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Influences of Social Integrative Factors on Perception of Suicide among University Students in Southeast Nigeria

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Abstract
The study interrogated university students' perception of suicide in a social system where self-murder is seen as a taboo yet constantly on the increase. In light of the difficulty expressed in studies on detecting risky behaviour, we focused on the influences of social factors on the perception of the normality and preventability of suicide. We administered a 47-item questionnaire to 490 students from five universities in Southeast Nigeria. Frequencies, percentages, Pearson's bivariate correlation coefficient and multivariable binary logistic regression were used to analyze data. We found a significant positive but weak relationship between the perception of the normality of suicide and the perception of the preventability of suicide. The majority of the respondents did not show a tendency to suicide but ironically acknowledged that the high prevalence of risk factors such as depression were expected and normal. Place of residence, being seen as deeply religious, and the class of study had a significant impact on the perception of the normality and preventability of suicide. We discussed the implications of our findings on social integration among students.

Keywords: Suicide, university, students, perception, risk factors

Introduction

Data from the World Health Organisation (WHO) indicate that suicide is the second leading cause of death among youth aged 15-29 (Demir, 2018). In support of the WHO, a study in Nigeria found that suicides were reported to be higher among students (ages 25-34) compared with other professions (Oyetunji, Arafat, Famori, Akinboyewa, Afolami, Ajayii & Kar, 2021, p.2). Within a spell of eight months in 2019, 42 people, including 15 university students in Nigeria, took their lives (Olufemi, 2019). Interactions with students who have expressed suicidal thoughts and the contents of suicide notes show new, subtle and persistent factors in suicide attempts (Olufemi, 2019). The recent surge in suicide cases among university students in Nigeria, therefore, questions the strong revulsion that the act had hitherto elicited in the country and points to factors that may be reversing the

sociocultural perceptions of suicide as a taboo (Coker, Adeyuwa & Onabola, 2021; Ele, 2017; Ohayi, 2019; Olibamoyo, Oyetunji et al., 2021).

In Nigeria, as in much of Africa and the world, suicide is seen as a crime against self and the land. It is associated with odium and affected families suffer great discrimination (Ajayii & Kar, 2021; Ele, 2017; Metuh, 1991; Ohayi, 2019; Omomia, 2017; Oyetunji et al., 2021). Suicide can only be imaginable in traditional Nigerian societies when it is believed that the deities drove an evil person to take their own life. Connectedly, someone may die heroically by suicide if they perceive that they have injuriously violated "the social harmony of individuals and communities" (Ele, 2017, p.64). Comparatively, some websites nowadays are known to teach young people how to die heroically by taking their own lives (Crossman, 2017; Twohey & Gabriel, 2021).

Existing studies show that lower self-esteem and depression have remained strong psycho-personal variables encouraging suicidal behaviour among students (Nyorere, Okon & Udom, 2020). However, beyond psycho-personal factors, questions remain about possibly unknown social factors responsible for changes in perceptions of suicide in a social system where self-murder is seen as unimaginable despite rising risk factors and adversities (Abdulrazaq & Dabana, 2018). Studies show that culture does not simply increase or reduce the rates of suicide, but the norms could determine how people respond to suicide risk factors or how they view suicide as an option (Wright, 2012). This makes it imperative to understand people's attitudes toward suicide, and if socio-cultural factors still govern attitudes to suicide.

In light of the foregoing, we empirically examined factors whose effects on student suicide in Nigeria have remained anecdotal and speculative, e.g., exposure to risky contents and websites, type of students' residential areas and learning conditions. Against a subsisting cultural typification of suicide as a taboo, we measured students' perception of the normality, preventability and nearness to suicide. We also tested hypotheses on the influence of socio-demographic characteristics such as the type of residential area on the perception of suicide. Studies show that certain socio-demographic features may help in identifying those who are more likely to make suicide attempts under the same risk factors such as loneliness, depression and mental ill-health (Crossman, 2017; Wright, 2012). One of the most vital steps taken by the WHO is limiting access to means that facilitate suicide (Lasota, Mirowska-Guzel & Goniewicz, 2021).

