



Impact of Religiosity and Life Orientation on Attitude of Youths towards Suicide in Lagos, Nigeria: A Religious-Community Based Study

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Abstract: Suicidal behavior is a growing public health problem in Nigeria. More disturbing is the recent rise in reports of suicide cases involving youths. Attitude towards suicide remains one of the strongest indicators of suicide. There is however, paucity of studies addressing this phenomenon among Nigerian young population. The present study therefore investigated the predictive impact of religiosity and life orientation on attitude towards suicide among youths in Lagos, Nigeria. A correlational design was utilized. Four hundred purposively selected young individuals from Christian and Muslim communities comprising of 220 males and 180 females whose ages ranged between 14 and 31 years participated in the study. A structured questionnaire consisting of demographic information, Religious Activity Scale (RAS), Life Orientation Test Revised (LOT-R) and Attitude towards Suicide Scale (ATTS) was utilized for data collection. Descriptive statistics and independent sample t-test were used to test the hypotheses using SPSS (v. 20). We found a significant gender difference on attitude towards suicide among the participants ($t(398) = 25.83; p < 0.01$). High degree of religiosity was found as a protective factor against suicidal tendencies as individuals with high religious belief reported unfavourable attitude towards suicide. It was concluded that attitude towards suicide among Nigerian youths is closely linked with their religious belief. We recommend that practitioners implementing suicide prevention programmes should incorporate measures that are appealing to people's religious beliefs to improve the effectiveness of their programmes. We also

recommend future studies to further investigate the relationship between life orientation and suicide among youths in Nigeria.

Keywords: Impact, Religiosity, Life Orientation, Youths, Community Based, Suicide

Background to the Study

It is widely believed that the future and strength of any purposeful nation is her youths. The youths of Nigeria are confronted with varieties of social challenges ranging from the high rate of unemployment, hopelessness, to marital or family problems. In recent times, suicide among youths and young adults has been on the increase. Suicide is the act of intentionally causing one's death. Suicide refers to a self-inflicted death in which one makes an intentional, direct, and conscious effort to end the life of a person (Comer, 2004). It has also been defined as death caused by self-directed injurious behaviour with any intent to die as a result of the behaviour (CDC, 2013). However, this definition does not do justice to the complexity of the concept and the numerous usages of terms across studies. Thus the concept of suicidal ideation and behavior has been the subject of considerable international attention and debate (Heilbron, Compton, Daniel & Goldston, 2010). The concept of suicide behaviors without fatal outcome varies as well. Sometimes they are referred to as "suicidality", "suicide-related behaviors" or "suicidal behavior" (Van Orden, Witte, Cukrowicz, Braithwaite, Selby & Joiner, 2010). Suicide is often carried out as a result of despair, the cause of which is frequently attributed to mental disorder such as depression, bipolar

disorder, schizophrenia, borderline personality disorder, alcoholism, or drug abuse (Paris, 2002). Stress factors, such as; financial difficulties; troubles with interpersonal relationships; and others often play a role. The most commonly used method of suicide varies by country and is partly related to availability. Conventional methods include hanging, pesticide poisoning, and firearms. Around 800,000 to a million people die by suicide every year, making it the 10th leading cause of death worldwide (Hawton & Van Heeringen, 2009). The rate of suicidal behaviour has been reported higher in men than in women, such that, males are three to four times more likely to kill selves than females (Meier, Marshall & Robert, 2008).

The World Health Organisation reports that about a million people die of suicide annually. Suicide is now among the three leading causes of death among those aged 15 to 44 years and the second leading cause of death in the 10 to 24 years age group; these figures do not include suicide attempts which are up to 20 times more frequent than completed suicide. Basic data on the prevalence and risk factors for suicide and its immediate precursors – suicidal ideation, plans, and attempts – are unavailable in many countries around the world, particularly those that are less developed. According to the World Health Organisation suicide statistics,

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Nigeria's suicide rate was rated at 6.1% (WHO, 2011). Numerous factors have found its' foot in the causative explanation of attitude towards suicide. A person's level of religiosity has been severally implicated among other factors.

