

Social Relationships as Factors Influencing Mental Health and Suicide among Learners in Nigeria

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ABSTRACT

This study examined social relationships as factors influencing mental health and suicide among learners in Nigeria. Three research questions and three hypotheses were formulated to guide in the study. The descriptive research design was used to conduct the study. The population of this study consisted of all undergraduate students in the faculties of University of Lagos, Akoka. The random sampling technique was used for the selection of the sample. Simple random sampling technique was adopted in selecting (5) faculties from the research area. Two hundred (200) respondents were randomly selected as sample for this study. A structured questionnaire was adopted for the data collection. The research instrument for this study was titled "Social Relationships as Factors Influencing Mental Health and Suicide Questionnaire" (SRFIMHSQ). All the research hypotheses were tested using independent T-test statistical tool at 0.05 level of significance. The findings revealed that there are significant influence of family supports, acquaintances and distant relatives on mental health and suicide among learners in Nigeria. Based on the findings of this study, the recommendations were stated among which are: The finding recommends that efforts of clinical psychologists in reducing depressive symptoms are highly required and recommended. Thus, adequate facilities that will permit instant identification and treatment of depression should be provided on university campuses; with the complex transformations of the family environment, suicide prevention should be prioritized. Parents should do their best to provide their children with an enjoyable and intact environment to promote students' health, growth and learning.

Keywords: Acquaintance, Distant relatives, Family Support, Mental health, Suicide.

INTRODUCTION

Social relationship factors (psychological and the surrounding social environmental factors of individuals) have great impacts, not only on their physical and mental wellness but also on their ability to function in day-to-day activities (Woodward, 2015; Dean, Oxford & Staines, 2017). Social relationship problems have been recognized as an increasing public health challenge globally. Although the burden of social relationship problems cut-across all age categories, it is more prevalent and consequential among children and adolescents than any other age group. The past decade has witnessed heightened interest in youth suicidal behaviour, with several studies published on this topic (Wasserman, Cheng, & Jiang, 2005; Bridge, Goldstein, & Brent, 2006). This growing interest reflects not only an acknowledgement that suicidal behaviour might have a direct impact on the normal development of young people, but also provides a strong recognition for the early identification of potential risk as well as protective factors that influence youth suicidal behaviour (Joe, Stein, Seedat, Herman, & Williams, 2008).

Over the past few decades, concern about mental health and suicide by college/university students has been on the rise worldwide, in general and in Nigeria particularly. Suicidal tendency is a common medical term for thoughts about suicide, which may be deliberately constructed to fail or be discovered, or may be fully intended to succeed. However, the incidence of attempted suicide is much more than succeeds suicide (Rohtash & Hardeep, 2008). In universities, students' suicidal tendency may occur at a particularly important moment, due to leaving adolescence and entering the young adult age and/or the adversities

experienced in academic life (Wilcox, Arria, Caldeira, Vincent, Pinchevsky & O'Grady, 2014). Suicide is identified as the second leading cause of death among university students, second only to self-inflicted injuries (Taliaferro, Rienzo, Pigg, Miller & Dodd, 2015).

The term suicide or suicidal behaviour can be viewed as a continuum of behaviours, ranging from a person wishing him-or herself dead to the actual deed of killing themselves (Bridge, Goldstein & Brent, 2006). It refers to complex, multi-dimensional and multi-factorial events with different behavioural characteristics incorporating a range of self-harming acts precipitated by emotional discomfort and distress (McLean, Maxwell, Platt, Harris & Jepson, 2008). Furthermore, suicidal behaviour can be considered in two ways, namely non-fatal and fatal suicidal behaviour. Fatal suicidal behaviour refers to completed suicidal behaviour that reflects the person's intent to die and where the person has managed to achieve the pre-determined goal. As opposed to this, non-fatal suicidal behaviour refers to suicidal behaviour that does not end the person's life and embodies several manifestations such as those seen in attempted suicide (Palmer, 2008). Suicidal behaviour is defined as the domain of thoughts, images and ideas about committing suicide or a desire to terminate one's life without the suicidal act (Bridge, 2006; McLean, 2008).

