



RESEARCH ARTICLE

Socio-Psychological Predictors of Suicidal Ideation among Young Adults in Oyo State, Nigeria

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Abstract: This study investigates the socio-psychological predictors of suicidal ideation among young adults in Oyo State, Nigeria. A sample of 288 young adults, aged 20 to 40, was selected using a simple random sampling technique. Participants completed standardized self-report measures assessing demographic data, emotional intelligence, self-esteem, social support, anxiety, depression, socio-economic status, and suicidal ideation. Data were analyzed using descriptive statistics, Pearson Product Moment Correlation, and multiple regression analysis. The results indicated significant negative relationships between suicidal ideation and emotional intelligence, self-esteem, social support, and socio-economic status. Conversely, anxiety and depression showed significant positive relationships with suicidal ideation. Gender was not significantly related to suicidal ideation. The independent variables collectively accounted for 39.8% of the variance in suicidal ideation. These findings suggest that psychological interventions focusing on enhancing self-esteem, emotional intelligence, and social support, as well as managing anxiety and depression, could be effective in reducing suicidal ideation among young adults in Nigeria.

Keywords: Suicidal ideation, Socio-psychological factors, Gender, Young adults, Nigeria, Emotional intelligence, Self-esteem, Social support, Anxiety, Depression, Socio-economic status.

INTRODUCTION

Suicide is a global phenomenon and has been a public health concern in recent decades. It accounts for 1.4% of all deaths worldwide, making it the 18th leading cause of death (World Health Organization [WHO], 2016). While suicide occurs throughout the lifespan, its prevalence is reported to be particularly high among adolescents and young adults globally (Bridge, Horowitz, Fontanella, Grupp-Phelan, & Campo, 2014; WHO, 2019). According to the WHO, among young people aged 15 to 29 years, suicide is the second leading cause of death worldwide (WHO, 2019). In Nigeria, the prevalence of suicide, especially among young adults, is not clear due to the absence of a country-wide suicide registry. However, Nigeria ranks as the 72nd most suicide-prone country out of 183 nations worldwide and the 10th African country with a high suicide prevalence rate (9.5%) (WHO, 2019). This phenomenon is increasing daily.

According to Wenzel, Brown, and Beck (2009), suicidal ideation is the manifestation of thoughts, images, beliefs, voices, or other cognitions about intentionally ending one's life. It results from the interaction between the components of the cognitive triad (negative views of the

self, world, and future) and cognitive distortions from biased information processing (Tobar, Alberto, Prieto, Lucía, Castrillón, & Alonso, 2016). Suicidal ideation is considered a key element in suicidal behavior, triggering suicide attempts and completions. The transition from ideation to behavior occurs in the presence of moderators such as access to means, increased capability, exposure to suicide, and impulsivity (O' Connor, 2011). This assertion corroborates findings in the academic literature that suicide is a complex issue with diverse risk-related factors (Wilcox, Arria, Caldeira, Vincent, Pinchevsky, & O' Grady, 2011; O' Connor, 2011; Macías & Camargo, 2015).

Relevant literature identifies several strong risk factors among young people who contemplate, attempt, and die from suicide. These include psychological distress or mental health problems (Brent et al., 1999; Hallfors et al., 2004), educational factors such as school failure, dropping out of high school, and post-high school education status (Svetaz et al., 2000; Daniel et al., 2006; Hooven et al., 2012), affective dysregulation, alcohol use disorder, and other illicit drug use (Arria, O'Grady, Caldeira, Vincent, & Wilcox, 2009), suicide attempts in the family and among friends, parent-child conflict, sexual orientation, religious practices, and demographic and socioeconomic variables (Arria et al., 2009; Eskin, Voracek, Stieger, & Altinyazar, 2011; Santos, Marcon, Espinosa, Baptista, & Paulo, 2017), sleep problems, and personality type (Mars, Heron, Klonsky, et al., 2019).

