

**SOCIO-DEMOGRAPHIC CORRELATES OF SUICIDAL IDEATIONS AMONG  
SECONDARY SCHOOL ADOLESCENTS IN IGBO-ETITI LOCAL GOVERNMENT  
AREA: QUALITATIVE APPROACH**

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***Abstract***

*The study was aimed at investigating socio-demographic correlates of suicidal ideation among secondary school adolescents in Igbo-Etiti Local Government Area. 4 research questions were formulated to guide the study. Descriptive survey research design was used for the study. A sample of 56 secondary school adolescents (participants) who were drawn from a population of 28,022 secondary school adolescents using multi-stage sampling procedure was used for the study. Focus group dissection was the instrument used to generate data. The qualitative data obtained was analyzed and used to answer the research questions. Findings from the study showed that: suicidal ideation was high among secondary school adolescents, factors as failures in examinations, loss of a breadwinner of the family, premarital pregnancy and relationship breakdown were major predators for suicidal ideation. Also, the study showed that suicidal ideation was more among female than male adolescents and more among older than younger adolescents. From the results of the study, it was recommended that suicide education be included in secondary education curriculum in Enugu State so that issues of suicide ideation, suicide attempts and suicide and their consequences be taught in secondary schools.*

**Introduction**

The rising wave of suicidal ideation is a source of worry to many people. Self-destructive behaviour like suicide and suicide ideation have significant public health problem in many part of the world. In 2001, mental disorder were among the ten leading cause of death globally. Suicide is responsible for about one-million death annually in the world (Nation Centre for Injury Prevention and Control (2000). According to world health organization (2012) South Africa has suicide prevalent data for 2007 which showed that adolescents have the highest suicide rate compared to adult and the aged. In United State, for instance, suicide contributed to

unintended injury and death among adolescents having been reported at a rate of 4.5/100,000 adolescents (10-19years old) between 1999 and 2002 (Bernard, Paulozzi &Wallace, 2007)

Suicide ideation was conceptualized differently by different authors. According to Brown (2014) suicide ideation refers to any self-reported thoughts of engaging in suicide related behaviors. Suicidal ideation also known as suicidal thoughts, according to Gliatto and Rai (2008), is thinking about or an unusual preoccupation with suicide. According to the authors, the range of suicidal ideation varies greatly from fleeting thoughts, to extensive thoughts, to detailed planning, role playing (e.g standing on a chair with a noose), and incomplete attempt, which may be deliberately constructed to not complete or to be discovered, or may be fully intended to result in death, but the individual survives (e.g, in the case of hanging in which the cord breaks). Adolescents involve in health risk behaviors one of which is suicidal ideation. Involvement in suicidal ideation is a serious health issue and dangerous since man hours are wasted in so doing.

Secondary school adolescents are those in second tiers of education. Those who attend secondary school. These class of students are aged 12-17 years (Olaniya, 2011) .Consequently, they were the focus of the study.

This development stage (Adolescents) is a period in human development often characterized by confusion, mixed interpretation, curiosity, rebellion, zealousness and a penchant for experimentation, especially with drug, alcohol and sex. Many adolescents manage this transformation successfully while others experience major stress and find themselves engaging in behaviours (eg sexual experimentation, drug abuse, alcohol intake suicidal ideation etc) that place their well-being at risk.

There are many factors that can precipitate suicide ideation. As adolescence is characterized by stress, tension and worry, these conditions would possibly suggest suicide ideation or suicide for the individual as a solution or escape when faced with a problem (Onohwosafe, 2011). According to Knight (2009) intellectual overestimation is one of the cardinal cause of suicidal ideation and suicide among secondary school students. This is because, according to the author, when the child fail to measure up (fail) he feels shame and may seek escape route by considering suicide. Depression may be caused by many stressors like loss of a loved one, illness, injury, loneliness, etc(Leroy et al, 1991) According to the authors, boy who just split up with his girl friend and whose grades are falling in class is thinking about suicide.

However, suicide education was neglected and was not part of Nigeria educational system. This is in line with observation of Olasebikan, Gabakau and Dachia (2010) who asserted that many of their teachers were ill-prepared for teaching health education in the course of their training. As a result, essential education which led to health promoting behavior in Nigeria secondary school curriculum is lacking (Ebikaolasn, 2011). As a matter of fact, Fawole (2000) revealed that in the sensitive area, suicide inclusive, teachers were usually not at ease to deal with the emotions, feelings, attitude and values of students through health promotion

Health promotion involves motivating individuals to find solution to their health challenges. According to Nwana (2000) health promotion and health education were synonymous. When health promotion in the form of suicide education is overlooked the only way left for any adolescents in secondary school, when faced with distressing situation might be suicide ideation

There is a varying report on the extent or prevalence of suicide ideation. Ugwuoke (2016) observed that suicide ideation among secondary school students in Enugu state was low. The author also indicated that suicide ideation was higher among female than male students. The author indicated that suicidal ideation was more predominant among the female students on account of what brings depressed condition to them. Also age was another factor influencing suicide ideation. It appears as if suicidal ideation is directly proportional with age. In line with this assertion, Mba (2011) found low prevalence of suicidal ideation among university students in South East Nigeria. Ugwuoke (2016) also found that suicide ideation was more among older students than their younger counterparts. According to the author, suicide ideation was more predominant among the older students on account of their longer exposure to factors that induce ideation.