Mental health is related to an individual's social and physical health and is of global priority (Chandra & Chand, 2018; Bruha, Spyridou, Forth & Ougrin, 2018). The World Health Organization (WHO) defines mental health as the complete physical, social, and mental well-being of an individual (WHO, 2017). Adolescence, including the ages between 10 and 19 years, is the phase in which changes in mental health usually occur. Half of all mental health disorders begin by the age of 14 years, but most cases are not detected or treated at all (WHO, 2018). Adolescence is associated with constant psychosocial and physical changes that may be accompanied by insecurity and uncertainty. Therefore, adolescence is a period of risk for the development of mental disorders such as excessive irritability, frustration or anger, depression, anxiety, violent behaviour, and physical symptoms (WHO, 2018). Globally, the prevalence of mental health disorders in children and adolescents is between 10% and 20%, according to the WHO (WHO, 2018). The development of mental health problems in adolescence is strongly related with situations and experiences that a child or adolescent goes through in their social circles, primarily those involving family and school (Boyle, Georgiades, Duncan, Wang & Comeau, 2019).

Good relationships with family members are important for the psychological health of adolescents. Generally, a family is responsible for establishing the social standards of its members (Oldfield, Humphrey & Hebron, 2016). The aspects of the environment where children and adolescents grow up influence their way of dealing with life. These aspects may include inconsistent caregiving, poor living and socioeconomic conditions, family conflict, poor family discipline and management, and the death of a family member (Patel, Flisher, Hetrick & McGorry, 2007). Additionally, family aspects such as pregnant adolescents, adolescent parents, or those in early and/or forced marriages are associated with a greater risk of mental health conditions (WHO, 2018). The absence or instability of a family can lead to feelings of dissatisfaction, insignificance, loneliness, and other factors, including problematic amount of freedom and exposure to risky behaviours (Patel et al, 2007).

Diverse factors have been suggested in the literature as being associated with suicidal ideation, which shows that this is a multi-factorial or multidimensional event (Braga & Aglio, 2014). More subjective aspects such as hopelessness, impulsivity, aggression, body perception, communication difficulties and lack of social belonging have been suggested as possible factors that trigger the suicidal ideation process (Braga et al, 2014). This study looks at the social-relationships as factors influencing mental health and suicide behaviour among learners. The factors examined include: family support, acquaintances and distant relatives.

Among university students, the different possible factors associated with proneness to suicide may be present at an unusual time of life when many changes are taking place, which include challenges of the personal, social and academic development process that requires maturity and autonomy to take decisions

considering the strict determinations of the academic environment (Nyer, Holt, Pedrelli, Fava, Ameral and Cassiello, 2015). Thus, identifying the factors that are associated with suicidal tendency in university students can be an important tool for the planning of prevention and protection activities, both by university managers, as well as the health teams who assist these students on and off campus. The international literature has produced some information about suicidal tendency directed toward this population; however, there is a lack of national studies on this subject in the university setting, a situation that reinforces the need for studies with this population. Based on this, the aim of this study is to analyze the social relationships as factors influencing mental health and suicide among learners in Nigeria.

STATEMENT OF THE PROBLEM

Despite the WHO vigorous involvement in campaigning to bring the public health burden and impact of mental health and suicide to the attention of governments, policy makers and public through the collation and dissemination of statistics, and the development of preventive programmes, the situation seems to be on the increase in recent times and makes this study apt. Mental health and suicidal tendency is a serious mental condition that put those affected at risk for attempted suicide or suicide. Researchers have said that there is high stress and suicidal tendency among undergraduates in tertiary institutions. However, information on proneness to suicide among students is limited or little. Lack of information on suicide in Nigerian students is due to religious, cultural and traditional beliefs. Researches on suicide in Nigeria only provide statistics that can guide mental health experts and related professionals on how to overcome these problems. Undergraduate students, with or without learning disabilities, need to be assisted to overcome factors that predispose them to depression and suicidal tendency so that they will not go on to attempt or commit suicide.

In the United States, for example, suicidal ideation and attempts among adolescents have been reported as being increasingly recognized as important public health problem (Stone, 2001). Epidemiological studies suggest that lifetime prevalence of suicidal attempts among high school students range from 3.5 to 9.0 per cent (Andrews & Lewinsohn, 2002). The Centre for Disease Control (2006) reported that suicide was the third leading cause of death among the males ages 13 to 29 years in 2004, accounting for 14.6 per cent in that age group in USA. Suicidal behaviour involves not only the pain, but also the individual's unwillingness to tolerate that pain, the decision not to endure it, and the active will to stop it (Kerkof, 2004). Information on suicide is due to certain reasons, attempting or committing suicide is regarded as taboo and these acts are discussed in hushed tones. When information is sought about an individual who has committed suicide in a family, family members will often deny that the reason for death is suicide.

