarching theme reflects on participants’ narratives of how religious and cultural tenets guiding suicide treatment and post-suicide social reactions affect victims’ families. Their accounts were separated and discussed in the following subthemes: bereaved families and suicide reporting.

**Subtheme 3a: Bereaved families.** Virtually all participants admitted that families of suicide victims suffer different forms of secondary victimization as a result of religious and cultural practices in handling suicide cases. The major ways that victims’ families suffer further include social stigmatization, isolation, banishment, denial of access to community-based opportunities, bearing the high cost of traditional burial rites and spiritual cleansing, and social labeling. “Members of such families can rarely marry from our community because no one will want to be related to or associated with a family with a history of suicide. They are perceived as being cursed.” “For a long time, they may not get community members to patronize their business, or people may not be willing to sell to them.” In some communities, these hostile reactions towards members of the bereaved families may subside after months or a few years, but the social stigma is reported to last longer and is more widespread. “Someone from such a family can hardly be awarded chieftaincy titles in the community for a long time.” “If the king commits suicide, his lineage will not be allowed or entitled to the throne ever again.”

**Subtheme 3b: Suicide reporting.** Although participants admitted that the social handling of suicide cases may tempt some bereaved families to conceal the cause of death of family members, they, however, viewed that such concealment is very rare because of the perceived spiritual implications. “The fear of the repercussions is usually very strong in the minds of the people, so I doubt if that will be the case” (P78 traditional ruler, Ekiti State). “I have heard that such happened in the past and they lost a few more family members to death in the process” (P57 Traditional

chief, Ondo State). Some participants stated that there had been cases where the bereaved families paid leaders of occult groups to conceal information and conduct the burial of their relative in secrecy. In doing this, the families may be able to avoid the social stigma and other denials of privileges that usually follow the loss of family members to suicide. However, some Christian and Islamic clerics volunteered the information that there are several cases where such causes of death are concealed and confessed only to them. “I have had three cases in which the family confessed the cause of death to be suicide but pleaded for special prayers to avoid spiritual backlash from community curses due to their non-disclosure to the community (P44 Pastor, Osun State).

The clerics mainly attributed the plea for non-disclosure of the cause of death to community members to fear of social stigmatization, unpleasant treatment of bodies of victims, exposure of family members, especially children, to secondary victimization, high cost of burial and cleansing ceremonies and exploitative tendencies of community occult societies. “Both the dead and families of the dead are made to suffer. While the dead may not be conscious of their suffering, the families are made to go through a lot.” (P52 Alfa, Osun State). According to a Reverend Father: “It is so unfortunate that the harsh community practices make many suicide cases go unreported to the police, as families will try to avoid harsh treatments from community members.”

### Discussion

This study seeks to align with global concerns on the gross underreporting of suicide and misclassification of causes of death in LMIC (Adewuya & Oladipo, 2019; Mars et al., 2014; Kootbodien et al., 2020). Drawing from the case of Nigeria, a community-based study was conducted to explore social interpretations of suicide in the southwest region, and the findings highlight various religious and sociocultural factors that may impact suicide reporting. Both in the past and present, suicide is socially perceived within the region to be an abominable way to die, with deep-seated implications for the families and community of the deceased. In particular, communities are in awe of the spiritual import of suicide death as against other ways of dying. Hence, it is perceived and treated significantly differently. While existing studies have considerably offered social meanings of suicide in southwest Nigeria and elsewhere (Awolalu & Dopamu 2005; Lanre-Abass, 2010; Osanyinbiyi & Falana 2016), this study advanced knowledge in exploring how the subjective meanings may impact suicide-reporting behavior. Therefore, the study supports Durkheim’s sociological approach to suicide and the relevance of examining suicide within a social context (Durkheim, 1951).

The social interpretation of suicide among the Yoruba people of southwest Nigeria aligns with the postulation

of Weber's social action theory (Weber, 1991). The findings show that suicide among the Yoruba people is a construction of the interactions and meanings that it represents to its members. Likewise, the treatment of the victims of suicide, the bereaved families, and other post-suicide rituals are informed by the social interpretations of suicide in the sampled communities. This study was able to unravel the interplay between religious and cultural practices following the acts of suicide in sampled Yoruba communities and the predispositions of families of suicide victims to report incidents of suicide to both law enforcement agencies and community rulership.