Although numerous international studies have provided information about suicidal ideation among young adults (Anthony & Quintos, 2017; Estrada et al., 2019; Mars et al., 2019), there is a lack of national studies examining

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predictors of suicidal ideation and behavior in Nigeria. Moreover, suicidal behavior shows significant inter-societal variation (Nock et al., 2012; Värnik, 2012; Weissman et al., 1999) and multifaceted etiology (Mann et al., 2005) due to differences in culture, race, ethnicity, religious beliefs, and socioeconomic status. As such, it is challenging to adopt solutions from other countries for Nigeria. Based on the foregoing, this study investigates the socio-psychological predictors of suicidal ideation among young adults in Oyo State, Nigeria. The predictors considered include emotional intelligence, self-esteem, anxiety, depression, socioeconomic status, social support, and gender.

Emotional intelligence, as defined by Adeyemo (2019), is the ability to understand one's own emotions and those of others, and to relate to them based on this understanding. The inability to understand and manage emotions can result in negative consequences for both the individual and society. Studies have shown the buffering effect of emotional intelligence on suicidal ideation (Cha & Nock, 2009; Motahar & Rahgozar, 2011; Abdollahi et al., 2016). These studies suggest that emotional intelligence has an inhibitory effect on mediating, mitigating, and controlling suicidal ideations and attempts.

Self-esteem is a personal judgment of worthiness expressed in the attitude individuals hold towards themselves. According to Hisken (2011), it encompasses feelings that guide behavior, influence attitudes, and drive motivation. Studies have identified three levels of self-esteem—global, situational, and task esteem—as risk factors for suicidal ideation and attempts (Brown & Marshall, 2006; Emler, 2001; Santhanakrishnan, 2013). For instance, McGee and Williams (2000) found in a longitudinal study of adolescents that suicidal ideation can be predicted by both global self-esteem and academic self-esteem. This is consistent with Emler's (2001) findings that self-esteem is a risk factor for suicidal ideation and attempts. Likewise, Santhanakrishnan (2013) observed that self-esteem indirectly affects suicidal thoughts, with a decrease in self-esteem leading to increased stress and, consequently, increased suicidal thoughts.

Anxiety is a normal experience in everyday situations, serving as an alarm system activated in dangerous, embarrassing, or stressful situations. However, while low and controllable levels of anxiety can be beneficial, high levels may negatively impact an individual's social and personal relationships, causing physical and emotional problems. Studies have identified anxiety as a risk factor that increases or reduces suicidal tendencies (Evans, Hawton, & Rodham, 2005; Ahookhosh et al., 2016). Other researchers observed that the combined effect of any type of anxiety diagnosis significantly predicts suicidal ideation (Bentley, Franklin, Ribeiro, Kleiman, Fox, & Nock, 2016).

Depression is a mental health disorder characterized by a persistent sad, empty, or irritable mood, along with cognitive and somatic symptoms that cause significant distress or impairment in functioning. Although rare during childhood, the rate of depression increases during adolescence and young adulthood (Costello, Copeland, & Angold, 2011; Thapar, Collishaw, Pine, & Thapar, 2012). Relevant literature shows that depression is one of the strongest predictors of suicide among adolescents and young adults (Garlow et al., 2008; Ahookhosh et al., 2016; Pandian et al., 2017). Past research demonstrates that higher depressive symptoms are related to higher levels of suicidal ideation (Garlow et al., 2007; Elgin, 2014).

Social support has been linked to suicidal ideation among adolescents and young adults (Harris & Molock, 2000; Stravynski & Boyer, 2001). Higher levels of social

support appear to exert a protective effect against suicidal ideation and behaviors (Yang & Clum, 1994; Thompson, Eggert, & Herting, 2000). Other scholars suggest that social disconnection and isolation, or "failed belongingness," might critically influence suicidal ideations and behavior (Joiner, 2005). These findings are corroborated by Goncalves et al. (2014), who suggest that weak or absent social or family support can result in a higher risk of suicidal behavior, beginning with suicidal ideation.

Indicators of socioeconomic status, such as parental education and occupation, income, material possessions, financial status, and participation in community activities, have been associated with various social and behavioral health outcomes, including aggression, anxiety, depression, physical fighting, body dysmorphism, and self-harm, which can be triggered by suicidal ideation (Caro & Cortes, 2006; Akinbile, 2007; Baker, 2014; Santos et al., 2017). According to Baertschi et al. (2018), 90% of the world's children and youth are citizens of low- and middle-income countries, and these countries' economic statuses account for over 75% of global suicide deaths. This finding is consistent with earlier studies (McGee, Williams, & Nada-Raja, 2001; Tobar et al., 2016) indicating that family background variables such as low socioeconomic status (SES) and poor family functioning can increase an adolescent's sense of hopelessness about the future, resulting in increased vulnerability to suicidal ideation or attempts.

