

Suicide Ideation and Its Correlates among University Undergraduates in South Western Nigeria

By

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Abstract

In Nigeria, suicide is one of the leading causes of death among young people aged 15 to 29 years, yet there is dearth of studies with focus on associated risk factors. This study focuses on potential social factors that are associated with suicidal ideation among emerging adults in universities in Nigeria. Based on a concurrent mixed method design, a survey was conducted among a proportionate sample of 500 emerging adults (18-25years that are undergraduates) with four focus group discussion among the same group and six interviews among social workers in two Nigerian public universities. Quantitative evidence implicated irregular financial support (OR=0.60; $p<0.05$) and broken intimate relationship (OR=1.57; $P<0.05$), and the qualitative findings, described academic challenges substance abuse, and parents' marital problems as predisposing factors to suicidal ideation. Factors in the network of relationships of emerging adults, contradictions in social expectations and inadequate support systems are predisposing factors to suicide ideation.

Key words: suicidal ideation, suicide, emerging adults, Nigeria.

Introduction

Suicide is in the top twenty leading causes of death globally and the second leading cause of death among young people aged 15 to 29 years of age (World Health Organization, 2014). Globally, a large percentage of suicide is linked to low and middle-income countries where stigma around suicide is high and mental health promotion services, and treatment options are poorly organised and inadequate (Lancet Global Health, 2017). Within the last decade, cases of suicide attempts and suicide among young people including those in the university system have been reported in Nigeria (Aloba, Adefemi, & Aloba, 2018; Aloba, Ojeleye, & Aloba, 2017) and (Olayinka,2014) elsewhere (January et al., 2018; Patton et al., 2016) More suicidal thoughts are ongoing, given the social pressures confronting emerging adults within and outside the university system.

Risk factors for suicidal ideation among young people intersect and play multiple roles as individuals and social categories move through their life spans. As such what qualifies as correlates

of suicidal ideation also change in meanings and influence in the transition from adolescence to adulthood (Kimberly A. Van Orden et al., 2011). Social correlates of suicidal ideation are considered to be social factors such as family relationships, social integration, academic performance etc. that predict the occurrence of suicidal ideation. In extending the debate, (Kentaro K., Horiuchi.f., Marina O, Yasunori O, & Shu-ichi U., 2016) argued that as young people transit into adulthood (18 to 34 years), their chances to entertain suicidal thoughts would be twice when compared with those aged 35 to 49 years. They explained that younger people who have less closeness with others, are likely to have multiple relations as they are more mobile, engage in unhealthy relationships including drug abuse and adventures. With age, such fancies dwindle as more responsibilities and accountability to self and others increases. The demands on younger people to perform in normative ways were also considered as an explanation. Such normative dispositions could become problematic when young people operate in environments that are less supportive, but competitive. For these authors, such pressures are also possible in the lives of older adults as they progress in life. However, networks of support and quality social capital sometimes have negative influence. In this direction, Husky, Zablith, Fernandez, and Kovess-Masfety (2016) argued that even among young people, the social capital in the form of quality of the network of interactions sometimes come with more years of education. As such, the odds of struggling with suicidal thoughts and non-disclosure among younger people differ based on the level of education. Those with a low level of education struggle more with suicidal thoughts and also entertain more challenges in disclosing such thoughts. They were also less likely to access professional support, such as counselling even when such service is available (Husky et al., 2016).

Transition process between adolescence to young adult represents a critical life period that is typically characterized by leaving the family, home, joining the workforce, attending college or university, engaging in long-term relationships, and starting a new family, etc. The term emerging adulthood was proposed by Arnett (2000) as a theory and body of evidence that seeks to differentiate the transition from late teens to adulthood. In his explanations, Arnett (2007) typify emerging adults as young people between 18 and 25 years of age. Besides age, other characteristics differentiate the population of young people within this age category. Emerging adults spend more years in schooling, single, more involved in intimate relationships due to their large networks in physical and virtual spaces. The transition stage also makes them adventurous and become vulnerable to peer pressures and engage in substance abuse and risky sexual activities (Mars, Burrows, Hjelmeland, & Gunnell, 2014). They are also relatively free from parental monitoring and prefer a life of independence despite the social pressures around them. (Mars, Burrows, Hjelmeland, & Gunnell, 2014).