In the study, perception is deprived of its psychological imports and is used in the humanistic sense of individuals' opinions or viewpoints about suicide in relationship with identified socio-cultural factors. We used sociological theories that situated suicide within human interrelationships to undergird our effort to shift from psycho-personal variables to socio-cultural factors. Suicide is the act of consciously killing oneself. Suicidal behaviour refers to trivializing suicide, entertaining suicidal thoughts, and consciously exposing

oneself to suicide risk factors such as willfully thinking about, planning and/or engaging in acts that show a desire to self-immolate (Ele, 2017; Naghavi, 2019; Omomia, 2017).

From Risk Factors to Suicidal Behaviour: A Theoretical Perspective

Studies show that Nigeria still ranks high in the prevalence of suicide risk factors and extreme adversities such as depression, hunger, financial constraints, stress, general hardship and relationship breakdowns (Gupta, Lawrence, Oquendo & Stanley, 2016; Namoli, Das, Sakar & Balhaa, 2019; Ohayi, 2019; Oyetunji et al., 2021; WHO, 2019). Among Nigerian students, there is a depression rate of 58.2% (Abdulrazaq & Dabana, 2018). Researchers and theorists have however shown greater interest in clarifying how suicide risk factors begin to influence attitudes to suicide, especially in triggering psychological disorders that often precipitate suicide (Al-Halabi, Perez-Albeniz & Debbane, 2022; De Luca, 2016; Fonseca-Pedrero, Wright, 2012).

Durkheim's (1951) sociological theory of suicide holds that social group structures and social relationships have a significant influence on suicide rates. Durkheim believes that the more a group of people are integrated, the more individuals in the group attach greater meaning and purpose to their lives, and the less they are likely to think about harming themselves as a result of physical, psychological or spiritual suffering. Integration is engendered by the bonds people share within a social group, which produce togetherness, sense of belonging, and shared values, which lead to an equally shared or collective view of life (Mueller & Abruntyn, 2016). Religion, family and social support are key social integrative and protective factors against suicide (NAMI, 2009; Wright, 2012). As members of a social integrative system, university students in Nigeria are expected to perceive suicide as taboo and unacceptable in all situations.

Durkheim posits therefore that suicide is a result of the breakdown of social ties binding the members of a social group irrespective of immediate or mediate psycho-personal factors that may have driven a given individual to take their own life. Accordingly, solutions to suicide should focus on structural changes that will, in turn, protect individual lives. Over time, Durkheim's views about social integration have received strong empirical support (Mueller, Abrutyn, Pescosolido & Diefendorf, 2021). Durkheim identifies four social groups with varying levels of suicide tendency. 1. Egoistic: a situation of a breakdown in social structures or weak integration of some members. 2. Anomic: A breakdown or a progressive lack of clarity and coherence in rules and regulations, which deprive people of the bonds and norms that bind them. 3. Altruistic: Too much integration can also cause suicide. 4. Fatalistic. This is a case of too much regulation, which can heighten social pressure and cause stress.

Durkheim's theory is limited by a lack of a clear link between the macro-level social forces and individual behaviour. For instance, how does the breakdown in social integration or regulation trigger suicide in different individuals, given that different people may respond

in different ways to such breakdowns? Durkheim's theory does not also take care of situations in which regulations can be the source of suicide risk factors such as laws that cause inequality and discrimination.

To address these limitations, later theorists suggest giving a better definition to Durkheim's rather elusive concept of social structure by delineating those social classes that can help to measure individual people's responses to social integration and regulation. For instance, we can sort people in a social structure into "opportunities, experiences, subcultures, social roles and obligations to make it easy to measure, as in the neighborhoods we live in or the schools we attend, or complex and intangible" (Mueller et al., 2021, p.9). Scholars also advocate measuring contagion or exposure to suicide to estimate how social ties can create paths to self-harm.

In the present study, we have delineated classes based on demographic factors, e.g., place of residence, class of study, economic status, and religiosity. We have also raised questions on nearness to suicide, ranking of the perceived causes of suicide as well as the factors encouraging/discouraging suicide such as exposure to risky media content. In light of this, we interrogated the influence of demographic factors on the correlation between perception of the normality of suicide and the preventability of suicide. The relationships between these nodes, experiences or structures create a network of clearly identified social forces that can affect the bonds that people share as well as measure individual responses to the structures. This, in essence, is the network theory of suicide, which not only better defines Durkheim's society or social structure, but also creates a network of interactions where a person's responses are clearer (De Beurs, Fried, Wetherall, Cleare, O'Connor, Ferguson, O'Carroll & O' Connor, 2018). This makes it easier to identify the sources of positive and negative ties. It also makes it easier to understand how negative ties (such as exposure to risky online groups) can influence individuals despite generally shared cultural bonds.

