A Cross-sectional Study of Suicide Literacy, Attitudes Towards Suicide Attempters and Decriminalization of the Anti-Suicide Law among Lawyers in Nigeria

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Abstract

BACKGROUND

Suicide literacy is suspected to be poor and attitudes towards suicide attempters are sometimes negative in Nigeria. Besides, a suicide attempt is a misdemeanour criminalized under Nigerian law and the attitude towards this legal provision is uncertain. This study aimed to investigate the knowledge of lawyers in Benin City about suicide, their attitudes towards suicide attempters and the anti-suicide law.

METHODOLOGY

It was a descriptive study. Lawyers were drawn into the study by a convenience sampling of the participants who attended a conference of lawyers in Benin City. An additional sample was obtained by a snowballing approach of the lawyers within the city. Participants filled out a paper questionnaire consisting of a socio-demographic section, the Suicide Knowledge Subscale (SKS), and eight other relevant questions designed to meet the study's objectives.

RESULTS

Eighty-seven lawyers completely and correctly filled out the questionnaire. The participants were of equal male-to-female ratio and mostly private defence lawyers (74.4%). Suicide literacy was more than average in only four out of the nine items of the SKS. About one-half and one-fifth had accurate knowledge of the provision of the Criminal Code and the Penal Code respectively of the Nigerian anti-suicide laws. A majority (55.3%) opined that the current state of the law was good enough. About two-thirds of the participants (64%) agreed to defend rather than prosecute someone who has attempted suicide.

CONCLUSION AND RECOMMENDATIONS

Suicide literacy is low among lawyers. Further, many of the lawyers exhibited poor knowledge concerning the criminal provision of the laws on suicide. They also expressed a mixture of negative/positive attitudes towards those who attempt suicide. There is a need to train them on suicide and anti-suicide legislation.

Keywords: *Criminals; Lawyers; Literacy; Nigeria; Suicide; Decriminalization*

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Introduction

Suicide is defined as an act of deliberately terminating one's own life.[1] While multiple factors, such as demographic, social, and psychological factors are associated with suicide, pieces of evidence from systematic reviews and meta-analyses have converged to show that mental disorders remain central in suicide behaviours.[2] Suicide is the third leading cause of death worldwide among those in the age group 15-24 years.[3] Globally, it is estimated that about 800,0000 persons die annually by suicide.[4]

Suicide literacy, which is a measure of the understanding of the warning signs, causes, and risk factors for suicide, as well as the understanding that suicide risk factors can be treated and that suicide is preventable,[5] used to be poor among the global populace. For instance, a research study done in Australia in the '90s confirmed that high numbers of teachers and clergy had a low level of knowledge about the signs of suicide risk.[6] However, there has been a steady and remarkable increase in the knowledge of suicide in the 21st century since the effort at public enlightenment was promoted by the United Nations (UN).[7]

In Nigeria, there are existing myths and assumptions about suicide founded on poor knowledge.[8] A study recently done among 450 literate adults in Benin City, Nigeria, using a 12 item-scale of the Myth on Suicide Ideation Quiz, found an overall 66.4% of the respondents having good knowledge of suicide.[9] It appears encouraging that two-thirds of the participants reported a good knowledge of suicide, although, when the items of the scale were analysed separately, suicide literacy was more than average in only five of the items.[9]

Suicide evokes different emotions from people. The attitude expressed towards those who attempt suicide can range from empathy to disappointment to condemnation.[10] This is the result found in a qualitative study done among 17 health professionals consisting of nine clinical psychologists and eight emergency ward nurses in Ghana.[10] Generally, the psychologists had an empathic view towards suicidal persons because they saw suicide as a mental health issue. The nurses, on the other hand, viewed suicidal persons as being responsible for their state because of their moralistic attitude toward suicide. A study recently done among 450 adults in Benin City, Nigeria, using the Attitude Toward Suicide Scale (ATSS) of the Suicide Opinion Questionnaire (SOQ), found that 94.1% had a positive attitude towards suicide, which means they do not support suicide ideation.[9]

Legislation is one of the key components recognized by WHO in the prevention of suicide.[11] In Nigeria, under Sections 327 and 231 of the Nigerian Criminal and Penal Codes, respectively[12,13] a suicide attempt is criminalized with the aim that this will discourage self-immolation. Both Codes impose one-year imprisonment, while the Penal Code provides an option of a fine in addition. Generally, the federal laws in Nigeria appear to do more harm than good because the punishment placed on persons who unsuccessfully attempt suicide prevents them from seeking treatment that could have benefited them.[14] Though the main aim of the criminalization of attempted suicide is to discourage suicide, research suggests the law is counterproductive.[15] Globally, where legal sanction has been applied as a deterrent to suicide, it has not succeeded and thus many countries have decriminalized suicide attempts.[16]