Research on emerging adults have attributed these traits and behaviours to the relative level of individualism and the desire to discover more about self and contexts in the transition to adulthood as possible explanations. In building on the challenges of navigating the process, some scholars have argued that the social forces mediating the transition from adolescence to adulthood may lead to the occurrence of suicidal ideation (Dugas.E., Low.N, K., O'Loughlin.E., &

O'Loughlin.J., 2015; Wilcox et al., 2010). For university students, academic stress, financial constraint, parental and peer influences can constitute stress, and the consequence may be suicidal ideation (Olaseni, 2018). University undergraduates sometimes exhibit low mastery of life with poor relationship, poor social support from friends, and feeling of burdensomeness which culminate into depression and suicidal ideation (Asante & Andoh-Arthur, 2015; Calcar, Batterham, & Christensen, 2014; January et al., 2018). The challenge now is that suicide cases are emerging among university undergraduates in Nigeria (Aloba et al., 2017) and the literature in Nigeria shows that there are few studies on suicide among young people. The ones available include that of Omigbodun, Dogra, Esan, and Adedokun (2008) on suicidal ideation and attempts among adolescents (10-17years); Aloba & Ojeleye (2017) among university students; (Adewuya et al., 2016) on prevalence of suicide ideation among adults in Lagos Nigeria and s(Mapayi et al., 2016) on suicide among secondary school students in Ile Ife.

Suicide Ideation and Associated Risks Factors

The idea of taking one's life is a complex process and not a singular event. The process also occurs within a given context and time. A crucial part of the process is the thought or the idea of committing suicide. Two main terminologies have dominated this distinct process; these are ideation and thoughts. A somewhat consensus position is that both ideation and thoughts are semantically right and can be used as synonyms when describing the pathways to suicide attempts and suicide (Klonsky, May, & Saffer, 2016). Thus, suicidal ideation is the first stage on the pathway to suicide and is the earliest stage of suicidal risk.

suicidal ideation refers to thinking about ending one's life, it ranges from infrequent feelings and wishes to be dead or thought that life is not worth living (Klonsky et al., 2016). It exists in the form of a consideration to act it out. In terms of patterns, suicidal ideation can manifest in a wide range of specificity, frequency, and intensity. In this regard, the thought of engaging in suicide has been classified into active and passive forms. Active suicidal thought involves an existing wish to die along with a plan on how to carry out the death (Tucker & Wiesen-Martin, 2015). It also includes a specific plan that is likely to be taken, how an individual intends to kill him/herself and the intention to act on such thoughts.

In contrast, passive ideation encompasses the desire to die but without a specific plan on how to carry out the act. Whether active or passive, the thoughts of hopelessness, helplessness, and worthlessness are common thought distortions associated with suicidal ideation, while impulsivity facilitates the transition of suicidal ideation to attempt (Klonsky & May, 2014). It is noteworthy that suicidal ideation does not necessarily imply that suicide will be attempted or completed.

Suicidal ideation is associated with a series of risk factors that are sometimes categorised as remote and close factors (Christensen, Batterham, Mackinnon, Donker, & Soubelet, 2014). These risk factors is an interplay of many factors within different areas such as demographic, socio-environmental, psychological, and behavioural that are significantly associated with increased risk

of suicidal ideation. 45% of the risk is predicted by socioeconomic factors, school problems, mental difficulties, violence, peer victimization, emotional and mental stress (Sharma, Nam, Kim, & Kim, 2015). Other predictors connected to suicidal ideation repeatedly happening over time are situations that cause pain and suffering, the abuse of drugs, inadequate or poor quality support system (Nock et al., 2008).

The likelihood of engaging in a suicidal activity is also associated with gender, age, low level of education and marital status. Females are more at risk of having the thought of dying and suicidal plans especially those from broken families. Evidence from developing countries also reiterates the gendered dimension of suicide and suicidal ideation. A common position is that females are more prone to suicide behaviour because of gender norms and discriminations they experience from time to time (Ahmad, Cheong, Ibrahim, & Rosman, 2014; Donath, Grassel, Baler, & Hillemacher, 2014).

Stressful life events and lifetime traumas contribute immensely to the prediction of suicidal ideation leading to an attempt to commit suicide (Christensen et al., 2014). Exposure to various forms of abuse contribute to suicidality, there is a connection between adverse childhood experiences and suicidal behaviour which is mediated by depression, anxiety, suicidal ideation, these exposures predict suicidality in later adolescent stage and adulthood (Cluver., Lucie , Mark , Mark, & Lorraine., 2015) and accumulation of experience of stressful events over a long period of time triggers suicide attempt (Player et al., 2015). Traumatic experiences existing from childhood to older age groups cause suicidal ideation and attempt (Isaacs, Sutton, Hearn, Wanganeen, & Dudgeon, 2016).

The family is a social institution, a community of relatives established by marital, blood and adoptive relationship. It is the most intimate group and has a profound effect on its members although Family characteristics vary by nation and culture, but the same family life can precipitate the occurrence of suicidal ideation and suicide such as Parental structures and relationships (Zhai et al., 2015). A poor relationship between parents is a strong predictor of suicidal ideation as well as Parental problems such as separation, divorce, loss of spouse and abuse from a parent (Donath et al., 2014). Parenting style is considered to be an essential variable when assessing suicidal ideation. Parenting style refers to the child-rearing patterns that a parent adopts in training a child, and it has a colossal influence on the child's development of character, competence and the ability to decide in time of problems (Zhai et al., 2015) and (Baumrind, 2008). In the literature, parenting style or method have been identified as risk factor of suicidal ideation which includes being scolded or beaten by parents, receiving learning pressure from parents (Hashimoto, Sugawara, Tanaka, Nakamura, & Yasui-Furukori, 2014) .

