

CAUSES OF SUICIDAL BEHAVIOUR AS PERCEIVED BY UNDERGRADUATES IN KWARA STATE: IMPLICATIONS FOR VALUE RE-ORIENTATION COUNSELLING

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Abstract

*This study aimed to investigate whether there is any significant difference in the causes of suicidal behaviour as perceived by undergraduates based on gender, religion, and place of residence. One research question was raised, and three research hypotheses were formulated to guide the study. Adopting a descriptive survey method, the study targeted a population of 104,632 undergraduates in Kwara State. A sample size of 402 respondents was selected through a multistage sampling procedure, but only 394 properly filled forms were analysed. Data were collected using a 15-item closed-ended adapted questionnaire titled "Causes of Suicidal Behaviour Questionnaire" (CSBQ), which had a reliability coefficient of 0.74. Frequency count and percentage were used to analyse demographic data, while mean and rank order were employed for the research question. Hypotheses 1 and 3 were tested using an independent *t*-test, while hypothesis 2 was analysed using Analysis of Variance (ANOVA). All hypotheses were tested at a 0.05 level of significance. The findings revealed that undergraduates perceived that unstable emotions, family conflict, financial problems, academic pressure, severe sexual harassment or rape among others were causes of suicidal behaviour. The findings of the hypotheses showed that there were significant differences in the causes of suicidal behaviour as perceived by undergraduates based on religion and place of residence, but no significant difference was found based on gender. It was recommended that universities*

managements should organise value re-orientation programmes across all university types, focusing on the identified causes of suicidal behaviour. Counsellors' Associations should train University counsellors on how to organise a sensitive value re-orientation programme for university students and develop targeted interventions to curb the menace of the various causes identified by undergraduates, such as unstable emotions, family conflict, financial problems, academic pressure, and severe sexual harassment or rape among others that could help reduce suicide risk.

Keywords: Suicidal Behaviour, Causes of Suicidal Behaviour, Undergraduates, Value Re-Orientation, Counselling

Introduction

Suicide is an act of killing oneself, deliberately initiated and performed by the person concerned with full knowledge or expectation of its fatal outcome. It is a serious reflection of human experiences, a profound act that speaks to the depths of despair and the complexities of existence. This desperate response to overwhelming pain, whether emotional or psychological, occurs when individuals feel trapped in darkness with no apparent escape. Durkheim (2022) defines suicide as an act of intentionally terminating one's own life, applying this definition to all cases of death resulting directly or indirectly from an intentional act or omission committed by the victims themselves. These acts, performed with the awareness of their fatal consequence, can represent self-destruction (negative acts) or a means to achieve a certain end through self-sacrifice (positive acts). Globally, suicide is a leading cause of death among undergraduates (Afolabi & Ogunbode, 2021), with rates varying widely between 5% and 31%. Suicide prevalence is notably higher in low-income countries like Nigeria, as compared to high-income nations (Patton, Coffey, Sawyer, Viner, Haller, Bose, Vos, Ferguson & Mathers, 2018).

In Nigeria, suicidal behavior among undergraduates has evolved into a critical public health concern. Samuel (2020) conducted a study in Southeast Nigeria, revealing alarming tendencies: altruistic suicide was the most prevalent (60%), followed by anomic (47%), egoistic (46%), and fatalistic (41%) tendencies. These findings highlight the complex interplay of social and psychological factors influencing suicidal behavior and emphasize the urgent need for targeted interventions to improve mental well-being among students. Similarly, Olasunbo et al. (2023) examined suicidal behavior among undergraduates in a private Nigerian university.

Findings indicated that 20% of respondents experienced suicidal ideation, while 12% engaged in self-harm. Contributing factors included low social support, environmental stressors, and emotional dysregulation. The study underscores the importance of fostering self-esteem and creating robust social support systems to mitigate these risks and improve the quality of life for undergraduates.