Historically, suicide was perceived as religiously, spiritually and morally wrong, with dire consequences applied to whosoever took his or her own life (Aborisade, 2015; Falade, 2013; Osanyinbiyi & Falana, 2016). In this present study, cultural interpretations of suicide death imply an uncompleted mission on earth and an individual's revolt against his destiny. Participants generally held that suicide victims are not allowed passage to the spirit world, as their death is untimely, which means their spirit may have to hover around the earth till their appointed time. Therefore, such spirits may wreak havoc in their communities if not warded off. These accounts align with existing literature on social perceptions of suicide death and its spiritual implications (Azeez, 2005; Falade, 2013). This study examined the impact of police involvement and the influence of the Christian and Islamic religions on traditional perceptions of suicide. Although there are considerable moderations brought about by Christian and Islamic religious doctrines in handling suicide, cultural practices still significantly prevail.

Cultural practices following an incident of suicide were found to be significant in the areas of announcing or breaking the news of suicide deaths, reporting incidents to first responders, arranging pre-burial rituals, organizing burial rites, and post-burial events. These practices exhibited the resounding influence of community traditions in handling suicide cases even in contemporary society despite the establishment of laws and agencies set aside to handle such cases. As reported in existing studies (Lanre-Abass, 2010; Osanyinbiyi & Falana, 2016), activities contained in the traditional handling of suicide are mostly designed and carried out to express hostilities to suicide victims. This is premised on the negative perception and interpretations ascribed to dying by suicide and the supernatural difference that suicide deaths are perceived to have as against deaths occasioned by natural causes (Falade, 2013; Osanyinbiyi & Falana, 2016).

In the past and even in the present, the bodies of individuals who committed suicide were and still are subjected to gruesome defacing, degrading, and discreet burial rites. Dead bodies are *punished* to serve as deterrents to community members, stop the dead from reincarnating, and symbolically reject both the body and spirits of suicide victims. This is also premised on the belief that the spirit

of those who died by suicide comes back to haunt their communities if they are not properly warded off. Although some of these treatments have been moderated, belief in the need for spiritual specialists to handle suicide cases is still quite prevalent and pervasive (Aborisade, 2015; Azeez, 2005; Falade, 2013; Osanyinbiyi & Falana, 2016). However, what has not been well developed is the exposure of families to secondary victimizations and the implications of these apparent victimizations to families' inclinations towards reporting suicide cases at both the community level and to police authorities.

Although the advent of Christianity and Islam, with their growing influence, can water down the traditional handling of suicide, especially under harsh burial conditions, pre-burial rites, and post-burial activities are still relatively hinged on traditional practices. Families show a preference for burying their relatives who died through suicide by Christian and Islamic doctrines; however, they still mainly consult traditionalists to perform rites and cleansing ceremonies to avert future occurrences and other spiritual consequences. While studies have equally suggested the enduring cultural practices in handling suicide cases in contemporary Nigeria (Aborisade, 2015; Falade, 2013; Oyafunke-Omoniyi et al., 2022; Osanyinbiyi & Falana, 2016), the influence of police intervention on such traditional practices as well as the consequences of traditional practices on police investigative duties have not been developed. This study found that the police are not made the first responders to suicide cases within visited communities largely due to the fear of going against traditional norms, preference for traditionalist' discreet approach to performing burial rites, low level of public trust in the police, police lengthy investigative processes on suicide, and alleged police financial extortion of bereaved families.

In the visited communities, families of suicide victims were reported to have been subjected to a variety of secondary victimizations, which include social stigmatization, isolation, banishment, denial of access to community-based opportunities, having to bear the high cost of traditional burial rites, and spiritual cleansing, and social labeling. Although traditional rulers and priests believe that these are not substantial reasons for suicide victims' families to avoid reporting incidents of suicide to the communities, Christian and Islamic clerics gave several accounts of families requesting the discreet burial of their suicide victims to circumvent traditionalist methods of handling the burial which exposes them to secondary victimization. This is found to have strong implications on suicide reporting and proper classification of cause of death.

