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Demographic Variables as Predictors of Youths Susceptibility to Suicide in Kogi State, Nigeria

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ABSTRACT

This study investigated the relationship between age, gender, family background and socio-economic status and youth susceptibility to suicide in Kogi State, Nigeria. The study adopted descriptive survey research design. The population consisted of all youth in Kogi state while the sample comprised of 456 youths between the ages of 15-30 years in two out of the three senatorial districts in Kogi state (Kogi Central and Kogi West) Stratified random sampling technique was used for selection of sample to cater for gender of the youths. The instrument was a questionnaire designed by the researchers. The validity of the instrument was done through face and content validity procedures by experts in Social Studies and Test and Measurement while the reliability was established using test-re-test method. The reliability coefficient of 0.81 was obtained. The number of youth selected for the study was 76 in each local government to make a total of 456. Four research hypotheses were generated and tested at 0.05 level of significance. The data collected were analysed using Mean, Standard Deviation, Frequency counts and Pearson Product Moment Correlation statistical tools. The study found that there was a significant relationship between age, gender, family background, socio-economic status and youth susceptibility to suicide in Kogi State. It was concluded that lack of moral and social supports to the youth, family instability and poor economic condition contributed immensely to youth susceptibility to suicide in Kogi state. It was therefore recommended that parents should provide moral and social supports to their children and avoid erroneous behaviours that can lead to family disruptions. Government also should provide counseling services in all institutions of learning.

INTRODUCTION

Nigeria has the largest population in Africa and one of the world's largest young populations. The current population of Nigeria is 212,865,077 with the number of youth which is 2111,400,708 (Worldometer Elaboration 2021). According to World Population Review, the population of Nigeria presently is 213,130,628. This is the reason why Nigeria is known and referred to as 'Giant of Africa'. However, Kogi state is one of the 36 states of Nigeria with population of 4,750,115. Male is 2,422,559 and female is 2,327,551 according to the government of the state (Kogi State--Nigerian Investment Promotion Commission).

According to Animasaun and Animasaun (2016), approximately one million people commit suicide yearly and about 50-120 million people attempted suicide globally. According to World Health Organisation WHO (2018), Nigeria had the highest suicide rate among African countries in 2016, with 17,710 deaths. The number of males involved were 9,300 while female were 8,410 (53:47%). WHO (2018) also revealed that about 800,000 people died globally every year through suicide. It was stressed further that most methods of suicide cases were by hanging, self-poisoning through pesticide and shooting. Based on the estimate of WHO (2018), approximately 1.53 million people would have committed suicide in 2020.

Suicide is a dreadful and solemn problem that needs exigent attention both at national, international and global levels. It is a miserable death caused by oneself through

taking of hazardous drugs, hanging, shooting or use of dangerous weapons owing to loss of jobs, unemployment, relationship issues, unwanted pregnancies, prolonged or life threaten sickness, drug addiction or loss of loved ones. According to the WHO (2012), suicide is one of the most pervasive societal health issues throughout time and space. Okoedion and Okolie (2019) defined suicide as a collection of complex human behaviours that are influenced by an individual's temperament, state of health, and a variety of life events. They referred to concept of suicide in Nigeria as unscrupulous demise.

Additionally, Spates and Slatton (2017) argued that suicide has been linked to a variety of difficulties, depending on one's behavioural type and environment. According to the WHO (2018), people of all ages commit suicide, leaving an indelible mark on their families, communities, and countries. According to Nnorom (2019), suicide is the culmination of processes and behaviours that result in the self-assassination of one's life. According to Okoedion and Okolie (2019), suicide is now the third greatest cause of mortality for adolescents aged 15 to 30 years worldwide.

In the study of Animasaun and Animasaun (2016), substance abuse disorders resulted from human consumption of alcohol and drugs can lead to suicidal behaviours and attempts among adolescents. Mckinnon et al., (2016) found bullying, physical abuse, loneliness of youth, particularly adolescents can lead them to suicidal ideation and attempts. Depression and other psychological health problems such as anxiety disorders,

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substance addiction disorders, traumatic stress disorders, personality disorders, and eating disorders, according to Aluh et al. (2018), might contribute to suicide. They went on to say that depression is the single most powerful risk factor for suicide attempts and completion. According to the study, suicide is the second greatest cause of mortality among young people aged 15 to 29.