Views are gradually shifting towards the decriminalization of suicide attempts. Numerous studies have sampled the views of different professional groups, such as mental health workers (nurses, clinical psychologists, emergency staff), parliamentarians, and actors in the criminal justice system (such as the police, judges, and lawyers) in this regard.[10,17–21] All these studies are from Africa but none from Nigeria and few of the studies involved lawyers. The majority of participants in these studies have opined for a repealing of laws that criminalize suicide. The opinion of the Nigerian lawyers on their position of the current law is not clear. Lawyers are 'safeguards' within the criminal justice system[22] who serve the role of prosecuting persons accused of suicide on behalf of the state as well as defending them in courts by the principle of fair hearing clearly expressed in national and international legal frameworks. The objectives of the study are to determine the

lawyers' knowledge of suicide in Benin City, their attitude towards those who attempt suicide and their opinions of the Nigerian anti-suicide law.

Methodology

Study design, site and population

A cross-sectional descriptive study was carried out in Benin City, the capital city of Edo State, located in the South-South geo-political zone of Nigeria. It involved lawyers in Benin City. There are over 35,000 registered attorneys in Nigeria and fewer than one thousand in the city of study. The study population is composed of a good mix of the various categories of lawyers at the bar and bench. Those who withheld consent were excluded.

Sampling methods

A convenience sampling method was used in which questionnaires were administered to all willing lawyers who attended the annual conference of lawyers between July 3-7, 2023 in Benin City. The questionnaires were distributed to participants during meeting breaks and collected immediately after they had filled them out. Out of the 100-questionnaire distributed, 77 were returned. Due to the small sample obtained from the conference ground, a snowball approach was further adopted to increase the sample size by contacting the lawyers at their various offices in town. They, in turn, referred the researcher to their colleagues. This continued until the closing date of the study on 24 July 2023, resulting in an additional 20 questionnaires collected.

Inclusion and exclusion criteria

The lawyers, whether the bar or bench, who practice in Benin City were included in the study, while those who failed to give consent were excluded.

Data collection tools

A self-administered survey tool consisting of three sections was utilized. The first part captured basic demographic variables such as age, gender, job description and duration of practice.

The second part contained the Suicide Knowledge Subscale (SKS), which is a 9-item subscale derived from the Suicide Opinion Questionnaire. Though the questions are rated on a 5-point Likert scale format ranging from strongly agree, to strongly disagree, it is scored in a bimodal manner.[23] This means that two acceptable responses in the Likert are marked correct and scored '1', the rest of the responses which are inaccurate or neutral are scored '0'. The possible total scores on the subscale range from 0 to 9, with higher scores indicating greater knowledge about suicide facts. The scale is not known to have been applied in the country but has been used in other studies. The alpha reliability (Cronbach alpha) of the scale tested by the researchers was found to be 0.50.

The third part consisted of a custom-designed set of questions. It enquired about the respondents' lived experience with someone who has attempted suicide, the number of court experiences with someone who has attempted suicide and about training/education on suicide. It further surveyed their knowledge of the Nigerian Criminal and Penal Codes on suicide with five options provided as possible responses which include: liability to a year imprisonment/ liability to a fine/ liability to both imprisonment and fine/ transfer to the hospital/ unfamiliarity with the code. It inquired about their attitude towards prosecuting/defending those who have attempted suicide and also asked about their opinion on the anti-suicide law, being phrased as "The current anti-suicide law in Nigeria is good enough". These questions were rated on a 5-point Likert scale format ranging from strongly agree to strongly disagree.

Data analysis

The data was processed and analysed using SPSS version 22. Descriptive statistics such as frequencies were utilized to provide answers to the objectives of the research and data was

presented in tables. Certain items or questions were dichotomized for the sake of presentation. For this reason, all the items under section 2 and part 3 of the data collection tool were transformed to either correct or incorrect. The opinion towards prosecuting/defending suicide attempters was reduced to two outcomes of negative/positive attitude with those agreeing to defending as being positive. Lastly, the question on the opinion on the current anti-suicide law in Nigeria was also transformed to two outcomes of poor/good attitude by merging responses on the 'strongly agree' and 'agree' as negative, and the 'strongly disagree' and 'disagree' as positive. Participants who filled the 'neutral' were taken as part of the negative responses.

