

## **Suicide and Gender Vulnerability among Youths in Urban Cities in Nigeria**

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### **Abstract:**

*Youths are considered the pivot for generation continuity. The study examined the Suicide and Gender Vulnerability among Youths in Urban Cities in Nigeria with emphasis on Rivers State. The survey paper assessed relevant documents for literature from libraries, internet publications and other relevant articles. Distributed instrument among the crime prone neighborhoods within the city generated 186 samples used for analysis. The paper utilized descriptive statistics, Chi-Square and Paired t-test statistics to analyze the data. Results showed that more of the male were prone to suicide than the females. The singles had more challenges of depression due to unwholesome activities that expose the youths to crime, incarceration, depression and eventual contemplation for suicide. Further results also showed that about 95% of the youths with incidences of accident injury, terminal illness and incarceration are not at the risk of committing suicide while other factors such as drug consumption and disappointment risks showed that 5% were susceptible to suicide. The study recommended for government establishment of industries to create more jobs. Establishment of corrective and rehabilitations centers and implementation of punitive measures against cult sponsors.*

**Keywords:** Suicide, Gender, Vulnerability, Urban Cities, Effects.

## INTRODUCTION

The issue of suicide has become an epidemic world all over to the detriment of peaceful existence. This may be pointing to the fact that people are no longer happy about themselves and their environment. Cases of suicide are frightening in nature and cannot be which to any human being. Nations are fighting to curb the menace and instill the culture of understanding among its citizens on challenges perceived as the major causes of suicide. More cases of suicide are found to include taking one's own life than victimized suicide. One can be a victim where he or she is being killed by another individual while the former explains a situation where the act of intentional and voluntary murder. In which ever form someone intentionally annihilates his own life is suicide. World Health Organization (2012) pointed out that "worldwide, about 800,000 suicide are committed annually" with suicide leading the highest cause of death. Suicide facts released by National Center for Injury Prevention and Control (NCIPC), (2015), a division of Violence Prevention revealed that suicide rate increased in 2011 when compared to 1999-2010 mostly among the young folks.

According to Richard Alleyne in a his Science correspondent, published by "The Telegraph of 16<sup>th</sup> March, 2010, " youth falls between 18 – 28 years of age, 35 is the beginning of middle age which ends at age 58. The youths are considered vulnerable to suicide perhaps considering that at that age, thoughts are not developed enough while marriage may not have been contracted to give them attached love to dependents and spouse. Across Asia, Europe and America, suicide is seen as a fast growing as people, mostly youth involve in criminality and take their lives which portends danger to the existence of human lives. WHO further reported that "more suicide is committed in Guyana showing the rate of 42 suicides out of 100 deaths and 28.2 for Lithuania when compared with 6.2 suicides for United Kingdom. Be it intentional or impulsive, an end to life without a natural cause amounts to suicide. Following the statistics, released in 2012 by WHO, it was observed among African countries, Sri Lanka had 34 per cent, Cote d'Ivoire, 27.2 per cent and Equatorial Guinea 26.6 per cent. In Nigeria, statistics were released in piece meal and disaggregated in nature, mostly the percentage for youths' involvement in suicide. According to listed cases released by "Today Newspaper", a few account of the recent increase in suicide in Nigeria showed that between 2015 and 2017, there have been mind-bugling rate of suicides. For instance, in 2015, "a 65 year old businessman committed suicide in Kano on 24<sup>th</sup> November, an adult of 78 years of age killed himself in Kano on 20<sup>th</sup> October, a civil servant killed himself in Bayelsa on 2<sup>nd</sup> October and at Oke Onitea in Osun State, a young man of 27 years committed suicide on 19<sup>th</sup> of August.

