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Suicide Prevention Strategies in Nigeria: Exploring Religious Roles, Insights, and Challenges

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Abstract: Suicide is a pressing issue in Nigeria, often linked to the stigmatisation of mental health rooted in supernatural beliefs. Revealing one's mental health status is an invitation stigma, which discourages disclosure. The study of the problem of suicide has been reported in various academic publications that deal with the driving factors or the aftermath of suicide incidents in the country. Pastoral caregivers have been shown to play a crucial role in addressing this multifaceted problem. However, some clergy and religious caregivers lack knowledge about mental health, and healthcare providers may have negative attitudes. This conceptual review analyses the role of religion in suicide prevention, focusing on existing research in Nigeria. It examines different religious perspectives on suicide, recognising that acceptance varies within religious contexts. Chaplains and religious healthcare practitioners provide pastoral care through hospital visits, offering support, encouragement, and prayer. This paper advocates for suicide awareness in pastoral care, emphasising the importance of mental health promotion in religious communities. Recognising the challenges of identifying suicidal signs, the emotional impact, and the limited training of religious leaders, this paper concludes by highlighting the complexity of suicide prevention in religious settings. Despite the barriers, the need for interdisciplinary collaboration in addressing mental health and the importance of perseverance in prevention efforts are emphasised.

Keywords: suicide; religion; pastoral care; mental health; Nigeria

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1. Introduction

In the global landscape, the alarming number of deaths by suicide raises concerns that resonate even within the ranks of pastoral caregivers. This concern is particularly pronounced in Nigeria, a highly religious country where the influence and standing of religious institutions and leaders carry considerable weight. Their position in society should enable them to contribute to tackling the complex nature of suicide, which encompasses a spectrum of medical, interpersonal, and psychological dimensions, with spirituality emerging as a central element in the complex equation (Osafo et al. 2023; De Berardis et al. 2018). The imperative for pastoral caregivers to address this phenomenon, therefore, becomes crucial, as it poses a tangible threat to the lives of their members.

The existential issues that underlie suicidal tendencies, such as the search for meaning, self-worth, forgiveness, and hope for a transformative future, require a thoughtful response. By adopting appropriate approaches, pastoral caregivers can actively engage with these existential dilemmas and contribute to their resolution. In Nigeria, where resources for addressing such deep questions are either scarce or inadequate, pastoral care emerges as a potential avenue for alleviating this crisis of meaninglessness.

The persistence of suicide and its far-reaching impact on society have prompted extensive research by scholars (e.g., Akintayo and Abati 2022; Bilqees Olayinka and Joseph Olukayode 2022; Omeje et al. 2022; Kukoyi et al. 2023; Hilary et al. 2022). This research, in turn, has indicated the need for the development of mitigation strategies. Nigeria, like other affected countries, is grappling with this phenomenon, prompting local researchers

to explore its multifaceted dimensions across different sectors. For instance, studies by Fadipe and Okesina (2022), Adewuya and Makanjuola (2008), Lawrence (2022), Oguche et al. (2021), Okoedion and Okolie (2019), Ezeh Aruah et al. (2020), and Ogbunkwu (2019) have examined the causal factors and effects of suicide in the country.

Within the field of religion, this study sought to add to existing research contributions in suicidology. Meanwhile, this study aimed to address the learned, educated youth savvy with technology and Western ways, acknowledging that people without these means as well as practitioners of African Traditional Religions are excluded from consideration here. Specifically, this study examined how religion can play a crucial role in suicide prevention by shedding light on how different religious perspectives perceive suicide. The discussion also extended to the importance of advocacy against suicidality, identifying challenges that may impede effective intervention within the religious context. This exploration aimed to contribute to a comprehensive understanding of the role of religion in addressing the complex issue of suicide.

2. Method

This paper represents the culmination of an extensive literature review and serves as the basis for a broader research initiative focused on the development of a training model tailored for chaplains and pastoral workers involved in the prevention of suicide among young people. My approach involved a careful exploration of relevant studies in relation to the research questions of the wider research project outlined in the first section. This exploration included an extensive search of various online research databases, a review of physical materials from the Maurits Sabbe Library (KU Leuven), and a compilation of relevant insights from colleagues and mentors.

To establish inclusion and exclusion criteria, this exploration focused on the literature published since 2013 to capture the period leading up to the 2016 WHO report on suicide rates, which highlighted Nigeria's notable increase in suicide rates within Africa (World Health Organization 2019). The selected studies addressed the role of religion or pastoral care and specifically addressed discussions of suicide ideation and prevention among young people in Nigeria.

To expand the bibliography, I used the snowball method (Naderifar et al. 2017; Scott and Marshall 2009; Badampudi et al. 2015) to gather sources based on previous research on pastoral care for suicide prevention. The primary sources used were Google Scholar and Limo Leuven, which facilitated access to literature from additional databases such as PubMed, ATLA Religion, and ResearchGate. I used the pearl-growing method (Crowther 2021; Hadfield 2020) to search for terms such as 'suicide prevention', 'religion and suicide prevention', 'pastoral care and suicide prevention' in Nigeria, and 'characteristics of suicide ideation'. The focus remained on peer-reviewed sources in academic journals within the specified timeframe, with particular attention to recent publications and those relevant to African, particularly Nigerian, research.

Additional search terms were included as the study progressed. The literature on suicide bombing and assisted suicide/euthanasia was excluded as it was not directly relevant to the research questions. I prioritised literature from the first fifty search engine results, considering the number of citations for each article. The search engines returned over 600 articles based on the search terms entered. After applying the exclusion criteria, 136 articles were initially selected, but only 60 were closely related to the research questions. Consequently, this study is based on the findings of these 60 articles.

