

FEMALE SUICIDE IN AFRICA

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Suicide and parasuicide have become major public health issues. Because many African countries are low- or middle-income countries, it is suggested that, although the suicide rate may be relatively lower than in Western industrialized societies, the current reported data may be underestimates. In addition, there is a tendency to study this phenomenon in comparison with male suicide, in spite of significant biological, psychological, economic, and social differences. This paper is an attempt to review female suicide in Africa. It is concluded by an exploration of some reactions to suicide in the Midwestern part of Nigeria.

Key words: Mythology; Female; Suicide; Parasuicide; South Africa.

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INTRODUCTION

Classical mythology provides numerous examples of female suicide (Garrison, 1995; Van Hoff, 1990). Garrison systematically reviewed the motivations and means of suicide in ancient mythologies. Motivations included: grief, as in the loss of husbands and children (especially sons), shame as a result of rape, unrequited love, incest, madness, self sacrifice for the community, or admixture of fear and frustration (Garrison, 1995). Peleus' wife, Antigone, committed suicide when she feared she had lost her husband. Aspalis committed suicide before she could be captured by Tartarus' soldiers and thereby forestalled being raped. Side committed suicide in reaction to incestuous advances from her father (Garrison, 1995). Cleopatra is an example of a woman who committed suicide because of the loss of her husband and Anticleia committed suicide because of bereavement due to the death of her son Odysseus (Garrison, 1995). The methods used for suicide included: hanging, leaping into water, jumping from heights, self immolation, chemical poisoning, and stabbing. Hanging and stabbing were the most frequently used means. Deianeira stabbed herself with Heracles' sword and Hylonome in her grief impaled herself on her husband's spear. Dido stabbed herself fatally with her husband's sword. Leaping into fire or from a height was also quite common; however, poisoning was not considered common. Evadne, Laodanna, and Oenone leaped onto funeral pyres. Contemporary folklore also has examples of such dramatic intentional killing of oneself. In the Indian culture, until recently, when banned by law, bereaved women could elect to immolate themselves on their husbands' funeral pyres. This custom was called Sati. Also, in the same country, there are reports of women leaping to their deaths

in wells. This was done either because of unhappy marriages or, in the case of elderly women, because they found no further purpose in life.

Since the Iraqi war the popular press has reported a new phenomenon, i.e., female suicide bombers (Zedalis, 2004). Recently, there have also been reports of a terrorist act by two female suicide bombers in Russia (Handwerk, 2004). This type of behavior known also as “homicide-suicide” has its mythological counterparts in the deaths of Iphigenia and Callirrhoe. Other examples include Spartans sacrificing themselves for Athenians (Garrison, 1995).

The World Health Organization (WHO) has estimated a 45% increase in suicide in both developing and developed countries. Suicide has become one of the top five causes of death in young people of both sexes (Bertolete et al., 2005). All this is set against a background where most studies have reported higher suicidal ideation and planning by women, but greater completion by men. Furthermore, several studies have considered depressive disorder as a cause of suicide (Simon & Vonkorff, 1996). The female to male ratio of depressive disorder is 2-3:1 (Maiera et al., 1999). Emile Durkheim’s work on suicide drew attention to the relationship between social disintegration and suicide (Durkheim, 1951). If his theories still hold, then with the social unrest in several parts of South Africa, we may expect an increasing trend in suicide rates. Similarly, with rural to urban migration and corresponding isolation, we can anticipate similar trends. Migration has been suggested as a risk factor for increased mental disorder (Harrison, 1990). Thus, with increased forced or voluntary internal or external migration and displacement, we may expect a rising trend in suicide and suicidal behavior in African countries. Another risk factor for suicide is HIV/AIDS. It has been suggested that this condition could lead to a 20-30 fold increase in suicide rates (Meel & Leenaars, 2005). Also, with increasing modernity and perhaps less reliance on sorcery and witchcraft, the contributing role of mental illness, alcoholism, and substance abuse on the suicide rates in Africa may increase. Civil wars with resulting sexual abuse, rapes, and post-traumatic stress disorder are also potential risk factors.

