# Determinants of Suicide Ideation and Intention Among Undergraduate Students in Bayelsa State

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## Abstract

This paper investigates the determinants of suicidal ideation and intention among undergraduate students in Bayelsa. Employing the three-step theory of suicide as theoretical framework. Focusing on 163 participants selected from the Niger Delta University and Federal University Otuoke respectively, the study explored the socio-demographic, economic and psychological determinants of the respondents; whereas, the questionnaire served as the primary instrument of data collection, Pearson correlation, percentages, mean and standard deviation through the aid of the SPSS was the basic tools used in data analysis. Findings from the study indicated that, the prevalence rate for the thought of suicide among undergraduate students was 18%, whereas, suicidal intention rate was 8.6%. However, suicidal thought was significantly related to CGPA, academic satisfaction and financial status of students. While gender and depression influenced the suicidal intentions of the undergraduates.

## 1. INTRODUCTION

Suicide is a colossal public health problem in Nigeria and around the world. Suicide is defined as a fatal self-injurious act with some evidence of intent to die (Turecki & Brent 2016). Suicide has recently generated significant debate in education, psychology, and mental health literature, and is common among adolescents and young adults (Robinson, Calear & Bailey, 2018). In France, Austria, Finland and Denmark, for example, suicide is the second leading cause of death among people aged 15-24 (14.6%), immediately after a traffic accident, and the leading cause of death between the ages of 25-34 (Roscoat & Beck, 2013). Suicide can be termed as the tendency of an individual to cause harm or a self-inflicted injury resulting in death. The World Health Organization (2012) listed it as a major global health problem. Suicide has been associated with many factors, including mental illness, segregation/isolation, physical illness, substance abuse, domestic violence, and suicide attempts.

Suicide usually begins when the individual has suicidal thoughts (suicidal ideation), which refers to the thought or planning of suicide. People who are overwhelmed and not able to cope with their situation might experience this. Among the many reasons for this could be a financial hardship, the demise of a beloved, relationship break-up, or a crippling ailment or poor health condition. (Eric, Elbogen, Ann Elizabeth, Susan, Wagner, & Jack, 2020) Reduced chance of Suicidal thoughts/tendencies are more common in people who have access to healthcare, such as treatment for substance abuse disorders, general well-being and support, community and family ties, problem-solving and conflict-management skills, ideologies that inhibit self-harm and enhance personality, and a desire for self and sense of purpose.

The issue of suicide in Nigeria is a matter of great concern to scholars, especially those in the areas of psychology, social work and mental health. A study by Ajibola and Agunbiade (2021) explored the potential social factors that shape suicidal ideation among young people from two universities in Nigeria. The study showed that undergraduate students who have academic difficulties, are drug addicts and have parents with marital problems are prone to suicidal ideation. Suicidal ideation among these young people is embedded in their network of relationships, which can be mitigated when quality support systems are responsive and appropriately accessible. Aruah, Emeka, Eze, Okonkwo, & Agbo (2020) state that students perceived the experience of suicide as a result of relationships, infrastructure, living conditions and mental health problems.

Uncontrolled stressors can cause sleep issues, a drop in concentration, depression, and emotional disturbances, all of which can harm academic performance. Students face a tremendous amount of stress during their studies, which might harm their mental health. The transition from the preparatory phase to the college phase, with the presence of new people, competition, and a huge number of requirements, as well as feelings of inadequacy, can make the first year of college overwhelming for some students. Previous studies have found that the first year of college, in particular, is related to the presence of such mental health problems that could be related to induced suicide

Certain factors are responsible for suicidal ideation (thought or thinking) and intension among undergraduates in Bayelsa, hence this paper.

## 2. STATEMENT OF THE PROBLEM

Over the years, several studies have been conducted in suicide, suicidal behavior and a host of others but rarely have there been studies on suicidal ideation among undergraduates in Bayelsa state.

Animasahun and Animajohun (2016) conducted a study on the psychosocial predictor of suicide mission among Nigeria youths and found that there is a significant joint dependent and relative contribution of the independent variable to the predictor of suicide behavior.