More suicides occurred in 2016 with the death of "a student of University of Nigeria Nnsuka (UNN) on 29<sup>th</sup> November, a commuter taxi driver in Abia State on 25<sup>th</sup> August, a

former NEPA worker in Ibadan on 3<sup>rd</sup> of August, death of a Chinese in Lagos on 1<sup>st</sup> of August, an ex-permanent secretary committed suicide in Abia State on 29<sup>th</sup> May, a student of Ado Bayero University took his life on 28<sup>th</sup> May, ex-army officer hung himself on 19<sup>th</sup> May, a seventeen year old teenager committed in Ganjuwa local government area of Bauchi State on 14<sup>th</sup> May as a result marriage disappointment. A teenage suicide bomber exterminated eight lives at Medugri on 21<sup>st</sup> April. On 12<sup>th</sup> April, a young man committed suicide in Abaranje Area of Ikotun, Lagos". According to a publication of Today Newspaper, (2017), "in 2017, more suicides were recorded. Information released on the 26<sup>th</sup> of March revealed that 10 per cent of referrals to Lagos State University Teaching Hospital (LUTH) were attempted suicides, a civil servant killed himself in Ekiti State in 15<sup>th</sup> January and many more".

Telegraph Newspaper in 2016 in a six months review, maintained that recession is one of the reasons for increase in suicide rate in Nigeria. It pointed out that "seven states are the worse hit by the wave of suicide. In the review, out of the 62 recorded cases, Ogun and Lagos State had the highest record of 25 and 12 cases. Other states include Ebonyi state 10, Delta State 4, Oyo State 4 and Ondo State 1. As opined by Telegraph, this shameful act ravaging the Nigerian state is being aggravated by the declining economy of Nigeria. Rivers State not being reported may have not excluded it from suicide records. The question raised is, are there no concrete records of suicide cases in Rivers State? It is on this backdrop the paper investigates suicide cases among Youths in Urban Cities in Nigeria using Rivers State as study area with emphasis on Causes and Effects. Specific objectives of the paper are to;

- i. Investigate the causes of suicide attempts among youths in Rivers State
- ii. Find out the gender risk factors and youth vulnerability to suicide attempts in Rivers State
- iii. To ascertain effects of suicide on families of victims in Rivers State

The data were tested based on the following hypotheses;

Ho<sub>1</sub>: There is no relationship between youth and suicide attempt in Rivers State.

Ho<sub>2</sub>: There is no relationship between risk factors and youth vulnerability to suicide in Rivers State.

## **THEORETICAL/CONCEPTUAL FRAMEWORK**

In discussing the theory upon which the study is based, it is unarguably necessary to understand the fact that several scholars have made useful attempts to describe situations that provoked suicide acts (Durkheim, 1951; Shneidman, 1985; Klonsky & Alexis, 2015). They saw suicide as a way people get disentangled with vagaries of life situations of hopelessness. The thought and behavior of suicide victims can be unpredictable but

understood when the act is already committed. This paper considers the fact that victims of suicide must have been with the uncomfortable situation of pains arising from provocation for a long time as propounded by Thomas Joiner. In his interpersonal-psychological theory, he argued that “for a lethal self-harm to occur, a victim must be apprehensive of death and physical pain”. Thomas explained that an individual must have continuously accommodated provocative activities. The drive to take one’s life is a function of personal decision out of thinking overtime (Thomas, 2005).

The act of committing suicide is provoked or self-caused. It explains lack of self-control in the presence of depressed situations. It is an intentional act executed out of thought in a considered unbearable circumstance. Mental Health Daily, (2013) pointed out most victims do not drop a note to explain the reason for their actions. Ignorant of rise and fall as a common phenomenon can be convincing to victims. Financial lack and health challenges may aggravate depressed conditions and force people lose touch with realities about the fact that life situations are not static. According to Joiner (2003), “suicide is terminating one’s life as a channel to end prolonged and habituated painful emotions”. People feel that death is an end to helpless situations in total refusal to confide in others. It is a sad way of expressing the tiredness of life. Jose, Carlos & De Sousa, (2009) identified suicide as “a wholesome inability to cope with unbearable life stress”. Suicide could be committed by an individual or groups of people such as religious sect which can be termed “mass suicide”. It could involve couples as a result of neglect and childlessness, and can be a single individual. Whichever case, suicide is situation aggravated and symptoms evidenced.