The association of religion and suicide has long been of interest in the field of psychology. There has been a great deal of research and models establishing the role of religion, religiosity, and spirituality in increasing the risk of suicidal behavior versus acting as a protective factor for suicidal behavior. The extent of religiosity and principles of chosen religion has been long researched into by different scholars (e.g., Lester, 2006). However, despite the long and rich history of religiosity and suicide, the study of suicide and religion has failed to produce conclusive and widely accepted findings explaining whether and how religion serves as a protective or predisposing factor against and to suicidal behaviour. Religion in Nigeria plays a significant role in the life of the people, to some it is their candlelight, it gives them insight, and wisdom, knowledge, and faith are increased through the study of scripture, books, and prayers. Religion helps us remain in line and stay focused. There are different religions practiced in Nigeria, the two major religions which this research work will be concerned with are, Islam and Christianity. Aside from the concept of religiosity, cloudily, the idea of personal orientation to life has also been mentioned by numerous scholars.

Life orientation is the study of the self in relation to others and to society. It is the personal, social, intellectual, emotional and physical growth and development of an individual and the way in which these dimensions relate to each other and express themselves in everyday life. Life orientation focuses on how an individual views the society and their expectations or outcomes expected from the society or probably their environment. Life orientation can be looked at in how optimistic or pessimistic an individual can be. Optimism corresponds to an attitude of expecting positive consequences and for more good events to occur than bad ones. Individuals that are optimistic have fewer negative outcomes such as greater life satisfaction and less negative effect. Carver, Scheier and Segerstrom (2010) reported that the different coping patterns of an optimist compared to a pessimist pave the way for less harmful health behaviors. Optimism has been related to less psychological maladjustment. Pessimism which in the course of this work will be regarded to as less optimistic, on the other hand, corresponds to an attitude of expecting negative consequences and for more bad events to occur than good ones. Less optimistic has been related to more negative outcomes such as less life satisfaction and greater negative effect. Less optimistic has been related to more psychological maladjustment (Chang, 2001).

Review of Literature

Suicide Theory of Emile Durkheim constituted the major theoretical basis

for the study. The theory integrated extent of spirituality to suicidal attitude. The theory propounded that the more numerous and strong the collective states of mind are, the stronger the integration of the religious community, and also the greater the preservative value. In his work, he was the first to notice a relationship between suicide and religiosity when he found that Protestant countries have a higher rate of suicide than Catholic countries. He theorized that this was probably because Catholic's followers were more subordinate, that the religion had stronger control and was a more established faith than Protestantism, which had less control and was more private, thereby providing its followers less protection against suicide. Durkheim supported his theory with suicide data of Protestants and Catholics from five nations, which showed that Protestants had a 50% higher suicide rate than Catholics (Stack 1983).

According to a research carried out at the University of Benin Teaching Hospital on review of suicidal deaths seen in a Nigerian Tertiary Health Institution from January to June, 2013 by Nwafor, Akhiwu and Igbe (2013), it was revealed that 47.8% of persons that had successfully committed suicide were between the age 25 to 44 years, 30.4% were between the age of 15 to 24 years, 17.3% were between the age of 45 to 64 years, while 4.3% were aged 65 and above. It was further presented in the results that 82.6% of the deceased were males, while 17.4% were females. A 25-year longitudinal study of Beautrais, Horwood and

Fergusson (2004) revealed that a positive correlation exists between attitude towards suicide and suicidal behaviour. It was further discussed that individuals with any suicidal behaviour have more tolerant and understandable attitudes towards suicide. On the contrary, the study earlier conducted by Ramsey and Bagley (1985) revealed no significant relationship exists between attitude towards suicide and suicidal behaviour.