In United State of America the situation was different. However, the American National Center for Injury Prevention and Control (2012) reported that 15.8% of students (grade 9-12) seriously considered suicide during the 12 months preceding the study. In Trinidad, South Africa, China amongst other places adolescent suicidal ideation was also high (Procope- Beckles, 2007, Soreff, 2013). Ugwuoke(2016) in his study found that suicide ideation increases with age. According to the author, suicidal ideation was more predominant among the older in-school adolescents on account of their longer exposure to factors that induce suicide. Gender and age were socio-demographic correlates considered in this study based on empirical evidence which showed that they are critical in suicidal thoughts.

Qualitative approach involves a detailed study of a phenomenon or a particular group of persons' attribute or experience in their natural setting. According to Williams, Unrau and Grinnell Jr. (2005) the participants' experiences and priorities dictates the direction of the study. In qualitative method; randomization, reducing data to number and testing of hypothesis are not emphasized, according to the experts. Owing to the paucity of qualitative researches on suicide in the location of the study, the approach was adopted in the study.

Despite the huge burden that mental health exact on global burden of diseases it still remains a neglected area of research especially in Africa where greater emphasis and effort is directed towards infectious disease such as tuberculosis, malaria and HIV and AIDS. Moreover, information on suicidal behaviors including ideation, attempts and completed suicide in Nigeria and specifically in Enugu state is lacking. Although not all suicide ideation materialize into suicide attempt or suicide, it is the first step on the path to suicide. Where there are reports on the prevalence and correlates of suicide ideation in the developed world (Joe Baser, Breeden, Neighbours, & Jackson, 2006), data from the developing world are limited or lacking. The researchers therefore, carried out this study to estimate the extent and assess socio-demographic correlates of suicide ideation among secondary school adolescents in Igbo-Etiti Local Government Area. The researchers believe that such information is useful in understanding the burden of mental health to adolescent health. This information may also be useful in targeting scarce public health resources in the provision of intervention that may reduce the occurrence of suicide in the area of study.

### **Research Questions**

The following research question were formulated to guide the study.

1. What is the extent of suicidal ideation among secondary school adolescents in Igbo-Etiti local government area?
2. What is the extent of suicidal ideation among secondary school adolescents according to age?
3. What is the extent of suicide ideation among secondary school adolescents based on gender?
4. What are the factors that precipitate suicidal ideation among secondary school adolescents in Igbo-Etiti LGA?

## **Method**

The descriptive survey research design was used for the study. The design is suitable in providing data on the characteristics of a specific population at a given point in time (Odoziobodo and Amam, 2007). The population for the study was 28,022 secondary school adolescents from 22 public secondary schools in the area. The sample for the study was 50 students. Multi-stage sampling technique was adopted to draw the sample. First, the 5 schools were selected from 22 public secondary schools in the Local Government Area using simple random sampling technique. Secondly, proportionate sampling technique was used to draw 10 (4 boys & 6 girls; 5 junior and 5 seniors) students from each school. Purpose sampling technique was adopted in the stages to achieve adequate representation of younger and older students and male and female students. Some of the participants (25) were selected based on their self-destructive records as was shown in the guidance and counselor's logbooks while the other 25 participants had no such records. Interestingly, none of the participants was aware of the reason for their selection or choice.

'Suicidal Ideation Focus Group Discussion' (SIFGD) was utilized to generate data from the participants. Focus Group Discussion (FGD) according to Oji and Chukwuemeka (2010), has the advantage of eliciting qualitative data from a group that share experience on a subject matter. Williams, Unrau & Grennell, Jr (2005) posited that qualitative methods provide the human depth that allows for a richer understanding of a given phenomenon. Researcher-constructed 'Suicidal Ideation Focus Group Discussion Guide' (SIFGDG) was utilized to facilitate the "Group discussions". The SIFGDG which was constructed by the researcher after an extensive review of the related literature on the subject had 15 open ended statements.

The instrument was face validated by three experts, two in the Department of Health and Physical Education and one in Psychology all from Enugu State University of Science and Technology (ESUT). The experts made corrections which were incorporated in the final draft of the instrument.