Among the myriads of factors that increase the risk of suicidal ideation among young adults are external factors such as relationship problems, academic problems, and family problems (Stephen et al., 2006 & Crosby, 2011). Students who were disappointed in their academic results are more susceptible to suicidal ideation than their peers (Amare, 2018).

Theoretical Framework

This theory adopted interpersonal psychological theory. This theory proposed that an individual will not die by suicide unless he or she has both the desire to die by suicide and the ability to do so. This theory asserts that for suicide to take place there must be simultaneous presence of two interpersonal constructs in their mind and when they hold it for a long period of time they develop the desire to die and the third construct is the ability to carry out such desires. The first two interpersonal constructs are perceived burdensomeness which indicates I am alone and a sense of low belongingness or social alienation indicating I am a burden, the last component is acquired ability, It's the capacity to engage in suicidal behaviour (Joiner, 2007).

This theory can be used to explain suicidal ideation among young adults. It is the presence of perceived burdensomeness and thwarted belongingness that predicts suicidal ideation. The moment young adult begins to feel he or she is alone with his or her problem and feels cutting off his life is better than living due to accumulated problems or unpleasant experiences coupled with not having a quality social support system around or insufficient quality of support from friends and family. The individual will likely act on this thought. Examples of such are students with relationships that are unstable, infrequent, academic failure or difficulties and financial problem. The perceived burden may also come as academic pressure on these students.

Thwarted belongingness contributes to the occurrence of suicidal ideation among young adults because belongingness is an essential need at this stage, when the needs are not met thwarted belongingness will emerge as loneliness through the assertion of feeling disconnected or having dissatisfying social interactions. The absence of reciprocally caring, positive and supportive social relationships in general or during difficult moments generates the feeling of social isolation. Peer relationships play important role for undergraduates such as giving social support, providing encouragement and succour when dealing with difficult situations and also offers avenue to engage in social activities which are protective factors against suicidal ideation. However absence of such peer relationships or rejection can make students susceptible to suicidal ideation. The capability for suicide is acquired largely through repeated exposure to painful or fearsome experiences; this repeated exposure gives way to a higher tolerance for pain and a sense of fearlessness in the face of death. The acquired capability serves as a distinction between individual who desire suicide and individuals who attempts it.

Methods

Ethical approval was obtained from the Health Research Ethics Committee Institute of Public Health of Obafemi Awolowo University (IPH/OAU/12/1232). The consent of all respondents were obtained. Participation of all respondents was voluntary. All the respondents were assured of confidentiality and anonymity.

This study adopted a concurrent mixed method design, the data were collected from undergraduates of Obafemi Awolowo University and the University of Ibadan, the counsellors and social workers that work in the Primary Health Centres of the two Universities.

Sampling procedure

Respondents were selected among undergraduates who reside within and outside the university, counsellors and social workers who provide professional help to undergraduates with suicidal thought or attempt. A total of 500 respondents were selected among undergraduates for quantitative data in each study location and 6 interviewees among counsellors and social workers for the semi-structured interviews, while four FGDs were conducted on a gender basis with two from each of the University. A total of 6 to 8 participants were recruited at the various faculties in line with the study inclusion criteria.

The sample size for the survey was computed using the Fischer's sample size formula (The formula is appropriate as the prevalence of suicide is unknown, and the population is within 10,000).

Sampling technique

Cluster sampling technique was used in selecting respondents for the quantitative phase. The design was employed by first identifying the faculties in both Universities. These included the 13 faculties at the Obafemi Awolowo University and the 12 faculties and college at the University of Ibadan. The inclusion criteria for participation included undergraduate students of the University of Ibadan and Obafemi Awolowo University with age between 18 and 25 years either male or female. The next step was to group the faculties into four clusters based on similarities of disciplines and to ensure that students were selected across different disciplines. From these clusters, three departments were selected in each university. From the selected departments, 21 respondents were randomly approached for participation. The respondents were approached in the lecture rooms and administered the questionnaire before, and in some immediately after the lecture. The students serving as class representatives for the selected departments were also approached in mobilizing students across the various levels. At this point, a screening questionnaire that asks potential respondents their age at last birthday was adopted, which was one of the inclusion criteria.

Recruitment of participants for the qualitative phase was achieved based on purposive sampling. The participants in this phase included undergraduates, social workers at the Universities health centres and counsellors that attend to students at these health facilities. The inclusion criteria for participation included to have provided services within the university system for at least one year, and the students must have filled the questionnaire in the quantitative phase this was in a bid to

validate the data collected from the quantitative phase and buttress the findings from the qualitative phase.