Methods

Population and Sample for the Study

The research is a cross-sectional study of the students of five public universities, one each from the five states of the Southeast region of Nigeria. The five states are Abia, Anambra, Ebonyi, Enugu, and Imo, all of which are majorly (92%) inhabited by the Igbo ethnic group, the third major population group after the Hausa and Yoruba. The region holds 10% of Nigeria's 200 million inhabitants (about 22 million) and is known for a very high negative perception of suicide.

Public universities are the focus of the study due to a rise in reports of suicide and attempted suicide cases. Moreover, most public universities have massive student populations, enormous student databases and very active institution-based internet facilities with wide coverage to facilitate information dissemination. The inclusion criteria

for the selection of public universities into the study are that the university must have institution-owned student hostels so that not all the students live off-campus; the university must have been operational for at least eight years and must have graduated some students. Based on these criteria, the selected universities include Chukwuemeka Odumegwu Ojukwu University (COOU), Uli, Anambra State,; Abia State University (ABSU), Uturu, Abia State, ; Ebonyi State University, Abakaliki (EBSU), Ebonyi State, ; Imo State University, Owerri, (IMSU), Imo State, , and the University of Nigeria, Nsukka, (UNN), Enugu State,.

The study had a total population of 121,214 undergraduate students, distributed as follows: COOU, 21,103; ABSU, 22,034; EBSU, 24,003; IMSU, 23,111, and UNN, 30,963. The G-Power 3.1 software (Faul et al., 2007) was used to obtain a sample size of 490 student respondents at an effect size of 0.201, a p-value of 0.05 and power of 0.95. The sample size was proportionally allocated to the participating universities based on the population of each university as follows: COOU, 85; ABSU, 89; EBSU, 97; IMSU, 94; and UNN, 125. At the appropriate sampling interval and random start for each university, systematic sampling was used to randomly select the required respondents from each university, using students' records obtained from the university's academic planning unit as the sampling frame. The names, e-mail addresses and contact numbers of the selected respondents were secured from the same records.

Data Collection

A 47-item self-modified version of the Attitudes Toward Suicide (ATTS) questionnaire, the Suicide Attitude Questionnaire and the Suicide Opinion Questionnaire, was used to obtain data on different facets of suicide (Diekstra & Kerkhof, 1989; Domino, Moore, Westlake & Gibson, 1982; Renberg & Jacobsson, 2003; Wright, 2012). The Cronbach Alpha reliability score of the research instrument is 0.77. To facilitate data collection and minimize face-to-face contact due to Covid-19, the survey instrument was adopted into Google Forms for online data collection and the link was distributed to the respondents through their e-mails and WhatsApp. Once clicked on, the link took the respondent to the online questionnaire in Google Forms. Every completed and submitted questionnaire was accessible on a dedicated e-mail for download by the researchers.

Methods of Data Analysis

Statistical analysis was conducted on the quantitative/numerical responses to answer the relevant research questions and test the hypotheses. Descriptive statistics, frequencies and percentages were used to analyze the data on the demographic variables and the data for the research questions. The bivariate Pearson's correlation coefficient was used to measure the relationship between the students' perception of the normality of suicide and the preventability of suicide. The multivariable binary logistic regression was used to analyze the influence of the demographic factors on the students' perception of the

normality of suicide. Responses on the normality of suicide were made binary by obtaining the average mean responses of each student which was then graded into: average from 0 - 2.99 was graded '0' and assigned 'suicide is normal,' while average from 3.0 - 5.0 was graded '1' and assigned 'suicide is not normal'. All tests of significance were conducted at 0.05 level of significance and appropriate degrees of freedom. The IBM SPSS 26.0 was used to facilitate the data analysis. Participation was made voluntary, anonymous and the consent of the participating students was obtained through a written consent form. Ethical approval was obtained from the Faculty of Arts Research Ethics Committee, University of Nigeria, Nsukka and the authorities of other participating institutions.