Depression is one of the symptoms of suicide. It is betrayed emotional feeling that put people out of the joy of activities around them and makes them lose touch with loved ones, identifiable through lack of interest in things of life. Study shows that depression is a suicide symptom that raises observable suspicions. Sudden outburst, feeling of guilt, moody situations, health challenges, loss of interest and complete sadness expresses depression (Sherri, 20017). The interference of daily life activities by sad emotions is a major challenge to curbing suicide possibilities in the societies. It is also obvious that that every sad moments degenerate to depression rather depression is found to be a later emotion that results from continues sad mood.

### **TYPES OF SUICIDE**

Suicide occurs in various forms. Durkheim, (1897) postulated several forms of suicide in the society. These forms of suicide were viewed from societal perspective rather than individual perspective. Durkheim in his different types of suicide explained four types;

**Egoistic Suicide;** this is committed due to detachment of victims from their communities. These individuals are recluse (island/lonely life) in character. This character may have been formed as a result of rejection, past crime, helplessness, illness etc.

**Fatalistic Suicide;** this arises from societal oppression, covetion of ones property by highly or stronger individuals or authority. Affected individual are mentally and physically repressed. Victim feels oppressed and helpless in the face of what he/her considers as imprisonment, insult and determined annihilation.

**Anomic Suicide:** in such a case, individual feels he/her has made a great mistake in life that is irreversible, where opportunities were not utilized and perhaps age has run out. Anomic Suicide could be committed as a result of embarrassment or sexual assault. It is a suicide situation commonly found among teenagers. It could be failure induced or due to loss of a beloved one.

**Altruistic Suicide;** this occurs as a result of influential control by society or group of people over individuals. It could be attributed to subjection of individual to death by soldiers or the actions of suicide bombers which the victim consider as ultimate sacrifice to appease the gods deities..

### REASONS FOR SUICIDE

No clear reason can be given by any individual for taking his/her life. However, study showed that victims have driven home, their reason and unmanaged challenges for committing suicide (Okechukwu & Ajayi, 2016). Risk factors can cause depression and consequently lead to suicide. Selected suicide risk factors include;

Table 1. Selected Risk Factors

SELECTED RISK FACTORS	
▪ Chronic or terminal illness	▪ Serious pains
▪ Sexual or physical abuse	▪ Kidnapping
▪ Incarceration or ex-convict	▪ Shyness or feeling of low esteem
▪ Domestic violence	▪ Hopeless and helpless trapped situation
▪ Mental imbalance	▪ Injury from accident
▪ Depression	▪ Feeling of failure in life
▪ loss of loved one through death	▪ Bulling or Maltreatment
▪ Feeling of not progressing	▪ Disappointment
▪ Verbal Insult	▪ Drug abuse
▪ Marital separation or divorce	▪ Alcohol
▪ Job loss or treasured asset or money	▪ Family rejection
▪ Losing custody of child/children	▪ Perceived humiliation or let down

Source: Desk Research, 2017

Okechukwu & Ajayi, (2016) further identified that certain symptoms of suicide could be observed in different forms such as;

- Changing from sad mood to sudden happiness or unusual calm.
- Commenting on worthless and hopeless life

- Taking dangerous risks such as jumping from heights, excessive drinking, dangerous driving etc.
- Lack of participation in things that were of interest to him/her.
- Finding it difficult to eat choice foods.
- Showing difficulty to have sound sleep
- Sudden visitations to relations to say goodbye
- Wishing death by discussing about death
- More involved in putting one's household in order in case of tomorrow.

### **EMPIRICAL LITERATURE**

Literatures abound in the area of suicide. In this paper, discussion was opened by Monica, Jane, Rogers & Huang (2012) as they correlated suicide ideation attempt to Slums of Kampala youths by identifying the major risk factor for suicide in the suburb. The study focused on youths within 14 – 24 years of age and implored Bivariate and multivariate logistic regression analysis in determining the relationship between psycho-social challenges and suicide ideation. It was revealed that there was relationship between suicide ideation and the youths due to death of parents, parental neglect, and sadness, trading for sex, alcohol and drugs.

Suicide attempts by youths in Japan Urban cities were studied by Yasuharu, Don, Mie, Sachike & Takuma, (2008). The study focused on the prevalence of psychological suicide risk factor and using street-intercept technique analyzed a group data generated among respondents between ages 15 – 24 and 20 - 24. It was discovered that greater number of the respondents within ages 15 to 19 were victims of sexual assault with infections, drug abuse and poor parental guidance.

