



Better dead than dishonored: Masculinity and male suicidal behavior in contemporary Ghana

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ABSTRACT

In Ghana reliable official data on suicidal behavior are not available. There is also limited empirical research on suicidal behavior in the country. At the same time, police-recorded suicide data, media reports, and communication from professionals in the field indicate that suicidal behavior is a growing problem. To identify current patterns and meanings of male suicidal behavior in Ghana, the study examined official police data spanning 2006–2008. This investigation revealed that reported cases of fatal and nonfatal suicidal behavior overwhelmingly involved males. Furthermore, the majority of males who engaged in suicidal acts did so to deal with feelings of shame and dishonor of variable sources. Findings suggest changing the rigid dichotomization associated with male-female gender roles and socialization that emphasize masculinity ideals in Ghana and the need for increased research and the promotion of counseling for males facing emotional stress.

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Introduction

Suicidal behavior has been extensively investigated (Goldsmith, Pellmar, Kleinman, & Bunney, 2002; Wasserman & Wasserman, 2009). Clearly, the existing literature has contributed to the understanding of trends, patterns, etiology, prevention and treatment of suicidal behavior. A major limitation of the suicidology literature, however, is the paucity of research and information on suicidality across Africa (Lester, 2008). Although a few scholarly studies have recently been conducted in South Africa (Meel, 2006), Tanzania (Ndosi, Mbonde, & Lyamuya, 2004) and Uganda (Kinyanda, Hjelmeland, & Musisi, 2004), overall, the volume of research on suicidality in Africa remains relatively small. A primary factor for this inattention is the limited availability of reliable data. At present, most African countries do not record or report their suicide data.

The dearth of information on suicidal behavior in African societies is regrettable. First, suicide is a growing public health problem in many African countries (Schlebusch & Burrows, 2009). Second, lack of detailed epidemiological data on suicidal behavior, in a continent that constitutes one-sixth of the world's population, hampers the efforts of suicidologists to achieve a full understanding of suicidality. Third, the formulation and implementation of appropriate intervention programs for suicidal behavior are

contingent upon the successful identification of suicide risk and protective factors through appropriate research and systematic data collection (Schlebusch & Burrows, 2009).

To contribute to the suicidology literature in general and research on Africa's suicidal behavior in particular, this study analyzed the scope and patterns of suicidal behavior in Ghana, West Africa. Official police data, media reports and communication from professionals in the field, as well as the general public indicate that suicidal behavior is a growing problem in Ghana (Glover, 2008; Odame, 2008). The number of suicidal acts reported to the Ghana Police Service increased from 63 in 2006 to 114 in 2008. In July 2008, public interest in suicidal behavior increased following the suicide of a 55-year-old Ghanaian physician. The ensuing media attention focused on the improbability of a prosperous, prominent professional dying in this way, implying that the wealthy and educated are automatically equipped with resources necessary for coping with the challenges and stresses of life. Shortly afterwards, the *Network for Anti-Suicide and Crisis Intervention*, a Ghana-based NGO, expressed concern about escalating cases of suicide in the country and urged stakeholders to assist the organization in halting the trend (GhanaWeb, 2008).

Despite the surging concern, there is a dearth of empirical research on suicidal behavior in Ghana. An examination of the scholarly literature revealed that, to date, while a few published works have focused on suicide ideation among Ghanaian students and emigrants (Eshun, 2006; Hjelmeland et al., 2008), only one published work has explored the nature and patterns of suicide in Ghana (Sefa-Dedeh & Canetto, 1992). Continued systematic

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analyses are necessary to fully understand Ghanaian suicidal behavior, to develop culturally-relevant suicide prevention and treatment strategies, and to potentially lessen its incidence in the country.

Masculinities theories and cultural notions of maleness in Ghana

Over the past three decades, the social sciences and the humanities have witnessed a burgeoning literature on masculinity (Connell, 1995; Connell & Messerschmidt, 2005; Courtenay, 2000; Sabo & Gordon, 1995). This literature has identified the multiplicity of masculinities across and within societies, in many cases hierarchically organized in relation to each other as well as in relation to femininities. First introduced by Connell (1995), the term “hegemonic masculinity” denotes the ideal-typical, normative form of masculinity embodied by the socially most powerful males of a society and which all males in that society emulate to varying degrees.

Since its formulation, the concept of hegemonic masculinity has been deployed in several areas of research (Connell & Messerschmidt, 2005; Wall & Kristjanson, 2005; Stanistreet, Bambra, & Scott-Samuel, 2005). For example, Courtenay employed the concept to generate an understanding of how the pursuit of masculinity ideals adversely impact men’s health in the United States. Courtenay (2000) also notes the plurality of masculinities based on such social variables as class, ethnicity, sexual orientation, age and educational level. In this scheme, alternative masculinities, as well as femininities, are defined in subordinate relation to the hegemonic masculinity of upper- class Euro-American men. Hence, the risk-taking that defines all masculinities in the U.S. is expressed differently for working-class men, African American men, Latino men, gay men and other groups that cannot lay claim to a hegemonic masculinity.