Results

Out of the 490 respondents contacted for the study, 468 copies of the questionnaire were duly completed and used for the analysis after screening. Data from the completed copies of the questionnaire were analyzed and the results were presented subsequently.

Demographic Characteristics of Respondents

The percentage distribution of the respondents' demographic characteristics is presented in Table 1. Most of the respondents (98.9%) are at most 33 years of age. Most of the respondents are females (63.5%; males - 34.8%). Also, 43.4% think that their fellow students consider them to be religious, while 88.2 % live in self-rented accommodation off-campus with manageable financial status (51.3%).

Table 1: Demographic Characteristics of Respondents

Socio-Demographic		Frequency	Percent	Cumulative Percent
Age	Below 18 years	5	1.1	1.1
	18-25 years	330	70.5	71.6
	26-33 years	128	27.4	98.9
	34 years and above	5	1.1	100.0
Gender	Male	163	34.8	34.8
	Female	297	63.5	98.3
	Transgender	8	1.7	100.0
Consider me religious	Yes	203	43.4	43.4
	No	118	25.2	68.6
	Not sure	147	31.4	100.0
Area of residence	Campus hostel	29	6.2	6.2
	Within the campus but not the university hostel	26	5.6	11.8
	Self-rented accommodation off-campus	413	88.2	100.0
Financial status	Highly insufficient	43	9.2	9.2
	insufficient	91	19.4	28.6
	Manageable	240	51.3	79.9

Sufficient	92	19.7	99.6
Highly sufficient	2	0.4	100.0

6.2 Specific Indications about Nearness to Suicide

The respondents' indications of nearness to suicide are presented in Table 2. More than 85.0% of the respondents have never attempted, have friends, relatives or coursemates, who have attempted or died by suicide. However, about 20.0% have visited websites which teach suicide strategies; almost 40.0% have discussed the desirability of suicide with their friends. As many as 69.4% have never sought help when they nursed suicidal thoughts, though this number may be mostly those who have never nursed suicidal thoughts since more than 60.0% indicated that they have never visited suicide websites or discussed such with friends, and therefore have no need for such help. On the other hand, less than 50.0% do not believe that it is easy to find help nearby for suicide-related problems.

Table 2: Percentage Indications of Nearness to Suicide

Indications of Nearness to Suicide	Never	Very rarely	Rarely	Often	Very often
I have friend(s) who has attempted suicide	403(86.1%)	23(4.9%)	19(4.1%)	23(4.9%)	0(0.0%)
I have a relative who has attempted suicide	426(91.0%)	22(4.7%)	6(1.3%)	9(1.9%)	5(1.1%)
I have a coursemate who has attempted suicide	426(91.0%)	25(5.3%)	4(0.9%)	2(0.4%)	6(1.3%)
I have a friend who died by suicide	431(92.1%)	23(4.9%)	6(1.3%)	7(1.5%)	1(0.2%)
I have a relative who died by suicide	444(94.9%)	11(2.4%)	0(0.0%)	7(1.5%)	6(1.3%)
I have a coursemate who died by suicide	442(94.4%)	0(0.0%)	21(4.5%)	2(0.4%)	1(0.2%)
I have attempted suicide	431(92.1%)	17(3.6%)	2(0.4%)	6(.13%)	12(2.6%)
I have visited websites which teach suicide strategies	370(79.1%)	29(6.2%)	17(3.6%)	25(5.3%)	27(5.8%)
I have once discussed the desirability for suicide with my friends	282(60.3%)	48(10.3%)	44(9.4%)	41(8.8%)	53(11.3%)
I sought help when I nursed suicidal thoughts	325(69.4%)	29(6.2%)	46(9.8%)	35(7.5%)	33(7.1%)
I think it is easy to find help around me to address suicide-related problems	227(49.0%)	38(8.2%)	63(13.6 %)	45(9.7%)	90(19.4%)

6.3 Indications of Causes of Suicide

The possible causes of suicide (Table 3) were ranked by the respondents according to their perceived importance. Depression/mental health was ranked by 97.7% of the respondents as the most prevalent cause of suicide; this is followed by exposure to suicide strategy, contents, friends and suicide groups online (66.7%), and then, the diminishing sanctity of life (58.8%). Other notable causes of suicide are relationship breakdown, ranked 4th (52.8%) and economic hardship, ranked 5th by 50.0% of the students. Weakening social ties/poor regulations (ranked 8th), poor academic performance (ranked 9th) and poor learning conditions (ranked 10th) are the least important causes of suicide.

