

## **CRIMINALIZATION OF SUICIDE INTENTION AS A PREVENTION MEASURE TO COMMITTING SUICIDE: A STUDY OF ITS IMPACT AMONG CHRISTIAN BELIEVERS FROM MUSLIM BACKGROUNDS IN DANDORA, KENYA**

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### **ABSTRACT**

Suicide is one of the major global issues and health problems affecting the human populace as one person commits suicide in the world every 40 seconds with nearly 800,000 people dying from suicide every year (WHO, 2012). This paper, therefore, seeks to answer the question: whether the criminalization of suicide has any effect on deterring Christian believers from Muslim backgrounds with suicidal ideation to execute their plans and if not what should be done. This study was conducted among 20 believers from Muslim backgrounds living in Dandora, in Nairobi, to examine the possible impact of criminalization on suicide prevention and corresponding measurements. Face-to-face in-depth interviews were performed with the selected sample to gain insight into the issue based on individuals' personal experiences. The findings of the study indicate that the criminalization of suicide attempts does not help prevent suicide. This paper, therefore, suggests a change to the law that would help those who attempt suicide access treatment and timely counselling without fear of arrest. As corresponding measurements, this study found that the participants who read the Bible every day, attend worship every Sunday, and pray every day show recovery from suicidal behaviour, indicating that religious factors can deter suicide.

**Keywords:** Suicide, Prevention, Criminalization, Suicide intention, Impact, Believers from Muslim backgrounds, Christianity.

### **1.0 INTRODUCTION**

The growth of problems in society that leads to suicide is a concern that needs to be looked into with urgency in order to create effective control measures. Kenya seems not spared by this global problem as recent reports in the media highlight stories on suicides. Hardly a week passes without an incident of suicide in Kenya (Gathu, 2017). According to an article published in The Standard paper in 2014, in every 100,000 people who die in Kenya annually, 3,000 of these are as a result of suicides (Njaramba, 2014). Deaths from suicide are a destructive blow to families, communities, and societies as a whole. When a suicide happens, people who are closest to the victim experience a significant loss, including pain,

shame and distress. According to Bryan and Rudd (2006, pp. 185-200), the first and immediate reaction by the families of the victim is shocked, and guilt feelings are followed because they may feel that they failed to prevent the suicidal act. Shame is one of the common experiences that distinguish the aftermath of a suicide attempt (Wallby, 2008). Stigma is an indication of shame, and the stigma caused by suicide affects not only the suicidal individual involved but others and even future generations (Hjemeland et al., 2008). Furthermore, suicide tends to trigger another suicide by a susceptible person who suffers from depression, stress, relationship difficulties demonic oppression, and fears. People who have recently lost someone through suicide are at an increased risk of thinking about, planning, or attempting suicide (Harvard Health Publishing, 2019).

The World Health Organization's (WHO) suicide data in Kenya estimates the rate of suicide rate as 3.2 instances for every 100,000 people in 2016, and suicide rank is 162 out of 183 countries (World Population Review, 2020). According to the Kenya National Bureau of Statistics (KNBS, 2018), however, there were 302 suicides out of the total population of 48.46 million in 2016, which is less than a quarter of the WHO estimate. In a study conducted by Mary Bitta, a researcher at KEMRI-Wellcome Trust, a health research institute in Kenya, the criminalization of suicide in Kenya and cultural stigma against suicide are the primary reasons for the sparse data on suicide (Bitta et al., 2018). Despite the fact that Kenya has no vital registration data representing the direct estimate of suicide rates, WHO reports the number of suicide reported in Kenya increased by 58 percent between 2008 and 2017 to reach 421 (WHO, 2018)

Substantial numbers of Muslims are converting to Christianity every year. A global census on believers from Muslim backgrounds conducted by Johnstone and Miller (2015) reports that there are 70,000 believers from Muslim backgrounds in Kenya. However, believers from Muslim backgrounds face numerous challenges after their conversion: loneliness, insecurity, redefining their identities, and financial deprivation. These challenges pose unbearable burdens to them, driving them to attempt suicide. Among believers from Muslim backgrounds, there is a high possibility of suicide attempts since they are exposed to the mental disorder caused by identity crisis after conversion from Islam to Christianity, and financial stress caused by abandonment from their family and community (Green, 2012, pp. 435-481).