They suggested that an understanding to the unique characteristic of the adolescent's physical mental and psychological feature that maybe related to suicidal risks, counselors, parents and social workers can work proactively to prevent suicidal. However, this study focused mainly on the psychosocial predictors of suicide neglecting the physical and other possible aspects which could also be responsible for suicidal ideation and attempt.

Also, Olayinka Nisha Oluyomi and Babatunde conducted a study on the prevalence and correlates of suicidal behaviors among adolescents in south west.

Nigeria Adolescence living in urban areas, from polygamous or disrupted families, had higher rates of suicidal behavior. Multiple psychological factors such as sexual abuse, physical attacks and involvement in fight were also significant predictor of suicidal behaviors, these were their findings.

Furthermore, they suggested an urgent need for Nigeria policy makers and health providers to review and address this issue. Thus, this study was theoretical and had no practical implication which was necessary to reduce suicide rates.

Abiodun Bonlante Olurotimi Olayinka, Matthew, Olufemi Adedolapo and Olajide also conducted a study on the prevalence and association factors of suicidal ideation in Lagos State, Nigeria. They reported that ideation was 7.28% (s.e.0.27) independently associated factors were older age, being female, not married, low occupational group, depression anxiety, somatic symptoms and disability. They concluded by suggesting that despite the validity of cross-national surveys, there is need for individual countries to generate complementary local data to explain variability in rates and risks factors in order to plan for suicide prevention or develop timely and effective response. However, this study was also theoretical, as it was thought to have been practical. It is also limited to Lagos excluding other parts of ideation and attempts especially the Niger Delta state like Bayelsa, Delta, etc. where youth restiveness is prevalent.

Kwaka Nuworza Joseph and Jacob (2016), conducted a study on the prevalence and correlates of suicidal behavior (ideation, plan and attempt) among adolescents in senior higher school in Ghana. They found anxiety loneliness, being bulled, physically attacked fight and food insecurity as some risk factors associated with suicidal ideation and its intension among the stated parental understanding of adolescents. Problem and worries were a significant proactive factor for all of such suicidal behavior and attempt.

Hence, the study was limited to Ghanaian high school kids (adolescents) which were their concern, the kids in other schools were not impacted through this study.

David Mika Steven Catherine Martin Elise and David (2018) also conducted a study on the psychosocial characteristic as potential predictors of suicide in adult: they found that low socioeconomic position irrespective of the economic status of the country in question, is associated with an increased risk of suicide, including the recent global economic recession that has been responsible for increase in suicide attempts and deaths. Social isolation, mental illness, chronic psychological distress and lower physical status were also consistently related to elevated suicide rates.

They suggested suicide prevention strategies such as, reducing factors that increase risk, such as social isolation, mental health and increase factors that promote resilience or coping such as individual family and community connectedness. Education intervention include: school-based suicide awareness programs, cognitive behavioral

therapy in reducing recurrence of self-harm participation, drug treatment and so on.

Hence, these suicide aid and prevention strategies such as school-based awareness programs, cognitive behavior therapy in reducing re-occurrence of self-harm and so on were only introduced into these said institutions, neglecting its occurrence in other institution with similar experiences.

There is similarity of findings among various studies on suicide ideation and intention which aim at curbing its (suicide) occurrence in society. Also, it is pertinent to note that these said studies were conducted on specific institutions and locations, as well as for specific purposes. However some of these practices which ought to be practical were theoretical and as a result of this, the impacts of such studies were not fully felt in those respective organizations.

Additionally, suicide ideation and intension are on the rise in Bayelsa State especially among the undergraduates. It is quite obverse that certain factors or experience drive these young adults to engage in suicidal behavior, this is the focus of this paper.

## 3. OBJECTIVES OF THE STUDY

1. Economic factors associated with suicidal ideation and intention.

**2.** Psychological predisposition of suicidal ideation and intention.

## 4. THEORETICAL FRAMEWORK

### 4.1 The Three Step Theory of Suicide:
The three-step theory (3ST) of suicide development by Klonsky and May (2015) Utilized the ideation to action framework, informed by previous research and theory, provides a parsimonious and testable model of suicide. The key constructs of the 3ST are pain and hopelessness; and suicide capacity.