Table 3: Percentage Ranking of the Causes of Suicide

Cause of Suicide	Frequency	Percentage	Rank
Depression/mental problem	457	97.7	1
Alcohol	208	44.4	7
The sanctity of life is diminishing	275	58.8	3
Exposure to suicide strategy, contents and groups online	312	66.7	2
Weakening social ties/poor regulations	86	18.4	8
Economic hardship	234	50.0	5
Poor learning conditions	53	11.3	10
Poor academic performance	80	17.1	9
Relationship breakdown	247	52.8	4
Remote control through magic or witchcraft	229	48.9	6

Factors that Discourage Suicide

Results of the factors which discourage suicide are presented in Table 4. The factors, which discourage suicide at least to large extent include family support (89.1%), mental health counselling (82.7%), better learning and living conditions (69.9%). Other factors, which discourage suicide to at least a moderate extent include more regulation of students' activities, religious/moral instruction, and access to medical facilities.

Table 4: Percentage Distribution of Factors Discouraging Suicide

Factors that Discourage Suicide	Very low extent	Low extent	Moderate extent	Large extent	Very large extent
Family/social support	17(3.6%)	6(1.3%)	28(6.0%)	75(16.1%)	340(73.0%)
Mental health counselling	7(1.5%)	18(3.8%)	56(12.0%)	137(29.3%)	250(53.4%)
Religious/moral instructions	36(7.7%)	22(4.7%)	120(25.6%)	81(17.3%)	209(44.7%)
Access to medical facilities	48(10.3%)	61(13.0%)	113(24.1%)	105(22.4%)	141(30.1%)
More regulation of students' activities	38(8.1%)	30(6.4%)	98(20.9%)	129(27.6%)	173(37.0%)
Better learning and living conditions	31(6.6%)	39(8.3%)	71(15.2%)	72(15.4%)	255(54.5%)

Table 5. Perception of Preventability of Suicide

Preventability of Suicide	Don't know	Strongly disagree	Disagree	Agree	Strongly agree
It is possible to avoid suicide in all cases of hardship	58(12.4%)	21(4.5%)	35(7.5%)	97(20.7%)	257(54.9%)
The system is raising the possibility of suicide	77(16.5%)	29(6.2%)	50(10.7%)	174(37.2%)	138(29.5%)
I know about programmes against suicide	223(47.6%)	12(2.6%)	37(7.9%)	129(27.6%)	67(14.3%)

I often think that I could avoid some suicide risky behaviour if I had more control over my behaviour	63(13.5%)	9(1.9%)	25(5.3%)	145(31.0%)	226(48.3%)
There is adequate control in my residential area to discourage suicide risky behaviour	185(39.5%)	32(6.8%)	68(14.5%)	109(23.3%)	74(15.8%)
It's easy to take one's life now than in the past	87(18.6%)	76(16.2%)	34(7.3%)	113(24.2%)	158(33.8%)

The majority of the respondents (75.6%) either agreed or strongly agree that it is possible to avoid suicide in all cases (Table 5). However, the respondents largely agree that suicide is hard to prevent given that 66.7% either agree or strongly agree that the system is raising the possibility of suicide. On knowledge of programmes used to address suicide, the highest number (47.6%) indicated the option 'don't know'. The respondents indicated that 'it's easy to take one's life now than in the past', with 58% either choosing the option 'agree' or 'strongly agree'.

