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ATTITUDES TOWARDS DEPRESSION AND SUICIDE: AN ANALYSIS OF NEWS  
COVERAGE AND ONLINE COMMENTS ON NIGERIAN NEWS SITES

by

OLUWAMAYOMIKUN LAWAL

Under the Direction of Cynthia Hoffner, PhD

ABSTRACT

This study investigated the issue of suicide in Nigeria, based on an analysis of online news articles about suicide as well as posts in response to those news articles. The study examined how the articles framed suicide, including stereotypes about suicide, and how often comments reflected common beliefs/attitudes towards suicide. Twenty-four articles and 168 comments were analyzed. Results revealed stereotypes in language and images in the articles, which often deviated from the World Health Organization responsible suicide-reporting guidelines. The articles cited economic hardship and mental illness most often as causes of suicide, but none of the articles provided solutions to the problem of suicide or information on where to seek help. Comments cited politics and economic hardship most often as causes of

suicide, and rarely mentioned mental illness. Mental health professionals and journalists should work together to improve news coverage of suicide and promote the use of suicide prevention resources.

INDEX WORDS: Suicide, Mental illness, Depression, Nigeria, Online news coverage, Stigmatization, Online comments

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COVERAGE AND ONLINE COMMENTS ON NIGERIAN NEWS SITES

by

OLUWAMAYOMIKUN LAWAL

A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of

Master of Arts

in the College of Arts and Sciences

Georgia State University

2018

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2018

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Author

Oluwamayomikun Lawal

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## 1 LITERATURE REVIEW

According to the World Health Organization (WHO, 2017a), Nigeria is the 30th most suicide-prone country in the world and 10th in Africa. Despite the prevalence of suicide in the densely populated country, there is very limited research on the cultural perceptions and attitudes towards suicide in Nigeria. Research studies since the 1960s recognized mental illness, especially major depression, to be a major contributing factor and suggested that health providers and policymakers provide better psychiatric intervention (Asuni, 1967; Omigbodun, Dogra, Esan & Adedokun, 2008). Yet, the mental health sector remains very much neglected. In 2014, Nigeria had a population of about 150 million people with an estimated 20% suffering from mental illness, but less than 150 psychiatrists (Nwaopara, 2015). The federally funded psychiatric hospitals are scantily equipped. Nwaopara (2015) revealed a shortfall of about 91.9% in the number of hospital beds available in one of the eight federal psychiatric hospitals in the heavily populated country, resulting in a bed to population ratio of about 3:100,000 and a majority of the patients lying on the bare floor. Nevertheless, the psychiatric hospitals receive over 90% of the total funds allocated to mental health care, which is only 3% of total health expenditures (WHO, 2006). Therefore, other kinds of professional mental health care are rarely available. While political corruption may account for the extremely inadequate facilities, the prevalent perceptions of mental illness in Nigeria may be partly responsible for the widespread mental illness stigma.

Mental illness is heavily stigmatized in Nigeria. This may be due to the belief that causes of mental health are either self-inflicted or supernatural. Several studies have shown that many Nigerians assume that drug abuse and supernatural forces are the leading causes of mental illness. The prevalent mental health stigma in Nigeria may be associated with the widespread

beliefs about the causes of mental illness (Adewuya & Makanjuola, 2008a; Sheikh, Adekeye, Olisah & Mohammed, 2015). This ultimately influences beliefs about how mental illness should be treated, or even whether people believe it can be cured. These studies, however, have focused more on severe mental illnesses like schizophrenia, whereas the social stigma of disorders like major depression, which is globally identified as a leading cause of suicide, has not been adequately investigated.

The effects of news media on public perceptions about suicide have been examined by several scholars over the years. According to Tewksbury and Scheufele (2009) the way a news article is framed can help build strong connections between concepts in the mind of the audience. The integration of digital media into news reporting further compounds these influences, as the audience has the opportunity to interact, connect with and debate the issues presented in public forums, potentially influencing the opinions of other commenters (Huhn Nunes, Sabino de Freitas, & Leão Ramos, 2018). Advantageously, this allows journalists, opinion leaders and researchers to observe these reactions and (hopefully) improve news reporting on especially delicate issues. The news media can play an important role in suicide prevention but also encourage negative stigmas towards suicide and potentially, suicide rates. Therefore, the World Health Organization created guidelines for responsible reporting of suicide cases in the news media to prevent negative effects on the audience, especially those who are vulnerable.

This aim of this study, therefore, is to investigate the issue of suicide in Nigeria, based on an analysis of news articles about suicide as well as online posts in response to those news articles. The research will center on the news coverage of selected cases of suicide from March 2017 to March 2018 (last 12 months prior to the start date of the study). The study will examine the contents of the new articles, as well as the comments about each story, to observe how

suicide is being covered in Nigerian online news media and how people respond to the news coverage of these stories.

## **1.1 Background on Suicide**

Suicide is a major health concern for all age groups in many parts of the world. It is generally described as the deliberate act of causing one's own death. According to the World Health Organization (2017a), suicide is the second leading cause of death among 15-29-year-olds, claiming the lives of about 800,000 people per year, worldwide. This figure, however, is only a fraction of the number of people who attempt suicide yearly. Due to underreporting and the stigmatization of suicide, research investigating the prevalence of suicide is quite limited in developing countries (Gill, Munoz & Leykin, 2018). The World Health Organization estimates a suicide rate of 9.5 per 100,000 people in 2017 in Nigeria, a significant increase from the reported rate in 2012 which was 4.3 per 100,000 (WHO, 2018b). Statistics have also shown significant sex disparities in suicidal behavior which may cut across cultures. Globally, almost twice as many men than women die by suicide, as according to World Health Organization, the male/female ratio of age-standardized suicide rates was 1.7 in 2015. Canetto and Sakinofsky (1998) found that females are more likely to report suicidal ideations than males which suggests that suicide may be easier to prevent among females.

Though suicide is preventable, the ambiguity in determining the specific causes of suicide makes it quite difficult to predict. Therefore, suicide prevention rests heavily on the ability to identify risk factors which may include social, economic and psychological influences. For instance, in parts of Europe and North America, urbanization was believed to be a main contributing factor in the early 19th century (Wright & Weaver, 2009). Sir William Denny, a

puritan minister in the mid-17th century attributed the increased suicide rates at the time to the urban development in London. According to Wright and Weaver (2009), Voltaire Jean Dumas (1773) also shared similar views as he explained that “in the fields it is only the body that suffers, but in the city, it is the mind” (p. 20). Several theorists during this era argued that with urban life came great stressors, anxiety and insanity - including Forbes Winslow, founder of the *British Journal of Psychological Medicine*. This idea was similar to the ones proposed by several philosophers during the colonial era in Africa who tried to explain the increased suicide rate among Africans in South Africa. They claimed that the increase was due to the transition from their “traditional conservative and rurally based life” to urban life. However, suicide among colonists often went unrecorded due to the stigma attached to this kind of death, hence, racializing the statistics.

Additionally, maintaining traditional values was considered the best way to prevent suicide. This was the notion behind the “moral treatment” used in several European and American asylums in the 19th century. Many theories proposed to explain the uneven gender distribution among people who die by suicide hinged on this ideology. The earliest statistics showed that 75% of people who die by suicide in Europe and North America were males. This disparity was generally attributed to women’s emotional fragility, natural timidity (lack of courage), increased family attachment and high religious values (Wright & Weaver, 2009). This led to the assumption that while suicide among men were likely due to financial or egoistical reasons, the causes of suicide among females ranged from remorse/shame to mental illness. As a result, it was believed that women who took up “male responsibilities” were more prone to suicide, an idea Barbara Welter described as the “cult of true womanhood” (Wright & Weaver, 2009). In other words, another problem with urbanization was that women were encouraged to

take up roles that were considered “traditionally male” (e.g., vocations), which several European and North American philosophers in the 19th century claimed would increase their risk of dying by suicide.

However, while social and economic influences cannot be ignored, many studies have found stronger links between psychological influences, particularly mental illness. The discovery of the association between mental disorders and suicide dates as far back as 460-377 BC by ancient Greek philosophers. Over the years, several studies have found a strong relationship between suicide and several mental disorders especially mood disorders, substance disorders and schizophrenia (Lu, 2017). Depression is the most common psychiatric disorder among people who commit suicide (Hawton, Comabella, Haw & Saunders, 2013). Depression is often characterized by both physical and behavioral symptoms including persistent sadness, feelings of hopelessness, lack of motivation, energy loss, and difficulty functioning. As Hamid Reza et al. (2017) explained, “suicide isn’t an accidental and meaningful action, rather it is a way to get out of a predicament or crisis that causes a person extreme suffering, without exception” (p. 69). Due to the complexities involved in predicting suicides, the presence of risk factors, such as: psychiatric disorder or mental illness, family history of mental illness, previous suicide attempts, or substance abuse, are often used to assess a person’s probability of dying by suicide. Sommers-Flanagan and Shaw (2017), however, argued that risk factors may not necessarily be good predictors of suicide. According to Sommers-Flanagan and Shaw (2017), “just because the 2014 CDC data indicate that males die by suicide at a 21.1 rate per 100,000 and females only at 6.0 per 100,000 does not change how providers should routinely deal with individual males or females in suicidal crisis.” (p. 99). Therefore, they proposed that scientists explore the possibility of a more biological and individual approach to improve predictions and hence, increase



prevention rates. Either way, the strong connection between mental illness and suicide across the history of suicide studies remains undisputed.

Until the 20<sup>th</sup> century, attempting suicide was considered a crime in many countries around the world. Though suicide has been decriminalized in several countries, the stigmatization associated with suicide is partly attributed to its historical criminalization. Tait and Carpenter (2016), while investigating the underestimation of suicide rates in United Kingdom, found that coroners are often reluctant to conclude that a person died by suicide (until it is proven beyond reasonable doubt) because of the stigma and guilt the family of the deceased would have to endure. Therefore, perceptions and attitudes towards suicide are embedded in these ideals from the past. The World Health Organization suggests that even the commonly used phrase “committed suicide” is rooted in the criminalization of suicide, and insinuates that suicide is a crime (WHO, 2017b).

## **1.2 Attitudes Toward Suicide in Nigeria**

There are not many studies on the attitude of Nigerians towards suicide, but the few available show that it is highly stigmatized and is often regarded as a taboo. Lester and Akande (1994) examined perception of suicide among Yoruba Nigerians. The researchers divided the responses into three groups: “negative attitudes towards suicide”, “expectations that suicides are angry,” and “myths about suicide” (p. 852). Among people who were considered to have shown negative attitudes towards suicide were 55% who agreed that “those who commit suicide are cowards who could not face life’s challenges,” 40% who expressed that “people who commit suicide had a weak personality” and 45% who indicated “they would feel ashamed if a family member committed suicide” (p. 852). However, the idea that a person who dies by suicide most

likely had a mental illness is also classified as negative attitude in this study but was the least endorsed (15%) in that category. While more recent studies may be unavailable, current studies done in other countries have made similar findings. In Knizek, Akotia and Hjelmeland (2010), “personal shortcomings” (which was explained as people “not having what it takes to live”) was identified as one of the main causes of suicide by many Ghanaians. This seems to go hand in hand with the idea that people with depression can simply “get over it.”

Concurrently, there may be economic factors contributing to the reported psychological distress of many Nigerians. Over the years, the country has suffered problems including the constant increase in poverty levels as well as severe security issues. World Bank 2017 Atlas of Sustainable Development Goals revealed that out of the 186 million people in the country, 86 million live below the poverty line. The records show an increase of 59% in poverty rates since 1990 (Kazeem, 2017). The country has also endured several terror attacks, especially from Boko Haram, which has claimed the lives of many and left others with nothing but horrific memories. In April 2014, the situation in the country got the world’s attention when the terrorist group captured 276 schoolgirls in northeastern Nigeria. Another 110 girls were kidnapped in February 2018 and though some were rescued, many are still missing. Over 86 people were killed and several houses were razed, in a clash between herders and farmers on July 23, 2018 in central Nigeria. An estimated 7 million people have been rendered homeless due to the crisis and taken shelter camps for internally displaced people (IDP) out of which, as many as 1 in 5 may need mental health care (WHO, 2018a). Unfortunately, due to the lack of mental health resources, many of them go without the necessary care. According to the Nigerian Police Force, Ogun, Lagos, Ebonyi, Delta, Oyo, Ondo and Kano states, have the highest rates of suicide in the country (Babalola, 2017).

Suicide has been decriminalized in many parts of the world including several African countries, but is considered a crime in Nigeria. Section 327 of the country's Criminal Code states any person who engages in a non-fatal suicidal behavior is liable, on conviction to imprisonment for one year. Other African countries with similar laws include Kenya, Malawi, Uganda, Tanzania, Ghana and Rwanda, where on conviction, the person may face up to 5 years imprisonment (Ranjan, Kumar, Pattanayak, Dhawan, & Sagar, 2014). Besides religious sentiments, one of the main arguments for the criminalization of suicide is that such punishments may act as a disincentive to others who may be considering suicide. However, the studies examining the effectiveness of such laws in this regard have been inconclusive, as some report an increase in suicide rates after decriminalization while others don't (Ranjan et al., 2014). Also, scholars have argued that the observed increase in suicide rates after decriminalization may be due to better reporting of such cases, as previously they could have been recorded as accidents due to the legal implications and stigma (Ranjan et al., 2014). With a significant percentage of persons who die by suicide being mentally ill, such sanctions may only aggravate or worsen their condition. Furthermore, due to legal hassles and stigma, people struggling with suicide ideations may not be encouraged to seek help. Another problem with underreporting is that the need for mental health resources may be undermined. Finally, people with suicide ideation may be more determined to complete suicide since failed attempts may result in their incarceration.

### **1.3 Stigmatization of Mental Illness**

The fear of stigmatization has been found in various studies to be a major factor preventing individuals with mental illness from obtaining proper treatment (Andrade et al., 2014; Mascayano et al., 2016). Of the people with major depression who commit suicide, only about

25% are in contact with psychiatric services at the time of their death (Hawton et al., 2013). Meanwhile, despite its alarming prevalence, suicide is preventable. Unfortunately, many people with depression, though they may be experiencing severe symptoms, do not seek professional help partly because of the social stigmas associated with mental disorders.

The World Health Organization (2018b) recognizes stigma as a primary cause of discrimination, affecting social relationships, and even hindering one's ability to earn a living. Therefore, people with mental illness may feel ashamed and isolated, as they are commonly considered to be the cause of their problems (CDC, 2015). Stereotyping, emotional reactions, status loss, and discrimination are common forms of mental health stigmatization (Corrigan & Kleinlein, 2005; Link & Phelan, 2013). Unfortunately, the stigmatization of people with mental illness is not unique to any one country but widespread across the globe.

There is extensive research by scholars from diverse educational and cultural backgrounds that reveals the adverse effects and implications of the social stigmatization of people with mental illness. In a world survey of over 229 countries (including dependencies), about 7% of the respondents in developed countries considered people with mental illness to be more violent, while twice as many respondents in developing countries had similar notions. Additionally, about 7% in developed countries believed that people with mental illness could never fully recover (Seeman, Tang, Brown & Ing, 2016). Similarly, based on the responses of the 2000 British and American citizens surveyed by Corrigan and Watson (2002), fear and exclusion were identified as common concepts in describing their perception of people with mental illness. Therefore, they are often deemed incompetent and violent individuals who need to be secluded from the general public.