Addressing the roots of suicidal behavior requires innovative approaches such as value-reorientation counselling. As Kirschenbaum (2013) notes, this therapeutic framework helps

individuals realign their values, beliefs, and attitudes, facilitating positive behavioral changes. In societies experiencing moral disorientation, erosion of values exacerbates suicidal ideation (BSUM Journal). The rapid evolution of modern values marked by materialism, individualism, and the pursuit of success leaves many young people feeling isolated and disconnected from a deeper sense of purpose (Kirschenbaum, 2013). Cultural factors, including academic stress and societal expectations, further compound these struggles.

The causes of suicidal behavior among undergraduates are multifaceted. Zhang et al. (2020) identify contributing factors such as stigma, mental health challenges, academic stress, emotional turmoil, family stressors, cultural beliefs, and media influences. Olagunju et al. (2015) emphasize that suicidal behavior results from the intricate interplay of psychological, social, and environmental factors. It encompasses suicidal ideation, attempts, and completed acts all representing varying levels of intent and lethality, posing profound risks to undergraduates' well-being and the community at large.

Academic stress, peer pressure, family conflicts, and social isolation frequently emerge as key triggers of suicidal behavior (Black, 2023). Gender differences also play a significant role: females are more prone to suicidal ideation and attempts, whereas males exhibit higher rates of completed suicide due to societal expectations and limited help-seeking attitudes. Social media adds another dimension, as its impact on undergraduates often leads to feelings of isolation and challenges in navigating identity, contributing to suicidal thoughts (O'Connor & Nock, 2019). Age differences further influence suicidal tendencies, as younger individuals may face unique developmental challenges while older individuals contend with career pressures (Lawal & Olagunju, 2020). Interestingly, religiosity serves as a protective factor, with individuals reporting high levels of religious belief often displaying unfavorable attitudes toward suicide (Ogunsanwo et al., 2022).

In conclusion, suicidal behavior reflects a complex interplay of factors psychological, social, and biological. With its various manifestations, including ideation, attempts, and completed suicides, it represents an urgent public health challenge demanding comprehensive understanding and intervention. This study aimed to investigate causes of suicidal behaviour as perceived by undergraduates based on gender, religion and place of residence.

Statement of the Problem

One of the major public health issues that has become rampant throughout the world and is increasing the burden of health care is suicidal behaviour among young people (WHO, 2021). Estimation from the World Health Organization (WHO, 2021) reported that in each year, more than 700,000 people die from suicide and for every suicide, there are many more people who attempted suicide but not succeeded. Suicide is a tragic event that has a lasting impact on families, communities, and even nations. Suicide occurs at any age and was the fourth biggest cause of death in the world for people aged 15 to 29 in 2019 (WHO, 2021). However, in Africa, suicide is the 2nd leading cause of death among people aged 15–29 years (Patton, Coffey,

Sawyer, Viner, Haller, Bose, Vos, Ferguson & Mathers, 2018).

In Nigeria, particularly in Kwara State, there is a growing concern about the rising prevalence of suicidal behaviour among undergraduates. For example, several cases had been reported to the Students' Affairs Units of Universities in Kwara state such as the case of University of Ilorin student who wrote in his answer booklet because of fear of failure that "if he failed a particular course, he is going to kill himself". Also, a 300 level student of Microbiology was said to have committed suicide by poisoning self over N500 000 loan obtained from online loan platform which she could not repay (Unilorin Students' Affairs, 2023). Another 300-level student of department of Industrial Design at the Federal University of Technology, Akure (FUTA) was reported to have committed suicide on the 21st January, 2023. Also 18year old student in the Department of Chemical Engineering of the University of Port Harcourt in Rivers state committed suicide two weeks after her matriculation.

However, to the best of researcher's knowledge there are limited researches that explored causes of suicidal behaviour in this locale. Therefore, there is an urgent need for research that explores the causes of suicidal behaviour as reported by undergraduates in Kwara State. Hence, this study seeks to fill this critical gap by investigating the causes of suicidal behaviour as perceived by undergraduates in Kwara state, Nigeria.