Instrument of data collection

Demographic Questionnaire was used to obtain information on socio-demographic characteristics to measure its association with suicidal ideation. The FGD guide was developed according to the relevant research questions. A similar stance was taken in developing the semi-structured interview guide

Data analysis

Quantitative data were analysed at all levels of analysis; univariate, bivariate and multivariate. Percentages and frequencies were used at the univariate level. Logistic regression analysis was carried out at the multivariate level. While background characteristics of respondents were descriptively analysed using frequencies and percentages using computer software (STATA).

Qualitative data were analysed by transcribing the interviews and focus group discussions, organisation and coding of the transcribed data were done by both hand and using computer software (ATLAS.ti 8th edition). Thematic data analyses were done, data were organized in a meaningful and systematic way following inductive data-driven approach, codes were created, each code captured segment of the transcripts that were relevant to it, codes were sorted and fitted into themes and the data were organized into themes and sub-themes.

Results

Socio demographic and Economic Characteristics of Survey Respondents

Table 1 shows the percent distribution of respondents by socio demographic and economic characteristics. The average age of the survey respondents was 21 years of age. The mean age shows that close to 7 in every 10 respondents were less than or within this age group. A slightly above 50 percent of the respondents were females, while more than two thirds of the total respondents reported Christianity as their religious affiliations. The results showed that each of the respondents had an average of three siblings (62%). Majority of the respondents (43%) received an average allowance of #5000 or less, 26 percent of the respondents received between #5000 and #10000 as monthly allowance while respondents who received an average monthly allowance of #15000 and above were 15 percent. Table 1 further showed that about 55 percent of the students had moments which sometimes run into weeks in which they have no money or have exhausted their allowance.

Table 1 Sociodemographic and Economic Characteristics of Survey Respondents

Background characteristics	Percentage	Frequency
Age (Mean = 20.6; SD = ± 2.1)		
18-21	68.6	343
22-25	31.4	157
Gender		
Male	47.8	239
Female	52.2	261
Religion		
Islam	11.4	57
Christian	88.6	443
Marital status		
Single	98.6	493
Married	1.4	7
Living arrangement with parents		
Yes	88.8	444
No	11.2	56
Number of Siblings (Mean = 3.3; SD = ± 1.7)		
3 and below	61.9	305
4+	38.1	188
Average Monthly income (Mean =10922; SD = ± 9345)		
<=5k	43.2	216
5001-10k	26.2	131
10001-15k	15.4	77
15k+	15.2	76
Weekly moments without money or allowance		
Yes	55.2	276
No	44.8	224
Person responsible for paying school fees		
Father	27.3	132
Mother	6.0	29
Parents	57.6	279
Self, siblings, and relatives	9.1	44
Fending for self		
Yes	17.6	88
No	82.4	412

Currently in intimate relationship	Percentage	Frequency
Yes	24.4	122
No	75.6	378
Had a broken intimate relationship		
Yes	35.7	175
No	64.3	315
I am a believer of God or god		
Yes	98.4	492
No	1.6	8
I have close friends		
Yes	86.4	432
No	13.6	68
My peers are supportive		
Yes	89.0	445
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Profile of interview respondents and focus group discussion participants

Table 2 describes the socio-demographic characteristics of respondents. The table showed the characteristics of healthcare providers and students. From the two study locations, six healthcare providers were interviewed, consisting of two females and four males. They were social workers and counsellors from both universities with their ages between 30-47 years of age. They have provided services within the universities for at least one year.

An average of six males and seven females participated in the FGDs held with undergraduates in O.A.U while an average of seven males and six females participated in FGDs held with undergraduates in the University of Ibadan. A higher proportion of the participants were Christians (17) only 9 were Muslims. The predominant age among the participants was twenty-two years , twenty-three and twenty-four years, followed by twenty-one years , twenty years , nineteen years

(2) and twenty-six years(1). A large proportion of the participants were in a relationship while the rest of the participants were not (11). Seven of the FGD participants were in 400 level of their programmes. Only three were in part five, and the rest of them were in parts one to three.

Table 2 Socio-demographic Characteristics of Respondents

Category	Sex	Age	Year of service	Present position	Institution
Social worker	Female	38	11	Principal medical social worker	O.A.U
Counsellor	Female	40	9	Counsellor	UI
Social worker	Male	30	6	Senior social worker	UI
Counselor	Male	54	18	Counselor	O.A.U
Social worker	Male	43	17	Principal medical social worker	UI
Counsellor	Male	41	10	Counsellor	O.A.U

Social factors that predicts suicidal ideation

Table 3 shows this association with religion (OR=0.60; $p < 0.05$), monthly average allowance of #5000 or less (OR=0.60; $p < 0.05$), absence of a broken intimate relationship (OR=1.57; $P < 0.05$).