Studies have also shown that even health professionals may hold stigmatizing notions of mental illness. In a study of 1414 psychiatrists in Brazil, about 43% were categorized having “great stigma” based on responses to a survey where they indicated that people with schizophrenia were not competent enough to have a driver's license (Loch et al., 2013). Only about 33% were considered to have positive attitudes towards people with schizophrenia. Similarly, Adewuya and Oguntade (2007) found 80.0% of the Nigerian medical doctors surveyed said they would not marry someone with a mental illness, 64.1% would be reluctant to date a person who has been hospitalized for a serious mental disorder, 59.0% would be unable to maintain friendship with a person with mental illness, and 47.8% did not believe a former mental patient is just as trustworthy as the average citizen. Therefore, people with mental illness not only have to deal with their symptoms but also an undeserved ignominy.

A significant contributing factor to the stigmatization of people with mental illness is poor mental health literacy. Batterham, Calear, and Christensen (2013) described mental health literacy as “public knowledge about the causes, risk factors, signs or symptoms, and treatments for mental disorders” (p. 406). This may be dependent on cultural beliefs, popular religious affiliations in the community, and economic factors. Results of several research studies have revealed a strong association between reduced social stigmas and improved mental health literacy (Wei, McGrath, Hayden, & Kutcher, 2015). The results of a survey of over 5000 people in Germany showed that those who were familiar with mental illness were less likely to consider people with schizophrenia or major depression to be dangerous (Angermeyer, Matschinger & Corrigan, 2014). Interestingly, the rife negative perceptions of mental illness may be rooted in beliefs dating as far back as ancient history. Comparing the cultural history and social norms of several Asian countries, Ng (1997) found that mental illness was commonly understood in the

context of “lack of mind-body dualism, somatization, the medicalization of psychiatric illnesses, spiritual and religious beliefs and family orientation.” (p. 388). Also, mental disorders were often particularly associated with evil, taboos and some (direct or inherited) divine punishment during one era or the other in many Asian cultures. However, this ideology was not peculiar to Asian cultures. Adewuya and Makanjuola (2008b) examined the widespread stigma in Nigeria and stated that the belief that mental illness is a spiritual affliction makes people with mental illness appear unattractive and dangerous. Similarly, the idea that mental illness is a consequence of a misdeed may “elicit condemnation rather than understanding or empathy,” (p. 4). Therefore, various forms of intervention, including campaigns raising awareness and entertainment education, have been purposefully designed to enlighten the public about mental health in several countries, especially in recent times. However, these contend with the recurring media misrepresentations endorsing negative stereotypes of people with mental illness.

#### **1.4 Stigmatization of Mental Illness in Nigeria**

Several studies have shown that many Nigerians assume that drug abuse and supernatural forces are the leading causes of mental illness. The study conducted by Adewuya and Makanjuola (2007) on the perceptions of mental illness in southwestern Nigeria revealed that “the most frequently endorsed causation was misuse of substances and alcohol (72.3%) followed by witchcraft/sorcery/evil spirit (65.5%) and God’s will/divine punishment (50.1%)” (p. 934). Similar results were obtained by Kabir, Iliyasu, Abubakar, and Aliyu (2004) in Northern Nigeria, as drug misuse was identified as the primary cause of mental illness, with supernatural forces ranking second. Research by Ikwuka et al. (2016) in the southeast also showed similar perceptions among the Igbos. In fact, they argued that, based on their findings, an improvement

in the availability and quality of mental illness facilities and resources may not change these conceptions. These beliefs also seem to prevail in Nigeria regardless of cultural differences.

One factor that may correlate with mental health literacy in Nigeria is socio-economic status. Adewuya and Makanjuola (2007) reported that “while urban dwellers were more likely to endorse multiple psychosocial factors than rural dwellers (50.0% vs. 38.4%), the rural dwellers were likely to endorse multiple supernatural factors (54.4% vs. 44.6%)” (p. 934). The rural areas usually consist of citizens of lower socioeconomic class who typically receive a lower quality education than people who live in cities, who are typically middle and higher socioeconomic class (Adewuya & Makanjuola, 2007). Therefore, the results may suggest that, to some degree, socioeconomic status may influence perceptions of mental illness.

To fully understand Nigerians’ perception of mental illness, it is imperative to explore how the concept of mental illness is expressed in Nigerian languages. The significance of language in culture cannot be ignored. Roland Barthes was a key theorist of semiotics, whose model explores the relationship between language and culture. Silverman (1983), explaining Barthes’ model of semiotics, states that “the relationship between a connotative signifier and a connotative signified can only be explained through reference to a larger social field, a social field which is structured by class interests and values” (p.29). The three major Nigerian languages are Hausa, Igbo, and Yoruba. During the colonial era, English became the official language and now serves as a common language in the culturally diverse country. Nonetheless, the use of English, in many ways, is influenced by the traditional languages. In Nigeria, a person with severe mental illnesses is referred to as a “mahaukaci,” “onye ara” and “were” in Hausa, Igbo, and Yoruba respectively, which all translate as “mad person” in English. Typically, other kinds of mental illnesses are either described or simply referred to as “mental problems.”

Therefore, there is strong association between mental illness and madness. A study conducted by Ikwuka et al. (2016) in southeastern Nigeria showed that over 60% of the respondents believed that mental health “does not exist along a continuum” (p. 12). In other words, “people are either mad or not mad” (p. 169). Explaining Nietzsche’s language theory, Bruner (2002) stated that “every word becomes a concept as soon as it is supposed to serve not merely as a reminder of the unique, absolutely individualized original experience, to which it owes its origin, but at the same time to fit countless, more or less similar cases which strictly speaking are never identical, and hence absolutely dissimilar” (p. 283). It is no surprise, therefore, that Nigerians often use this term and phrase to describe similar concepts in English.

The stereotypical idea of a mad person, in this sense, is someone who roams the streets aimlessly, wearing dirty, ragged clothing, speaking incoherently usually to no one in particular, and tends to be randomly violent. Kabir et al. (2004) found in their research that aggression and destructiveness, talkativeness, eccentric behavior and wandering, in that order, were the most cited symptoms of mental illnesses. Therefore, it is considered an insult to ask if someone is “mad” or insinuate that they might be. In fact, it could also be insulting to suggest that someone may have a “mental problem,” depending on the tone of the speaker.

Though many of the studies in Nigeria focus on severe mental illness, a few studies have examined stigmatization of depression but focused primarily on adolescents. This may be based on the notion that mental illness literacy has generally improved among adults because most campaigns have been targeted towards Nigerian adults. Adeosun (2016), investigating Nigerian adolescents’ perception of depression, found that the “majority misidentified depression as physical illness (26.1%), maltreatment/physical or sexual abuse (15.0%), ‘thinking too much’ (13.6%) emotional problem (14.3%), or stress (11.8%)” (p. 4). Aluh, Anyachebelu, Anosike,



and Anizoba (2018), in a similar study, reported that 71.0% of the respondents mislabeled depression as ‘emotional stress,’ ‘emotional problem,’ and ‘worry.’ Also, 76.3% could not distinguish between “normal” reactions of dysphoria and symptoms of clinical depression.

## **1.5 News Media Coverage of Mental Illness and Suicide**

News media coverage of social issues both reflects current public attitudes and influences how people think about and respond to those issues. To better understand mental illness stigma and public attitudes toward suicide in Nigeria, as well as how stigma may be reduced, it is important to examine the role played by the news media.

Lull (2000) argued that circulation of a dominant ideology impacts consciousness “to the extent that society’s powerful institutions can infiltrate thinking and affect human action” (p. 29). While the extent to which the media affects culture remains debatable, many scholars have proposed theories describing the relationship between media representations, social norms, and individual behavior. Walter Lippmann's (1922/1938) famous book *Public Opinion* proposed that the role of the media determines how people perceive and interact with other groups of people arguing that, throughout history, the media has been used to reinforce social norms and values.

The persuasive abilities of the news media have aroused the interest of many scholars, particularly the use of framing and its effects on society’s perspective on issues. Soules (2015) described framing as “cognitive structures that shape the way we perceive, reason and act” (p. 14). While the definitions of framing differ among scholars, it is a concept commonly used to describe “the power of a communicating text” (Entman, 1993 p. 52). Therefore, our concept of reality hinges on the narrative - the manner in which the story is told. Examining frames will shed some light on the way the human mind is persuaded during information transfer.

Scheufele (1999) argued that there are two types of frames, media frames and individual frames, because framing is a process that is not only used in presenting news, but also in comprehending messages. Gamson and Modigliani (1987) defined media framing as “a central organizing idea or story line that provides, meaning to an unfolding strip of events” (p.143). Therefore, framing involves the organization and prioritization of information sent. On the other hand, individual frames refer to “mentally stored clusters of ideas that guide individuals’ processing of information” (Entman,1993 p.53). In other words, individual frames reflect how individuals receive and make sense of messages. As Tewksbury and Scheufele (2009, p. 20) explained “a frame is what unifies information into a package that influences audiences.”

Often examined in media effects research, framing generally requires two vital processes, selection and salience (Entman, 1993). The first involves selecting “aspects of a perceived reality” because as Soules (2015) argued, persuasion is mostly effective if founded on an already existing belief. The second, referred to as “salience,” involves making certain aspects of the message more prominent and memorable, in order to “promote a particular problem definition, causal interpretation, moral evaluation, and/or treatment recommendation” (Entman, 1993, p. 52). Therefore, framing is included in the presentation of the problem, cause diagnosis, examination the effects of causal agents, and solutions. Frames may be manifested in the form of words (by choice, emphasis, repetition, or positioning), information provided or left out, images/graphics, or even the sources of information. A study by Simon and Jerit (2007) illustrated the power of framing. They exposed two different audiences to separate articles about abortion, which differed only in that one article used the word “fetus” and the other used “baby.” They found that a significantly higher percentage of the readers of the article with the word “baby” expressed support for regulating the procedure than those who read the other article.

Studies dating as far back as 1957 reveal that the media promotes negative stereotypes of people with mental illness, as they are commonly framed in relation to violence, crime, isolation, erratic behavior and danger (Dietrich, Heider, Matschinger, & Angermeyer, 2006; Kondo, 2008). Dietrich et al. (2006) conducted a study on 167 students, seeking to determine the effect that news articles had on the perception of people with mental illness. The results showed that over 50% of the students who were exposed to negative articles used words such as “violent” to describe people with mental illness.

Similarly, according to Niederkrotenthaler, Reidenberg, Till, and Gould (2014), the news media tend to underreport suicide in relation to mental illness, which therefore does not encourage people to think of suicide as a mental health issue. Instead, suicide is often reported in relation to homicide, which may reinforce the tendency to view individuals who contemplate suicide as dangerous to others. Arendt, Scherr, Niederkrotenthaler, and Till (2018) investigating the influence of suicide referents by the news media for German speakers, found that the use of problematic words (like *Freitod* which means Free death) by the news media increased the readers’ use of these words.

Studies have shown that the manner in which suicide is publicized may affect the rate of suicide. This phenomenon is termed the Werther effect (Phillips, 1974). The Werther Effect could be described as the tendency for people to be inspired by, and imitate another case of suicide. The concept originated in 1774, when a suicide epidemic was inspired by the novel 'The Sorrows of Young Werther,' by Johann Wolfgang von Goethe. Scholars concluded that romantic sensationalization of suicide in the novel may have led to the suicide epidemic that followed in the United Kingdom at the time. Researchers have identified sensational news reporting as a catalyst for Werther effect. Arendt (2018) analyzing possible Werther effects attributed to

suicide news reports between 1819 and 1944 found that there was a covariation between suicide rates and the quantity of reporting. However, Wasserman (1984), investigating the relationship between suicide reports in the *New York Times* and national rate of suicide, argued that the Werther effect may be selective. The study revealed that the increase in suicide rates only occurred when there was an economic downturn and when the reports were about a celebrity.

Media coverage of suicide can also impact stigma associated with suicide and mental illness. Audience responses to news media stories about mental health issues and suicide vary based on the way the stories are framed, as well as on their parasocial relationships with the people in the stories. Hoffner and Cohen (2017) describe a parasocial relationship with a media figure as “a deeply felt affective bond that persists outside the media use context” (p.2). Their study, which investigated responses to informational, stigmatizing and celebratory media coverage of Robin Williams’ death by suicide, found a strong positive correlation between the parasocial relationships formed with Williams before his death and their willingness to seek help, even though they may not have been aware of his mental illness prior to his death. They also found a positive relationship between the exposure to stigmatizing messages and depression stereotypes, whereas exposure to informative coverage was unrelated to depression stereotypes. However, although there are quite a number of studies exploring the effects of reporting celebrity suicide there are only a few that focus on the coverage of suicides by average people. Cheng, Chen, Lee, and Yip (2018) studied the relationship between a notable increase in suicide rates among students in 2016 and the news reporting of student suicide incidents in Hong Kong. Prior to an intervention March 2016, student suicide was frequently emphasized in the new media as the stories were often featured on the front pages, which Cheng et al. (2018) argued contributed greatly to the increased suicide rates. Improvements were noted however, after a decrease in

descriptive-reporting (describing suicides) and an increase in preventive-reporting (focusing on prevention of suicides).

The World Health Organization proposed guidelines on how to report suicide responsibly to minimize the negative influences on the reader, and possibly promote suicide prevention. It is important that reports do not sensationalize or glamorize suicide in any way -- for example, descriptions using the phrase “successful suicide” as opposed to “fatal suicidal behavior” or using the word “suicide” in the headline. Also, avoiding explicit descriptions of either the method or the site could help discourage the Werther effect on vulnerable readers. Journalists are also encouraged to seize the opportunity to educate the public on the causes, prevalence and prevention of suicide and provide accurate information on specific places to get help.

## **1.6 Online News Media and Public Response**

The evolution of digital technology and the internet has greatly revolutionized mass communication and its potential effects on culture. News media not only allow for quick and wide distribution of information but also spontaneous reactions from the audience. An opinion leader is often described as an active and respected voice, who can shape the thoughts, attitudes and ultimately behavior of others (Huhn Nunes et al., 2018). Huhn Nunes et al. (2018) showed that opinion leaders play a key role in their followers’ acceptance of persuasive messages. Furthermore, since commenters can choose to remain anonymous, explicit/unfiltered opinions can be anticipated (Sisask, Mark, & Värnik, 2012). Ksiazek (2018) identified four factors influencing the degree and quality of comments; story content, presentation format, journalists’ engagement in commenting platforms and organizational policies.

