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# Is Suicide Justified? A Case Study of Narratives from Adolescents' Perspective

Abamara N. C.[1 3*], Ikebudu C. J.[2], Okonkwo O. O.[3]

[1] Department of Mental Health and Psychiatry, Faculty of Clinical Medicine and Dentistry Kampala International University Western Campus Ishaka-Bushenyi Uganda
[2] Department of Sociology/Anthropology, Faculty of Social Sciences, Nnamdi Azikiwe University, Awka Anambra State Nigeria
[3] Department of Psychology, Faculty of Social Sciences, Nnamdi Azikiwe University, Awka Anambra State Nigeria

ABSTRACT

Suicide is on the increase alarmingly in Nigeria, is this act justified and how can it be prevented, as it affects society negatively? The three-step theory (3ST) was reviewed. The study is qualitative, 30 student participants in a University Community between the ages of 10-20 were purposively sampled, 15 males and 15 females. Focus group discussions with In-depth Interviews were methods of data collection. Findings show that adolescents had experienced suicidal tendencies and 20 in 30 maintain that suicide is neither the only nor last option. The act of suicide is not justified if only adolescents are listened to.

Keywords: Suicide, Adolescents, Focus group

* *Corresponding author*: Abamara, Nnaemeka Chukwuduma, Department of Mental Health and Psychiatry, Faculty of Clinical Medicine and Dentistry Kampala International University Western Campus Ishaka-Bushenyi Uganda, Department of Psychology, Faculty of Social Sciences, Nnamdi Azikiwe University, Awka Anambra State Nigeria
*E-mail address*: abamaranc@kiu.ac.ug

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## Introduction

Suicidal tendencies involve ideas, thinking, or talking about suicide; it also consists in making an attempt to take one's own life or committing the act of suicide. Suicide is a leading cause of death worldwide, killing more than 800,000 people each year (WHO, 2014). Suicide deaths account for 8.5% of all deaths among adolescents and young adults around the world (15–29 years) and it is a leading cause of death among youth worldwide (WHO, 2017). These troubling statistics point to a severe problem for adolescents today. Suicide is hardly ever the consequence of a single reason but may ensue as a result of multiple factors acting in concert to bring about such an act. Adolescence is a period of transition from childhood to adulthood; it is a turbulent period of development, a tender age, a time of stress and storm, and a time of restlessness and rebelliousness. It is a period of adjustment to complex responsibilities, and strange and unfamiliar changes; if not well managed, it is a period that can dent an individual's future. Despite the stress of this age, many parents have neglected their adolescent children. Adolescents are full of energy; they like pleasure and adventure, they dread being left out of things; they want to fit in and be considered cool. Adolescents cannot be ignored as they constitute not only a formidable demographic force, but also make up the next generation of parents, workers, and leaders. Their well-being, therefore, has implications not only for their own lives but also for the societies they will build and maintain. Their ability to adjust effectively depends on the support of their families, communities, and the commitment of their governments to their development. Meeting their needs is a major continuing public policy challenge that calls for constant re-thinking of policies, re-assessment of priorities, the commitment of adequate financial resources, and effective implementation of programmes. Traumas arising from disciplinary or legal crises, financial problems, academic or work-related issues, and bullying are significant factors affecting suicide (Foster, 2011). People who lack relational and social support increases the risk of suicide (Casiano et al, 2013). Moreover, consumption of alcohol also increases the risk of suicide; of all deaths from suicide, 22% was due to the use of alcohol, according to the World Health Organization report on alcohol and health in 2014. Job loss and financial uncertainty are associated with violence, depression, and anxiety, which also increases the risk of suicide (Chang et al, 2013).

Understanding suicidal behavior requires one to be sensitive to a broad range of integrated variables, including social, genetic, neurobiological, and mental influences. It is contended that the root cause of most forms of suicidal behavior is mental pain, what the eminent Sociologist Shneidman (1996) refers to as psychache and a condition that is described as a perceived burdensomeness (the knowledge that one is ineffective and, or expendable) and thwarted

belongingness, (the feeling that one is disconnected and isolated from others) by Joiner (2005). Adolescence is a tender age; it is a period when adolescents may feel left out of activities in life, they may feel they do not belong as they encounter a lot of changes and might not be essentially equipped on how to deal with them and that is what brings about suicide tendencies, suicide attempts, suicide, and all sorts. The existence of suicide phenomena in society is a major issue that needs to be looked into with a lot of concern, and creating effective preventative measures is a matter of urgency. The study aimed to examine the act of suicide among adolescents, what is it supposed to be, and what its justification is, which brings about the following research questions: what brings about suicide? What is the rationale of the act and how can it be further prevented?

