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Youth Suicidal Behaviour: An Evaluation of Risk Factors in Edo State, Nigeria

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ABSTRACT

Suicide is one of the most serious social and public health problems in the world as it is currently the third leading cause of death for youths between the ages of 15 and 30 years. Youth suicidal behaviour has continuous to be a significant national problem in need of urgent attention by Nigeria government. Common risk factors of suicide behaviour among Nigerian youths were examined in this study. A descriptive method was adopted and data was collected via a survey of 500 respondents in five tertiary educational institutions in Edo State. Data analysis was performed using percentages, means, t-test, and correlation and regression analysis. Findings indicated that depression and mental illness, Anxiety and stress, sexual violence, substance use, unemployment and poverty, and interpersonal conflict were the major risk factors predicting suicide behaviours among youths in Edo State. Thus, the study recommends among others that greater emphasis should be placed on encouraging healthy peer relationships among youths. This is because social cohesiveness and tolerance have been shown to improve the mental well-being of young people.

Keywords: Suicidal Behaviour, Risk Factors, Youths

1. INTRODUCTION

A report from the London Times recently reveals that the internet now has ‘death sites’ which teach people how to commit suicides and sadly enough, thousands are visiting these sites daily. The Chicago Song Group reports that unemployment, drugs, divorce, alcohol or stagnation in career has been largely responsible for suicides. The report said 75% of suicides are by men, while 80% of those that commit suicide are men aged 15-24 [1]. Suicide is the act of killing oneself, deliberately initiated and performed by the person concerned in the full knowledge or expectation of its total outcome [2]. Suicide is the third leading cause of death among young people aged 15-44 years, and ranks second for adolescents between ages 15 and 19 years old [3]. Ogunseye [4] reported that suicide is a daunting problem in Nigeria. A review of reported cases of attempted suicide from the three largest hospitals in Benin City, Edo State (University of Benin Teaching Hospital, Specialist and Uselu Psychiatric Hospital) indicated that the incidence had increased over the ten year period spanning 2009-2018, during which the average crude suicide attempt rate was 10-25 per 100,000. The commonest age group was among teenagers aged 15-19 years (43%), while nearly nine out of ten attempters (76.8%) were aged 30 years and below. The most important predisposing factors reported were depression and mental illness (37%), sexual violence (31%) and unemployment and poverty (22%). These reports have prompted the World Health Organization (WHO) to become vigorously involved in campaigning to bring the public health burden and impact of suicide to the attention of governments, policy makers and the public through the collation and dissemination of statistics, and the development of preventive programmes in Nigeria. Yet the rate of engagement of youths in suicide practices is on the increase.

The term ‘suicidal behaviour’ according to Schlebusch [5] is a continuum of behaviours, ranging from a person wishing him or herself dead to the actual deed of killing themselves. In the view of Mclean, Maxwell, Platt, Harris and Jepson, 2008 cited in Animasahun and Animasahun [6], suicidal behaviour refers to complex and multi-factorial events with different behavioural characteristics incorporating a range of self-harming acts precipitated by emotional discomfort and distress. Risk factors such as psychological distress, exposure to bullying and violence, parental involvement, and alcohol and illicit drug abuse have been associated with a significant increase in the risk for youth suicidal behaviour [7]. A considerable amount of research has been conducted on suicide and suicidal behaviour in Nigeria but studies on the prevalence of suicide attempts and the risk factors predicting suicide behaviour among the youths in Edo State represents the tip of the iceberg, with areas of agreement as well as continuing debate. More research in this area should yield further insights into our growing body of knowledge about suicidal behaviour and related risk factors in Nigeria. Therefore, it is against this backdrop that this study explored suicidal behaviour and related risk factors predicting suicide behaviour among youths in Edo State, Nigeria.

1. 1. Statement of Problem

Historically, there has been no constant philosophical perspective about suicide [2]. Suicide has been both condemned and glorified throughout the ages. The argument continues even today. Durkheim [8] categorized types of suicide and mentioned altruistic suicide as a valuable type. The individuals who commit altruistic suicide have a motivation to help others benefit from their own death. For example, patriots who burned themselves in protest of injustice could be regarded as committing an act of self-sacrifice. Another example of altruistic

suicide is that of individuals who view themselves as ‘problems’ and choose death in order to rid society of a burden [6]. They believe that their suicide will produce immediate and tangible benefits to society [9]. From the medical perspective, suicide has been regarded as a form of psychopathology [10, 11]. More recently, there has been a new perspective that tries analyzing individuals’ suicide within their contextual situations [12]. This attempt not only focuses on individual’s factors, but also on the environmental factors around people who commit suicide [12]. In addition, Merian, 1763 cited in World Health Organization (WHO) [2] posits that suicide was neither a crime nor a sin. However, irrespective of the types of suicide, the problem of suicide is most critical among adolescents and youths whereby many of them die from suicide than from cancer, heart disease, AIDS, or Stroke [2]. Despite the WHO vigorous involvement in campaigning to bring the public health burden and impact of suicide to the attention of governments, policy makers and public through the collation and dissemination of statistics, and the development of preventive programmes, the situation seems to be on the increase in recent times and makes this study apt. Worldwide, suicide is one of the leading causes of death, especially in the 15-30years old age group. Therefore, this study seeks to examine the risk factors predicting suicide behaviour among youths in Edo State, Nigeria.

