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# Gender and Psychological Factors Associated with Suicidal Ideation among University Students in Enugu Metropolis

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#### Abstract

This study investigated gender and psychosocial factors associated with suicidal ideation among undergraduate students in Enugu metropolis. 666 participants comprising 419 males and 247 were sampled using purposive sampling technique, from universities within Enugu Metropolis. Beck Scale for Suicidal Ideation (BSSI); Index of self-esteem, Self-efficacy Scale and Multidimensional Scale of Perceived Social Support were used for data collection. Cross – sectional survey design was adopted and descriptive and multiple regression analysis were employed as statistics. The results revealed that there are differences between males and females in the manifestation of suicidal ideation with females (M=47.53) and males (M=31.53). Also, gender, self-esteem, self-efficacy and social support all correlated remarkably with suicidal ideation among undergraduates (r = .35, p = .02), (r = .32, p = .03) .32), (r = .26, p = .32) and (r = .54, p = .03), respectively. More so, gender and the psychosocial factors jointly associated with suicidal ideation F(4, 662) = 2.004, p = .02 and individually, gender, self-esteem and social support independently, have positive association with suicidal ideation of a  $\beta$ value of .00, .12 and .52, respectively which are statistically significant since the P-values < .05. Whereas, self-efficacy has no association with suicidal ideation of a  $\beta$  value of .04, which is statistically not significant since the P-value >.05. It was concluded that gender, female students are higher in manifesting suicidal ideation than male students. Also, self-esteem, self-efficacy and social support are associated with suicidal ideation among undergraduate students.

**Keywords:** Suicide, Suicidal Ideations, Gender, Psychosocial, Undergraduates

#### Introduction

In recent times, our institutions of higher learning are riddled with cases of suicide and other self-harm by students. Education is seen as the major avenue through which a nation gets developed and youths are the major stakeholders in this aspect of endeavour, especially in the tertiary stage. So, adolescence and young adulthood age seem to be the best period to get education. There are no doubts, getting a good education, is a daunting challenge in all ramifications, socially, financially, psychologically, culturally and morally. These challenges often make youths more susceptible to suicide related behaviour because they are dealing with a complex interaction of multiple relationship



(peer, family, or romantic), mental health, and school stressors, in this case, lack of connectedness to school/sense of supportive school environment.

Consequently, each year, approximately 800,000 people die by suicide worldwide (World Health Organization [WHO], 2017). So, suicide is a major problem for social and mental health in many countries (Asghari, Sadeghi, & Ghasemi, 2013; Mohammadinia, Rezaei, Sameizadehtoosi, Darban 2012; Platt & Hawton, 2000) Nigeria inclusive. For instance; in 2000, suicide was the third leading causes of death among 15 to 24 years old, following unintentional injuries and homicide (Minino, Arias, kochanek, Murphy & Smith, 2002; Davaji, Valizadeh & Nikamal 2010). Further, there are 8 to 25 suicide attempts per suicide death (Moscicki, 2001; Davaji, Valizadeh & Nikamal ,2010). So, it obvious that there are ways of committing suicide in different countries base on cultures, religions and symbols (Ahmadi, 2005).

Suicide which is defined as a fatal self-injurious act with some evidence of intent to die (Turecki & Brent, 2015), is a global phenomenon that has been showing an upward trend in recent years. Suicidal thoughts and suicidal behaviours develop during adolescence and peak late in adolescence and early adulthood (Fergusson & Lynskey, 1995). Recent findings from population-based studies indicate that suicidal thoughts and attempts are parts of a continuum and share a common risk profile (Nock, Borges, Bromet, Alonso, Angermeyer, Beautrais, & De, 2008; Have, de Graaf, Van Dorsselaer, Verdurmen, van't Land, Vollebergh, & Beekman, 2009). In addition to the above, Osundeko (2007) asserted that though suicidal thoughts is apparent in Nigeria, but it has been under-reported because it is usually shrouded in superstition and the shock and grief that would pervade an area where suicidal action is committed may be profound. However, the stigma attached to suicide, may not permit many Nigerian families to broadcast the fact that their youngster took their own life. Nevertheless, members of the public are aware of some suicide cases.

In other words, suicidal ideation is the thought, intent, plan and imagination of an individual concerning their wish to commit suicide. Suicidal ideation is a common phenomenon among all individuals irrespective of age, gender, ethnicity, race, academic performance or even social status. Suicidal ideation is a known risk factor for suicidal attempt, which in turn increases risk for suicidal death (Centre for Disease Control, 2006; Denise, Middlebrook, Pamela, LeMaster, Janette, Douglas & Spero 2008). However, Suicidal ideation most likely happens prior to a suicide attempt or suicide



(Lewinsohn, Rohde, Seeley, 1996; Gili-Planas, Roca-Bennasar, Ferrer-Perez & Bernardo-Arroyo, 2001) and it involves the tendency to die owing to an inability to cope with life difficulties (Mind, 2016).