WHO recognizes that the most vulnerable of the world's population especially the discriminated and highly marginalized groups are the most affected by suicide (WHO, 2014). WHO (ibid) also notes that suicides are preventable by paying attention to the vulnerable and mentally affected individuals. Various factors among them psychological, social and cultural can interact to drive an individual into having suicidal thoughts and consequently committing the suicidal act. However, in the case of stigmatization, which is highly attached to mental disorders as addressed by Hjemeland et al. (2008), suicidal behaviour often results from the fact that most people feel unable to seek the necessary help in suicide prevention. The Criminal Code of Kenya (Section 226 of the Penal Code) (Laws of Kenya, 2009) classifies attempted suicide as a misdemeanour under the section offences connected with murder and suicide. According to Njuguna, a head of the Mental Health Care Unit at the Ministry of Health, criminalization of suicide is a hindrance to people living with suicidal thoughts, because their perception of suicide as a criminal offence makes them go into hiding rather

than seeking help (2018). This paper, therefore, attempts to draw attention to the criminalization of suicide as a measure to prevent further suicidal behaviour among believers from Muslim backgrounds in Dandora, Kenya.

The aim of this study was to examine the impact of criminalization of suicide among Christian believers from Muslim backgrounds living in Dandora, in Nairobi. Participants completed interview questions designed to measure suicidal behaviour and investigate how religious factors deterred suicide. Suicide is a serious public issue affecting a high population of both men and women in the country especially the young generation. Globally ranked as the second leading cause of death in the population aged 15 to 29-years, suicide claims over 800,000 lives yearly, with a suicide-related death occurring every 40 seconds across the globe, and many more suicide attempts (WHO, 2014). Adinkrah (2016) points out that seeking to understand the legal position of any country in relation to suicide, in particular, decriminalization of attempted suicide, requires contextually relevant, customized and culturally sensitive research.

## 2.0 REVIEW OF LITERATURE

In a survey carried out by the WHO (2014), available data show that criminalization does not increase cases of suicide, but instead, reduces the rate of reported cases. It is possible that decriminalization will increase the reporting of suicides once the fear of legal recriminations is eliminated. This allows for more accurate estimates of the actual extent of the matter. When suicide is considered a criminal act, suicide attempts are often hidden and suicide deaths are unreported, hence giving a false impression that suicidal behaviours are less prevalent (WHO, 2014).

Attempted suicide and actual suicide act among believers from Muslim backgrounds are hardly heard of, because of the sensitivity of identifying the victim. Sahih al-Bukhari (a collection of hadith compiled by Imam Muhammad al-Bukhari) (Bukhārī, 1965) 3017 says, "If somebody discards his religion, kill him". Conversion from Islam to Christianity is a capital offence in Islam, and it could cost ex-communication or even physical death. Therefore, identity exposure of Christian believers from Muslim backgrounds may involve life-threatening danger. It seems to contribute to a lack of research sources related to believers from Muslim backgrounds' suicide attempts.

In some Christian-majority countries, both completed and attempted suicides are considered to be criminal offences because suicide is defined as an attempt to commit self-murder (Freamon, 2003). Anyone who attempts suicide and fails can be prosecuted and imprisoned. In *The City of God*, St. Augustine (AD 354-430) pronounces Christianity's first overall condemnation of suicide (Augustine, 2003, p. 26). According to Augustine (ibid), suicide violates the divine law against killing and human law against murder that is a reflection of the divine law. He states that suicide is an attempt to escape suffering, urging people to imitate the patience of Jesus, and cultivate a society that empowers the sufferer to live with dignity. His argument led to suicide being viewed as a criminal act by governments for the next thousand years (Ortiz, 2019).

However, in the last fifty years, the situation has changed remarkably with the theory of Durkheim (Jones, 1986, pp. 82-114). In *Le suicide*, Durkheim, a French sociologist, states

that societal stressors or external pressures can contribute to suicidal behaviour (1952, p. 151). His theory of increased awareness about suicide has helped to de-stigmatize the act of suicide. The dawn of psychology also influenced change in societal attitudes about suicide. Freud (1964) proposed the concept of psychosis and suggested that mental or emotional distress could be due to natural and physical factors. Those efforts facilitated changes in civil, criminal, and religious laws related to suicide. The idea that attempted suicide is not a matter of punishment but a serious mental illness that requires treatment; has been recognized by most developed countries (Ranjan et al., 2014).