Although there have been discrepant findings regarding gender and suicidal ideation and behaviors globally, available literature highlights gender as a risk factor associated with suicidal ideation (Moayedi et al., 2014; Tobar et al., 2016). Globally, suicide is considered the second leading cause of death among females and the third among males aged 10–24 years (Baertschi et al., 2018; WHO, 2019). Studies reveal higher levels of suicidal ideation and attempts among female students compared to male participants (Shaffer & Waslick, 2002; Medoff, 2007; Cheung & Dewa, 2006; CDC, 2011). In contrast, studies show that five times more 15- to 19-year-old boys die from suicide than girls in the same age range (Anderson, 2002; CDC, 2012). Similarly, in young adults, males are more likely to die from suicide than females (CDC, 2012).

Young adults in Nigerian society face various factors associated with suicidal ideation and behavior due to the challenges of personal, social, and academic development. As such, suicidal ideation and behaviors need immediate attention from behaviorists to prevent more suicides, which can lead to reduced productivity among young adults. Given the significant impact on adolescents and young adults worldwide (Baertschi et al., 2018; WHO, 2019), more studies on suicidal ideation, which precedes and triggers other suicidal behaviors among this group, are necessary. The primary objective of this study is to investigate the socio-psychological predictors (emotional intelligence, self-esteem, socioeconomic status, social support, anxiety, depression, and gender) of suicidal ideation among young adults in Oyo State, Nigeria.

Research Questions

The following research questions, derived from the literature review, guide the study:

1. What are the patterns of relationship among socio-psychological factors (emotional intelligence, self-esteem, socioeconomic status, social support, anxiety, depression, and gender) and suicidal ideation?
2. What are the joint contributions of socio-psychological variables (emotional intelligence, self-esteem,

socioeconomic status, social support, anxiety, depression, and gender) to suicidal ideation?

3. What are the relative contributions of socio-psychological factors (emotional intelligence, self-esteem, socioeconomic status, social support, anxiety, depression, and gender) to suicidal ideation?

METHODS

Design

The study adopted a descriptive survey design of correlational type aimed at examining and analyzing certain phenomena of interest as they exist without any form of manipulation. This design was chosen because it allows for the assessment of the relationships between multiple variables as they naturally occur, providing insights into how socio-psychological factors are associated with suicidal ideation among young adults. The correlational design is appropriate for this study as it seeks to understand the degree and direction of relationships between emotional intelligence, self-esteem, socio-economic status, social support, anxiety, depression, gender, and suicidal ideation.

Population

The targeted population for this study comprised all young adults residing in Oyo State, Nigeria. Young adults were defined as individuals within the age range of 20 to 40 years. This age group was selected because it represents a critical period for examining the emergence and prevalence of suicidal ideation and its associated predictors. The population includes individuals from various socio-economic backgrounds, educational levels, and occupational statuses, reflecting the diverse nature of the young adult demographic in Oyo State.

Sample and Sampling Technique

A sample of 288 young adults from Ibadan, the capital city of Oyo State, participated in this study. The simple random sampling technique was employed to select participants, ensuring that each individual within the target population had an equal chance of being included in the study. This method was chosen to enhance the representativeness and generalizability of the findings.

The inclusion criteria for the sample were as follows: age between 20 and 40 years, residency in Ibadan, Oyo State, and willingness to participate in the study voluntarily. The exclusion criteria included individuals outside the specified age range, those not residing in Ibadan, and unwillingness to participate or provide informed consent.

The sampling procedure involved the following steps: identification of potential participants through community centers, educational institutions, and workplaces; random selection of individuals from the identified pool using a random number generator; and contacting selected individuals to explain the purpose of the study and obtain their consent to participate.