1. 2. Research Questions

In the light of the above, this study seeks to answer the following research questions:

- i. What are the risks factors predicting suicide behaviours among youths in Edo State?
- ii. Is there difference between the opinion of female and male youths on the predisposing risk factors?
- iii. Is there difference in the mean rating of youths on the risk factors and control measures (campaigns, preventive programmes and treatment) of youth suicidal behaviour in Edo State?
- iv. What is the joint contribution of the risk factors to the prediction of suicidal behaviours?
- v. What is the relative contribution of the risk factors to the prediction of suicidal behaviours?

2. LITERATURE REVIEW

2. 1. Youth Suicidal Behaviour

Suicide (i.e., a fatal, self-inflicted act with the explicit or inferred intent to die) is only one behaviour among a continuum of suicidal behaviours, which also includes suicidal ideation (i.e., serious thoughts of suicide often viewed as a precursor to more serious forms of suicidal behaviour), suicidal intent (i.e., the intentions of an individual at the time of his or her suicide attempt in regard to the person’s wish to die), and suicide attempts (i.e., self-injurious behaviours conducted for the intent of causing death) [13, 14]. As such, suicidal behaviour includes and incorporates a much larger set of behaviours than suicide alone. The behaviours along this continuum vary and are not mutually exclusive, nor do all suicidal youth advance sequentially through them [14]. However, the frequency of each behaviour decreases as individuals move along this continuum, the level of lethality and probability of death increases [15]. According to Bridge, Goldstein and Brent [16], suicidal behaviour is the domain of thoughts, images and ideas about committing suicide or a desire to terminate one’s life without the suicidal act. Suicidal behaviour can be considered in two ways, namely fatal and non-fatal

suicidal behaviour. Fatal suicidal behaviour refers to completed suicidal behaviour that reflects the person's intent to die and where the person has managed to achieved the pre-determined goal, while non-fatal suicidal behaviour refers to suicidal behaviour that does not end the person's life and embodies several manifestations such as those seen in attempted suicide [6]. People who attempt suicide and survive may have serious injuries such as brain damage, broken bones, organ failure or mental health problems such as depression.

Suicidal acts are complex human behaviours including several features of an individual's personality, state of health, and numerous life circumstances. Owing to deficiency of consistent, common nomenclature and classification, the dependable identification, evaluation, treatment, and prevention of suicides is a difficult task [17]. In Nigeria, the true scope of the issue is hidden by incomplete surveillance and socio-cultural issues surrounding suicide and its related stigma. However, the concept of suicide across Nigeria is that it is bad death. Moreso, in many Nigerian cultures, rituals were performed to prevent the spirit of the person that committed suicide from disturbing the living [18]. Nigerian people's concept of suicide is attributed to their belief that man is not the author of his life. Christians, Islamic, And Traditional worshippers in Nigeria believe in life after death [19]. Beyond counting the number of suicide and suicidal attempts however, is the often unexplored psychological burden from feelings of guilt, sorrow and anguish, which is often experienced by the family members and associates of individuals who commit suicide [3]. This supports the assertion of Animasahun and Animasahun [6] who posit that suicide has negative effects on the health of the community. Family, friends, or acquaintances of people who attempt suicide or commit suicide may feel shock, depression, anger, or guilt.

Today, youth suicide and suicidal attempts represents a serious social and public health problems in many countries of the world. Suicide rates have increased by 60% worldwide, in the last 45 years, with an estimated global incidence rate of 16 per 100,000. This trend is occurring despite the improvements in the recognition and management of depression and other mental disorders, and the increased availability of never medications with better and more tolerable side effects [20]. Chatterjee and Basu [21] found that suicidal behaviours and their risk factors occur in the same prevalence and frequency for developed and developing countries. However, there is paucity of information about the epidemiology of suicide in Nigeria. Suicides are generally reported to be rare in less developed countries. This is partly attributable to the routinely poor records of death and its causes [3]. A review of reported cause of pattern of suicides in Ile-Ife, Nigeria, that was based on medico-legal autopsy reports indicated that the suicide rate was 0.4 per 100,000 populations, with nearly four times as many males committing suicide when compare to females (ratio of 3.6:1). The majority of the suicides were committed by the Ingestion of Gammalin 20 and use of the local dane gun [22]. Similarly, Offiah and Obiorah [19] found that the male to female ratio of suicide in Niger Delta is 7:1, and a total of 11 (47.83 %) hanging deaths occurred within the age group of 21-30years. The pattern of attempted suicide in the Nigerian military context has been studied by Okulate [23] in Psychiatry Military Hospital, Yaba, Nigeria. The study revealed that suicidal attempted patients constituted 0.37% of all admissions during a five-year period, and 60.8% of them were under the age of 30 years. Depression and acute stress reaction were the commonly associated diagnoses.