Research on masculinities in Ghana is not new. For example, Obeng (2003) and Miescher (2005) affirm the multiplicity and dynamism of constructions of, and notions about, masculinity in Ghana. Focusing on Asante society, Obeng (2003) observed that pre-colonial Asante notions of masculinity emphasized men’s capacity to exercise authority over women and junior males, their ability to accumulate wealth, and their demonstration of personal courage and bravery through heroic military actions or valiant deeds. Miescher (2005) identified multiple masculinities operational among the Kwahus during the late nineteenth and late twentieth centuries, including adult, senior, and Presbyterian masculinities. “Presbyterian masculinity” promoted by the Basel missionaries embodied such ideals as hardwork, moderation, law-abiding behavior, monogamous marriage, primary allegiance to wife, children and church, and only secondarily to the *abusua* (lineage). Conversely, the missionaries spurned local notions of masculinity that prevailed through systems of matrilineality, polygyny and the maintenance of separate residences by spouses.

The cultural construction of masculinity and femininity in contemporary Ghanaian society includes a belief in fundamental biological distinctions between male and female human nature and corresponding behavioral prescriptions. For example, societal notions that attribute greater mental as well as physical strength to males coincide with a general cultural prohibition against men’s public expression of such emotions as fear, anxiety, pain or sadness, which are interpreted as forms of weakness. Men should be physically and mentally resilient in the face of adversity and demonstrate a capacity to endure in the face of pain and suffering. It is considered unmasculine for a man to express or admit feelings of weakness and emotional dependency. While wailing, weeping or crying are regarded as unmanly ways of dealing with

pain or loss, these behaviors are tolerated and even expected of females (Warren, 1973). An Akan refrain, *ɔbarima nsu* (a man doesn’t cry) is an exhortation to men to face pain or difficulty with courage and strength. Such expressions as *ɔbarima nsuro owuo* (a man does not fear death) and *ɔbarima na ɔnom aduro a eye nnwono* (it’s a real man who takes bitter medicine) encapsulate the social expectation that men be daring and demonstrate fortitude and invincibility. Signs of hesitancy or cowardice are equated with femininity and are the basis for mockery of males (Miescher, 2005; Obeng, 2003).

Ghanaian society subscribes to a number of patriarchal features. Males occupy a dominant social status vis-à-vis females in most social domains. There is a general cultural expectation that women acquiesce toward men, particularly with respect to husbands’ wishes and demands. Family responsibilities are organized along sex lines. Husbands are regarded as the providers even when the wife earns a higher income. Women are responsible for housework, cooking, and childcare, and while women are increasingly working outside the home, fulfillment of this domestic role is regarded as their primary obligation (Adomako Ampofo & Boateng, 2007; Sarpong, 1991).

Ghanaian males tend to subscribe to a premarital and post-marital sexual double standard. This is evidenced by polygyny as a culturally-permitted practice among all ethnic groups in the country. Despite a decline in practice, for many men, having multiple wives or concubines remains denotative of male power, prestige, and virility. Intimate partner violence occurs frequently, as many men consider it their marital right to discipline and control their wives (Amoakohene, 2004; Takyi & Mann, 2006). Although there are laws that sanction domestic violence, many cases go unreported to law enforcement authorities (Adinkrah, 2008).

Masculinity is also cast in sexual terms. Among all ethnic groups, the ability to “perform” sexually and to have children is the ultimate test of masculinity. Indeed, a primary objective of marriage is procreation (Sarpong, 1991). In addition to signifying high economic and social status, having multiple wives or sexual partners and several children is demonstrative of male sexual prowess. Moreover, male sexual impotence is more than a private matter (Miescher, 2005). If pregnancy does not occur within the first few months of marriage, community members become inquisitive, wanting to know the source of the problem. As one informant described it, “sexual impotence is like a crab. It cannot be chewed in silence.” Among male compeers, male sexual impotence becomes the basis for innuendoes and public ridicule that is persistent and relentless in form and a source of deep anguish and humiliation. So central is sexual prowess to masculinity and a male sense of self-worth that for others to question it is a major violation of masculine space and integrity and a personal affront.