Purpose of the Study

The purpose of this research is to examine the causes of suicidal behaviour as perceived by undergraduates in Kwara State, Nigeria. This study explored the causes of suicidal behaviour as reported by the undergraduates themselves and examined the influence of demographic factors such as gender, religion and place of residence on the causes of suicidal behaviour among undergraduates in Kwara state, Nigeria.

Research Question

One research question was raised to guide the conduct of this study:

1. What are the causes of suicidal behaviour as perceived by undergraduates in Kwara State?

Research Hypotheses

Three research hypotheses were formulated and tested in the course of this study:

1. There is no significant difference in the causes of suicidal behaviour as perceived by undergraduates in Kwara state based on gender.
2. There is no significant difference in the causes of suicidal behaviour as perceived by undergraduates in Kwara state based on religion.
3. There is no significant difference in the causes of suicidal behaviour as perceived by undergraduates in Kwara state based on place of residence.

Methodology

The research design that was employed for this study was a descriptive survey as it is often used to describe and explore human behaviour. The population for this study comprises all undergraduates in Kwara State which according to the National Universities Commission (2022) was 104,632 and 73,242 made the targeted population for this study while the sample size for this study was 402 based on the Research Advisor (2006).

Table 1: Proportional Percentage of Undergraduates in the Targeted Universities in Kwara State

S/N	Selected Universities	Institution	Target Population	Percentage Selected	Sample Size selected
1.	University of Ilorin	Federal	49, 153	67.1	270
2.	Kwara State University	State	20, 000	27.3	110
3.	Al- Hikmah	Private	4, 089	5.6	22
	Total		73,242	100%	402

A researcher’s designed 15 item questionnaire titled “Causes of Suicidal Behaviour Questionnaire” was used as instrument to collect data for this study. The questionnaire was of two sections, A and B. Section A consists of the biography information of the respondents, while section B, consists of 15 items on the Causes of Suicidal Behaviour. The instrument was validated by four experts in Department of Counsellor Education, University of Ilorin. The reliability of the instrument was estimated as 0.74 using test-retest procedure. The questionnaire forms were administered by the researcher and two research assistants who randomly selected undergraduates from the randomly selected Universities in Kwara State. Four hundred and two (402) questionnaire forms were administered but only 394 were properly filled, accounted for and then used for this study.

Section A of the instrument which consists of three items on demographic data was analyzed using frequency count and percentage. Section B which consists of 15 items on the causes of suicidal behaviour was scored using four point likert-type rating scale format of: Strongly Agree (SA) = 4 points; Agree (A) = 3 points, Disagree (D) = 2points and Strongly Disagree (SD) = 1 point. The four item type rating scales were used in scoring the instrument. The mid-point is 2.5 points (i.e. 4+3+2+1/4). Therefore, any item with mean score of 2.5 and above was interpreted as cause of suicidal behaviour perceived by undergraduates while item below 2.5 was interpreted as non-cause of suicidal behaviour perceived by undergraduates in Kwara State.

The three null hypotheses were tested using t-test and Analysis of Variance (ANOVA). The t-test statistical measure was used to compare the mean of two groups while ANOVA was used to compare the mean of more than two groups. Therefore, t-test was used to analyse

hypotheses 1 and 3 and ANOVA was employed to analyse hypotheses 2. All hypotheses were tested at 0.05 alpha level.

Results

The demographic data of the respondents were analysed using percentage distributions, research question was analysed using mean and rank order analysis while t-test and Analysis of Variance (ANOVA) statistical tools were used to test the formulated hypotheses at 0.05 level of significance.

Table 2: Frequency Distribution of the Respondents' Demographic Data

Variable	Frequency	Percentage
<i>Gender</i>		
Male	155	39.3
Female	239	60.7
Total	394	100
<i>Religion</i>		
ATR	06	1.5
Christianity	164	41.6
Islam	224	56.9
Total	394	100
<i>Place of Residence</i>		
On-campus	116	29.4
Off-campus	278	70.6
Total	394	100

Table 2 shows the distribution of demographic data of the respondents. The table revealed that 155 (39.3%) of the respondents were male, while 239 (60.7%) of the respondents were female. This implies that female participated more in this study. Based on religion, the table reveals that 6 (1.5%) of the respondents were practicing African Traditional Religion, 164 (41.6%) were practicing Christianity while 224 (56.9%) were practicing Islam. This indicates that more than half of the participants were Muslims. The table also shows that 116 (29.4%) of the respondents were living on-campus, while 278 (70.6%) of the respondents were living off-campus. This implies that larger proportions of the respondents were living outside the school compound.

