Attitudes toward suicide: a comparative study between Ghanaian and Western foreign students in Ghana

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Accepted 03 August, 2015

This study examined the views of Ghanaian and Western Foreign University students on attitudes toward suicide as well as the interaction effects between sex and type of participants. Three hundred and forty-one Ghanaian and Western foreign University students (141 Western foreign respondents and 200 Ghanaian respondents) were selected using convenience and purposive sampling strategies respectively to respond to the attitudes toward suicide questionnaire. Independent t-test and Two-Way Analysis of Variance were used to analyse the data. It was revealed that although both groups had negative attitude towards suicide, Ghanaian individuals had significantly more. However, there was no significant difference between Ghanaian males and Western males as well as between Ghanaian females and Western females. Cultural differences and education on suicide were mainly responsible for sub-scale differences. Recommendations to non-governmental organisations, future researchers and health professionals have been discussed.

Key words: Attitudes toward suicide, sex, Ghanaian students, western foreign students.

INTRODUCTION

Suicidal behaviour continues to be a challenge in today's world (Eshun, 2003). According to the World Health Organization (2012), global suicide mortality rate is 16 per 100,000 people which do not include data from most less developed countries (Sefa-Dedeh and Canetto, 1992). The volume of research on suicide in Africa remains relatively small. Studies have reported that there are no official statistics on suicide in Tanzania (Ndosi et al., 2004), and 0.4 per 100,000 were found among (Ife) Nigerians (Nwosu and Odesanmi, 2001). According to Adrinkrah (2010), most African countries do not record or report their suicide data. The number of suicidal acts reported to the Ghana Police Service increased from 63 in 2006 to 114 in 2008 (Adinkrah, 2010).

As African countries become more and more Westernised (individualistic in their principles), there is the need to intensify studies for the prevalence, cause and treatment of mental illnesses and conditions that have long been common in Western countries. According to Assimeng (1981, cited in Kauda and Chachah, 1999), ethnic communities provide their members with a common language, spiritual root and common way of life as well as bringing people with distant blood relations into a wider sociological relationship. Kuada and Chachah (1999) also suggest that the tribes also provide their members with a common identity and some temporary emotional release from the strains and anxieties of daily life. In some cases, suicide is considered a capital sin, according to Warren (1973, cited in Nukunya, 2003).

It was praise-worthy if done in war, if done to follow one's master to the spirit land or if done to wipe out dishonour and ridicule. It was a sin when done to avoid the consequences of a bad deed or without an evident motive... often the corpse of the suicide would be tied and decapitated. The personal private property went to the chief (including slaves, wives, gold, livestock, annual and...
standing crops). Drunkenness was considered no excuse for murder or suicide.

Ghana, being a predominantly Christian country (63.55% adhere to the Christian faith), does not encourage suicide (Johnstone, 2001). In addition, suicide is not tolerated in most cultural groups in the country. According to a study done by Kuada and Chachah (1999), suicide is a disgrace to the dead person and his or her clan. The corpse is not given a befitting burial and rites are performed to remove "whatever curse had forced the person to commit suicide". Dali (2007, cited in Adinkrah, 2011) has found out that among some groups in Northern Ghana, when suicide occurs inside a house or an apartment, the corpse must be removed through a window or a special created aperture in the wall. This is because conveying the body through the doorway permanently desecrates the doorway for the living. In this way, the Ghanaian culture attempts to discourage people from taking their own lives.

Several studies conducted so far have shown that there has been a more negative attitude toward suicide and suicide ideation or thoughts about dying among Africans (Ghanaians) than their Western (Europeans and North Americans) counterparts. For instance, a study by Eshun (2003) revealed that Ghanaians reported more negative attitudes about suicide than did their American counterparts. This also supports the study by Hjelmeland et al. (2008) which reported that Ghanaians saw suicide more as a taboo compared to Ugandans and Norwegians which emphasizes the need for culture-sensitive research and prevention.