The age of the participants ranged from 20 to 40 years, with a mean age of 23.5 years. This age range was chosen to capture a broad spectrum of young adults at different stages of early adulthood, which is relevant for understanding the dynamics of suicidal ideation and its predictors. The demographic distribution of the sample

included a diverse mix of educational backgrounds, including those with elementary education, secondary education, higher national diplomas, bachelor's degrees, master's degrees, and a few with doctoral degrees. The occupational statuses of participants varied, with the majority being students, followed by civil servants, traders, businessmen, and clergymen.

Instrumentation

The following instruments were utilized in the study to measure the various socio-psychological factors:

Emotional intelligence scale

The Emotional Intelligence Questionnaire constructed by Schutte, Malouff, Hall, Haggerty, Cooper, Golden, and Dornheim (1998) was used to measure the participants' emotional intelligence (EI). This instrument comprises 33 items, each rated on a 5-point Likert scale ranging from "strongly disagree" (1) to "strongly agree" (5). An example item from the questionnaire is: "I know when to speak about my personal problems to others." The psychometric properties of the scale were tested by Schutte et al. (1998) on a sample of 346 students in the southeastern United States, yielding a Cronbach's alpha ranging from 0.70 to 0.85, indicating good internal consistency (Pérez, et al. 2005). To ensure the reliability of the instrument in this study, it was revalidated, resulting in a Guttman Split-Half Coefficient of 0.79.

Self-esteem scale

The Rosenberg Self-Esteem Scale (RSES), developed by Rosenberg (1965), was used to measure the self-esteem of participants. This scale consists of 10 items, rated on a 4-point Likert scale from "strongly agree" to "strongly disagree." The internal consistency of the RSES ranges from 0.77 to 0.88, and its test-retest reliability ranges from 0.82 to 0.85. The criterion validity of the RSES is 0.55, while its construct validity, when correlated with anxiety, depression, and anomie, is -0.64, -0.54, and -0.43, respectively. The scale was subjected to a test-retest reliability measure in this study, which yielded a reliability value of 0.52.

Social support scale

Social support questionnaire- Berlin Social Support Scales (BSSS) constructed by Schwarzer and Schulz (2000) measures the participants' social support. The original version of the items comprises of multiple dimensions of social support where emotional, instrumental, and informational support are distinguished. The scale used in this study comprises of the perceived available support (emotional and instrumental) which contains 8 items, Guttman Split-Half Coefficient of 0.51 was gotten due to revalidation.

Anxiety scale

The anxiety of the participants are measured with the General Anxiety Disorder (GAD-7) developed by Spitzer, Kroenke, Williams and Lowe (2006). This instrument had its validity and reliability established for the first time by Spitzer, et al. (2006); with 89% sensitivity and 82% specificity as well as Cronbach alpha of 0.92. As a result of revalidation, the instrument produced Guttman split-half coefficient of 0.86.

Depression scale

The depression questionnaire used in the study was The Patient Health Questionnaire developed by Kroenke,

Stitzer and Williams (2001). The PHQ-9 demonstrated 88% sensitivity and specificity and showed good reliability of 0.89. The internal consistency of the PHQ-9 using item-total correlations was also reported in Patrick and Connick (2019) from $r = 0.38$ (suicidal ideation item) to $r = 0.71$, with an average of $r = 0.55$ and Cronbach's alpha of 0.82. In order to revalidate the instrument; the following psychometric property was observed, Guttman Split-Half Coefficient of 0.81 was observed due to revalidation.

Suicidal ideation scale

The Suicidal Ideation Scale, developed by Fatriana, Purba, Salsabila, Danasasmita, Afriandi, and Tarigan (2002), was used to assess suicidal thoughts among participants. This scale consists of 10 items rated on a 5-point Likert scale, ranging from "never or none of the time" (1) to "always or great many times" (5). It includes two subscales: suicide desire (4 items) and resolved plans and preparation (6 items). The scale has a Cronbach's alpha of 0.86. An example item from the scale is: "I just wish my life would end." The theoretical value of the scale ranges between 10 and 50. To test the cultural fairness and reliability of the scale, it was pilot tested using a test-retest approach, which yielded a reliability value of 0.75.