This paper is an attempt to review several issues related to female suicide in Africa.

A contextual background within which this behavior occurs will be provided. Community disruption and its reaction to the trauma will be explored. Many African countries may be classified as low- or middle-income countries. Such countries, whether in Africa or elsewhere, tend to have a dearth of information on suicide. With the exception of South Africa, there is relatively little information on suicide in Africa beyond the anecdotal. Additionally, in low suicide countries it is generally believed that the rate of suicide is underestimated (Vijayakumar, Nagaraj, Pirkis, & Whiteford, 2005). As previously indicated, even in major industrialized countries, female suicide is not a central focus but is generally seen in comparisons to male suicide. This is in spite of gender differences in roles, responsibilities, opportunities, and different developmental and hormonal factors. Furthermore, Canetto (2008) referred to different perceptions and definitions of suicide in the US and other cultures. She cited that in the US there is a tendency to see suicide as a masculine practice and that culture and politics may define suicide in the same way as in the case of widow deaths of India.

SUICIDE IN AFRICA

A first step was to review data pertaining to suicide and parasuicide for those African countries which have some.

South Africa

Suicide and parasuicide in South Africa has been studied from a variety of perspectives. Burrows and Laflamme (2006) examined suicide mortality in South Africa from a city-level comparison across socio-demographic groups. The sample size was 4,946 completed suicides in six cities across South Africa between 2001 and 2003. The major findings were: a) the overall age-standardized rates for the selected cities were 25.3/100,000 for men and 5.6/100,000 for women; b) the highest rates were amongst whites and men; c) the rate of suicide varied by race and sex groups across the cities; d) there was a strong association between means of suicide and city.

Joe, Stein, Seedat, Herman, and Williams (2008) carried out a study of non-fatal suicidal behavior among South Africans. The sample was from a nationally representative data set form, the South African Stress and Health Study (SASH), with a probability sample of 4,351 respondents 18 years or older. The main findings were: a) the 18-34 age group had the highest risk of suicide; b) individuals at higher risk for suicide attempts included younger females and the less educated.

Durban (South Africa) was one of eight sites in a multisite intervention study on suicidal behavior (Supres-Miss). Each site had at least 500 subjects and differed with respect to socio-cultural variables, suicide perception and ascertainment. For the Durban site the total sample was 500, 46% of which were male and 54% female. Durban had the highest rates of lifetime suicidal thoughts and plans — respectively 25.4% and 15.6% (Bertolete et al., 2005).

Some investigations have studied suicide in adolescent populations in South Africa. Burrows and Laflamme (2008) studied a group of adolescents aged 10-19 in post-apartheid South. The main findings were: a) suicide rate was higher for older adolescents (15-19); b) differences between races were not significant; c) city level differences were significant; d) the leading means of suicide was hanging for males and hanging and poisoning for females.

Wild, Flischer, and Lombard (2004) studied the relationship of suicidal ideation and attempts in adolescents in association with depression and six domains of self-esteem. The group concluded that depression and poor self-esteem were associated independently with suicidal ideations and suicide attempts and that low self-esteem discriminated suicidal attempts from suicide ideations.

Several studies have explored the means of suicide in South Africa. Blumenthal (2007) studied gunshot wounds to the head. Fifty-seven percent of the sample ($n = 406$) were in the 21-40 age group. Eighty-two percent were males (Sukhai, Harris, Moorad, & Dada, 2002). Meel (2006) studied the use of hanging in a record review of the Autopsy Register for the 1999 to 2003 period in the Transkei Region of South Africa. The male-to-female ratio was 6.4:1. The group also found an increasing trend of hangings from 5.2 per 100,000 in 1999 to 16.2 per 100,000 in 2003.