Lester and Akande (1994) also reported that Yoruba students agreed more strongly than American students on negative attitudes toward suicide. Peltzer et al. (2000) also revealed that suicide ideation and plans to commit suicide were the highest among Asians (13.5%), closely followed by Whites (13%) and lowest among Black (11.3%) pupils but that there were no significant interaction effect of race and gender on attitudes toward suicide. Walker et al. (2006) later on revealed that African American college students are significantly less likely than European American college students to attribute suicide to interpersonal problems and to report that the individual or government is responsible for life.

Although not much research work has been done on attitudes toward suicide in Ghana, the few published comparative studies conducted on attitudes toward suicide in Ghana (Africa) used samples in their respective countries (Hjelmeland et al., 2008), which is not the case in this research as this particular research used Western students in the country (Ghana). Therefore, studying attitudes toward suicide (among Ghanaian and Western individuals in Ghana) would be one of several gateways to developing or increasing the understanding or meaning(s) of suicidal behaviour within the culture and in other cultures. This study is therefore interested in examining:

(i) The views of Ghanaian and Western University students on attitudes toward suicide.
(ii) The interaction effects between sex and type of participants.

Based on the reviewed literatures, it was hypothesised that:

(i) Ghanaian students would have significantly more negative attitudes toward suicide than their Western counterparts;
(ii) A significant interaction effect would exist between sex and type of participant on attitudes toward suicide.

METHODOLOGY

Participants

The purposive sampling technique was used to select the foreign students from their various departments, centres, and hostels whilst the convenience sampling technique was used to select Ghanaian respondents from their various lecture halls. Demographic data on the sample showed that 141 foreign students (Europeans and North Americans) from the University of Ghana, Legon and 200 Ghanaian students from Kwame Nkrumah University of Science of Technology, Kumasi participated in this study. Furthermore, out of the 141 foreign students, 31 were males whilst 110 were female respondents. However, for the Ghanaian respondents, there were equal number of males and females. University of Ghana was chosen as part of the study because most of its programmes attract a lot of foreign students worldwide. Hence, it was used to help recruit the Western foreign students whilst Kwame Nkrumah University of Science of Technology was used to recruit Ghanaian students as attitudes toward suicide study has never been conducted at this university. This sample size was justified based on the rule of thumb by Sudman (1976, 1983) which specified that there should be a minimum of hundred (100) individuals in any major subgroup that will be analysed separately and at least 20 to 50 in minor subgroups; taking Ghanaian students and their Western foreign counterparts to be the minor and major subgroups respectively.

Measure and procedure

Participants responded to the questionnaire (two sections) after completing an informed consent form. The first section requested for the demographic data of the individuals. The second section was made up of the Attitudes Towards Suicide Questionnaire (ATTS) developed by Salander-Renberg and Jacobsson (2003). This section has 37 items bordering on the individual’s opinion (attitudes) towards suicide on a 5-point Likert
Table 1. Attitudes toward Suicide between Ghanaian students and their Western Counterparts.

<table>
<thead>
<tr>
<th>Participants</th>
<th>Attitudes Toward Suicide</th>
<th>N</th>
<th>M</th>
<th>SD</th>
<th>t</th>
<th>df</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Western students</td>
<td>Principal Attitude (suicide as a right)</td>
<td>141</td>
<td>39.72</td>
<td>7.12</td>
<td>-11.499</td>
<td>339</td>
<td>0.000</td>
</tr>
<tr>
<td>Ghanaian students</td>
<td></td>
<td>200</td>
<td>47.66</td>
<td>5.61</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Western students</td>
<td>Representations of intentionality</td>
<td>141</td>
<td>17.01</td>
<td>2.34</td>
<td>5.289</td>
<td>339</td>
<td>0.000</td>
</tr>
<tr>
<td>Ghanaian students</td>
<td></td>
<td>200</td>
<td>15.27</td>
<td>3.37</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Western students</td>
<td>Tabooing</td>
<td>141</td>
<td>7.18</td>
<td>1.19</td>
<td>7.465</td>
<td>339</td>
<td>0.000</td>
</tr>
<tr>
<td>Ghanaian students</td>
<td></td>
<td>200</td>
<td>5.92</td>
<td>1.73</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Western students</td>
<td>Preventability of Suicide</td>
<td>141</td>
<td>21.59</td>
<td>2.45</td>
<td>-6.475</td>
<td>339</td>
<td>0.000</td>
</tr>
<tr>
<td>Ghanaian students</td>
<td></td>
<td>200</td>
<td>23.41</td>
<td>2.63</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Western students</td>
<td>Knowledge (Myths about Suicide)</td>
<td>141</td>
<td>39.00</td>
<td>3.34</td>
<td>-0.283</td>
<td>339</td>
<td>0.389</td>
</tr>
<tr>
<td>Ghanaian students</td>
<td></td>
<td>200</td>
<td>39.13</td>
<td>4.68</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Western students</td>
<td>Total</td>
<td>141</td>
<td>124.50</td>
<td>10.19</td>
<td>-5.962</td>
<td>339</td>
<td>0.000</td>
</tr>
<tr>
<td>Ghanaian students</td>
<td></td>
<td>200</td>
<td>131.40</td>
<td>10.75</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 1. Attitudes toward Suicide between Ghanaian students and their Western Counterparts.