Procedure

A total of 288 questionnaires were administered by the researcher to young adults in Oyo State, specifically in Ibadan. The researcher was assisted by two bilingual research assistants fluent in both English and Yoruba to ensure effective communication and assistance for participants who needed help understanding the questions. To maintain confidentiality, the names of the participants were neither written nor included in the data collection process. The procedure involved several steps. Initially, potential participants were identified through community centers, educational institutions, and workplaces, where information about the study was disseminated. Individuals who met the inclusion criteria were invited to participate. The questionnaires were distributed in person by the researcher and assistants, who briefed participants on the purpose of the study and assured them of the confidentiality of their responses. Participants were also informed that their participation was voluntary and that they could withdraw at any time without any consequences. The research assistants provided help to participants who had difficulty understanding any part of the questionnaire, ensuring that language barriers did not affect the accuracy of the

responses. Upon completion, the questionnaires were collected immediately by the researcher and assistants to ensure all questions were answered and to prevent loss of data. Throughout the process, ethical considerations were strictly adhered to, with participants' anonymity protected by not recording their names and informed consent obtained from all participants prior to their involvement in the study.

Data Analysis

The data collected from the questionnaires were analyzed using two statistical methods. Pearson Product Moment Correlation (PPMC) was employed to measure the degree of relationship between the variables of interest in the study, providing insights into the strength and direction of the linear relationships between emotional intelligence, self-esteem, socio-economic status, social support, anxiety, depression, gender, and suicidal ideation. Additionally, multiple regression analysis was utilized to predict the influence of the socio-psychological factors on suicidal ideation among young adults in Oyo State. This method allowed the researcher to assess the relative contribution of each predictor variable while controlling for the others, offering a comprehensive understanding of how these factors collectively and individually affect suicidal ideation. The data analysis procedures were conducted using statistical software to ensure the accuracy and reliability of the results. The findings from these analyses provided valuable insights into the complex relationships between the socio-psychological factors and suicidal ideation, contributing to the body of knowledge on mental health among young adults in Nigeria.

RESULTS

Sample Characteristics

The study included 288 young adults from Ibadan, the capital of Oyo State, Nigeria, comprising 128 males and 160 females aged between 20 and 40 years. The majority of respondents were students (87.2%), followed by civil servants (6.3%), traders (3.8%), businessmen (2.1%), and clergymen (0.7%). Regarding educational qualifications, the most represented group was those with ND/HND/BSc (48.6%), followed by SSCE (30.2%), elementary education (4.2%), master's degrees (3.5%), others (2.8%), and Ph.Ds (1%).

Table 1: Descriptive statistics and Inter-correlations Matrix for the variables

Variables	Suicidal Ideation	Emotional Intelligence	Self-Esteem	Social support	Anxiety	Depression	Gender	Social-economic Status
Suicidal Ideation	1							
Emotional Intelligence	-.389**	1						
Self-Esteem	-.456**	.351**	1					
Social support	-.434**	.600**	.306**	1				
Anxiety	.329**	-.149*	-.223**	-.113	1			
Depression	.485**	-.296**	-.299**	-.191**	.596**	1		
Gender	.011	-.001	.009	.071	-.008	.041	1	
Social-economic Status	-.151*	.058	.055	.044	-.124*	-.166**	-.015	1
X	288	288	288	288	288	288	288	288
Mean	39.08	124.65	29.78	31.18	13.10	15.07	1.58	2.45
SD	12.62	18.99	5.70	7.23	4.76	5.05	.49	1.25

Research Question One: What are the patterns of relationship of socio-psychological predictors (emotional intelligence, self-esteem, social support, anxiety, depression, gender, socio-economic status) and suicidal ideation?

Table 1 presents the descriptive statistics and inter-correlations matrix for the variables. Suicidal ideation showed significant negative correlations with emotional intelligence ($r = -.389, p < 0.01$), self-esteem ($r = -.456, p < 0.01$), social support ($r = -.434, p < 0.01$), and socio-economic status ($r = -.151, p < 0.05$). Conversely, significant positive correlations were found with anxiety ($r = .329, p <$

0.01) and depression ($r = .485, p < 0.01$). There was no significant correlation between gender and suicidal ideation ($r = .011, p > 0.05$). These results indicate that higher levels of emotional intelligence, self-esteem, social support, and socio-economic status are associated with lower levels of suicidal ideation, whereas higher levels of anxiety and depression are associated with higher levels of suicidal ideation.