### 4.1.1 Step 1. Development of suicidal behavior:
According to the 3ST, the first step toward ideation begins with pain. Pain typically (but not necessarily) means psychological or emotional pain. All people are shaped by behavioral conditioning (Skinner, 1953). We engage in behaviors that are rewarded and avoid those that are punished. If someone's experience of living is characterized by pain, this individual is essentially being punished for living, which can decrease desire to live.

It is intentional that the theory does not specify the nature of the pain. Just as any sufficiently aversive stimulus can effectively punish behavior (Mazur, 2012), whether it be electric shock, a loud noise, or social exclusion, different sources of pain in daily life can all lead to a decreased desire to live. These can include many of the factors emphasized by others as playing roles in

suicidal ideation, such as physical suffering (Ratcliffe, 2008), social isolation (Durkheim,1897), burdensomeness and low belongingness (Joiner, 2005), defeat and entrapment (O'Connor, 2011), and negative self-perceptions (Baumeister, 1990), as well as numerous other aversive thoughts, emotions, sensations, and experiences.

The first step toward suicidal ideation begins with pain, regardless of its source.

However, pain alone will not cause suicidal ideation. If someone in pain has hope that his situation can improve and that the pain can be diminished, the individual will strive to achieve a future with diminished pain rather than consider suicide. For this reason, hopelessness is also required for the development of suicidal ideation. That is, if someone's life includes considerable pain, and he feels hopeless that the pain will improve, he will consider ending his life. In short, the combination of pain and hopelessness is what leads to suicidal ideation.

### 4.1.2 Step 2. Strong versus moderate behavior:
According to the 3ST, the second step toward potentially lethal suicidal behavior occurs when pain exceeds connectedness. The term connectedness is used in a broad sense. Connectedness can mean connection to other people as well as to an interest, role, project, or any sense of purpose or meaning that keeps one invested in living. The 3ST stipulates that someone who experiences pain and hopelessness and considers suicide will only have moderate ideation (e.g., "Sometimes I think I might be better off dead") if connectedness remains greater than the pain. However, ideation becomes strong (e.g., "I would kill myself if I had the chance") if pain overwhelms any sense of connectedness. Consider the example of a parent who experiences daily pain and hopelessness but who also feels invested in and connected to his or her children. If the parent's connectedness exceeds the parent's pain, this individual may still have passive ideation but will not progress to active desire for suicide. However, if both pain and hopelessness are present, and connectedness is dwarfed by pain, the individual will experience strong ideation and actively consider ending his or her life.

Disrupted connectedness is similar to low belongingness and burdensomeness, as described in Joiner's interpersonal theory, but operates differently in the 3ST. In the interpersonal theory, belongingness and burdensomeness are thought to directly cause suicidal ideation. In the 3ST, the primary role of connectedness is to protect against escalating suicidal ideation in those at risk due to pain and hopelessness. Although disrupted connectedness can contribute directly to pain and hopelessness, it is not viewed as necessary for the development of pain or hopelessness, or for the development of suicidal ideation. From the perspective of the 3ST, many people with suicidal ideation do not have disrupted connectedness, and many with disrupted connectedness do not develop suicidal ideation.

### 4.1.3 Step 3. Progression from ideation to attempts:

Most individuals with ideation do not make a suicide attempt; therefore, the final step of the 3ST addresses the conditions under which strong ideation leads to a suicide attempt. We agree with Joiner (2005) that the key determinant is whether the individual has the capacity to make a suicide attempt. Joiner suggests that fear of death is a powerful instinct that makes it extremely difficult to attempt suicide, even if experiencing strong suicidal ideation; thus, individuals can only attempt suicide if they have developed the capacity to overcome this barrier. The 3ST echoes this point but expands it in two ways. Joiner's theory emphasizes acquired capability. In short, this ability is developed and increased through experiences with painful and provocative events that increase one's tolerance for pain, injury, and death. The 3ST broadens the concept and proposes three categories of variables that contribute to suicide capacity: dispositional, acquired, and practical.