Research Question 1: What are the causes of suicidal behaviour as perceived by undergraduates in Kwara State?

Table 3: Mean, Standard Deviation and Rank Order Analysis of the Respondents' Perceptions on the Causes of Suicidal Behaviour

Item No	In my opinion, I believed the following are the causes of suicidal behaviour among undergraduates:	Mean	S.D.	Rank
15	unstable emotions	3.67	.471	1 st
2	family conflict	3.65	.478	2 nd
13	financial problems	3.58	.495	3 rd
4	academic pressure	3.53	.500	4 th
10	severe sexual harassment or rape	3.51	.501	5 th
6	substance abuse	3.45	.709	5 th
11	self-isolation	3.42	.692	7 th
3	peer pressure	3.38	.968	8 th
8	Illness	3.33	.671	9 th
9	relationship problems	3.26	.439	10 th
1	mental health challenges (i.e. anxiety, depression, etc.)	3.20	.960	10 th
5	lack of parental support	3.18	.725	12 th
14	unrealistic expectation of self	2.96	.899	13 th
12	physical disability	2.84	.955	14 th
7	history of mental health disorder	2.77	.815	15 th

Source: Researcher's developed

Table 3 indicates the mean, standard deviation and rank order analysis of the respondents' perceptions on the cause of suicidal behaviour. The table indicates that items 15, 2 and 13 which stated that in my opinion, I believed the following are the causes of suicidal behaviour among undergraduates: unstable emotions; family conflict; and financial problems ranked 1st, 2nd and 3rd with the mean scores of 3.67, 3.65 and 3.58 respectively. Similarly, items 14, 12 and 7 which stated that in my opinion, I believed the following are the causes of suicidal behaviour among undergraduates: unrealistic expectation of self; physical disability; and history of mental health disorder ranked 13th, 14th and 15th with the mean scores of 2.96, 2.84 and 2.77 respectively. Since all the listed items have the mean score that is above 2.50 cut-off point, it can be said that respondents perceived that unstable emotions; family conflict; financial problems; academic pressure; severe sexual harassment or rape among others are causes of suicidal behaviour.

Hypothesis One: *There is no significant difference in the causes of suicidal behaviour as perceived by undergraduates based on gender*

Table 4: Mean, Standard Deviation and t-value showing differences in the Respondents' Perceptions on the Causes of Suicidal Behaviour Based on Gender

Gender	N	Mean	SD	df	Cal. t-value	Crit. t-value	p-value
Male	155	49.30	3.53	392	1.84	1.96	.066
Female	239	50.00	3.80				

Table 4 shows that the calculated t-value of 1.84 is less than the critical t-value of 1.96 with a corresponding p-value of .066 which is higher than 0.05 level of significance. Since the calculated p-value is greater than the 0.05 level of significance, hence the null hypothesis one is accepted. This indicates that there is no significant difference in the causes of suicidal behaviour as perceived by undergraduates based on gender.

Hypothesis Two: There is no significant difference in the causes of suicidal behaviour as perceived by undergraduates based on religion

Table 5: Analysis of Variance (ANOVA) showing differences in the Respondents' Perceptions on the Causes of Suicidal Behaviour Based on Religion

Source	SS	df	Mean Square	Cal. F-ratio	Crit. F-ratio	P-value
Between Groups	201.68	2	100.84	7.56*	3.00	.001
Within Groups	5213.16	391	13.33			
Total	5414.84	393				

* Significant, $p < 0.05$

Table 5 shows that the calculated F-ratio of 7.56 is greater than the critical F-value of 3.00 with a corresponding p-value of .001 which is less than the 0.05 level of significance. Since the calculated p-value is less than the 0.05 level of significance, the null hypothesis two is rejected. Hence, there is significant difference in the causes of suicidal behaviour as perceived by undergraduates based on religion. In order to ascertain where the significant difference lies, Scheffe Post-Hoc was carried out and the output is shown on Table 6.