RESULTS

This study tested two main hypotheses but firstly, it adapted and built on the sub-scales of attitudes toward suicide as used by Hjelmeland et al. (2008). Hence, five sub-scales of attitudes toward suicide being principal attitude (suicide as a right), representations of intentionality, tabooing, preventability of suicide, and knowledge (myths about suicide) was developed (Hjelmeland et al., 2008). The independent sample t-test was used to test the hypothesis “Ghanaian students would have significantly more negative attitudes toward suicide than their Western counterparts”. The results are presented in Table 1.

The findings in Table 1 showed that Ghanaian students ($M = 131.40, SD = 10.75$) had significantly more negative attitudes toward suicide than Western students ($M = 124.50, SD = 10.19$) taking the total attitudes toward suicide into consideration [$t(339) = -5.962, p = 0.000$ (one-tailed)]. Furthermore, an in-depth analysis into the exact attitudes toward suicide between Western and Ghanaians students revealed that with the exception of Knowledge (myths about suicide) [$t(339) = -0.283, p = 0.389$], there was significant difference between the Western and Ghanaian students. Taking principal attitude-suicide as a right [$t(339) = -11.499, p = 0.000$ (one-tailed)] into consideration, Ghanaian students ($M = 47.66, SD = 5.61$) had significantly more negative attitudes toward suicide than their Western counterparts ($M = 39.72, SD = 7.12$). For preventability of suicide [$t(399) = -6.475, p = 0.000$ (one-tailed)], Ghanaian students ($M = 23.41, SD = 2.63$) again, had significantly
Table 2. Means and standard deviations of scores on attitudes toward suicide.

<table>
<thead>
<tr>
<th>Sex</th>
<th>Type of Participant</th>
<th>Ghanaian Students</th>
<th>Western Students</th>
<th>Row Mean and Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
</tr>
<tr>
<td>Males</td>
<td></td>
<td>132.53</td>
<td>10.70</td>
<td>124.26</td>
</tr>
<tr>
<td>Females</td>
<td></td>
<td>130.26</td>
<td>10.73</td>
<td>124.56</td>
</tr>
<tr>
<td>Column Mean and SD</td>
<td></td>
<td>131.40</td>
<td>10.75</td>
<td>124.50</td>
</tr>
</tbody>
</table>

Table 3. Summary Table of Two-Way ANOVA on data contained in Table 2.

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Squares</th>
<th>F</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>151.775</td>
<td>1</td>
<td>151.775</td>
<td>1.372</td>
<td>0.242</td>
</tr>
<tr>
<td>Type of Participant</td>
<td>3210.744</td>
<td>1</td>
<td>3210.744</td>
<td>29.028</td>
<td>0.000</td>
</tr>
<tr>
<td>Sex*X Type of Participant</td>
<td>108.128</td>
<td>1</td>
<td>108.128</td>
<td>0.978</td>
<td>0.324</td>
</tr>
<tr>
<td>Error</td>
<td>37275.140</td>
<td>337</td>
<td>110.609</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>5675875.000</td>
<td>341</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

more negative attitudes toward suicide than their Western counterparts ($M = 21.59$, $SD = 2.45$).