Further work by Yip, Callanan & Yuen (2000) on “differential of suicide rate in East Australia and West Beijing, China from 1999 to 1996” using ratio analysis, found that more suicide rate existed among the elderly and closely followed by women of younger ages in China while Australia had greater number of men committing suicide. The study further showed that statically significant difference exist between urban to rural female to male ratio between Beijing and Australia. Various papers bordering on behavior of young people as suicide risk factor were systematically reviewed by Jody, Susan & McAlaney (2016). The paper discussed the “Children associations and adolescents Suicide and Self-Harming Behavior,” Discussed findings showed that revelation of self-harming attitudes of were likely to be those that indulged in the act.

Study on “Risk and Protective Factors of Suicidal Ideation” as a major factor prevalent among young people who are found involved in bulling was conducted by Cheng-Fan, Tai-Ling, Pinchen & Huei-Fan (2015) using logistic regression technique. The paper considered the experiences of individuals who were victims of various kinds of bulling. It was discovered that victims were prone to suicide due to depressions and pains experienced.

Jose, Carlos & De Sousa (2009) worked on “Expressed Emotions and Para-suicidal Behavior in families.” They adopted critical observation technique to under study the behavior of individuals who ingested excessive harmful drugs and found out that the people that ingested drugs showed depressed behavior which is one of the major suicide risk factors. The excessive emotions were observed.

Reviewing the “Risk Factor for suicide through Alcohol Consumption,” Thor & Ingeborg, (2016) took cognizance of the effect of alcohol abuse on individuals as one of the factors that can lead to suicide. It was discovered that alcohol abuse increased suicide risk. The study pointed on the need for empirical studies in that regard.

## METHODOLOGY

This work is a survey design conducted in Port Harcourt City, Rivers State. Secondary materials for literature were sourced through the internet, textbooks and journal papers. Structured questionnaires were disseminated to a sample population of 186 using multipurpose random sampling technique. The retrieved instrument was sorted and data obtained were coded and analyzed. Selected samples were made up of 105 male youths and 81 female youths. All were found to be within the age of 16 to 28 years of age (Richard, (2010). Therefore a total of 186 samples were used for analyses. The objective of the study were attended to using descriptive statistics of frequencies, percentages and mean while the study hypotheses were analyzed with Chi-Square to capture the relationship between youths and suicide attempts while paired t-test statistics was adopted to test the mean difference in risk factors and youth vulnerability to suicide

$$X_c^2 = \sum \frac{(O_i - E_i)^2}{E_i}$$

Where;

O = Observed

E = Expected

Formula for paired t-statistics;

$$t = \frac{\bar{X}_1 - \bar{X}_2}{\sqrt{\frac{S_1^2}{n_1} + \frac{S_2^2}{n_2}}} \quad n_1 + n_2 \text{ degree of freedom}$$

where;

t = Paired t-test statistics

X<sub>1</sub> = mean parameters of the male youths

X<sub>2</sub> = mean parameters of the female youths

S<sub>1</sub> = standard deviation of the male youths

$S_2$  = standard deviation of the female youths

$n_1$  = sample size of the male youths

$n_2$  = sample size of the female youths

## DATA ANALYSIS AND DISCUSSION OF RESULTS

Table 2. Selected Demographic Characteristics of Respondents (n = 186)

Descriptions	Male (n = 105)		Female (n = 81)	
	Freq.	Percentage (%)	Freq.	Percentage (%)
<b><u>Age (in years)</u></b>				
16 - 20	31	29.5	52	64.1
21 - 28	74	70.4	29	35.8
<b><u>Gender</u></b>				
	105	56.4	81	43.5
<b><u>Marital Status</u></b>				
Married	11	10.4	9	11.1
Single	88	83.8	70	86.4
Divorced	6	5.7	2	2.4
<b><u>Educational Level</u></b>				
Non-educated	Nil		Nil	
Primary	7	6.6	13	14.8
Secondary	81	77.1	62	76.5
Graduate	17	16.1	5	6.1
<b><u>Employment</u></b>				
Employed	23	21.9	14	17.2
Unemployed	64	60.9	59	72.8
Private Business	18	17.1	8	9.8