Table 3 Results from logistic regression showing risk factors associated with suicide ideation among emerging adults

Suicide ideation	Odds Ratio	P>z	[95% Conf. Interval]	
Gender				
Male (RC)	1.00	-	-	-
Female	1.20	0.448	0.75	1.93
Religion				
Islam (RC)	1.00	-	-	-

Christian	1.96	0.049	1.00	3.83
Living arrangement with parents				
Yes (RC)	1.00	-	-	-
No	1.06	0.895	0.47	2.35
Number of Siblings				
3 and below (RC)	1.00	-	-	-
4+	0.80	0.407	0.48	1.35
Average Monthly income				
<=5k (RC)	1.00	-	-	-
5001-10k	0.54	0.036	0.30	0.96
10001-15k	0.37	0.003	0.19	0.72
15k+	0.60	0.148	0.30	1.20
Weekly moments without money allowance				
Yes (RC)	1.00	-	-	-
No	0.87	0.568	0.53	1.41
Description of fending for self				
Yes (RC)	1.00	-	-	-
No	0.74	0.367	0.39	1.41
Currently in intimate relationship				
Yes (RC)	1.00	-	-	-
No	1.29	0.350	0.75	2.21
Had a broken intimate relationship				
Yes (RC)	1.00	-	-	-
No	1.57	0.041	0.96	2.57
Respondent's parents living separately				
Yes (RC)	1.00	-	-	-
No	1.17	0.645	0.60	2.28
Parents' marriage type				
Monogamy (RC)	1.00	-	-	-
Polygamy	1.94	0.111	0.86	4.38
My parents supervise my activities				
Yes (RC)	1.00	-	-	-
No	0.74	0.245	0.44	1.23
I have good bonding with my parents				
Yes (RC)	1.00	-	-	-
No	0.67	0.311	0.31	1.45

Qualitative phase

The qualitative findings has six themes; academic challenges, substance abuse and alcoholism, parents 'marital problems , pressures from parents , financial consnraint, lack of family cohesion. These findings complement the quantitative findings.

Academic challenges/poor academic performance

Poor academic performance has been acknowledged to be a risk factor for suicidal ideation. Interviews with the social workers and the focus group discussions at both universities showed consensus views as the poor academic performance was cited as a risk factor for suicide ideation among emerging adults. Poor academic performance only becomes an issue when it is interpreted negative by significant others like parents, peers and friends are unsupportive. With the possible implications on the class of degree after graduation and the feeling of shame, suicidethought becomes a suitable option. The following extracts exemplify their views;

A student that fails a particular examination can have the thought of suicide because of what people such as parents and friends will say about him ,the look of him as a failure from these people ,coupled with the reality of reseating for such failed exams and the state of his CGPA which equals to the class of honours he will be and also because of the expectations of his/her parents, peer groups, friends which are always high make them feels that the way out is to cut off his/her life [Social worker, O.A.U.].

Most of the students in this situation had poor grades in their academics and because of the pressure and expectations from their family especially their parents some are even forced to study the course they are studying in school against their desired course. All these coupled with low self-esteem triggers suicidal ideation among undergraduates [Social worker, University of Ibadan].

From the above quotes, it showed that poor academic performance was a widely identified factor from both the students and the healthcare providers from the two universities.

Substance abuse and Alcoholism

Another risk factor for suicidal ideation identified in the course of carrying out this study is the use of drugs and excessive intake of alcohol. The social workers and some of the counsellors in face to face interview and few students from the discussion groups conducted mentioned substance abuse and alcoholism as a risk factor. The following excerpt asserts it;

The use of drugs is in fact, the most common factor when you see a suicidal case either ideation or attempt. Looking at drugs and alcohol consumption youwill always find it

among them .About 90 % of cases have dealt with, drugs and alcohol has been responsible for suicidal ideation. [Social worker, O.A.U].

From the above-quoted response, it showed that substance abuse and alcoholism is a pointer for suicidal ideation among emerging adults. Healthcare providers widely hold this view; infact, social workers will check first for this before other factors in the process of clerking a student for suicidal ideation.

Parents' marital problems

Parental marital problem is broadly conceived as issues between the parents ranging from tension between the parents, or poor communication between parents. This factor reduces the perceived integration and sense of belonging to that family. This factor emerged as a consensus view from the interview session with the social workers in U.I, counsellors in O.A.U and FGD with the students in O.A.U:

Parental problems such as people from separated homes or homes where there is crisis between the parents also contribute to it. They don't have people to show them love they are sometimes left to themselves so when they have challenges instead of disclosing to the parents they even stay away from them [Social worker, University of Ibadan].

people who have family problems such as not in good terms with his family members maybe parents, siblings e t c when they are faced with other challenges out there since they don't have family to fall back on they can have the thought of suicide [FGD with females, O.A.U]

The above quotes imply that the separation of parents or divorce, poor social interactions within family causes the thought of suicide. In terms of poor parental relationships, whether poor social support or family discord all triggers the thought of suicide among undergraduate students. It further revealed that students who lack parental love are at risk of suicidal ideation when they are overwhelmed with challenges.