Norhayeti and Suen (2014), as well as Dunlay et al., (2015), discovered that depression can lead to suicide ideation among students who do not have learning difficulties. Bullied victims are more prone than non-bullied people to attempt suicide, according to Barzilay, et al (2017). Depression is a widespread mental condition that affects people of all ages and is the largest cause of disability globally, according to Nyundo, Manu, Regar, Ismail, Chukwu, Dessie, Njau, Kaaya, and Fawzi (2020). They went on to say that suicide is the second highest cause of death among older female teenagers aged 15 to 19. Researchers discovered that adolescents with depression and other health issues are more prone to participate in risky behaviours like drug usage, unprotected sexual activity, and suicide death.

Again, Oginyi, Mbam, Sampson, Chukwudi, and Nwoba (2018) identified suicide as the most concerning psychiatric disorder strongly associated with death among Nigerian undergraduates. They asserted that worry, stress, depression, and personality disorders are frequently cited as contributing factors to suicide among diagnosed individuals. They viewed suicidal thoughts as a universal phenomenon that affects all persons regardless of their age, gender, ethnic origin, race, academic achievement, or socioeconomic condition. According to Eze, Chukwuorji, EHu, Zacchaeus, Lorfa, and Nwonyi (2019), bullying in teenagers is a common and distressing event that significantly reduces the quality of life for young people with exhausting consequences. They determined that verbal bullying, physical bullying, and bullying oppression were all significantly associated with suicidal ideation.

Additionally, Rosiek, Rosiek-Kryszewska, Leksowski, and Leksowskik (2015) hypothesised that persistent stress has a more detrimental effect on mental health and suicide thoughts in undergraduate students. Esther (2015) noticed a strong correlation between depression and high academic stress and suicidal ideation and attempt. According to research, undergraduates who experience more stress are more likely to engage in suicidal ideation (Anastasiades Kapoor and Wooten 2016). Eneh (2017) asserted that Nigeria's economic collapse exposed youths to economic challenges such as high unemployment, underemployment, and poor health, all of which contributed to a high rate of suicidal ideation and attempts.

Fagbenro and Olagundoye (2019) postulated that suicidal ideation is often prompted by loneliness, death of important person, unemployment, emotional trauma, chronic illness, financial problem and drug abuse.

Additionally, Onukwuli (2019) identified smoking, cultism, alcoholism, teenage pregnancy, suicide, domestic

violence, child sexual abuse, panic disorder, eating disorder, social obsession, sexual violence, rape, sexual addiction, and drug abuse as risk behaviours that result in death and complications among youth and adults. According to Onukwuli (2019), alcohol usage contributed considerably to accidents, homicides, and suicides, which are the top causes of death among adolescents. Adewuya and Oladipo (2019) established that protracted diseases like asthma and sickle cell disorders which always request treatment and hospitalization could lead to suicidal behaviours as a result of feeling of stigmatization. Adewuya and Oladipo (2019) confirmed that suicidal behaviours among Nigerian adolescents were connected with psychological health problems and stressful life events. Ebewore (2019) also agreed that hopelessness can result to suicide.

Some Recent Cases of Suicide in Kogi State

The Punch reported on October 21, 2017 that Mr Edward Soje, a Director in the Kogi State Civil Service, hung himself on a tree behind the Mammy market in Lokoja. He was 54 at the time. He allegedly killed himself 10 days after his wife gave birth to male triplets in a private hospital in Abuja. The couple had been childless for 17 years prior to it. The individual, a Grade 16 officer in the Kogi Teaching Service Commission, owing 11 months salary at the time. He may have committed the crime due to a lack of funds to care for the new babies. He left his wife a note. According to The Guardian, on November 30, 2017, Abdullahi Uye Zhiya, 47, of Ogoma, Bassa Local Government Civil Service, allegedly committed himself by drinking a toxic substance. It was suspected that he was frustrated by non-payment of his salary for 12 months because it was gathered that the deceased had been finding life so difficult for the past one year before the incidence.