Using a structured MS Word scheme for each research question, I systematically examined the accumulated material. This scheme was simply a tabular recording of the metadata of each study in columns, which noted some reflections on its content. This method facilitated the extraction of valuable data on suicide in Nigeria, an in-depth understanding of the prevailing interpretations of its causes especially among the youth population, an examination of the intricate relationship between suicide and religion in the African context, and a systematic categorisation of key components essential to effective suicide preven-

tion strategies. As a result, this systematic approach enabled the identification of diverse experiences of suicidal ideation among young people in Nigeria and provided insights into relevant interventions, particularly within the realm of religious practitioners. The following sections are based on the reviewed literature.

3. Discussing the Findings

The perceptions of suicide within religious contexts shape attitudes, intervention strategies, and community responses. Religious beliefs influence how individuals and communities understand and deal with this complex issue. At the same time, the role of religion in suicide advocacy within pastoral care is crucial. As spiritual leaders, pastoral workers use religious principles to actively contribute to mental health awareness, stigma reduction, and the creation of a supportive environment for those affected by suicidal thoughts.

Tackling stigma within religious communities and addressing training gaps among pastoral caregivers are essential components of effective suicide prevention efforts. In addition, exploring the background of religious affiliation in relation to the benefits and challenges of religious participation provides valuable context and contributes to a nuanced understanding of the complex interplay between religion and mental health. This research sheds light on these complex intersections, with the findings informing targeted and culturally relevant approaches to suicide prevention in religious contexts. Alongside African traditional religions and Islam, there are many "Christian" denominations other than Catholicism and Protestantism in Nigeria. It is often the case that a religious community, in most geolocations in Nigeria, consists of all these religions.

3.1. Perceptions of Suicide in Various Religions

There is probably no total prohibition of suicide in religion. However, it is important to note that there are instances of suicide that have been considered praiseworthy as martyrdom (Austin 2017). In the context of the Abrahamic religions, which include Judaism, Christianity, and Islam, suicide is distinguished as either martyrdom or murder. The former is considered a praiseworthy act, while the latter is considered sinful and detrimental to one's spiritual journey. The perception of and attitude toward suicide among most Nigerians is significantly shaped by the dogmas of these religions. Although their dogmas could be linked to indigenous cultural and religious systems, many Nigerians are followers of these religions.

Minor references to the explicit prohibition of suicide can be found in the Islamic Qur'an (2:51–54, 85; 4:29–33; 18:5–6). Omomia (Austin 2017) revealed that Islam allows for the consideration of accidental suicide, a determination that is left to forensic experts. However, it is important to stress that this does not mean that Islam encourages suicide. Critical reflection on the absence of an explicit prohibition of suicide in religious texts could lead to the dubious conclusion that religion permits suicide. However, it is important to clarify that religion, as an authority on moral guidance, emphasises that human morality strongly discourages suicide.

Asian religions, including Hinduism and Buddhism, place great emphasis on asceticism, which opens the door to self-destruction. Hinduism permits suicide only as a religious practice called 'prayopavesa'. This practice involves nonviolent fasting to death and is reserved for those suffering from terminal illnesses with no remaining ambitions or responsibilities. Dying by 'prayopavesa' is a public declaration and follows specific procedures that distinguish it from deliberate self-murder, which is often driven by emotional trauma (BBC 2009). While Buddhism does not condemn suicide, it sees it as an obstacle to enlightenment. According to the doctrine of karma, they value a life that paves the way for better conditions in the next life (Austin 2017). In Buddhism, those who die by suicide are believed to experience a painful life in their next existence, reflecting the circumstances of their death. For this reason, Buddhism encourages restraint from suicide. In an allusion to Lamotte's reflection, the New World Encyclopedia notes that only the "Noble Ones" (Arhats) are allowed to end their lives. This privilege is granted only to those

who have attained the status of "enlightenment" because they act without desire or worldly attachments (New World Encyclopedia Contributors 2023; Kovan 2022; Vehaba 2019).

As a result, religion generally takes a disapproving stance toward suicide, while recognising certain exceptions where suicide may be considered permissible. Some of these exceptions take the form of martyrdom, while others are linked to specific groups or stages of spiritual growth. These variations highlight the inherent complexity of religious views on suicide. In many religious traditions, a clear and direct prohibition of suicide is conspicuously absent, but references to acceptable forms of suicide are widespread. This suggests that within certain religions, there may be an acceptance of suicide for religious purposes. However, these complexities are further compounded when we examine cases such as the indoctrination and manipulation of suicide bombers in conflict zones, including northern Nigeria and various countries in the Arab world. These situations introduce additional layers of moral, ethical, and sociopolitical considerations related to suicide in the context of religion.

3.2. Role of Religion

Nigeria is a religious country, and its citizens seek spiritual intervention based on belief and association with the supernatural or the existence of a transcendent world (Amadi et al. 2016). Most Nigerians prefer religious sources of care to mainstream medical care (Odinka et al. 2014; Nonye and Oseloka 2009; Ezeobele et al. 2010; Esan et al. 2019). They patronise religious centres for metaphysical interventions, even when these are clinically challenging. The desire for such interventions has even led people to convert from orthodox Christian denominations to Protestant churches that promise to fulfil such wishes (Anderson 2006). The reality of this preference is that care is often either delayed or the faith-based caregiver from whom care is sought lacks competence. It is even more difficult for faith-based caregivers to identify those whose mental health problems are obvious or confirmed by medical assessment because the faith-based caregiver is not properly prepared to distinguish between the suicidal, the depressed, the anxious, the schizophrenic, and the supplicant in need of spiritual help. Igbinomwanhia et al. (2013) were concerned with those with known mental health problems who were engaging in suicidal behaviour, not those who were suicidal but not physically 'insane'. They asserted that proper training would help faith-based care providers understand that mental disorders include not only psychotic disorders, but also depression, acute stress disorder, anxiety, and many others included in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR).