However, Western students ($M = 17.01$, $SD = 2.34$) had significantly more negative attitudes toward suicide than Ghanaian students ($M = 15.27$, $SD = 3.37$) with respect to representation of intentionality ($t(339) = 5.289$, $p = 0.000$ (one-tailed)). Western students ($M = 7.18$, $SD = 1.19$) also had significantly more negative attitudes toward suicide than Ghanaian students ($M = 5.92$, $SD = 1.73$) with respect to tabooing ($t(339) = 7.465$, $p = 0.000$ (one-tailed)).

The Two-Way Analysis of Variance was used to test the hypothesis that a significant interaction effect would exist between sex and type of participant on attitudes toward suicide. The results are presented in Tables 2 and 3 for the descriptive and inferential statistics respectively.

As revealed in Table 3, taking sex (as a main effect) into consideration, there was no significant difference between males and females on attitudes toward suicide ($F(1, 337) = 1.372$, $p = 0.242$). Result on type of participant (as a main effect) revealed that there was a significant difference between the Ghanaian and the Western individuals on attitudes toward suicide ($F(1, 337) = 29.028$, $p = 0.000$). However, there was no significant interaction effect between Sex (male and female) and Type of Participant (Ghanaian and Western individuals) on attitudes toward suicide ($F(1, 337) = 0.978$, $p = 0.324$). Hence, there was no significant difference between Ghanaian male students and Western male students on attitudes toward suicide as well as Ghanaian female students and Western female students on attitudes toward suicide.

**DISCUSSION**

**Comparisons between Ghanaian Students and their Western Foreign Counterparts**

One outcome of the analysis is that both groups (Ghanaian and Western individuals) had negative attitudes toward suicide but Ghanaians, on the whole, had a more negative attitude. This current finding is similar to findings from other studies (Eshun, 2003; Hjelmeland et al., 2008; Peltzer et al., 2000) based on the fact that Ghanaians are having a more negative attitude towards suicide than their Western counterparts. However, it is worth mentioning that both Ghanaian and Western students had negative attitudes toward suicide which is not the usual finding reported by many researchers.

Several studies (Bender, 2000; Eshun, 2003; Hjelmeland et al., 2008, Lester and Akande, 1994; Peltzer et al., 2000; Walker et al., 2006) have found Africans (collectivist culture) as having more negative attitudes toward suicide than Westerners (individualistic culture). Detailed results of this study also revealed that when it comes to principal attitudes, Ghanaian students have more negative attitudes than their Western counterparts. In other words, Ghanaians disagree with the issue that suicide is one’s own business, people have the right to commit suicide, suicide is the only solution, just to mention a few. This gives pre-indication of how closely connected Africans (specifically Ghanaians) are. This re-emphasises the statement among Africans that “I am because we are and since we are, therefore I am” by...
Mbiti (1989). This result was similar to the study undertaken by Hjelmeland et al. (2008) where Africans (Ghanaians or Ugandans) dominated in strongly disagreeing to items under principal attitudes.

Ghanaians and their Western counterparts were compared on representations of intentionality, a sub-scale of attitudes toward suicide. Results revealed that Western students have significantly more negative attitudes, with respect to “representation of intentionality”, than Ghanaians individuals. Items on this sub-scale included “suicide attempts are a cry for help”, “suicide attempts are to punish or for revenge”, just to mention a few. According to a previous research among Ghanaians, the most probable reason why a Ghanaians would commit suicide would be because of intra-personal problems. This was further divided into the sub-categories “perceived obstacles”, “emotions”, “personal shortcomings”, “identity”, “existential reasons”, and “stress” in a hierarchical order of frequency. Specifically, perceived obstacles frequently mentioned were avoidance of punishment, shame as a consequence of a committed crime, unbearable disgrace or an incurable disease (Knizek et al., 2010). Another finding from a study revealed that Africans are significantly less likely to attribute suicide to interpersonal problems as compared to the Europeans (Walker et al., 2006). This indicates that Ghanaians believe in proactive measures (for example, verbal dialogues) in tackling interpersonal problems in the society (for stronger family cohesiveness) rather than committing suicide (Eshun, 2003).