Flischer and Parry (1994) studied nationally registered suicide mortality data for South Africa from 1984 to 1986. The results indicated that the most commonly used suicide means for whites was firearms and, with the exception of colored females, hanging was the leading cause for the other groups. The group at the highest risk was the 20-29 year old and the group with the lowest risk was that above 70 years old.

Sukhai et al. (2002) carried out a retrospective research with a mortuary data set in Durban. The results showed that 0.6% of all non-natural deaths and 9.9% of all suicides were due to self immolation; 76.8% were females and 81.2% were blacks.

The role of comorbidities in South Africa has also been examined. These comorbidities have to do mostly with HIV/AIDS and alcoholism. In a study of intoxication, criminal offences, and suicide attempts on a group of South African problem drinkers, Allan, Roberts, Alan, Pienaar, and Stein (2001) found an association between suicide attempts and female gender, white racial group, non-marital relationship, young age, and early onset of problem drinking. Meel and Leenaars (2005) suggested in a descriptive study that HIV/AIDS was a great risk for suicide in the Eastern Province of South Africa. The above gave a flavor of the rate of suicide and suicide attempts and the means of these behaviors among South African men and women.

Uganda

A somewhat different line of investigation from that pursued in South Africa was undertaken in Uganda. For example, a collaborative team from Uganda, Norway, and Ghana surveyed the self-reported suicidal behavior and attitudes toward suicide among psychology students in Ghana, Uganda, and Norway. The main findings for the purpose of this paper were: a) gender was not significant in the knowledge/myth, preventability, and tabooing variables in any of the three countries; b) some gender differences existed in statements concerning suicide as a right.

In Ghana 95.2% of women and 92.0% of men disagreed that suicide is one's own business. In Uganda 95.2% of women and 76.8% of men disagreed with the statement that people have a right to suicide. Gender differences were also found in the variable ascribing intentionality to suicide attempts. In Ghana 71.7% of women and 56.3% of men agreed with the statement that a suicidal attempt is a cry for help, while 11.0% of the women respondents and 6.3% of the men respondents were undecided. In Norway 87.6% of the women and 69.0% of the men agreed with the statement that suicide attempts are cries for help. Additionally, in Norway 14% of men and 3% of women agreed that suicide attempts are motivated by revenge or a desire to punish someone (Hjelmeland, Akotia et al., 2008).

The same group explored suicidal behavior as communication in a cultural context. They attempted to apply Quortrup's four-factor model of suicide behavior, which had gained empirical support for a Norwegian population, to a Uganda sample. They found that the theory had to be modified. Quortrup's is a four-factor model based on pragmatic linguistics. He postulated four models, i.e., emotional toward others, regulative toward others, emotional toward oneself, and regulative toward oneself. The sample consisted of 63 men and 37 women aged 15 and above.

The main findings of relevance to this paper were the absence of any difference between the two countries on the four variables. However, there was a tendency more frequent among Norwegian patients than Uganda ones to endorse showing "someone how much they loved them, how desperate they feel, that they wanted help from someone, and/or to check if someone really cared about them". For the Uganda population no gender differences were found. The most frequent problems before the suicidal act were "poverty, loneliness and feelings of shame" and there was a gender difference with men reporting sexual problems more often than women. For the

Norwegian sample, the most frequently reported preceding problems were: mental illness/symptoms and loneliness, problems with a partner or rejection by a lover. These mental illness/symptoms were more often reported by Norwegian patients than Uganda ones as precipitating factors. For Norwegians patients, one gender difference was found: females reported rejection by a lover more often than males (Hjelmeland, Knizek et al., 2008).

Rudatsikira, Muula, Siziya, and Twa-Twa (2007) reported on suicidal ideations and associated factors among schoolgoing adolescents in rural Uganda. They noted that 21.3% of males and 23.5% of females had seriously considered suicide within the previous 12 months. Significant risk factors were loneliness and worrying. Females were more likely to consider suicide.