So, the phenomenon of suicide, especially among teenagers is a growing problem of public mental health and Nigeria is not an exception. There are incessant cases of suicide attempts and the actual suicide itself being reported in the media also on daily basis. One begins to wonder, why the high rate of suicidal ideations among students. A study indicated that about 11 percent of students have reported suicide ideation in the last academic year (Dyrby, Thomas, Massie, Power, Eacker, Harper et al., 2008). Moreover, many factors can lead an adolescent to suicidal behaviour, and these can be divided into two categories: psychological problems (loneliness, worry, hopelessness, self-efficacy, selfesteem,) (Galaif, Sussman, Newcomb, & Locke, 2007); and social-environmental factors such as low, or lack of, parental or peer support, social support, harmful alcohol and drug use, smoking (Page & West, 2011). Therefore, for one to commit or attempt suicide, one has to think about doing so, plan about the execution and even writes death threats; and these are ideations. Ideation precedes all planned suicides or suicide attempts except accidental suicides or death. No completed suicide or attempted suicide will be carried out without thinking about it, planning it, and sometimes writing death threats, all these are suicidal ideations (George, 2007). Suicidal ideation is a thought, idea, or plan that can lead to harm or/and death according to Reynolds (1988). Suicidal ideation becomes severe and worsens when one fails to overcome a problem. Suicide Ideation is a term that refers to the occurrence of any self-destructive thought. Therefore, in this study, the researchers investigated gender and psychosocial factors such as social support, self-efficacy and as well as self-esteem as factors likely to predict or be associated with suicidal ideation.

Social support is very important when it comes to adolescent wellbeing, as it helps to boost the self/perceived self of the individual. According to Cohen (2004), social support as social network's provision of psychological and material resources intended to benefit an individual's capacity to cope with stress. It can also be defined as the extent to which individuals perceive that provisions of social relationships exist and are available to them, or they are being cared for, particularly in times of adversity. Social support may be in the form of tangible (or material/financial assistance) support, informational support (e.g. advice) and emotional support (e.g. nurturance) from friends, family members, romantic partners, professional colleagues/co-workers, support groups and significant



others (Taylor, 2011; Hogan & Narajian, 2002). Social support has been extensively studied and is thought to influence well-being by modifying and buffering the impact of life events and other stressors (Pugliesi & Shook 1998; Southwick, Vythilingam & Charney 2005). For instance; perceptions of parent and school support are relatively more important than peer support in understanding suicidal thoughts and history of suicidal behaviour (Miller, Esposito-Smythers, & Leichtweis, 2015, Endo, Tachikawa, Fukuoka, Aiba et al., 2014) and suggested that improving social support across these domains may be important in suicide prevention efforts. In a study, Pettit, Lewinsohn, Seeley, Roberts and Yaroslavsky (2011) showed that an increase in perceived support from the family predicted a decrease in symptoms of depression.

On the other hand, young children have relatively high self-esteem, which gradually declines over the course of childhood. Adolescence is the critical period for the development of self-esteem and self-identity, and low self-esteem may endanger adolescents' emotional regulation (Tsang &Yip, 2006). Self-esteem is considered the backbone of a person's wellbeing. The quality of an individual's life is highly influenced by their self-esteem. Self-esteem of an individual is highly associated with the behaviours of an individual. Low self-esteem is seen as the cause for a wide range of personal and social ills, from crime and drug addiction, educational underachievement and a feeling of general wellbeing (Baumeister, Campbell, Krueger & Vohs, 2003). The family places an integral part in the development of effective relationships and when the family relationships are ineffective these may affect the self-esteem of an individual as well as lead to suicidal ideation.

Self-efficacy refers to the confidence and belief that an individual can act in a certain way for the purpose of meeting a goal or coping effectively in stressful situations (Bandura 1977). On the other hand, people with low self-efficacy usually feel powerlessness, in contrast to those with high self-efficacy who are more controlled and less anxious in stressful situations. Self-efficacy help individuals cope with stress and inducing positive effects in time. The opposite is also noted. Those with low self-efficacy can choose to imitate a celebrity who they feel drawn to thus making contagious suicidal behaviour common. This findings are also supported by King, Strunk and Sorter (2011), stated that the self-efficacy of a student lowered his suicidal tendency. Thus, people with high self-efficacy and optimism can combat stress better. As a result, self-efficacy and dispositional optimism have both direct and indirect roles in the correlation between stress and suicide ideation. It is therefore important to note that self-efficacy provide protection from effects of stress in suicidal ideation. Moreover,



studies have found that high self-efficacy have a strongly negative effect on suicide ideation (King *et al.*, 2011). It is therefore important to focus on individual self-efficacy, which means that it can be adopted in interventions and counselling that promote self-efficacy to address suicide ideation.