Research Question Two: What is the joint effect of independent variables emotional intelligence, self-esteem, social support, anxiety, depression, gender, socio-economic status on suicidal ideation?

Table 2: Multiple Regression Analysis showing the socio-psychological predictors of Suicidal Ideation

R = .642					
R ² = .412					
R ² (adjusted) = .398					
Standard error of estimate = 9.87330					
Analysis of variance					
Model	Sum of square (SS)	DF	Mean square	F	Sig
Regression	19224.827	7	2746.404	28.173	.000 ^b
Residual	27392.431	281	97.482		
Total	46617.258	288			

Multiple regression analysis (Table 2) revealed that the independent variables collectively explained 39.8% of the variance in suicidal ideation ($R = .642, R^2 = .412, \text{adjusted } R^2 = .398, F(7, 281) = 28.173, p < 0.05$). This indicates that emotional intelligence, self-esteem, socio-economic status, social support, anxiety, depression, and gender together significantly predict suicidal ideation among young adults in Oyo State.

Research Question Three: What is the relative effect of independent variables (emotional intelligence, self-esteem, social support, anxiety, depression, gender, socio-economic status) on suicidal ideation?

Table 3 shows that depression ($\beta = .342, t = 5.749, p < 0.05$), self-esteem ($\beta = -.252, t = -4.951, p < 0.05$), and social support ($\beta = -.250, t = -4.235, p < 0.05$) were significant predictors of suicidal ideation. However, emotional intelligence ($\beta = -.035, t = -.583, p > 0.05$), anxiety ($\beta = .022, t = .383, p > 0.05$), gender ($\beta = .011, t = .247, p > 0.05$), and socio-economic status ($\beta = -.056, t = -1.212, p > 0.05$) were not significant predictors. These findings suggest that among the socio-psychological factors, depression, self-esteem, and social support have the most substantial impact on suicidal ideation.

Table 3: Relative Contribution of Independent Variables to the Prediction of Suicidal Ideation

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	60.190	5.816		10.349	.000
Emotional Intelligence	-.023	.040	-.035	-.585	.559
Self-esteem	-.563	.114	-.252	-4.951	.000
Social support	-.424	.100	-.250	-4.235	.000
Anxiety	.058	.152	.022	.383	.702
Depression	.791	.138	.342	5.749	.000
Gender	.292	1.183	.011	.247	.805
SES	-.568	.468	-.056	-1.212	.226

The study highlights the importance of socio-psychological variables in understanding suicidal ideation among young adults in Oyo State. The findings have significant implications for mental health practitioners, including counselors, clinical psychologists, social workers, and psychiatrists. Screening for socio-psychological factors such as depression, self-esteem, and social support should be integral to interventions aimed at reducing suicidal ideation.

DISCUSSION

This study examined the extent to which socio-psychological factors (emotional intelligence, self-esteem, socio-economic status, social support, anxiety, depression, and gender) could predict suicidal ideation among young adults in Oyo State, Nigeria. The correlation matrix presented in Table 1 indicates significant negative relationships between emotional intelligence, self-esteem, social support, and socio-economic status with suicidal ideation. Conversely, suicidal ideation showed significant

positive relationships with anxiety and depression. However, no significant correlation was found between gender and suicidal ideation. These results suggest that young adults with low levels of emotional intelligence, self-esteem, social support, and socio-economic status, coupled with high levels of anxiety and depression, are more likely to experience suicidal ideations. This finding is consistent with prior studies (McGee, Williams, & Nataraja, 2001; Boeninger et al., 2010; Elgin, 2014; Goncalves et al., 2014; Taiwo, 2016; Ahookhosh et al., 2016; Tobar et al., 2016; Abdollahi et al., 2016).

The result for the second research question provided evidence for the potent effects of emotional intelligence, self-esteem, socio-economic status, social support, anxiety, depression, and gender on the prediction of suicidal ideation. The magnitude of the prediction of suicidal ideation by the investigated socio-psychological factors is reflected in the values of coefficient of multiple $R^2 = 0.412$ and adjusted $R^2 = 0.398$. Thus, it can be concluded that 39.8% of the total variance in the suicidal behavior of the participants is accounted for by the combination of the seven investigated socio-psychological variables. The other 60.2% variation in suicidal ideation can be attributed to factors not included in the current study. This outcome aligns with previous studies showing that the increase in suicidal ideation and behavior is associated with multifactorial or multi-dimensional factors (Wilcox, Arria, Caldeira, Vincent, Pinchevsky, & O'Grady, 2011; O'Connor, 2011).