Fasogbon et al. (2019) identified various studies that highlight the important role of religion in influencing both psychological and physical health. These researchers argued that religion serves as a profound source of support in people's lives, contributing to an enhanced sense of meaning, increased life satisfaction, improved coping mechanisms for life challenges, and greater social support. The impact of religion on mental health has been explored by Vanderweele (2016) and Ishor and Iorkosu (2022), who found compelling evidence of its positive effects. In addition, Owumi et al. (2013) demonstrated that religion plays an important role in providing comfort during times of illness.

Furthermore, religion and spirituality have a wider societal impact, helping to restore trust in the healthcare system and prevent stigma (Oji et al. 2017). It is important to note that the comfort and support provided by religious communities should not be seen as merely temporary relief, as suggested by the Marxian perspective (McKinnon 2005), or dismissed as a Freudian irrational neurosis (Vanderweele 2016). Instead, it represents a comprehensive and conscious resolution of the challenges faced by individuals. As highlighted in the work of Salami and Onuegbu (2019), religious caregivers play a crucial role in providing comfort to individuals facing health challenges through hospital visits. During these visits, chaplains offer exhortation, encouragement, and prayer for or with the ill person.

In agreement with Fasogbon et al. (2019, p. 27), "religion in Nigeria plays a significant role in the lives of the people, for some it is their candlelight, it gives them insight and

wisdom, knowledge and faith are increased through the study of scriptures, books and prayers. Religion helps us to stay in line and focused." Religion plays a role in suicide prevention for several reasons. It acts as a buffer, with teachings that abhor the decision to die by suicide (Austin 2017; Levin 2010). Although suicide is a psychosocial phenomenon, many people in Nigeria associate it with mental illness caused by supernatural or spiritual factors (Kabir et al. 2004; Adewuya and Oguntade 2007; Uwakwe 2007). The religious institution, which is prominent in Nigeria, has a significant influence beyond the spiritual needs of the people: it is concerned with their socioeconomic well-being. Religious leaders, with reference to Pentecostal pastors, facilitate physical and spiritual healing (Dyikuk 2019). This healing can also bring about psychological healing. This is because there is a link between spiritual beliefs and psychological well-being (Salami and Onuegbu 2019). Therefore, in a religious context such as Nigeria, it is important for religion to extend its pastoral and spiritual care to support the psychosocial well-being of members of its community.

Ayankeye (2013) provided a comprehensive overview of pastoral care in a religious context. The study detailed a range of pastoral interventions that pastoral workers use, albeit inadequately, when dealing with people at risk of suicide. These interventions include:

- The ministry of presence: The pastoral worker's role is to not only provide all the answers but also be present and offer a comforting presence to the suicidal person.
- Support for survivors: An important aspect is to offer acceptance and support to those who have survived suicide attempts.
- Exploring family history: Understanding the individual's family history and dynamics is essential to care.
- Effective listening: Counsellors should have reflective listening skills that enable them to recognise subtle 'cries for help'.
- Assessment of suicide plans: Counsellors should assess and evaluate the details of any suicide plans that have been drawn up.
- Prioritising interventions: Prioritisation of interventions and available resources should focus on addressing the immediate and most pressing challenges faced by the individual.
- Appropriate referrals: Where appropriate, the chaplain should make referrals to other professionals or resources.

The study also highlighted the importance of promoting core principles such as the sanctity of life. This includes promoting socialisation to combat loneliness and adapting church programs to reflect the African sense of community and belonging. Promoting the virtue of forgiveness is also advocated as a means of supporting those at risk of suicide.

3.3. Suicidology Advocacy in Pastoral Care

After careful consideration of the different perspectives on suicide held by the major religions, there is an urgent need for all stakeholders in Nigeria, including the press and media organisations, medical professionals, and religious leaders, to actively engage in suicide advocacy. As Omomia astutely pointed out, "the unique privilege of reaching a wide and diverse audience with messages of hope and joy" (Austin 2017, p. 46) is a powerful asset of religious institutions and organisations in Nigeria. It is therefore incumbent upon them to take a leading role in advocacy. Such advocacy should include the task of raising awareness of the profound impact of suicide and the extensive damage it causes to all those directly and indirectly involved.

Several approaches have been identified and used to address the suicide crisis, for example, the use of presence and support to provide comfort and the use of the Socratic dialogue method to reflect with the care recipient on their existential challenges. Socratic dialogue is used as a means of meaningful engagement (Ayankeye 2013). It helps to reveal, in a sensitive way, the repressed emotions, pains, and unspoken thoughts that influence the physical behaviour of the individual. It was expected that using Socratic dialogue by

the counsellor, the suicidal person would find relief and an alternative perception of their existential challenges.

Pastoral workers have a crucial role to play in suicide prevention, starting with the vital task of recognising and identifying suicidal signs. In many cases, suicide is foreshadowed by clear signs from individuals on the verge of taking such a step. These signs are often referred to as a 'cry for help' (Kelly and Dale 2011; Maple et al. 2020). Extensive research for another project showed that these signals or cries for help manifest themselves in a variety of ways. They can manifest through social media communication, where individuals express negative views when asked to contribute to discussions or through withdrawal from social activities and everyday engagement. Farewell statements and reluctance to engage in future planning can also be notable signs. It is crucial for pastoral workers to be attuned to these signals, as they are on the front line of suicide prevention. These signs include clear markers such as verbal expression of depressed feelings and a general feeling of low self-worth. In addition, some people may seek help from health professionals for unclear problems, while others may show a lack of commitment to taking prescribed medication and treatment. There may also be considerable anxiety about the act of making a new will or leaving beloved possessions to others (Ayankeye 2013). The key to dealing with these effectively lies in the attentive and compassionate approach of pastoral caregivers. Pastoral caregivers are well-placed to recognise these signals and respond effectively.