Furthermore, during the adolescent stage, males and females develop differently with different skills at different times (Berk, 2010). There are changes in the actual levels of turbulence once believed to occur at this stage of emotions and concepts (Perry & Pauletti, 2011). One of the occasions that distinguishes men and women is dealing with problems in life. Even though both genders have the same goal of solving the problem, they will often go about finding a solution in a very different manner to each other. Gender is viewed as the biological distinction between male and female. One important area of the research is understanding of gender differences in suicidal ideation and suicide behaviours. A previous study showed that males were more likely to die from suicides, while females were more likely to commit suicide attempts (Befrienders Worldwide, 2016). Besides, female adolescents were more likely to have suicidal thoughts and ideation compared with male adolescents (Grøholt, Ekeberg, Wichstrøm & Haldorsen, 1999; Lewinsohn, Rohde, Seeley & Baldwin, 2001). Regarding the timing of first onset of suicide attempts, Lewinsohn, et al. (2001) found that the risk of onset for both boys and girls peaked during mid-adolescence. However, young women's risk precipitously dropped after age 18, whereas young men's risk only slightly decreased in late adolescence. To this end, this study was positioned to examine these variables among the population of university students in Enugu metropolis.

#### **Statement of the Problem**

Education, especially formal education, has been adjudged as the easiest way for a nation to achieve meaningful development. As such people, especially adolescences and young adults engage in academic activities in order to attain education that will help them become a responsible individual in the society. In generation past, going to school is usually a thing of joy and students were treated with dignity and support in all ramification and once you are done you are placed on a job that will earn you a living.

However, in this current generation, students are struggling with so many complexities and hardship in ramification and such expose them to suicidal ideation due to factors associated with education attainment. According to the World Health Organisation (WHO), while the link between suicide and



mental disorders (in particular, depression and alcohol use disorders) is well established in high-income countries, many suicides happen impulsively in moments of crisis with a breakdown in the ability to deal with life stresses, such as financial problems, relationship break-up or chronic pain and illness. In Nigeria, the Suicide Research and Prevention Initiative [SURPIN] has found that about one-fifth of suicide cases seen at its affiliated institution are those aged 13-19 years, and that over 50 per cent of the crisis calls received through its hotlines are from those aged 13-29 years; 27.8 per cent were students. This should worry every parent, and indeed any Nigerian who values life, considering that the Nigerian National Youth policy (2009) defines youth as those aged 18-35 years, while the African Youth Charter defines it as 15-35 years. For instance; Chukwuemeka Akachi, a 400-level student of the Department of English and Literary Studies, University of Nigeria, Nsukka, (UNN) committed suicide. It was gathered that the deceased carried out the suicide in the solitude of an uncompleted building located at Sullivan Road, Nsukka where he allegedly slipped into coma after taking two bottles of an insecticide, Sniper. Meanwhile, a close friend of Akachi who preferred anonymity said Akachi posted a suicide note on Facebook wall shortly before he committed suicide, indicating an incidence of suicidal ideation.

So, this study aimed at investigating gender and psychosocial factors associated with suicidal ideation among undergraduate students towards bridging the gap in knowledge concerning this ravaging menace in this part of the country towards adding to the body of knowledge in this area of study.

## **Purpose of the Study**

Generally, this study was designed to investigate gender and psychosocial factors associated with suicidal ideation among undergraduate students. Specifically, it aimed at:

- 1. Examining whether there will be gender difference in suicidal ideations among university students.
- 2. Determining whether gender and psychosocial factors will jointly and significantly predict suicidal ideation among university students.
- 3. Whether gender and psychosocial factors will independently and significantly predict suicidal ideation among university students.



## **Review of Related Literature**

Theoretically, the researcher reviewed Transactional Model of Stress ((Lazarus & Folkman, 1984), Social Integration and Social Regulation (Durkheim, 1897, 1951; Johnson, 1995) Thwarted belongingness (Baumeister & Leary, 1995), Social Bond Theory (Hirschi, 1969), Perceived burdensomeness (Van Orden, Witte, Cukrowicz, Braithwaite, Selby& Joiner, 2010) and Stress buffering hypothesis (Cohen & Wills, 1985). The researcher noted that these theories have cogent explanation as regards to the variable under investigation. The theory transactional model of stress was apt in explaining how perception of environment can lead to suicidal ideation. Also, perceived burdensomeness posits that individuals who think about, attempt, and die by suicide mistakenly translate their self-hatred into feelings of expendability. Thus, the dimensions of perceived burdensomeness include perceptions of liability and self-hate. Not only that, the thwarted belongingness theory of suicide ideation created a picture of how human beings have a fundamental need to belong, that, when these needs are unmet, it may leads to a range of negative health outcomes, including increased rates of suicide ideation, attempts, and fatalities across the lifespan.