The interactive nature of online news media as well as its reported effects makes it necessary to also consider the impact that public reactions of the audience (e.g., posted comments) have on other media users' conception of the issues being addressed. The presence of others' opinions either reinforcing or challenging the message(s) may influence how people receive and respond to the issue in question. As Waddell and Bailey (2017) explained, "the tendency to follow the crowd might even lead to elevation-consistent effects, regardless of the actual content of the media message" (p. 535). Lee (2015) examined the effect of reading other people's comments, and found the comments to have persuasive effects especially on "cognitive responses and attitude" (p. 757). The development of interactive media extended ownership of media to the public and gave opinion leaders "the ability to focus, concentrate and influence various categories of users" (Salcudean & Muresan, 2017). An opinion leader is often described as an active and respected voice, who can shape the thoughts, attitudes and ultimately behavior of others (Huhn Nunes et al., 2018). Huhn Nunes et al. (2018) showed that opinion leaders play a key role in their followers' acceptance of persuasive messages. Therefore, comments from opinion leaders, on both online content and social media, have the potential to exert influence over the views of others who read their posts.

## **1.7 The Current Study**

One purpose of this study is to investigate the news coverage of suicide and see how it measures up to the World Health Organization's guidelines for standard media coverage of suicide. Another purpose of this study is to investigate online reactions (comments) to the news stories by comparing the perceptions of suicide and depression expressed in the comments to reported notions of suicide and depression among Nigerians in various studies.

Although there are several studies on the stigmatization of mental illness in the Nigerian movie industry, little research has been done on news media coverage of mental illness or the portrayal of suicide in Nigerian news media. Lester and Akande (1994) revealed that some stigmatizing views on suicide among Nigerians, particularly associating suicide with shame and blaming the victim for being “weak”. However, this study was conducted on one specific age group in one of many tribes with major cultural differences, which may include their perception of suicide. The introduction of digital media has also greatly influenced both the media, and public perceptions (Huhn Nunes et al., 2018). Furthermore, since the publication of the study, several health campaigns and educational programs have been organized to promote better mental health literacy in Nigeria. Meanwhile, global statistics show a steady increase in suicide rates in Nigeria since 2012 (WHO 2018b). Therefore, it is exceedingly important to examine attitudes towards suicide and explore potential ways of promoting suicide prevention in this digital age. The study will also focus on non-celebrities as there are many more studies on the effects of coverage of suicides by celebrities than suicides by average people. Excluding celebrity suicide also eliminates potential effects that may be due to pre-existing (possibly parasocial) relationships between deceased individuals and the audience, and hence, primarily concentrates on the effects of framing.

First, this study will examine how suicide in Nigeria is portrayed in online news articles. Considering that studies have shown a relationship between the quality of news coverage of suicide and the rate of suicide in a given community, it is important to analyze the manner in which Nigerian news articles cover suicide. First, because headlines often provide a frame for interpreting news articles, the study will examine what kind of detail is emphasized in the headlines. It is also crucial to examine if Nigerian news media sensationalizes suicide stories

and (if they do) in what ways. This may be determined by finding out how often news articles use graphic images (of suicide) in their reports, as well as by examining what kind of information is provided about the person and the suicide incident. The study will also examine if the articles encourage common stigmas against suicide and mental illness and how often suicide is referred to as a crime. Additionally, this study will investigate the “causes” of suicide mentioned in the news articles. Finally, the study will examine how often the articles proffer a solution on both an individual and social level. Therefore, the study addresses this research question:

RQ1: How do Nigeria news headlines frame articles about suicide?

RQ2: How do Nigerian news articles cover suicide?

This study also will examine the perceptions (attitudes) toward suicide and mental health reflected in the comments made on the articles. Particularly, the study will analyze responses to the suicide and perceived causes of the suicide (including mental illness) that are referenced in the comments. Thus, this study addresses these research questions:

RQ3: In what ways do the online comments react to the suicide reported in the news article?

RQ4: How do online comments on news articles reinforce, challenge, or add to the conversation on suicide in Nigeria?

## **2 METHOD**

This study is a qualitative and quantitative analysis of news articles about suicide in Nigeria, and public response to the news coverage. The research will determine if the online news coverage of suicide on top Nigerian news sites conforms to the World Health



Organization's guidelines for standard media coverage of suicide and how the comments may reflect, challenge or introduce new ideas on the subject matter. The method of selecting the news articles is described in section 2.1 The coding schemes are explained in sections 2.2 and 2.3, and details on the coding procedures are outlined in section 2.4. A brief overview of analysis procedures is provided in section 2.5.

## **2.1 Selection of Articles**

An initial search was conducted to identify cases of suicide that were covered in Nigerian online news sites. The search terms: (commits\* suicide), Nigeria, within the date range of March 2017 to March 2018, were queried on ProQuest database on April 5, 2018. Of the 83 results, only the 49 news articles reporting suicide cases were initially selected. Therefore, this excluded unrelated articles and articles discussing suicide or depression in general (34). The following classification of articles were further eliminated:

- Reported cases of contemplated suicide or uncompleted suicide attempts. (13)
- Stories about suicide with strong political affiliation (protests, acts of terrorism, etc.) (8)
- Suicide after person reportedly commits an act of violence (mass shootings, etc.) (7)
- Articles covering suicide of celebrities. (0)

This process resulted in the elimination of 28 of the 49 initially-selected articles, yielding 21 articles. Ten redundant articles (several versions the same case) were then eliminated, such that each article was about a unique case. Therefore, eleven cases of suicide were selected for this study based on the above criteria. Selected cases were then queried on each of the top three news sites in Nigeria: Vanguard, Punch and Guardian. The three top online newspapers were determined by comparing three websites (newsofnigeria.com, www.allyoucanread.com, and

www.onlinenewspapers.com) which published a list of the top newspapers in Nigeria (Appendix A). The online newspapers were not only common to all three lists but also regarded as the top three Nigerian news sites on www.alexa.com which compared their daily time on site, daily page views per visitor and percentage of traffic from search, with other news sites (See Table 2.1). The search resulted in 24 news articles, which had a total of 168 comments posted online. See Table 2.2 for details. The news articles and comments were analyzed by coders using separate coding schemes, as explained in more detail below.

Table 2.1: *Top Three News Sites*

Site	Daily Time on Site (Minutes per visitor to site)	Daily Pageviews per Visitor	% of Traffic from Search
Vanguard <a href="http://Vanguardngr.com">Vanguardngr.com</a>	4:59	2.40	26.3%
The Punch <a href="http://Punchng.com">Punchng.com</a>	6:04	2.78	14.6%
Guardian <a href="http://Guardian.ng">Guardian.ng</a>	4:01	1.90	31.7%

**Note.** The top three news sites were based on information on this site:

[https://www.alexa.com/topsites/category/Regional/Africa/Nigeria/News\\_and\\_Media](https://www.alexa.com/topsites/category/Regional/Africa/Nigeria/News_and_Media)

Table 2.2: List of Articles

Article #	Case#	Headline	Number of comments
1	1	Lecturer commits suicide in KWASU over demotion	11

2	1	Ex-KWASU lecturer commits suicide	6
3	1	Former Kwara varsity don commits suicide	0
4	2	Monkeypox victim commits suicide	0
5	2	Monkeypox victim commits suicide in Bayelsa	0
6	2	Monkey pox patient commits suicide	0
7	3	Driver defrauds boss, commits suicide	0
8	4	Director hangs self in Kogi	3
9	4	Top civil servant commits suicide in Kogi	8
10	4	Breaking: Director hangs self after wife gave birth to triplets	17
11	5	Woman, 40, commits suicide in Ebonyi	3
12	5	40-year-old woman commits suicide	0
13	6	Medical doctor, 74, commits suicide in Aba	0
14	7	Jealous Housewife Commits Suicide in Jigawa	14
15	7	Shocked housewife allegedly takes rat poison to protest husband's plan to take second wife	3
16	8	Fisherman commits suicide over loss of boat, equipment, fish in Akwa Ibom	4
17	9	Doctor jumps off Third Mainland Bridge, commits suicide	82
18	9	Update: Man jumps off Third Mainland Bridge in Lagos	0
19	9	Doctor commits suicide, jumps into Lagos lagoon	2
20	10	Boy commits suicide in church	0
21	10	[BREAKING] 20-year-old man commits suicide inside Catholic Church	1
22	11	Director in Lagos State civil service commits suicide	1
23	11	Director in Lagos State civil service allegedly commits suicide	6
24	11	Lagos Ministry of Youth Director commits suicide in Ogun	8

## 2.2 Coding Scheme for Articles

The selected articles were evaluated to see if they met the “responsible reporting” standards proposed in the World Health Organization’s guidelines for media coverage of suicide.

The coding scheme was partially based on the manual, as each story was examined to see if the authors:

- Took the opportunity to educate the public about the facts of suicide and suicide prevention
- Presented suicide as a solution to problems
- Explicitly described the method used in a completed or attempted suicide
- Provided detailed information about the site of a completed or attempted suicide
- Used graphic photographs or video footage
- Showed due consideration for people bereaved by suicide
- Provided accurate information about where to seek help (WHO, 2017b)

The coding scheme was divided into 11 categories (see Appendix B). The first three identify the article, the suicide case and the newspaper. Section D examines how much about the person and suicide incident is revealed in the headline, in order to how the article is framed. Section E examines how much and what kind of information is given about the person in the article. The manner in which the article portrays suicide is studied in section F. Section G analyzes the solutions for the problem of suicide proposed in the article on both an individual and societal level. Section H investigates the time and amount of detail the article provides about the specific incident. Section I examines the alleged causes of suicide highlighted in the article. The last two are open-ended sections that examine the specific kind of mental illness associated with suicide in the article, and any other comments on the causes.

### 2.2.1 *Headlines*

The headline is often considered to be the most important part of a news article, as it is a key factor influencing the readership of the article. The writer highlights the main point of the story in manner that would arouse the interest of the target audience. Since the goal is to grab the reader's attention with only a few words, only the information that is more likely to arouse curiosity is disclosed in the headlines. Therefore, the nature of information provided about both the person and the suicide incident was examined. This was measured by the presence or absence of the following: age, gender, marital status, parenthood, profession, site (of incident), the word "suicide," method (of the suicide), and alleged reason for suicide.

### 2.2.2 *Victim and Incident*

In this section, the quantity and kind of information revealed about the person and incident in the articles was analyzed. If the article mentioned the person's age/age group, it was coded as: child (12 or under), teenager (13-19), young adult (20-39), middle age (40-59), or older adult (60+). Other information was also coded: gender, marital status (single, married, divorced, widowed), and parental status. The amount of detail given about where the suicide occurred, especially if it was public place that people can imitate was coded. Coders also examined how much detail was given in the description of how suicide was committed. Finally, coders classified the method used for the suicide (hanging, poison, jumping, gunshot, other).

### 2.2.3 *Portrayal of Suicide*

The manner in which suicide was portrayed in the article was also analyzed. With Nigeria having one of the highest suicide rates in Africa (WHO, 2017a), the coders examined the articles

to see if they (accurately or inaccurately) referred to the prevalence of suicide (by including statistics about suicide or referring to other cases occurring during time period, etc.). Coders also reported whether or not the article mentioned researched causes of suicide (such as mental illness, depression) based on statistics. They examined each article to see if it suggested that suicide is a crime (for example, by using the phrase “committed suicide” as opposed to “died by suicide”). The coders recorded whether the articles suggested that the person was at fault, which includes the idea that the person who died by suicide had a “weak personality,” or could have avoided suicide by “toughening up.” They also reported if the article implied that suicide is a solution to a problem. They also reported any graphic images or videos of the scene, person, or of any suicide that were included in the article (for example, an image of corpse).

#### *2.2.4 Alleged Causes of Suicide*

The coders examined the article to determine the mentioned or implied causes of suicide. Based on the model of analysis used in Knizek et al. (2010), the presence or absence of these “causes” specifically were coded: emotional distress (expressed sorrow or grief), stress (mental or emotional tension resulting from the disparity between situational demand and the individual's ability), perceived personal shortcomings/guilt, physical illness, mental illness, economic/professional hardship, perceived difficulty with career (including students), culture/societal demands (having difficulty conforming to society's shared values or beliefs), supernatural causes (force beyond scientific understanding or the laws of nature), rejection, family/friend death, traumatic life experience (not already mentioned in other categories), or actions of significant other/family member. Other causes highlighted in the article besides these were mentioned in an open-ended format.

### **2.3 Coding Scheme for Comments**

All comments from the news articles selected were examined using a different coding scheme (See Appendix C). These codes are based, in part, on previous research on people's attitudes towards suicide, particularly the five "negative" attitudes toward suicide identified in Lester and Akande (1994) including; "People who commit suicide are usually mentally ill," and "People who commit suicide have a weak personality" (p. 852).

Besides three categories used solely for identification of article, case and comment, the comments were analyzed in seven categories. Section H identified the perceived causes of suicide highlighted by the commenter. Section D examined how the commenter reacted to the suicide incident. The commenter's suggestions in relation to suicide were analyzed in Section E. Section F examined whether the commenter challenged or reinforced the causes of suicide highlighted in the article, whereas section G examined the reaction to other comments. Two places for open-ended comments were also included. The first identified the specific kind of mental illness (if any) highlighted by the commenter and the second discussed any ambiguity or important notes.

#### *2.3.1 Reaction to Suicide Depicted in Article*

The commenter's reactions to the suicide were recorded. Coders particularly reported if the commenter expressed sympathy or compassion for the person who died by suicide and/or the family/friends, downplayed or minimized the loss of family and/or friends, blamed the victim (or expressed anger towards person), expressed anger towards people or circumstances perceived to be responsible, tried to relate with person who died by suicide on mental health issues, perceived

cause of suicide, or experience with suicide, challenged the suicide (e.g., expressed suspicions that story was a case of murder) or referred to the prevalence of suicide.

### *2.3.2 Suggestions related to suicide*

Comments highlighting possible solutions to the problem of suicide, including ways to prevent suicide or counter the assumed causes of suicide, were examined in this category. Coders noted if the comment discouraged suicide (advised against suicide), encouraged people to seek help, such as therapy or medical treatment, proposed solutions to the problem of suicide by the government or discussed the need for more research. Coders also reported if the comment supported or encouraged suicide (e.g., by supporting the victim's suicide or suggesting suicide is a solution to a problem).

### *2.3.3 Reaction to Causes in Article*

The coders examined the comments to see if they challenged/disagreed or reinforced/agreed with the cause(s) of suicide highlighted in the article.

### *2.3.4 Reaction to Other Comments*

The coders examined the comments to see if they challenged/disagreed with, reinforced/agreed with or supplemented (added to/built on) a comment by another user.

### *2.3.5 Perceived cause(s) of the suicide*

Comments with speculations about who (or what) could have been responsible for the suicide were evaluated in this category. Similar to the analysis of the articles, the coders reported



specifically if the commenter cited any of the following as a cause of the suicide; emotional distress (victim's expressed sorrow or grief), stress (mental or emotional tension resulting from the disparity between situational demand and the individual's ability), perceived personal shortcomings/guilt, physical illness, mental illness, economic/ professional hardship, perceived difficulty with career (including students), culture/societal demands (having difficulty conforming to society's shared values or beliefs), supernatural causes (force beyond scientific understanding or the laws of nature), rejection, family/friend death, traumatic life experience (not already mentioned in other categories), or actions of significant other/family member. Other causes highlighted in the article besides these were mentioned in an open-ended format.