For the married man, successful masculinity is also measured by the ability to meet the material needs of wives and children. A good husband provides the “chop money” for all daily expenditures. Many a man feels emasculated when he is unable to fulfill this economic role. Indeed others may dismiss him as *ɔbarima hunu* (useless man). Men generally lose face and become socially stigmatized within the family and community whenever there is a significant role reversal, with the woman as the economic provider (Adomako Ampofo & Boateng, 2007). Men lose stature when they repeatedly seek loans from others to take care of their family. While seeking financial assistance is acceptable as a last resort, men are expected to make their own way financially and to find solutions to any economic difficulties as a mark of their independence and personal strength. The consequences of failure not only place high expectations and tremendous pressure on men to be successful in material terms, but define economic success as another expected masculine trait.

Legal and social responses to suicidal behavior in Ghana

According to the Ghana Criminal Code (1960, Act 29), suicide is a crime. Section 57 of the code reads: “whoever attempts to commit suicide shall be guilty of a misdemeanor.” Thus, persons who engage in nonfatal suicidal behavior are subject to apprehension and prosecution, and upon conviction, are subject to criminal penalties. Compounding the strong legal response is the social reaction where suicide is regarded by all ethnic groups as a reprehensible act (Greene, 2002; Nukunya, 2004). This universal abhorrence of suicidal behavior stems, largely, from religious interpretations and perceptions of suicide. A significant proportion of the Ghanaian population is devoutly Christian or Muslim, both of which prohibit suicide. For many Christians, suicide is a transgression of God’s Law, specifically the Biblical scripture, “Thou shalt not kill” (Exodus, 20:13). This prohibition against killing extends to the self, and those who die by suicide are said to be denied entry to heaven. In Islam, Okasha and Okasha (2009) observe that for Muslims, “torture in hell awaits the person who takes their own life” (p. 50). Ancestor veneration, prevalent throughout Ghana, carries similarly negative interpretations of suicide. For ancestor worshippers, when a person dies through suicide, their spirit is temporarily or permanently obstructed from traveling directly to the other world to join the ancestors. This disturbed spirit, known in Akan as *ɔsaman twentwen* (lingering ghost) haunts the death scene, frightening, albeit incapable of hurting, those it encounters (Konadu, 2007).

Among many Ghanaian ethnic groups, suicidal behavior carries such a heavy stigma that suicides are denied a proper burial (Greene, 2002; Nukunya, 2004). Myriad other cultural practices further signify the opprobrium reserved for suicidal deaths. These practices also reveal presumptions of the contaminating effects of suicidal behavior. In some Akan communities, where the victim suicided by hanging from a tree, the tree is felled and burnt after the removal of the body. It is believed that the tree is forever accursed and must be chopped down, lest others hang themselves from it. In some parts of the country the corpse of a person who suicides via hanging is flogged prior to its removal (Dali, 2007). So strong is the belief in the contaminating effects of contact with a suicide victim’s body that the living must avoid any contact with it, both physically and symbolically. Among some ethnic groups in Northern Ghana, when a suicide occurs inside a house or an apartment, the corpse must be removed through a window or a specially created aperture in the wall because conveying the body through the doorway permanently desecrates the doorway for the living (Dali, 2007). In some communities, people who suicide are buried in special cemeteries assigned to people who die “abominable deaths” (Greene, 2002). Suicide negatively impacts the lineage of the suicide long after the death, bringing shame and dishonor upon the entire extended family. In some instances, the taint is so great that families are treated as outcasts in their community and the young men and women in the family face difficulties obtaining marital suitors. It is presumed that offspring from a marital union with a member of such a family would also suicide in the future.

Despite the strong social denunciation and moral censure of suicidal behavior in Ghana, there have been select circumstances when it has been pardoned in the society. For example, historically, death by suicide was excused for dealing with extreme shame. One Akan saying asserts, *ferɛ ne animguasɛɛ deɛ, afanyinam owuo* (it is better to die than endure shame) while another states, *animguasɛɛ mfata ɔkani ba* (shame or dishonor does not befit the status of an Akan) (Warren, 1973).

Research methods and data sources

The data for this research were obtained from the Statistics and Information Technology Unit of the Ghana Police Service. In Ghana, when a death is determined by a medical doctor to be of unnatural causes, a police crime investigator and a crime scene management team are dispatched to the death scene to conduct a formal inquiry into the circumstances of the death. In addition to gathering forensic evidence, extensive interviews are conducted with family, friends, neighbors, co-workers, and any other identified witnesses regarding any precipitating factors in the death. The investigating officer submits a report to the coroner, who directs a pathologist to conduct a post-mortem examination of the body in the presence of the police investigator. If the death is determined to be a suicide, the motive is assigned by the investigating officer and the crime scene management team based on the evidence accrued from the investigations.