Table 6. Perception of the Normality of Suicide

Perception of normality of Suicide	Don't know	Strongly disagree	Disagree	Agree	Strongly agree
There are certain situations when suicide becomes normal	47(10.0%)	169(36.1%)	83(17.7%)	99(21.2%)	70(15.0%)
There are many things motivating suicide here	72(15.4%)	119(25.4%)	42(9.0%)	123(26.3%)	112(23.9%)
The reported rising rate of suicide among students is expected	83(17.8%)	106(22.7%)	83(17.8%)	109(23.4%)	85(18.2%)
I can never take my life although some situations actually call for it	43(9.2%)	71(15.2%)	34(7.3%)	132(28.2%)	188(40.2%)
I still receive news of suicide with shock	27(5.8%)	87(18.8%)	76(16.4%)	141(30.4%)	133(28.7%)
I don't blame any student who has suicidal thoughts	34(7.3%)	234(28.6%)	70(15.0%)	133(28.4%)	97(20.7%)
I don't blame any student who commits suicide due to school-related issues	36(7.7%)	136(29.1%)	62(13.2%)	84(17.9%)	150(32.1%)
I think it is up to me to decide what I do with my life	40(8.5%)	95(20.3%)	28(6.0%)	77(16.5%)	228(48.7%)
I can take my life if that seems to me to be the only way out	44(9.4%)	239(51.1%)	45(9.6%)	40(8.5%)	100(21.4%)

Suicide is a taboo in all circumstances	31(6.6%)	33(7.1%)	14(3.0%)	86(18.4%)	304(65.0%)

The majority of the respondents (53.8%) either agree or strongly agree that there are certain situations when suicide becomes normal (Table 6). A slight majority of the respondents (50.2%) either agree or strongly agree that there are many things motivating a suicide. An overwhelming majority of the respondent (83.4%) agree or strongly agree that suicide is taboo in all circumstances. Similarly, slightly less than half of the respondents (47%) do not know, strongly disagree or disagree that a student is not to blame for self-murder due to school-related issues. The same line of responses was witnessed in the question - I don't blame any student who has suicidal thoughts - where the majority (43.6%) strongly disagree or disagree. Yet, the respondents indicated that the reported rising rate of suicide among students is expected, with 41.6% either choosing 'agree' or 'strongly agree'.

Relationship between Perception of the Normality and Perception of the Preventability of Suicide

The bivariate correlation analysis was used to test for the relationship between the perception of the normality of suicide and the preventability of suicide among the respondents. The results of the Pearson correlation analysis are presented in Table 7. The results in the table show that the correlation coefficient is 0.321, with p-value of 0.00 which is less than the 0.05 level of significance ($p < 0.05$) at which the hypothesis was tested. Therefore, there is a significant positive but weak relationship between the respondents' perception of the normality of suicide and perception of the preventability of suicide. This shows that every increase in perception of the normality of suicide leads to a slight increase in perception of the preventability of suicide and vice versa.

Table 7: Correlation Analysis of Relationship between the Perception of the Normality of Suicide and the Preventability of Suicide

Variable		Perception	Preventability of suicide
Perception	Pearson Correlation	1	0.321**
	P-value		.000
	N	468	468
Preventability of suicide	Pearson Correlation	.321**	1
	P-value	.000	
	N	468	468

**Correlation is significant at the 0.01 level (2-tailed), N is number of respondents.

Influence of Demographic Factors on the Perception of Normality of Suicide

The results of the multivariable binary logistic regression analysis of the demographic factors affecting the respondents' perception of suicide are summarized in Table 8. By transforming the responses on perception to zero (suicide is normal) and one (suicide is

not normal), the perception of the respondents on the normality of suicide was made a binary variable suitable for logistic regression analysis. The tests of significance of the predictors are conducted at 0.05 level of significance such that a p-value less than 0.05 ($p<0.05$) implies significant influence while a p-value greater than 0.05 ($p>0.05$) implies no significant influence on the perception of suicide. The Omnibus test with a value of 56.402 and p-value of 0.00 ($p<0.05$) indicates that the logistic regression model is significant in adequately describing the relationship between the response variable, perception of suicide and the multiple predictor variables. The Nagelkerke R-square with a value of 0.731 indicates that 73.1% of the variations in the response variable are accounted for by the predictors. The Wald statistic and odds ratio (OR), which is the Exp(B), of the significant factors are presented with their corresponding 95% confidence intervals (CI).

From Table 8, being considered to be deeply religious is shown to significantly ($p = 0.004$) affect the perception of the normality of suicide with an estimated odds ratio of 2.504 (95 % CI = 1.329, 4.717). This indicates that the estimated odds of being considered to be deeply religious affecting the perception that suicide is not normal is 2.504 times the estimated odds of not being religious affecting the perception of suicide as not normal.