The Punch of Wednesday, 19th April, 2019 claimed that Miss Rebecca Michael, a 100-level student of the Department of Philosophy at Kogi State University, Anyigba, allegedly committed suicide due to her boyfriend's disappointment. She was 20 years old at the time of the incident. It was reported that she drank local insecticide. The Tribune of Friday, January 11, 2020, also reported that Miss Princess Motunrayo Bolufemi, a serving Corper in the state committed suicide by drinking two bottles of snappers. She is from Gbedde-Ijumu in Kogi state. She was a graduate of Banking and Finance from Prince Abubakar Audu University, Anyigba. She left a suicide note which says 'life is not worth living'. Another incidence was reported by The Sahara Reporter of 7th October, 2021 that a female teacher identified as Bosede Kadajah Yusuf reportedly committed suicide at Okuhapa in Obangede, in the Okehi Local Government Area of Kogi state over her failure to take proper care of her children. She ended her life by jumping into a well.

Nevertheless, the researchers considered the relationships between factors such as age, gender, family background, socio-economic status and youth susceptibility to suicide

in Kogi state in this study. The outcome of the study would provide opportunity for other researchers to identify the relationship between the identified variables and youth susceptibility to suicide. It could also serve as literature review for the future researchers. If the recommendations of this study could be implemented, it could also assist to reduce suicide ideation and attempts among youth in Kogi state, Nigeria and globally.

Age and Youths Susceptibility to Suicide in Kogi State

Age is the duration of a human being's existence. It is the process of ageing. Suicide is a global worry and societal issue for adolescents and young adults in general. Adewuya and Oladipo (2019) argued that early teens and young adults experience the greatest increase in suicide deaths throughout the course of their lives. Suicide is the second largest cause of mortality for teens and the tenth top cause of death for all other ages, they said. According to the WHO (2018), around 50% of emotional and behavioural illnesses that are explicitly stated risk factors for suicide begin before the age of 14.

Another study found that completed suicide was most common among youths aged 15-19, whereas nearly nine out of ten attempted suicide were 30 years or younger. Zhai and Chen (2015) discovered significant links between health and suicide ideation among college students. Mckinnon, Gariepy, Sentenac and Elgar (2016) observed that bullying, physical violence, loneliness, narrow parental support the adolescence are encounter are significantly related to their involvement in suicidal ideation. Adewuya and Oladipo (2019) agreed that the major cause of suicidal attempt and completed suicide among adolescents are mental illness, traumatic life and drug abuse. The researchers found that despite the fact that two-third of their respondents were within the age range of 14-16 years, age was not significantly related to suicide attempt and ideation in their study.

Gender and Youths Susceptibility to Suicide in Kogi State

Gender in this study is referring to the characteristics of boys and girls that are socially created. Animasaun and Animasaun (2016) reported that boys engage in greater risk behaviours such as cultism, drug misuse, alcohol usage, reckless driving, unprotected sex, use of cigarettes, cigarette and violent behaviour. Kim et al (2016) suggested that boys and girls that have low education and those that are without jobs have increased risk of suicide behaviours and attempt. Oginyi et al (2018) discovered that there is no difference in suicidal behaviours of male and female undergraduates of Ebonyi state university. Nyundo et al (2020) postulated that female adolescents were roughly five times more likely to report suicide behaviour as boys. He thought that female adolescents were at high risk of mental health problems than youths as they are at greater risk of intimate relationship violence which is related with increased risk of melancholy.

Additionally, Oladele and Oladele (2016) discovered that female college students are more likely to experience sadness and suicide ideation than male college students. Additionally, they discovered that females with learning difficulties are more likely to experience sadness and suicidal thoughts than females without cognitive problems. Additionally, they noticed that male students with learning problems had significantly greater rates of depression and suicide ideation than male students without cognitive disabilities. Eze et al. (2019) confirmed that females were more likely than boys to engage in suicide behaviour. According to Okoedion and Okolie (2019), male adolescents commit suicide four times more frequently than female adolescents.

According to Offiah and Obidiorah (2014), the male to female suicide attempt ratio in the Niger Delta area is 7:1, and a total of 11 hanging deaths (49.83%) occurred between the ages of 21-30 years. According to Alabi, Alabi, Ayinde, and Abdumalik (2015), there is no discernible difference in suicide behaviour between male and female juveniles in Edo state. Onukwuli (2019) discovered a large gender gap in the prevalence of risky health behaviours. He further observed that male adolescents and youths engage more in drug abuse, reckless driving, un protected sex, use of tobacco and cigarette and violent behaviours. He discovered that females are found of artificial behaviours and some of the above listed risk behaviours that can lead to suicidal ideation attempt.

