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Prevalence, Preventive Practices and Predictors of Suicide Ideation Amongst Youth in Abuja Municipal Area Council (AMAC)

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Abstract-
Background: Suicide has emerged as the second most common cause of mortality for youths between the ages of 10 and 24 years, with about 22% of young people considering suicide on a regular basis. It is vital for young people, their families, and the clinicians tasked with providing care to identify those who are most at risk of developing suicidal thoughts and feelings.
Objective: This study was undertaken to explore the prevalence, preventive practices and predictors of suicide ideation among youth in AMAC.
Methods: A cross-sectional descriptive study conducted in AMAC. A total 422 respondents were selected using Multistage sampling technique. A structured questionnaire was administered to 422 respondents from the selected four (4) wards in AMAC, Gwarinpa, Garki, Karu and Nyanya. Statistical Package for the Social Science (SPSS) version 20:0 was used, questionnaires were analyzed using percentage, frequency tables and chi-square analysis.
Results: This study showed that 312 respondents (74.1%) out of 421 have never experienced suicide thoughts. Also, 362 (86.0%) of the respondents has never attempted suicide, 303 (72.0%) of the respondents don't know someone with a suicide thought and 318 (75.5%) respondents haven't previously noticed behavioral change in someone with suicide thoughts. Natural disaster was found to be a predictor of suicide as 270 (64.1%) of the respondents reported to have experienced it. However, bullying was not a significant predictor of suicide ideation as 346 (82.2%) of the respondents had never been bullied, 333 (79.1%) had never consumed alcohol

Conclusion: Suicide ideation among respondents in this study is relatively low. This may be attributed to the fact that the study area has limited exposure to certain risk factors leading to suicide ideation.

Keywords: Suicide ideation, Youth, Suicidal thought, and AMAC.

I. INTRODUCTION

Suicide has emerged as the second most common cause of mortality for those between the ages of 10 and 24years (1), with about 22% of young people considering suicide on a regular basis. It is vital for young people, their families, and the clinicians tasked with providing care to identify those who are most at risk of developing suicidal thoughts and feelings (2).

More attention has recently been paid to Nigeria's rising suicide rate among emerging adults. According to more recent data, Nigeria has a suicide rate of 9.5 per 100,000 persons, or 18,608 deaths annually (3). According to the Suicide Research and Prevention Initiative (SURPIN), 20% of suicide cases in Nigeria include young people between the ages of 13 and 19years but as victims age approaching 29years, the latter stage of emerging adulthood, the death toll rises rapidly to over 50% (3).

Suicide rates have been rising in Nigeria, and young people account for a significant percentage of these occurrences (4). There are a lot of young people living in the densely populated Abuja Municipal Area Council (AMAC) where numerous socioeconomic issues, such as poverty, unemployment, and social inequality exist in the area and may raise the likelihood of suicidal thoughts in young people (5). Sufficient data on the frequency, determinants, and prevention strategies of suicidal ideation among youth in AMAC is also lacking, despite the growing concern. This data calls for more study on suicide thoughts, especially in vulnerable populations like adolescents living in underserved and rural areas of low- and middle-income nations.

This study sought to explore the prevalence, determinants, and prevention of suicide ideation among youth in AMAC and address this urgent need. This research aimed to offer practical insights for policymakers, mental health practitioners, and community stakeholders by thoroughly examining the underlying elements causing the problem. The goal of this project is to improve the mental health and well-being of young people in AMAC while also assuring the general resilience of the community. It

aims to do this by creating a safer and more encouraging environment for them.

This research aims to assess the prevalence, predictors, and preventive practices of suicide ideation among youth in the Abuja Municipal Area Council (AMAC).

The specific objectives are as follows:

i. To determine the prevalence of suicide ideation among young people in the Abuja Municipal Area Council.
ii. To assess the predictors of suicide ideation amongst youth in Abuja Municipal Area Council (AMAC).
iii. To describe the preventive practice of suicide ideation amongst youth in AMAC.