Source: Author's Computation

Table 2 result showed that 70.4% of the male youths are aged 21 – 28 while 64.1% of the sampled youths are within the age of 16 – 20. Gender characteristic showed that 56.4% are and 43.5% and used for the study. Marital status discovered that the highest number 83.8% male and 86.4% of the youths are single. About 10.4% of the male and 11.1% of the female respectively are married. Within the age groups sampled, it was found that 5.7% of the males and 2.4% of the females are divorced. Under educational level, none of the respondents is uneducated. However, further result revealed that that highest number 14% of the female youths had primary education. About 77.1% of the male went to secondary school while 16.1% were graduates. The least 6.1% of the female youths graduated from tertiary institutions.



## HYPOTHESES TESTS

The study conducted Chi-Square test to ascertain the association between having contemplated suicide among characteristics of individual youths through poisonous substances, drowning, jumping from heights and stabbing oneself.

Ho<sub>1</sub>: There is no relationship between youth and suicide attempt in Rivers State.

Table 3. Relationship between youth and Suicide Attempt

Description	Overall		Male = (n =105)			Female = (n = 81 )		
	(%)	N	(%)	N	Prob.	(%)	N	Prob.
	186							
Age (in years)								
16 – 20	61.8	115	74.2	78	0.19	75.3	61	<0.01
21 - 28	38.1	71	35.2	37		24.6	20	
Contemplated Poisonous Substance								
Yes	47.8	89	57.1	60	<0.01	28.3	23	0.14
No	52.1	97	42.8	45		71.6	58	
Contemplated drowning								
Yes	58.6	109	32.3	34	<0.01	76.5	62	<0.01
No	41.3	77	67.6	71		23.4	19	
Contemplated Jumping from height								
Yes	61.2	114	48.5	51	0.04	29.6	24	0.17
No	38.7	72	51.4	54		70.3	57	
Contemplated hanging oneself								
Yes	40.8	76		41	0.18		25	<0.01
No	59.1	110		64			56	
Contemplated stabbing								
Yes	45.1	84	71.4	75	0.04	13.5	18	<0.01
No	54.8	102	28.5	30		86.4	70	

Source: Field Data Computation, 2017.

“p-values are associated with  $\chi^2$  tests” (SPSS Version 13.0)

Dichotomous gender differences informed the categorization of the analyses of male and female separately (Yasuharuet *al*, 2008). Results of the analysis in table 1 showed that more than half of the samples were within the age of 16 – 20 (62%). Less than 38% were within the ages of 21 - 28 years. The overall result on the association between demographic characteristic of respondents (samples) history revealed that 49% ever contemplated suicide by taking poisonous substance. Further result identified that 59% samples are associated with history of contemplated drowning themselves in the river or pool. History of contemplated jumping from heights showed 61% from the sampled respondents. Less than half, 41% of the sampled youths showed they have been associated with hanging themselves and 45% had considered suicide through stabbing themselves.

The revelation of greater number of the sample showing high percentage of drug consumption by the youths portends great danger to the society.

Ho<sub>2</sub>: There is no relationship between risk factors and youth vulnerability to suicide in Rivers State.

Table Paired t-test for Number of Male and Female Youths Affected by Suicide Risk Factors (n = 186).

<b>Selected Suicide Risk Factors</b>	<b>Gender Mean</b>	<b>Mean difference</b>	<b>Standard error</b>	<b>t-ratio</b>
Accident injured male youth	2.43			
Accident injured for female youth	1.52	0.91	1.53	2.73**
Drug risked male youth	6.54			
Drug risked female youth	6.41	0.13	-0.62	-0.38
Terminal illness risked male youth	2.32			
Terminal illness risked female youth	1.81	0.51	1.27	2.16**
Incarceration/ex-convicted male youth	8.57			
Incarceration/ ex-convicted female youth	8.21	0.36	1.21	2.58**
Disappointed risked female youth	9.43			
Disappointed risk male youth	9.32	-0.11	0.14	-0.51

Source: Computed from Field Survey Data, 2017.

\*\*Significant at 5.0% probability level.