The “Tabooing” sub-scale found out that Ghanaians were having more forbidden customs about suicide. In other words, the Western students were more negative with respect to taboo as a sub-scale of attitude towards suicide as compared to Ghanaians students. Some of the tabooing items were “suicide should not be talked about”, and “people should avoid talking about suicide”. Barnes (2006) found out that the stigma attached to families who have lost a family member to suicide is so strong that religion cannot even mediate its effect. This confirms a study by Hjelmeland et al. (2008) where Norwegians strongly disagreed with these items than Ghanaians and Ugandans.

Comparison on preventability of suicide (as a sub-scale of attitude towards suicide) which included “suicide can be prevented”, “can always help”, and “prepared to help a person in suicidal crises” revealed that Ghanaians had more negative scores than their Western counterparts. Again, this result reflects the findings of the study by Hjelmeland et al. (2008) which reported that Africans (Ugandans and Ghanaians) are more willing to help and prevent suicide as compared to the Norwegians though all the three countries believed they are willing to help. Similarly, a recent qualitative research published revealed that Ghanaians believed the society has the greatest role (78%) in preventing suicide (Knizek et al., 2010).

There was no significant difference between Ghanaians and Western students on knowledge (myths about suicide), as a sub-scale of attitudes toward suicide. Some of the items in this sub-scale include “suicide happens without warning”, and “suicide decision cannot be reversed”. This indicates that Ghanaians’ fictitious belief about suicide is not different from their Western counterparts who did not support the study by Lester and Akande (1994). Furthermore, this shows that most of the myths held by Ghanaians, according to this study, are being changed.

**Interaction effect between Sex and Type of Participant**

Results from the analysis revealed that though Ghanaians males had a more negative attitude towards suicide than Western males, the difference was not significant. This strengthens previous studies which found no significant difference between Africans and Europeans/Whites on suicide (Joe et al., 2007; Walker et al., 2006). Most studies which compared Africans and Western individuals, however, failed to compare sex across the groups (Eshun, 2003; Etzersdorfer et al., 1998; Hjelmeland et al., 2008; Peltzer et al., 2000).

There was no significant difference between Ghanaians females and Western females on attitudes toward suicide as the results revealed. This result is contradictory to the study by Bender (2000) who found out that black participants had significantly more negative attitudes toward suicide than did whites. However, other previous studies, like this current study, found no significant difference between Africans and Europeans/Whites on suicide (Joe et al., 2007; Walker et al., 2006). Parker et al. (1997) also found out that there was no interaction effect of race and sex on attitudes toward suicide, which exactly confirms findings from this study.

Generally, the results of this study can be grouped into three parts. The first part is principal attitude (suicide as a right) and preventability of suicide, where Ghanaians had significantly more negative attitudes than their Western counterparts. Ghanaians value communalism as well as collectivism. Hence, suicide or anything that challenges these values would be strongly fought against. Furthermore, Ghanaians (Africans) have been noted to be notoriously religious to the point that religion cannot be separated from their being. Preventive-wise, communalism and collectivism as well as religion have an inherent ability of serving as a buffer to persons facing problems in the society (Mbiti, 2006; Osasto et al., 2011).

The second part is tabooing and representations of intentionality, which indicated that the Western students scored significantly more negative attitudes toward suicide than their Ghanaian counterparts. The word “suicide” connotes a painful, sad, and horrible characteristic that nobody would like to think or hear
about. This gives it its tabooing value. However, in rare cases, individual Ghanaians would opt to commit suicide than live. This is when an individual faces an incurable or terminal illness which bears an unbearable disgrace, shame and humiliation to that individual. As the Akan saying notably goes “f’re ne animguase de, afanyinam owu” (it is better to die than endure shame). Historically, suicidal death of this nature was understood based on the circumstance (Adinkrah, 2010).

The third part involves the fact that there was no significant difference between the two groups though Ghanaians had slightly more negative scores than their Western counterparts. This change (knowledge) might boil down to the frequent seminars and symposia held in the University and in the urban centres on suicide. This has the potential of updating Ghanaian students on the latest information on suicide. Hence, it is not therefore surprising that the knowledge base of respondents (students) is almost the same as that of their Western counterparts.