#### **Implications for theory, policy, practice and research**

The findings from this study highlight the need for sociological theories of suicide to consider more explicitly the wider community context of suicide and how this impacts suicide reporting. Hitherto, Durkheim (1951) and

other theories that followed his footsteps have considerably focused on sociocultural and religious factors that impact suicide mortality (Abrutyn & Mueller, 2014; Chandler, 2020; Recker & Moore, 2016). However, this present study has stressed the need for sociological theories to consider sociocultural and religious factors impacting suicide reporting.

There is a need for policies formulated to check the rise in suicide mortality to seriously include issues bordering on the underreporting of suicide cases and how to abate them. Efforts must be made to enhance valid suicide mortality statistics as a precursor to effective suicide intervention and preventive measures. In ensuring valid suicide mortality statistics, community-based measures should be deployed. These community-based measures should consider social interpretations of suicide, the cultural practices bordering on the treatment of suicide cases, and other socio-religious factors that could impede suicide reporting. As found in this study, police and other formal organizations may be ineffective in confronting the culturally established patterns of handling suicide cases in communities. Therefore, semi-formal approaches that will seek to align cultural practices with formal methods of investigating and classifying deaths should be deployed.

There is a need for more sociological inquiries to be conducted in exploring the community-based context of suicide and how this impacts suicide reporting. In doing this, a triangulation of the perspectives of community members and bereaved families from suicide deaths by police officers and other religious figures should be conducted. This will be used to broaden our understanding of the social contexts guiding suicide treatments at the community level and how this can enhance valid suicide mortality statistics for healthcare planning and research. Also, variations in cultural interpretations of suicide as it relates to Yoruba subgroups could be examined and comparatively analyzed.

### Conclusion

Existing research on the sociology of suicide has highlighted the sociocultural and religious factors that impact suicide mortality. However, the literature on sociocultural and religious factors influencing suicide reporting is still growing. Therefore, this study contributes to the advancement of knowledge on how social interpretations of suicide, cultural or traditional practices governing the treatment of suicide cases, and other sociocultural factors influence suicide reporting. The study has captured detailed descriptions of community-based handling of suicide cases and how this prevails over formal methods of handling suicide. Based on the findings of this study, underreporting and misclassification of suicide deaths are pervasive within the southwest region of Nigeria. Therefore, appropriate measures that would address cultural practices which currently circumvent

police and medical examiners' functioning in investigating and classifying deaths for proper statistical documentation should be put in place. The government should recognize the remarkable influence of culture and traditions on community members irrespective of their religious affiliations and address the bypassing of formal suicide procedures at the community level. It is only in doing this that valid suicide mortality statistics can be recorded for effective control and prevention of suicide mortality in the country.

### Declaration

#### Ethics approval and consent to participate:

Ethical approval for the study was granted by the Health Research Ethics Committee of Olabisi Onabanjo University, Ago-Iwoye, Ogun State, Nigeria, with the approval number: OOUTH/HIREC/491/2022AP.

#### Consent for publication:

Not Applicable

#### Availability of data and materials:

Data will not be share due to the fact that the research is sponsored by TETFUND and it is against the ethics of the Olabisi Onabanjo University Health Research Ethics Committee to share the data gathered during the research.

#### Competing interests:

No competing interest among the co-authors.

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#### Authors' contributions:

**Principal Investigator, Coordinator and Team lead:** Aborisade R.A , **Literature Review:** Bawalla O.G, Oyafunke-Omoniyi C.O, Akindele-Oscar Y, Adeleke O.A, and Olayinka-Aliu D. A, **Methodology and Study Design:** Bawalla O.G, Oyafunke-Omoniyi C.O and Akindele-Oscar Y , **Validation:** Akindele-Oscar Y, **Field Work:** Adenuga A. O and Adeyemo S.O, **Coding and Analysis:** Adenuga A. O and Adeyemo S.O, **Writing - Original Draft Preparation:** Aborisade R. A and Bawalla O.G. **Review and Editing:** Aborisade R.A, Bawalla O.G, Oyafunke-Omoniyi C.O and Adenuga A. O

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