3.4. Stigmatisation

The religion and cultural perceptions that characterise Nigerian society fall under classification as ideological barriers (Ikwuka et al. 2016), which significantly influence the way people conceptualise mental illness. A deeply religious worldview shapes perceptions of and relationships with all life experiences. It has been shown that even doctors doubt that mental illness can be completely cured (Adewuya and Oguntade 2007). Such disbelief is perpetuated in the popular saying that 'a madman can be cured, but not the soliloquizing' (adighi agwo onye ara ntamu). This reinforces the negative attitude of stigma.

Colucci and Martin (2008), who reviewed more than 200 articles on suicide, provided one of the justifications for the argument that religious factors correlate with negative attitudes toward suicidal behaviour. The call for special attention to the phenomenon of suicide is therefore because, as John Hewett pointed out long ago, "suicide is a singular act with plural effects. One person's act of suicide can leave hundreds of others in shock and grief" (Hewett 1980, p. 51). Beyond shock and grief is the stigma that exists even while a person is expressing suicidal behaviour and for the survivors of a person who has died by suicide (Ikuburuju-Orola et al. 2022).

As it exists in a cultural context, stigma is expressed through religious penalties, such as not giving the deceased a religious burial rite and excluding family members from certain religious activities, which affect the survivors of suicide victims and for those who have not completed suicide (Ogbolu et al. 2020; Austin 2017). Specifically, in Islam, suicide is punished by the loss of paradise, reliving one's death, and being denied the customary funeral prayers (Austin 2017). All of this makes it difficult for people suffering from mental health problems to seek help, as disclosing their mental health status is a declaration of stigma, even if it is resolved.

3.5. Training Deficiency

Religious leaders in Nigeria lack training in suicide prevention (Ogbolu et al. 2020), highlighting the importance of this study. Studies such as that by Igbinomwanhia et al. (2013) show that some members of the clergy have very little knowledge about mental health. As a result, most of them have negative attitudes toward people with mental health problems, which affects their role in providing care. One solution to the challenge that religious care providers face in terms of lack of adequate knowledge and the pressure of their congregants' dependence on them for all the answers is to work together. As recommended by Ibrahim et al. (2019), spiritual well-being should be included in the patient's treatment

plan for suicidal cases involving young people. In addition, James et al. (2014) argued that there is a need to collaborate with nonspecialists for improved and holistic mental healthcare. However, they suggest that the clergy in Catholic/Protestant denominations are more open to interdisciplinary collaboration in addressing mental health.

Indeed, the call for interdisciplinary collaboration in suicide prevention cannot be overemphasised. It is important to acknowledge that negative attitudes towards mental health disorders exist among traditional and religious leaders, as well as other healthcare providers (Ighodaro et al. 2015; Gureje et al. 2015; Philip Tungchama et al. 2019). Consequently, it is not a given that mental health challenges are always resolved by providers within the religious circle.

On the other hand, another study argued the opposite by illustrating the positive attitudes of the clergy toward people with mental health challenges (Iheanacho et al. 2018). It is safe to say that attitudes toward people with mental health problems cannot be generalised. Rather, they depend on the personality and disposition of the person, i.e., the clergy or caregiver. Therefore, the findings of Ogbolu et al. (2020), which highlight the importance of a suicide prevention training module for religious leaders and other pastoral caregivers, are of great importance. Given the diversity of attitudes within the religious community, a structured approach to training becomes even more critical.

3.6. Backdrops of Religious Affiliation vis-à-vis Benefits of Religious Participation

Salami and Onuegbu (2019) conducted a comprehensive review of the research, highlighting the negative impact of religious participation on human well-being. Their findings, reminiscent of Ellison and Levin's (1998) identification of five critical factors, highlight how participation in religious activities driven by social control can lead to detrimental consequences. One such consequence is the rejection of conventional medicine, where individuals choose not to use drugs to improve their health (Ogunleye 2013). This resistance to medical intervention can be seen in certain Christian denominations, including the CAC and Jehovah's Witnesses in Nigeria (Nwadinigwe et al. 2014), as well as among Muslims, who show a reluctance to be vaccinated in the northern region of Nigeria (Jegede 2007).

There are also cases of extreme religious individuals claiming the ability to cure various diseases (Falaye 2015). An overemphasis on spirituality and religiosity can lead to the exacerbation of mental health problems. There are anecdotal reports of individuals avoiding proper medical care because of their unwavering belief in the healing powers of religious leaders or their pursuit of 'spiritual remedies' for their health problems (Pederson et al. 2022).

Within the confines of such a worldview and strong religious affiliation, health challenges, including serious issues such as suicide, are often hidden (Fadipe and Okesina 2022). It is worth recognising that, despite its potential drawbacks, religious affiliation can provide a sense of hope and support, mitigating feelings of hopelessness and helplessness, which are known risk factors for suicidal ideation (Lawrence 2021).

An important aspect to consider is the propensity to seek religious support for mental health issues as an alternative to conventional health care. In their research, Salami and Onuegbu (2019) found that religious and traditional leaders in Nigeria use several strategies to address mental health issues, including healing services, follow-up visits, cell meetings, group visits, counselling sessions, and the formation of various membership associations. Similarly, Ogbolu et al. (2020), studying a southwestern state of Nigeria, revealed that although there was unanimous consensus on the role of religion in suicide prevention, the highest level of support was for suicide to be considered a sin, with counselling as an intervention receiving moderate support. This study indicated that some religious leaders actively counselled individuals within their congregations who were struggling with suicidal thoughts as a preventive measure.