The following hypotheses were tested in this study:

Hypothesis 1:
Hi: There is a significant prevalence of suicide ideation among youths in the AMAC.
Ho: There is no significant prevalence of suicide ideation among youths in the AMAC.
Hypothesis 2:
Hi: There are significant predictors of suicide ideation among youths in the AMAC.
Ho: There are no significant predictors of suicide ideation among youths in the AMAC.
Hypothesis 3:
Hi: There are significant preventive practices against suicide ideation among youths in the AMAC.
Ho: There are no significant preventive practices against suicide ideation among youths in the AMAC.

II. DATA AND METHOD

The duration of this study was from 1st of April 2024 to 31st of September 2024 (5 months).
This study was conducted in four (4) wards of Abuja Municipal Area Council: Nyanya, Garki, Gwarimpa, and Karu ward which were selected by simple random sampling by balloting.
The target population for this study consisted of youth aged 16-24years living in Abuja Municipal Area Council. A descriptive cross-sectional study was used. For the quantitative method, data were collected using a questionnaire to answer the research questions and test the hypotheses. For the qualitative, an exploratory approach was used to elucidate more insights into the research objectives. The minimum sample size of 422 respondents was determined using the Kish formula.

The statistical formula for calculating sample size is given below;

$n = Z^2 pq/d^2$

n = sample size
z = confidence limit at 95% which is equivalent to 1.96 standard deviate
p = estimated prevalence of suicidal ideation 50% = 0.5
q = 1-p = 1-0.5 = 0.5
D = margin of error acceptable for the study = 5% = 0.05
Therefore,

$$n = \frac{1.96^2 (0.5)(0.5)}{0.05^2}$$

$$n = \frac{1.96x\ 1.96(0.5)(0.5)}{0.0025}$$

$$n = \frac{(3.8416)(0.25)}{0.0025}$$

$$n = \frac{0.9604}{0.0025}$$

n = 384.16 =384

Allowing for attrition, poorly filled questionnaire, a 10% of the sample size will be added = 384 + 38 = 422
Therefore, the sample, n = 422 respondents.
The study sample was selected through a multi-stage sampling procedure.

Stage One: Selection of wards
AMAC has a total twelve (12) ward in which four (4) were selected by simple random sampling by balloting which includes; Nyanya, Garki, Gwarimpa, and Karu ward.

Stage Two: selection of settlements
From the four (4) wards that were selected, two settlements were selected from each ward through simple random sampling by balloting. These settlements includes Karu site and Jikoyi from Karu ward, Nyanya village and Nyanya gwandara from Nyanya ward, Kado Federal Housing and Utako from Gwarimpa ward with Gudu and Apo from Garki ward giving a total of eight selected settlements. Proportional allocation of minimum sample size across the eight selected settlement this was done by dividing 422 by 8 to give 53 respondents per settlement.

Stage three: selection of households within settlements
A list of households for each of the 8 selected settlements were compiled and to determine the

sampling interval, systematic random sampling was employed where the first participant was selected between 1 and 10 from that number every third individuals from the sample frame was selected until 53 participants were gotten from the settlement.

Data collection and analysis

Data were collected using a structured, interviewer-administered questionnaire undertaken by the researcher and four (4) research assistants. It had four sections: demographics, prevalence, predictors and preventive practices of suicide ideation. Data analysis was done using Statistical Package for the Social Science (SPSS) version 20:0 Proportions and frequencies was used for the analysis it will also be presented in tables. Chi-square was used to test for association between categorical variables, Level of significance was determined at PV= 0.05

Ethical considerations

Ethical approval was obtained from Bingham University Teaching Hospital Ethical Committee (BHUTHREC) for the study. Permission for the study in the proposed study area was sought from the Office of the Chairman of AMAC. Written informed consent was obtained from all study participants before data collection.