The role of religion influencing psychological and physical health outcomes has been widely reported in the literature. The belief in religion has linked to increased meaning in life (Ahmad, Muhammad & Abdullah, 2011; Olowookere, Oguntuashe & Adekeye, 2016), higher life satisfaction (Patel, Ramgoon & Paruk, 2009), and has been shown to give people a reason for living (Loewenthal, MacLeod, Cook, Lee, & Goldblatt, 2003). It has also been associated with better coping mechanisms in the face of adversity (Olaseni, Ayodele & Agberotimi, 2016) and increased social support (Clarke, Bannon, & Denihan, 2003). Regarding physical outcomes, religion has been shown to mediate the coping ability of people with life-threatening illnesses like cancer (Olaseni *et al.*, 2016; Ahmad *et al.*, 2011), AIDS and to mediate the deleterious effects of stress on physical health (Copeland-Linder 2006).

The study of Colucci and Martin (2008) that reviewed over 200 suicide articles revealed that religious factors were significantly associated with

negative attitudes toward suicidal behavior. In other words, many of the reported associations between suicide mortality and other social variables (such as religion and others) were very strong and significant.

In another broad study, Pelham and Nyiri (2008) correlated the 2005/2006 Gallup Religiosity Index with the 2007 WHO suicide statistics for 67 countries and found that countries with higher religiosity have lower suicide rates. Countries that fell in the region of lower religiosity (scores of 21 to 36) including Hungary, Russia, Japan, and Latvia, have the highest suicide rates, from 24.20 to 36.15 (per 100,000 residents), with Belarus' lower religiosity score of 35 having the highest suicide rate of 36.80. In contrast, countries that fell in the area of higher religiosity (scores of 66 to 83) including Peru, Kuwait, Philippines and the Dominican Republic, have the lowest suicide rates, from 0.85 to 2.10 per 100,000 residents, with Haiti's high religiosity score of 67 corresponding with the lowest suicide rate, 0.00. Other countries with comparatively high religiosity, such as Georgia (60), Tajikistan (50), and Armenia (50), have low suicide rates - between 1.85 and 2.60 per 100,000 residents.

The study of Yu and Chang (2016) sought to test that optimism and pessimism future orientation function as additive and interactive predictors of suicidal risk among 81 (34 male and 47 female) Asian-American, 71 (22 male and 49 female) African-American adults, and 83 (34 male and 49 female) Latino-American college

students. The finding revealed life orientation significantly predicts suicidal ideation among African-American and Latino-American college students and was concluded that optimism and pessimism future orientation are important positive cognitions involved with suicidal ideation for African-American and Latino-American college students.

Carver, Scheier, and Segerstrom (2010) reported that the different coping patterns of an optimist compared to a pessimist pave the way for less harmful health behaviors. Optimism has been related to less psychological maladjustment. Optimism corresponds to an attitude of expecting positive consequences and for more good events to occur than bad ones. Individuals that are optimistic have fewer adverse outcomes such as higher life satisfaction and less adverse effect.

The study of Chang (2001) purposed to examine the influence of life orientation on psychological adjustment revealed that pessimism had been related to more psychological maladjustment. In other words, participants that are optimistic about the future were more likely to engage in more psychological maladjustment when compared with participants with optimistic life orientation. Correspondents with pessimistic attitude were expecting negative consequences and for more bad events to occur than good ones.

Edward (2017) examined hope and hopelessness as predictors of suicide ideation in 395 Hungarian college students. The findings revealed that

both hopelessness and hope uniquely predicted suicide ideation, a pattern that remained unchanged even after controlling for psychological symptoms. Moreover, a significant Hopelessness $\times$ Hope interaction predicted suicide ideation. Present findings highlight how hope buffers the association between hopelessness and suicide risk in college students.

Although it has been found that suicide rate has been on the increase all around the world, especially among the youths, the prevalence of reported case of suicide among Nigerian youths is worrisome, though, suicide cases are being under-reported. In Nigerian, suicide is one of the three leading causes of death among those in the most economically productive (15-44 years) age group (WHO, 2013). There is imperia need for scholars and concerned bodies to find more revealing facts and approaches that will allay the prevailing rate of suicide among the youths of Nigeria.