Family Background and Youth Susceptibility to Suicide in Kogi State

Family is the closest and most important aspect of social organization. Family is responsible for the physical, emotional, social, economic, educational and cultural development of a child. Failure of the family to carry out its responsibility as expected on a child can affect the future of the child negatively. Xing, Tao, Wan, Xing, Hao et al. (2010) established that the mother's involvement as the single most significant aspect in a child's proper upbringing cannot be overstated. Additionally, they stated that single parenthood may be connected with suicidal behaviour in teens. They noted that children who live with their father, another family member, or a stranger are at risk of suicidal behaviour.

Again, Salami (2011) identified depression, ethnicity, hopelessness, family and relationship problems, ineffective communication with family members, family disagreements, anxiety, stressful life events, physical and sexual abuse, and low self-esteem as risk factors for suicidal ideation, attempt, and completion. Brisibe, Randall, Doku, Wilson, Peltzer, Oppong, Kugbey, Osafo, Quarshie, and Sarfo (2017) discovered a substantial relationship between maternal drinking and parental conflict (domestic violence) in the household. Okoedion and Okolie (2019) found that a family background marked by childhood adversity, socioeconomic deprivation, parental substance misuse history, marital difficulties, compromised child bearing, and a high level of home

limberness can contribute to youngsters attempting suicide.

Additionally, Ordinioha and Dienye (2012) argued that adolescents who endure parental divorce and either maternal or paternal alcoholism virtually quadruple their risk of attempting suicide. Animasaun and Animasaun (2016) emphasized that family can be major source of cheerfulness for youths and can also be major source of complications especially where conflict occur within the relationships. Animasaun and Animasaun (2016) went on to say that a family history of psychiatric illnesses and suicide behaviour can lead to insecurity and a risk of suicidal behaviour in children. Tompson, Alonzo, Hu and Hasin (2017) confirmed that physical abuse and corporal punishment which are commonly associated with suicidal behaviours are not significant in their study.

Socio-Economic Status and Youth Susceptibility to Suicide in Kogi State

Socio-economic factor in this study has to do with social and economic standing or class of the youth. It can be measured with education, income, occupation of the youth and that of the parents. According to Kim, Park, and Yoo (2015), household income and education are highly associated with suicidal ideation. They explained that well educated and comfortable children and more satisfied with life are really attempt suicide while children from low level of education and economic status are prone to suicidal ideation. According to Animasaun and Animasaun (2016), social disadvantages such as poverty, unemployment, a lack of social infrastructure, and insufficient education, health, housing, recreational, and transportation facilities can contribute to suicide behaviour in youth.

According to Kim, Kim, Choi, Lee and Park (2016), there is significant relationship between low socio-economic status, education and unemployment of youth and suicidal behaviour. Assari (2017) in his own study confirmed that socio-economic status was associated with depression in adolescents and those living with single parents are also at risk of depression. Bohman, Laftman and Johnson (2017) observed that high socio-economic status and living with both parents by adolescents was an advantage of getting far from depression and suicide. According to Oginyi et al. (2018), socioeconomic position is a reliable predictor of a wide variety of outcomes across human life, including psychological, health, physical, and psychological well-being. Oginyi et al. established a statistically significant relationship between socioeconomic position and suicide ideation and attempt among undergraduates.

Hamilton and Sampasa-Kanyinga (2016) discovered no significant association between socioeconomic position and suicide ideation and attempts. Okoedion and Okolie (2019) hypothesised that certain parents compel their children to excel in their chosen academic courses, and that failure to do so may drive such children to suicide behaviour in order to avoid humiliation from parents, family, and friends. Nyundo et al. (2020) discovered that

suicidal ideation is prevalent among teenagers aged 10 to 19, with the greatest burden in Ibadan. They identified a substantial correlation between depression and suicide behaviour in Ibadan.