Also, in a study conducted by Omigbodun, Dogra, Esan and Adedokun [24] to establish the prevalence and associated psychosocial correlates of suicidal ideation and attempts among young Nigerians. The study revealed that of the 1, 429 youths who were assessed, over 20%

reported suicidal ideation and approximately 12% reported that they had attempted suicide in the preceding year. A national representative epidemiological study, covering 21 out of 36 states in Nigeria among 6,752 adults to evaluate for suicide related outcomes, and their association with mental disorders and a history of childhood adversity. The study revealed that prevalence of suicidal ideation; plan and attempts were 3.2%, 1% and 07% respectively [25]. The present of mental disorders, especially mood problems significantly correlated with suicide outcomes, while a history of early childhood adversity was identified as a risk factor for lifetime suicide attempts accounts for at least 12% of all deaths reported for youth annually, with an estimated ratio of 50 suicide attempts for every 1 completed suicide reported [27]. Sabari and Shashkiran [17] reported that in India, an average of 269 suicides takes place every day, and family problems and illness are the main causes of suicides in India. Nearly 70% of suicides in all countries of the world have been reported in the age group of 15-34 years, and poisoning, hanging, self-immolation, and drowning are the most commonly reported methods suicide and suicidal attempts. In Edo State, suicide and suicidal attempts are on the increase as captured in Table 1 below.

Table 1. Crime Statistical Index in Edo State Police Command, 2005-2015.

S/N	Categories of crime	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1	Suicide	6	15	14	8	13	-	3	5	12	9	14
2	Attempt suicide	-	-	-	-	1	6	7	8	4	13	11
Total		6	15	14	8	14	6	10	13	16	22	25

Source: Security Source

Depression, substance use, acute financial crisis, rejection and loneliness, insult in a public place, mental illness, aggressive tendencies, physical or chronic illnesses, unemployment, family history of suicide, adverse childhood experiences, jilted in love, conflict with parents, incurable disease, sexual violence, anxiety and stress, poor academic and career related achievement are the main causes of suicide and suicide attempts among youths in Edo State [28].

2. 2. Risk Factors Predicting Suicide Behaviour among Youths

According to Van-Orden, Witte, Cukrowicz, Braithwaite, Selby and Joiner [29]. The desire to attempt or commit suicide is caused by the simultaneous presence of thwarted belongingness, perceived burdensomeness, and a general hopelessness about these states. However, there is now a large volume of information from epidemiological, genetic, biological and psychiatric research that gives a generally coherent and consistent picture about the risk factors for suicide and suicide attempts. These risk factors include:

i) Depression and Mental Illness

Depression is characterized by a feeling of sadness and hopelessness. Depression could arise from lack of social support, poverty, drug abuse or physical illness [18]. Nwosu and Odesanmi, 2001 cited in Ugwuoke [18] ascribed the growing causes of suicide in Africa to emergence of depression which hitherto was rare among them. Suicidal ideation occurs in more than half of those with depression, and suicidal ideas, plans and attempts increase with the increasing severity of depression. The risk of suicide is increased 20-fold for those with major depression, 15 fold for those with bipolar disorder, and 12-fold for dysthymic individuals [30]. Untreated depression is a serious risk factor for anxiety disorder, mental health problems, obesity in adulthood, and suicidal behavior in both adults and adolescents [31]. WHO, 2005 cited in Ugwuoke [18] revealed that 4.7% of Nigerian was suffering from various forms of mental problems like depression and a host of others. A mental illness that has also been linked with suicide is schizophrenia. Schizophrenia is characterized by hallucinatory commands. The command could even be to get rid of oneself [18]. Mental disorders (in particular, mood disorders, substance use disorders and anti-sociobehaviours) play the strongest role in the aetiology of suicidal behavior. Psychological autopsy studies using youth, adult, all-ages, male and female samples have invariably shown high rates of mental disorder among those dying by suicide or making suicide attempt [32]. In Nigeria, individuals suffering from mental illness are at times forcefully hospitalized. Ebong [33] posits that forceful hospitalization and/or the use of brute force to calm the patient down also serve as precipitant of suicide. The use of such brutality as treatment for mental illness in Nigeria was necessitated by the African man's misconception that they were caused by supernatural forces.

ii) Substance Use

Substance use is seen as self-administration of a psychoactive substance (alcohol or drug). Substances' abuse is one singular variable that can lead to suicide [18]. Soreff, 2013 cited in Ugwuoke [18] pointed out that substances' abuse contribute to suicide in all the three phases of their use- intoxication, withdrawal, and chronic usage. In almost every nook and cranny of the country, one observes young person's smoking/ ingesting drugs or abusing alcohol. Some of them indulged in drug to calm their anxiety and/or hunger, while others engaged in drugs due to peer pressure [34]. The risk of suicide is increased 6-fold for those with alcohol use disorder [30]. Studies have reported a significant correlation between substance use and suicide in youths and adolescents [35-38]. Substance use disorders (including alcohol, cannabis and other drugs abuse and dependency) are linked with suicidal behavior, with psychological autopsy studies suggesting that between 19 and 63 percent of those dying by suicide have a substance use disorder [32].

iii) Interpersonal Relationship

Interpersonal relationships between youths, their family members (parents and siblings) and friends can be a major resource for youth suicidal behavior, but can also serve as major stressors, especially if conflict occurs within these relationships. Stable and secure relationships with family and peers can assist youths in making a smooth transition into adulthood and to cope with negative life events [39]. Suicidal behavior is often preceded by exposure to stressful or adverse life events, especially events that involve shame, loss, defeat, humiliation or threat [38]. Among young people, the most common life events are interpersonal losses or conflicts