Although suicide is a crime under Ghanaian law, a comprehensive national database on the phenomenon is practically nonexistent. The three-year (2006–2008) data on which this analysis is based were collated for this author by the Ghana Police Service by special request. Data compilation was overseen by a senior police officer of Assistant Superintendent rank. The data obtained include all cases of fatal and nonfatal suicidal behavior reported to the various police stations around the country. The data comprised the age, sex and employment status of the suicidal person, the day and time of the suicide event, the suicide method, the location of the incident and the precipitating circumstances.

Despite the assiduousness of law enforcement and medical authorities in establishing the true cause and manner of death, it is highly probable that official figures underestimate the actual number of incidents of suicidal behavior. Suicidal behavior is both tabooed and criminal with consequences for surviving family members. Moreover, there is an incentive for families bereaved by suicide to conceal or suggest another cause of death to the authorities.

Data analysis

As noted, the raw data for this study were obtained from the records of the Ghana Police Service. Through manual counting, frequencies were generated to summarize the characteristics of the data, including sex, age, employment status, and suicide method. Following a careful content analysis of the data, motives for suicidal behavior were coded and organized into five broad categories: (1) need to avoid dishonor, humiliation, public disgrace and shame; (2) intra-family tensions, disputes and conflicts; (3) mental illness; (4) miscellaneous factors; and (5) not yet established. Coding of the cases was done by hand by the author and reviewed by a cultural anthropologist knowledgeable about Ghanaian society.

In Ghana, police data on suicidal behavior are available for public access. Additionally, the local print and electronic media publish the names of people and places that pertain to suicide cases. However, in this article, such identifying information has been omitted to protect the identities of the people involved.

Results

Official police data show that during 2006–2008, 287 people in Ghana engaged in suicidal behavior (see Table 1 for a summary of the results). Of these acts, 243 (84.7%) had fatal outcomes while 44 (15.3%) were non-fatal. A breakdown of these figures shows that 55 fatal and 8 nonfatal acts were reported in 2006; 92 fatal and 18 nonfatal acts were reported in 2007; and 96 fatal and 18 nonfatal acts were recorded for 2008. Regarding rates of suicide, in 2006,

Table 1
Descriptive Statistics of Suicidal Behavior in Ghana, 2006–2008.

Characteristics	(N 287) No	%
<i>Suicidal behavior by sex</i>		
Male	272	94.8
Female	15	5.2
<i>Fatal suicidal behavior by sex</i>		
Male	232	95.5
Female	11	4.5
<i>Nonfatal suicidal behavior by sex</i>		
Male	40	91.0
Female	4	9.0
<i>Age group, years</i>		
0–9	1	0.3
10–19	26	9.1
20–29	62	21.6
30–39	63	22.0
40–49	31	10.8
50–59	16	5.6
60–69	12	4.2
70–79	11	3.8
≥80	2	0.7
Not Known	63	22.0
<i>Methods of suicidal behavior</i>		
Hanging and suffocation	158	55.1
Self-inflicted gun shots	44	15.3
Self poisoning	38	13.2
Cutting, piercing, stabbing	19	6.6
Jumping	4	1.4
Drowning	2	0.7
Other	1	0.4
Not specified	21	7.3
<i>Motive for suicidal behavior</i>		
Avoid public dishonor or criminal prosecution	97	33.8
Family dispute or conflict	27	9.4
Job or financial problem	23	8.0
Mental illness	16	5.6
Suspected wife/Girlfriend of having an affair	15	5.2
Sexual impotence	13	4.5
Suffering stigmatized/debilitating illness	13	4.5
Miscellaneous	20	7.0
Not yet established	63	22.0

there were 0.24 suicides per 100,000; 0.40 suicides per 100,000 in 2007 and 0.41 suicides per 100,000 in 2008.

Analysis of the data shows that males were more likely than females to engage in suicidal behavior. Between 2006 and 2008, 232 (95.5%) of the 243 persons who died via suicide were male while 11 (4.5%) were female. Of the 44 persons whose nonfatal suicidal behavior came to the attention of police authorities, 40 (91%) were male while 4 (9%) were female.

Suicidal behavior was more common among persons aged 20–39 years-old (43.6%) and least likely among persons 9-years-old and younger (0.3%). Suicidal persons were also overwhelmingly of low socioeconomic status (e.g. laborers, unskilled artisans, peasant farmers). Only two were employed in middle or upper class occupations; one of these was a medical doctor while the other was an accountant.

The data revealed a wide range of suicide methods. The most common methods were hanging (55.1%), shooting with a firearm (15.3%) and ingesting poisonous substances (13.2%).