Literature showed the fact that suicide exists among university students, most of whom are adolescents and so there is a need for suicidal acts to be reduced to the barest minimum but we need all hands to be on deck as every facet of society needs to be involved as these adolescents' form the labour force of tomorrow. A study conducted by (Amelia et al 2009), on suicide ideation, revealed that 6% of 1st-year students had current suicide ideation. Ishita & Jayanti in 2010 showed that about 12.5% of the students had high suicidal ideation. Arun & Chavan (2009) investigated stress and suicidal ideas in adolescent students and found that out of 2402 students, 122 (6%) reported suicidal ideas and 8 (0.39%) students reported suicidal attempts. A representative survey of youth conducted in the United States found that 15.8% of high school students seriously contemplated suicide in the last two years, 12.8% had made a plan to commit suicide, 7.8% had attempted suicide at least once, and 2.4% received medical care for an injury sustained during a suicide attempt (Center for disease control and prevention, 2011). Omigbodun et al (2008) conducted a study to establish the prevalence and associated psychosocial correlates of suicidal ideation and attempts among young Nigerians which showed that out of 1, 429 who were assessed, over 20% reported suicidal ideation and approximately 12% reported that they had attempted suicide in the preceding year.

The findings of a study done by Bhalala in 2014 showed that female and urban students showed a higher level of suicide tendency than students who were male and lived in rural areas. Zheng & Wang (2014) found that female medical students have a higher rate of suicidal tendency, this finding coincides with the Bhalala study. It has long been recognised that media coverage of suicide can lead to suicide clusters (that is, an excess number of suicides or attempts than would be expected in a particular community at a particular time (Gould et al, 2003). It is estimated that up to 13% of adolescent suicides occur in clusters for youth between the ages of 15 and 24 (Gould et al, 2003). Furthermore, the internet can provide youths with information about how to commit suicide successfully and may even encourage youths to commit suicide (Alao et al,

2006). However, the Internet also allows youths to access information about where and how to get help (Alao et al, 2006). Vinod et al (2012) in their study conducted at a University in India found that suicidal ideation was more among depressed students and that it was high among those students who live on school premises and nuclear families. Results also showed that suicidal ideation was significantly high among female students who are depressed. Danie, Shek, & Lu-Yu in a study conducted in 2012, findings showed that adolescent girls had significantly higher rates of deliberate self-harm and suicidal behaviour than adolescent boys. The number of suicide attempts is much higher (some estimates suggest even a hundred times higher than the number may be underestimated because many youth attempters don't seek treatment or are not accurately documented (Bridge et al, 2006). After a suicide attempt, large numbers of adolescents are hospitalised in the Paediatric Department, without a Psychiatrist or Psychologist assessment, and so a small number of those are hospitalised in the Department of Child Psychiatry. These are usually young people with co-morbidity (associated psychological disorders of depression and anxiety) that could lead to suicide ideation.