Ethical consideration

Ethical approval was obtained from the Ethics and Review Board of the Federal Neuropsychiatric Hospital (FNPH), Benin City (PH/A.864/VOLXXI/189). Written informed consent was obtained from the participants who took part in the survey and anonymity was observed in questionnaire administration. Confidentiality of data/information was ensured. One of the respondents indicated a history of suicide attempts, however, he/she could not be identified for further evaluation due to the anonymisation of data collection.

Results

A total of 97 questionnaires were filled, however, ten of the questionnaires had incompletely filled biodata or complete neglect of a section of the survey tool or both and they were therefore discarded. Thus 87 questionnaires were analysed, giving a proper response rate of 89.7%.

Socio-demographic Characteristics of the Respondents

Table 1 shows the frequency distribution of the respondent's gender, age, occupation category and years of practice.

Knowledge of Suicide

Table 2 shows the lawyers' literacy in the various aspects of suicide. Literacy was more than average in only four out of the nine items. A greater number of the respondents were deficient in their knowledge concerning the remaining items on the scale.

Suicide-related Domains

Table 3 shows that only one of the participants admitted to having attempted suicide, while most of the respondents (65.1%) had no experience of such nature with themselves or others. The table also shows that only one of the

Table 1:
Socio-demographic Characteristics of Participants

	Variable	Frequency	(%)
Gender*	Male	41	50.0
	Female	41	50.0
Age group (years)*	< 40	34	41.0
	40-60	39	47.0
	> 60	10	12.0
Occupation*	Prosecuting lawyer	3	3.7
	Public defence lawyer	8	9.8
	Judge	4	4.9
	Private defence lawyer	61	74.4
	Legal assistant	6	7.3
Years working as a lawyer	=< 3	8	9.2
	4-5	5	5.7
	6-10	24	27.6
	>10	50	57.5

*** Missing Data**

participants admitted to having had a court case relating to a suicide attempt. Most (82.4%) of the lawyers had not received any form of education or training on suicide. Table 3 further reveals that about one-half had accurate knowledge of the provision of the anti-suicide law as stipulated in section 327 of the Nigeria Criminal Code, while approximately one-fifth correctly identified section 231 of the Penal Code of Nigeria. The remaining either answered incorrectly or acknowledged they were unfamiliar with the Code.

Table 2:
Frequency Distribution of the Item Accuracy of Suicide Knowledge

Items	Incorrect (%)	Correct (%)
Few people want to kill themselves * (F)	61 (72.6)	23 (27.4)
Youth ages 10-24 have a significantly greater risk of suicide than individuals aged 65 and older* (F)	68 (79.1)	18 (20.9)
The rate of suicide among those with severe mental illness is 6 times greater than the general population* (T)	40 (47.1)	45 (52.9)
If a person is serious about suicide, there is little that can be done to prevent it (F)	20 (23.0)	67 (77.0)
If you talk to a [consumer] client about suicide, you may inadvertently permit them to seriously consider it* (F)	37 (45.1)	45 (54.9)
Depression indicates a suicide risk* (T)	16 (19.0)	68 (81.0)
Suicide is always unpredictable* (F)	53 (62.4)	32 (37.6)
Suicidal people want to die* (F)	70 (81.4)	16 (18.6)
Individuals with Borderline Personality Disorder frequently discuss or gesture suicide but do not really intend to kill themselves; instead, they intend to provoke or manipulate others (F)	58 (69.9)	25 (30.1)

*** Missing Data; T – True; F – False**

Table 3:
Suicide-related Domains

	Variable	Frequency	(%)
Personal experience with suicide attempt*	You	1	1.2
	Friend	10	11.6
	Family	9	10.5
	Others	10	11.6
	None	56	65.1
Number of cases involving suicide attempts*	None	83	98.8
	1-5	1	1.2
Previous training or education on suicide*	Yes	15	17.6
	No	70	82.4
Knowledge of a suicide attempt according to Criminal Code 327*	Incorrect	15	20.3
	Correct	39	52.7
	Uncertain	20	27.0
Knowledge of a suicide attempt according to Penal Code 231*	Incorrect	14	20.3
	Correct	13	18.8
	Uncertain	42	60.9
The current anti-suicide law in Nigeria is good enough*	Negative	47	55.3
	Positive	38	44.7
Attitude towards defending/prosecuting suicide attempter*	Negative	30	36.1
	Positive	53	63.9

*** Missing Data**

About 64% either strongly agree or somewhat agree to defend rather than prosecute someone who has attempted suicide.