There is a paucity of studies that attempt to examine the implication of religiosity and life orientation on suicidal behaviour among the teeming youths of Nigeria. There are no consensus among the fewer studies that examined the concept of life orientation and religiosity on suicidality. Hence, this work is set to fill the gap in knowledge by seeking to find out the implication of religiosity and life orientation on attitude towards suicide.

Purpose of the Study

The study purposed to examine the impact of religiosity and life orientation on attitude towards suicide

among youths in two religious communities in Lagos, Nigeria. The study-specific objectives were to:

- examine if female participants will report favourable attitude towards suicide than their male counterparts
- ascertain if youths who are high on religiosity will report favourable attitude towards suicide than their counterparts who are low on religiosity.
- investigate if youths with pessimistic life orientation will report favourable attitude towards suicide than their counterparts with optimistic life orientation.
- examine if participants in the Muslim community will report favourable attitude towards suicide than their counterparts in the Christian community.

Research Hypotheses

- Female participants will significantly report favourable attitude towards suicide than their male counterparts
- Youths who are high on religiosity will significantly report favourable attitude towards suicide than their counterparts who are low on religiosity.
- Youths with pessimistic life orientation will significantly report favourable attitude towards suicide than their counterparts with optimistic life orientation.
- Participants in the Muslim community will significantly report favourable attitude towards suicide than their counterparts in the Christian community.

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Methods

Research Design

The study adopted used a non-experimental correlation design. The design enables the researcher to examine the influence of religiosity and life orientation on youths' attitude towards suicide with manipulation of any study variables in Lagos, Nigeria.

Study Participants/ Sampling

Techniques

Four hundred (400) participants were engaged using cluster sampling from two different communities considered religious based for Christians and Muslims in Lagos, Nigeria. The participants comprised of 200 Christians (50%) and 200 Muslims (50%), with ages ranged between 15 and 45 years with mean 29.91 and standard deviation 11.07.

Instruments

The research was carried out using structured questionnaires which has four sections. Section A contains information regarding the study, informed consent request, confidentiality of identity, and demographic information. Section B is a 21 item scale named Religious Orientation Scale (RAS) developed by Prof. Omoluabi (1985). RAS was used to measure the extent of religious devotion of the test takers. A Cronbach Alpha reliability of 0.97 was reported. Section C is the LOT-R (Scheier, Carver, & Bridges, 1994), a self-report scale with 10 items, was used to measure optimism. Each item was rated on a 5-point Likert scale (0 = "I disagree a lot", 4 = "I agree a lot"). Test-retest reliability correlations ranged from 0.56 to 0.79 was

achieved. The scale's convergent and discriminant validity was reported by Olaseni *et al.*, (2016). Cronbach's alpha for the current study was .82. Section D entails a 37-item scale, developed by Renberg & Jacobsson in 2003 to measure participants' attitude towards suicide using Attitude towards Suicide Scale (ATTS). ATTS uses a Likert scale response format ranging from 'strongly agree'- 5, 'agree' - 4, 'cannot decide'- 3, 'disagree' - 2, and 'strongly disagree'- 1.

Procedure

Approval for the conduct of the study was given by the ethics committee of the Department of Psychology, University of Lagos, while permission for the administration of questionnaires was obtained from the selected communities in Lagos, Nigeria. This study was conducted in two stages; the pilot study and the main study. The pilot study involved the pre-field administration of the scales for cultural revalidation, followed by item analysis to determine the reliability of the instruments statistically. Detailed statement of informed consent that contained the purpose, procedures, potential risk(s) (if any) and benefits of participating in the study was given and explained to participants. Individuals who consented voluntarily to participate in the study administered the research questionnaire. Data was collected over a period of four (4) weeks. Returned questionnaires were screened, coded and subjected to the Statistical Package for Social Sciences version (v 20) for analysis.

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Results

Hypothesis One

The first hypothesis which stated that female participants would report

favourable attitude towards suicide than their male counterparts was tested using independent sample t-test. The result is presented in Table 1.