Financial constraints

This finding is in line with the findings from the quantitative phase, Students at both study locations revealed that financial problem is a risk factor for the thought of suicide, this was also corroborated with the social worker's responses that financial problems also cause the thought of suicide among undergraduates. The following responses attest to this;

Lack of fund to take care of their bills such as school fees, materials, and accommodation with other things also triggers suicidal ideation among young people [Social worker, University of Ibadan].

When you have many things to sort out, and little money to sort them out it can go beyond control [FGD with males O.A.U]

From the quotes above, Participants in FGDs claimed financial difficulties to be responsible for suicidal ideation among undergraduate students. There are usually lots of educational expenses to cater for such as buying materials for the courses they are taking, buying textbooks alongside feeding and other miscellaneous things, a proportion of the participants identified insufficient allowance or no allowance at all. For the set of students who are sponsoring themselves in school, they can be overwhelmed by the expenses and result in suicidal ideation. Some of the social workers and counsellors also supported this claim using their experiences from providing support to students with suicidal thoughts. Students with sufficient allowance are less likely to think about suicide.

Lack of family cohesion

The family plays a critical role in the risk of suicidal ideation. There are many features of family life that have an impact on suicidal ideation. All these factors were brought to the fore as the healthcare providers, and students at both study locations state different dimensions of it as exemplified in the following;

Most things that are common to causing the thought of suicide is family background at times the parent do not show them enough love and when they have challenges their parents sometimes are not patient enough to put them through to advise them, they begin to scold them or threaten them [Counselor, O.A.U]

The above excerpt implies that the absence of meaningful social ties within the family predicts suicidal ideation.

Pressures

Pressures broadly conceived as events, issues, relationships or circumstances that are categorised to be disturbing or challenging emerged as one of the risk factors for suicidal ideation. The factor emerged as a consensus view from the interview sessions with counsellors, social workers and FGD with the students. Academic pressures, in the form of the desire to score good grades and maintain parental and peer approvals, were cited as common pressures that undergraduates undergo daily. The absence of effective coping mechanism would make such pressures source of suicide ideation. The position of the participants was that all students are exposed to academic pressures, though differently and also have their coping measures to avoid any psychological disorder. However, not all students have the capacity and the needed support to manage such pressures alongside other competing demands, the result sometimes is suicide ideation and the tendency to make an attempt in some hopeless situations:

academic pressures, relationship pressures, parental pressures, in fact, most time parental pressures like your parent wants you to have first class, they have so many expectations

from them and then they find out that they cannot cope by several reasons and so many factors so it becomes a lot of issues for them [Social worker, O.A.U]

They also force their will on their child some to the extent of choosing the course of study for their child which the child may not have an interest in it or unable to cope in such department [FGD with Females, O.A.U.]

The excerpts and responses confirm that parents have high expectations from their children, but appears less forthcoming in the provision of needed supports. When they fall short of this expectation they are likely to have suicidal ideation.

Discussion of findings

The key findings showed that social factors are key in the occurrence of suicidal thoughts among the study participants. These factors place emerging adults at high risk due to their loss of connection within their social networks. These risks are embedded in social interactions such as the school environment, the home front and their interpersonal relationships. Unresolved challenges within these contexts and relationships such as academic difficulties, financial problems, social pressures and intimate relationship tensions can stimulate negative feelings and suicidal ideation.

The feeling of being disintegrated from a family of primary or secondary family of orientation could impact negatively on pressures and relationships challenges that came out as part of the social correlates of suicide ideation.

The poor relationship between parents and their child, concerns around parent's support and pressure on children contributed to the academic pressures as a risk factor for suicidal ideation. These findings corroborate that of (Donath et al., 2014) who stated that parent-student conflict affects the likelihood of entertaining suicidal ideation. Poor relationships with parents and challenges with academic challenges were also established by Arria et al. (2014) in their study which revealed the poor relationship between parents as a predictor of suicidal ideation.

Findings from this study also showed how the pressure of high academic performance and inadequate support from parents and the university system could increase vulnerability to suicidal thoughts. Similarly, relationship pressures and disappointments without sources of succour or support also appeared significant in accounting for the chances of having suicidal thoughts. These findings are similar to the findings of Hashimoto, Sugawara, Tanaka, Nakamura, & Yasui-Furukori (2014), which stated that receiving learning pressure from parents predicts suicidal ideation.