Results of analysis on risk factors and vulnerability of youths to suicide on table 2 disclosed a mean difference of 0.91 for suicide risk arising from accident injuries the result is statistically significant at 5.0% probability level. This means that about 95% of the youths are not exposed to suicide risk from accident injuries. The mean difference for drug consumption showed 0.13, explaining that risk associated with drug is not statistically significant at 5.0% probability level. It shows that about 95% of the samples are not prone to suicide risk arising from terminal illness, and a mean difference of 0.36% youths' incarceration that is not significant at 5.0% probability level. It is an indication that more than 95% of the youths are at the risk of committing suicide due to incarceration or ex-convicts. Youths' vulnerability to suicide risk through terminal illness has a mean difference of 0.51, showing a statistical significance of 5.0% probability level. In this regard, greater numbers of 95% of the youths are exposed to terminal illness related risks. Disappointments showed a mean difference of -0.11 and statically significant at 5.0% probability level, with an indication of the rest 95% of the youths at risk of committing suicide as result of disappointment.

The factors were closely examined in this work by critically finding out those contextual issues that pose as risks to suicide acts or the contemplated behavioral thoughts that would have terminated lives among youths. The involvement of 65 per cent of the youths within the age bracket of 16 – 20 in cases of contemplated suicide is a gory experience. It showed that the younger ones are not at ease with ugly sides of life. This agrees with the work of Yip, Callanan & Yuen (2000) that greater suicide cases occur among male and female youths in Beijing and Australia urban cities. The contemplation of consuming poisonous substance to end one's life is can arise out of frustrations experienced by people. When people are tired of life without being properly informed that life is like two sides of a coin, "the ups and the downs". This conforms to the work of Jose, *et al*, (2009) which found that most drug taking are as a result of depressed and excessive emotional behavior which is one of the major suicide risk factors. It also agrees with the findings of Pinchen & Huei-Fan (2015) that victims were prone to suicide due to depressions and pains experienced. A medical doctor who jumped into Lagos Mainland Bridge in Lagos, Nigeria was said to have been depressed as a result of several failures in this post graduate examinations. Another factor could be the loss of someone very dear to an individual. The work of Jane *et al*, (2012) concord in their study that there was relationship between suicide ideation and the youths due to death of parents, parental neglect, and sadness, trading for sex, alcohol and drugs. The contemplation to stab oneself is not without a cause. Depression is said to be the last point of risk factors in the attempt to commit suicide, Monica, *et al*, (2015) agreed that there is a relationship between suicide ideation and the youths due to death of parents, parental neglect, and sadness, trading for sex, alcohol and drugs. The use of drugs in the urban cities points to destructions of future leaders as major heinous criminal are common among this vulnerable group.

## **CONCLUSION**

Findings of the study pointed at directional implications of delinquencies in relation to suicide risks. It revealed more of the male were prone to suicide than the females. Categorizing the marital status of samples showed that more of the singles had more challenges of depression due to unwholesome activities that expose the youths to crime, incarceration, depression and eventual contemplation for suicide. Further results showed that about 95% of the youths with incidences of accident injury, terminal illness and incarceration are not at the risk of committing suicide. However, results on other factors; drug consumption and disappointment risks showed that 5% were susceptible to suicide.

## **Recommendations**

The study recommended the following;

- i. Government should establish industries to create jobs that can absorb more idle youths and jobless graduates since it seems that the vocational trainings are not yielding results.
- ii. Amnesty programme of the government should go beyond asking the cultists to drop their arms but should be followed by corrective and rehabilitations centres beside skill trainings.
- iii. Punitive measures must be taken against sponsors of cultists if the fight for crime free society must be fought holistically.

### **For Further Studies.**

- iv. Further studies should focus on institutions, parks, communities etc. as the rate of killings in villages are on the increase.

## **Limitations of the Study**

There were difficulties in assessing samples for the work among the vulnerable flash points within urban city. The encumbrances of not assessing reliable materials to buttress findings of the paper was one big challenge as works such as this is not common within the southern part of the country.

## **Contributions to Knowledge**

- i. Work force is affected by the number of young people that contemplate committing suicide.
- ii. Study established that the safety of future leaders is not secured as the youths are worse affected by suicide risk factors.

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