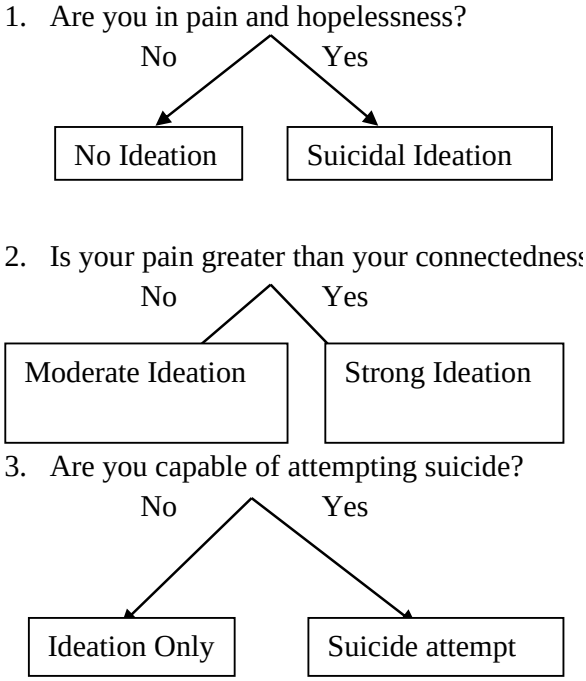
In a related study by Olibamoyo et al (2021) on trends and patterns of suicidal behaviour in Nigeria: mixed–method analysis of media report from 2016 to 2019. They found out that gender and age differences in trends and patterns of suicidal behaviour in Nigeria. The study results in buttressing the need for suicide prevention strategy in Nigeria if successfully formed, the risk reduction programmes, such as target intervention to vulnerable groups such as young adults and female adolescents, and restriction of access to pesticides can be implemented. There is no better way to do this than the passage of the mental health bill in Nigeria, which will provide a framework for these target interventions, and increase access to care for vulnerable people.

In a study by Adewuya & Oladipo (2019), on the prevalence and associated factors for suicidal behaviour (ideation, planning, and attempt) among high school adolescents in Lagos, Nigeria. They found out that the factors significantly associated with suicidal behaviour included being female, not staying with the mother, maternal drinking, witnessing domestic violence, past and present academic difficulties, having no close friends in school, and having a problem relating with peers and teachers. Also, the presence of chronic physical illnesses, depression, anxiety, behavioural disorders, and psychotic-like experiences was associated with adolescents' suicidal behaviour. The result revealed further revealed that a substantial percentage of adolescents have suicidal behaviour, and there were demographic, family, school, physical health, and psychological health-related factors. They believe that their findings will be important when planning suicide prevention services that could be incorporated into the school mental health services. Some other studies posited that Nigerian Children and adolescents are victims of physical and emotional abuse, the majority of which are underreported (National Population

Commission, 2018). Frequent abuse may lead to social withdrawal, negative self-concept, poor self-esteem, hopelessness, and resultant suicidality (Khartrik, 2018). Similar to a previous Nigerian study, the current study shows that adolescents who have disclosed their HIV status were found to have a significantly high rate of suicidality compared to those who were careful about the disclosure of their HIV status (Ogundipe et al, 2015). Nigeria has been reported to have a national HIV prevalence of 2.9% in adults and 5.2% in adolescents, with adolescent girls being three times more vulnerable than boys (The Joint United Nations Programme on HIV and AIDS, 2018).

In a study by Ayodele, Ojo (2021), on suicide ideation and its correlates among University Undergraduates in South Western Nigeria. They found out that suicide is one of the leading causes of death among young people aged 15 to 19 years of age. According to them ideation or suicide thoughts, which precede suicide is sometimes normalized and excused thereby missing avertable deaths within a given context. Understanding suicide ideation and the associated suicide correlates within context can provide cues on how to mitigate suicide. Findings from this quantitative component also considered undergraduates that have academic challenges, engage in substance abuse, and have parents with marital problems to be prone to suicidal ideation. Suicidal ideation among these young people is embedded in their network of relationships, which can be mitigated when the quality of the support system is responsive and adequately accessed.

The three-step theory of suicide is a critical advance in suicide theory which occurred years ago when Joiner (2005) introduced his interpersonal theory of suicide, it posits that suicide tendencies result from hopelessness and pain (usually social-psychological), the theory views the progression from suicidal tendencies to suicidal attempts as facilitated by dispositional, acquired, and practical contributors to the capacity to attempt suicide, and is relatively parsimonious in that suicidal tendencies and attempts are explained in terms of just four factors: pain, hopelessness, connectedness, and suicide capacity. The theory is illustrated below:




**Step 1: Development of Suicidal Ideation**: The building of suicide tendencies begins with social-psychological or emotional pain. If someone's day-to-day experience of living is characterised by pain, this individual feels he/she is essentially being punished for living, this may decrease the desire to live and, in turn, initiate thoughts about suicide. These may include physical suffering (Ratcliffe, Enns, Belik, & Sareen, 2008), social isolation (Durkheim, 1897/1951), burdensomeness and low belongingness (Joiner, 2005), defeat and entrapment (O'Connor, 2011), negative self-perceptions (Baumeister, 1990), and other aversive thoughts, emotions, sensations, and experiences. The first step toward suicidal ideation begins with pain, regardless of its source. However, pain alone is not sufficient to produce suicidal ideation. If someone living in pain has hope that the situation can improve, the individual likely will focus on obtaining a future with diminished pain rather than on the possibility of ending his or her life. Research finding state that pain and hopelessness are the two most common motivations for suicide attempts (May & Klonsky, 2013). Someone in pain but with hope for a better future will continue to engage with life. Similarly, someone who feels hopeless about the future but without day-to-day pain will not consider suicide. The latter situation may seem less intuitive than the former, so consider the following example: a young adult recently graduated from university and moved back in with her parents. If this young adult lacks a marketable degree, good grades, and a sense of her career interests, she may very well feel hopeless about the future. However, as long as her day-to-day experience remains comfortable with little or no pain - for example, if her food and shelter are provided, she has free time to spend with friends,

and she enjoys participating in activities of her choice - she is unlikely to consider suicide. Pain and hopelessness in combination are required for the development of suicidal ideation.

**Step 2: Strong Versus Moderate Ideation**: This involves connectedness, which refers to one's attachment to other people, a job, project, role, interest, or any sense of perceived purpose or meaning that keeps one invested in living. Connectedness matters, because even if someone feels pain and hopelessness and considers suicide, the suicidal ideation will remain moderate (For example, sometimes I think I might be better off dead) rather than strong (For example, I would kill myself if I had the chance), as long as one's connectedness to life is greater than one's pain, he or she might not contemplate suicide. Consider the example of a parent who experiences daily pain and hopelessness, but is invested in or connected to his or her children. If the parent's connectedness is greater than the parent's pain, this individual may still have passive ideation but will not progress to an active desire for suicide. However, if both pain and hopelessness are present, and connectedness is absent or less than the pain, the individual will have strong suicidal ideation and an active desire to end his or her life.

**Step 3**: Once an individual has developed a desire to end his or her life, the next question is whether the person will act on that desire and make an attempt. People are biologically and evolutionarily wired to avoid pain, injury, and death. It is therefore very difficult for people to attempt suicide, even in the presence of strong suicidal ideation. Acquired capability is referred to here as it contributes to suicide capability; it is an individual's habituation to pain, fear, and death through exposure to life experiences such as physical abuse, non-suicidal self-injury, the suicide of a family member or friend, combat training, or any other experience that subjects someone to painful and provocative events. A broader perspective is taken and two other specific categories of variables contribute to suicide capacity: dispositional and practical. The former refers to relevant variables that are driven largely by genetics, such as pain sensitivity (Young et al, 2012) or blood phobia (Czajkowski et al, 2011). For example, someone born with low pain sensitivity will have a higher capacity to carry out a suicide attempt, whereas someone born with a squeamishness or even a phobia of blood will have a lower capacity. The latter refers to 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, will be more able to act on suicidal thoughts than someone who lacks knowledge of and access to lethal means.

This theory suggests that suicide rates are elevated because individuals have both extensive knowledges of how to end one's life painlessly and easy access to the necessary drugs. In summary, dispositional, acquired, and practical factors contribute to the capacity for attempted suicide and an individual with strong suicidal ideation will only make a suicide attempt if and

when they have the capacity to do so and end up committing suicide.

## Case Method

In this study, primary data was collected through the use of qualitative instruments; this approach was chosen to ensure the originality, accuracy, and relevance of the data to the objectives of the research, due to the sensitivity of the topic it was important for the researchers to have an in-depth understanding of the participants and gauge their reactions. Focus Group Discussion (FGD) and In-depth Interviews (IDI), were conducted with 30 students of secondary and undergraduate within the University Community of Nnamdi Azikiwe University, Awka, by the researchers that acted as the moderators. Study participants were selected using the snowball sampling technique. An informed consent form was signed, and four FGDs were conducted, two consisting of five males and the other two of five females, and one involving 2 males and 3 females. IDIs were also conducted with five females and five males and one involving 3 males and 2 females Method of analysis of the data collected was qualitative in nature, as findings were arranged thematically, which involved identifying the initial themes in the data, systematically labeling or tagging the data in form of interview scripts, by manually sorting out the themes in a logical manner bringing together similar contents and summarizing the data to give a coherent flow. Data was collected in an informal setting, which gave rise to the use of vernacular, English, and Igbo languages, which in turn brought about elaborate description and interpretation of data, ensuring reported statements that reflected that of the interviewees. Notes were taken during interviews and discussions, and recorded with participants' permission.