Table 8: Results of Binary Logistic Regression Analysis

							95% C.I. for EXP(B)	
Variables	**B**	**S.E.**	**Wald**	**df**	**Sig.**	**Exp(B)**	**Lower**	**Upper**
Age (Below 18 years)			2.534	3	.469			
Age (18 – 25 years)	-.625	1.216	.264	1	.608	0.535	.049	5.808
Age (25 – 33 years)	-1.055	1.246	.716	1	.397	0.348	.030	4.008
Age (Above 33 years)	-23.337	17974.843	.000	1	.999	0.000	.000	.
Gender (Male)			.321	2	.852			
Gender (Female)	-.144	.254	.321	1	.571	0.866	.526	1.425
Gender (Transgender)	19.281	14170.547	.000	1	.999	236373022.6	.000	.
Consider me to be religious (Yes)			11.173	2	.004			
Consider me to be religious (No)	.918	.323	8.070	1	.004	2.504	1.329	4.717
Consider me to be religious (Not sure)	.716	.289	6.136	1	.113	0.045	0.016	3.603
Area of residence (University hostel)			5.243	2	.073			
Area of residence (Inside the university but not in the hostel)	-1.996	.890	5.032	1	.025	0.136	.024	.777
Area of residence (Off-campus)	-1.251	.776	2.595	1	.107	0.286	.063	1.311
Financial status (Highly insufficient)			5.333	4	.255			
Financial status (Insufficient)	-.808	.567	2.035	1	.154	0.446	.147	1.353
Financial status (Manageable)	-.498	.530	.883	1	.347	0.608	.215	1.718
Financial status (Sufficient)	-1.084	.582	3.468	1	.063	0.338	.108	1.058
Financial status (Highly sufficient)	19.423	28420.721	.000	1	.999	272349386.9	.000	.
Year of study (First year)			5.100	3	.165			
Year of study (Second year)	20.585	19875.160	.000	1	.999	871007771.5	.000	.
Year of study (Third year)	20.636	28420.721	.000	1	.999	916801690.4	.000	.
Year of study (Fourth year)	.669	.296	5.100	1	.024	1.951	1.092	3.486

df = degrees of freedom; Omnibus = 56.402, p=0.00; Nagelkerke R-square = 0.731

Also, residing within the campus but not the university hostel has an estimated odds ratio of 0.136 (95 % CI= 0.024, 0.777) and p = 0.025, has significant effect on the perception of suicide as not being normal. This indicates that the estimated odds of students resident inside campus but not university hostel perceiving suicide as not normal is 0.136 times the estimated odds of students living off-campus. This implies that the perception of suicide not being normal is higher among the students living in self-rented accommodation outside the university compared to students living inside the university. The fourth-year students also have an estimated odds ratio of 1.951 (95% CI = 1.0982, 3.486) and p = 0.027, which shows that the estimated odds of a fourth-year student perceiving suicide as not normal is 1.951 times the estimated odds of a student in first, second or third-year perceiving suicide as not normal. This indicates that the fourth-year students have almost two times higher perception of suicide as not normal than students of the other years.

Discussion

The students reported being rarely exposed to cases of attempted or completed suicide by friends, relatives or coursemates. However, substantial percentages have discussed, nursed suicide thoughts and/or visited suicide websites for information. In seeing suicide as forbidden in all cases, the students seemed to reflect the impact of social integration on the perception of suicide (Durkheim, 1951; Mueller & Abruntyn, 2016). Weakening social ties was ranked the 8th cause of suicide (out of 10 causes), while family support was seen as a major factor discouraging suicide. The present study thus agrees with previous ones that depression and low self-esteem are strong indicators of suicide (Fonseca-Pedrero et al., 2022; Nyorere, James and Udom, 2020).

The study shows that students who are considered to be religious have higher predisposition to perceive suicide as not normal compared to students who are not considered to be religious. Hajiyousouf and Bulut (2022) posit that being deeply religious quickens the recovery in case of suicide ideation and does not promote suicide attempts or completion. Adherence to religious faith has been an important factor in dealing with hardship in developing countries (Hajiyousouf & Bulut, 2022; Lawrence et al., 2016; Wright, 2012).