Some families keep silent about family members who have committed suicide because they may sometimes not want to partake in such rituals that expose their family member as having committed suicide. It is also believed in some quarters that anybody who commits suicide will go to hell. Hence, a person who wants to commit suicide may give no hint about committing suicide so as not to be dissuaded by religious authorities. In some instances, in the African setting, it is strongly believed that a person who commits suicide is under a spell or a curse. Families whose members commit suicide are also sometimes stigmatized. Children and young adults in the African setting are to be seen and not heard by adults. As such, they are, most of the time, not free to discuss their feelings or problems with adults.

Many Nigerian university students face some excruciating economic difficulties such as inability to pay their school fees, purchase essential textbooks for their courses, feed and clothe themselves or cope with academic work, and obtain good medical care while on campus. These unaccomplished needs among others may culminate in suicidal behaviours. These suicidal behaviours such as completed suicides, attempted suicides, suicidal ideation, and indirect self-destructive behaviours (such as alcoholism, substance abuse, possession of lethal weapons, cultism, sex abuse, and armed robbery) by students and friends in our

universities constitute significant public health concerns.

How family support, acquaintances and distant relatives as they affect suicide needs urgent attention. However, there are inconsistencies in the findings obtained by previous researchers on the relationship between family support, acquaintances and distant relatives among learners in Nigeria indicates that research into the impact of those variables on suicide is not conclusive. More so, negative consequences of proneness to suicide among undergraduates calls for further research in order to increase our understanding on how to stem the tide of increasing family support, acquaintances and distant relatives on mental health and suicide among learners in Nigeria. Therefore, it is against this background that this study is designed to investigate the social relationships as factors influencing mental health and suicide among learners in Nigeria.

Objectives of the Study

The main purpose of this study is to examine social relationships as factors influencing mental health and suicide among learners in Nigeria. However, the specific objectives of this study are listed as follows:

1. To identify the influence of family supports on mental health and suicide among learners in Nigeria.
2. To ascertain the influence of acquaintances on mental health and suicide among learners in Nigeria.
3. To determine the influence of distant relatives on mental health and suicide among learners in Nigeria.

Research Questions

Based on the purpose of the study stated above, the following questions were raised to guide the study:

1. Does family supports have any significant influence on mental health and suicide among learners in Nigeria?
2. Does acquaintances have any significant influence on mental health and suicide among learners in Nigeria?
3. What is the significant influence of distant relatives on mental health and suicide among learners in Nigeria?

Hypotheses

The following hypotheses guided this study;

1. There is no significant influence of family supports on mental health and suicide among learners in Nigeria.
2. There is no significant influence of acquaintances on mental health and suicide among learners in Nigeria.
3. There is no significant influence of distant relatives on mental health and suicide among learners in Nigeria.

METHODOLOGY

This study utilized a descriptive survey design because not all the individuals can be contacted. It involved the collection of information from a sample of individuals through their responses to questions. This study was conducted using faculties and undergraduate students of University of Lagos in Akoka Area of Lagos State. For this study, simple random sampling was used in the sample selection because no item or part of the sampling frame has any advantage over others in obtaining representation in the sample. The sample for the study was made up of two hundred (200) participants, (both male and female); one hundred and ten

(110) males and ninety (90) females were randomly selected from all faculties in University of Lagos. A hat and draw method was used to determine the five (5) faculties in University of Lagos. This technique was used because it would ensure that all students have an equal chance of being selected to partake in the study.

The participants were selected randomly from five (5) faculties in University of Lagos; the faculties are Faculty of Education, Faculty of Arts/Humanities, Faculty of Environmental Sciences, Faculty of Management Sciences and Faculty of Social Sciences, however, 40 participants (22 males and 18 females) were randomly selected from each of the faculties in University of Lagos. However, all the participants were given equal chance of being included in the study. The participants were randomly selected in all the departments under the selected faculties listed above and the participants were randomly selected from all levels.

The study made use of a structured questionnaire designed by the researcher; the questionnaire was titled “Social Relationships as Factors Influencing Mental Health and Suicide Questionnaire (SRFIMHSQ)”. The questionnaire was divided into two parts. Part ‘A’ contained items on the bio data of the respondents such as age, gender, level etc. Part ‘B’ contained questions on the variables such as family support, acquaintances and distant relatives, mental health and proneness to suicide among learners as captured in the hypotheses. This was adopted the Likert four-point rating format of Strongly Agree (SA), Agree (A), Disagree (D) and Strongly Disagree (SD) respectively.

RESULT

The data used in this study was obtained from two hundred questionnaires and were retrieved for data analysis. There were three hypotheses formulated in the course of this research and were tested using independent T-test statistical tool at 0.05 level of significance respectively.