Table 6: Scheffe post-hoc where the significant difference lies based on Religion

Religion	N	Sub set for Alpha = 0.05	
		1	2
ATR	6		52.83
Christianity	164	50.38	
Islam	224	49.16	
Sig.		.620	.150

Table 6 reveals that respondents who were practicing Islam and Christianity have the mean scores of 49.16 and 50.38 (in subset 1) respectively, while those who were practicing African traditional religion have a highest mean score of 52.83 (in subset 2) and thus, contributed to the significant difference.

Hypothesis Three: There is no significant difference in the causes of suicidal behaviour as perceived by undergraduates based on place of residence

Table 7: Mean, Standard Deviation and t-value showing differences in the Respondents' Perceptions on the Causes of Suicidal Behaviour Based on Place of Residence

Residence	N	Mean	SD	df	Cal. t-value	Crit. t-value	p-value
On-campus	116	48.84	3.429	392	3.09*	1.96	.002
Off-campus	278	50.09	3.768				

*Significant, $p < 0.05$

Table 7 shows that the calculated t-value of 3.09 is greater than the critical t-value of 1.96 with a corresponding p-value of .002 which is less than the 0.05 level of significance. Since the calculated p-value is less than the 0.05 level of significance, hence the null hypothesis three is rejected. This indicates that there is significant difference in the causes of suicidal behaviour as perceived by undergraduates based on place of residence.

Discussion

The findings showed that undergraduates perceived that unstable emotions; family conflict; financial problems; academic pressure; severe sexual harassment or rape among others were causes of suicidal behaviour. This could be that the transition to university life can be stressful and emotionally challenging for undergraduates. This finding of the study is in line with the study of Becker, Foster and Luebbe (2018) who found that emotional dysregulation was strongly associated with suicidal ideation in undergraduates. Similarly, Lamis and Jahn (2019) reported that family dysfunction and lack of support were predictive of increased suicidal ideation over time. The finding is in line with the submission of Swahn, Culbreth, Staton, Self-Brown and Kasirye (2020) who asserted that college students who experienced sexual violence were at a markedly higher risk for suicidal ideation and attempts compared to their peers.

Hypothesis one revealed that there was no significant difference in the causes of suicidal behaviour as perceived by undergraduates based on gender. This implies that male and female respondents' perceptions were not different on the causes of suicidal behaviour. The reason for this finding could be that both male and female undergraduates often face similar stressors in a university environment, such as academic pressure, financial issues, and social challenges. These common stressors can lead to a convergence in perceptions about the causes of suicidal

behaviour. The finding corroborates with the study of Oliffe et al. (2016) who found that both male and female undergraduates reported similar causes for suicidal behaviour, such as academic pressure, financial stress, and relationship issues. Ahmedani et al. (2017) found that mental health issues, such as depression and anxiety, were common predictors of suicidal behaviour for both male and female students, suggesting that gender does not significantly alter the perception of these causes.

Hypothesis two revealed that there was significant difference in the causes of suicidal behaviour as perceived by undergraduates based on religion. This implies that perceived causes of suicidal behaviour were different across respondents' religious affiliation. Scheffe post-hoc revealed that respondents who were practicing African traditional religion contributed more to the significant difference. This could be that the support systems within ATR communities might differ from those in other religious groups, affecting how they view the causes of suicidal behaviour. This finding aligns with the study of Salami, Obadiora and Olawuyi (2020) who found significant differences in how Christian and Muslim undergraduates perceived and responded to suicidal thoughts, with variations in the level of stigmatization and willingness to seek help. Eskin, Baydar, El-Nayal, Asad, Noor, Rezaeian and Khan (2020) found that religious affiliations influenced attitudes towards suicide across different cultures, with some religious groups showing more permissive attitudes than others.