Analysis of the data shows variable motives for persons who engaged in suicidal behavior: (1) In 161 or 56.1% of the cases, the suicidal behavior was motivated by a perceived need to avoid the dishonor, humiliation, public disgrace and shame of such problems as economic failure (e.g. unemployment, indebtedness), debilitating or stigmatizing physical conditions (e.g. hydrocele, epilepsy, HIV-AIDS, tuberculosis, elephantiasis), deviant or criminal conduct (e.g. murder, rape, armed robbery, incest, bestiality, embezzlement, theft), and sexual impotence; (2) 27 or 9.4% of the suicidal acts were

triggered or fueled by intra-family tensions, disputes and conflicts; (3) 16 or 5.6% of the suicidal acts were attributed to mental illness such as depression; (4) 20 or 7.0% of the suicidal acts were attributable to miscellaneous factors; (5) in 63 or 22% of the cases, the reasons for the suicidal behavior were unknown and the cause classified by police as “not yet established.”

Discussion: masculinity and men's suicidal behavior

An important finding to emerge from the analysis of Ghanaian police data on suicidal behavior was that males engaged in both fatal and nonfatal suicidal behavior at higher rates than females. Additionally, the majority of males who engaged in suicidal behavior did so to deal with feelings of shame and dishonor. To explore the relationship of higher rates of male suicidal behavior and public shame, the remainder of this paper will address the ways that Ghanaian cultural notions of masculinity engender male suicidal behavior.

Masculinity, male risk-taking behavior, and suicidal behavior

The finding that police-recorded suicidal behavior in Ghana is primarily a male phenomenon is consistent with the cross-cultural literature indicating men's greater tendency to engage in transgressive or risk-taking behavior. Differences between male and female suicidal behavior are well documented in Western societies (Canetto, 2009; Lester, 2008; Morton & Francis, 2000; Scourfield, 2005) as are males' markedly higher rates of violent criminal offenses including homicide and robbery (Miethe, McCorkle, & Listwan, 2006). In Ghana, females not only commit fewer crimes than males, but their offenses tend to be confined to such non-violent misdemeanors as larceny and prostitution (Ghana Police Service, 2003). In Ghana, important markers of masculinity include bravery, strength, physical endurance, aggressiveness, sexual prowess and emotional reserve. As previously discussed, suicide is a highly tabooed behavior in Ghana, with serious repercussions for the victim and surviving relatives. The elaborate proscriptive legal and social sanctions associated with suicide are designed to deter suicidal behavior. That males in the society engage in suicidal behavior at markedly higher rates than females, despite the prohibitory injunctions and sanctions, is further indicative of the greater risk-taking behavioral tendencies that are cultivated in males, relative to females.

As the data show, the most common suicide methods were asphyxiation by hanging and shooting with a gun. Self-killing via hanging is said to require bravery and much courage while firearm-suicides require access to, and familiarity with guns. As noted, Ghanaians generally consider courage and bravery as masculine virtues. The Akan phrase, *ne bo ye duru* or *ne koko ye duru* (he's brave) is synonymous with *ɔye ɔbarima* (he's a real man). It is believed that few Ghanaian women have sufficient courage to enact any form of killing, including hanging or shooting themselves. A common refrain in the Akan language is *emmaa suro adeɛ* (females are cowards). Thus, it is often suggested that a woman who hangs herself can only do so under conditions of insanity. That hanging as a suicide method demands a level of courage and decisiveness that women are said to lack, is affirmed by the Akan proverb, *Aberewa se ɔreko hye akɔmfo, dua buuyɛ a w'adwane* (The old woman said she was going to hang herself; when the tree branch from which she was to hang broke, she fled the scene).

Regarding the absence of female suicides involving firearms, it must be noted that in Ghana, gun ownership is the province of males. All hunters are men and, in the past, war combatants were men, notwithstanding the exceptional military prowess of the Ashanti war heroine, Yaa Asantewaa (Boahen, 2003). Two Akan

sayings, *se ɔbaa to etuo mpo a etwere ɔbarima dan mu* (even if a woman buys a gun, it's stored in a man's room) and *ɔbaa to n nyaadewa, ɔnton atuduro* (females sell eggplants, not gunpowder) further exemplify the cultural association of firearms with men and therefore women's lack of access to guns in the society.

Death is preferable to dishonor

Another important finding to emerge from this study was the preeminent theme of shame and dishonor as precipitating factors for the majority of suicidal acts committed by males. The sources of shame were variable, ranging from the imminent humiliation of public exposure for committing some act of deviance, to angst over failure to meet societal prescriptions of the masculine role as provider. As previously discussed, a number of Akan proverbs and maxims suggest that suicide is preferable to enduring shame under certain circumstances. Such proverbs provide tacit support for individuals contemplating suicide as a way to deal with dishonorable conduct. The following suicide profiles are exemplary.