Discussion

Suicide literacy was found to be poor among the sample. This current study is comparable to a study carried out by another researcher in the same location, though with some differences in the methodology.[9] While this study made use of a homogeneous group of respondents, their sample was heterogeneous. The survey tools applied to assess suicide literacy were different; while they used the 12-item Knowledge of Myths about Suicidal Ideation, this study applied the 9-item Suicide Knowledge Subscale. However, some of the contents of the survey tools are identical: both tools enquired about the seriousness of a suicidal person wishing to die; whether asking directly about suicide will lead to it; and whether suicide is preventable. The authors of the previous study made a composite scoring of the items on the scale; hence they were able to determine that 66.4% had good knowledge based on their cut-off. In this present study, on the other hand, the items of the scale were analysed separately and not computed together because of the low Cronbach's alpha of the scale which disfavours aggregation of scores. However, when the individual items of the scale used in their study were examined, suicide literacy was more than average in only five out of the 12 items. This ratio mirrors four of the nine items of the scale that recorded acceptable suicide literacy in this study.

It is understandable why certain items are incorrectly filled. For instance, item 2 of the SKS appears factually correct, but it is false[24]. Counterintuitively, suicide rates are generally lowest in persons under 15 years of age and highest in those aged 70 years or older for both men and women in almost all regions of the world[4]. Besides the WHO reports, a recent large systematic review and meta-analysis by An et al., using twenty cross-sectional studies published from 1982 to 2020, covered 40,694 – 74,652,466 participants, revealed a progressive increase in suicide risk with age, peaking at old age [25]. Thus, youth ages 10-24 do not have a significantly greater risk of suicide than individuals aged 65 and older.

The low literacy level about suicide recorded in this study is troubling because if lawyers who are learned or among the most knowledgeable in society have poor knowledge, it stands to reason that the knowledge will be poorer in the general populace. However, this result is not surprising because a majority of them (82.4%) admitted having never received any form of education or training on suicide. There will be a need to raise public awareness of suicide and burst myths associated with suicide to improve general literacy on it, particularly in the area of deficiency identified in this study.

The attitude of the lawyers towards those who attempt suicide was a mix of positive and negative. The preference by 63.9% of the participants to defend rather than prosecute someone who has attempted suicide is adjudged to be a positive attitude. The high positive attitudinal response is commendable, though lower when compared to a study conducted by Obarisiagbon and colleagues in Benin City,[9] who obtained 94.1% from their respondents of an overall positive attitude towards suicide ideation. There are some differences in the two studies that may explain the variation. For instance, this study made use of a homogenous group of lawyers; Obarisiagbon et al sample consisted of a heterogeneous one of adults who were city dwellers. A variation in the sample population can lead to differences of opinion because it has been found that attitudes towards suicide vary among different groups. A study by Osafo and his colleagues demonstrates this; psychologists were more sympathetic towards suicide in their opinions while nurses were more critical and tilted towards being moralistic in their views.[10] Further, the survey tools applied to assess

attitudes towards suicide are different. While this study utilized a single item in assessing attitudes, Obarisiagbon and colleagues employed the 12-item Attitudes Towards Suicide Scale (ATSS) to evaluate attitudes towards suicide.[9] Attitude towards suicide has been found to vary depending on which component of attitude is being examined.

The preference to prosecute rather than defend, expressed by one-third of the lawyers may be a reflection of the lack of experience with individuals with suicide and the lack of education about suicide reported among the majority, because it is likely that exposure to suicidal people and appropriate training will lead to a positive attitude. The prosecution of this group of persons, who are likely to be suffering from a mental illness, is advisedly not what lawyers should promote; rather, lawyers should advocate for a right to appropriate care for those who attempt suicide. Furthermore, this negative attitudinal position could be because the participants, who were mostly Christians, consider suicide attempts as a moral issue and are yet to appreciate the role of the mental health of persons with suicidal ideas. For instance, suicidal behaviour is found to be generally regarded as unacceptable, especially by those with a high religious commitment.[26] This is a report of a study comprising 42,299 individuals from 43 countries and the data showed that individual opinions toward suicide are influenced by individual beliefs as well as by their religious characteristics. Most mainstream religions explicitly prohibit suicide because it is seen as a sin and an unacceptable act against God.[27] This is based on the idea that every life is a gift of God and only he can take it away.