## **2.4 Coding Procedure**

The news articles and comments were analyzed using separate coding schemes. All articles were thoroughly read to get an understanding on the data. After the coding schemes were developed, two coders practiced with a few articles and comments that were not included in the sample to test the efficacy of the coding schemes and minimize coder variance. The results of the test runs were discussed and modifications were made to the coding schemes where necessary, mostly to ensure clarity. Then, each coder independently coded all 24 articles and 168 comments to ensure reliability. Results entered into spreadsheets and Cohen's Kappa was calculated using ReCal (Freelon, 2013), an online resource that calculates inter-coder/interrater reliability coefficients. Disagreements were resolved by a third coder.

## **2.5 Data Analysis**

Data were analyzed to describe the reportage of suicide in Nigerian online news articles and posted comments (feedback or online discussions) about these cases on the respective news sites. SPSS was used to compute the frequency and percentages for all coding categories for articles and comments. The suicide cases were examined separately, and then analyzed by articles and by comments.

## **3 RESULTS**

The results of the coding of the 24 articles and the 168 comments – including the number and percentages of each coding category, as well as Cohen’s Kappa’s – are reported in tables. Most of the Cohen’s Kappas were quite high, but a few were relatively low (below .65), and findings associated with those categories should be treated with caution.

### **3.1 Cases of Suicide**

The search criteria yielded a total of 24 articles. There were 11 unique cases in the 24 articles examined. Therefore, demographic statistics for the people who died by suicide was based on analysis of Vanguard, the only source that had at least one article for each case. Victims’ ages were grouped accordingly: Child (12 or under), Teenager (13-19), Young Adult (20-39), Middle Age (40-59), Older adult (60+). The age/age group was only mentioned in five (45%) of the eleven cases. Only three categories were represented: Young Adult (2 cases), Middle Age (2 cases) and Older adult (1 case). Nine of the cases (81.8%) were males and two (18.2%) were females. The marital status of the people was categorized as follows: single,

married, divorced or widowed. Marital status was reported for only five of the cases (45%), all of whom were married. In four of the cases (36%) the people were identified as parents, of which three were among those reported to be married.

## **3.2 Analyses of Articles**

### *3.2.1 Headlines for Articles*

Research question 1 asked how Nigerian news headlines frame articles about suicide. To address this question the headlines were analyzed and coded. The number and percentage of articles including each variable in their headlines is presented in Table 3.1. Of the 24 articles, 20 (83.3%) used the word “suicide” in the headline. Fourteen articles (58.0%) mentioned the profession of the victim. In 7 of the 11 unique cases, the person’s occupation was revealed in the headline of at least one of the three news sites. The highlighted professions included a lecturer, a driver, two civil service directors, two medical doctors, and one fisherman. The number of articles that mentioned the profession was almost twice the number of articles that mentioned the victim’s gender ( $n = 8$ ; 33.3%), and more than three times those that mentioned victim’s age ( $n = 4$ ; 16.7%) in the headline.

Table 3.1: *Headlines for Articles*

	<b>Number of Articles</b>	<b>Percent of Sample</b>	<b>Cohen's Kappa</b>
<b>Headlines</b>	<b>24</b>		
<i>Age</i> : Mentions victim's age or age group.	4	16.7	1.0
<i>Gender</i> : Mentions victim's gender.	8	33.3	1.0
<i>Marital status</i> : Mentions or implies that victim is married or single.	2	8.3	1.0
<i>Is the victim a parent</i> : Mentions or implies that victim had children.	0	0.0	1.0
<i>Profession</i> : Mentions what victim does for living (this also includes student).	14	58.3	1.0
<i>Site</i> : Mentions where incident occurs.	13	54.2	1.0
<i>Suicide</i> : uses the word "suicide"	20	83.3	1.0
<i>Method</i> : Mentions how victim dies by suicide.	6	25.0	1.0
<i>Alleged Reason for suicide</i> : Mentions reason why victim died by suicide	5	20.8	0.69

Two (8.3%) of the 24 articles included the victim's marital status in the headline, whereas 12 (50.0%) included it in the text of the article. A sample headline is (article #14) "Jealous Housewife Commits Suicide in Jigawa." None of the headlines mentioned whether or not the victim was a parent. The site of the suicide incident was mentioned in 13 (54%) of the headlines, whereas 6 (25%) included the method by which the victim died. For example, (article #17) "Doctor jumps off Third Mainland Bridge, commits suicide" and (article #10) "Director hangs self in Kogi." In five (20.8%) of the headlines, the alleged reason for the victim's suicide was included. For example, one article stated: "Fisherman commits suicide over loss of boat, equipment, fish in Akwa Ibom" (article #16).

### 3.2.2 *Article Portrayal of Suicide and Proposed Solutions*

Research question 2 asked how Nigerian news articles cover suicide. This question is addressed in the next several sections that examine how the news articles in the sample portrayed suicide.

Table 3.2 presents the results for coding of portrayal of suicide and proposed solutions included in the article. Nearly all ( $n = 23$ ; 95.8%) of the articles suggested that suicide is a crime, mostly by using the phrase “committed suicide.” Six (25%) included graphic (inappropriate) images of suicide, with most being what appeared to be stock image illustrating suicide (such as a noose), as opposed to images of the actual incident. Four (16.7%) suggested that the victim was at fault. For example, a quote from an article that included blame is (article #16) “the family member expressed surprise that, ‘the father of four could take his life instead of sinking with the boat to save us the trouble of performing very expensive traditional sacrifices for his burial.’” Five (20.8%) cited researched causes of suicide (depression, etc.), based on statistics, and three (12.5%) of the articles referred to the prevalence of suicide, mostly by referring to other cases of suicide that occurred around the same time. A sample quote is “Last month, a female tailor, simply known as Funmi [also] committed suicide in Yaba, Lagos State.” None of the articles proposed solutions either on an individual level or a societal level.

Table 3.2: *Article Portrayal of Suicide and Proposed Solutions*

	<b>Number of Articles</b>	<b>Percent of Sample</b>	<b>Cohen's Kappa</b>
<b>Portrayal of Suicide</b>	<b>24</b>		
<i>Refers to the Prevalence of Suicide:</i>	3	12.5	1.0
<ul style="list-style-type: none"> <li>Articles that (accurately or inaccurately) refer to the commonness of suicide.</li> </ul>			
<i>Refers to Researched Causes of Suicide:</i>	5	20.8	1.0
<ul style="list-style-type: none"> <li>Article mentions researched causes of suicide (mental illness, depression, etc.) based on statistics.</li> </ul>			
<i>Indicates That Suicide is a Crime:</i>	23	95.8	1.0
<ul style="list-style-type: none"> <li>Article suggests suicide is a crime (for example, by using the phrase “committed suicide” as opposed to “died by suicide”)</li> </ul>			
<i>Presents Suicide as a Solution to Problems:</i>	0	0.0	1.0
<ul style="list-style-type: none"> <li>Article implies that suicide is a solution to a problem.</li> </ul>			
<i>Blaming the Victim:</i>	4	16.7	0.65
<ul style="list-style-type: none"> <li>Articles suggests that the victim is at fault.</li> </ul>			
<i>Include Graphic (Inappropriate) Images of Suicide:</i>	6	25.0	1.0
<ul style="list-style-type: none"> <li>Article provides graphic images (or videos) of scene (showing the event), victim or of any suicide.</li> </ul>			
<b>Proposed Solutions</b>			
<i>Proposed Solutions (Individual level):</i>	0	0.0	1.0
<ul style="list-style-type: none"> <li>Article provides specific information about where to seek help in order to prevent suicide.</li> </ul>			
<i>Proposed Solutions (Societal level):</i>	0	0.0	1.0
<ul style="list-style-type: none"> <li>Article includes possible solutions to the problem of suicide, including ways to prevent suicide on societal level.</li> </ul>			

### 3.2.3 *Reporting of the Specific Incident*

Table 3.3 reports the codes related to reporting of the specific incident of suicide. All articles gave broad or general information about where the incident occurred. But 10 of the articles (41.7%) gave specific details about where the incident occurred, that referred to a public place that people could potentially imitate. For example, a part of article #17 read; “a man said to be a doctor has jumped off the Third Mainland Bridge to his death on Sunday. He was reported to have stopped his driver on the bridge, opened the door of his Nissan SUV and jumped into the Lagoon.” Twenty of the articles (83.3%) gave the general method by which the victim died. the method was categorized as follows: Hanging, Poison, Jumping, and Other. A total of 13 articles (54.2%) stated that the person died by hanging, three articles (12.5%) reported poison, three articles (12.5%) indicated that the person had jumped, and one (4.2%) was categorized as other. Sixteen articles (66.7%) included detailed descriptions of how the person died by suicide. For example, this quote from a family member was included in article: “I, thereafter, went to his room only to find him hanging from the ceiling on a traditional Aso Oke tied round his neck” (article #24).

Table 3.3: *Reporting of Specific Incident in Article*

	<b>Number of Articles</b>	<b>Percent of Sample</b>	<b>Cohen's Kappa</b>
<b>Specific Incident</b>	<b>24</b>		
<i>General Site:</i>	24	100	1.0
<ul style="list-style-type: none"> <li>Article mentions (broadly) where suicide occurred.</li> </ul>			
<i>Explicit Disclosure of Specific Public Site:</i>	10	41.7	1.0
<ul style="list-style-type: none"> <li>The article gives specific details about where the incident occurred; coded only if it was in a public place that people could imitate.</li> </ul>			
<i>General Method:</i>	20	83.3	1.0
<ul style="list-style-type: none"> <li>Article states how victim died. For example: ingested poison, hanging.</li> </ul>			
<i>Explicit Description of the Method Used in the Completed Suicide:</i>	16	66.7	1.0
<ul style="list-style-type: none"> <li>Article includes detailed description of how victim died.</li> </ul>			

Fifteen of the articles identified alleged causes of suicide in the specific incident. The alleged causes of the suicide are reported in Table 3.4. In general, the articles named five alleged causes of suicide which were: economic/professional hardship (n = 7; 29.2%), mental illness (n = 5; 20.8%), physical illness (n = 2; 8.3%), actions of significant other/family member (n = 2; 8.3%) and rejection (n = 1; 4.2%). For example, according to one article, “the deceased was said to be behaving in a very strange and abnormal manner, showing that he was psychologically disturbed.” (Article #1, coded cause: mental illness). Another article stated: “Family sources said that Soje had, before the incident, been going through a lot of financial pressure due to non-payment of his salary for 11 months by the Kogi State Government.” (Article #8, coded cause: economic/professional hardship). All but two articles named just one (main/primary) cause.



Economic/professional hardship (once out of the seven times it was named) and rejection were mentioned as a secondary cause.

Table 3.4: *Alleged Causes of Suicide in Specific Incident Reported in Article*

<b>Alleged Cause</b>	<b>Number of Articles</b>	<b>Percent of Sample</b>	<b>Cohen's Kappa</b>
<b>Alleged Cause</b>	<b>24</b>		
<i>Physical illness:</i>	2	8.3	0.62*
<ul style="list-style-type: none"> <li>● Article links suicide to a disease or period sickness affecting the body (including specific physical illnesses such as cancer, heart disease)</li> </ul>			
<i>Mental illness:</i>	5	20.8	1.0
<ul style="list-style-type: none"> <li>● Article links suicide to a disorder (or disorders) that affected the victim's thinking, mood and behavior (including specific mental illnesses).</li> </ul>			
<i>Economic/ professional hardship:</i>	7	29.2	0.61*
<ul style="list-style-type: none"> <li>● Article suggests that suicide occurred because victim lost and/or lacked a usual or socially acceptable amount of money or material possessions (including job loss).</li> </ul>			
<i>Rejection:</i>	1	4.2	1.0
<ul style="list-style-type: none"> <li>● Article links suicide to failure of family, friends or significant other to show due affection or concern for victim (e.g., romantic rejection).</li> </ul>			
<i>Actions of significant other/family member</i>	2	8.3	1.0
<i>Stress:</i>	0	0	1.0
<ul style="list-style-type: none"> <li>● Article suggests victim's state of mental or emotional tension resulting from the disparity between situational demand and the individual's ability may have caused their suicide.</li> </ul>			
<i>Emotional distress:</i>	0	0	1.0
<ul style="list-style-type: none"> <li>● Person expressed sorrow or grief. (e.g., crying)</li> </ul>			
<i>Difficulty with career:</i>	0	0	1.0

<ul style="list-style-type: none"> <li>• Victim's perceived inability to cope with necessary tasks relating to career (including students).</li> </ul>			
<i>Culture/societal demands:</i>	0	0	1.0
<ul style="list-style-type: none"> <li>• Victim's difficulty in conforming to society's shared values or beliefs.</li> </ul>			
<i>Supernatural causes:</i>	0	0	1.0
<ul style="list-style-type: none"> <li>• A force beyond scientific understanding or the laws of nature.</li> </ul>			
<i>Family/friend death:</i>	0	0	1.0
<ul style="list-style-type: none"> <li>• The idea that victim's suicide was prompted by the loss of friend or family member</li> </ul>			
<i>Traumatic life experience</i> (Not mentioned in above categories)	0	0	1.0

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\* The Cohen's Kappas of 0.61 and 0.62 had 83.3% and 91.6% intercoder agreement respectively.

### 3.3 Analyses of Comments in Response to Articles

In response to research question 3, the commenters' reaction to the content of the news articles was examined in sections 3.3.1 and 3.3.2. In addition, research question 4 asked how online comments reinforce, challenge, or add to the conversation on suicide in Nigeria. This question is addressed in section 3.3.3.

Fifteen (62.5%) of the 24 news articles had comments. There were 168 comments in total. The articles with the least number of comments (articles #21 and #22) each had only one comment, whereas one article (articles #17) with 82 comments had the highest number of comments.

### 3.3.1 Reactions in Comments

The findings for reactions to the suicide are reported in Table 3.5. Of the 168 comments made on the articles, 14 (8.3%) expressed sympathy towards the victim, whereas 28 comments (16.7%) blamed or expressed anger towards the victim. For example, sympathy was expressed in comment #37: "...May his gentle soul rest in peace with the Lord. Amen." In contrast, comment #97 expressed blame: "No I disagree, he did it because he was faithless, he must be regretting his action right now on the other side."

Table 3.5: *Reactions to Suicide in Comments*

	<b>Number of Comments</b>	<b>Percent of Sample</b>	<b>Cohen's Kappa</b>
<b>Reaction to Suicide</b>	<b>168</b>		
<i>Expresses sympathy or compassion for the victim</i>	14	8.3	0.78
<i>Expresses sympathy or compassion for the family and/or friends of the victim</i>	10	6.0	0.88
<i>Downplays or minimizes family and /or friends' loss</i>	0	0.0	1.0
<i>Blames the victim</i>	28	16.7	0.85
<ul style="list-style-type: none"> <li>• Comment suggests that the victim is at fault (for example, the idea that the victim could have avoided suicide by "toughening up,") or expresses anger towards victim</li> </ul>			
<i>Expresses anger towards people or circumstances perceived to be responsible</i>	8	4.8	0.47*
<i>Relates with victim on mental health issues</i>	0	0.0	1.0
<i>Relates with victim on perceived cause of suicide</i>	1	0.6	1.0
<ul style="list-style-type: none"> <li>• Causes other than mental health issues</li> </ul>			
<i>Relates with victim on personal experience with suicide</i>	0	0.0	1.0

<i>Challenges the suicide (e.g., express suspicions that story was a case of murder)</i>	6	3.6	1.0
<i>Refers to the prevalence of suicide</i>	8	4.8	1.0
<ul style="list-style-type: none"> <li>● Comments that (accurately or inaccurately) refer to the commonness of suicide.</li> </ul>			

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\* The Cohen's Kappa of 0.47 had 94.0% intercoder agreement.