Regarding the relative contribution made by each of the socio-psychological factors to the prediction of suicidal ideation, as presented in Table 3, it is evident that depression was the most potent predictor of suicidal ideation among the seven factors considered, followed by self-esteem and social support. This outcome is consistent with previous research demonstrating that depressive symptoms are related to higher levels of suicidal ideation (Garlow et al., 2008; Hawton, Casañas i Comabella, Haw, & Saunders, 2013; Elgin, 2014; Ahookhosh et al., 2016). This result is plausible given that most of the participants were students, and as observed by Olubanke and Taiwo (2016) among Nigerian students, there is indeed a relationship between depression and suicidal ideation. A depressed individual is exposed to constant feelings of sadness, hopelessness, helplessness, isolation, irritability, or frustration over minor matters, fatigue, tiredness, decreased concentration, changes in bodily functions (e.g., crying spells, body aches, low energy or libido, and problems with eating, weight, or sleeping). All these symptoms, when heightened, can prompt an individual to contemplate suicide.

The result also shows self-esteem to be the second most potent predictor of suicidal ideation. Based on the current findings, self-esteem is significantly correlated (negatively) with suicidal ideation. This implies that higher self-esteem is associated with lower suicidal thoughts, and lower self-esteem is associated with higher suicidal thoughts. This finding is consistent with prior studies (McGee et al., 2001; Emler, 2001; Taiwo, 2016). A plausible explanation for this finding could be that self-esteem is vital for survival and normal healthy development. An individual with feelings of low self-worth or self-esteem may contemplate suicide because they feel that there is nothing to live for, whereas an individual with high self-esteem may feel that there is more to life and have a reason to hold on to life.

Another potent predictor of suicidal ideation established in the current study is social support. As shown in the result analysis, social support is significantly

correlated (negatively) with suicidal ideation. This implies that higher social support is associated with lower suicidal ideation, and lower social support is associated with higher suicidal ideation. This outcome aligns with previous findings that lack of social support from family and friends is an important correlate of suicidal ideation for adolescents, adults, and college students (Harris & Molock, 2000; Marion & Range, 2003; Stravynski & Boyer, 2001; Tobar et al., 2016). Other studies revealed that among students, higher levels of social support appear to exert a protective effect against suicidal behaviors by reducing stress (Schutt, Meschede, & Rierdan, 1994) or increasing self-efficacy (Thompson, Eggert, & Herting, 2000). Goncalves et al. (2014) also submitted that individuals who have a good social support network tend to develop coping strategies towards life-threatening situations.

It would be observed that emotional intelligence had a negative correlation with suicidal ideation but had no significant predictive effect on it. This shows that as emotional intelligence increases, suicidal ideation decreases. The likely explanation for this result could be that emotional intelligence has a buffering and protective influence on suicidal ideation. An individual who can understand their feelings can use self-regulation to control suicidal thoughts.

Although socio-economic status had a significant correlation with suicidal ideation, it did not have a significant predictive effect. It is clear from this result that as socio-economic status increases, suicidal thoughts diminish. An individual with adequate resources would rarely contemplate suicide.

Regarding the role of anxiety, the findings show that anxiety correlated significantly with suicidal ideation but had no predictive effect on the criterion measure. This finding conforms with that of Evans, Hawton, and Rodham (2005). Although a little dose of anxiety is required for daily life experiences, too much of it could have debilitating effects on health, including suicidal ideation. The message here is that excessive anxiety could trigger suicidal thoughts.