Empirically, the relationship between gender and these psychosocial factors have been evindenced in the literature: For instance, Martínez-Martí and Ruch (2017) found that social support and selfefficacy were positively related to the Swiss general population. Also, Zhang and Jin (2014) showed that social support and self-efficacy were positively correlated in a sample of postpartum women. Besides, the study demonstrated that self-efficacy mediated the relationship between social support and postpartum depression. Other studies have found similar results (e.g. Tovar, Rayens, Gokun & Clark, 2015; Wang, Tao, Bowers, Brown, & Zhang, 2018). Also, Asghari, Sadeghi and Ghasemi Jobaneh (2013) results showed that self-concept and mental health of the students have a meaningful relationship with suicidal ideas. Personality factors, academic stress and socio-economic status jointly and separately predicted suicidal ideation (Oginyi, Mbam, Nwonyi, Ekwo & Nwoba, 2018); Low health self-efficacy was associated with suicidal behaviours (Isaac, Yi Wu, McLachlan & Lee, 2018). In the prevalence and gender differences in suicide ideation of youth, Swahn, Bossarte, Choquet, Hassler, Falissard, & Chau (2012a); Juan, Xiao-Juan, Jia-Ji, Xin-Wang and Liang, 2010 observed that boy were significantly less likely than girls to report suicide ideation. There are numerous studies that report a higher rate of suicidal ideation among girls relative to boys (Grunbaum, Kann, Kinchen, Ross, Hawkins, & Lowry, et al., 2004; Krug et al, 2002; Beautrais, 2002; Bakken & Gunter, 2012; Swahn



& Bossarte, 2007; Swahn et al., 2012a) even when examined longitudinally (Boeninger, Masyn, Feldman, & Conger, 2010).

From the foregoing, previous studies reported that the independent variables under study associated to a great extent with the dependent variable across different populations, hence, this study was guided by the following hypotheses.

## **Hypotheses**

The following hypotheses were tested:

- 1. There will be a significant gender difference in suicidal ideations among university students.
- 2. Gender and psychosocial factors jointly will significantly be associated with suicidal ideation among university students.
- **3.** Gender and psychosocial factors independently will significantly be associated with suicidal ideation among university students.

#### Method

## **Participants:**

A total of 666 participants comprising 247 males and 419 females between the ages of 17 to 24 years (M = 21.02; SD = 4.58) were sampled using purposive sampling technique from the population of university students within Enugu metropolis.

#### **Instrument**

Four sets of instruments were used for this study which comprises:

Beck Scale for Suicidal Ideation (BSSI): developed by Beck, Kovasac and Weissman (1988). This scale is a 19-items instrument that evaluates the presence and intensity of suicidal thoughts in a week before evaluation. This questionnaire was used to measure the participants' severity of suicidal ideation during the past week. The scoring range of each question was 0–2 points (total range, 0–38. The researcher, using the Cronbach Alpha method established the coefficients alphas for Beck Scale for Suicidal Ideation (BSS) .71



*Index of self-esteem* (Hudson, 1982): this is a 25-item inventory designed to measure the self-perceived and self-evaluative components of self-concept which is the sum total of the self-perceived and the other perceived views of the self-held by a person. It has direct and reverse scoring of items with a Likert response format of 1 = rarely or none of the time to 5 = most or all of the time. Hudson (1982) provided the original psychometric properties while Onighaiye (1996) provided the properties for Nigerian samples. The researcher, using the Cronbach Alpha method established the coefficients alphas for Index of self-esteem (ISE) .82

Self-efficacy Scale (Sherer, Maddux, Mercandante, Prentice-Dunn, Jacobs & Rogers, 1982): is a Likert format 17-item scale designed to measure "a general set of expectations that the individual carries into new situations". (Example of items include: "When I make plans, I am certain I can make them work ", "I give up easily", "I am a self-reliant person", "I avoid facing difficulties"). The response format is a 5-point scale (1 = strongly disagree, 5 = strongly agree). Sum of item scores reflects general self-efficacy. The higher the total score is, the more self-efficacious the respondent. The researcher, using the Cronbach Alpha method established the coefficients alphas for Self-efficacy Scale (SES) .79

Multidimensional Scale of Perceived Social Support (Zimet, Dahlem, Zimet & Farley, 1988): is a 12-item instrument that measures the perceived adequacy of social support from three sources: family members (items 3, 4, 8, and 11), friends (items 6, 7, 9, and 12), and other significant people (items 1, 2, 5, and 10). Ratings of these 12 items were made on a 7-point Likert-type scale ranging from very strongly disagree (1) to very strongly agree (7). The total score corresponds to the sum of the scores of each answered item, with the higher/lower score corresponding to a greater/lower perceived social support. The researcher, using the Cronbach Alpha method established the coefficients alphas for Multidimensional Scale of Perceived Social Support (MPSS) .76

## **Procedure**

The researcher distributed and collected the data for this study with the assistance of five research assistants. The five research assistants were trained and briefed on the purpose of the study, hence, a total of 800 copies of the instrument were administered. This administration was carried out within two weeks in the various tertiary institutions selected, with the application of purposeful random sampling the researcher sampled participants from the populations of different faculties and



departments of the sampled schools in Enugu metropolis. 666 copies of the questionnaire were collated, disregarding the foiled copies, scored and analyzed to test the hypotheses.