Findings and Discussion

Findings revealed that more than half of the study participants have suicide tendencies with half of them having made suicide attempts as the Focus Group Discussion revealed that although female adolescents have higher rates of depression, anxiety, suicidal thoughts, and suicide attempts than males but males are more likely to die because of suicide. This is in consonance with the findings of Vinod et al and Danie et al in 2012. From the study, the explanation for this contradiction is that males tend to use more lethal means to commit suicide (such as firearms), whereas females choose methods that are more responsive to medical interventions (such as drug overdose or poisoning) this corresponds with the in-depth interview we had with a study participant in which she revealed:

> I have tried to commit suicide before, and I can still remember what happened, I could not gain admission in 2016 and I just felt life was hopeless and I wondered to myself, what would happen to my education, what would happen to my future? I wanted to die, so I brought all drugs I could find in my first aid box together and I drank them all, I slept afterward, I didn't die, I don't know why the drugs didn't kill me, I guess they were not that lethal, but later on I realized I just took an overdose and thanked God because life isn't worth killing oneself over things that are vanity in nature. (Female, 20 years, Business Administration, 200 level, IDI study participant).
>
> Relationship with friends and the school environment also plays a role in suicide, as there is this shift of attachment from parents to friends. These relationships with friends can impact in a variety of ways. Having poor social skills, low self-esteem, and social self-concept, and feeling rejected or isolated by friends or classmates bring about suicidal tendencies. This is true for us females who tend to look to friends and classmates for support. Substance abuse and alcohol also impact the rates of suicide, I drink when I feel worried (Female, 20 years, Geology, 200 level, FGD study participant).

Findings from the research done also indicated that the rates of suicide attempts are higher in females which is consistent with the findings in the literature review that indicate the typical difference between sexes. The findings from the focus group discussion conducted also corresponded with the results of the study by Arun & Chavan (2009). The In-depth Interview conducted also brought about this finding that synchronized with the data from the Focus Group Discussion which showed that there are events that occur before a suicide attempt that might or might not lead to death, these events are sad and vary, it could be bullying, isolation, rape or relationship problem, whatever may be the event, it leads to a feeling of despair, hopelessness about life in the present and future with psychological pain, as a study participant said:

> A stressful life event often occurs before a suicide attempt, although it might not be the cause of the suicide, these events make one feel more vulnerable and contributes to a feeling of hopelessness and despair, or cause one to become overwhelmed or act impulsively. It can be relationship breakups, parental separation, and death of a loved one, academic failure, physical/sexual child abuse, and bullying (Male, 23 years, Food and Science Technology, 300 Level, IDI study participant).

**Justification of suicide**

Suicidal feelings can affect adolescents at the development stage of their life. If one is feeling suicidal it is likely a growing sense of hopelessness and worthlessness is being experienced for some time. An adolescent may not know the root cause of this feeling but it is often a combination of factors as adolescence is a period of adjustment to complex responsibilities, and strange and unfamiliar changes, and if not well managed, it leads to bad decisions being made. The In-depth Interview conducted revealed that the acts of suicide are not justifiable, nothing is worth having to kill oneself, be it relationship, academics, family problems, etc, suicide occurs from depression and this is brought about by loneliness and no one should be alone,

there is always someone to rely on. The Focus Group Discussion also revealed that individuals have suicide tendencies at one point in their life or another due to pain, but the capability to carry out a suicide attempt is not strong enough or it is absent which corresponds with the theoretical framework and also there may be or not be a desire for death. It was also gathered that talking about suicide, or wishing one was dead, giving away one's prized possessions, engaging in self-destructive behaviors (with or without suicidal intent), sharing a desire to commit suicide on social media, or overtly threatening to commit suicide. Looking at these in relation to family, peers, or other adults, are only a few examples of suicidal behaviour. However, not all adolescents who commit suicide display these behaviors and not all adolescents who engage in these behaviors are suicidal. This is indicated in an IDI study participant response:

> I have wished myself dead so many times in my life but I never had the strength to carry it out, I always think, should I stab myself and I will be like I cannot do that because I cannot bear seeing my blood leave my body, should I hang myself? And I will be like nah I can't do that, I don't want to feel pain, same goes for drinking sniper, I heard it kills you slowly and you feel the pain as the insecticide destroys your organs, even if I was given a gun to shoot myself, I can't do it, I later came to the opinion that killing oneself is not worth it at all, but if you had seen me those times, you wouldn't know I was in despair. But with support and self-help, I feel better and the majority of people who have felt suicidal tendencies can go on to live fulfilling lives (Female, 19 years, Computer Science, 200 level, IDI study participant).

An In-depth Interview study participant also said:

> My twin sister attempted to kill herself once, but she wasn't successful, when out of the hospital, she started going to Federal Neuropsychiatric Hospital, Yaba, Lagos as an outpatient, my mum always ask me to go with her if she can't so I did, I even go in to see the doctor with her, she was seeing a Doctor who would prescribe drugs for her to take and a Psychologist who talks to her, with her, and at times she would cry and also make me cry, I got to really understand that the suicide attempt was not her fault, she felt desolated, as my parents separated, we were in the care of our grandmother because my mum traveled, and later my aunt took me away to live with her, she felt alone. The Psychologist says she was depressed, and she shouldn't have tried to kill herself but I understand, though I wished she didn't do it, killing oneself is not worth it (Male, 19 years, Theatre Arts, 200 Level, IDI study participant).

Individuals in the process of contemplating or attempting suicide often do not want to die as much as they want their suffering to end. In many cases, their multiple and varied attempts to decrease or end their pain have not been successful, and as a result, they may view death as the only viable option for accomplishing this goal. As such, adolescents engaging in suicidal behaviour are often seeking relief from a kind of suffering that is 'prolonged, intense, and frequently perceived as unendurable'. Although psychological pain is not sufficient to cause suicidal behaviour, when experienced in conjunction with the desire for death and the acquired ability to engage in potentially lethal self-harm, the risk for suicide may increase significantly.

It is also noted that adolescents who talk about suicide are in pain psychologically, experiencing anxiety and depression, and may feel that there are no other options and are reaching out for help and support.

**Prevention of suicide**

When discussing how suicide can be prevented, questions bordering on mental health were asked, and the results are as follows:

I have seizing fits, one day I fell at home in Lagos and was taken to the hospital at Lagos University Teaching Hospital, the doctor said I have seizures as a result of my head hitting the floor or something since there was no family history of seizures, and according to the EEG (Electroencephalogram) test, there was no unusual brain activity and I remembered when I was in Secondary School in which I fell down and individuals stepped over me lying on the floor, putting their foot on me, all in a rush, as a result, I landed in the sickbay with wounds on my head and body, my parents were told, but they were not in the country and so they called my aunt to go to school and see me. I was given a drug, I think the name of the drug was Tegretol CR, and the dosage was reduced along the line, as I go for consultations, it's a normal thing to me now, I remember when I started taking the drugs, I feel tired and that I wasn't good enough, so I stopped taking them but the seizures came and I felt really bad, I wanted to just die. I had mood swings, shout unnecessarily, cry, my brother advised me to tell the doctor at my next appointment, I did, and he prescribed an antidepressant and he brought about an appointment for me to see a Psychiatrist, we talked and he said I am sad, and having suicidal tendencies. We young adults need to talk about our problems. Loved ones need to support us. We also need to believe in ourselves, but that can only happen when people are willing to listen to us. Prescribed drugs also work in stabilizing some of our psychiatric conditions. (Female, 22 years, Political Science, 100 Level, IDI study participant).