Ten comments (6.0%) sympathized with the victim's family/friends, and no comments (0%) downplayed or minimized the loss experienced by family and/or friends. Comment #37 sympathized with the family: "May the good Lord who is the husband to a window [sic] provide for the wife and the beautiful children. May He console the family for this irreparable lost." Additionally, eight comments (4.8%) expressed anger towards the people (or circumstances) perceived to be responsible for the suicide (other than the victim). For example, one comment stated: "The state governor should be impeached and forced to hang himself also for suicide" (Comment #13).

No comments related with the victim based on mental health issues or by being personally affected by suicide. Only one comment (0.6%) related with the victim on the perceived cause of the suicide, other than mental health issues (specifically financial difficulties). This comment (#21) stated: "Hmm RIP Soje... I feel your pain brother, what a country with no plan for citizens... every man on his own... you need light buy fuel, you need water, get well or borehole ... every convenience in Nigeria, must be all by yourself, God forgive your sin brother."

Six comments (3.6%) challenged the suicide, for example by expressing a suspicion that it was not a suicide. An example is: "*Haba, Haba* ... I can't believe this! The police should look into this properly. Soje is a victim of stroke. He couldn't have been able to climb a tree, or tie a rope over a branch without assistance. Something is fishy. Can you imagine suicide after such a

wonderful blessing [triplets] after 18yrs of waiting? And if he sold a house in April the money should still be remaining especially as his wife was already pregnant. Somebody tell me something. I want to scream!” (Comment #20).

Another eight comments (4.8%) referred to the prevalence of suicide. One example stated: “Seriously! [suicide is] Rising higher than inflation. At first, I only heard of this type [of suicide] from Japan. Today, Nigeria may be leading on suicide index since the last 2 years.” (Comment #91).

### 3.3.2 *Suggestions Related to Suicide*

The findings for suggestions are reported in Table 3.6. Very few of the 168 comments provided helpful suggestions related to suicide. Four comments (2.4%) advised against suicide, and two comments (1.2%) encouraged people to seek help, such as therapy or medical treatment. For example, Comment #157 did both: “Wow RIP , No problems without solution, people. It’s needless to do that [suicide], because if you ask for a advise, with serious prayer, you will be giving for sure. Even medical help can assist you.” Additionally, one comment (0.6%) proposed a solution to the problem of suicide by the government. No comments suggested a need for more research on suicide or related causes.

In contrast, five comments (3.0%) supported the victim’s suicide or suggested that suicide is a solution to a problem. An example is: “The man meant no harm to anyone, he only took what belongs to him. So let's respect his choice.” (Comment #101).

Table 3.6: *Suggestions Related to Suicide in Comments*

	<b>Number of comments</b>	<b>Percent of Sample</b>	<b>Cohen's Kappa</b>
<b>Suggestions</b>	<b>168</b>		
<i>Discourages suicide (advises against suicide)</i>	4	2.4	0.39*
<i>Seek help</i>	2	1.2	1.0
<ul style="list-style-type: none"> <li>• Encourages people to seek help, such as therapy or medical treatment</li> </ul>			
<i>Government intervention</i>	1	0.6	1.0
<ul style="list-style-type: none"> <li>• Proposes solutions to the problem of suicide by the government</li> </ul>			
<i>Supports Suicide</i>	5	3.0	0.76
<ul style="list-style-type: none"> <li>• Supports victim's suicide or suggests suicide is a solution to a problem</li> </ul>			
<i>More research need on suicide or related causes</i>	0	0.0	1.0

\* The Cohen's Kappa of 0.39 had 98% intercoder agreement.

### 3.3.3 *Reaction to Article and Other Comments*

Table 3.7 reports findings for reactions to the article and other comments. Only five (3.0%) of the comments challenged (or disagreed with) the cause(s) of suicide highlighted in the article. For example: "This is not a government or APC issue but this man is under a curse." (Comment #43). In contrast, 17 (10.1%) reinforced or agreed with the causes of suicide. For example, "A civil servant forced to commit suicide due to the inability of Kogi state govt under governor Bello to pay arrears of salary. He sold all his properties and was penniless, still he couldn't meet up with his personal needs, with no hope of any possible means of survival he

decided to end it all” (Comment #23). The commenter reinforced that the cause of suicide was economic hardship as highlighted in the article.

Table 3.7: *Reaction to Article and Other Comments*

	<b>Number of Comments</b>	<b>Percent of Sample</b>	<b>Cohen’s Kappa</b>
<b>Reaction to Causes in Article</b>	<b>168</b>		
<i>Challenges/disagrees with the cause(s) of suicide highlighted in the article</i>	5	3.0	0.83
<i>Reinforces/agrees with the cause(s) of suicide highlighted in the article</i>	17	10.1	0.85
<b>Reaction to Other Comments</b>			
<i>Challenges/disagrees with comment by another user</i>	51	30.4	0.85
<i>Reinforces/agrees with comment by another user</i>	8	4.8	0.53*
<i>Supplements (adds to/builds on) comment by another user</i>	4	2.4	0.89

\*The Cohen’s Kappa of 0.53 had 95.2% intercoder agreement.

Many comments also reacted to comments posted by other users, often to challenge or disagree with views expressed. Nearly one third of the comments (n = 51; 30.4%) challenged other comments. For example: “You should be careful of judging others wrongly. Every suicide cases is unique. People like you will still blame Buhari over someone who just committed suicide because they received an HIV report from their Doctors. Although, no one knows why this Doctor killed himself, I hope his soul rest in peace.” (Comment #110) Yet only eight comments (4.8%) reinforced other comments and four (2.4%) supplemented them. An example of reinforcement is: “You are correct. Some men are like that. We don't know the close bond between him and the wife.” (Comment #17).

### 3.3.4 Identified/Perceived Cause(s) of the Suicide

Table 3.8 reports the causes of suicide mentioned in the comments. The most cited (perceived) cause of suicide in the comments was political (activities associated with the governance of Nigeria or economic situation of the country). This cause was included in 24 comments (14.3%), and was identified as the primary/main cause in nearly half of these comments ( $n = 10$ ; 41.6%). For example: “The blood of this man be upon Kogi state government unjustly withholding workers and pensioners their salaries and pensions.” (Comment #24)

Table 3.8: *Identified/Perceived Cause(s) of the Suicide in Comments*

Cause of Suicide	Number of Comments	Percent of Sample	Cohen's Kappa
	<b>168</b>		
<i>Emotional distress:</i>	2	1.2	1.0
<ul style="list-style-type: none"> <li>● Victim's expressed sorrow or grief (e.g., crying).</li> </ul>			
<i>Stress:</i>	0	0.0	1.0
<ul style="list-style-type: none"> <li>● Victim's state of mental or emotional tension resulting from the disparity between situational demand and the individual's ability.</li> </ul>			
<i>Perceived personal shortcomings/guilt:</i>	1	0.6	1.0
<ul style="list-style-type: none"> <li>● A feeling of having done wrong or failed in an obligation</li> </ul>			
<i>Physical illness:</i>	2	1.2	1.0
<ul style="list-style-type: none"> <li>● A disease or period of sickness affecting the body (such as cancer, heart disease)</li> </ul>			
<i>Mental illness:</i>	8	4.8	0.85
<ul style="list-style-type: none"> <li>● A disorder (or disorders) that affected the victim's thinking, mood and behavior (including specific mental illnesses)</li> </ul>			



<i>Difficulty with career:</i>	0	0.0	1.0
<ul style="list-style-type: none"> <li>Victim's perceived inability to cope with necessary tasks relating to career (including students).</li> </ul>			
<i>Economic hardship:</i>	18	10.7	0.81
<ul style="list-style-type: none"> <li>Victim lost and/or lacked a usual or socially acceptable amount of money or material possessions (including job loss)</li> </ul>			
<i>Culture/societal demands:</i>	0	0.0	1.0
<ul style="list-style-type: none"> <li>Victim's difficulty in conforming to society's shared values or beliefs.</li> </ul>			
<i>Supernatural causes:</i>	5	3.0	1.0
<ul style="list-style-type: none"> <li>A force beyond scientific understanding or the laws of nature</li> </ul>			
<i>Rejection:</i>	0	0.0	1.0
<ul style="list-style-type: none"> <li>Failure of family, friends or significant other to show due affection or concern for victim (e.g. romantic rejection).</li> </ul>			
<i>Family/friend death:</i>	4	2.4	0.80
<ul style="list-style-type: none"> <li>Victim's suicide was prompted by the loss of friend or family member</li> </ul>			
<i>Traumatic life experience:</i>	0	0.0	1.0
<ul style="list-style-type: none"> <li>Not already mentioned in the above categories</li> </ul>			
<i>Actions of significant other/family member</i>	6	3.6	0.92
<i>Political:</i>	24	14.3	0.98
<ul style="list-style-type: none"> <li>Activities associated with governance of Nigeria or economic situation of the country</li> </ul>			
<i>Other cause</i>	5	3.0	0.79

A total of 18 comments (10.7%) considered economic hardship to be a cause of the suicide, of which 15 (83.3%) named it as the main cause. For example: "... He sold all his

properties and was penniless, still he couldn't meet up with his personal needs, with no hope of any possible means of survival he decided to end it all.” (Comment #23)

Of the 8 comments (4.8%) that mentioned mental illness as a cause, almost all (n = 7; 87.5%) considered it the main cause. For example: “I think it is more of depression and not recession.” (Comment #87) An additional 5 comments (3.0%) suggested a supernatural cause. For example, one stated that a cause of the suicide might be “the witches and wizards in his home town were after him” (Comment #133)

Other causes identified were action of significant other/family member (n = 6; 3.6%), family/friend death (n = 4; 2.4%), physical illness (n = 2; 1.2%), emotional distress (n = 2; 1.2%), perceived personal shortcomings/guilt (n = 1; 0.6%), and other (n = 5; 3.0%).

### **3.4 Comparative Analyses of Articles and Comments**

To offer additional insight regarding the relationship between article content and posted comments, selected supplemental analyses were carried out. Analyses considered whether certain content in the 168 online comments corresponded to the content in the articles on which the comments were posted. Specifically, to supplement research question 3, analyses examined blaming the victim in articles and comments, the inclusion of specific causes of the suicide in articles and comments (mental illness, economic hardship, and action of family member/significant other). Finally, to supplement research question 4, comments that reinforced or challenged the cause of suicide in the article were examined in relation to the reported cause.

Comparisons were executed in SPSS using Crosstabs, and the chi-square for each analysis is reported. These analyses included only articles on which comments were posted. Multiple comments were made on most of these articles, so the observations were not

independent, as is required for the use of chi-square. However, the chi-squares are reported to give a sense of whether there were associations between article content and comments.

### 3.4.1 *Blaming the Victim*

Twenty-eight comments blamed the victim, and there were 14 comments in total responding to articles that blamed the victim. There was no relationship between blaming the victim in the articles and blaming the victim in the comments, chi-square = 0.249,  $p = 0.618$ . Table 3.9 shows that about one fifth of the comments on articles that blamed the victim (3/14 or 21.4%) also blamed the victim. Similarly, the victim was blamed in just under one fifth of the comments (25/154 or 16.2%) on articles that did not blame the victim.

Table 3.9: *Comparing Articles and Comments that Blamed the Victim*

<b>Comments</b>	<b>Articles</b>		<b>Total</b>
	<b>Blame the Victim</b>		
	<b>Absent</b>	<b>Present</b>	
Blame the Victim (Absent)	129	11	140
	83.8%	78.6%	83.3%
Blame the Victim (Present)	25	3	28
	16.2%	21.4%	16.7%
Total	154	14	168

### 3.4.2 Causes of the Suicide

Mental illness as a cause of suicide was highlighted in eight comments (out of 168), and there were 20 comments in total responding to articles that mentioned mental illness as a cause. There was an association between mental illness being included as a cause in the article, and that cause being mentioned in the comments, chi-square = 5.247,  $p = .022$ . Table 3.10 shows that three of the 20 comments (15.0%) on articles that mentioned mental illness as a cause of suicide also highlighted mental illness as a cause. In contrast, mental illness as a cause was highlighted in only five of the 148 comments (3.4%) on articles that did not mention mental illness as a cause.

Table 3.10: *Comparing Articles and Comments that Mention Mental Illness as Cause*

<b>Comments</b>	<b>Articles</b>		<b>Total</b>
	<b>Mental Illness Cause Absent</b>	<b>Mental Illness Cause Present</b>	
	143	17	160
Mental Illness Cause (Absent)	96.6%	85.0%	95.2%
	5	3	8
Mental Illness Cause (Present)	3.4%	15.0%	4.8%
Total	148	20	168

Economic hardship was highlighted in 18 comments (out of 168), and there were 33 comments in total responding to articles that highlighted economic hardship as a cause. There was an association between economic hardship illness being included as a cause in the article, and that cause being mentioned in the comments, chi-square = 21.963,  $p < .001$ . Table 3.11

shows that 11 of the 33 comments (33.3%) on articles that mentioned economic hardship as a cause of suicide also highlighted economic hardship as a cause. In contrast, economic hardship was mentioned as a cause in only seven of the 135 comments (5.2%) that were responses to articles that did not mention economic hardship.

Table 3.11: *Comparing Articles and Comments that Mention Economic Hardship as Cause*

<b>Comments</b>	<b>Articles</b>		<b>Total</b>
	<b>Economic Hardship Cause</b>		
	<b>Absent</b>	<b>Present</b>	
	128	22	150
Economic Hardship Cause (Absent)	94.8%	66.7%	89.3%
	7	11	18
Economic Hardship Cause (Present)	5.2%	33.3%	10.7%
Total	135	33	168

Six of the 168 comments cited action of family member or significant other as a cause of suicide and there were 17 comments in total responding to articles that highlighted action of family member or significant other as a cause. There was an association between mention of that cause in the article and reference to it in the comments, chi-square = 36.672,  $p < .001$ . Table 3.12 shows that five of the 17 comments (29.4%) on articles that mentioned action of family member or significant other as a cause of suicide also highlighted that cause. In contrast, action of family

member or significant other was mentioned as a cause in only one of the 151 comments (0.7%) on articles that did not mention that cause.