Statement of the Problem

Observations showed that suicide has become a momentous and unsmiling issue locally, nationally and globally. Some factors such as social, physical, cultural, economic and psychological have been observed to be some of the variables connected with high rate of suicidal behaviours among youths. It was further noted that the family, relatives, school, community and the government are not given sufficient supports to the youths especially for successful transformation from adolescence to adulthood. However, many youths of today were observed to be facing various challenges ranging from health issues such as sickle cell and asthma, family disruptions, death of one or both parents, physical bullying, victimization, disappointment from opposite gender and financial difficulty. Inability of the youths to cope with the above problems may lead them to drug abuse, cultism, anxiety, stress, depression, frustration and eventually suicidal behaviours and attempt. Nevertheless, this study considered other factors such as age, gender, family background and socio-economic status and their relationships with youths' susceptibility to suicide in Kogi state.

Research Hypotheses:

The following research hypotheses were generated to guide the study:

1. There is no significant relationship between age and youths' susceptibility to suicide in Kogi state.
2. There is no significant relationship between gender and youths' susceptibility to suicide in Kogi state.
3. There is no significant relationship between family background and youths' susceptibility to suicide in Kogi state.
4. There is no significant relationship between socio-economic status and youths' susceptibility to suicide in Kogi state.

METHODOLOGY

The study used a descriptive survey research approach to collect data from a representative sample of the population without manipulating variables. The survey sampled 456 youths aged 15-30 from two of Kogi's three senatorial districts (Kogi Central and Kogi West) The sample was chosen using stratified random sampling to account for the kids' gender. Three out of seven local governments in the Central and three out of five in the Western senatorial districts were chosen at random. Six local governments from two senatorial districts were studied. Each local government picked 76 youngsters for the research, totaling 456. The researchers created a questionnaire to collect data. Experts in Social Studies and Testing validated the instrument's face and content

validity. The instrument's reliability was tested repeatedly. The tool was originally tested on twenty non-study respondents from a local government. After two weeks, the same respondents were given the instrument again. They were connected using Pearson Product Moment Correlation Coefficient Analysis (PPMCCA). The instrument has a correlation coefficient of 0.81, indicating it was suitable for the investigation. The instrument has two parts. Section A intended to collect respondents' bio-data, whereas Section B aimed to collect data on juvenile suicide risk. The researchers administered the instrument with the help of research assistants in various local government areas across the state. ANOVA, Pearson Product Moment Correlation and frequency counts were used to analyse the data. All the hypotheses were tested at 0.05 level of significance.

RESULTS

Hypothesis 1: There is no significant relationship between age and youths' susceptibility to suicide in Kogi

Table 1: Pearson's Product Moment Correlation of the Relationship between Age and Youths' Susceptibility to Suicide in Kogi State

Variable	N	Mean	Std. Deviation	r _{cal}	P
Age of Youth	133	15.12	2.290	0.380*	0.000
Susceptibility to Suicide	133	111.53	8.851		

*P < 0.05

State Table 1 shows that the r_{cal} = 0.380, with a P value of 0.000. The hypothesis is rejected because the P value is less than 0.05. This suggests that in Kogi State, there is a link between youths' age and their susceptibility to suicide.

Hypothesis 2: There is no significant relationship between gender and youths' susceptibility to suicide in Kogi State

Table 2: Pearson's Product Moment Correlation of the Relationship between Gender and Youths' Susceptibility to Suicide in Kogi State

Variable	N	Mean	Std. Deviation	r _{cal}	P
Gender of Youth	133	14.54	2.488	0.413*	0.000
Susceptibility to Suicide	133	111.53	8.851		

*P < 0.05

The result in table 2 shows that the r_{cal} = 0.413, P value = 0.000. Since the P value is < 0.05, therefore, the hypothesis is rejected. This implies that there is significant relationship between gender and youths' susceptibility to suicide in Kogi State.

Hypothesis 3: There is no significant relationship between family background and youths' susceptibility to suicide in Kogi State

The result in table 3 shows that the r_{cal} = 0.675, P value = 0.000. Since the P value is < 0.05, therefore, the

Table 3: Pearson's Product Moment Correlation of the Relationship between Family Background and Youths' Susceptibility to Suicide in Kogi State

Variable	N	Mean	Std. Deviation	r _{cal}	P
Family Background	133	27.53	3.507	0.675*	0.000
Susceptibility to Suicide	133	111.53	8.851		

*P < 0.05

hypothesis is rejected. This implies that there is significant relationship between family background and youths' susceptibility to suicide in Kogi State.

