



Stigmatisation and Suicidal Ideation among Higher Institution Students in Southwestern (SW) Nigeria

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KEYWORDS:

Suicidal Ideation,
Stigmatisation, Higher
Institution, Students,
Southwestern

WORD COUNT:

185

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ABSTRACT

This study examined the relationship between stigmatisation and suicidal ideation among higher institution students in Southwestern Nigeria. It also aimed to understand how perceived stigma impacted mental health offshoots, particularly suicidal thoughts. A correlational research design was used. The population consisted of all matriculated students in higher institutions in Southwestern Nigeria using convenient sampling techniques, such as probabilistic sampling, to select 445 participants within the higher institutions in SW, Nigeria. Data was collected through structured questionnaires that measured levels of stigma, suicidal ideation, and demographic variables on offline and online Google forms. A Cronbach's alpha reliability coefficient of 0.83 was obtained. Descriptive statistics, Pearson Correlation Product Moment and simple linear regression analysis were used for the research questions and hypotheses. The findings revealed a significant correlation between high levels of stigmatisation and the frequency of suicidal ideation among the students. The recommendations are promoting interventions and anti-stigma campaigns within higher institution settings to mitigate the adverse effects of stigmatisation on student well-being and thinking. Furthermore, the government should enact anti-stigma laws entrenched with political 'willpower' to enhance the policies and check progress among undergraduate students.

HOW TO CITE

Tahir M.B & Badejo A.O. (2024). Stigmatisation and Suicidal Ideation among Higher Institution Students in Southwestern (SW) Nigeria. *Educational Perspectives*, 13(1), 28-37.



Introduction

Meticulous interaction with young people, especially those studying in various higher learning institutions, revealed that many face daily challenges. Some of these challenges negatively affect their moral lives, academics and total well-being globally, particularly in Nigeria. These encounters may include peer pressure, unattainable goals, domestic concerns, finances, and stigmatisation, leading to preoccupying some students with suicidal ideas.

Suicidal ideation (SI) could refer to someone having a strong negative desire, inclination and or negative thinking about life or living (Nyorere et al., 2020; Ropaj, 2023). It is a perception and viewpoint that stimulate mental illness and absent-mindedness towards attempting to end one's life. It is like a catalyst that propels individual thoughts to the point of suicide involvement. No effective suicide occurs without a gradual process that includes suicidal ideation from the moment it arises until the suicide action is carried out (Oexle et al., 2018). Suicidal ideation is on the rise today and is spreading quickly among young people; quick attentions are needed, or else it could affect the country now and in the future (Adewuya & Oladipo, 2019; Onu et al., 2020).

Suicidal ideation could be expressed as a pessimistic thought, aim and tendency of an individual to take their own life. It is about deliberately occupying one's thinking as well as directing it towards exterminating or harming oneself, colleagues and or others. It is like a pivot that swings both instinctual and conscious viewpoints in favour of fleeing the human world (Breet et al., 2021; Kukoyi et al., 2023; Safai & West, 2022) and demonstrating the success of withdrawing from other people, could serve as the foundation that precipitates someone to

engage in suicide (Badejo & Tahir, 2022; Harmer et al., 2022). It is a self-induced feeling of involvement in any conduct that could lead one to commit suicide or the conscious or unconscious deliberation of a suicide attempt (Olaseni, 2018; Quarshie et al., 2019).

It is a stage that might lead to death or disability among those who possess such demeanours (Xie et al., 2023), and most of the time, this thought is rendered unknown to the broad public (Harmer et al., 2023). Additionally, those who exhibit suicidal ideation may already be dealing with troubling situations that lead them to conduct self-harm attempts (World Health Organisation, 2023). Depending on the circumstance or mental capacity of the individuals concerned, SI(s) have been identified

Purse (2020) distinguishes between two primary forms of suicidal ideation, mild/dormant and acute/manifest, while also accepting the existence of the moderate type. According to Nobile et al. (2022), mild suicidal ideation is when a person wants to die without making any plans to do so, while acute suicidal ideation goes beyond death wishes to include a well-executed plot to commit suicide. The majority of the time, an acute SI victim has death-related wishes, such as desiring to be involved in a tragic accident, dying while sleeping, contracting COVID-19 or being diagnosed with terminal illness by Purse.