The reliability of the SIFGDG was established by inter-rater agreement of the Transcript of its trial-run conducted in a school in Uzo-Uwani Local Government Area. The recorded data were given to an expert in qualitative research methodology to code the responses. The experts agreed with the researcher on specifically identified set of categories of responses obtained from

the various questions on the SIFGDG. As the inter rater agreement was high, the instrument was utilized for collecting data.

### **Method of Data Collection**

In order to gain access to the schools, the researcher secured the school Principals' approval. The approval helped the researcher to secure places conducive enough to conduct FGs. The researcher engaged five (2 males and 3 females) physical and health education teachers in secondary schools in the LGA as research assistants. The teachers were relatively young so as to eliminate bias which could arise due to disparity in age between the discussants and facilitators. (Gochros, 2005). The research assistants had appropriate communication skills but were trained to sensitize them regarding suicidal behaviors; to build rapport with discussants; conduct the focus groups without deviating from the theme; manipulate the audio visual aids and record the proceedings of discussions amongst others. These measures were to improve the credibility of the data. One FG was conducted each day. Two focus groups were exclusively for boys (i.e., FG1 in a boys' and FG2 in a co-educational school). Similarly, FG3 and FG4 were conducted for girls' and co-educational schools respectively. According to Gordman and Klauda (2015), the same sex composition of the participants for FG enables individual members of the group to express themselves freely especially where sensitive issues like the present one is involved. The essence of multiple focus groups was to obtain comprehensive data on suicidal ideation of in-school adolescents from different backgrounds. The ten participants per FG was in accordance with Werner and Bower's (1988) recommendation that 6-12 participants makes such discussion exciting and the group manageable.

Each discussion was conducted in well-lit corners of hall devoid of distraction in the selected schools. Seats were provided for all participants and the research team. The researcher facilitated the discussion involving FG1 and FG2 while his male assistant recorded the proceedings. The two female research assistants facilitated and documented the proceedings of FG3 and FG4. Regrettably, the participants did not give consent to the use of audio tapes to record the proceeding despite all assurance of their anonymity. Therefore, both the facilitators and researchers made extra efforts to document all vital verbal and non-verbal cues of the participants both mentally and in writing. At the end of each discussion which lasted for about 30 minutes, the documenter read out the records of discussions to make sure that they represented

the participants views on each of the statements in the SIFGDG. The qualitative data that were collected were used for data analysis.

The data from FG1, FG2, FG3 and FG4 were harmonized and a transcript representing the views of the participants on each of the questions on the SIFGDG was obtained. Here the resultant verbal and non-verbal data were manually transcribed by the researchers with the aid of their assistants. Coleman and Unrau (2005) supported personal transcription of qualitative data to enable the researcher to master them. The resultant data were formatted and given to an expert in qualitative data analysis for review. The resultant units of information were used to answer the researcher questions postulated to guide the study.

## **Results**

**Table 1**  
**Frequency distribution on the extent of suicide ideation among secondary school adolescents according to age and gender**

| Suicide Ideation | Number of respondent | %          | Age         |            |             |            | Gender    |            |           |            |
|------------------|----------------------|------------|-------------|------------|-------------|------------|-----------|------------|-----------|------------|
|                  |                      |            | (10-14 yrs) |            | (15-19 yrs) |            | Male      |            | Female    |            |
|                  |                      |            | No.         | %          | No.         | %          | No.       | %          | No.       | %          |
| Yes              | 31                   | 62.0       | 11          | 40.7       | 15          | 65.7       | 11        | 55.0       | 19        | 63.3       |
| No               | 19                   | 38.0       | 16          | 59.3       | 8           | 34.8       | 9         | 45.0       | 11        | 36.7       |
| <b>Total</b>     | <b>50</b>            | <b>100</b> | <b>27</b>   | <b>100</b> | <b>23</b>   | <b>100</b> | <b>20</b> | <b>100</b> | <b>30</b> | <b>100</b> |

From the table above it was indicated that participants agreed that they are involved in suicide ideation. This is showed by 62.0% of the discussants as against 38.0% who disagreed. Also from the table it showed that older participants showed higher involvement in suicide ideation (65.3%) also the table showed that female involve in suicide ideation more than males. This is showed by 63.3% of the female participants.