Table 3.12: *Comparing Articles and Comments that Mention Action of Family Member or Significant Other as Cause*

<b>Comments</b>	<b>Articles</b>		<b>Total</b>
	<b>Action of Family/Significant Other Cause</b>		
	<b>Absent</b>	<b>Present</b>	
Action of Family/Significant Other Cause (Present)	150 94.8%	12 66.7%	162 89.3%
Action of Family/Significant Other Cause (Absent)	1 0.7%	5 29.4%	6 3.6%
Total	151	17	168

### 3.4.3 *Causes Highlighted in Articles and Comments that Challenged or Reinforced Article*

To further address research question 4, which asked how the comments on news articles reinforced, challenged, or added to the conversation on suicide in Nigeria, an additional analysis was conducted. Table 3.13 shows the relationship between the comments that challenged or reinforced the main cause of suicide in the article, and causes that were highlighted in those articles (mental illness, economic hardship or action of family member/significant other). The analysis showed that the tendency for commenters to challenge or reinforce the cause in the

articles differed based on the cause mentioned in the article, chi-square = 53.134,  $p < .001$ . Table 3.14 shows that comments rarely challenged and never reinforced the cause of the suicide in the article if either no cause was mentioned or mental illness was cited as a cause of the suicide. A very different pattern was observed for comments on articles that cited the cause of the suicide as either economic hardship or action of a family member or significant other. Few comments challenged either of these causes, but about one third of the comments reinforced these causes. Specifically, 12 of 33 comments (36.4%) reinforced economic hardship as a cause, and five of 17 comments (29.4%) reinforced action of a family member or significant other as a cause.

Table 3.13: *Comparing Causes Highlighted in Articles with Comments that Challenged or Reinforced the Article*

Response in Comment	Main Article Cause				Total
	None	Mental Illness	Economic Hardship	Action of Family/ Significant Other	
Neither Challenge nor Reinforce	97 99.0%	19 95.0%	18 54.5%	12 70.6%	146 86.9%
Challenge	1 1.0%	1 5.0%	3 9.1%	0 0.0%	5 3.0%
Reinforce	0 0.0%	0 0.0%	12 36.4%	5 29.4%	17 10.1%
Total	98	20	33	17	168

## 4 DISCUSSION

This purpose of this research study was to descriptively analyze the coverage of suicide Nigerian news articles online and the published comments of the readers. Eleven cases of suicide were examined in 24 articles. The results showed a vastly uneven gender distribution of the people who died by suicide in the articles (obtained from Vanguard news site only); nine males and two females. While this sample size is too small to make broad inferences, this distribution correlates with studies that show that while more females may attempt suicide, more males than females die by suicide (Canetto & Sakinofsky, 1998; WHO 2015). All suicide victims (whose ages were mentioned) were between the ages of 20 and 59 except one who was above the age of 60. It is also important to note that all the cases where the marital status was mentioned, the victim was married, however, the marital status of the victim was mentioned only five times. The discussion will compare the way the articles reported each case of suicide to the recommendations by WHO on responsible news coverage of suicide. The comments will also be examined to see how much they relate with the articles and with each other, as well as the extent to which they reflect researched stigmas/stereotypes when discussing suicide.

### 4.1 Analyses of the Articles

This study investigated how the cases of suicide were framed each news article. The results showed that 83.3% of the articles used the word “suicide” in the headline. With the headline being a major attention grabber (along with graphics or images), according to Chaumartin (2017), each word of a news title potentially has an emotion attached to it. Also, the site of incident was mentioned in more than half of the headlines; a quarter included how the victim died (method), and about one fifth included the alleged reason for the suicide. Framing



plays a key role in the way the audience receives, conceptualizes and (consciously or subconsciously) reacts to the message and is often established by varying headlines, story leads, and quotations (Slothuus, 2008; Soules, 2015). This goes against the WHO responsible reporting guidelines for suicide cases which suggest that the headline not use the word “suicide” or include explicit mention of the method.

The profession of the person was also mentioned quite frequently in the headlines (58% of the headlines). The emphasis on the occupation of the deceased may be an indirect reference to their socio-economic status since economic/financial hardship was considered a major cause of suicide in both the articles and comments. Further research could explore the patterns, reasons and possible implications of the emphasis on profession and other factors in the headlines of news articles reporting suicide incidents.

Considering the criminalization of attempted suicide in Nigeria, it was not surprising that nearly all (95.8%) of the articles suggested that suicide is a crime, mostly by using the phrase “committed suicide.” The WHO guidelines advise against using such language as it unduly stigmatizes the family (and friends) of the victim, although the organization recognizes that suicide may indeed be a crime in some countries. Attempted suicide in Nigeria is punishable by up to one year incarceration. Although one argument supporting the criminalization of suicide is that it may reduce suicides, it is important to investigate the validity of this claim in recent times, especially with the economic circumstances in the country and lack of mental health resources.

Twenty-five percent of the articles included inappropriate images of suicide. According to the results, most of the images included were not of the incident itself, but were stock images illustrating suicide (e.g., images of a shadow hanging on a tree, or a rope knotted in a manner commonly associated with suicide). With the exception of one article (which had a very blurred

picture), the image of the victim (dead or alive) was not included. The reason for this is unclear. One explanation might be that it is a way for the writers to show respect to the families, given the stigma attached to suicide in Nigeria. It may also be to emphasize the “shame” attached with suicide in the country (as in covering one’s face). However, none of these speculations are based on any known studies.

A small but noteworthy percentage (16.7%) of the articles suggested that the victim was at fault. While none of the authors of the articles seemed to blame the victim directly, the articles typically included quotes usually from friends and family who did. WHO recommends exercising caution when interviewing (and reporting input from) the family or friends of the person as their statements may be influenced by their grieving state. On the positive side, none of the articles presented suicide as a constructive solution to problems.

It is quite alarming that none of the articles proposed solutions to the problem of suicide, either (or both) on an individual or societal level. With the potential influence that the news media have on the public, it is vital to incorporate information that will both educate the readers and direct those who may need help to the right resources. WHO recommends that specific support resources be included in any article on suicide, especially suicide prevention centers, suicide hotlines, and other health resources, as well as self-help groups. While the lack of mental health resources in Nigeria may make this difficult, the news sites can help encourage the use of the available resources (e.g., Mentally Aware Nigerian Initiative; MANI), which may increase demand for them and ultimately lead to more resources. The results also showed that less than a quarter of the articles cited researched causes of suicide (mainly depression), and only 12.5% of the articles referred to the prevalence of suicide.

Many studies as well as WHO guidelines warn against revealing explicit detail about suicides in news reports, in order to prevent the Werther effect (Philipps, 1974), the likelihood that someone may imitate the act. Close to half (41.7%) of the articles gave explicit details about where the incident occurred, and this was only coded if it was in a public place that people could imitate. Over three-quarters of the articles (83.3%) gave a general description of how the victim died. More than half (54.2%) died by hanging, three (12.5%) by poisoning, three (12.5%) jumped, and one (4.2%) shot himself. Furthermore, more than half of the articles (66.7%) included detailed descriptions of how the victim died by suicide, including brand names of poisons and improvised materials used for hanging. This also goes against WHO guidelines, intended to prevent vulnerable readers from repeating such acts.

Given Nigeria's security and economic instabilities, it was no surprise that economic/professional hardship was the most commonly cited cause of suicide (29.2%) in the articles. It is interesting that despite the scanty mental health resources, close to a quarter of the articles (20.8%) cited mental illness (depression and "mental problem") as a cause of suicide. Highlighting the relationship between mental illness and suicide in news articles could potentially impact individual perceptions of suicide, as well as encourage family and friends to seek treatment for vulnerable persons. On a greater scale, framing the issue of suicide as a mental health concern also could encourage policy changes and potentially initiate advocacy and support for the provision and improvement of mental health resources. However, due the criminalization of suicide in Nigeria, one could wonder if identifying mental illness as a cause may further stigmatize people with mental illness. None of the articles mentioned supernatural causes, which is identified in several studies as a commonly cited cause of mental illness and suicide (Adewuya & Makanjuola, 2008a; Sheikh, Adekeye, Olisah & Mohammed, 2015). Other causes identified

less often were physical illness (8.3%), actions of significant other/family member (8.3%), and rejection (4.2%).

The analyses of how news articles covered suicide – including how often suicide was linked with mental illness and other causes – also has implications for understanding the potential agenda setting effects of this coverage. Agenda setting generally refers to the extent to which the media guides the thoughts of the audience as well as policy makers, with a view to determining public concern and policy decisions. (Djerf-Pierre & Shehata, 2017; Schweinsberg et al., 2017). Specifically, the information provided in the articles may influence the perceived importance of the issue of suicide, and more importantly may affect the perceived importance of mental health issues and availability of mental health treatment. Even though it was the second highest highlighted cause among the articles, mental illness was neither mentioned in the headlines nor discussed as a problem. One of the articles about a monkey pox patient who died by suicide (while receiving treatment) provided extensive information about symptoms and resources available for monkey pox victims, but none for mental illness or suicide. Meanwhile, though the monkey pox disease was mentioned in the headline, other versions of the story stated that his condition was said to have been improving, making the idea that the death by suicide was related to his monkey pox questionable.

#### **4.2 Analyses of the Comments**

The analysis of the comments was partly based on the model of analysis used in Knizek et al. (2010), a study that investigated the attitudes toward suicide and suicide prevention among psychology students in Ghana. The study identified mental illness and suicide stigmas similar to those outlined in Lester and Akande (1994).

After examining how commenters reacted to the incidents described in the news articles, the results showed that there were twice as many comments that blamed or expressed anger towards the victim (16.7%) than there were comments that expressed sympathy towards the victim (8.3%). This finding corresponds to the idea that people who die by suicide are “cowards who can’t face life challenges,” which was the most endorsed notion in Lester and Akande (1994). Although based on comments posted on a small number of articles, this finding may mean that attitudes towards suicide in Nigeria have not changed much since 1994. Only a small percentage of comments (6.0%) showed sympathy toward the person’s family/friends, but no one (0%) downplayed or minimized their loss. A few commenters (4.8%) expressed anger towards the people (or circumstances) perceived to be responsible, mostly when it was perceived to be the government. Not all believed it was suicide, with 3.6% of commenters challenging suicide as the cause of death. Further research should examine whether any specific factors make people skeptical of stories about suicide, such as the source or the profession of the victim. No one related to the victim on mental illness or suicide; only one person related to the victim at all, based on economic hardship. This may be due to the stigma associated with mental illness and suicide.

Relatively few comments made any suggestions related to suicide. Four comments discouraged suicide, whereas five comments supported suicide, for example by suggesting that the person may have had a reason. It was no surprise that only two comments encouraged people to seek help; moreover, neither of them provided any specific resource but mentioned general places a person may find help. Given the lack of available resources, it was quite shocking that only one person proposed government intervention to the problem of suicide.

The results showed the number of comments reinforcing the cause of suicide highlighted in the article were more than three times the number of comments that challenged it. Several studies have shown that the framing of news articles influences the reader's perception of the story (Entman, 1993; Tewksbury & Scheufele, 2009). Although it cannot be concluded that this was the case in this study, it seems likely. Referring to the influence of online comments, Schweinsberg, Darcy and Cheng (2017) explained that comments help validate "personal perspectives on complex policy issues and as a means to gauge the nature of current community perception." (p. 245). However, commenters were nearly seven times more likely to challenge another comment (30.4%) than reinforce it (4.8%).

Given the present circumstances in Nigeria, it makes sense that the most cited (perceived) causes of suicide in the comments were associated with the governance of Nigeria (14.3%) or the economic situation in the country (10.7%). These factors, along with poor security (especially terror attacks) and lack of mental health resources, may be primary causes fueling depression and other mental health problems that contribute to suicide. However, there is lack of research identifying the causes of suicide in Nigeria. Only a few comments (4.8%) mentioned mental illness as a cause. Other causes identified were action of significant other/family member (3.6%), supernatural causes (3.0%), family/friend death (2.4%), physical illness (1.2%), emotional distress (1.2%), perceived personal shortcomings/guilt (0.6%), and others (3.0%).

### **4.3 Analysis of the Relationship between the Comments and the Articles**

A series of analyses examined how certain content in the articles related to the inclusion of that content in the comments on the articles. Due to the disparities in the distribution of the comments to the articles, and the lack of independence of the observations, these conclusions

based on these analyses may not be reliable. However, the findings may still offer insight relating how news coverage of suicide may impact readers.

The study found that blaming the victim in the articles was unrelated to blaming the victim in the comments on the articles. Therefore, it is highly unlikely that the commenters that blamed the victim because the articles did. This finding suggests minimal media influence with respect to blaming the victim. Therefore, the idea that suicide was due to the victim's weak personality or inability to "toughen up," may have been prevalent among the readers prior to reading the articles. These findings correspond with the studies exploring the prevalent beliefs about suicide among Nigerians and Ghanaians (Knizek et al., 2010; Lester & Akande, 1994).

Analyses examined the three causes highlighted in both the comments and the articles, and found a relationship between each cause's appearance in the articles and in the comments. Specifically, when the articles mentioned the causes of mental illness, economic hardship or action of significant other/family member, comments were more likely to mention these causes as well.

The analysis of the commenters reactions to the cause highlighted in the article showed minimal reaction when mental illness was highlighted as the main cause of suicide in the article; only 5% challenged it and none reinforced it. In contrast, when economic hardship or action of family/significant other were highlighted as causes of the suicide, around one third of commenters reacted, mostly to reinforce the cause in the article. These findings suggest the news articles may have had an influence on the audience perception of suicide.

The relationship between the causes provided in the articles and the causes mentioned by commenters may be an indication of the which the news coverage contributes to agenda setting (Djerf-Pierre & Shehata, 2017; Schweinsberg et al., Darcy & Cheng, 2017). However, due to

their limitations, these analyses are not enough to determine causal influence, but do suggest that there may be one. Therefore, more research needs to be done to examine potential effects of news articles as regards the perspectives of the causes of suicide.

#### **4.4 Limitations and Future Research**

It is imperative to note that this research had some limitations. The study was centered around a small sample size of 11 suicide cases, which were reported in 24 articles on three online news sites. A sample of articles from a broader range of news sources over a longer period of time may have yielded different results. There was also an uneven distribution of the comments on each article which would impact the analyses. The fact that the research was limited to online news sites also limited the responses in comments. Even though they were the top-rated sites, the sample of comments does not include responses from people who do not visit online news sites. In addition, feedback from stories shared on social media websites were not considered. Despite the studies that show that a significant majority of Nigerians are internet-users in recent times, this study does not include non-internet users. As a result, the views of people living in rural/remote areas, of certain age-groups, or of certain socioeconomic classes may not be represented in this study.

Most of the interpretations were based on global statistics, as there is limited information on the prevalence of suicide as well as the attitudes towards suicide in Nigeria. Research on the demographic description of people who die by suicide in Nigeria should be done. Studies exploring the attitudes of Nigerians towards suicide, as expressed both offline and online (especially on social media), should be conducted considering age group, gender, socio-economic class and location/tribe. It would be interesting to investigate the difference between



the online and offline behavior of Nigerians. Since one of the strong arguments for the criminalization of suicide is its effectiveness (in reducing suicide), it would also be important to examine the degree to which it has been successful in producing desired results, especially with the recent security issues and lack of mental health resources in the country.