III. RESULTS

Table 1a: Demographic characteristics of the respondents

Variables		Frequency (N = 421)	Percentage (100.0%)
Age Group	10-19	213	50.6
	20-29	208	49.4
Gender	Male	241	57.2
	Female	180	42.8
Educational Level	Primary	78	18.5
	Secondary	181	43.0
	Tertiary	155	36.8
	Adult Education	7	1.7
Religion	Islam	222	52.7
	Christianity	195	46.3
	African Traditional Religion	4	1.0

Table 1a, above shows that youths who between the ages of 10 – 19 formed the majority of the study population with 213 (50.6%) while those who are between the ages of 20 – 29 were 208 (49.4%). It also revealed that 241 (57.2%) of the respondents are male and 180 (42.8%) of the respondents are female. 181 (43.0%) of the respondents have attended secondary school, 155 (36.8%) of the respondents have attended tertiary education, 78 (18.5%) of the respondents have attended primary school and 7 (1.7%) of the respondents have attended adult education in which 222 (52.7%) of the respondents are Muslims, 195 (46.3%) of the respondents are Christians and 4 (1.0%) of the respondents practice African Traditional Religion.

Table 1b : Demographic characteristics of the respondents

Variables		Frequency (N = 421)	Percentage (100.0%)
Ethnicity	Hausa	110	26.1
	Gwari	115	27.3
	Igbo	68	16.2
	Yoruba	90	21.4
	Others	38	9.0
Occupation	Employed	84	20.0

Unemployed	337	80.0

From table 1b ,it shows that 115 (27.3%) of the respondents are Gwari, 110 (26.1%) of the respondents are Hausa, 90 (21.4%) of the respondents are Yoruba, 68 (16.2%) of the respondents are Igbo while 38 (9.0%) of the respondents are from other ethnicity out of which 337(80.0%) of the respondents are unemployed while 84 (20.0%) of the respondents are employed respectively.

Prevalence of Suicide Ideation

Table 2: Prevalence of Suicide ideation

Variables		Frequency (n = 421)	Percentage (100.0%)
I have ever experience thoughts of suicide.	Yes	109	25.9
	No	312	74.1
I did experience suicidal thoughts in the past 12 months.	Yes	119	28.3
	No	302	71.7
I have ever attempted suicide.	Yes	58	14.0
	No	362	86.0
I do know someone personally who has experienced suicidal thoughts.	Yes	118	28.0
	No	303	72.0
I have ever noticed changes in behavior or mood in someone I suspect might be experiencing suicidal ideation.	Yes	103	24.5
	No	318	75.5

Table 2 above revealed the responses of the respondents on the prevalence of suicide ideation, the table shows that 321 (74.1%) of the respondents have never experience thoughts of suicide, they also agreed that, they have never experience suicidal thoughts in past 12 months with 302 (71.7%). Also 362 (86.0%) of the respondents agreed that they have never attempted a suicide. The respondents also said they don't know someone personally who has experienced suicidal thoughts and they haven't noticed any changes in behavior or mood in someone they suspect might be experiencing suicidal ideation with 303 (72.0%) and 318 (75.5%) respectively. This means that, respondents are not aware about the suicide in their environment.

Preventive Practices of Suicide Ideation

Table 3 a: Score on Preventive Practices of Suicide Ideation

Variables	Frequency (N = 421)	Percentage (100.0%)
High level of Preventive Practice	275	65.3
Low level Preventive Practice	146	34.7
Total	421	100.0

Table 3 above shows that, 275 (65.3%) of the respondents have high knowledge while 146 (34.7%) of the respondents have Low preventive practices of suicidal ideation

Predictors of Suicide Ideation

Table 4: Predictive Score for suicide ideation

Variables	Frequency (N = 421)	Percentage (100.0%)
Low level of suicide ideation	318	75.5
High level of suicide ideation	103	24.5
Total	421	100.0

The scoring method used was 50% or less for low level predictors and > 50% for high level Predictor
From table 4, it shows that 318 (75.5%) have low knowledge of predictors and 103 (24.5%) have high knowledge of predictors.