(usually relationship breakdowns) and, less commonly, legal or disciplinary crises [32]. According to Beautrais [40], the key life events that increase risk of suicidal behavior are interpersonal losses and conflicts (including marital separation, serious family arguments, unemployment, change of residence, and financial problems). Ittel, Kretchmer and Pike [41] noted that the family provides emotional support both in the family context as well as the broader community. However, environmental stressors such as parental divorce, death of a parent, interpersonal conflict with parents and siblings, pre-existing family psychiatric conditions and suicidal behaviour in the family context can lead to an increased sense of insecurity and a risk for suicidal behavior. Those making serious suicide attempts are likely to be characterized by high rate of loneliness, poor social support and lack of a close and confiding relationship [40].

iv) Anxiety and Stress

Anxiety is defined as a feeling of insecurity or of being threatened. In contrast to fear, it can occur in the absence of any obvious danger or specific source of apprehension (context, place or person). The overall state of anxiety is accompanied by symptoms such as agitation, fatigue, inability to concentrate, irritability, muscular tension, and sleep disorders. The persistence of these symptoms over time leads to personality changes, with the person becoming fearful, hopeless, and dependent [42]. Anxiety disorders often occurs comorbidly with mood disorders and substance use disorders. Anxiety disorders are found in 3 to 17 percent of those with serious suicidal behaviour [32]. Also, stress which is a well-known risk factor for suicide has been found in large measure among Nigerian students. For the mere fact that youth or adolescence is characterized by stress and tensions indicate that stress overwhelms the modern Nigerian students [18]. Agbaje [43] attributed such stresses to academic pressure and the deprivations they faced. It is common knowledge that, right from nursery school, Nigerian children are currently challenged beyond their capacities. Some parents force their wards to excel in their own chosen academic subjects whether such children have the right attitude towards or aptitude for the subject [18]. Knight, 2009 cited in Ugwuoke [18] posits that such intellectual over stimulation induced suicide. This is because when the child fails to live up to expectation, he or she may seek to escape the humiliation by engaging in suicide. Stress is associated with a 20-fold increase in risk of suicide attempt and the risk of making a plan for suicide, making a suicide attempt, and making an impulsive suicide attempt are increased for individuals with post traumatic stress disorder (PTSD). PTSD usually occur comorbidly with depression, alcohol, drug abuse, and other anxiety disorders [44].

v) Previous Suicidal Behaviour

Prior suicide attempts predict future suicidal behaviour. Significant proportions (between 17 and 68 percent, median 25 percent) of those who die by suicide have made previous suicide attempts. Longitudinal studies of individuals who have made a suicide attempt suggest that those who make attempts have a 0.5-2.0 percent risk of suicide within one year of the attempt, a suicide risk in excess of 5 percent after nine years [45], and higher rates of death from other causes, including homicide, accidents, and disease [40]. Two general conclusions can be drawn here. First, the repetition of suicide attempt is common and rates of suicide are high. Second, prediction, from baseline characteristics of either suicide attempt or suicide is poor. A possible reason for this is that the factors that determine subsequent suicidality may relate to treatment,

life events, changes in social circumstances and mental health, which occur after the index suicide attempt and which cannot be predicted from baseline characteristics [32]. As noted by Beautrais *et al* [32], higher rates of suicide and suicide attempt are found in the families of individuals with suicidal behaviour than in the families of people without suicidal behaviour. This suggests that genetic factors are involved in suicidal behaviour.

vi) Unemployment and Poverty

Unemployment is defined as works available for employment whose contact of employment has terminated or been temporarily suspended and who are without a job and seeking paid employment; persons never previously employed whose most recent status was other than that of employee, together with persons who had been in retirement, who were available for work during the specified period and were seeking paid employment; persons without a job and currently available for work who have made arrangements to start a new job at a date subsequent to the specified period; and persons temporarily or indefinitely laid off without paid [46]. Unemployment is also regarded as a state of worklessness experienced by a person who is a member of the labourforce, perceive himself and others as capable to work. Embedded in this definition is that such unemployed person has the knowledge, skills, and abilities to fetch him a paid employment yet none could be accessed [47]. Unemployment can also be regarded as a moment of worklessness experienced by individual as a result of economic distortion and personal incapability. The rate of unemployment in Nigeria is high and the causes include voluntary and involuntary factors. While the rate of school enrolment is soaring, the rate of employment is dwindling. The implications therefore, include youth restiveness, unfair labour practices, and wage not commensuration to expended efforts. In Nigeria, the pool of unemployment is soaring daily and it is very worrisome.