In the first case, a 32-year-old man killed himself after witnesses discovered him copulating with a sheep. He immediately fled his village and was found dead several miles away from the scene, having drunk insecticide. In another incident, a renowned musician hanged himself in his bedroom in the face of imminent prosecution for fraudulent behavior. He collected large sums of money from friends and acquaintances under the pretext of obtaining visas for them to travel with his band on an international musical tour. With the monies squandered, unable to make good on the promise, and besieged by creditors who reported the matter to the police, he hanged himself.

The next case involved a 30-year-old prophet-healer of a Christian prayer ministry who hanged himself in the lavatory of the police station where he had been undergoing criminal interrogation. The man, who was esteemed in the community for his prophetic predictions, was being questioned by the police over a charge of stealing 1.2 million cedis (US\$120) belonging to his fiancé. In another suicide involving theft, a 35-year-old man accused of stealing 500,000 cedis (US\$50) from his wife killed himself after the wife consulted a fetish priest who determined through divination that the husband was the culprit.

In a case involving an adolescent suicide, a family returned from the family farm to find their 16-year-old son hanging from the ceiling of his locked bedroom. The sixth-grade student, who had been held back repeatedly for academic failure, had impregnated two schoolmates within one month. Once the pregnancies had advanced and the youth was identified as the father, he was subjected to persistent ridicule and condemnation by his parents, teachers, peers and the wider community for impregnating his schoolmates and for his lack of future prospects to provide economically for the teen mothers and their children.

One man chose death over criminal prosecution when he jumped into a major river to elude capture by police. The man, a driver of a Ghana Prisons Service vehicle, and a traditional sub-chief, had concealed contraband goods on the vehicle he was driving. The vehicle was initially allowed to cross a customs checkpoint without a search because of its official designation as a government vehicle. However, when moments later, customs officials received a tip-off that the vehicle was conveying contraband, the officials mounted a chase, arresting the driver and the vehicle several miles away. The driver was ordered to drive back to the customs checkpoint. Anticipating the shame and humiliation that his arrest, prosecution and conviction would bring to his status as a traditional chief, coupled with his position in the Prisons Service, he made a decision to terminate his life. As his vehicle approached a bridge over a major river, he claimed that the vehicle had developed

a mechanical fault. He stopped, ostensibly to repair the damage. Within minutes he was heard shouting that he preferred death over disgrace and humiliation. He then leapt over the rails of the bridge into the river. Efforts to save him failed. Later, a search of the vehicle uncovered undeclared customs items worth thousands of dollars.

In another incident, a 38-year-old man fatally shot himself after he received the results of a medical test. The man had been ill for some time and was receiving treatment for his symptoms at a local hospital. Following hospitalization, he was asked to undergo some medical tests. Days later, he went for his medical results. Upon returning home, he locked himself in his room and shot himself in the chest. He had been diagnosed with HIV/AIDS.

In another case, a soccer referee publicly threatened to suicide in response to a decision by the professional league board to terminate his tenure with the organization, and to delete his name from the list of major league referees due to a number of inconsistent rulings rendered while officiating a national soccer match. The referee challenged the termination decision by the board with an official statement released to the public maintaining his integrity and noted: "My mobile phone has been bombarded with a series of calls since Monday and it's becoming unbearable for me. I don't think I have the heart to contain them anymore. I feel like hanging myself because I have been subjected to public ridicule." He did not act on the threat.

In another case, a man fearing public disgrace over his imminent incarceration in the very prisons where he served as a correctional officer, attempted to sever his penis with a sharp metal object in a desperate bid to terminate his life. He engaged in suicidal behaviour while in a jailhouse awaiting prosecution for smuggling two large bags of marijuana into the correctional facility to sell to prison inmates. In another incident, a 41-year-old security guard employed by a family to maintain security for their home, attempted to rape a 20-year-old female guest of his employer. When the girl fiercely resisted the rape attempt, the man fatally stabbed her and then used the murder weapon to stab himself. Before dying at the hospital, he told investigators that he had selected death over shame and disgrace. In a case involving incest, a 52-year-old man, confronted with the choice of spending the rest of his life living in ignominy or terminating his life via suicide, selected the latter. He fled his home in a small rural community and hanged himself in adjacent bushes after his wife discovered him having sex with their 17-year-old daughter. While the man's long-term incestuous union with his daughter was unknown to others, many in the community had been puzzled by his repudiation of over twenty suitors who had formally approached the family to ask for the daughter's hand in marriage—this in a culture of arranged marriages.