# **Design/Statistics**

.The researcher made use of cross-sectional survey design and employed descriptive statistics and multiple regression analysis for the study. This choice of statistics were made due to the fact that the study was looking for causal-relation between four variables, gender, self-esteem, self-efficacy, social support on suicidal ideation. It can also be used to show and quantify causal relationships (analysis of causes) and predict the characteristic of the dependent variable (forecast) (Coolican, 2009).

## **RESULTS**

Table 1: Summary Table of Means, Descriptive Statistics and Correlations of the Study Variables (N = 666)

	Variables	M	SD	1	2	3	4	5
1	Suicidal ideation	30.24	8.18	1				
2	Gender	39.53	4.32	.35* *	1			
3	Self-esteem	32.64	3.60	.32* *	21*	1		
4	Self-efficacy	19.26	8.21	.26	13	.17	1	
5	Social support	48.41	6.10	.54*		12	.09	1

<sup>\* =</sup> P < .05, \*\* = P < .01, \*\*\* = P < .001.

From the Table 1 above, the computed statistics shows that;

The first hypothesis tested, which stated that 'there will be a significant gender difference in suicidal ideations among university students' was confirmed. It showed that males differ significantly from females in suicidal ideation of females with a mean of (M= 47.53) and males (M=31.53) with a mean difference of (16.0). Again, gender was found to be positively and significantly correlated with suicidal ideation among undergraduate students (r = .35, p = .02). Furthermore, social support as factor positively and significantly correlated with suicidal ideation among undergraduate students (r = .54, p = .03). On the other hand, self-efficacy as factor did not significantly correlate with suicidal ideation



among undergraduate students (r = .26, p = .32). Nevertheless, self-esteem as a factor did significantly and positively correlate with suicidal ideation among undergraduate students (r = .32, p = .32).

Table 2: Summary table of Multiple Regression on gender and psychosocial factors associated with suicidal ideation among undergraduate students in Enugu metropolis (N = 666).

Model	β	Beta value	<i>t</i> -value	<i>P</i> -value
Gender	004	.014	.209	.005
Self-esteem	.124	.132	2.076	.034
Self-efficacy	.041	.103	1.547	.129
Social support	.519	154	3.456	.001
.671				$R^2$ value
2.004				<i>F</i> -value
.015				<i>P</i> -value

<sup>\* =</sup> P < .05, \*\* = P < .01, \*\*\* = P < .001.

From the table 2 above, the second hypothesis tested shows that, the squared coefficient of correlation is (.671), which explains (67.1%) of the association of the predictor variables (gender, self-esteem, self-efficacy and social support) with the criterion variable (suicidal ideation) of F(4, 662) = 2.004, p = .02. Therefore, the alternate hypothesis is hereby accepted, since the p-value is <.05 which means the predictor variables (gender, self-esteem, self-efficacy and social support) jointly did associated with the criterion variable (suicidal ideation).

Again, the third hypothesis tested shows the association of each of the predictor variables (gender, self-esteem, self-efficacy and social support) with suicidal ideation. It reveals that gender, self-esteem and social support independently, have positive association with suicidal ideation of a  $\beta$  value of .00, .12 and .52 for gender, self-esteem and social support respectively which are statistically significant since the *P*-values < .05. Whereas, self-efficacy has no association with suicidal ideation of a  $\beta$  value of .04, which is statistically not significant since the *P*-value > .05. Therefore, independently, only self-efficacy failed to associate significantly with suicidal ideation manifestation among university students but gender, self-esteem and social support did positively and significantly.

## **Discussion**

The findings of this study revealed that, there was gender difference in suicidal ideation. This was in line with the previous studies that females are more likely to engage in suicidal ideation than boys



(Juan *et al.*, 2010; Swahn *et al.*, 2012b; CDC, 2012c). Also, gender, self-esteem, self-efficacy and social support all were strongly associated with suicidal ideation. Furthermore, jointly, gender, self-esteem, self-efficacy and social support as factors did significantly associated with suicidal ideation manifestation of among university students. These concurred with studies that have shown that these factors and some others are associated with the suicidal ideation (Yi Wu, *et al.*, 2018; Asghari, *et al.*, 2013; Oginyi, *et al.*, 2018).

Also, gender, self-esteem and social support independently predicted suicidal ideation among university students while only self-efficacy failed to individually associate with suicidal ideation. Meaning that factors such as gender, self-esteem and social support are remarkably associated with the manifestation of suicidal thought. This can be collaborated with the studies of Grunbaum, Kann, Kinchen, Ross, Hawkins, & Lowry, *et al.*, 2004; Krug et al, 2002; Beautrais, 2002; Bakken & Gunter, 2012; Swahn & Bossarte, 2007; Swahn et al., 2012a) even when examined longitudinally (Boeninger et al., 2010).