Analysis of Research Hypotheses:

Hypothesis One

In the null form, the hypothesis stated that there is no significant influence of family supports on mental health and suicide among learners in Nigeria. The hypothesis was tested using independent t-test statistics, the result of analysis is presented in Table 1

Table 1: Independent t-test analysis on influence of family support on mental health and suicide

Variables	N		SD	t-cal
Family supports	200	10.41	6.68	2.06*
Mental health and suicide	200	12.78	9.43	

*Significant at 0.05; df = 198; critical t = 1.97

Table 1 shows that a calculated t-value of 2.06 resulted as the influence of family supports on mental health and suicide among learners in Nigeria. This calculated t-value of 2.06 is significant since it is higher than the critical t-value of 1.97 given 198 degrees of freedom at 0.05 level of significance. Consequently, the null hypothesis that stated that there is no significant influence of family supports on mental health and suicide among learners in Nigeria was rejected.

Hypothesis Two

In the null form, the hypothesis stated that there is no significant influence of acquaintances on mental

health and suicide among learners in Nigeria. The hypothesis was tested using independent t-test analysis, the result of analysis is presented in Table 2.

Table 2: Independent t-test analysis on influence of acquaintances on mental health and suicide

Variables	N		SD	t-cal
Acquaintances	200	9.77	6.15	-3.45
Mental health and suicide	200	12.78	9.43	

*Significant at 0.05; df = 198; critical t = 1.97

Table 2 shows that a calculated t-value of 3.45 resulted as the influence of acquaintances on mental health and suicide among learners in Nigeria. This calculated t-value of 3.45 is significant since it is higher than the critical t-value of 1.97 given 198 degrees of freedom at 0.05 level of significant. This means that the lower the self-esteem of undergraduates, the higher the level of proneness to commit suicide. Consequently, the null hypothesis that stated that there is no significant influence of acquaintances on mental health and suicide among learners in Nigeria was rejected.

Hypothesis Three

In the null form, the hypothesis stated that there is no significant influence of distant relatives on mental health and suicide among learners in Nigeria. The hypothesis was tested using independent t-test statistics. The result of the analysis is as presented in Table 3.

Table 3: Independent t-test analysis on influence of distant relatives on mental health and suicide

Variables	N		SD	t-cal
Distant relatives	200	13.8	7.12	3.89*
Mental health and suicide	200	12.78	9.43	

*Significant at 0.05; df = 198; critical t = 1.97

Table 3 shows that a calculated t-value of 3.89 resulted as the influence of distant relatives on mental health and suicide among learners in Nigeria. This calculated t-value of 3.89 is significant since it is higher than the critical t-value of 1.97 given 198 degrees of freedom at 0.05 level of significance. Consequently, the null hypothesis that stated that there is no significant influence of distant relatives on mental health and suicide among learners in Nigeria was rejected.

DISCUSSION OF FINDINGS

Research table 1 investigated that there is a significant influence of family supports on mental health and suicide among learners in Nigeria. This finding is supported by Goldsmith (2018) family support at emerging adulthood includes the contribution of energy, time and financial resources for continual development and ‘bailing out’ with same energy, time and financial resources for emerging adults vulnerable to poor decision-making. While friends’ support is characterized by the provision of emotional security, help, intimacy, reliable alliance, companionship, self-validation and companionship (Demir & Özdemir, 2010), significant other support consists in the availability of a special person in one’s life, who is always around during the time of need, and real source of care and comfort, with whom sorrows and joys can be shared (Adamczyk, 2016).

Research table 2 investigated that there is a significant influence of acquaintances on mental health and suicide among learners in Nigeria. If a person is having suicidal thoughts, there is a one in twenty chance that they will act on those thoughts and take their own life. People in every community across the world are impacted by depression, making it a significant contributor to the global burden of disease. This is in support of Alsubaie, Stain, Webster, and Wadman (2019) that a person's quality of life, as measured by their social relationships and the support they received from significant others and friends. The absence or instability of a family can lead to feelings of dissatisfaction, insignificance, loneliness, and other factors, including problematic amount of freedom and exposure to risky behaviours (Moen & Hall-Lord, 2019; Chen & Harris, 2019). A study conducted in Norway determined that students being able to talk to their parents was a key factor in their quality of life and suggested that good family life supported mental health in adolescents (Moen & Hall-Lord, 2019).