The shame of breaching male economic responsibility

Several men (23 or 8.5%) who engaged in suicidal behavior did so to deal with the shame of being unable to fulfill their socially-prescribed economic roles as providers for their families. Here male suicidal behavior stemmed directly from economic hardships resulting from job loss, chronic unemployment, and other threats to financial stability and livelihood. This was the case for a group of tomato farmers. In April of 2007, a series of incidents involving tomato farmers occurred in the Northern region of the country. In these cases, farmers in a major farming community killed themselves out of frustration and despair in the face of massive crop failure, lack of marketing outlets for their produce, and huge debts to banks and other commercial lenders. Within a 90-day period, one local hospital ward recorded nine cases of self-poisoning with pesticides by men aged between 18 and 45 years. Investigations by the authorities revealed a seasonal cycle of suicides by farmers who had contracted bank loans for tomato farming ventures and found

themselves unable to repay the loans, due to the lack of market for their produce.

In another case, a 36-year-old man facing financial difficulties that made it impossible for him to support his two wives and five children hanged himself. His distress was compounded when both wives reported him to the Domestic Violence and Victim Support Unit (DOVVSU), a unit of the Ghana Police Service whose duties include prosecuting financially-negligent parents. Days prior to his appearance in court over charges of dereliction of financial responsibilities, he hanged himself from a tree.

Masculinity, impotence and shame

The data under study included thirteen cases in which men killed themselves because of sexual impotence. As noted, for many Ghanaian men, male sexual identity is highly invested in sexual performance. Thus, sexual impotency is equated with sexual inadequacy and, by extension, a threat to masculine identity. A 2008 newspaper article titled “The Sexual Problems of Ghanaian Men” described the social pressures faced by sexually impotent males, with “some men liken[ing] it to [a] death sentence” and that “Sadly some men commit suicide because they think there can be no life without their virility” (Boakye, 2008, p. 1). One such case was a murder-suicide in which a 47-year-old husband fatally shot his 43-year-old wife. The assailant subsequently died of self-inflicted knife wounds to his abdomen. The night before the murders, his wife had mocked him about his sexual impotence, saying he was “not a man.” In another incident, a 63-year-old man killed himself in response to the shame of his sexual impotence and his wife’s consequent extramarital affairs. The couple had been married for 30 years and had eight children together. Five years prior to the suicide, the man had overtly threatened to kill himself if his wife did not cease her adulterous relationship with a man in an adjacent village. Alarmed by her father’s threats of suicide, one of the daughters reported the matter to the village elders for resolution. At the arbitration hearing, the wife admitted her infidelity but attributed her behavior to the husband’s impotence. Although the elders advised her to desist from the behavior and assist the husband in seeking medical treatment for his condition, the wife continued her adulterous behavior. The husband carried out his suicide threat by hanging himself on his farm.

Wife’s marital infidelity, shame and suicide

The data revealed several cases where men engaged in suicidal behavior in response to the real or imagined extramarital affairs of a wife. In Ghana, husbands of adulterous wives are often the subject of relentless gossip, innuendo and mockery. Wifely infidelity is widely interpreted as a testament to a husband’s failure to satisfy a wife’s sexual and material needs. In a social context where male sexual virility, sexual prowess and economic success define one’s masculinity, a wife’s unfaithfulness and cuckoldry provide a public challenge to a husband’s masculinity and a motivating factor for some suicides. The following two cases are illustrative. The motive for the suicidal behavior in the first case was described in a suicide note left behind by the 65-year-old victim. A retired military officer, employed as a security guard at a private firm, fatally shot himself at his workplace with his officially-issued gun. The suicide note revealed that he decided to terminate his life because of the humiliation that his wife’s extramarital affairs were causing him. The note chronicled his wife’s infidelities, including the names of her alleged lovers. He indicated that he had been distressed by the wife’s unfaithfulness and by his extended family’s importunate demands that he exercise restraint in his decision to divorce her. In the other incident, a 31-year-old mechanic was arrested by police

for a nonfatal suicidal behavior fueled by suspicions that his wife was involved in adulterous relationships with other men. The man arrived home at night to find that his wife was not there. Suspecting that she was consorting with a lover, he grabbed a belt and attempted to hang himself in his bedroom. His wife returned home to discover him in the midst of his suicidal act and raised an alarm which attracted neighbors who rescued him. In his statement to police, he indicated that he “was fed up with life as he could no longer live with an unfaithful wife.” In another case, a 32-year-old man used a machete to chop off the hands of a girlfriend he suspected of being sexually unfaithful to him; he then used the same knife to fatally butcher his girlfriend’s suspected paramour. He then tried unsuccessfully to kill himself by drinking a cupful of insecticide.

Masculinity, loss of patriarchal control, shame and homicide-suicides

Eight suicides occurred within the context of murder-suicides. In all such cases, wives or other conjugal cohabitants were the homicide victims. Typically, the wife was contemplating a divorce, separation, or was suspected of engaging in marital infidelity. This is consistent with expectations that husbands exercise patriarchal control over their wives. Many men in Ghana have been socialized to regard their wives and other intimate partners as their personal property, to be controlled and dominated at will. In practice, this encourages excessive jealousy, stalking, and surveillance of women and their spatial movements. Under these gender ideologies, many men find it difficult to accept a separation or divorce initiated by the wife. Women who terminate or threaten to terminate a relationship with an intimate partner are often stalked and even killed (Adinkrah, 2008).