Thus, it is essential to talk about the causes of suicidal ideation because it could strike at any time in an individual's life and not based on their social status (Raschke et al., 2022). These are: being unhappy and micro-aggression (Wheaton et al., 2018), drug abuse which exposes people to many social vices like shoplifting and pilfering (Elegbede et al., 2019; Hong & Shin,



2021), loneliness, low self-esteem, learning difficulties, (Iceson et al., 2021), bullying (Igbaede et al., 2023) making students to be rejected by their peers, lose friends, later develops to depression which sometimes ushers in suicidal ideation; and forms of psychological distress (Owusu-Ansah et al., 2020) and including stigmatisation (Wang et al., 2023).

The influence of suicidal ideation on students of higher institutions with some symptoms: hopelessness, emotional breakdown, abnormal preoccupation with violence cum mood swings between happiness and blue (Adeyemo et al., 2022), whispering about retaliation, blaming and humiliation, irregular sleeping patterns, excessive drug and alcohol use, strange behaviour on display (Purse; Mortier et al., 2018).

Stigmatisation seems to be one of the common behaviours among undergraduate students in higher institutions. Nathan and Nathan (2020) mentioned stigma as a socially unfavourable behaviour that people exhibit towards those with devalued qualities. Feelings of shame and worry that occupy those who acquired this inadequacy. It is usually identified with ignorance, bias, discrimination and undesirable social category that could cause mental illness cum suicidal ideation. (Zolezzi et al., 2018). The possessor needs a helping hand in conquering the moral wrong of the stimulant because it affects help-seeking and gives room for suicidal ideations and experiences (Keller et al., 2019). Other researches link stigma to social retreat and self-stigma cum little engagement with others (Pitman et al., 2018). It is also linked to several forms of stigmatisation, such as stereotyping, exclusion, bullying and so on among the youth, particularly those attending higher education (Day, 2021; Liamputtong & Rice, 2021; Varthana, 2023). It was suggested

that there was an association between gender and age with stigmatisation attitudes towards suicidal ideation, showing that more males revealed stigmatising attitudes, and the effect was more evident within adolescents than within adults. This implies that age and gender are related to stigmatising attitudes about suicidal ideation (Pereira et al., 2019). According to (Nesterko et al., 2022; Sheehan, 2017), stigmatised people frequently exhibit some element of suicidal ideation; those who experience it are subjected to more significant stigma than those who do not. Those who experienced it frequently do so out of a desire to avoid appearing depressed or making others feel that something is wrong with them.

In the same way, several studies examined the correlation between suicidal intent and expected conditions that indirectly affect perceived stigma and psychosocial mediators on suicidal thoughts. In the analysis of mediation, the psychosocial impact of gender minority status mediates the relationship between perceived stigma and suicidal ideation (Kota et al., 2020). Suicidal ideas are enhanced by disgrace humiliation and prejudice among groups of individuals (Valentine & Shipherd, 2018; Veale et al., 2017; Westerlund et al., 2020). It is crystal clear that stigma has a significantly positive association with suicidal ideation among populations at risk of psychosis (Casale et al., 2018; Wang et al., 2023b).

Sex and age as moderating variables with the outcome of SI have been linked to detrimental psychological impacts. It was observed that females between the age range of 16 and 21 years old displayed some of these symptoms and were making crucial decisions regarding self-harm and suicidal ideation in support of the association between age and suicidal ideation (Ahmad et al., 2023). The prevalence of



suicidal thoughts among males and females between the age range of 18 and 25 was determined to be significant compared to other age groups (Ivey-Stephenson et al., 2022).