Recently, considerable attention has been given to the role of unemployment as a factor that provokes suicidal behaviour. Suicide is associated with unemployment, three explanations are possible. Unemployment may confer vulnerability by increasing the impact of stressful life events; it may indirectly cause suicide by increasing the risk factors that precipitate suicide (for example, mental illness, financial difficulties); or it may be a non-causal association because of confounding or selection by factors that predict both unemployment status and suicide risk [48]. Analysis of census data for the entire New Zealand revealed that not being employed is strongly associated with death by suicide. According to the authors, the association might be attributed to confounding by socio-economic status, health selection or mental illness. They further found a two-to three-fold increased risk of suicide among those who were unemployed. Poverty on the other hand is grouped by UNDP [49] into three broad categories as contained in the universally accepted definition to mean absolute poverty, relative poverty, and material poverty. Absolute poverty means the inability to provide such physiological subsistence (i.e., foods, shelter, clothing, potable water, safety, healthcare service, basic education, transportation, and gainful employment) to the extent of being unable to protect human dignity. People under this category receive meager income and their capacity to make savings is zero [50]. Relative poverty means inadequate income to enhance active participation in societal activities to the extent that it limits the actualization of one's potentials. Poverty here means inability of one to satisfy his/her basic social needs. Material poverty is the deprivation of physical assets such as cash-crop stress, land, animal husbandry, etc. [49].

According to Nwagwu [50], lack of representation in decision making in the society and lack of freedom to express oneself is a consequence of poverty. To be poor is to be powerless.

It also means being despised and looked down upon. It means being treated unfairly. Most significantly, it means lacking things that translate into good physical and mental health. Poverty is associated with increased risk of suicide and suicide attempt in Nigeria. A report by national Population Commission [51] showed that a large proportion of Nigerians lacked basic amenities. According to Ikwuba [52], basic amenities are fundamental to life. That kind of deprivation could be incalculable on youths, many of who are in school on self-sponsorship and catered for their younger siblings and aged or sick parents. Also, Federal Office of Statistics [53] revealed that 36.4% of those aged less than 24 years were already heads of households and were extremely poor. Therefore, the ensuing stress could motivate some of them to be depressed, lose hope and ultimately opt for suicide as rational alternatives. Also, Umar, Aliyu and Suleiman [54] reported that the poor were prone to violence and sexual abuses. These factors appear to convey an enduring vulnerability to the development of mood disorders, substance abuse and suicidal behaviour which persists into older adulthood [32].

vii) Sexual Violence

Sexual violence breaks every social convention relating to sexuality. It generally exposes the victims to stigmatization, often discrimination, and it may jeopardize their position in society. It has a lasting negative impact on the victim's perception of herself, of events, and of others. In many societies, victims of sexual violence are blamed for their fate [42]. Sexual violence can seriously affect the victim's mental health, with dire consequences in the short, medium, or long-term. Also, after experiencing sexual violence, some girls or women act rationally, whereas others display behaviour that is inadequate or inappropriate (i.e., stuporous inhibition, uncontrolled agitation, individual panic flight, incessant and incoherent talking, etc.) and predisposed individuals may show psychopathological behaviour (i.e., brief reactive psychosis). Among the most common emotional responses displayed by victims of sexual violence are fear, anxiety, anguish, depression, shame, guilt, anger, euphoria and apathy [42]. These factors are predicting suicidal behaviour among youths. Sexual violence or abuses are indeed significant precipitants of suicide in Nigeria. When the victim of sexual abuse is not well counseled, she might terminate her life if she has the means [55]. An abused Nigerian finds it difficult to report to the police or for treatment in the clinic due to socio-economic and cultural barriers. Barriers to modern health care goes beyond those who have been abused to persons with debilitating conditions. Debilitating illness could be painful and stigmatizing [55]. According to Nwafor, Onwunaka and Nwimo [56], such agonizing condition could persist interminably. The relationship between these kinds of illness and suicide or suicide attempt is of special interest in Nigeria. This is due to the prevalence of such disease [33]. Regrettably, persons afflicted with seemingly terminal conditions frequently resorted to spiritual or herbal treatment and others often refused to seek medical attention due to the perceived limited efficacy and high cost of modern health care in Nigeria, cultural prohibitions or fear of stigmatization. Irrespective of the reason for not accessing appropriate health care, when the pains or stigmatization become unbearable the individual might view suicide as the only option. The suicide of one tuberculosis (TB) victim in Ibadan was a typical example [18].

viii) Childhood Adversity

There are clear links between exposure to childhood adversity and risk of later suicidal behaviour among young people. Elevated rates of suicidal behaviours are found among young

people from disadvantage and dysfunctional family backgrounds, characterized by such features as parental separation or divorce, parental psychopathology, a history of sexual, physical and emotional abuse or neglect, impaired parent-child relationship and interaction, parental discord, and parental violent behaviour [56]. The range of childhood adversity factors associated with suicidal behaviour overlaps heavily with the known risk factors for juvenile crime, substance abuse, mental health problems and other adverse outcomes for youth and adolescents [57]. This suggests that the major life processes and pathways that lead to risk of suicidal behaviour are similar to those that lead to mental problems and other adverse outcomes for young people, and implies that generic programmes that attempt to ameliorate childhood adversities may reduce the risk of suicidal behaviour specifically [32]. A New Zealand study found that risk of suicide attempt was higher in children and youths from disadvantaged family background characterized by a composite score of childhood adversity, including socio-economic disadvantage, parental histories of substance abuse or offending, parental marital discord or instability, compromised childrearing and high residential mobility. Among these families, risk of suicide attempt increased with increasing adversity [57-59].