Chukwuere and Chukwuere (2022) agreed that the church nonetheless serves as a platform for social interaction, creating coping mechanisms to deal with health issues such as depression and suicidal thoughts. Furthermore, Koenig (2009) found that people

who belong to religious organisations have lower levels of depression and that those who struggle with depression are more likely to overcome it through their involvement in religious activities than those who do not participate in religious practices. This perspective is consistent with the findings of Fasogbon et al., who observed that "the more religious people are, the more they value life and reject suicidal thoughts" (Fasogbon et al. 2019, p. 35). Furthermore, Wu et al. (2015) found that attending religious services acted as a protective factor against suicidal ideation. As Labinjo et al. noted, "religion is a coping strategy rooted in supernatural beliefs" (Labinjo et al. 2020, p. 618). Participation in religious and spiritual activities provides invaluable support to young people, helping them to build resilience to overcome their challenges (Omeje et al. 2022). A strong integration of religious values enhances the ability to uphold cherished principles (Fasogbon et al. 2019). Furthermore, social integration institutions, such as religious membership, facilitate the spread of ideas that stigmatise suicide and make it socially unacceptable. Expanding on this notion, Bilqees Olayinka and Ajayi (2021) considered more than mere membership to highlight active participation in religious activities as an important factor in reducing suicide rates.

Many have found that religion provides refuge and relief from life's challenges. Some studies suggested that religion can influence mental health in a variety of ways (Oteri 2018) and provide a sense of meaning in life (Paloutzian and Park 2005). However, as the saying goes, 'too much of anything is bad', and excessive involvement in religious activities can be associated with negative outcomes, including depression, unhappiness, and dissatisfaction with life (Cohen and Johnson 2017). Religion has also been found to increase anxiety and loneliness, with Oteri (2018) arguing that religious individuals are at higher risk of experiencing anxiety and loneliness. However, Oteri's study, conducted among university students, could not conclusively prove the link between religiosity and anxiety. All that could be inferred from her recommendations was that the content of religious sermons could cause anxiety in listeners, without mentioning loneliness. Contrary to these claims, there is a prevailing argument that religion can alleviate anxiety and promote a sense of belonging. Membership in a religious or spiritual group, which is characterized by social cohesion, provides a level of psychological support that helps to alleviate stress and anxiety (Salami and Onuegbu 2019). It is worth noting, however, that some scholars (Whitlock et al. 2014; Mueller and Abrutyn 2016; Hsieh 2017) have suggested that high levels of social cohesion may be associated with an increased risk of suicide.

4. Conclusions

This study attempted to reflect on the area of suicide prevention in Nigeria and the strategies that have been developed to address this growing concern. I examined the challenges faced and the solutions or suggestions adopted in identifying and assisting those at risk of suicide in a country with diverse religious practices and beliefs. Apart from the few studies that have identified ways in which religious (pastoral) workers have assisted in suicide prevention, most studies have either attempted to project the outcry on the increase in suicide rates or to discuss the causes and make a recommendation for intervention. Most researchers have not focused on the process—the "how"—of suicide prevention, let alone among religious pastoral workers in Nigeria.

These interventions and reflections still face the three main arguments against suicide in Christianity: What if the person lacks or has abandoned self-love? What if the person does not believe in the community or has been rejected or lost membership in the community? And what if the person does not believe in God or divine authority over their life? Does an affirmation of the above questions justify suicide or make prevention efforts less important and unnecessary? The challenges or barriers mentioned above, and the questions raised, neither justify suicide nor are they a reason to abandon prevention efforts. Rather, it is necessary to develop a model to help evaluate the types of interventions that pastoral and religious caregivers have used in caring for members of their community regarding suicide prevention.

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References

Adewuya, Abiodun O., and Ayotunde A. Oguntade. 2007. Doctors' Attitude towards People with Mental Illness in Western Nigeria. *Social Psychiatry and Psychiatric Epidemiology* 42: 931–36. [CrossRef] [PubMed]

Adewuya, Abiodun O., and Roger O. A. Makanjuola. 2008. Lay Beliefs Regarding Causes of Mental Illness in Nigeria: Pattern and Correlates. *Social Psychiatry and Psychiatric Epidemiology* 43: 336–41. [CrossRef] [PubMed]

Akintayo, Johnson, and Mobolaji Oluwaseun Abati. 2022. Epistemological Issues in the Reportage of Suicide and Mental Health in Nigeria. *African Scholar Journal of African Innovation & Advanced Studies* 24: 291–305.

Amadi, Kennedy U., Richard Uwakwe, Chinyere M. Aguocha, Mark S. Ezeme, Rosemary C. Muomah, Appolos C. Ndukuba, and Paul C. Odinka. 2016. Illness Coping Behaviour of Outpatients with Depression or Diabetes Mellitus in Two Tertiary Hospitals in Enugu State, Southeast Nigeria. *Mental Health, Religion and Culture* 19: 371–78. [CrossRef]

Anderson, Allan. 2006. Exorcism And Conversion To African Pentecostalism. *Exchange* 35: 116–33. [CrossRef]

Austin, Omomia O. 2017. Religious Perceptions of Suicide and Implication for Suicidology Advocacy in Nigeria. *International Journal of History and Philosophical Research* 5: 34–56. Available online: www.eajournals.org (accessed on 30 December 2022).

Ayankeye, Stephen Oladele. 2013. Crisis of Suicide: A Pastoral Psychological Approach. *Journal of Studies in Social Sciences* 2: 178–90.

Badampudi, Deepika, Claes Wohlin, and Kai Petersen. 2015. Experiences from Using Snowballing and Database Searches in Systematic Literature Studies General Terms. Paper presented at EASE '15: 19th International Conference on Evaluation and Assessment in Software Engineering, Nanjing China, April 27–29; pp. 1–10. [CrossRef]

BBC. 2009. Euthanasia, Assisted Dying, and Suicide. *BBC Website*. August 25. Available online: https://www.bbc.co.uk/religion/religions/hinduism/hinduethics/euthanasia.shtml (accessed on 29 March 2023).

Bilqees Olayinka, Abdu-Raheem, and Ogunbiyi Joseph Olukayode. 2022. Demographic Variables as Predictors of Youths Susceptibility to Suicide in Kogi State, Nigeria. *American Journal of Multidisciplinary Research and Innovation* 1: 98–104. [CrossRef]

Bilqees Olayinka, Abdu-Raheem, and Rufus Ajayi. 2021. Socio-Cultural Variables as Correlates of Youths' Vulnerability to Suicide in Ekiti State, Nigeria. *Global Academic Journal of Humanities and Social Sciences* 3: 104–11. [CrossRef]

Chukwuere, Precious Chibuike, and Joshua Ebere Chukwuere. 2022. Evaluating The Roles of Social Media in the Promulgation of Depression and Suicide Behaviour in Nigeria. *Gender & Behaviour* 20: 19167–87.