Hypothesis 4: There is no significant relationship between socioeconomic status and youths' susceptibility to suicide in Kogi State

Table 4: Pearson's Product Moment Correlation showing the Relationship between Socioeconomic Status and Youths' Susceptibility to Suicide in Kogi State

Variable	N	Mean	Std. Deviation	r _{cal}	P
Socioeconomic Status	133	25.86	3.090	0.734*	0.000
Susceptibility to Suicide	133	111.53	8.851		

*P < 0.05

The result in table 4 shows that the r_{cal} = 0.734, P value = 0.000. Since the P value is < 0.05, therefore, the hypothesis is rejected. This implies that there is significant relationship between socioeconomic status and youths' susceptibility to suicide in Kogi State.

DISCUSSION

In Kogi state, this study discovered that there was a positive association between age and juvenile suicide risk. The findings are similar to those of Nyundo et al. (2020), who discovered that suicidal thoughts are widespread among teenagers aged 10 to 19, with the greatest burden in Ibadan.

This research contradicts Adewuya and Oladipo's (2019) findings, which indicated that despite the fact that two-thirds of their respondents were 14-16 years old, age was not a significant factor in suicide attempt and ideation in their study.

In Kogi State, the study discovered a favourable association between gender and the risk of suicide among youths. The findings are consistent with those of Okoedion and Okolie (2019), who found that male youths commit suicide four times more than female youths. The findings contradict those of Oginyi et al (2018), who found no difference in suicide behaviour between male and female Ebonyi State University undergraduates.

Again, it was found in the study that there was a relative high correlation between family background and youths' susceptibility to suicide in Kogi State. The study corroborated that of Kugbey, Osafo, Quarshie and Sarfo (2017) who posited that maternal drinking and parental conflict (domestic violence) in the family

is significantly related to adolescent suicidal behaviour. The study is also in connection with that of Bohman, Laftman and Johnson (2017) who discovered that living with both parents by adolescents was an advantage of getting far from depression and suicide. They found in the other hand that living with single parent or family or non-family members by adolescents is highly connected to depression and suicidal behaviour.

The study also confirmed that there was high statistical significant relationship between socioeconomic status and youths' susceptibility to suicide in Kogi State. The study is in association with that of Kim, Kim, Choi, Lee and Park (2016), who established a significant relationship between low socio-economic status, education, and unemployment of youth and suicidal behaviour. The study is also interrelated with that of Bohman, Laftman and Johnson (2017) who discovered that high socio-economic status was a benefit of distancing adolescents from depression and suicide. They noted also that low socio-economic status is highly connected with depression and suicide.

CONCLUSION

Based on the findings of this study, it was discovered that age, gender, family background and socio-economic status were statistically and significantly interconnected to youth susceptibility to suicide in Kogi state. This indicates that lack of moral and social support to youth, especially during the transition period from adolescence to adulthood, can lead them to suicide. The study also concluded that family instability and poor social and economic condition of parents, which lead to inability to cater to the needs and aspirations of the children, especially youth, can contribute greatly to suicidal behaviours and attempts among youth in Kogi state of Nigeria.

RECOMMENDATIONS

On the bases of the findings of this study, the following recommendations were made:

1. Couples should avoid all forms of erroneous behaviours that can lead to family disruptions and promote harmony in their homes in order to prevent children from depression, cultism, frustration and consumption of alcohol that can lead them to suicide.
2. Parents should wake up to their duties and responsibilities by giving moral, social, financial, cultural and religious supports to their children both male and female at all ages for proper upbringing and development of positive and desirable attitudes towards life.
3. Parent should be hard working to be able to make provisions for education, health, food and other needs of the children and also train them to be hardworking for them not to get frustrated at little problem and stand on their feet in the future.
4. Government should make provision for counseling services in all educational institutions where some problems upsetting the minds of the youth that can lead them to commit suicide could be addressed.

5. Government should provide various avenues such as seminars and state-based researches where suicide as a social-health problem, causes, effects prevention and solution especially among the youth would be discussed to find lasting solutions to the unfortunate acts among generations who are leaders of tomorrow.

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