Empirical studies have confirmed that young persons between the age range of 15 and 34 years old have the highest rate of suicide committers due to their propensity for having suicidal thoughts (Cohen, 2022). The prevalence of internalised disorders in females was found to increase their propensity for hazardous behaviour, whereas perversity is more likely to claim the lives of males (Kuehner, 2017). 31% of young people engaged in suicidal ideation, with an account of 20.4% of females with suicidal behaviour to males 9.6%, and other studies revealed that male students are predominately involved in suicidal ideation and suicide with a ratio of 4:1 times male to female involvement. 6% of males generally engaged in suicidal behaviour less frequently than females. The rate of preoccupation with hopeless ideas was high within the age range of 18 to 24 years old, with 21 cases confirmed among young people who committed suicide in Nigeria (Uchendu et al., 2019). Suicidal ideation peaks around the ages of 15 and or 17; and research shows that it is increasing in this age group without showing any signs of slowing down (Gonzalves, 2023). It is common among young people (WHO, 2022), and this is called for disquiet in Nigeria (Ileyemi, 2022).

However, the effect of suicidal ideation on students' sex, as a moderating factor, could be subdued through the establishment of high-hope buffers, which would either contravene, neutralise or modify the adverse effects of aversive experiences on students' thoughts. Researchers submitted that bringing hope to students battling with SI by reducing or modifying the adverse effects of hopelessness in

students with elements of suicidal ideation (Chang, 2017; Onu et al., 2020).

Statement of the Problem

Today, higher institutions of learning in Nigeria, particularly in the Southwestern part of the country, are facing several challenges relating to stigmatisation and suicidal ideation. The rate of stigmatisation is on the high side, which is holding back mental health issues and peer interactions, leading to a series of discrimination and isolation of distressed students (Alemu et al., 2023; Eboh, 2023). This humiliation creates social exclusion and impairs feelings of hopelessness and despair, contributing to an increased risk of suicidal ideation (Tasfi & Mostofa, 2024) and further intensifying the problem. Empirical studies and surveys in Nigeria have shown a significant correlation between stigmatisation and suicidal ideation; and more importantly, in the areas of mental health stigma and HIV/AIDS stigma (Oladunni et al., 2021). Addressing this issue is crucial to ensuring students' well-being and academic success, necessitating comprehensive mental health interventions and anti-stigmatisation campaigns that create a supportive environment for all students. This study, therefore, seeks to explore the relationship between stigmatisation and suicidal ideation among students in higher institutions in Southwestern Nigeria, shedding light on the way of mitigating through which stigmatisation may influence SI.

Research Questions

- 1) What are the common forms of stigmatisation among students in higher institutions in Southwestern Nigeria?
- 2) What is the relationship between stigmatisation and suicidal ideation?



Hypothesis

H₀₁: There is no significant relationship between stigmatisation and suicidal ideation among students in higher institutions in Southwestern Nigeria

Methodology

This study adopted a correlational research design. The population consisted of all matriculated students in higher institutions (public-owned) in Southwestern Nigeria using convenient sampling techniques, such as probabilistic sampling, to select 445 participants. Convenient sampling was used as a result of easy accessibility and willingness to participate; it also reduces costs and time in reaching a more dispersed population. The researchers collected the research data through 21 questionnaires that consisted of Section A, which sought the participants' demographic information. In contrast, Section B consisted of items that measured the frequency of stigmatisation and suicidal ideation. A Cronbach's alpha reliability coefficient of 0.83 was obtained after the instrument was passed through content validity by guidance counselling and measurement evaluation experts.

Also, the researchers collected data both offline and online with the aid of Google Forms. The data was collected between May 2024 and June 2024. The data was imported to MS Excel for data conversion from text to number. Afterwards, the data was cleansed before being imported to SPSS software version 29 for analysis. Descriptive statistics involving frequency count, percentage and the mean score were used for demographic information analysis. Pearson Correlation Product Moment and simple linear regression analysis answered the research questions and hypothesis.

In addition, ethical issues relating to this study were observed, and consent was obtained from the participants. They participated voluntarily and had the right to withdraw at any study stage. Their anonymity was also observed as none of their identifying information was obtained and disclosed.