Table 1 Showing Gender Difference on attitude towards Suicide among Nigerian Youths in Lagos, Nigeria

Attitude Towards Suicide	N	$\bar{X}$	SD	df	t	P
Male	220	104.30	17.50	398	25.83	< .01
Female	180	98.62	15.74			

Table 1 presented the result showing significant gender difference on attitude towards suicide among Youths in Lagos, Nigeria ($t(398) = 25.83$; $P < 0.01$). It was further revealed that male participants reported a favourable attitudes towards suicide ($\bar{X} = 104.30$, $SD = 17.50$) than their female counterparts ($\bar{X} = 98.62$, $SD = 15.74$). In other words, male participants were more likely to engage in a suicidal behaviour when compared to the

female youths. The outcome negates hypothesis one, therefore, the hypothesis is rejected.

Hypothesis Two

The study's second hypothesis stated that youths who are low on religiosity will report favourable attitude towards suicide than their counterparts who are high on religiosity as presented in table 2 using independent sample t-test.

Table 2 Showing independent t-test Comparison of Attitude towards suicide by Participants' Level of Religiosity

Attitude Towards Suicide	N	$\bar{X}$	SD	T	df	P
Low religious affiliation	183	103.51	15.80	1.90	398	<.05
High religious affiliation	217	100.28	17.86			

Table 2 presented the result showing that participants' level of religiosity significantly influences attitude towards suicide among Youths in Lagos, Nigeria ($t(398) = 1.90$; $P < 0.05$). It was further revealed that participants with low scores on

religiosity scale reported favourable attitudes towards suicide ($\bar{X} = 103.51$, $SD = 15.80$) than participants with high scores on religiosity scale ($\bar{X} = 100.28$, $SD = 17.86$). In other words, participants with low religiosity were more likely to engage in a suicidal

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behaviour when compared to participants with high religiosity. The outcome confirmed the stated hypothesis two; therefore, hypothesis two was accepted.

Hypothesis Three

The third hypothesis of the study stated that youths with pessimistic life

orientation will report favourable attitude towards suicide than their counterparts with optimistic life orientation. The hypothesis was tested with independent sample t-test, and the obtained result is presented in table 3.

Table 3 Showing independent t-test comparison of Attitude towards suicide by Life Orientation

Attitude Towards Suicide	N	$\bar{X}$	SD	t	df	P
Pessimism Orientation	175	102.83	18.44	1.11	398	<.05
Optimism Orientation	225	100.92	15.79			

Table 3 presented the result showed that life orientation significantly influences attitude towards suicide among Youths in Lagos, Nigeria ($t(398) = 1.11$; $P < 0.05$). It was further revealed that participants with pessimistic life orientation reported favourable attitudes towards suicide ($\bar{X} = 102.83$, $SD = 18.44$) than participants with optimistic life orientation ($\bar{X} = 100.92$, $SD = 15.79$).

The outcome confirmed the stated hypothesis three; therefore, hypothesis three was accepted.

Hypothesis Four

The stated hypothesis four that participants in the Muslim community will report favourable attitude towards suicide than their counterparts in the Christian community was tested with independent sample t-test. The result is presented in table 4.

Table 4 Showing the significant influence of religion type on attitude towards Suicide among Nigerian youths in Lagos, Nigeria

Attitude Towards Suicide	N	$\bar{X}$	SD	df	t	P
Muslim	200	100.53	17.50	398	3.01	<.05
Christian	200	102.39	18.22			

Table 4 presented the result showing the participants' religious affiliation significantly influence attitude towards suicide among Youths in Lagos,

Nigeria ($t(398) = 3.01$; $P < 0.05$). It was further revealed that participants affiliations to Christian religion reported favourable attitudes towards

suicide ($\bar{X} = 102.39$, $SD = 18.22$) than their counterparts affiliations to Muslim religion ($\bar{X} = 100.53$, $SD = 17.50$). In other words, participants affiliated with Christianity were more likely to engage in suicidal behaviour when compared to youths affiliated with the Muslim religion. The outcome negates the stated hypothesis two; therefore, hypothesis two is rejected