Implications of the study

The findings of this study indicated that Ghanaian students were having significantly more negative attitudes toward suicide (in general) as compared to their Western counterparts. This implies that the Ghanaian society does not take kindly to issues involving suicide. For instance, thorough examination at the subscale level revealed that Ghanaian students had significantly more negative attitudes than their Western counterparts on “principal attitude (suicide as a right)” and “preventability of suicide”. This vividly represents the abhorrent nature of suicide among Ghanaians as well as their sense of communalism. There was a strong “tabooing” and “representations of intentionality” among Ghanaian students but not their Western counterparts. That is, Ghanaian respondents had positive attitudes on “tabooing” which has the inherent ability of hampering suicide prevention in the society. This will make citizens reluctant in revealing their plight in times of crises. This might still be challenging as helpers might see individuals who have voiced out as having suicidal ideations with a “tabooing” lens hence, an abomination. Furthermore, it will be difficult for members in the society to recommend to individuals to openly and voluntarily seek help in times of suicidal crises unless these attitudes change. However, another result worth noting is the increase in knowledge base of Ghanaian students on suicidal issues. This was evidenced with the results gotten as compared to their western counterparts. It can be inferred that myths about suicide has been reduced among Ghanaians probably due to lots of education about it as well as other mental health conditions. Nevertheless, more education needs to be done.

Recommendations of the study

Generally, suicide is seen as a taboo in many cultures in Africa and Ghana is no exception, hence many individuals feel uneasy talking or learning about it. Furthermore, it is believed that it should not be mentioned around depressed people because it would plant the idea in their minds. However, available research established that having an opportunity to talk about suicidal feelings is important for the client, in order to develop some perspective on the situation and a sense of control (Boyer and Guthrie, 1985). Swash (2004) also posited that not only is it incorrect that discussing suicide with patients encourages them to commit suicide, but also failure to discuss it may lead to tragedies that could have been prevented. There is therefore the need for benevolent organisations and NGO’s to help educate individuals on causes, signs and symptoms of suicide and its implications, especially in the rural areas. People should be encouraged to report suicide to aid accurate documentation and problem solving.

Considering the results found, there is definitely the need for further research in this area, especially, using the qualitative method. This will further give an in-depth knowledge of the situation, providing evidence of possible precipitating factors as well as factors that serve as a buffer or coping mechanism. According to the World Health Organization (2012), global suicide mortality rates are 16 per 100,000 people. Existing information states that data does not include information from less developed countries, especially those in Africa because of non-existent documentation of suicide deaths (Sefa-Dedeh and Canetto, 1992). However, information on suicide, even if they exist, may be scanty, “in the African context” due to meagre research work in the field. Therefore, more research should be conducted to off-set the effects of ‘unavailable’ suicide data, get enough psychological factors that influences one’s attitude towards suicide or suicidal ideation in addition to keeping track of the situation on the ground.

More so, the aetiology of suicidal behaviour encompasses a wide area, hence a multidisciplinary team should be involved in the treatment, especially in the hospitals and clinics. There is also the need for continuous training of mental health personnel in countries like the United States and Norway where they are far advanced in therapeutic measures and management of suicide, in order to handle current trends relating to suicide among the youth effectively. In addition, health professionals in Africa and Ghana to be specific, have to organize frequent workshops and training programmes on suicide and its related fields in order to update their knowledge to catch up with current trends in the field.
Limitation

The limitation noticed to be associated with this research was the sampling strategy employed. Results obtained through the use of probability sampling technique have an inherent quality of being easily generalised. However, this current study employed two sampling techniques (purposive and convenience) which belong to the non-probability sampling technique which unlike probability sampling technique do not have generalisation power. Hence, extreme care should be taken when generalising the results of this study.

Conclusion

Compartmentalising the ATTS scale into the five subscales made it possible to find the various attitudes of an individual with respect to suicide. The results were therefore very clear as to which aspects of the attitudes toward suicide need to be worked on by Ghanaians (Africans) and Westerners (Europeans and North Americans). However, in general, more needs to be done in terms of research and education as reflected by the results on attitudes toward tabooing, representations of intentionality, and knowledge about suicide between Ghanaians and Westerners. There is the urgent need to help improve issues relating to suicide through education, research and psychotherapeutic techniques especially among Africans and Ghanaians to be precise.

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