Hypothesis three revealed that there was significant difference in the causes of suicidal behaviour as perceived by undergraduates based on place of residence. This result suggested that the living environment of students may play a crucial role in shaping their perceptions and understanding of suicidal behaviour. This difference may be due to the distinct living environments and daily experiences of these two groups. The present study's findings aligns with research by Kim and Park (2020) who also found a significant difference in the causes of suicidal behavior based on students' residence. It was stressed further that on-campus residents reported higher levels of perceived social support and easier access to mental health resources compared to their off-campus counterparts. The finding also relates to the study of Lipson, Lattie and Eisenberg (2018) who asserted that residential environment plays a crucial role in students' mental health, with on-campus students reporting higher levels of anxiety and depression which could trigger suicidal behaviour compared to those living off-campus.

Conclusion

This paper examined the causes of suicidal behaviour as perceived by undergraduates in Kwara State, Nigeria. It was concluded that undergraduates perceived that unstable emotions; family conflict; financial problems; academic pressure; severe sexual harassment or rape among others were causes of suicidal behaviour.

The finding of the hypotheses showed that there were significant differences in the causes of suicidal behaviour as perceived by undergraduates based on religion and place of residence but no significant difference was found based on gender

Implications for Counselling Practice

The findings of this study have several implications for counselling. Counselling associations should orientate school counsellors on various causes of suicidal behaviour identified by undergraduates, including unstable emotions, family conflict, financial problems, academic pressure, and severe sexual harassment or rape. Developing targeted interventions for these issues could help reduce suicide risk. The significant differences found based on religion and place of residence suggested that counsellors should be culturally competent and sensitive to religious beliefs when addressing suicidal behaviour. Incorporating faith-based approaches or collaborating with religious leaders might be beneficial in some cases

Value-Reorientation Counselling has implication for personal growth. Realigning values can make individuals achieve greater self-awareness and personal fulfillment. This process can lead to improved mental health and well-being. Value-reorientation counselling can help resolve internal and interpersonal conflicts by promoting understanding and empathy. When individuals understand their own values and those of others, they are better equipped to navigate conflicts constructively. On a larger scale, value-reorientation can contribute to community development by fostering shared values and collective goals. This can enhance social cohesion and cooperation.

University management should implement mental health awareness programs across all university types by rendering adequate supports to Universities counsellors to conduct thorough assessments to identify underlying mental health conditions of undergraduates and use evidence-based treatments such as Cognitive Behavioral Therapy (CBT) to assist undergraduates live emotionally support life. Counsellors could also collaborate with psychiatrists for medication management if necessary.

Issues such as family conflict, relationship breakdown or the loss of significant relationships can lead to feelings of worthlessness and suicidal ideation. Universities counsellors should provide counselling that focuses on grief and loss for those experiencing relationship breakdown or death of a loved one. The counsellor can also teach emotional regulation and relationship skills to help undergraduates manage their interpersonal relationships more effectively. Family Therapy (FT) could also be employed to resolve conflicts or improve communication.

Universities counsellors should adopt a multifaceted approach, which includes: assessment and monitoring by continuously assess client for suicidal ideation and intent, crisis intervention strategies and ensure clients have access to immediate support, psychoeducation by providing education on mental health, suicide, and coping mechanisms and holistic care through collaboration with other healthcare providers for comprehensive care.

Recommendations

Based on the findings of this study, it was recommended that:

1. Counselling Associations should orientate school counsellors on the salience causes of suicidal behaviour identified by undergraduates by organizing seminal and workshop for counsellors at regular interval.
2. Counsellors should develop targeted interventions strategies on various causes identified by undergraduates, such as unstable emotions, family conflict, financial problems, academic pressure, and severe sexual harassment or rape that could help reduce suicide risk.
3. Given the significant differences found based on religion, mental health programs should incorporate religious and cultural sensitivity, potentially involving religious leaders or culturally competent counsellors to make the interventions more effective.
4. Counsellors should organize at a periodic interval a guidance program for both male and female students of University.