Table 5: Predictors of Suicide Ideation

Variables		Frequency (N = 421)	Percentage (100.0%)
I have ever experienced disaster	Yes	270	64.1
	No	151	35.9
I have experienced physical /sexual abuse	Yes	91	21.6
	No	330	78.4
I have ever experienced violence	Yes	113	26.8
	No	308	73.2
I have experience bullying	Yes	75	17.8
	No	346	82.2
There is history of suicide in my family	Yes	89	21.1
	No	332	78.9
I engage in the use of alcohol and other substance	Yes	88	20.9
	No	333	79.1
I experience feelings of hopelessness and self-esteem	Yes	80	19.0
	No	341	81.0
I have ever experience family disruption like separation, deaths or divorce?	Yes	129	30.6
	No	292	69.4
I have experience academic problems such as examination failures	Yes	215	51.1
	No	206	48.9
I experience depression	Yes	136	32.3
	No	285	67.7

Table 5 above revealed the responses of the respondents regarding factors that causes suicide ideation. It shows that 270 (64.1) of the respondents have experienced natural disasters. Also 346 (82.2%) of the respondents have never experience bullying. Also 333 (79.1%) of the respondents have not taken alcohol while 88 (20.9%) engage in taking alcohol. Also 215 (51.1%) have experience academic set back such as examination failure. In the area of family disruption experience like separation, deaths or divorce, respondent replied no with 292 (69.4%) among others.

IV. DISCUSSION

This study examined prevalence, preventive practices and predictors of suicide ideation amongst youth in Abuja Municipal Area Council (AMAC). Findings revealed that the prevalence of suicide ideation among youth in AMAC was low. The youth have

never experience suicidal thoughts, attempted a suicide and do not know someone personally who has experienced suicidal thoughts in past 12 months consistent with (6) who found out that 12% of youngsters reported self-harm and 20% of young people had suicidal thoughts and contrasting (7), they stated that there has been a rise in the suicide death rate among teenagers and young adults. This may be due to the fact that their study covers a larger area, while the present study covers few communities in AMAC.

Among preventive practices, programs aimed at educating youth population about risk and identifying cases will prevent suicide ideation among youth, providing youth with job opportunities, crisis centers and hotlines such as providing telephone counseling and other services, restriction of access to substances, provision of access to health care services and open communications between parents/guardians and youth are in consistent with (8,9) who reported a school-wide teaching and screening to inform the public about the signs and symptoms of suicide and identify individuals who are at risk.

For factors that causes suicide ideation, natural disaster is a cause of suicide ideation which is supported by the findings of (10). The home setting also has a significant role in predicting teenage suicide behavior such as parental psychopathology, family history of suicidal conduct, family strife, parent loss due to death or divorce, poor parent-child relationships, and maltreatment. Bullying and alcoholism are not a cause of suicide in this study which disagrees with the findings of (11) and (12), who identified that children who experience bullying and victimization or alcoholism are more likely to attempt suicide later on.

V. CONCLUSION AND RECOMMENDATION

The findings revealed a relatively low prevalence of suicide ideation among the youth population, with a significant majority having never experienced suicidal thoughts or attempted suicide. This suggests that awareness and resilience may be relatively high among the youth in this area, or that risk factors may not be as prevalent compared to other settings. A high level of awareness among respondents on the effectiveness of mental health awareness programs, youth-targeted interventions, and improved access to healthcare, and community support systems in mitigating suicide ideation was observed.

Factors such as exposure to natural disasters, academic challenges, and family disruption were identified as significant contributors to suicidal ideation. Interestingly, bullying and alcohol use were not found to be major predictors in this context, contrary to what is reported in other global and national studies. Socio-demographic variables such as gender, educational level, ethnicity, and occupation showed significant associations with suicide ideation.

Recommendations

Mental health awareness programs aimed at promoting mental health should be prioritized. Educational campaigns to identify early signs of suicide ideation should be considered and implemented in schools and communities at large. This will enlighten the youths on how to identify early signs associated with suicidal ideation and how to prevent them.

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VI. ACKNOWLEDGEMENT

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