Cohen, Adam B., and Kathryn A. Johnson. 2017. The Relation between Religion and Well-Being. *Applied Research Quality Life* 12: 533–47. [CrossRef]

Colucci, Erminia, and Graham Martin. 2008. Religion and Spirituality Along the Suicidal Path. *Suicide and Life-Threatening Behavior* 38: 229–44. [CrossRef] [PubMed]

Crowther, Michelle. 2021. Pearl Growing. Canterbury Christ Church University, Canterbury, UK. September 17. Available online: https://blogs.canterbury.ac.uk/library/pearl-growing/ (accessed on 10 November 2023).

De Berardis, Domenico, Giovanni Martinotti, and Massimo Di Giannantonio. 2018. Editorial: Understanding the Complex Phenomenon of Suicide: From Research to Clinical Practice. *Frontiers in Psychiatry* 9: 61. [CrossRef] [PubMed]

Dyikuk, Justine John. 2019. Media and Ministry: Examining the Role of Priests in Nigeria in New Evangelisation. *Annals of Journalism and Mass Communication* 1: 15–22. [CrossRef]

Ellison, Christopher G., and Jeffrey S. Levin. 1998. The Religion-Health Connection: Evidence, Theory, and Future Directions. *Health Education & Behavior* 25: 700–720.

Esan, Oluyomi, John Appiah-Poku, Caleb Othieno, Lola Kola, Benjamin Harris, Gareth Nortje, Victor Makanjuola, Bibilola Oladeji, LeShawndra Price, Soraya Seedat, and et al. 2019. A Survey of Traditional and Faith Healers Providing Mental Health Care in Three Sub-Saharan African Countries. *Social Psychiatry and Psychiatric Epidemiology* 54: 395–403. [CrossRef] [PubMed]

Ezeh Aruah, Diane, Onwuama Michael Emeka, Virginia Obioma Eze, Uche Uwaezuoke Okonkwo, and George Chibuike Agbo. 2020. Perspectives of College Students on the Causes and Prevention of Suicide in Nigerian Universities. *Journal of Psychology in Africa* 30: 542–50. [CrossRef]

Ezeobele, I., A. Malecha, P. Landrum, and L. Symes. 2010. Depression and Nigerian-Born Immigrant Women in the United States: A Phenomenological Study. *Journal of Psychiatric and Mental Health Nursing* 17: 193–201. [CrossRef]

Fadipe, Rasaq A., and Falilat A. Okesina. 2022. Causes of Suicidal Ideation among Students of Ladoke Akintola University of Technology, Ogbomosho, Oyo State. *Covenant International Journal of Psychology (CIJP)* 7: 30–45.

Falaye, Abidemi Tiwatola. 2015. The Relevance of African Independent Churches to the Yoruba of South Western Part of Nigeria. *Journal of Philosophy, Culture and Religion* 13: 10–16.

Fasogbon, Moji A., Samson Femi Agberotimi, Abayomi Oladele Olaseni, and Olaitan T. Oladele. 2019. Impact of Religiosity and Life Orientation on Attitude of Youths towards Suicide in Lagos, Nigeria: A Religious-Community Based Study. *Covenant International Journal of Psychology (CIJP)* 4: 25–38. [CrossRef]

Gureje, Oye, Gareth Nortje, Victor Makanjuola, Bibilola D. Oladeji, Soraya Seedat, and Rachel Jenkins. 2015. The Role of Global Traditional and Complementary Systems of Medicine in the Treatment of Mental Health Disorders. *The Lancet Psychiatry* 2: 168–77. [CrossRef] [PubMed]

Hadfield, Ruth. 2020. Pearl Growing in Systematic Literature Searching. *Mediwrite*. July 1. Available online: https://www.mediwrite.com.au/medical-writing/pearl-growing/ (accessed on 10 November 2023).

Hewett, John H. 1980. *After Suicide*. Louisville: Westminster Press.

Hilary, Chinedu, Olatunji Roseline Oluwakemi, and Ijeoma Genevieve. 2022. Suicide Among Teenagers and Young Adults: The Causes, Trends and Intervention. *Gender & Behaviour* 20: 18973–83.

Hsieh, Ning. 2017. A Global Perspective on Religious Participation and Suicide. *Journal of Health and Social Behavior* 58: 322–39. [CrossRef] [PubMed]

Ibrahim, Norhayati, Normah Che Din, Mahadir Ahmad, Noh Amit, Shazli Ezzat Ghazali, Suzaily Wahab, Nor Ba Yah Abdul Kadir, Fatimah Wati Halim, and Mohd Radzi Tarmizi A. Halim. 2019. The Role of Social Support and Spiritual Wellbeing in Predicting Suicidal Ideation among Marginalized Adolescents in Malaysia. *BMC Public Health* 19: 1–8. [CrossRef] [PubMed]

Igbinomwanhia, N. G., B. O. James, and J. O. Omoaregba. 2013. The Attitudes of Clergy in Benin City, Nigeria towards Persons with Mental Illness. *African Journal of Psychiatry* 16: 196–200. [CrossRef]

Ighodaro, Adesuwa, Elina Stefanovics, Victor Makanjuola, and Robert Rosenheck. 2015. An Assessment of Attitudes Towards People with Mental Illness Among Medical Students and Physicians in Ibadan, Nigeria. *Acad Psychiatry* 39: 280–85. [CrossRef]

Iheanacho, Theddeus, Elina Stefanovics, and Echezona E. Ezeanolue. 2018. Clergy's Beliefs About Mental Illness and Their Perception of Its Treatability: Experience from a Church-Based Prevention of Mother-to-Child HIV Transmission (PMTCT) Trial in Nigeria. *Journal of Religion and Health* 57: 1483–96. [CrossRef]

Ikuburuju-Orola, Abigail, Bola O. Makinde, and Ayoka Mopelola Olusakin. 2022. Assessment and Management of Proneness to Suicide among In-School Adolescents in Lagos State, Nigeria. *International Journal of Educational Research* 10: 32–46.