This study also focused only on cases of average people who died by suicide; other types of cases, including reports on celebrity suicide, suicide following reported acts of violence, politically-motivated suicides, and uncompleted suicide attempts, were eliminated during the selection. The patterns and effects in the news coverage of these categories of suicide cases should also be examined and compared. The differences and similarities in the news coverage (particularly the framing) of suicide through other outlets (besides online news sites) should also be examined.

Further research may also include an analysis of the news coverage process in Nigeria for suicide cases. Interviews with journalists may be conducted to help reveal common challenges they face when covering suicide cases. Also, the guidelines that govern the choices they make as regards the quotes from friends/family, as well as images or video footage they choose to include in their publications, may also be examined. A study of their suicide reporting process will give insight into the rationales behind their decisions, and may suggest ways that suicide reporting practices can be improved (WHO, 2017b).

To further examine the relationship between comments and online articles, a qualitative analysis of the interactions among commenters should be done. Though the quantitative analysis provided basis for speculations about possible correlations between the article and the comments, as well as how commenters responded to other comments, a qualitative study may reveal nuances that could not be captured by quantitative analysis.

#### **4.5 Conclusions and Practical Applications**

With the increasing suicide rates in Nigeria (WHO, 2018b), it is important that news stories about suicide in Nigeria are covered in a way that discourages the Werther effect and promotes suicide prevention. The findings in this research suggest that though mental illness is mentioned as a potential cause of suicide in news articles, information about mental illness and suicide prevention resources may not be provided. Also, other factors like the explicit description of the method and public sites may contribute to the increased suicide rate. Furthermore, the way news articles are framed may help guide the conversation about suicide.

The current research gives fundamental insight into the reporting and attitudes towards suicide that would be useful to Nigerian mental health organizations (such as Mental Awareness Nigerian Initiative; MANI) and public health organizations, as well as to Nigerian news media directors and journalists. Mental health professions need to work closely with journalists to help debunk prevalent ideas about suicide that increase stigmatization of mental illness, educate the public about suicide risk factors, and also provide information on the available resources (such as toll-free suicide hotlines). Framing the issue of suicide as a mental health concern also could potentially initiate advocacy and support for policy changes and the improvement of mental health resources. Journalists should also ensure that they report cases of suicide with caution to avoid both stigmatization and potential negative effects especially for vulnerable individuals. This research also contributes to communication and media research related to news coverage of suicide and mental health issues.

## REFERENCES

- Adeosun, I. I. (2016). Adolescent students' knowledge of depression and appropriate help-seeking in Nigeria. *International Neuropsychiatric Disease Journal*, 6(3), 1-6.
- Adewuya, A. O., & Makanjuola, R. A. (2008a). Lay beliefs regarding causes of mental illness in Nigeria: pattern and correlates. *Social Psychiatry & Psychiatric Epidemiology*, 43(4), 336-341.
- Adewuya, A. O., & Makanjuola, R. A. (2008b). Social distance towards people with mental illness in southwestern Nigeria. *Australian & New Zealand Journal of Psychiatry*, 42(5), 389-395.
- Adewuya, A. O., & Oguntade, A. A. (2007). Doctors' attitude towards people with mental illness in Western Nigeria. *Social Psychiatry and Psychiatric Epidemiology*, 42(11), 931-936.
- Aluh, D. O., Anyachebelu, O. C., Anosike, C., & Anizoba, E. L. (2018). Mental health literacy: What do Nigerian adolescents know about depression?. *International Journal of Mental Health Systems*, 12.
- Andrade, L. H., Alonso, J., Mneimneh, Z., Wells, J. E., Al-Hamzawi, A., Borges, G., ... & Florescu, S. (2014). Barriers to mental health treatment: results from the WHO World Mental Health surveys. *Psychological Medicine*, 44(6), 1303-1317.
- Angermeyer, M. C., Matschinger, H., & Corrigan, P. W. (2004). Familiarity with mental illness and social distance from people with schizophrenia and major depression: Testing a model using data from a representative population survey. *Schizophrenia Research*, 69(2), 175-182.

- Arendt, F. (2018). Reporting on suicide between 1819 and 1944: Suicide rates, the press, and possible long-term Werther effects in Austria. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*. Advance online publication. doi:10.1027/0227-5910/a000507
- Arendt, F., Scherr, S., Niederkrotenthaler, T., & Till, B. (2018). The role of language in suicide reporting: Investigating the influence of problematic suicide referents. *Social Science & Medicine*, 208, 165-171.
- Asuni, T. (1967). Attempted suicide in Western Nigeria. *The Central African Journal of Medicine*, 13(12), 289.
- Babalola, E. O. (2017). Preventing suicide: An urgent imperative. *Ife Psychologia*, 25(2), 294-299.
- Batterham, P. J., Calear, A. L., & Christensen, H. (2013). Correlates of suicide stigma and suicide literacy in the community. *Suicide and Life-Threatening Behavior*, 43(4), 406-417.
- Bruner, M. L. (2002). Rhetorical criticism as limit work. *Western Journal of Communication*, 66(3), 281-299.
- Canetto, S. S., & Sakinofsky, I. (1998). The gender paradox in suicide. *Suicide and Life-Threatening Behavior*, 28(1), 1-23.
- Centers for Disease Control and Prevention. (2015), Suicide Facts at a Glance. Retrieved from <https://www.cdc.gov/violenceprevention/pdf/suicide-datasheet-a.pdf>
- Cheng, Q., Chen, F., Lee, E. T., & Yip, P. F. (2018). The role of media in preventing student suicides: A Hong Kong experience. *Journal of Affective Disorders*, 227, 643-648.

- Corrigan, P. W., & Kleinlein, P. (2005). The impact of mental illness stigma. In P. W. Corrigan (Ed.), *On the stigma of mental illness: Practical strategies for research and social change* (pp. 11-44). Washington, DC: American Psychological Association.
- Corrigan, P. W., & Watson, A. C. (2002). The paradox of self-stigma and mental illness. *Clinical Psychology: Science and Practice*, 9(1), 35-53.
- Dietrich, S., Heider, D., Matschinger, H., & Angermeyer, M. C. (2006). Influence of newspaper reporting on adolescents' attitudes toward people with mental illness. *Social Psychiatry and Psychiatric Epidemiology*, 41(4), 318-322.
- Djerf-Pierre, M., & Shehata, A. (2017). Still an agenda setter: Traditional news media and public opinion during the transition from low to high choice media environments. *Journal of Communication*, 67(5), 733-757.
- Entman, R.M. (1993). Framing: Towards clarification of a fractured paradigm. *Journal of Communication*, 43(4), 51-58.
- Freelon, D. (2013). ReCal OIR: Ordinal, interval, and ratio intercoder reliability as a web service. *International Journal of Internet Science*, 8(1), 10-16.
- Gamson, W. A., & Modigliani, A. (1987). The changing culture of affirmative action. In R. G. Braungart & M. M. Braungart (Eds.), *Research in political sociology* (Vol. 3, pp. 137-177). Greenwich, CT: JAI Press.
- Gill, S. K., Muñoz, R. F., & Leykin, Y. (2018). The influence of perceived stress and depression. *Research in Political Sociology* 3, 137-177.
- Hamid Reza, S., Samira, R., Mohsen, M., Mahsa, C., Lida, S., Saba, A., & Shirin Zardui, G. (2017). An epidemiological study of suicide attempts and to determine the correlation between attempted suicide causes and demographic characteristics of people in

- Kermanshah Province during a year. *Middle East Journal of Family Medicine*, 15(7), 68-73.
- Hawton, K., Comabella, C. C., Haw, C., & Saunders, K. (2013). Risk factors for suicide in individuals with depression: a systematic review. *Journal of Affective Disorders*, 147(1), 17-28.
- Hoffner, C. A., & Cohen, E. (2017). Mental health-related outcomes of Robin Williams' death: The role of parasocial relations and media exposure in stigma, help-seeking, and outreach. *Health Communication*. Advance Online Publication.  
<https://doi.org/10.1080/10410236.2017.1384348>
- Huhn Nunes, R., Sabino de Freitas, A., & Leão Ramos, F. (2018). The effects of social media opinion leaders' recommendations on followers' intention to buy. *Revista Brasileira De Gestão De Negócios*, 20(1), 57-73.
- Ikwuka, U., Galbraith, N., Manktelow, K., Chen-Wilson, J., Oyebode, F., Muomah, R. C., & Igboaka, A. (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(1), 157-175.
- Kabir, M., Iliyasu, Z., Abubakar, I. S., & Aliyu, M. H. (2004). Perception and beliefs about mental illness among adults in Karfi village, northern Nigeria. *BMC International Health and Human Rights*, 4.  
<https://bmcinthealthumrights.biomedcentral.com/articles/10.1186/1472-698X-4-3>
- Kazeem, Y. (2017) People living in extreme poverty (less than \$1.90 per day). *World Bank 2017 Atlas of Sustainable Development Goals*. Retrieved from:  
<https://www.theatlas.com/charts/SJG3LerCg>

- Knizek, B. L., Akotia, C. S., & Hjelmeland, H. (2010). A qualitative study of attitudes toward suicide and suicide prevention among psychology students in Ghana. *Omega: Journal of Death & Dying*, 62(2), 169-186.
- Kondo, N. (2008). Mental illness in film. *Psychiatric Rehabilitation Journal*, 31(3), 250- 252
- Ksiazek, T. B. (2018). Commenting on the news: Explaining the degree and quality of user comments on news websites. *Journalism Studies*, 19(5), 650-673.
- Lee, M. (2015). The persuasive effects of reading others' comments on a news article. *Current Psychology: A Journal for Diverse Perspectives on Diverse Psychological Issues*, 34(4), 753-761.
- Lester, D., & Akande, A. (1994). Attitudes about suicide among the Yoruba of Nigeria. *The Journal of Social Psychology*, 134(6), 851-853.
- Link, B. G., & Phelan, J. C. (2013). Labeling and stigma. In C. S. Aneshensel, J. C. Phelan, & A. Bierman (Eds.), *Handbook of the sociology of mental health* (2<sup>nd</sup> ed., pp. 525-541). New York, NY: Springer.
- Lippmann, W. (1938). *Public opinion*. New York, NY: Macmillan, 1938 [c1922].
- Loch, A. A., Guarniero, F. B., Lawson, F. L., Hengartner, M. P., Rössler, W., Gattaz, W. F., & Wang, Y. (2013). Stigma toward schizophrenia: do all psychiatrists behave the same? Latent profile analysis of a national sample of psychiatrists in Brazil. *BMC Psychiatry*, 13. <https://bmcp psychiatry.biomedcentral.com/articles/10.1186/1471-244X-13-92>
- Lu, D. (2017). *Suicide risks and treatments, New ideas and future perspectives*. Hauppauge, NY: Nova Science Publishers, Inc.
- Lull, J. (2000). *Media, communication, culture: A global approach*. New York, NY: Columbia University Press.

- Mascayano, F., Tapia, T., Schilling, S., Alvarado, R., Tapia, E., Lips, W., & Yang, L. H. (2016). Stigma toward mental illness in Latin America and the Caribbean: A systematic review. *Revista Brasileira De Psiquiatria*, 38(1), 73-85.
- Ng, C. H. (1997). The stigma of mental illness in Asian cultures. *Australian and New Zealand Journal of Psychiatry*, 31(3), 382-390.
- Niederkrötenhaler, T., Reidenberg, D. J., Till, B., & Gould, M. S. (2014). Increasing help-seeking and referrals for individuals at risk for suicide by decreasing stigma: The role of mass media. *American Journal of Preventive Medicine*, 47(3), S235-S243.
- Nwaopara, A. U. (2015). Doctor to patient ratio and infrastructure gap in a psychiatric hospital in oil rich Eket, Nigeria. *International Journal of Basic, Applied and Innovative Research*, 4(3), 72-85.
- Omigbodun, O., Dogra, N., Esan, O., & Adedokun, B. (2008). Prevalence and correlates of suicidal behaviour among adolescents in Southwest Nigeria. *International Journal of Social Psychiatry*, 54(1), 34-46.
- Phillips, D. P. (1974). The influence of suggestion on suicide: Substantive and theoretical implications of the Werther effect. *American Sociological Review*, 39(3), 340-354.
- Ranjan, R., Kumar, S., Pattanayak, R. D., Dhawan, A., & Sagar, R. (2014). (De-) criminalization of attempted suicide in India: A review. *Industrial Psychiatry Journal*, 23(1), 4-9.
- Scheufele, D. A. (1999). Framing as a theory of media effects. *Journal of Communication*, 49(1), 103-122.
- Schweinsberg, S., Darcy, S., & Cheng, M. (2017). The agenda setting power of news media in framing the future role of tourism in protected areas. *Tourism Management*, 62, 241-252.



- Seeman, N., Tang, S., Brown, A. D., & Ing, A. (2016). World survey of mental illness stigma. *Journal of Affective Disorders, 190*, 115-121.
- Sheikh, T. L., Adekeye, O., Olisah, V. O., & Mohammed, A. (2015). Stigmatisation of mental illness among employees of a Northern Nigerian University. *Nigerian Medical Journal, 56*(4), 244-248.
- Silverman, K. (1983). *The subject of semiotics*. Oxford, UK: Oxford University Press.
- Simon, A. F., & Jerit, J. (2007). Toward a theory relating political discourse, media, and public opinion. *Journal of Communication, 57*(2), 254-271.
- Sisask, M., Mark, L., & Värnik, A. (2012). Internet comments elicited by media portrayal of a familicide-suicide case. *Crisis: The Journal of Crisis Intervention and Suicide Prevention, 33*(4), 222-229.
- Slothuus, R. (2008). More than weighting cognitive importance: A dual-process model of issue framing effects. *Political Psychology, 29*(1), 1-28.
- Sommers-Flanagan, J., & Shaw, S. L. (2017). Suicide risk assessment: What psychologists should know. *Professional Psychology: Research and Practice, 48*(2), 98-106.
- Soules, M. (2015). *Media, persuasion and propaganda*. Edinburgh, Scotland: Edinburgh University Press.
- Tait, G., & Carpenter, B. (2016). The continuing implications of the 'crime' of suicide: A brief history of the present. *International Journal of Law in Context, 12*(2), 210-224.
- Tewksbury, D. & Scheufele, D. A. (2009). News framing theory and research. In J. Bryant & M. B. Oliver (Eds.), *Media effects: Advances in theory and research* (3rd. ed., pp. 17-33). New York, NY: Routledge.