Results

Table 1: Demographic information of the Participants

| Demographic | Category | N | % |
|-------------|-------------|-----|-------|
| Gender | Male | 195 | 43.8% |
| | Female | 250 | 56.2% |
| Age | 16-18 | 90 | 20.2% |
| | 19-21 | 222 | 49.9% |
| | 22 & above | 133 | 29.9% |
| Institution | University | 325 | 73 |
| | Polytechnic | 71 | 16 |
| | College | 49 | 11 |
| Level | 100 | 48 | 10.8 |
| | 200 | 175 | 39.3 |
| | 300 | 138 | 31 |
| | 400 | 84 | 18.9 |

Table 1 shows the demographic information of the respondents. The sample consisted of 445 participants, with 209 (47.1%) identifying as male and 234 (52.9%) as female. Regarding age distribution, most participants fell within the 19-21 age range, constituting 199 individuals (44.9%). Participants aged 22 and above comprised 163 individuals (36.8%), while those in the 16-18 age range accounted for 81 individuals (18.3%). The gender distribution in the sample indicates a slightly higher representation of females than males. However,



it is essential to note that the difference between male and female participants is relatively small. Regarding age distribution, most participants were between 19 and 21, suggesting that this age group was likelier to participate in the study. This could potentially indicate that individuals in this age range are more accessible or more interested in participating in research studies compared to other age groups. Therefore, the sample appears relatively balanced regarding gender representation, with a slightly higher proportion of participants falling within the 19-21 age range.

Table 2: Ranking of the Common Stigmatisation

| Form | Frequency | Percentage | Rank |
|--------------|-----------|------------|------|
| Stereotyping | 140 | 31.5 | 2nd |
| Exclusion | 276 | 62 | 1st |
| Bullying | 29 | 6.5 | 3rd |

Frequency of stigmatisation (self)

| Form | Frequency | Percentage |
|--------------|-----------|------------|
| Rarely | 141 | 21.3 |
| Occasionally | 231 | 42.2 |
| Frequently | 73 | 36.4 |

Frequency of seeing others being stigmatised

| Form | Frequency | Percentage |
|--------------|-----------|------------|
| Rarely | 95 | 21.3 |
| Occasionally | 188 | 42.2 |
| Frequently | 162 | 36.4 |

Table 2 presents the ranking of common forms of stigmatisation based on their frequency and percentage among participants. In higher institutions in Nigeria, The most frequently reported form of stigmatisation was exclusion, with 276 participants (62%) indicating it as a common experience, ranking it first (1st). Stereotyping was the second most common form, reported by 140 participants (31.5%),

followed by bullying, and reported by 29 participants (6.5%).

Furthermore, the frequency of self-reported stigmatisation varied among participants. Specifically, 141 participants (21.3%) reported experiencing stigmatisation rarely, 231 participants (42.2%) reported experiencing it occasionally, and 73 participants (36.4%) reported frequent experiences of stigmatisation.

Participants also reported their observations of others being stigmatised. 95 participants (21.3%) observed stigmatisation rarely, 188 participants (42.2%) observed it occasionally, and 162 participants (36.4%) observed it frequently.

H₀₁: There is no significant relationship between stigmatisation and suicidal ideation among students in higher institutions in Southwestern Nigeria.

Table 3: Relationship between stigmatisation and suicidal ideation among students in higher institutions

| Variable | N | r | P | Remark |
|-------------------|-----|------|-------|-------------|
| Stigmatisation | 445 | .838 | <.001 | H0 rejected |
| Suicidal Ideation | 445 | | | |

A Pearson correlation was conducted to examine the relationship between stigmatisation and suicidal ideation among 445 participants. The results indicated a significant and strong positive correlation between stigmatisation and suicidal ideation, $r(443)=.838, p<.001$. This suggests that higher levels of stigmatisation are associated with higher levels of suicidal ideation. The correlation was significant at the 0.01 level (2-tailed).

Discussion of Findings

The findings of the study ascertained that students in higher institutions in the Southwestern region of Nigeria engaged more in stigmatisation and that stimulated the frequency of their engagement in suicidal ideation. Exclusion is the most frequently



reported form of stigmatisation (62%) and a significant portion of participants experience stigmatisation occasionally (42.2%) or frequently (36.4%). This is indeed in tandem with the previous studies that those who exhibit suicidal ideation are dealing with troubling situations that lead them to conduct self-harm attempts (World Health Organisation, 2023); such troubling situations could be a result of rejection by their peers, loss friends, which later developed to depression which sometimes ushers in suicidal ideation; and forms of psychological distress and these including several forms of stigmatisation (Igbaede et al., 2023; Owusu-Ansah et al., 2020; Wang et al., 2023).