At present, most countries have decriminalized suicide. Of 192 independent countries, 25 of them have specific laws and punishments for attempted suicide (Mishara & Weisstub, 2015). The act of suicide gradually began to be seen as a highly complex and multifaceted problem influenced by socio-cultural and religious factors. Recent researches show that the criminalization of suicidal behaviour is one of the main reasons people do not seek help to prevent the act (Kahn & Lester, 2013; Yadwad & Gouda, 2005). The question is whether the criminalization of suicide has any effect on deterring believers from Muslim backgrounds from suicidal behaviour.

The data presented in Table 1, published by WHO (2018), shows the suicide rate across Christian-majority countries and the countries' legal state of suicide. According to the table, suicide is illegal in six countries, while it is legal in twenty-three countries out of 34 Christian-majority countries. The average rank of six countries that criminalize suicide is 133, and that of twenty-three countries that decriminalize suicide is 68.39. This data indicates that the suicide rate of the countries that criminalize suicide is, on average, remarkably lower than that of the countries that decriminalize it.

**Table1. Suicide rate across Christian-based countries**

Country	% of Christians	Legal State	Suicide Rank	Suicide per 100,000
Armenia	0.979	Legal	111	6.6
Greece	0.973	Legal	133	5
Moldova	0.933	Legal	24	15.9
Georgia	0.877	Illegal	87	8.2
Romania	0.87	Legal	63	10.4
Serbia	0.86	Legal	26	15.6
Liberia	0.855	Unknown	107	6.8
Bulgaria	0.84	Legal	55	11.5
Bahamas	0.83	Illegal	180	1.7
Cyprus	0.78	Illegal	128	5.3
Denmark	0.778	Legal	44	12.8
Namibia	0.763	Legal	82	8.7
South Africa	0.75	Legal	54	11.6
Ukraine	0.744	Legal	8	22.4
Norway	0.743	Legal	51	12.2

Iceland	0.729	Legal	33	14
Montenegro	0.724	Legal	64	10.3
Zambia	0.723	Legal	116	6.1
Finland	0.716	Legal	23	15.9
Barbados	0.7	Unknown	182	0.8
Papua New Guinea	0.7	Illegal	117	6
Botswana	0.66	Legal	74	9.3
Tonga	0.65	Unknown	157	3.5
Antigua and Barbuda	0.64	Legal	183	0.5
Ethiopia	0.634	Legal	103	7.2
Jamaica	0.633	Unknown	178	2.2
Sweden	0.63	Legal	28	14.8
Zimbabwe	0.63	Legal	61	10.7
Kenya	0.617	Illegal	162	3.2
Ghana	0.581	Illegal	124	5.4
Fiji	0.555	Legal	132	5
Central African Republic	0.51	Unknown	97	7.7
United Kingdom	0.5	Legal	78	8.9
United States	0.498	Legal	27	15.3
<b>Mean</b>			<b>90.94117647</b>	<b>8.867647059</b>

Source: World Population Review (2020)

According to the data analysis, suicide rates seem to decline in countries with criminalization. It is suggested that one of the contributing factors to the high suicide rates in Japan is the tolerance within its culture (Ozawa-de, 2008). Additionally, Stack and Kposowa (2008) state that individuals' approval toward suicide may influence others in their communities. However, the data per se is insufficient to assure that the criminalization of suicide lowers suicide rates because there is a strong possibility that the completed and attempted suicide is covered up, that is, under-reported in the countries that criminalize suicide, including Kenya.