Evidence from this study shows that gender did not have a significant impact on suicidal ideation. This contradicts prior studies (Shaffer & Washick, 2002; Moayed et al., 2014; WHO, 2019). These studies found gender to be a risk factor associated with suicidal ideation. The probable explanation for the finding could be cultural differences. In Africa, men are supposed to be breadwinners, while women are expected to lend a helping hand and take care of the home front. This sharing of responsibilities reduces pressure and stress on both genders, making suicide less likely as an option. Another reason why gender was not a factor in suicidal ideation in this study could be the traditional norms and stigma associated with suicide in African society. The fear of negative labeling associated with suicide by society may have weighed heavily on both genders, serving as a check on contemplating suicide.

LIMITATIONS

This study has several limitations that need to be addressed. The research utilized a cross-sectional design, which limits the ability to draw causal conclusions about the relationships between socio-psychological factors and suicidal ideation. Longitudinal studies are needed to better understand how changes in these factors over time may influence suicidal ideation. Sample for this study only included young adults in Ibadan, Oyo State, Nigeria. This

limits the generalizability of the findings to a broader population. Future research should consider involving samples from various regions in Nigeria or even from other countries to see if these findings hold across different cultural and geographical contexts. The data collected in this study were based on self-reports, which can be susceptible to social desirability bias and inaccuracies in reporting mental health conditions. Incorporating other methods, such as in-depth interviews or clinical observations, could provide a more comprehensive picture of participants' mental health.

This study did not explore other factors that might contribute to suicidal ideation, such as childhood trauma, social media use, and physical health conditions. Future research should consider including these additional variables to provide a more holistic understanding of the factors influencing suicidal ideation. Although this study found significant relationships between several socio-psychological factors and suicidal ideation, the underlying mechanisms of these relationships remain unclear. Further research is needed to explore these mechanisms, possibly through qualitative studies that can offer deeper insights into individuals' experiences with suicidal ideation.

CONCLUSION AND RECOMMENDATION

This study aimed to identify the socio-psychological predictors of suicidal ideation among young adults in Oyo State, Nigeria. The findings revealed that emotional intelligence, self-esteem, social support, anxiety, depression, and socio-economic status are significant factors related to suicidal ideation. Specifically, higher levels of emotional intelligence, self-esteem, social support, and socio-economic status were associated with lower levels of suicidal ideation, whereas higher levels of anxiety and depression were associated with higher levels of suicidal ideation. Depression, self-esteem, and social support emerged as the most significant predictors, highlighting the critical role these factors play in the mental health of young adults.

The results indicate that interventions aimed at enhancing self-esteem, providing robust social support, and effectively managing depression could be pivotal in reducing suicidal ideation among young adults. Furthermore, the study underscores the need for mental health practitioners to incorporate assessments of these socio-psychological factors in their practice to better identify individuals at risk of suicidal thoughts.

Based on the findings of this study, several key recommendations are proposed to address the socio-psychological factors influencing suicidal ideation among young adults in Oyo State. Mental health practitioners, including counselors, clinical psychologists, and social workers, should develop and implement intervention programs that focus on improving self-esteem and emotional intelligence among young adults. Cognitive-behavioral therapy (CBT) and other therapeutic approaches could be utilized to help individuals develop healthier self-perceptions and coping mechanisms. Strengthening social support networks is also crucial; community-based programs and peer support groups should be established to provide emotional and social support to young adults. Educational institutions and workplaces should create environments that foster strong social connections and support systems. Given the significant impact of depression on suicidal ideation, effective strategies for the early identification and treatment of depression are

essential. Screening for depression should be a routine part of mental health assessments, and individuals diagnosed with depression should have access to appropriate treatment, including counseling and medication.

Efforts should also be made to improve the socio-economic status of young adults through educational opportunities and economic empowerment programs. Scholarships, vocational training, and job placement services can help alleviate the financial stressors that contribute to suicidal ideation. Public health campaigns should be launched to raise awareness about the signs of suicidal ideation and the importance of seeking help. These campaigns can help reduce the stigma associated with mental health issues and encourage individuals to access the support they need. Furthermore, future research is needed to explore other potential predictors of suicidal ideation and to examine the effectiveness of different intervention strategies in diverse populations. Longitudinal studies could provide deeper insights into the causal relationships between socio-psychological factors and suicidal ideation. By implementing these recommendations, it is hoped that the prevalence of suicidal ideation among young adults in Oyo State, Nigeria, can be significantly reduced, thereby improving their overall mental health and well-being.

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