Nigeria

Nwosu and Odesanmi (1998) studied the pattern of autopsy findings in completed suicides for a period of about 11 years. The group found a rate of 0.4 per 100,000 population with a male-to-female ratio of 3.6 to 1, the majority were in the third decade of their life, the most commonly used means were Gammalin 20 (a chemical) and Dane guns.

Legbo, Ntia, Opara, and Obembe (2008) studied deliberate self-harm by burning of patients seen at a teaching hospital in Sokoto, Nigeria, from June 1998 to May 2003. The results were that the number of patients seen were seven with all but one being female. One patient had a history of psychiatric illness. Five patients died and two left the hospital against medical advice. The coauthors of the study remarked on the lack of compliance to treatment of the study participants.

Ethiopia

Alem, Kebede, Jacobsson, and Kullgren (1999) reported on suicide attempts among adults in Batajira, Ethiopia. In this study the lifetime suicide attempts in a rural and semi-urban setting was surveyed. The majority were women (63%) and hanging and poisoning were the most common means of attempting suicide. The most frequently reported precipitant, especially by women, was marital or family conflict. Men were more likely to use hanging than women.

Sudan

Goldney, Harris, Badri, Michael, and Fischer (1998) explored suicidal ideations in two Sudanese groups of women. They reported finding high levels of suicidal ideations in these women, especially those in a displaced persons' area.

Tanzania

Mgaya, Kazaura, Outwater, and Kinabo (2007) reported on a suicide surveillance study carried out at the Muhimbili National Hospital mortuary in the Dar es Salaam region for one

year beginning on January 1, 2005. The rate of suicide was 2.3 per 100,000. The rate for males was 3.4/100,000 and for females 1.2/100,000. The cause of the suicide was usually family-related (40%) or health-related (17%).

Malawi

Dzamalala, Milner, and Liomba (2006) carried out a retrospective study of autopsies performed at the Queen Elizabeth General Hospital and the University Of Malawi College of Medicine mortuaries between January 2000 and December 2003. Suicide represented 17% of all autopsies. There were 84 cases with 65 males and 19 females. The major mode of suicide was chemical poisoning using pesticides.

Zimbabwe

Mzezewa, Jonsson, Aberg, and Salemark (2000) carried out a retrospective study of suicidal burns admitted to the Harare burns unit. Of the 47 patients admitted, 42 (89%) were females and five (11%) were males. The most vulnerable individuals were women married under native law and customs. The cause of suicide was predominantly due to difficult love relationships.

Another line of inquiry is the exploration of ethnicity and country of origin of immigrants abroad. Since immigration and living abroad can impose severe stress, this type of information can be useful in the prevention of suicide and suicide-related behavior of Africans living abroad and hence the prevention of such behaviors in African females living abroad. Socio-cultural factors and aspects of the family environment might contribute to such behavior.

Bhui and McKenzie (2008) found a high standardized mortality ratio of suicide in young women of African origin. A group of Israeli researchers found a high rate of suicide among Ethiopian immigrants in Israel (Shoval, Schoen, Vardi, & Zalsman, 2007). A study from the Netherlands reported a lower suicide rate for Moroccan immigrants and more cases in males than in females (Garssen, Hoogenboezem, & Kerkhof, 2006).

Another perspective is the attempt to explore the relations of suicide to the Muslim faith. The results were that suicide rates appeared to be lower amongst Muslims but that the rate of attempted suicides did not show any difference. In the above study by Alem et al. (1999), Muslims had a lower rate (2.9%) compared to that of Christians 3.9%.

On the basis of the above, some observations can be made.

- 1) With the exception of South Africa, suicide rates in Africa remain low compared with other locations but they still are a matter of concern.
- 2) Women are more likely to use self-immolation than men.
- 3) Both women and men use hanging, yet in some instances women are more likely to use hanging and men firearms.