Generally, from the Nigerian undergraduate context, the results are not surprising because students believe that life in school is very hard coupled with the economic hardship, wickedness from the lecturers, pressure from the society and family etc., that is why people who do not have high self-esteem, self-efficacy and lack social support engage in suicidal ideation.

# **Implications of the Study**

The major implication of this study is that every university student at point in time must have thought about committing suicide, these are due to the fact that our environment both socially and psychologically are filled with hardships, struggles, hunger, poverty, competitions etc.

Parents should understand the role self- esteem, self-efficacy and social support do in the life of their children.

Government should step up to tackle some of these psychosocial factors by providing enabling environment that will promote good self-esteem, self-efficacy and social support and similar challenges towards restoring hope to the common man especially, undergraduate students..



## **Recommendations**

Based on the outcome of this study the researcher recommends that the government and school authorities should take cognizance of various psychosocial factors in the school environment especially self-esteem, self-efficacy and social support as these factors are key in building a resilience personality that will be able to withstand pressure.

It is also recommended that future investigators should look into other variables such as, poverty, broken homes, socio-economic status etc in addition to increasing the sample size, towards cross validating the outcomes of this study.

# **Summary and Conclusion**

Based on the findings, the researcher hereby concludes that gender, female students are higher in manifesting suicidal ideation than male students. Also, self-esteem, self-efficacy and social support are associated with suicidal ideation of undergraduate students in Enugu metropolis.

#### References

- Ahmadi, A R. (2005). The frequency of self-immolation attempt at suicide attempters in the city of West Islamabad. *Journal of improvement*, 9(24), 26-36.
- Asghari, F., Sadeghi, A., & Ghasemi Jobaneh, R. (2013). Survey the relationship between Self-concept and Mental Health with Suicide Ideation in Students of University of Guilan. *Journal of Basic and Applied Scientific Research*, 3 (8), 823 964.
- Bakken, N., & Gunter, W. (2012). Self-cutting and suicidal ideation among adolescents: Gender difference in the causes and correlates of self-injury. *Deviant Behavior*, 33(5), 339–356.
- Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioural change. *Psychological Review, 84*, 191-215.
- Baumeister, R. F., Campbell, J. D., Krueger, J. I., & Vohs, K. D. (2003). Does high self-esteem cause better performance, interpersonal success, happiness, or healthier lifestyles? *Psychological science in the public interest*, *4*(1), 1-44.
- Baumeister, R.F. & Leary, M.R. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin*, 117(3):497–529.
- Beck, A.T, Kovasac, M. & Weissman, A. (1979). Assessment of suicidal intention: the Scale for Suicide Ideation. *Journal of Consulting Clinical Psychology*, 47 (2): 343-52.



- Beautrais, A. L. (2002). Gender issues in youth suicidal behaviour. *Emergency Medicine*, 14(1), 35.
- Befrienders Worldwide (2016). Suicide statistics Available from: http://www.befrienders.org/suicide-statistics. Accessed August 5, 2019.
- Berk, L.E. (2010). *Development through the Lifespan*. 5th ed. Upper Saddle River, NJ: Pearson Education.
- Boeninger, D. K., Masyn, K. E., Feldman, B. J., & Conger, R. D. (2010). Sex Differences in Developmental Trends of Suicide Ideation, Plans, and Attempts among European American Adolescents. Suicide and Life Threatening Behaviour, 40(5), 451–464.
- Centres for Disease Control and Prevention (2009b). Youth Risk Behaviour Surveillance System (YRBSS): Youth Online [Online]. Available
- Cohen, S., & Wills, T.A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, *98*, 310-357.
- Coolican, H. (2009). *Research methods and statistics in psychology* (5th ed). London: Hodder.
- Davaji, R. B. O., Valizadeh, S., & Nikamal, M. (2010). The relationship between attachment styles and suicide ideation: The study of Turkmen students, Iran. *Procedia-social and behavioural sciences*, 5, 1190-1194.
- Denise, L., Middlebrook, Pamela, L., LeMaster, Beals, J., Douglas, K., Novins, & Spero, M. (2008). Suicide prevention in American Indian and Alaska Native Communities: A Critical review of programs. *Suicide and Life-Threatening Behaviour, 3I*(I), 132-149. doi:10.1001/jama.289.23.3161
- Durkheim, E. (1897). Le Suicide, *Translated by J Spaulding and G Simpson as Suicide: A study in sociology*. London: Routledge and Kegan Paul, 1952.)
- Dyrbye, L. N., Thomas, M. R., Massie, F. S., Power, D. V., Eacker, A., Harper, W. & Shanafelt, T. D. (2008). Burnout and suicidal ideation among US medical students. *Annals of internal medicine*, *149*(5), 334-341.
- Endo, G., Tachikawa, H., Fukuoka, Y., Aiba, M., Nemoto, K., Shiratori, Y., ... & Asada, T. (2014). How perceived social support relates to suicidal ideation: A Japanese social resident survey. *International Journal of Social Psychiatry*, 60(3), 290-298.
- Fergusson, D. M., & Lynskey, M. T. (1995). Suicide attempts and suicidal ideation in a birth cohort of 16-year-old New Zealanders. *Journal of the American Academy of Child & Adolescent Psychiatry*, *34*(10), 1308-1317.