Dispositional refers to relevant variables that we are born with. For example, some individuals are born with higher or lower pain sensitivity (Young, 2011). Someone born with lower pain sensitivity will have a higher capacity to carry out a suicide attempt. The concept of dispositional contributors to capacity is supported by recent research from Joiner and others suggesting that capability for suicide is largely genetic (Smith, 2012). The second contributor to suicide capacity, acquired variables, refers to the same concept Joiner describes. That is, habituation to experiences associated with pain, injury, fear, and death can, over time, lead to higher capacity for a suicide attempt.

Finally, practical variables are concrete factors that make a suicide attempt easier. There are many kinds of practical factors. For example, someone with both knowledge of and access to lethal means, such as a firearm, could act on suicidal thoughts much more easily than someone without knowledge of and access to lethal means. Practical contributors to capacity may explain findings that anesthesiologists and other medical professionals have elevated suicide rates (Swanson, 2013). These individuals have both easy access to the necessary drugs and extensive knowledge of how to end one's life painlessly, which makes their practical capacity extraordinarily high.

In summary, dispositional, acquired, and practical factors contribute to the capacity for attempted suicide, and individuals with strong suicidal ideation will only make suicide attempts if and when they have the capacity to do so.

## 5. METHODOLOGY

In this study, two research designs were utilized to provide answers to our research questions. Firstly, the cross-sectional survey design which involves finding out the prevalence of a phenomenon, situation, problem, attitude or issues by taking a cross-section of the population.

Hence, the cross-sectional design was used to find out the prevalence and trends of suicide ideation and intension among a cross-section of the undergraduate students in Bayelsa state.

Secondly, the non-experimental design that involves observing phenomena and attempting to establish the cause. In the survey, the researcher starts from the effects or outcomes and attempts to determine causation. Here, the assumed cause has already occurred, thus, the researcher retrospectively links the cause to the outcomes.

The non-experimental survey was utilized to determine the social, economic, psychological, health and demographic factors that may be responsible for suicide ideation and intension among universities undergraduate students in Bayelsa state. Thus, the non-experiment design was used to determine the relationship between social factors and suicide ideation and intensions, economic factors and suicide ideation and intensions, psychological factors and suicide ideation and intension etc.

**Sample Size:** Given that the population for the study is known, the sample size for this study was determined using the Taro Yemeni's sample size determination formula;

Where;

n = Sample size

N = Population of the study

e = Error level (0.05)

Thus, the sample size becomes;

However, due to the limited period and resources accorded to the study, the sampled size was divided into two given a sample of 196 students.

### 5.1 Sampling Technique

For the purpose of this study, the multi-stage sampling technique was utilized to select the samples. In the first stage, the purposive sampling technique was used to select two Nigeria universities; The Niger Delta University and Federal university Otuoke, from the three existing universities in Bayelsa state. These two universities were selected on the grounds that they are the only universities currently having undergraduate students in 100 to 500 levels.

In the second stage, the purposive sampling technique was also used to enable the selection of students who are currently studying different courses in different levels in The Niger Delta University and Federal University Otuoke, to the exclusion of graduates.

In the third stage, the stratified sampling technique was utilized to group the faculties of the two universities; The Niger Delta University and Federal University Otuoke into four categories namely; Social Sciences/Management Sciences/Humanities, Engineering/Sciences/ Agricultural sciences, College of Health sciences and Law/Arts/ Education.

However, in the fourth stage, the simple random sampling technique was employed to randomly pick one department each from the four categories of faculties

in the two universities; The Niger Delta University and Federal University Otuoke. After conducting this exercise at both universities, a sample of twelve (12) departments was selected. They include; Geography and Environmental Management science, Accounting, History and Diplomacy, Chemical Engineering, Agricultural Economics, Geology, Medicine, Law, Theatre Arts, Nursing, Pharmacy, and Mathematics Education.

In the fifth stage, the stratified sampling technique was used to further group the students into gender; male and female. Thus, 98 of the respondents were males, likewise females.

Lastly, the accidental sampling/convenience sampling technique. This technique was employed, because in the research process, the researcher accidentally ran into a group of students in lecture halls and others somewhere in the academic environment, who in their convenience filled the questionnaire and, in the process, expressed their views and opinions. Thus, becoming a part of the study.