The findings revealed that poor academic performance is hardly addressed significantly, and it is a critical source of suicidal ideation among undergraduates. Besides the students and the healthcare providers, the social workers added that pressure and perception of others towards their failure are what causes the thought of suicide among undergraduates. An earlier study by Amare (Amara) reported that students who were disappointed in their academic results were more likely to have suicidal ideation than their peers.

Findings from this study revealed that substance abuse and excessive intake of alcohol among undergraduates is a common problem among university students despite the possibilities of suffering low moments due to high alcohol consumption. There indications as well that substance abuse could aggravate the thoughts of suicide and perhaps inhibit the chances of disclosing such thoughts to a third party. These findings appear similar to that , (Nock et al., 2008) who mentioned the abuse of drugs as one of the predictors connected with suicidal ideation repeatedly happening over time. Substance abuse is a means of acquiring the ability to entertain suicidal thought and give a sense of fearlessness in the face of death.

This study indicated that students who had weak family ties were said to have poor resilience and become easily overwhelmed by challenges of life which makes them be quick to think about taking their lives as the best option. This was also asserted by Zhai et al. (2015) in his findings that parents with negative relationships disrupted the cohesiveness of the family, which could result in suicidal ideation.

Findings from this research also confirmed that conflict and tension in families can hurt the psychological well-being and perhaps increase suicidal thoughts if such tension or conflicts linger. Issues such as divorce threats, separation of parents could trigger suicidal thoughts including overwhelming when students were overwhelmed with challenges of life and the feeling of being alone in their challenging moments. This was supported by (Afifi, Boman, Fleisher, & Sareen, 2009) and Donath (2014) which showed that students from divorced families had more suicidal ideation.

Conclusion

There is a need to strengthen the networks of supports and resilience of emerging adults in mitigating suicidal thoughts

References

- Adewuya, A. O., Ola, B. A., Coker, O. A., Atilola, O., Zachariah, M. P., Olugbile, O., . . . Idris, O. (2016). Prevalence and associated factors for suicidal ideation in the Lagos State Mental Health Survey, Nigeria. *British Journal of Psychiatry Open*, 2(6), 385-389.
- Afifi, T. O., Boman, J., Fleisher, W., & Sareen, J. (2009). The relationship between child abuse, parental divorce, and lifetime mental disorders and suicidality in a nationally representative adult sample. *Child Abuse & Neglect*, 33(3), 139-147.
- Ahmad, N., Cheong, S. M., Ibrahim, N., & Rosman, A. (2014). Suicidal Ideation Among Malaysian Adolescents. *Asia-Pacific Journal of Public Health*, 26(5S), 63S–69S.
- Aloba, O., Adefemi, S., & Aloba, T. (2018). Positive and Negative Suicide Ideation (PANSI) Inventory: initial psychometric properties as a suicide risk screening tool among Nigerian university students. *Clinical Medicine Insights: Psychiatry*, 9, 1179557317751910.
- Aloba, O., Ojeleye, O., & Aloba, T. (2017). The psychometric characteristics of the 4-item Suicidal Behaviors Questionnaire-Revised (SBQ-R) as a screening tool in a non-clinical sample of Nigerian university students. *Asian journal of psychiatry*, 26, 46-51.
- Amara, h. a. y. (2018). prevalence and associated factor of suicidal ideation and attempt among adolescent high school student in dangilatown, Northwest Ethiopia,. *psychiatric journal*.
- Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist*, 55(5), 469-480.
- Arnett, J. J. (2007). Emerging adulthood: What is it, and what is it good for? *Child development perspectives*, 1(2), 68-73.
- Asante, K. O., & Andoh-Arthur, J. (2015). Prevalence and determinants of depressive symptoms among university students in Ghana. *Journal of affective disorders*, 171, 161-166.
- Calear, A. L., Batterham, P. J., & Christensen, H. (2014). Predictors of help-seeking for suicidal ideation in the community: Risks and opportunities for public suicide prevention campaigns. *Psychiatry research*, 219(3), 525-530.
- Christensen, H., Batterham, P. J., Mackinnon, A. J., Donker, T., & Soubelet, A. (2014). Predictors of the risk factors for suicide identified by the interpersonal-psychological theory of suicidal behaviour. *Psychiatry research*, 219(2), 290-297.
- Cluver., Lucie , O., Mark , B., Mark, E. S., & Lorraine. (2015). Child and adolescent suicide attempts, suicidal behavior, and adverse childhood experiences in South Africa: A prospective study. *Journal of Adolescent Health*, 57(1), 52-59.
- Donath, C., Grassel, E., Baler, D., & Hillemacher, T. (2014). Is parenting style a predictor of suicide attempts in a representative sample of adolescents. *BMC Pediatrics*, 14(1), 113.
- Dugas.E., Low.N, K., E., O’Loughlin.E., & O’Loughlin.J. (2015). Recurrent suicidal ideation in young adults. *Can J Public Health*, 106(5), 303–307
- Hashimoto, K., Sugawara, N., Tanaka, O., Nakamura, K., & Yasui-Furukori, N. (2014). Parental bonding and attitudes toward suicide among medical college students in Japan. *Neuropsychiatric disease and treatment*, 10, 2015.
- Husky, M. M., Zablith, I., Fernandez, V. A., & Kovess-Masfety, V. (2016). Factors associated with suicidal ideation disclosure: Results from a large population-based study. *Journal of affective disorders*, 205, 36-43.