Students living in self-rented accommodations outside the university were more inclined to perceive suicide as not normal than students who live in university hostels and those living within the university but not hostels. Our study did not support the view that students living in self-rented accommodations outside the universities may be at a higher risk of perceiving suicide as normal because of lower integration. Scelfo (2015) has attested to how students within university environments may be more estranged from societal values and norms, feel more pressure from peers/mates for perfection, feel more isolated and exposed to views contrary to societal beliefs. This also shows that university hostels may need closer scrutiny to ascertain how living conditions interact with suicide risk factors. Focusing attention on the living conditions in university hostels and their possible connection with societal isolation may help to clear up the blurry line between depression and living conditions on the one hand and perceptions of life on the other hand. Notably, poor learning conditions and poor academic performance scored low in the ranking of the causes of suicide.

Students in their final years have been shown to perceive suicide ideation, attempts and completion to be more non-normal than students in lower years. This may be due the fact that older students have acclimatized themselves with the stress and rigour of academic activities than the incoming (first years) and others in lower classes. This, however, contradicts the results of research in the US, where underclass students (students in lower classes) are less likely to die by suicide than the upper class students (De Luca, 2016; Fonseca-Pedrero, et al, 2022). The reason for this assertion is that the upperclassmen in the US study, apart from the worries over academic performances, face

the challenge of bills, work and cost of living while the lowerclass students are living with their parents. The case is different in Nigeria as most students are dependent on their parents and guardians and are not burdened with bills and the cost of living.

Furthermore, the sociological theory of suicide recognizes factors such as family ties, social support, age and religion as key social integrative and protective factors against suicide (NAMI, 2009; Wright, 2012). While students living outside the campuses may consider these factors in choosing roommates, university hostels hardly consider them because the allocation of hostels lies with the relevant university authorities. Studies have shown that community sameness (when people in networks stay with people of like minds – homophily – reduces risk of suicide (Mueller et al., 2021).

We note, therefore, that the egoistic (weak integration caused by clustering people of diverse backgrounds) and the fatalistic factors (too much regulation in the face of school hardships) may be important in explaining how students' places of residence interact with suicide risk factors. This is against a backdrop of the reported number of those who have visited suicide-related websites (about 20%) as well as the number indicating that they do not know of the sources of help for suicide (49%). Studies have expressed worry over the harmful effects of websites teaching suicide (Twohey & Gabriel, 2021). Putting the two factors (egoistic and fatalistic) into consideration in allocating school hostels may become necessary. As it is, many Nigerian universities are known to consider proximity to departments, type of programme and (at times) year of study in hostel allocation.

There was a significant positive but weak social relationship between the perception of the normality of suicide and the perception of the preventability of suicide. This implies that there was a high likelihood to perceive suicide as both abnormal and as hard to prevent. The relative weakness in the relationship was likely caused by the similarity in high agreement that suicide is a taboo (normality), and high agreement that suicide is preventable in all circumstances (preventability) although the system encourages suicidal behaviour. However, it is noteworthy that the majority of the respondents indicate that it is easier nowadays to die by suicide due to the ease of killing oneself and the poverty of (knowledge of) sources of help. Notably, too, 36.2% either agree or strongly agree that there were situations motivating suicide, and this may be related to depression, exposure to suicide strategy/online groups/contents, and diminishing sanctity of life which were respectively the three highest ranking causes of suicide.

Conclusion

Suicide is still perceived as taboo, with social integration playing an important role in the perception of suicide. Some remote actors such as access to online suicide groups and contents and association with friends may be having serious consequences on the rate of suicide ideation, attempts and completion among the students. More proactive steps and programme have become indispensable due to the difficulty of detecting these factors.

Social support and mental health counselling programme were instituted by Penn University and hotlines were made available to help students who are under threat of suicide (Scelfo, 2015). The same approach should be adopted in Southeast Nigerian universities to help students suffering from depression and mental problems. Studies have shown that building close connections and trust between students and higher authority is linked with lower suicide behaviour among students (Mueller et al., 2021).

The respondents did not rank learning conditions high as a cause of suicide. However, we did not identify the direct causes of depression and exposure to risky online groups, which were ranked first and second respectively. Further studies can look at the specific factors triggering depression among students as well as how students begin to seek risky content online.

Declaration of Conflicts of Interests

The authors declared no potential conflicts of interest.

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