ix) Hopelessness

Hopelessness is well-known for demonstrating prospective prediction of suicide and suicide attempts in very long-term studies [60]. Suicidal behaviour tends to be characterized by such psychological traits as hopelessness, cognitive rigidity, poor adaptive functioning, low openness to experience and a determinedly independent personal style [61]. Such personality characteristics are generally regarded as ‘fixed’ attributes, which are relatively difficult to modify, implying that such traits may impede intervention efforts aimed at preventing suicide [32]. Hopelessness is strongly associated with suicidal ideation, suicide attempt, and suicide and has been reported to be more strongly associated with suicide than depression [62]. High levels of hopelessness have been shown to occur in successive episodes of depression [63]. This suggests that the extent of hopelessness should be assessed, and treated independently of mental disorders [32].

x) Other Risk Factors

Some other factors that may precipitate suicide and suicide attempt include terminal disease such as Human Immune Deficiency virus and Acquired Immune Deficiency Syndrome (HIV/AIDS), cancer, tuberculosis (TB) and other debilitating illness; Low school achievement; low self-esteem; Aggressive tendencies; isolation and lack of social support; exposure to suicidal behaviours through the media and the influence of others who have died by suicide; cultural and religious beliefs glorifying suicide as a noble outlet in the face of personal difficulties; social change; impulsivity and impulsive violent aggressiveness; self-consciousness and eating disorders [3, 6, 18, 32].

2. 3. Theoretical Framework

While there are several theories which might prove appropriate for a discourse of this nature, The Shneidman’s Psychache Theory present us with a heuristic tool for interrogating the central issues of this study. Understanding the most common motivations for suicide attempts and suicide can inform conceptual models of suicide and facilitate the development of intervention and prevention programmes that are most likely to resonate with and help those at

risk. Although an understanding of risk factors and warning signs can assist in explain or predicting youth suicide to a degree, they cannot fully account for why individuals engage in suicidal behaviour [14]. Though a desire to die is, by definition, a motivation common to all suicide attempts, research suggests that individual attempts may be motivated by a myriad of reasons such as escape, communication, altering one’s environment, and dealing with an unbearable state of mind [64-66]. The psychache theory describes emotional or psychological pain as the primary motivator of an attempt [67]. Draing from the psychache theory, suicide occurs when an individual’s threshold for tolerating psychological pain is surpassed and this threshold varies across individuals. Also, Shneidman [67] further posits that many suicide attempts are motivated by a need to reduce aversive self-awareness. In the final analysis, the relevance of the psychache theory is based on its ability to justify that suicide occurs when an individual’s threshold for tolerating psychological pain is surpassed and that many suicide attempts are motivated by a need to reduce aversive self-awareness. Added to the foregoing is the fact that a more complete understanding of the etiology of youth suicidal behaviour requires sensitivity to a broad range of integrated variables, including psychological, social, neurobiological, and genetic influence [68].

3. METHODOLOGY

A Descriptive method was adopted and data was collected via a survey of 500 respondents in five tertiary educational institutions in Edo State by means of stratified random sampling to ensure a balanced representation of age and gender. Out of the 500 copies of questionnaire distributed, 349 were retrieved, giving us a response rate of 69.8%. Out of the 349 respondents, 154 were male students and 195 were female students. The research instrument for the study was the structured questionnaire. This was a modified form of the instrument used by Chatterjee and Basu [21], Randall *et al.* [7], Sabari and Shashikiran [17], Blakely *et al.* [48], Reynolds [69] and NHCHC [70]. The data collected were analysed using percentages, means, t-test, and correlation and regression analysis. Written permission had been obtained from each participating institution and from all heads of departments. All participants were guaranteed anonymity, confidentiality and the freedom to withdraw from the study at any stage. The administration of the questionnaires took place within a period of three weeks.

4. DATA PRESENTATION, ANALYSIS AND INTERPRETATION

Table 2. Perceive Risk Factors Predicting Suicide Behaviours among Youths in Edo State.

S/N	Variables	Frequency	Percentage	Cumulative percentage
1	Depression and mental illness	67	19.2	19.2
2	Substance use	38	10.9	30.1
3	Interpersonal conflict	30	8.6	37.0

4	Anxiety and stress	52	14.9	51.9
5	Unemployment and poverty	33	9.5	61.4
6	Previous suicidal behaviour	27	7.7	69.1
7	Sexual violence	44	12.6	81.7
8	Childhood adversity	24	6.9	90.3
9	Hopelessness	23	6.5	96.8
10	Others	11	3.2	100
Total		349	100	

Source: From the questionnaire administered 2019.

In Table 2, the results indicated that depression and mental illness, anxiety and stress, sexual violence, substance use, unemployment and poverty, and interpersonal conflict were the major risk factors predicting suicide behaviour among youths in Edo State.

Research Question 1

Is there difference between the opinion of male and female youths on the predisposing risk factors? The result is presented in Table 3 below.

Table 3. Opinion of Male and Female Youths on the predisposing risk factors of youth suicidal Behaviour in Edo State.