Our findings suggest that approximately three out of the ten adolescents interviewed who attempted suicides have a previous psychiatric diagnosis, mixed disorders of conduct, and emotions or depression. This corresponds to the FGD, which was discussed thus:

> People need to learn more about mental health, not everyone that sees a Psychiatrist or goes to the Psychiatric hospital is mad. There should be no stigma on mental health, these people are like you and me, they are normal, treat them as any normal person, please let us not see them as weak, please our elders should listen to us and not castigate us, that pushes us to do wrong things and make bad decisions. Suicidal thoughts aren't permanent, things can improve. You can find your motivation to live again, so what I have just depression. (Male, 23 years, Microbiology, 300 Level, FGD study participant).

Findings reveal that with help from others, the zeal to take one's life is lost as suicidal tendencies are feelings that can range from being preoccupied with abstract thoughts about ending one's life, or feeling that people would be better off without you, to thinking about methods of suicide, or making clear plans to take one's own life and that it is for suicide to be eliminated, one is to have support and be able to communicate with others and avenue for that to occur should be created by friends, siblings, parents, etc.

Another said:

> I have learned that one needs to talk to others, I mean loved ones, it can be your parents, siblings, your cousins, even a Psychologist, my Psychologist is my friend now, I talk to her when I can, and we even send what Sapp messages, we talk about my activities you know, about the school, depending on my parents who are my caregivers, my relationship with my friends, my boyfriend, we talk a lot and am not like I used to be if you knew me last year then you will know, am proud of myself. So it is really good to talk....but there needs to be an avenue to ventilate what is in your mind. If you are scared out of your mind by your parents and others, can you talk? You can't. I also think if there is no support, you can't talk, when you feel the world is against you, but if there is support from just one person, you can talk, because that is like having the whole world (Male, 18 years, Law, 100 Level, IDI study participant).

## Conclusion and Recommendations

Suicides are preventable. For responses to be effective a comprehensive suicide prevention strategy is needed as coordination and collaboration among the agents of socialization are required such as the family, education, religious institutions, and the media. Efforts made must be synergistic and integrated as no single impact approach can impact alone and crush suicide. From the findings of the study, the followings recommendations are made:

- Our communities must get and unite against this act of suicide. Our schools and colleges are fertile soils, we can choose to sow the seeds of our future workforce or let them become swamps of neglect. We all need to be part of the solution; this is not just the government 's problem; if we bury our heads in the sand, it will soon become our problem. It was Margaret Meade who said, the solutions to adult problems tomorrow depend, in large measure, on how children grow up today. There is no greater insight into the future than recognizing that when we save our children, we save ourselves and our Nation.
- Several environmental factors can serve to protect youth. For instance, positive parental relationships are one of the most consistent protective factors. In addition, adolescents who attempted suicide describe their families as stressful, unsupportive, highly conflicted, and emotionally distant. Adolescents who are more connected and supported by their families have a lower risk of engaging in suicidal behaviors

- Mandating suicide education as a requirement of schools' curriculum can help provide students with skills to address suicide risks in themselves and their peers.
- Awareness of potential risk factors and suicidal behaviors may help youth identify their peers who are at risk for suicide. Seeking help or encouraging a friend to do so may be particularly important for adolescents who may be struggling with a mental health issue.
- Identifying and limiting access to drugs, alcohol, pesticides, certain medication, and firearms may help reduce the risk of suicide through a range of policy options and encourage the media to follow responsible reporting practices on suicides.

**Practical Implication**

The case study will guide the clinicians such as Psychologists, Psychiatrists, Social workers, and Occupational therapists in having a convincing insight into the remote causes of suicide among, adolescents, youth, and young people in the southeast geopolitical zone of Nigeria. Therefore, the parents, guardians, teachers, caregivers, and the general populace would benefit from this study on how to handle social issues that may likely trigger suicide tendencies among young people in Nigeria and beyond.

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**Declaration of Interest statement:** None

**Authors' contribution**
All authors contributed to and have approved the final manuscript.

**Ethical approval**

All procedures performed in the current study involving human participants were in accordance with the ethical standard of the Ethical Committee of the Department of Psychology, Faculty of Social Sciences Nnamdi Azikiwe University, Awka Anambra State Nigeria. The study was performed in accordance with the ethical standard as set forth in the 1964 Declaration of Helsinki and its later amendments or comparable ethical standards.

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