- Galaif, E. R., Sussman, S., Newcomb, M. D., & Locke, T. F. (2007). Suicidality, depression and alcohol use among adolescents: a review of empirical findings. *International journal of adolescent medicine and health*, 19(1), 27-36.
- George, K. (2007). A woman's choice? The gendered risks of voluntary euthanasia and physician-assisted suicide. *Medical Law Review*, 15(1), 1-33.
- Gili-Planas, M., Roca-Bennasar, M., Ferrer-Perez, V. & Bernardo-Arroyo, M. (2001). Suicidal ideation, psychiatric disorder, and medical illness in a community epidemiological study. *Suicide Life Threat Behaviour*, *31*(2):207–213.
- Grøholt, B., Ekeberg, O., Wichstrøm, L. & Haldorsen, T. (1999). Sex differences in adolescent suicides in Norway, 1990–1992. *Suicide Life Threat Behaviour*, 29(4):295–308.
- Grunbaum, J. A., Kann, L., Kinchen, S., Ross, J., Hawkins, J., Lowry, R., ... & Collins, J. (2004). Youth risk behavior surveillance--United States, 2003. *Morbidity and mortality weekly report. Surveillance summaries (Washington, DC: 2002)*, 53(2), 1-96.
- Have, M. T., de Graaf, R., Van Dorsselaer, S., Verdurmen, J., van't Land, H., Vollebergh, W., & Beekman, A. (2009). Incidence and course of suicidal ideation and suicide attempts in the general population. *The Canadian Journal of Psychiatry*, *54*(12), 824-833.
- Hirschi, T. (1969). Causes of delinquency. Berkeley: University of California Press.
- Hogan, B.E., & Najarina, B. (2002). Social support interventions: Do they work? *Clinical Psychology Review*, 22, 381-440.
- Hudson, W.W. (1982). *Index of self-esteem the clinical measurement package:* A field manual. Chicago: Dorsey Press.
- Isaac, V., Wu, C. Y., McLachlan, C. S., & Lee, M. B. (2018). Associations between health-related self-efficacy and suicidality. *BMC psychiatry*, 18(1), 1-8.
- Juan, W., Xiao-Juan, D., Jia-Ji, W., Xin-Wang, W. & Liang, Xu (2010). The associations between health risk behaviors and suicidal ideations and attempts in an urban Chinese sample of adolescents. *Journal of Affective Disorders*, 126, 180-187.
- King, K.A, Strunk CM, Sorter MT (2011) Preliminary Effectiveness of Surviving the Teens Suicide Prevention and Depression Awareness Program on Adolescents' Suicidality and Self- Efficacy in Performing Help-Seeking Behaviours. *Journal of School Health* 81: 581–590.
- Krug, E.G., Dahlberg, L.L., Mercy, J.A., Zwi, A.B., & Lozano, R (2002). World report on violence and health. World Health Organization. Geneval: Author. Retrieved from http://whqlibdoc.who.int/publications/2002/9241545615 eng.pdf



- Lazarus, R. S., & Folkman S. (1984). Stress, appraisal, coping. New-York: Springer Publishing Company.
- Lewinsohn, P.M., Rohde, P., Seeley, J.R. & Baldwin, C.L. (2001). Gender differences in suicide attempts from adolescence to young adulthood. *Journal of American Academic and Child Adolescence Psychiatry*, 40(4):427–434.
- Lewinsohn, P.M., Rohde, P., Seeley, J.R. (1996). Adolescent suicidal ideation and attempts: prevalence, risk factors, and clinical implications. *Clinical Psychology Science Practice*, 3(1):25–46.
- Martínez-Martí, M. L., & Ruch, W. (2017). Character strengths predict resilience over and above positive affect, self-efficacy, optimism, social support, self-esteem, and life satisfaction. *The Journal of Positive Psychology*, 12(2), 110–119.
- Miller, A. B., Esposito-Smythers, C. & Leichtweis, R. N. (2015). Role of social support in adolescent suicidal ideation and suicide attempts. *Journal of Adolescent health*, 56(3), 286-292.
- Mind. Suicidal feelings (2016). Available from: <a href="http://www.mind.org.uk/information-support/types-of-mental-health">http://www.mind.org.uk/information-support/types-of-mental-health</a>problems/suicidal-feelings/#.V\_xoqfl97IV.Accessed August 19, 2019.
- Minino, A. M., Arias, E., kochanek, k. D., Murphy, S. L., & Smith, B. L. (2002). Deaths: final data for 2000. National Vital Statistics Reports, 50, 15-24.
- Mohammadinia, N., Rezaei, M.' Sameizadehtoosi, T. & Darban, F. (2012). Assessing suicidal ideation frequency in medical students. *Quarterly Journal of Nursing Vision First Year*, 1(1). 83-91.
- Moscicki, E. K. (2001). Epidmiology of completed and attempted suicide: toward a framework for prevention. *Clinical Neuroscience Research*, *1*, 310-323.
- Nock, M. K., Borges, G., Bromet, E. J., Alonso, J., Angermeyer, M., Beautrais, A., & De Graaf, R. (2008). Cross-national prevalence and risk factors for suicidal ideation, plans and attempts. *The British Journal of Psychiatry*, 192(2), 98-105.
- Oginyi, R. C., Mbam, O. S., Nwonyi, S. K., Ekwo, J. C., & Nwoba, M. O. (2018). Personality factors, academic stress and socio-economic status as factors in suicide ideation among undergraduates of Ebonyi State University. *Asian Social Science*, 14(9), 25-37.
- Onighaiye, M.A. (1996). The impact of the length of time in the university on ego identity, self-esteem and stress manifestations in students. *Unpublished B.Sc. Thesis, Psychology* Department, University of Lagos.