## 5.2 Method of Data Collection

The data used for this study was obtained from both primary and secondary sources. The primary data was obtained using questionnaires on the basis of research objectives presented to respondents to express their views and opinions. However, the questionnaire was divided into five sections; Section A was directed at the respondent's socio-demographic characteristics which include; estimated monthly allowance, age, gender, religion etc. Section B deals with the trends and patterns of suicide ideation and intension, Section C on the other hand contains the social and economic factors associated with suicide ideation and intension, while Section D deals with the psychological and health factors associated with suicide ideation and intension. And lastly, Section E tackles the physical and drug related issues associated with suicide ideation and intension. The secondary data refers to information that is already published. Hence, in the course of this study, the secondary data utilized was obtained from books, internet, journals, article sources and unpublished works.

## 5.3 Method of Data Analysis

In our data analysis gathered from the field, descriptive statistics was used in explaining a set of data that are nominal in nature such as percentages, mean, standard deviation. Going by this, descriptive tools were used in the analysis of the socio-demographic characteristics of the respondent such as sex, estimated monthly allowance, level of student etc. Hence, tools like Pearson product moment correlation were used to test the association of variables.

## 5.4 Validity and Reliability of Data

In ensuring that the method of data collection is valid and reliable, face validity was adopted in the study. With the aid of the supervisor, lecturers and other students who are intellectually sound, the questionnaire was scrutinized and corrected. This was carried out to ensure that the

respondents understood the questions being asked in the questionnaires. An independent sample of 10% of the sample size (20) was designed to fill questionnaires. Going by the responses gotten from the pre-test group, the instrument was highly valid and reliable, because all the questions were well understood and correctly filled by the selected respondents respectively.

## 5.5 Ethical Considerations

Going in line with the principles and ethics of social research, respondents were fully informed of the nature of the study; their consent was also sought before the research instrument was distributed to the participants. Other research ethics observed by this study include: confidentiality, non – maleficent, equity, etc.

# 6. RESULTS

## 6.1 Socio-Demographic Characteristics of Respondents

The Socio-demographic variables of the respondents consist of age, marital status, gender, name of university, religion, year of study, estimated allowance per month, and current CGPA. Other variables include; academic status, ethnic affiliations, residence pattern, type of family and number of siblings.

The table shows that the average age of the respondents is 22+3.17 while the highest proportion of the respondents 43.1% was in the age group 19-21, followed by those in the age category of 22-24 years (23.1%). This implies that the respondents were young adults, with a few of them below the age of 18 years.

**Table 1**
**Distributions of Respondents by Socio-demographic variables**

| Variables | Frequency (n=163) | Percentage |
|---|---|---|
| **Age** | | |
| 16-18 | 22 | 13.8 |
| 19-21 | 69 | 43.1 |
| 22-24 | 45 | 28.1 |
| 25 and above | 24 | 15.0 |
| **Mean/SD Age  (22 ± 3.17)** | | |
| **Marital Status** | | |
| Single | 154 | 94.5 |
| Cohabiting | 5 | 3.1 |
| Others specify | 4 | 2.5 |
| **Gender** | | |
| Male | 112 | 68.7 |
| Female | 51 | 31.3 |
| **Name of university** | | |
| NDU | 65 | 39.9 |
| FUO | 98 | 60.1 |
| **Religion** | | |
| Christian | 157 | 96.3 |
| Muslim | 3 | 1.8 |
| Others specify | 3 | 1.8 |

| Variables | Frequency (n=163) | Percentage |
|---|---|---|
| **Year of study** | | |
| 100 | 28 | 17.2 |
| 200 | 89 | 54.6 |
| 300 | 17 | 10.4 |
| 400 | 27 | 16.6 |
| 500 | 2 | 1.2 |
| **Estimated allowance per month (₦)** | | |
| 1,000-5,000 | 28 | 17,3 |
| 6,000-10,900 | 54 | 33.3 |
| 11,000-15,900 | 31 | 19.1 |
| 16,000-20,900 | 23 | 14.2 |
| 21,000 and above | 26 | 16.0 |
| **Current CGPA** | | |
| 1.00-2.99 | 36 | 22.1 |
| 3.00-3.49 | 61 | 37.4 |
| 3.50-4.49 | 53 | 32.5 |
| 4.50 and above | 13 | 8.0 |
| **What is your academic status?** | | |
| Clear stand | 105 | 64.4 |
| 1-3 carryovers | 54 | 33.1 |
| 4-6 carryovers | 4 | 2.5 |
| **Ethnic affiliations** | | |
| Bayelsan | 124 | 76.1 |
| Non-Bayelsan | 39 | 23.9 |
| **Residence pattern** | | |
| Off-campus | 136 | 83.4 |
| Hostel | 27 | 16.6 |
| **Type of family** | | |
| Monogamous | 113 | 69.8 |
| Polygamous | 48 | 29.6 |
| **Number of siblings** | | |
| None | 9 | 5.5 |
| 1-3 | 48 | 29.4 |
| 4-7 | 79 | 48.5 |
| 8 and above | 27 | 16.6 |