- Isaacs, A. N., Sutton, K., Hearn, S., Wanganeen, G., & Dudgeon, P. (2016). Health workers' views of help seeking and suicide among Aboriginal people in rural Victoria. *Australian journal of rural health*.
- January, J., Madhombiro, M., Chipamaunga, S., Ray, S., Chingono, A., & Abas, M. (2018). Prevalence of depression and anxiety among undergraduate university students in low- and middle-income countries: a systematic review protocol. *Systematic reviews*, 7(1), 57.
- Joiner, T. (2007). *Why people die by suicide*: Harvard University Press.
- Kentaro K., Horiuchi, f., Marina O, Yasunori O, & Shu-ichi U.,(2016). Suicidal ideation in adolescents and their caregivers: a cross sectional survey in Japan. *BMC Psychiatry*.
- Kimberly A. Van Orden, Tracy K. Witte, Kelly C. Cukrowicz, Scott Braithwaite, Edward A. Selby, & Thomas E. Joiner, J. (2011). The Interpersonal Theory of Suicide *BMC Pediatrics*.
- Klonsky, E. D., & May, A. M. (2014). Differentiating suicide attempters from suicide ideators: a critical frontier for suicidology research. *Suicide and Life-Threatening Behavior*, 44(1), 1-5.
- Klonsky, E. D., May, A. M., & Saffer, B. Y. (2016). Suicide, suicide attempts, and suicidal ideation. *Annual review of clinical psychology*, 12, 307-330.
- Lancet. (2017). Suicide prevention: keeping the momentum. *The Lancet Global Health*, 5(9), e838. doi: 10.1016/S2214-109X(17)30308-X
- Mapayi, B., Oginni, O., Osilaja, R., Oyeboode, B., Ogunyemi, M., Adewole, O., & Fatusi, A. (2016). Gender differences in suicidal ideation and attempts secondary school students in Ile-Ife, Nigeria. *African J Gend Develop*, 3, 40-56.
- Mars, B., Burrows, S., Hjelmeland, H., & Gunnell, D. (2014). Suicidal behaviour across the African continent: a review of the literature. *BMC Public Health*, 14(1), 606.
- Nock, M. K., Borges, G., Bromet, E. J., Alonso, J., Angermeyer, M., Beautrais, A., Gluzman, S. (2008). Cross-national prevalence and risk factors for suicidal ideation, plans and attempts. *The British Journal of Psychiatry*, 192(2), 98-105.
- Omigbodun, O., Dogra, N., Esan, O., & Adedokun, B. (2008). Prevalence and correlates of suicidal behaviour among adolescents in southwest Nigeria. *International journal of social psychiatry*, 54(1), 34-46.
- Patton, G. C., Sawyer, S. M., Santelli, J. S., Ross, D. A., Afifi, R., Allen, N. B., . . . Bonell, C. (2016). Our future: a Lancet commission on adolescent health and wellbeing. *The Lancet*, 387(10036), 2423-2478.
- Player MJ, Proudfoot J, Fogarty A, Whittle E, Spurrier M, & F., S. (2015). What Interrupts Suicide Attempts in Men: A Qualitative Study. *pone.*, 0128180.
- Sharma, B., Nam, E. W., Kim, H. Y., & Kim, J. K. (2015). Factors associated with suicidal ideation and suicide attempt among school-going urban adolescents in Peru. *International journal of environmental research and public health*, 12(11), 14842-14856.
- Tucker, C. J., & Wiesen-Martin, D. (2015). Adolescent siblings' suicide ideation. *Journal of Family Issues*, 36(5), 609-625.
- Wilcox, H. C., Arria, A. M., Caldeira, K. M., Vincent, K. B., Pinchevsky, G. M., & O'Grady, K. E. (2010). Prevalence and predictors of persistent suicide ideation, plans, and attempts during college. *Journal of affective disorders*, 127(1), 287-294.
- World Health Organization. (2014). *Social determinants of mental health*: World Health Organization.

Zhai, H., Bai, B., Chen, L., Han, D., Wang, L., Qiao, Z., Yang, Y. (2015). Correlation between family environment and suicidal ideation in university students in China. *International journal of environmental research and public health*, 12(2), 1412-1424.