The above statistical impressions can be supplemented by an exploration, albeit largely anecdotal, of the context in which these suicides and suicidal attempts occur. In preparation for this article, the principal writer had several discussions with his African colleagues. They generally were of the impression that suicide is still rare in Africa. These individuals have usually

spent over two decades abroad and because of the rarity of the phenomenon when they lived in their countries they could not contribute much. Those who had any recollections were females. One female informant recalled seven cases, six of which were females and one was a man, who hanged himself. A good majority of these were females in a University setting and were anticipating failures at examinations. Difficult love relationships were also a significant precipitating cause. I was informed of a case where the woman was pregnant. Her boyfriend encouraged her to have an abortion and soon after broke up the relationship. The means of suicide varied. Some took overdoses, and one, the male, hanged himself. In all seven cases there were no instances of overt mental illness. In one example, the young woman threatened to jump into a river. Family and friends pleaded with her but she insisted. Her mother then asked that she be left alone to do as she wished. So suicide remains a universal phenomenon and the precipitating causes have not changed much since antiquity. The methods of suicide are often dictated by convenience and availability of the means.

To provide a further anecdotal background to female suicide in Africa, we will now describe some issues related to the community's reaction to suicide in a) the Delta region of Nigeria, a part of the country inhabited by the Itsekiris, Urhobos and Ijaws, and b) amongst the Igbos of Eastern Nigeria.

The following descriptions of the Itsekiris, Urhobos, and Ijaws should be seen as a composite because traditional practices may vary for the same ethnic group from different parts of the region. These societies are both matriarchal and patriarchal. In other words, individuals may inherit from their maternal line or paternal line. The women from this region are hardworking and autonomous. They can acquire and possess property. They are therefore protected against pernicious physical and emotional abuse that is sometimes found in those cultures where women are totally dependent on their husbands and where the bride price becomes a source of income to the bride's family. In the latter cultures, women continue to stay in difficult marriages to the point that the only escape is suicide. In the Delta area of Nigeria such pressures are weaker. Each woman is so revered, that, if her marriage is poor, she can have the protection of her father's home.

The Igbos are a negroid tribe that settled in Eastern Nigeria, between the upper and lower Niger delta close to the gulf of Guinea in West Africa. Among this population, suicide is considered an abomination, an extreme disrespect to the Earth goddess, Ani. A person who commits suicide will be denied burial rites by his/her kinspeople. He or she will be buried in a desolate place, such as an abandoned forest or by the river's edge, and far from the abode of the rest of the village. His or her body will be considered evil and the community will seek the help of outsiders to bury it for fear that relatives who touch the corpse may also incur the wrath of Ani, the Igbo deity of wellbeing and good fortune. This is vividly illustrated by the response of Obierika, the friend of Okonkwo, a tragic hero who committed suicide in Chinua Achebe's, "Things Fall Apart," when he said, "We cannot bury him. Only strangers can. We shall make sacrifices to bury him. This man was one of the greatest men in Umuofia. You drove him to kill himself; and now he will be buried like a dog..." (Achebe, 1990, p. 207).

In the case of a woman who commits suicide, the prescribed communal punishment includes the non-participation of her maiden family in her burial rites. Her corpse will also be sent to a desolate place or in a dense forest far from any human contact. The common methods of suicide in traditional Igbo culture include: jumping into a well, hanging oneself from a tree, jumping

into a river, slashing one's throat with a knife, or ingesting rat poison. While men commonly choose the more violent ways, like hanging themselves, women tend to jump into a well or river.

Because of these cultural myths and mores, suicide among women are distinctly rated among the Igbos. After such a demise, many cleansing rites are performed by the immediate family to wipe away the sorrow and disgrace of such an act.

CONCLUSION

In conclusion, as a public health issue, female suicide in Africa remains a largely unresearched field. In order to develop adequate preventative intervention, more knowledge and research are needed in both the epidemiology and the contextual background to intentional self-destruction.

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