The marital status of the respondent revealed that more than three-quarter (94.5%) were single compared to other categories of marital status, while those married and cohabiting, had a joint respondent of 5.5 percent. Also, more than half of the respondents (68.7%) were

males and 31.3% females. However, FUO yielded 60.1% of respondents, leaving NDU with 39.9% thus, FUO had more respondents compared to NDU. This is because NDU had a higher non-response rate and non-retrieved questionnaires. The religious affiliations of the respondents indicated that the majority (96.3%) were Christians. Other categories can be found in Table 1. The year of study of respondents revealed that those in their second year of study had more than half of the population (54.6%) followed by those in their first year of study (17.2%), and fourth year of study (16.6%). Other categories can be found in the table above. While looking at the estimated allowance per month, it showed that the majority of students (respondent) 33.3% received a monthly allowance of 6,000-10,900, while others (19.1%) received 11,000-15900 and 17.3% received 1,000-5,000. Others can be found in Table 1.

Regarding respondents' academic status, clear stand had the highest percentage (64.4%) followed by 1-3 carry overs (33.1%). Others are found in the table above. The ethnic affiliations showed that Bayelsans had the highest percentage (76.1%), leaving none-Bayelsans with a percentage of 23.9%. The residence pattern on the other hand revealed that more students (83.4%) resided off campus, while 16.6% stayed in the hostel.

Additionally, type of family indicated that more than two quarter (69.8%) of the respondents came from monogamous families while 29.6% of them were from polygamous homes. Lastly, number of siblings, majority of the respondents (48.5%) had 4-7 siblings, 29.4% also had 1-3 siblings followed by 16.6 which had 8 and above siblings and 5.5 which had none.

## 6.2 Economic Correlates of Suicidal Thoughts

Table 2 shows the relationship between economic factors and suicidal thought. Economic status as indicated by the table is not significantly related to suicidal thought (P>0.348). Nevertheless, the table further revealed that respondents whose economic status is moderate tend to have a higher suicidal thought rate (11.7%). The rest of the category can be found in Table 2.

**Table 2**
**Economic correlates of suicidal thoughts:**

| Economic factors | | Suicidal thought (N=163) | | | Total (N/%) | X2 | p-value |
|---|---|---|---|---|---|---|---|
| Never | | Sometimes | Most times | | | | |
| Current economic status | High | 8(4.9%) | 1(0.6%) | 0(0.0%) | 9(5.5%) | | |
| | Moderate | 98(60.1%) | 17(10.4%) | 2(1.2%) | 117(71.8%) | 4.458 | .348 |
| | Low | 28(17.2%) | 6(3.7%) | 3(1.8%) | 37(22.7%) | | |
| Affordance of materials and textbooks | Yes | 75(46.3%) | 14(8.6%) | 2(1.2%) | 91(56.2%) | | |
| | No | 58(35.8%) | 10(6.2%) | 3(1.9%) | 71(43.8%) | .579 | .749 |
| Current financial status | High | 12(7.4%) | 1(0.6%) | 0(0.0%) | 13(8.1%) | | |
| | Moderate | 94(57.7%) | 17(10.4%) | 0(0.0%) | 111(68.1%) | 17.130 | .002 |
| | Low | 28(17.2%) | 6(3.7%) | 5(3.1%) | 37(22.7%) | | |

Also, affordance of materials and textbooks is not associated with respondents suicidal thought (P>0.749), as respondents who were able to buy their textbooks had a higher suicidal thought rate (9.8%), while those were could not afford the necessary materials had a lower suicidal thought rate (9%).