Ikwuka, Ugo, Niall Galbraith, Ken Manktelow, Josephine Chen-Wilson, Femi Oyebode, Rosemary C. Muomah, and Anuli Igboaka. 2016. Ideological vs. Instrumental Barriers to Accessing Formal Mental Health Care in the Developing World: Focus on South-Eastern Nigeria. *Journal of Health Care for the Poor and Underserved* 27: 157–75. [CrossRef]

Ishor, Gever David, and Tyover Samuel Iorkosu. 2022. Spiritual Healing as an Alternative Health Care Delivery in Benue State: Issues and Challenges of the Creative Commons Attribution License (CC BY 4.0). *International Journal of Trend in Scientific Research and Development* 6: 365–75. Available online: https://www.researchgate.net/publication/358423988 (accessed on 10 November 2023).

James, Bawo O., Nosa G. Igbinomwanhia, and Joyce O. Omoaregba. 2014. Clergy as Collaborators in the Delivery of Mental Health Care: An Exploratory Survey from Benin City, Nigeria. *Transcultural Psychiatry* 51: 569–80. [CrossRef] [PubMed]

Jegede, Ayodele Samuel. 2007. What Led to the Nigerian Boycott of the Polio Vaccination Campaign? *PLoS Medicine* 4: 417–22. [CrossRef] [PubMed]

Kabir, Mohammed, Zubair Iliyasu, Isa S. Abubakar, and Muktar H. Aliyu. 2004. Perception and Beliefs about Mental Illness among Adults in Karfi Village, Northern Nigeria. *BMC International Health and Human Rights* 4: 1–5. [CrossRef] [PubMed]

Kelly, Chris, and Eric Dale. 2011. Ethical Perspectives on Suicide and Suicide Prevention. *Advances in Psychiatric Treatment* 17: 214–19. [CrossRef]

Koenig, Harold G. 2009. In Review Research on Religion, Spirituality, and Mental Health: A Review. *The Canadian Journal of Psychiatry* 54: 283–91. [CrossRef]

Kovan, Martin. 2022. *A Buddhist Theory of Killing: A Philosophical Exposition*. Singapore: Springer Nature.

Kukoyi, Olasumbo, Edidiong Orok, Funmilayo Oluwafemi, Olawale Oni, Tunrayo Oluwadare, Tolulope Ojo, Toba Bamitale, Boluwaji Jaiyesimi, and Debbie Iyamu. 2023. Factors Influencing Suicidal Ideation and Self-Harm among Undergraduate Students in a Nigerian Private University. *Middle East Current Psychiatry* 30: 1–10. [CrossRef]

Labinjo, Temitope, Laura Serrant, Russell Ashmore, and James Turner. 2020. Perceptions, Attitudes and Cultural Understandings of Mental Health in Nigeria: A Scoping Review of Published Literature. *Mental Health, Religion & Culture* 23: 606–24. [CrossRef]

Lawrence, Kehinde. 2022. Prevalence of Suicidal Tendencies and Associated Risk Factors among Nigerian University Students: A Quantitative Survey. *The Open Psychology Journal* 15: 1–11. [CrossRef]

Lawrence, Kehinde Clement. 2021. Structural Equation Modelling of Risk Indicators for Suicidal Thoughts and Behaviours among Nigerian Yorùbá Youth. *Journal of Psychology in Africa* 31: 400–405. [CrossRef]

Levin, Jeff. 2010. Religion and Mental Health: Theory and Research. *International Journal of Applied Psychoanalytic Studies* 7: 102–15. [CrossRef]

Maple, Myfanwy, Laura M. Frey, Kathy Mckay, Sarah Coker, and Samara Grey. 2020. 'Nobody Hears a Silent Cry for Help': Suicide Attempt Survivors' Experiences of Disclosing During and After a Crisis. *International Academy for Suicide Research* 24: 498–516. [CrossRef] [PubMed]

McKinnon, Andrew M. 2005. Reading 'Opium of the People': Expression, Protest and the Dialectics of Religion. *Critical Sociology* 31: 15–38. Available online: www.brill.nl (accessed on 25 November 2022). [CrossRef]