Research table 3 investigated that there is a significant influence of distant relatives on mental health and suicide among learners in Nigeria. The finding supports Zhai et al. (2015) that the family is a social institution, a community of relatives established by marital, blood and adoptive relationship. It is the most intimate group and has a profound effect on its members although Family characteristics vary by nation and culture, but the same family life can precipitate the occurrence of suicidal ideation and suicide such as Parental structures and relationships. A poor relationship between parents is a strong predictor of suicidal ideation as well as Parental problems such as separation, divorce, loss of spouse and abuse from a parent (Donath et al., 2014). Parenting style is considered to be an essential variable when assessing suicidal ideation. Parenting style refers to the child-rearing patterns that a parent adopts in training a child, and it has a colossal influence on the child's development of character, competence and the ability to decide in time of problems (Zhai et al., 2015) and (Baumrind, 2008).

SUMMARY

The researchers recommend that understanding social environment and personal attributes on mental health and suicide may hold benefits for institutions and undergraduates. In addition, it would help human resource specialists and career counsellors forecast mental health and suicidal ideation as well as factors related to early manifestation of suicidal ideation. From such clues, appropriate intervention strategies that will mitigate suicidal tendency and enhance academic performance and psychological well-being could be established.

CONCLUSION

Based on the findings, mental health and suicide have been identified as one of the major global public health issues. Mental health and suicide are complex and multidimensional phenomenon stemming from the interaction of several factors. Suicide remains an important and major cause of death in various populations' samples varying in age, nationality, and clinical severity. Suicide has been known to cause so much pain to the families of whoever commits it. Suicide is unheard of in Nigeria. Nevertheless, surprisingly, the rate at of suicide among youths in Nigeria is now so alarming. However, not all suicide cases are reported but one will still get to hear about them most of the times from eyewitnesses. Suicide behaviour among youths in Nigeria has being attributed to different causes like unemployment, financial crises, socioeconomic status, self-esteem, stress, depression, hopelessness, family support, acquaintances and distant relatives and even some commit suicide as a result of emotional trauma. Religion has been seen to have assisted individuals with suicidal thoughts to discard them. The more religious people are, the more they cherish life and repulse the thought of suicide. Although suicidal behaviour is an individual action, it is essential that you take suicidal behaviour or previous attempts seriously – and get assistance quickly. Aside from professional treatment, suicidal teen needs to know there are people who care, and who are available to talk to. Good support means listening to what is troubling somebody without passing judgment on his or her feelings. A

person should be reassured that there are always solutions to problems or ways other than suicide for coping with them. Giving an undergraduate student the chance to open up and talk about his or her feelings will help relieve some of the distress of those intense emotions, and make that person feel less alone.

RECOMMENDATIONS

Based on the findings of this study and the conclusions reached above, this paper offers the following recommendations:

1. The finding recommends that efforts of clinical psychologists in reducing depressive symptoms are highly required and recommended. Thus, adequate facilities that will permit instant identification and treatment of depression should be provided on university campuses.
2. With the complex transformations of the family environment, suicide prevention should be prioritized. Parents should do their best to provide their children with an enjoyable and intact environment to promote students' health, growth and learning.
3. Universities and society should encourage mutual respect, trust, and harmony among family members to maintain a harmonious family environment and to help parents find ways to prevent suicidal ideation among students.
4. Further scientific investigations are encouraged to test family interventions that could prevent students' suicidal tendencies.
5. In addition, religious activities have been found to increase tolerance to suicidal ideation. Therefore, freedom for religious practices need to be strengthened to encourage more participation and reduce suicidal behaviour among students.

IMPLICATION FOR COUNSELLING

These results have important implications for the prevention of mental health and suicidal tendencies, suggesting that suicide prevention programs, mental health awareness campaign, counselling centers, and psychological clinics on university campuses should include suicide attitudes as well as support, acquaintances and distant relatives in their assessment and identification of individuals who may be at risk for engaging in suicidal tendencies. In addition, the study has very significant implications in educational and organizational sectors of our society today. This study has aided the researcher to understand the negative aspects of socioeconomic status, religion, and peer relations as they predispose individuals to suicidal tendencies among undergraduates. In addition, this study would be useful for the school managements and organizations on how to screen their students during admission and during recruitment exercises as a way of nipping the issue of suicidal tendencies in the bud.

SUGGESTIONS FOR FURTHER STUDIES

This study was conducted among undergraduate students in University of Lagos; hence, there is a need to replicate in other federal, private and religious-owned universities to have a more robust data on the subject matter of this research. Similarly, further studies that will investigate the mediating effects of situational factors on the already established links between the variables in the current study may be considered.

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