In one instance, a 42-year-old man hacked his 40-year-old lover to death after the woman terminated their relationship, allegedly because she had found a “worthier” lover. The couple had been cohabiting for about one year. Immediately after ending the relationship, the woman returned to her natal home. Enraged by the woman’s decision to end the relationship, the assailant made importunate demands for the woman to repay a loan of 2 million cedis (US\$200) he had made to her, without success. A week following the breakup, the assailant went to the deceased’s home with a machete concealed on himself and fatally assaulted her with the weapon. By the time law enforcement personnel caught up with him, he was near death from consuming DDT.

In another incident, tragically witnessed by the couple’s toddler, a farmer hacked his wife to death and then hanged himself on the family farm in response to suspicions that she was having extramarital sexual relations with several men in the community. During the last couple of years of their seven-year marriage, the couple fought incessantly over the wife’s alleged infidelities. The husband’s suspicions had been fueled by phone calls the wife received on her cellular telephone. On the day of the incident, the husband left for the farm with his wife’s phone to monitor incoming calls and to review the list of previous callers. Upon discovering that her phone was missing, the wife, accompanied by the couple’s three-year-old daughter, left for the farm to retrieve it. During the altercation that ensued, the husband used his machete to cut his wife’s throat before hanging himself in a nearby bush.

Another case followed a dispute that escalated into a homicidal encounter in which a 28-year-old husband slew his wife and then hanged himself. The couple had been married for five years and had two children. The day before the incident, the 25-year-old wife asked permission from the husband to visit her ailing mother in another town. The husband refused, accusing her of surreptitiously

planning to visit a boyfriend. This sparked a heated verbal exchange between the two. The husband then left the house and did not return until the next day, whereupon he raised the accusation of marital infidelity again. In the course of the verbal exchanges that followed, the husband dashed into the family bedroom, retrieved a machete and inflicted fatal wounds on the wife. His body was later found hanging from a tree in the village cemetery.

Conclusions

The foregoing exploration of suicidal behavior in contemporary Ghana indicates that men resort to suicidal acts to deal with extreme shame stemming from such myriad factors as sexual impotence and imminent criminal prosecution. Additionally, several males who perceived themselves as failing to meet their culturally prescribed masculine roles also resorted to suicide to deal with the potential recriminations of such failure. The constant exhortation that males be strong, resilient and independent and to avoid any show of vulnerability and emotional weakness often means that there are few, if any, social outlets and support systems for males to utilize to deal with a range of emotional stressors. Moreover, within Ghanaian constructions of masculinity, men are not granted an emotional expressiveness that allows them to seek assistance with personal challenges and emotional support during crises. In the absence of mental health services or informal sources of support, coupled with unrelenting expectations of masculine economic success and independence, for some men, the only option to deal with variable sources of shame is suicide.

A couple of limitations of the study must be acknowledged. First, the three-year timeframe covered in this study limits the generalizability of the findings. Another methodological limitation is that police-recorded data on suicidal behavior may underestimate the true scope of the phenomenon. Despite these limitations, the study contributes to the literature on suicidality in Africa. It provides important insights and a good starting point for broader investigations of the relationship between gender and suicidal behavior in Ghana.

In conclusion, the findings of the research demonstrate how gender norms and the pursuit of masculinity ideals impact suicidal behavior among Ghanaian males. The challenge, then, is how to reduce male suicidal behavior. One solution would be to change gender socialization patterns. Agents of socialization, from families to schools, must convey to young males the benefits of emotional expression for mental and physical well-being. These institutions should also counter views that deem it unmanly to seek formal and informal sources of support to alleviate emotional distress. Professional counseling services should be expanded, along with campaigns that promote counseling as an acceptable option for males. Moreover, males should be educated about the health risks associated with the unfettered pursuit of such prized symbols of masculinity as financial success and sexual prowess. Public educational campaigns could challenge the rigid dichotomization that defines an oppositional male and female nature, and debunk exaggerated male traits. Another solution is to repudiate such commonly articulated maxims as “better dead than dishonored” in Ghanaian society. Taken literally, these suggest a tacit approval of suicidal behavior for dealing with shame and humiliation.

There is also a need for more systematic data collection and sustained research to help identify the complex etiology of male suicidal behavior in Ghana. Qualitative research that includes interviews with suicidal men will help identify both risk and protective factors for suicidal behavior and facilitate the development and implementation of preventive measures.

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