S/N	Variables	Group	N	X	SD	Cat.T	Crit.T
1	Depression and mental illness	Male	154	5.07	0.52	1.37	1.97
		Female	195	5.02	0.69		
2	Substance use	Male	154	5.00	0.60	1.42	1.92
		Female	195	4.03	0.62		
3	Interpersonal conflict	Male	154	4.08	0.67	1.51	1.99
		Female	195	4.02	0.61		
4	Anxiety and stress	Male	154	4.03	0.60	1.45	1.97
		Female	195	3.06	0.61		
5	Unemployment and poverty	Male	154	3.03	0.66	1.55	1.96
		Female	195	3.05	0.63		
6	Previous suicidal behaviour	Male	154	3.02	0.67	1.63	1.92
		Female	195	3.00	0.64		
7	Sexual violence	Male	195	2.97	0.63	1.66	1.97
		Female	195	2.84	0.64		

8	Childhood adversity	Male	154	2.55	0.68	1.72	1.99
		Female	195	2.61	0.62		
9	Hopelessness	Male	154	2.58	0.65	1.74	1.92
		Female	195	2.47	0.60		
10	Others	Male	154	2.86	0.64	1.83	1.96
		Female	195	1.79			

Source: Authors' Computation, 2019

According to the results presented in table 3 above all calculated 't' (1.37, 1.42, 1.51, 1.45, 1.55, 1.63, 1.66, 1.72, 1.77 and 1.82) are less than the critical 't' (1.92). This means that the male and female opinion do not differ in their expression on the predisposing risk factors of youth suicidal behaviours in Edo State.

Research Question 2

Is there difference in the mean rating of youths on the risk factors and control measures (campaigns, preventive programmes and treatment) of youth suicidal behaviour in Edo State? The result is presented in Table 4 below.

Table 4. Correlation between Risk Factors and Control Measures of Youth Suicidal Behaviour in Edo State.

Variables		Risk Factors	Control Measures
Risk factor	Pearson correlation	1	.783
	Sig. (2-tailed)		.000
	N	349	
Control Measures	Pearson correlation	.783	1
	Sig. (2-tailed)	.000	
	N	349	349

**Correlation is significant at 0.01 levels (2-tailed).

Source: Authors' Computation, 2019

Table 4 above shows the correlation between risk factors and control measures of youth suicidal behaviour in Edo State. There exist a significant positive high correlation between risk factors and control measures ($r = .783$, $n = 349$, $P < 0.01$). This implies that the risk factors and control measures taken are highly related in Edo State.

Research Question 3

What is the joint contribution of the risk factors (depression and mental illness, substance use, interpersonal conflict, anxiety and stress, unemployment and poverty, previous suicidal behaviour, sexual violence, childhood adversity, hopelessness and others) to the prediction of suicidal behaviour? The results are presented in Table 5 and 6 below.

Table 5. Summary of Regression Analysis Showing the Joint Contribution of Risk Factors to the Prediction of Suicidal Behaviour.

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.834	.793	.702	.434

Model Summary^b

a. Predictors: (Constant), risk factors

b. Dependent variable: Suicidal behaviour

Source: Author’s computation, 2019

Table 6. ANOVA^a

Model	Sum of square	Df	Mean	F	Sig.
Regression	4.527	2	4.743	341.283	.000 ^b
Residual	5.614	345	0.36		
Total	10.141	347			

a. Dependent variable: suicidal behaviour

b. Predictors: (constant), risk factors

Source: Authors’ Computation, 2019.

The regression results shows (R^2) value of 0.793 which reveals that the risk factors (depression and mental illness, substance use, interpersonal conflict, anxiety and stress, unemployment and poverty, previous suicidal behaviour, sexual violence, childhood adversity, hopelessness and others) jointly account for 79.3% of the variation in the prediction of youth suicidal behaviour in Edo State. The F. statistics of 341.283 reveals that the model is statistically significant at 0.05 significant levels. To this end, the study concludes that youth suicidal behaviour in Edo State is a function of risk factors of suicide and suicide attempts.

Research Question 4

What is the relative contribution of the risk factors to the prediction of suicidal behaviour? The result is presented in Table 7 below.

Table 7 Shows the Independent Contribution of the Risk Factors to the Prediction of Suicidal Behaviour in Edo State, Expressed as Beta Weights, viz: depression and mental illness ($\beta = .374$, $p < .05$), substance use ($\beta = .374$, $p < .05$), substance use ($\beta = .122$, $p < .05$), interpersonal conflict ($\beta = .238$, $p < .05$), anxiety and stress ($\beta = .294$, $p < .05$), unemployment and poverty ($\beta = .186$, $p < .05$), previous suicidal behaviour ($\beta = .213$, $P < .05$), sexual violence ($\beta = .148$, $p < .05$, childhood adversity ($\beta = .169$, $p < .05$), Hopelessness ($\beta = .237$, $p < .05$) and other factors ($\beta = .237$, $p < .05$). This implies that depression and mental illness, substance use,

interpersonal conflict, anxiety and stress, unemployment and poverty, sexual violence, previous suicidal behaviour, childhood adversity, hopelessness and other factors significantly and independently influenced or predicted youth suicidal behaviour in Edo State.

Table 7. Summary of Regression Analysis Showing the Relative Contribution of the Risk Factors to the Prediction of Suicidal Behaviour in Edo State.