In addition, stigmatisation seems to be one of the common behaviours displayed among undergraduate students in the Southwestern region of Nigeria. As Nathan and Nathan (2020) pointed out, stigma is a socially unfavourable behaviour that people exhibit towards those with devalued qualities. Feelings of shame and worry that occupy those who acquired this inadequacy. These behaviours (discrimination and undesirable social category) cause mental illness cum suicidal ideation experiences (Keller et al., 2019; Nesterko et al., 2022; Sheehan, 2017; Zolezzi et al., 2018). The need to be aware that many students may have ongoing experiences of stigmatisation.

The nature of stigmatisation behaviour makes it easier for the student to be involved in one of its forms, which in turn harms their thoughts. 42.2% of students reported that they occasionally see others being stigmatised, and 36.4% reported seeing it frequently. This is in tandem with the statement made by (Day, 2021; Liamputtong & Rice, 2021; Nesterko et al., 2022; Pitman et al., 2018; Sheehan, 2017; Varthana, 2023) that stigmatisation has indicated a potential distraction for students' academic responsibilities, and spending more time on humiliation causes distraction and trigger them off in involving in SI.

This research outcome underscores the institutional need to educate students in more

interactive behaviours instead of promoting stigmatisation, behaviours that heighten suicidal ideation among them. This submission is in congruence with the positions of (Casale et al., 2018; Wang et al., 2023). The best for the students is to be aware of the negative impacts of stigmatisation and encourage them to engage in advocacy activities that promote inclusivity and challenge stigmatising behaviours and attitudes in their environments

The result obtained from hypothesis one indicated that there is a significant relationship between stigmatisation and suicidal ideation (SI) among higher institution students in Southwestern Nigeria. This implies that the higher the level of stigmatisation, the higher the suicidal ideation level and vice versa. This finding also expresses that stigmatisation was supported as a predictor of suicidal ideation among higher institution students.

The finding could be associated with many negative influences that allow for distraction, suicidal ideations and a few others among higher institution students. It was also impactful, with the high manifestation of a high rate of suicidal thoughts in the minds of several higher institution students through inducing different forms of stigmatisation (Pitman et al., 2018; Day, 2021; Liamputtong & Rice, 2021; Varthana, 2023; Zolezzi et al., 2018). This presupposes that higher education should be guided in letting the students know the pros and cons of stigmatisation. This finding aligns with (Casale et al., 2018; Chang, 2017; Onu et al., 2020; Wang et al., 2023) that the effect could affect the lives of many students, manifest in their moods, thoughts, and emotional reactions, and breed suicidal ideation.

Conclusion and Implications for Counselling

With exclusion being the most frequently reported form of stigmatisation (62%), counsellors must prioritise addressing this issue in their practices. This could include creating a safe and inclusive environment where individuals feel valued and accepted. Counsellors should be equipped with strategies

to help clients cope with feelings of exclusion and work towards building a sense of belonging.

Recommendations

Based on the findings from this study, it recommends the following;

- There is a need to promote interventions and anti-stigma campaigns within higher institution settings to mitigate the adverse effects of stigmatisation on student well-being and thinking.
- The higher institutions in Southwestern Nigeria should create more awareness concerning suicidal ideation, its causes, its symptoms and its effects.
- The General Nigerian Studies (GNS) courses and programmes in various higher institutions in the country, particularly the Southwestern region, should incorporate mental health education and several trigger factors of suicidal ideation. It will help students be conscious, recognise, and avoid stigma from other colleagues.
- Laws on anti-stigmatisation should be part of higher institutions' rules and regulations in Nigeria.
- Higher institution communities at all levels should create an enabling environment for the students.
- The government should enact anti-stigma laws that entrench political 'willpower' to enhance policies and check progress among undergraduate students.

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