- Waddell, T. F., & Bailey, A. (2017). Inspired by the crowd: The effect of online comments on elevation and universal orientation. *Communication Monographs*, 84, 534-550.
- Wasserman, I. M. (1984). Imitation and suicide: A reexamination of the Werther effect. *American Sociological Review*, 43(3), 427-436.
- Wei, Y., McGrath, P. J., Hayden, J., & Kutcher, S. (2015). Mental health literacy measures evaluating knowledge, attitudes and help-seeking: a scoping review. *BMC Psychiatry*, 15. <https://bmcp psychiatry.biomedcentral.com/articles/10.1186/s12888-015-0681-9>
- World Health Organization. (2006). The world health report 2006: working together for health. World Health Organization. Retrieved from: <http://www.who.int/whr/2006/en/>
- World Health Organization. (2017a). Depression and other common mental disorders: Global health estimates. Retrieved from: [http://www.who.int/mental\\_health/management/depression/prevalence\\_global\\_health\\_estimates/en/](http://www.who.int/mental_health/management/depression/prevalence_global_health_estimates/en/)
- World Health Organization (2017b). Preventing suicide: A resource for media professionals - Update 2017. Retrieved from: [http://www.who.int/mental\\_health/suicide-prevention/resource\\_booklet\\_2017/en/](http://www.who.int/mental_health/suicide-prevention/resource_booklet_2017/en/)
- World Health Organization. (2018a). Healing the mental scars of violence in northeastern Nigeria World Health Organization. Retrieved from: <http://www.who.int/features/2018/mental-violence-nigeria/en/>
- World Health Organization. (2018b). World health statistics 2018. World Health Organization. Retrieved from: <http://apps.who.int/iris/bitstream/handle/10665/255336/9789241565486-eng.pdf;jsessionid=7A6C46D234B30AA610C4C3D250677E64?sequence=1>

Wright, D., & Weaver, J. C. (2009). *Histories of suicide: International perspectives on self-destruction in the modern world*. Toronto, Canada: University of Toronto Press, Scholarly Publishing Division.

## APPENDICES

### Appendix A

#### Comparison of Top 30 Online Nigerian News Sources on Three Websites

A <a href="http://newsfnigeria.com">newsfnigeria.com</a>	B <a href="http://allyoucanread.com">allyoucanread.com</a>	C <a href="http://onlinenewspapers.com">onlinenewspapers.com</a>	ABC	AC
<a href="#">Business News</a>	24/7 Nigeria News Update	Blueprint	Daily Post	Businessday News
<a href="#">Businessday News</a>	Daily Post	Businessday News	Daily Trust	Channels Television
<a href="#">Champion News</a>	Daily Trust	<a href="#">Channels Television</a>	Leadership Nigeria	Complete Sports
<a href="#">Channels Television</a>	Information Nigeria	Complete Sports	Nigeria Word	Daily Independent
<a href="#">Complete Sports</a>	Ladun Lliadi News	<a href="#">Daily Independent</a>	PM News	Daily Post
<a href="#">Daily Independent</a>	Leadership	<a href="#">Daily Post</a>	Premium Times	Daily Times
<a href="#">Daily Newswatch</a>	Masterweb Reports	Daily Times	Sahara Reporters	Daily Trust
<a href="#">Daily Post</a>	Naij	<a href="#">Daily Trust</a>	The Guardian	Leadership Nigeria

<a href="#">Daily Times</a>	Naija Gists	<a href="#">Leadership Nigeria</a>	The Nation	National Mirror Newspapers
<a href="#">Daily Trust</a>	News+Rescue	<a href="#">Naij Newspaper</a>	The Punch	Next
<a href="#">Leadership Nigeria</a>	news24 Nigeria	National Mirror Newspapers	The Sun	Nigerian Pilot
<a href="#">Nairaland</a>	Nigerian Bulletin	New Telegraph	This Day	Nigeria World
<a href="#">National Mirror Newspapers</a>	NigerianEye	<a href="#">New Telegraph (Lagos State)</a>	Vanguard	Nigerian Tribune
<a href="#">NEXT – www.234next.com</a>	Nigeriaworld	<a href="#">Next (National)</a>		PM News
<a href="#">Nigeria World</a>	<a href="#">Olufamous.com</a>	<a href="#">Nigeria World</a>		Premium Times
<a href="#">Nigerian Pilot</a>	Online Nigeria	Nigerian Pilot		Premium Times
<a href="#">Nigerian Tribune</a>	PM News	<a href="#">Nigerian Tribune</a>		The Guardian
Osun Defender	Premium Times	<a href="#">PM News (Lagos)</a>		The Nation
<a href="#">PM News</a>	<a href="#">Pulse.ng</a>	<a href="#">Premium Times</a>		The Punch
<a href="#">Premium Times</a>	Punch	<a href="#">Sahara Reporters</a>		The Sun
<a href="#">Sahara Reporters</a>	<a href="#">SaharaReporters.com</a>	The Authority Newspaper		This Day
<a href="#">The Advocate</a>	Sun	The Breaking Times		Vanguard
<a href="#">The Guardian</a>	The Guardian	<a href="#">The Guardian</a>		
<a href="#">The Nation</a>	The Nation	<a href="#">The Nation</a>		
The Nigerian Observer	The Trent	The Nigerian Observer		
The People's Daily	TheCable	<a href="#">The Punch</a>		

<a href="#">The Punch</a>	This Day	<a href="#">The Sun (Lagos)</a>		
<a href="#">The Sun</a>	Tribune	<a href="#">The Sun News Online</a>		
<a href="#">This Day</a>	Vanguard	<a href="#">This Day</a>		
<a href="#">Vanguard</a>	<a href="#">yNaija.com</a>	<a href="#">Vanguard</a>		

## Appendix B

### Code Book for Articles about Suicide

**A. Article #** [Enter article number]

**B. Case #** [Enter case number]

**C. Newspaper:** 1 Guardian, 2 Punch, 3 Vanguard

**D. Codes for Headline** [Enter the code if mentioned]

1 *Age*: Mentions victim's age or age group.

2 *Gender*: Mentions victim's gender.

3 *Marital status*: Mentions or implies that victim is married or single.

4 *Is the victim a parent*: Mentions or implies that victim had children.

5 *Profession*: Mentions what victim does for living.

6 *Site*: Mentions where incident occurs.

7 *Suicide*: Uses the word "suicide"

8 *Method*: Mentions how victim dies by suicide.

9 *Alleged Reason for suicide*: Mentions reason why victim committed suicide.

### E. Codes for Victim (from article and/or headline)

[Leave blank if not mentioned]:

**Age group:** 1 Child (12 or under), 2 Teenager (13-19), 3 Young Adult (20-39), 4 Middle Age (40-59), 5 Older adult (60+)

**Gender:** 1 Male, 2 Female

**Marital Status:** 1 Single, 2 Married, 3 Divorced, 4 Widowed

**Parent:** (Note: a pregnant person or spouse of a pregnant person is not considered a parent, unless they already have other children)

1 No (specified that victim is not a parent), 2 Yes

### **Codes for Article**

#### **F. Portrayal of Suicide** [Enter the code if mentioned]

##### *1 Refers to the Prevalence of Suicide:*

Articles that (accurately or inaccurately) refer to the commonness of suicide. For example; includes statistics about suicide or refers to other cases occurring during time period.

##### *2 Refers to Researched Causes of Suicide:*

Article mentions researched causes of suicide (mental illness, depression (specifically), etc.) based on statistics.

##### *3 Indicates That Suicide is a Crime:*

Article suggests suicide is a crime. For example, categorizes story as crime, uses the phrase “committed suicide” as opposed to “died by suicide” etc.

##### *4 Presents Suicide as a Solution to Problems:*

Article implies that suicide is a solution to a problem.

##### *5 Blaming the Victim:*

Articles suggests that the victim is at fault. The idea that the victim had a “weak personality,” could have avoided suicide by “toughening up,” and people with depression can simply “get over it.”

##### *6 Include Graphic (Inappropriate) Images of Suicide:*

Article provides graphic images (or videos) of scene (showing the event), victim or of any suicide. For example, reveals image of corpse.

#### **G. Solutions for the Problem of Suicide** [Enter the code if mentioned]

##### *1 Proposed Solutions (Individual level):*

Article provides specific information about where to seek help in order to prevent suicide. For example; a suicide hotline, available resources, advice etc.

*2 Proposed Solutions (Societal level):*

Article includes possible solutions to the problem of suicide, including ways to prevent suicide on societal level. For example: economic stability, development of better and accessible mental health care.

**H. Codes for Specific Incident** [Enter the code if mentioned]

*1 General Site:*

Article mentions (broadly) where suicide occurred. For example: the state, town/local government area, general name for place (university, bridge, church, mosque, market, etc.)

*2 Explicit Disclosure of Specific Public Site:*

The article gives specific details about where the incident occurred; code only if it was in a public place that people can imitate. For example: name of specific bridge, etc.

*3 General Method:*

Article states how suicide was committed. For example: ingested poison, hanging.

*4 Explicit Description of the Method Used in the Completed Suicide:*

Article includes detailed description of how suicide was committed. For example, brand/name, quantity or combination of drugs taken, or how they were obtained.

*5 Method:* 1 Hanging, 2 Poison, 3 Jumping, 4 Gunshot 5 Other

**I. Alleged Causes of Suicide in Specific Incident**

[Enter up to 5 codes in the 5 columns for cause; leave other columns blank]

Article links the suicide to possible problems the victim may have been experiencing. Code all causes that are explicitly mentioned or are STRONGLY implied in the article.

*1 Emotional distress:* Article links suicide to victim's expressed sorrow or grief. (e.g. crying)

*2 Stress:* Article suggests victim's state of mental or emotional tension resulting from the disparity between situational demand and the individual's ability may have caused their suicide.

*3 Perceived personal shortcomings/guilt:* Article suggests that victim's suicide was based on a feeling of having done wrong or failed in an obligation.

*4 Physical illness:* Article links suicide to a disease or period sickness affecting the body (including specific physical illnesses such as cancer, heart disease)

*5 Mental illness:* Article links suicide to a disorder (or disorders) that affected the victim's thinking, mood and behavior (including specific mental illnesses such as depression, schizophrenia).

*Note:* If 5 is coded and the specific type of mental illness is mentioned, note the type of mental illness in open-ended comment, in I below)

*6 Economic/ professional hardship:* Article suggests that suicide occurred because victim lost and/or lacked a usual or socially acceptable amount of money or material possessions (including job loss).

*7 Perceived difficulty with career:* Article suggests suicide was based on victim's perceived inability to cope with necessary tasks relating to career (including students).

*8 Culture/societal demands:* Article links suicide to victim's difficulty in conforming to society's shared values or beliefs.

*9 Supernatural causes:* Article suggests that suicide occurred due to a force beyond scientific understanding or the laws of nature.

*10 Rejection:* Article links suicide to failure of family, friends or significant other to show due affection or concern for victim (e.g., romantic rejection).

*11 Family/friend death:* Article speculates that victim's suicide was prompted by the loss of friend or family member.

*12 Traumatic life experience:* (Not already mentioned in the above categories)

*13 Actions of significant other/family member* (code 13 if the cause is partially due to this, even if the actions involve other categories above)

*14 Other cause* (mention cause in open-ended comment in J below)

**J. Open-ended: Specify Mental Illness (if mentioned in the article, coded 5 above)**

**K. Open-ended: Comments on Causes**

If any ambiguity, make notes about specific causes. This includes indirect causes.

## Appendix C

### Code Book for Comments

**A. Article #** [Enter article number]



**B. Case #** [Enter case number]

**C. Comment #** [Enter comment number]

**Codes for comments**

**D. Reaction to Suicide Depicted in Article:**

[Enter up to 3 codes in the 3 columns for reaction; leave other columns blank]

- 1 Expresses sympathy or compassion for the victim
- 2 Expresses sympathy or compassion for the family and/or friends of the victim
- 3 Downplays or minimizes family and /or friends loss
- 4 Blames the victim (Comment suggests that the victim is at fault. The idea that the victim had a “weak personality,” could have avoided suicide by “toughening up,” and people with depression can simply “get over it.” or expresses anger towards victim)
- 5 Expresses anger towards people or circumstances perceived to be responsible
- 6 Relates with victim on mental health issues (e.g., shares personal stories on how mental health issues have affected self, family or friends)
- 7 Relates with victim on perceived cause of suicide [causes other than mental health issues, which is coded 6] (e.g., shares personal stories on how perceived cause(s) of suicide have affected self, family or friends in any way)
- 8 Relates with victim on suicide (e.g., shares personal experience about suicide attempts or family/ friend’s suicide/ suicide attempts)
- 9 Challenges the suicide (e.g., express suspicions that story was a case of murder)
- 10 Refers to the prevalence of suicide (comments that (accurately or inaccurately) refer to the commonness of suicide. For example; includes statistics about suicide or refers to other cases occurring during time period.)

**E. Suggestions related to suicide**

[Enter up to 3 codes in the 3 columns for suggestions; leave other columns blank]

- 1 Discourages Suicide (advises against suicide)
- 2 Seek Help (encourages people to seek help, such as therapy or medical treatment)
- 3 Government Intervention (proposes solutions to the problem of suicide by the government)
- 4 Encourages Suicide (supports victim’s suicide or suggests suicide is a solution to a problem)
- 5 More Research on suicide or related causes (discusses the need for more research)

**F Reaction to Causes in Article:**

[Code if comment is presented as a reaction to cause in the article; no need to review the article]

- 1 Challenges/disagrees with the cause(s) of suicide highlighted in the article

2 Reinforces/agrees with the cause(s) of suicide highlighted in the article

**G. Reaction to Other Comments:**

[Enter any of the following codes for reaction to comments; leave other columns blank]

- 1 Challenges/disagrees with comment by another user
- 2 Reinforces/agrees with comment by another user
- 3 Supplements (adds to/builds on) comment by another user

**H. Identifies perceived cause(s) of the suicide (i.e., factors the commenter believes were causes)**

[Enter up to 3 codes in the 3 columns for perceived cause; leave other columns blank]

- 1 Emotional distress: Victim's expressed sorrow or grief. (e.g., crying).
- 2 Stress: Victim's state of mental or emotional tension resulting from the disparity between situational demand and the individual's ability.
- 3 Perceived personal shortcomings/guilt: A feeling of having done wrong or failed in an obligation.
- 4 Physical illness: A disease or period sickness affecting the body (including specific physical illnesses such as cancer, heart disease)
- 5 Mental illness: A disorder (or disorders) that affected the victim's thinking, mood and behavior (including specific mental illnesses such as depression, schizophrenia). Note: If 5 is coded and the specific type of mental illness is mentioned, note the type of mental illness in open-ended comment, in I below)
- 6 Economic hardship: Victim lost and/or lacked a usual or socially acceptable amount of money or material possessions (including job loss).
- 7 Difficulty with career: Victim's perceived inability to cope with necessary tasks relating to career (including students).
- 8 Culture/societal demands: Victim's difficulty in conforming to society's shared values or beliefs.
- 9 Supernatural causes: A force beyond scientific understanding or the laws of nature.
- 10 Rejection: Failure of family, friends or significant other to show due affection or concern for victim (e.g. romantic rejection).
- 11 Family/friend death: The idea that victim's suicide was prompted by the loss of friend or family member.
- 12 Traumatic life experience: (Not already mentioned in the above categories)
- 13 Actions of significant other/family member (code 12 if the cause is partially due to this, even if the actions involve other categories above)
- 14 Political: Activities associated with the governance of Nigeria or economic situation of the country
- 15 Other cause (mention cause in open-ended comment in J below)

**I. Open-ended:** Specify Mental Illness (if mentioned, coded G 5 above)

**J. Open-ended:** Comments