### 3.0 MATERIALS AND METHODS

This study used a qualitative research method that is concerned with establishing answers to the why and how of the phenomenon in question. Qualitative research is appropriate when the goal of the study is to explain a phenomenon by depending on the perception of a person's experience in a given situation (Stake, 2010, pp. 17-18). Creswell defines qualitative research as an inquiry process of understanding based on the distinct methodological tradition of inquiry that explores a social or human problem (Creswell, 1998, pp. 7-8). Creswell (ibid) further asserts that the researcher will build a complex holistic picture, analyses words, reports detailed views of informants, and will conduct the study in a natural setting. The study was conducted in Dandora, a slum and home to about 110,164 people (Mwalagho,

2008). It was however not possible to approach all the individuals in a population for data collection because of no published report on believers from Muslim backgrounds in Dandora. Over the last ten years of ministry carried out by the researcher in Dandora, at least 30 instances of attempted suicide have been witnessed among believers from Muslim backgrounds. Based on the researcher's empirical data, the study population was therefore estimated at 30 cases.

Purposive sampling was used to select participants who were found to have the appropriate information. According to Creswell (2008), purposeful sampling enriches information concerning the purposes of the study. Accordingly, only those who had attempted suicide were purposively selected. Research license from National Commission for Science, Technology and Innovation (NACOSTI) and permission and consent for interview from every participant were sought and granted prior to approaching participants in-person. A sample size of 20 believers from Muslim backgrounds over the age of 18 and living in Dandora community was thus considered. Cases of suicide attempts collected from Dandora police station, area chief, community leaders, pastors and informants from the churches in the area were collected to identify participants to interview individually.

The collected data was analysed thematically after reading several times to familiarize with it and to find basic observations and patterns. The analysis was done using MAXQDA software, which offered tools that assisted with qualitative research analysis such as transcription analysis, coding, and text interpretation. Schensul and LeCompte (1999) assert that coding is the process of organizing data into categories linked to the structure and questions guiding the study so that they can be used to uphold the analysis and explanation of data. Coding was used to aid in understanding the perspectives of the participants and in analysing their combined experiences. According to Stake (2010), coding will help to prevent the interviewer from overemphasizing the importance of any single aspect early in the study and help ensure a thorough analysis of the entire interview. Three major strategies were used to derive explanations of the research objective. These are; data coding, memo writing, and theoretical sampling.

## 4.0 RESULTS AND DISCUSSION

In the literature review, the impact of criminalizing suicide on suicide prevention among Christians was discussed by comparing suicide rates between the countries that criminalize suicide and the countries that decriminalize suicide. Comparing the data, it is notable that the suicide rate of the countries that criminalize suicide is, on average, much lower than that of the countries that decriminalize suicide. The suicide rank of Kenya is 162 out of 183 countries, according to WHO (2019). As suggested in the literature, this study indicated that there is a strong possibility that completed and attempted suicides are covered up, that is, underreported in the countries that criminalize suicide, including Kenya. During data collection, it was found that two completed suicide cases were encountered but none of them had been reported to the relevant authorities. Also, among the twenty respondents interviewed in this research, no case was reported to the police for the suicide attempt. This finding suggests that there is an enormous discrepancy between the suicide cases reported to the police district in Dandora, and the real cases that happen in the area. This discrepancy strongly supports the possibility of underreporting of suicide cases in Kenya. Therefore, the

low suicide rank of Kenya per se is insufficient to assure that the criminalization of suicide lowers suicide rates.

All participants were aware of the existing anti-suicide law in Kenya before making the suicide attempt and noted that the imposition of financial and custodial penalties on suicide act did not deter them from executing their plans to attempt suicide. After they survived suicide attempts, victims refused to receive any help from social workers because they did not want to report their cases to the public authority out of fear of imprisonment. Therefore, no participant received mental health treatment after their suicide attempt although some participants still need mental health care. According to the participants, when suicidal behaviour was considered, it seemed to be the only solution to all problems and began to capture their minds, focusing only on suicide. It implies that criminalization of suicide could not prevent their suicide attempts, while major argument for the criminalization is the belief that it can act as a deterrent against suicide attempts in the country (Latha & Geetha, 2004).

After suicide attempts failed, the criminalization of suicide pushed the victims to keep their mental depression secret. Francis (not real name) was addicted to Bangi, (slang for marijuana drugs,) and Maria (not real name) was addicted to alcohol after a failed suicide attempt. Maria was the mother of two children but she was not able to take care of them because of alcohol addiction. The two young children (three-years-old and one-year-old) had been left in danger of pieces of broken bottles and mal-nutrition. Although Francis and Maria had a mental illness of addiction, their family or neighbours could not afford to help them, and access to social health care was out of reach for them because of fear of punishment.