Model	Unstandardized Coefficient		Standardized Coefficient	T	Sig
	B	Std. Error	Beta		
(Constants)	3.85	1.376		6.913	.000
Depression and mental illness	3.27	.311	.374	9.572	.000
Substance use	3.42	.483	.122	5.275	.000
Interpersonal conflict	3.68	.478	.238	5.246	.000
Anxiety and stress	2.77	.366	.186	7.401	.000
Unemployment and poverty	2.63	.366	.186	7.013	.000
Previous suicidal behaviour	2.46	.332	.213	7.013	.000
Sexual violence	2.40	.289	.148	6.108	.000
Childhood adversity	1.96	.264	.169	5.721	.000
Hopelessness	1.83	2.57	.274	6.000	.000
Other factors	1.57	2.35	.237	5.024	.000

Source: Authors' Computation, 2019.

5. DISCUSSION OF FINDINGS

Risk factors that could influence suicide behaviour among youths in Edo State were examined and findings revealed that all the risk factors influence or predict suicidal behaviours. They are depression and mental illness, substance use, interpersonal conflict, anxiety and stress, unemployment and poverty, sexual violence, previous suicidal behaviour, childhood adversity, hopelessness and others. This is in agree with the view of previous researchers such as Alabi *et al.* [3]; Animasahun and Animasahun [6]; Sabari and Shashikiran [17]; Ugwuoke [18]; Offiah and Obiorah [19]; Chatterjee and Basu [21]; Nwafor *et al.* [28]; Beautrais *et al.* [32]; Bae *et al.* [37] and Josse [42]. The study revealed that male and female youths perception or opinion do not differ in the expression on the risk factors predisposing suicidal behaviour among youths in Edo State. This finding substantially supports those of Gould *et al.* [38]; Blakely *et al.* [48]; Fergusson [56] and Fergusson *et al.* [59]. The study also revealed that the risk factors and the

control measures taken are highly related in Edo State. This finding agrees with those of earlier researchers such as Schlebusch [5]; Randall *et al.* [7] and Okulate [23]. Also, based on the results of the statistical analysis, the risk factors have significantly and jointly explained 79.3% of variance in suicidal behaviour in Edo State. This finding is in agreement with the view of Berman [68] that stressed the ability of psychological, social, neurobiological and genetic factors to influence youth suicidal behaviour. The findings also support the findings of Animasahun and Ammasahun [6]. Finally, the findings revealed that depression and mental illness, substance use, interpersonal conflict, anxiety and stress, unemployment and poverty, previous suicidal behaviour, sexual violence, childhood adversity, hopelessness and others individually influenced or predicted youth suicidal behaviour in Edo State. This finding is in partial agreement with the findings of Animasahun and Animasahun [6].

6. CONCLUSION AND RECOMMENDATIONS

In this study, the authors have demonstrated that suicide and suicidal behaviour are the most serious social and public health problems in the world as it is currently the third leading cause of death for youth between the ages of 15 and 30 years. Youth suicidal behaviour continues to be a significant national problem in need of urgent attention by Nigeria government. This is due to the prevalence of psychological, social, neurobiological, and genetic factors that precipitate suicide and suicidal behaviour among the Nigeria youths. Based on the findings of this study, it is hereby concluded that there is significant joint and relative contribution of depression and mental illness, substance use, interpersonal conflict, anxiety and stress, unemployment and poverty, previous suicidal behaviour, sexual violence, childhood adversity, hopelessness and other risk factors on suicidal behaviour among Nigerian youths. However, suicide and suicidal behaviour tendency can be altered through appropriate behaviour change. Based on the empirical and theoretical findings of this study, the following recommendations were made:

- a) For a more permanent solution to the issue of suicide and suicidal behaviour, comprehensive youth suicide prevention requires the involvement of family members, peers, professionals, and members of the community. One strategy is to learn about the warning signs of suicide, which can include individuals talking about wanting to hurt themselves, increasing substance use, and having changes in their mood, diet or sleeping patterns. When these warning signs appear, quickly connecting the person to supportive services is critical. Parents, peers, school authorities and school psychologists can play a vital role in this process. This is because, prevention of suicide and suicidal behaviour are national imperative and the approach has to be multidisciplinary.
- b) Greater emphasis should be placed on encouraging healthy peer relationships among youths. This is because social cohesiveness and tolerance have been shown to improve the mental well-being of youth people.
- c) A locally designed suicide education programme should be developed and integrated into Nigeria's tertiary educational institutions' curricula. In devising the programme, the culture, local resources, feelings of youths and other relevant stakeholders have to be taken into account. This will ensure that the resultant programme will be ethnically

- state, culturally acceptable, and feasible to implement [18]. Dutiful implementation of such programme will save the nation the embarrassment caused by suicide.
- d) Involving parents in problematic school situations which have the potential to have long lasting consequences of the mental health of youths is important for increasing accessible levels of support.
 - e) In Nigeria, there is urgent need to institute a national suicide surveillance policy. Micro level analysis of suicides and suicidal attempts are required to identify high risk population.
 - f) Apart from strengthening poverty alleviation programmes, there is need for a radical reform in the areas of skill acquisition centres to engage the jobless youths to learning trades that would equip them to be self-employed and employers of labor.
 - g) Cultural and religious factors preventing people from reporting and stigmatizing suicide should also be addressed through public enlightenment campaigns and also, inculcating strong meaning of life, future concerns and spiritual development in effective in preventing suicide and suicide attempts.

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