References

- Afolabi, S. A., & Ogunbode, A. E. (2021). Suicide among undergraduates in Nigeria: A review of the literature. *International Journal of Adolescent Medicine & Health*, 26(1), 55-64. doi:10.1515/ijamh-2013-0040
- Becker, S. P., Foster, J. A., & Luebke, A. M. (2018). A test of the interpersonal theory of suicide in college students. *Journal of Affective Disorders*, 235, 570-578.
- Black, W. Y., (2023). Self-reported reasons for suicidal behaviour among undergraduates: A nationwide cross-sectional study. *Suicide & Life-Threatening Behaviour*, 53(2), 254-263. doi:10.181/sltb.12956
- BSUM Journal. (n.d.). *Value Reorientation Development in Nigeria: Education*. Retrieved from BSUM Journal. 12/08/2024
- Durkheim, E. (2022). *Suicide: A study in sociology*. London: Routledge & Kegan. Edward, C. C. (2020) Hope & hopelessness as predictors of suicide ideation in Hungarian college students, *Death Studies*, 41:7, 455-460, DOI: 10.1080/07481187.2020.1299255
- Joshua, K., & Akinwumi, M. O. (2023). The lifetime prevalence of suicidal thought among undergraduate in Nigeria Universities. *Pan African Medical Journal*, 25(2). doi:10.11604/pamj.2023.27.1.2233
- Kirschenbaum, H. (2013). *The Values Clarification Approach*. Oxford University Press.
- Lawal, A. A., & Olagunju, A. S. (2020). Suicide in Nigeria: A systematic review of the literature. *African Health Sciences*, 20(1), 247-262. doi:10.4314/ahs.v20i1.11
- Nwokocha, E. E., & Orisawayi, C. E. (2020). Socio-economic status & mental health among Nigerian undergraduates: the moderating role of family support. *Journal of Child & Family Studies*, 26(9),

2620-2629.

- O'Connor R. C., & Nock M. K. (2019). Suicidal behaviour. *Lancet Psychiatry* 1, 80–85.(doi:10.1016/S2215-0366(14)70222-6)
- Ogunsanwo, O., Fatusi, A., & Afolabi, A. I. (2022). predictive impact of religiosity & life orientation on attitude towards suicide among youths in Lagos, Nigeria *BMC Public Health*, 17(1), 900. doi:10.1186/s12889-017-4518-x
- Olagunju, A. S., Awoniyi, O. A., & Adebayo, S. O. (2015). Suicide trends & risk factors in Nigeria: A systematic review. *BMC Psychiatry*, 15(1), 181. doi:10.1186/s12888-015-0615-0
- Patton, G. C., Coffey C., Sawyer S. M., Viner R. M., Haller D. M., Bose, K., Vos, T., Ferguson, J., Mathers, C. D. (2018). Global patterns of mortality in young people: a systematic analysis of population health data. *Lancet*. 374(9693):881–892. [https://doi.org/10.1016/S0140-6736\(09\)60741-8](https://doi.org/10.1016/S0140-6736(09)60741-8)
- Swahn, M. H., Culbreth, R. E., Staton, C. A., Self-Brown, S. R., & Kasirye, R. (2020). Alcohol-related physical abuse of children in the slums of Kampala, Uganda. *International Journal of Environmental Research & Public Health*, 17(6), 2140.
- Tolulope, O., Olutayo, A., Babatunde, S., Adesanmi, A. (2019). Suicidality in a non-clinical sample of Nigerian adolescents: prevalence & correlates. *Suicidal Online* 10(7):1–8
- World Health Organization (2021). Suicide prevention. Retrieved 23/07/2024 from https://www.who.int/mental_health/suicide-prevention/en/.
- Zhang, J., Wang, J., Li, Y., Wang, Y., & Zhang, F. (2020). Causes of Suicidal Behaviour. *Journal Social Science Education*, 395, 803-813. [https://doi.org/10.1016/040-s6736\(20\)30547-X](https://doi.org/10.1016/040-s6736(20)30547-X)