Sixteen participants out of twenty said that most people tend to think that if someone hears of a person arrested and prosecuted for a suicide attempt, it will dissuade him/her from attempting suicide. They added, however, that if someone in extreme pain or depression is told not to commit suicide because of imprisonment, it will not work because his or her mind cannot be persuaded. According to them, the fear of arrest made it difficult for the participants to open up and sometimes made their mental health conditions to worsen. This study found that prosecution for suicide attempts could have a negative impact on their lives even if they are later pardoned. The following cases demonstrate the harsh reality of criminalizing suicide.

According to Edward (not real name), who was imprisoned by false accusation, he attempted suicide out of despair when he heard that the verdict on him was a life sentence. After he survived, his mind was preoccupied with suicide because he lost hope in life while in jail. Fortunately, his innocence was proved by some witnesses, and he was released. However, when he learned that criminal records could prevent people from getting a job and specific government documents were required, suicidal thought started preoccupying his mind again. He had been abandoned by his family after his conversion from Islam to Christianity and dropped out of secondary school because of lack of financial support from his family. It was very hard for him to get a job without the KCSE certificate. The criminal record also put him in an awful predicament. At the time of this interview, he was seeking another opportunity to commit suicide.

Kenneth (not real name) attempted suicide by hanging himself when he could not find what he had been pursuing in Christianity after conversion. While he was attempting to hang himself in his room, his Muslim friend found him and stopped his suicide attempt. Afterwards, the depression became very extreme to the extent that he considered joining a terrorist group that the Muslim friend suggested him. He was feeling as though he was standing on the edge of a cliff but could not open up about his situation because he did not want to be involved in any police case. He said that some people can attempt suicide again after they survive as a result of their criminal record of suicide attempts.

Apart from Kenneth, two more participants were considering joining a terrorist group because of serious depression after they survived suicide. Kassy (not real name) attempted suicide because she was not able to bear seeing her children without food and shelter after her house and shop were gutted entirely in a fire accident a year before. During the interview with her, she, full of rage, said that she would buy a pesticide to commit suicide again. She considered herself as good as dead after a suicide attempt and was thinking to join a terrorist group because she can leave some good amount of money for her children. Although she seemed to have anger management issue, she refused to receive a social mental treatment because of fear of imprisonment.

Andy's father is Italian, and his mother is Kenyan. His father left him when he was a child, and he had no memory of him. People called him Mzungu (a term for a person of Western foreign descent) because of his white skin colour and took him for a rich man even in the church. He was often requested to contribute a considerable amount to church construction. However, he had never considered himself Mzungu and hated being called Mzungu because people had mistaken him for having money. The discrimination based on skin colour deeply distressed him and drove him to attempt suicide. After he survived, he felt as if even his last hope was depraved and was considering joining a terrorist group with his friend's suggestion. Because of discrimination among the Muslim community, he had converted to Christianity but the same discrimination in the church drove him into a corner. Fear of arrest was deterring him from seeking help.

According to this study, criminalization of suicide caused suicide cases to go underground, only serving to aggravate persons' risk for depression, anxiety, and repetitive suicidal behaviour (Adinkrah, 2013). With decriminalization, people with suicidal behaviour will be in a better position to open up about their situation and seek necessary help. It will increase the suicide rate due to better reporting, which was noticed in many countries (Lester, 2002). The generation of better data on suicide rate will provide accurate statistics and help in making better efforts for suicide prevention.

In this study, the two participants (Mariam and Fau) who were committed to daily Bible reading have overcome suicidal behaviour, while other six participants with suicidal behaviour have no Bible and do not read the Bible. Mariam had converted to Christianity in 2016 after her Muslim father's death but after conversion, threat from her Muslim brothers and neighbours drove her to unbearable depression to the extent of committing suicide. After she survived suicide in 2017, she joined the Bible study because of pastor's recommendation. When she came to understand the mystery of the Trinity through the Bible, she entered into a personal fellowship with God and the love of Christ occupied her heart. She was still under