The findings of this study showed that many lawyers are unfamiliar with the anti-suicide law. This lack of familiarity is not surprising because the majority of the participants have never had a case of suicide attempt that could have allowed them to keep abreast with the law. It is not unusual for lawyers to consult text and codes periodically on legal matters and practice. Though cases of suicide attempts are not uncommon, they hardly come in contact with the criminal justice system and when they do, they are not charged to court, as evident from the report of the lawyers. Although no comparative study was found, the wea k knowledge about these criminal codes among the participants could indicate that the issue of suicide and the anti-suicide laws have not attained the dimension of a topical discussion. There will be a need to intensify the conversation to the front burner.

A little above one-half of the participants felt the current status of the anti-suicide laws was good enough. This is quite worrisome because in other related studies from other African countries,[17–19,21] and among various professional bodies in the health and justice fields, the majority have expressed the view that the law that criminalizes suicide should be abolished. It must nevertheless be noted that all the studies cited are qualitative ones that sampled a small number of people, unlike this current study which is a quantitative study which surveyed a larger number of respondents. Furthermore, the opinion registered by a large number of them to leave the laws unchanged may be due to the failure of many to correctly identify the provisions of the anti-suicide laws.

Decriminalization is what is recommended by mental health professionals for effective suicide prevention. Mental illness is the single most important predictor of suicide, and the majority of the people who die by suicide are suffering from a mental problem. If suicide is decriminalized, then avenues can be opened for individuals who have mental challenges to get help. This will in turn increase the chances of preventing subsequent suicide attempts.[28]. Furthermore, increasing help-seeking behaviour will improve suicide reportage, which also helps in ensuring suicide data is accurate. Accurate data is useful in planning for and monitoring the

effectiveness of interventions geared towards suicide prevention. However, decriminalization of the suicide law alone is insufficient without an elaborate preventive policy program.

Study Limitations

Firstly, the convenience sampling method and small sample size of the participants limit the value of generalizing the results to other populations. Convenience sampling may bias findings and skew the data, coupled with the lawyers' non-response. For instance, the lawyers who agreed to participate may be more knowledgeable about suicide. Also, the small sample size limits the possibility of carrying out an association analysis. Secondly, the Cronbach alpha reliability of the SKS used in the present study was suboptimal. Due to the unsatisfactory reliability of the Cronbach alpha which could invalidate the findings, the scale was not reported as a composite score. Instead, each item on the scale was reported separately. Thirdly, the question in the survey tool, that is, 'the current anti-suicide law in Nigeria is good enough' does not explore further the opinions of the participants who believe the anti-suicide law is not good. They may prefer stiffer punishment or decriminalization of the law. Lastly, there is a problem with the use of a single item to determine attitudes towards those who attempt suicide. Attitude is a complex dimension that will require multiple elements to comprehensively assess it. The use of a standard scale would have been more appropriate and reliable for this. However, the use of a singular entity to assess attitude in this study has in no significant way compromised the result of the finding because the question asked about 'the preference to defend rather than prosecute' meets the objective of this study.

Conclusion

The lawyers in the study reported poor suicide literacy and knowledge of Nigeria's anti-suicide laws. They also reported a mixture of negative and positive attitudes towards those who attempt suicide. A little above half of the participants are satisfied with the state of the current law criminalizing suicide in Nigeria.

Recommendations

There is a need to educate lawyers on suicide and train them to be familiar with the anti-suicide legislation in Nigeria. Good knowledge of these will help them in successfully arguing cases for their clients who have attempted suicide and may be suffering from mental illness. We recommend studies of a larger sample size to enable an association analysis that can examine factors associated with suicide literacy and attitudes to suicide. Further, we propose that future studies should explore qualitative perspectives, experiences and attitudes for a more in-depth and contextualized understanding of the current situation. Also, we suggest similar studies be done among parliamentarians and government officials who are directly involved in policymaking. This will further raise the conversation to a public level.

There is a need to revise and decriminalize the anti-suicide laws in Nigeria. The law on the other hand should be effectively employed and utilized towards the prevention of suicide in Nigeria. The treatment of those who attempt suicide and the protection of survivors from stigma should also be enshrined as a right in the mental health law of the country.

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