Discussion

The present study investigated the impact of religiosity and life orientation on attitude towards suicide among youths in two religious communities in Lagos, Nigeria. This study shows that males have favorable attitude towards suicide behaviour than their female counterpart and this was collaborated with the works of Nwafor, Akhiwu, Igbe (2013) who carried out research in University of Benin Teaching Hospital, Benin in Nigeria, they found out that men are more susceptible to committing suicide than females. Also in the United States, males as a group successfully committed suicide more than three times compared to the females (Williamson & Shneidman, 1995). Wunderlich *et al.*, (2001) state that there is a two to four times higher risk of completed suicide for men than for women, while females are three to nine times more likely to attempt suicide. Explanation for this may be as a result of the fact that males are more aggressive, engage in more risk-taking behaviours, and are more success orientated than females, thus making them more likely to complete the act. Ramgoon *et al.*, (2006) point out that

completed suicides are considered to be more masculine, as “men are more likely to engage in this behaviour when they intend to complete the act”. In addition, women are more likely to engage in help-seeking behaviours than men, who view such behaviour as a weakness (Reissand Dombeck, ND). It was also found out that youth's level of religiosity have effect on how favourable their attitude is towards suicide. Those with low level of religiosity tend to favour suicide as a way out of challenges while those with their level of religiosity high seem to have low favourable attitude towards suicide. This is because, religion gives people meaning to life and a reason to live and also it serves as a support system to people according to the work of Olaseni *et al.*, (2016) and Ahmed *et al.*, (2011). This result also support the work of Colucci and Martin (2008) which says that high religiosity leads to negative behaviour towards suicide.

Furthermore, the level of being pessimistic or optimistic has effect on favourable or unfavourable an individual's behaviour towards suicide is. This study has confirmed the hypothesis that being pessimistic will increase the suicidal attitude and this is supported by the work of Yu which recorded that lower optimism was found to be a predictive factor of suicide risk. This can also be linked to a study by Carver, *et al.*, (2010) which report is that lower optimism which is pessimism leads to psychological maladjustment that are less optimistic have favorable attitude towards suicide.

Finally, this work gave an insight on the fact that Christians think of suicide more often as a way out of challenges more than the Muslims. This can be said to be true because researches has showed that Islam has strong condemnation for suicide (Kamal & Loewenthal 2002). It may not really be that the Muslims don't commit suicide at all but this will be accepted because there is no enough evidence to refute this hypothesis. This is according to the work of (Lester 2006, Pritchard & Amanullah 2007). Suicide rates have been reportedly lower among predominantly Islamic countries (Lester 2006). Nonetheless, many researchers expressed concerns over accuracy of suicide estimates. It is suggested that suicide rates may be underreported due to misclassifications and the social stigma of suicide (Pritchard & Amanullah 2007).

Conclusion

Suicide has been identified as one of the major global public health issues (Cutcliffe 2003). Suicide is a complex and multidimensional phenomenon stemming from the interaction of several factors. Suicide remains an important and major cause of death in various populations' samples varying in age, nationality, and clinical severity. Suicide has being known to cause so much pain to the families of whoever commits it. Suicide is

unheard of in Nigeria. But surprisingly, the rate at of suicide among youths in Nigeria is now so alarming. Though not all suicide cases gets reported but one will still get to hear about them most of the times from eye witnesses. Suicide behaviour among youths in Nigeria has being attributed to different causes like unemployment, financial crises, stress, frustration and even some commit suicide as a result of emotional trauma. Furthermore religion has being seen from the result to have a significant relationship with suicide, though in Nigeria, this may be positive and negative, because suicide bombers hide under the disguise of religion. But this work has concentrated on the positive side of religion as related to suicide. Religion has being seen to have assisted individuals with suicidal thoughts to discard them. The more religious people are, the more they cherish life and repulse the thought of suicide.

Limitations

- The sample is not a representation of the population. 400 participants are not enough to predict the number of youths in Nigeria.
- Since the research was carried out in Lagos State, the opinion on religion especially the Muslims may not be the same opinion with that of the Muslims in the northern part of Nigeria.

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