**Table 2**

**Factors that precipitate suicidal ideation among secondary school adolescents**

| S/N | Items                              | Freq of yes | %     | Freq of no | %     |
|-----|------------------------------------|-------------|-------|------------|-------|
| 1   | Failure in examination             | 31          | 62.0  | 19         | 38.0  |
| 2   | Family conflict                    | 17          | 34.0  | 33         | 66.0  |
| 3   | Loss of bread winner of the family | 29          | 58.0  | 21         | 42.00 |
| 4   | Relationship breakdown             | 33          | 66.0  | 12         | 34.00 |
| 5   | Mental illness                     | 11          | 22.0  | 39         | 78.00 |
| 6   | Physical illness                   | 15          | 30.0  | 35         | 70.00 |
| 7   | Premarital pregnancy               | 32          | 64.00 | 18         | 36.00 |

From the table 2 above items 1, 3, 4 and 7 have percentage values for “Yes” above 50 (i.e 62.0, 58.0, 66.0 and 64.0). This indicates that the items are factors precipitating suicide ideation among adolescents.

**Discussion of Findings**

In response to the extent of suicidal ideation among in-school adolescents, it was found to be high. 62.5% of the discussants admitted having at one time or the other considered committing suicide. This according to them was because of the abundance of suicide inducing factors in the area. The result was in line with report by Soreff (2013) that suicide thought, was high in USA. The agreement between this finding and the result in USA was possibly, as a result of assurances of confidentiality of the participants in the present study which made them open up. The reluctance of young children in the location of the study to freely express their thought was typical of the Nigerians, as especially, children, who were reserved in such topics. This was unlike their American counterparts that were acclaimed for their free expression of thought and feelings, even on very sensitive issues like suicidal ideation.

This findings, however, disagreed with Ugwuoke’s (2016) result of low level of suicidal ideation among secondary school students in Enugu state. According to the authors, the low level of suicidal ideation was partly due to reduced level of loneliness among the adolescents. The difference in their results and the present one was likely to be due to the qualitative method adopted in this study. The use of questionnaire in their study might have provided the



respondents an opportunity to 'fake good' unlike in the present study where the respondents frankly expressed themselves. However, the selection of 50% of the participants based on their history of self-destructive behaviour might have been responsible for the high level of suicidal ideation in the present study.

In response to the factors that precipitate suicide ideation, it was found that failure in examination, loss of breadwinner of the family, relationship breakdown, and premarital pregnancy were identified as predictors. Across the four FGs, participants pinpointed failure in examination as a cardinal precipitant of suicide ideation; it makes an individual lose his or her self-worth among peers. "I just felt like melting away or ending my life when I failed my promotion examination in first year in my first secondary school while my colleagues made it". 'I avoided even my close friends for many months'. "My parents had to secure my transfer to my present school". These were the emotionally laden words of one of the participants unburdening his heart regarding his past suicide thought. It would be proper to note that in the area of the present study failure in examination entailed enormous economic loss to the students and the family. Discussants in FG3 and FG4 were specific that teenage pregnancy and rape could bring unbearable shame to the extent that suicide ought to be considered by the victim. One of the female participants was emphatic when she said, 'I cannot live with the humiliation of unwanted pregnancy'. ) This result corroborated the report by Ani and Ugwuoke (2014) that factors that precipitated suicide abound in the location of the study.

In response to whether suicidal ideation was higher among older or younger secondary school adolescents, the participants agreed that suicidal ideation increased with age. For instance, 75% of the discussants who reported that they had expressed suicide thought indicated that it arose in their higher classes. Only 24.6% of them, agreed that their ideation commenced in the first year in their previous secondary school, when they were younger. The result was not extraordinary since suicide tendency have been traditionally found to be adult behaviour (Moscicki, 1995). Also, the result was in agreement with that of Ugwuoke (2016,) who found that suicide thought was higher among older in-school adolescent in Enugu State. The finding is not astounding because the impact of the social and emotional factors which Cleary (2005) showed to trigger suicidal acts were likely to increase as the in-school adolescents grew older and advance to higher classes. The result from the present study disagreed with Mba (2011) who demonstrated that class level had no influence on suicidal ideation among university students in

South Eastern part of Nigeria. Mba's finding could be attributed to no rigid policy on age for university education in Nigeria. This was unlike the policy in secondary education which clearly stipulated that it was for those aged 12-17 (Olaniyan, 2011).

In response to whether suicidal ideation was higher among male or female secondary school adolescents, the finding showed that suicidal ideation was more among female than male students. For instance, 67.5% of the female discussants reported that they had expressed suicidal ideation one time or the other since they entered secondary schools.

### **Conclusion**

Based on the findings from the study, the following conclusions were made;

Suicidal ideation was high among secondary school adolescents in Igbo-Etiti Local Government Area. Failure in examination, loss of breadwinner of the family among others were predictors of suicide ideation among secondary school adolescents. Also suicidal ideation was higher among older secondary school adolescents than the younger one, and suicidal ideation was higher among female secondary school adolescents than the male ones.

### **Recommendations**

Based on the findings and the conclusion the following recommendations were made

1. Suicide education should be included in secondary education curriculum.
2. There should be regular seminars and workshops on suicidal ideation to help diffuse their mind on things about suicide.

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