Finally, the result analysis for financial status shows that there is a significant relationship between current financial status and suicidal thought (P>0.02). However, the table further indicates that respondents with moderate financial status are more likely to have higher suicidal thoughts (10.4%), while it is lowest among undergraduates with a high financial status (0.6%). Other categories can be found in Table 2.

### 6.3 Relationship between Psychological Factors and Suicidal Thoughts

Table 3 shows that there is a significant relationship between depression and suicidal thoughts (r = .348, n = 163, p(.000) < 0.01). Thus, it could be said that depression positively influenced suicidal thoughts of respondents in the study i.e. the less depressed the students, the lesser their suicidal thoughts.

**Table 3**
**Pearson Product Moment Correlation (PPMC) showing the relationship between respondents' psychological factors and suicidal thoughts**

| Variable | Mean | Std. Dev | N | R | P-Value | Remark |
|---|---|---|---|---|---|---|
| Depression | 1.72 | .613 | | | | |
| Suicidal thought | 1.21 | .477 | 163 | .348** | .000 | Sig. |
| Self-esteem | 2.41 | .902 | | | | |
| Suicidal thought | 1.21 | 477 | 163 | .103 | .193 | Not Sig. |
| Stress | 2.18 | .547 | | | | |
| Suicida thought | 1.21 | .477 | 163 | .136 | .084 | Not Sig. |

** Sig. at 0.01

Table 3 also indicates that there is no significant relationship between self-esteem and suicidal thought (r = .103, n = 163, p(.193) > 0.05). Hence, it could be deduced that self-esteem did not influence the suicidal thoughts of undergraduate students in this study.

Table 4.9 also revealed that there is no significant relationship between stress and suicidal thought (r = .136, n = 163, p(084) > 0.05. Thus, this could mean that stress did not actually influence the suicidal thoughts among respondents in this study.

## 7. DISCUSSION OF FINDINGS

Findings from the study revealed that economic status is not significantly related to suicidal thought (P>0.348). However, the study further revealed that respondents whose economic status is moderate tend to have a higher suicidal thought rate (11.7%). Also, affordance of materials and textbooks is not associated with respondents suicidal thought (P>0.749), as respondents who were able to buy their textbooks had a higher suicidal thought rate (9.8%), while those were could not afford the necessary materials had a lower suicidal thought rate (9%).

Again, the result analysis for financial status shows that there is a significant relationship between current financial status and suicidal thought (P>0.02). The study further indicates that respondents with moderate financial status are more likely to have higher suicidal thoughts (10.4%), while it is lowest among undergraduates with a high financial status (0.6%).

Additionally, the study revealed the relationship between the psychological status of respondents and suicidal intension. Depression is shown to have a significant relationship with suicidal intension [r = .348, n = 163, P (.000) < 0.1). Hence it could be asserted that depression positively influenced the suicidal intentions among respondents in this study, In other words, the less depressed the respondents, the lesser their suicidal intentions. The study still shows that self-esteem has no relationship with respondents' suicidal intentions. (r = .103, n = 163, P (.193) > 0.05) Thus, the level of respondent's self-esteem did not determine his/her suicidal intentions.

Finally, it was indicated that stress also has no relationship with respondents suicidal intentions (r = .136, n = 163, P (.084) > 0.05). Hence, stress did not influence respondent's suicidal intentions.

## 8. CONCLUSION

From the findings of the study, the following conclusions could be drawn. Firstly, suicidal thoughts and intentions are generally low among the undergraduate students. However, hanging self and drinking harmful substance are the major mode with which undergraduate students think about committing suicide.

Again, relationship with parents/ guardian, academic pressure and relationship status of parents are the social determinants of suicide ideation among undergraduate students. While their suicidal intentions were influenced by loss of close relation.

Nevertheless, among the socio-demographics of respondents, CGPA and gender are the factors that are significantly related with suicidal thoughts and intentions.

Additionally, the financial status of the undergraduates is the only economic factor that has a significant relationship with suicidal ideation and intention.

Finally, depression served as the risk factor for undergraduate students' suicidal behavior.

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