- Page, R.M. & West, J.H. (2011). Suicide ideation and psychosocial distress in sub-Saharan African youth. *American Journal of Health Behaviour*, 35, 129–41.
- Perry, D. G., & Pauletti, R. E. (2011). Gender and adolescent development. *Journal of Research on Adolescence*, 21(1), 61-74.
- Pettit, J. W., Lewinsohn, P. M., Seeley, J. R., Roberts, R. E., & Yaroslavsky, I. (2011). Developmental relations between depressive symptoms, minor hassles, and major events from adolescence through age 30 years. *Journal of Abnormal Psychology*, 119(4), 811–824. <a href="https://doi.org/10.1037/a0020980">https://doi.org/10.1037/a0020980</a>
- Platt, S., Hawton, K. (2000). Suicide behaviour and the labour market. In: Hawton, K, van Heeringen, K. (eds) *The international handbook of suicide and attempted suicide*. Wiley, Chichester, 309–384.
- Pugliesi, K., & Shook, S. L. (1998). Gender, ethnicity, and network characteristics: variation in social support resources1. *Sex roles*, *38*(3), 215-238.
- Reynolds, W. (1988). Suicidal Ideation Questionnaire: Professional Manual. Odessa, FL: Psychological Assessment Resources. Inc.
- Sherer, M. Maddox, J.E., Mercandante, B., Prentince- Dunn, S., Jacobs, B. & Rogers, R.W. (1982). The self-efficacy scale: construction and validation. *Psychological Reports*, 51, 663 671.
- Southwick, S. M., Vythilingam, M., & Charney, D. S. (2005). The psychobiology of depression and resilience to stress: implications for prevention and treatment. *Annual. Review of Clinical Psychology*, *1*, 255-291.
- Swahn, M. H., & Bossarte, R. M. (2007). Gender, early alcohol use, and suicide ideation and attempts: Findings from the 2005 youth risk behavior survey. The Journal of Adolescent Health: *Official Publication of the Society for Adolescent Medicine*, 41(2), 175–181
- Swahn, M. H., Bossarte, R. M., Choquet, M., Hassler, C., Falissard, B., & Chau, N. (2012a). Early substance use initiation and suicide ideation and attempts among students in France and the United States. *International Journal of Public Health*, 57(1), 95–105.
- Taylor, S.E. (2011). Social support: a review. In M.S. Friedman (Ed.), The handbook of Health *Psychology. New York*, NY: Oxford University Press (Pp.189-214).
- Tovar, E., Rayens, M. K., Gokun, Y., & Clark, M. (2015). Mediators of adherence among adults with comorbid diabetes and depression: The role of self-efficacy and social support. *Journal of Health Psychology*, 20(11), 1405–1415.



- Tsang, S. K., & Yip, F. Y. (2006). Positive identity as a positive youth development construct: conceptual bases and implications for curriculum development. *International Journal of Adolescent Medicine and Health*, 18(3), 459-466.
- Turecki, G. & Brent, D.A .(2015) Suicide and suicidal behaviour. *The Lancet. doi:* 10.1016/S0140-6736(15)00234-2
- Van Orden, K. A., Witte, T. K., Cukrowicz, K.C., Braithwaite, S. R., Selby & Joiner, T. E. (2010). The interpersonal theory of suicide. Psychological Review;117(2):575–600. doi: 10.1037/a0018697.
- Wang, L., Tao, T., Bowers, B. J., Brown, R., & Zhang, Y. (2018). Influence of social support and self-efficacy on resilience of early career registered nurses. *Western Journal of Nursing Research*, 40(5), 648–664.
- World Health Organization. (2017). Global diffusion of eHealth: making universal health coverage achievable: report of the third global survey on eHealth. World Health Organization.
- Zimet, G.D., Dahlem, N.W., Zimet, S.G. & Farley, G.K. (1988). The Multidimensional Scale of Perceived Social Support. *Journal of Personality Assessment*, *52*, 30-41.