the threat from her Muslim brothers but she was resolved to follow Jesus to the point of death. Fau attempted suicide in severe depression because she used to see her dead mother cursing her in the name of Allah in her dreams. After she failed suicide in 2018, she opened her story to a youth leader in the church and started the Bible study with her. The Bible expelled fear for curses and helped her overcome the haunted dreams because of faith that God was always with her. , three participants who attend worship every Sunday have found the reason to keep living even in the midst of troubles while six with suicidal behaviour never or seldom attend the worship and struggle to find the reason to keep living. Furthermore, five participants who never or seldom pray still have suicidal behaviour and thirteen participants who pray every day have no suicidal behaviour. After the interview with Kenneth, Kassy, and Andy, the researcher continued meeting with them to encourage them with the Bible and they stopped drinking and smoking with faith that they can overcome depression by experiencing the transforming power of God through the Bible. Overall, five participants who read the Bible every day, attend worship every Sunday, and pray every day show recovery from suicidal behaviour. However, those who took part in no religious practice suffered from suicidal behaviour, seeking for a time to end their problems by death. The finding of the study indicates that criminalization of suicide attempts do not help prevent suicide and religious factors can deter suicide.

## 5.0 CONCLUSION AND RECOMMENDATIONS

Suicide is one of the greatest causes of deaths globally and fundamental public health concern in Kenya. WHO (2017) reports that Kenya is ranked as the sixth African country with the highest levels of depression, with at least 1.9 million diagnosed Kenyans suffering from depression. The clear link between suicide and mental depression is undeniable. While the literature has been clear that the risk of suicide attempts is a consequence of other interacting socio-cultural and individual factors, this study found out that criminalization of suicide in Kenya is a major contribution to further suicidal behaviour and not a preventive measure. As indicated, with the criminalization of the act, most individuals hold back. They do not seek help for fear of being imprisoned or confined and thus sink into further depression after being discriminated by family, friends and community as a whole. Although the Government of Kenya has not put in place the strategic measures to suicide prevention, WHO recommends programs such as timely and effective evidence-based interventions, treatment and support, and decriminalization of suicide attempts. Other than the criminalization of the act, the aim of the legal provision is generally to protect the people by penalizing the products and practices that facilitate suicide behaviour. According to this study, decriminalization will work to provide effective measures to achieve this aim to protect and prevent people from a suicide attempt. It will serve people who show suicidal behaviour with physical and mental health treatment, timely intervention, and religious counselling.

The aim of this study was to examine the possible impact of criminalization on suicide prevention and corresponding preventive measures. The study found that criminalization of suicide did not deter people with suicidal behaviour from attempting suicide. However, decriminalization per se is insufficient to prevent suicide. Decriminalization will act as a platform to take suicide prevention measures by allowing the police to take people who attempt suicide to hospital without fear of arrest. So, what can be done to prevent suicide? To answer this question, many studies on suicide have reported that rates of suicide attempt are

lower among persons with religious affiliation, those who attend religious services more frequently, and those who consider religion important in their lives (Rasic & Daniel, 2011, pp. 389-395; Kleiman, 2014, pp. 262-266; VanderWeele, 2016, pp. 73-78.). As established in this study, religious identity confusion at the moment of suicidal attempt as a result of depression brought about by the feeling of abandonment was a major cause of suicide attempts. When they converted from Islam to Christianity, the expectations of such individuals were not adequately met. After suicide attempts, however, the Dandora community showed a lot of concern. The resulting engagement with Bible reading, worship attendance, and prayer helped to lower their suicide behaviour and enhance their spiritual well-being. This study was conducted among Christian believers from Muslim backgrounds but the implication found here can be applied to other Christians and beyond.

## 5.1 Recommendations

1. With suicidal behaviour resulting from the effect of criminalization of the act of suicide, there is need for the government to review its legal provisions in relation to suicide to ensure that individuals are not barred from seeking help for fear of the punishment. There is a need to improve the mental health coverage allowing a provision on access to essential mental health services to all those who attempted suicide.
2. In addition, there is a call for training the police officers in dealing with suicidal persons to enhance their awareness of the needs of suicidal persons, in collaboration with psychiatrists and churches to facilitate effective access to treatment and corresponding measures. Persons who attempt suicide need psychological counselling, medical help, or material assistance rather than judicial punishment. Among other things, the church should increase an emphasis on the Bible reading and religious commitment to preventing suicide.

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