Mueller, Anna S., and Seth Abrutyn. 2016. Adolescents under Pressure: A New Durkheimian Framework for Understanding Adolescent Suicide in a Cohesive Community. *American Sociological Review* 81: 877–99. [CrossRef]
Naderifar, Mahin, Hamideh Goli, and Fereshteh Ghaljaie. 2017. Snowball Sampling: A Purposeful Method of Sampling in Qualitative Research. *Strides in Development of Medical Education* 14: 1–6. [CrossRef]
New World Encyclopedia Contributors. 2023. Suicide. New World Encyclopedia. Available online: https://www.newworldencyclopedia.org/entry/Suicide (accessed on 25 October 2023).
Nonye, Aniebue Patricia, and Ekwueme Christiandolus Oseloka. 2009. Health-Seeking Behaviour of Mentally Ill Patients in Enugu, Nigeria. *SAJP* 15: 19–22.
Nwadinigwe, C. U., I. Okwesili, K. Nzekwe, V. O. Ogbu, and K. Lekwa. 2014. Medicine, Religion and Faith: Issues in Jehovah's Witnesses and Major Surgery. *Orient Journal of Medicine* 26: 64–72.
Odinka, Paul C., Martins Oche, Appolos C. Ndukuba, Rosemary C. Muomah, Michael U. Osika, Muideen O. Bakare, Ahamefule O. Agomoh, and Richard Uwakwe. 2014. The Socio-Demographic Characteristics and Patterns of Help-Seeking among Patients with Schizophrenia in South-East Nigeria. *Journal of Health Care for the Poor and Underserved* 25: 180–91. [CrossRef]
Ogbolu, R. E., B. O. Oyatokun, K. Ogunsola, T. A. Adegbite, T. Tade, O. Olafisoye, and O. F. Aina. 2020. The Pattern of Crisis Calls to a Suicide Telephone Helpline Service in Nigeria. *Annals of Health Research* 6: 246–57. [CrossRef]
Ogbunkwu, Anacletus I. 2019. Appraisal of Suicide in Kant and The Nigerian Experience. *International Journal in Management and Social Sciences* 7: 152–64.
Oguche, Obielumanii I., Ulunma I. Mariere, Adedotun D. Adesina, Hilda C. Afakwu-Adimoha, Rukevwe Akakabota, Sotonye C. Abanda, and Ada C. Kennis-Briseimo. 2021. Suicidality amongst Young Adults in South-South Nigeria. *International Journal of Community Medicine And Public Health* 8: 3737–42. [CrossRef]
Ogunleye, A. Richard. 2013. Elimination by Substitution: Christ Apostolic Church and Indigenous Faith Interplay in Nigeria. *European Scientific Journal* 9: 181–89.
Oji, Valerie U., Leslie C. Hung, Reza Abbasgholizadeh, Flora Terrell Hamilton, E. James Essien, and Evaristus Nwulia. 2017. Spiritual Care May Impact Mental Health and Medication Adherence in HIV+ Populations. *HIV/AIDS-Research and Palliative Care* 9: 101–9. [CrossRef] [PubMed]
Okoedion, Eseohe Glory, and Ugo Chuks Okolie. 2019. Youth Suicidal Behaviour: An Evaluation of Risk Factors in Edo State, Nigeria. *World Scientific News* 125: 51–71. Available online: www.worldscientificnews.com (accessed on 25 November 2022).
Omeje, Arinze, Samuel Ebimgbo, Divine Abalogu, and Agnes Okafor. 2022. Perceived Reasons for Suicidal Behaviour among Undergraduates in Nigerian Universities: Implication for Social Work Practice. *Journal of Social Work in Developing Societies* 1: 1–17.
Osafo, Joseph, Winifred Asare-Doku, and Charity S. Akotia. 2023. Exploring the role of religion in the recovery experiences of suicide attempt survivors in Ghana. *BMC Psychiatry* 23: 219. [CrossRef]
Oteri, Isaiah O. 2018. Effects of Religiosity on Psychological Well-Being of Students: A Case Study of Students of Delta State Polytechnic, Ozoro, Delta State. *International Journal of Innovative Social Sciences & Humanities Research* 6: 83–92. Available online: www.seahipaj.org (accessed on 25 November 2022).
Owumi, Bernard, Sakiru O. Raji, and Taofeek Kolawole Aliyu. 2013. Religious Beliefs and the Utilization of Traditional Medicine Among Members of Pentecostal Churches in Emurin, Ogun. *African Journal of Social Sciences* 3: 23–34. Available online: www.sachajournals.com (accessed on 25 November 2022).
Paloutzian, Raymond F., and Crystal L. Park. 2005. *Handbook of the Psychology of Religion and Spirituality*. Edited by Raymond F. Paloutzian and Crystal L. Park. New York: The Guilford Press.
Pederson, Aderonke Bamgbose, J. Konadu Fokuo, Graham Thornicroft, Olamojiba Bamgbose, Oluseun Peter Ogunnubi, Kafayah Ogunsola, and Yewande O. Oshodi. 2022. Perspectives of University Health Care Students on Mental Health Stigma in Nigeria: Qualitative Analysis. *Transcultural Psychiatry* 60: 272–85. [CrossRef]
Philip Tungchama, Friday, Olayinka Egbokhare, Olayinka Omigbodun, and Cornelius Ani. 2019. Health Workers' Attitude towards Children and Adolescents with Mental Illness in a Teaching Hospital in North-Central Nigeria. *Journal of Child & Adolescent Mental Health* 31: 125–37. [CrossRef]
Salami, Kabiru K., and Chinwe M. Onuegbu. 2019. Religion, Health and Turbulence of Healing Craft in the Nigerian Context. *Ibadan Journal of Sociology* 9: 94–124.
Scott, John, and Gordon Marshall. 2009. *A Dictionary of Sociology*, 3rd ed. Oxford: Oxford University Press. [CrossRef]
Uwakwe, R. 2007. The Views of Some Selected Nigerians about Mental Disorders. *The Nigerian Postgraduate Medical Journal* 14: 319–24. [CrossRef] [PubMed]
Vanderweele, Tyler J. 2016. Religion and Health: A Synthesis. In *Spirituality and Religion within the Culture of Medicine: From Evidence to Practice*. Edited by J. R. Peteet and M. J. Balboni. New York: Oxford University Press, pp. 357–401.
Vehaba, Alana. 2019. Buddhism, Death, And Resistance: What Self-Immolation in Tibet Has Borne. *Politics, Religion & Ideology* 20: 215–43. [CrossRef]
Whitlock, Janis, Peter A. Wyman, and Sarah R. Moore. 2014. Connectedness and Suicide Prevention in Adolescents: Pathways and Implications. *Suicide and Life-Threatening Behavior* 44: 246–72. [CrossRef]

World Health Organization. 2019. Suicide in the World: Global Health Estimates. Available online: http://apps.who.int/bookorders (accessed on 24 February 2023).
Wu, Andrew, Jing-Yu Wang, and Cun-Xian Jia. 2015. Religion and Completed Suicide: A Meta-Analysis. *PLoS ONE* 10: e0131715. [CrossRef]