RISK FACTORS, SYMPTOMS, PREVENTIVE MEASURES, SUICIDAL BEHAVIOURS AND THE UNDERGRADUATES IN NIGERIA: PRESSURE OF E-LEARNING AND E-HEALTH RESOURCES

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Abstract
Suicidal behaviour is an observable problem among undergraduate students in Nigeria. This behaviour disorder makes individual to see personal life as worthless and this could lead to perceiving other people's lives as worthless. Due to COVID-19 pandemic lockdown, the undergraduate students were exposed to e-learning method which involves the use of internet and social media resources for remote teaching. The students belong to digital generation; so, they zealously explored the internet/social media resources. These new media are constant sources of information on trending issues like social menace of students committing suicide. Globally, the COVID-19 pandemic affected all strata of our national life and society, which has resulted in diverse crises in many families. In no distant time to come, a lot of people, including those in schools, would soon likely struggle with experiences of suicide thoughts. Creating awareness, as preventive or possible solutions to the problem of suicidal behaviours, among the undergraduate students and stakeholders in educational sector, could help to reduce the menace in the society. Hence, this study examined the peculiar causes, symptoms and protective factors of suicidal behaviours among the students in tertiary institutions. Also, suggestions for improvement were provided to embrace e-resources and best practices in e-health care services. In addition, orientations should be given on preventive measures, to empower individual citizens to take care of himself/herself, and to be knowledgeable and skillful on how to help the victims of suicidal behaviour.

Keywords: Suicidal behaviours, Suicide continuum, Students, E-resources, Suicide factors

Introduction

Suicide is a known act in our world because it is as old as the society that we live in. Suicide is behaviour of intentionally taking one's own life. In some communities, death by suicide is considered as a thing of self-honour but otherwise in some other communities. It is seen as immoral and criminal because it globally denies many families, communities and societies, a lot of its members; and this

undesirable death also affects the sector like education. Candidly, this is a serious disruption to a worthwhile society and an undesirable disruption against generations to come, since they would learn about history of such occurrences.

According to Walter, Vaughan, Armstrong, Krakoff, Maldononado, Tiezzi and McCarthy (2005), suicidal behaviour was defined as having intention to commit suicide or attempted suicide in lifetime. Suicidal behaviour also means talking about or taking actions that are related to terminating one's own life. The Centre for Disease Control and Prevention (2014) described suicide as a death by injurious behaviour caused by self, with an attempt to die as a result of the behaviour; and that a suicide attempt is a non-fatal possibly injurious behaviour caused by self with such intention to die as a result of the behaviour; hence, attempting suicide could or may not result in injury. Suicide is both a personal problem as well a global psycho-social menace; meaning that the problem being experienced by any citizen cannot not be dissociated totally from the societal problems because citizens are part of the society. This is observable even in the global outbreak of Corona Virus pandemic (COVID-19), where schooling and educational activities are disrupted and the new normal is e-learning. The new normal has made all the undergraduate students to become emergency e-learners, a condition they and their parents are not prepared for. This new normal is also exposing the students to more internet resources, including information on suicide behavioural disorder.

Directly and indirectly, behavioural disorders have tendencies to truncate vision and actions/plans for national development. Nevertheless, committed efforts to achieve different national goals of Nigeria are consistent and education is being used as a potent approach for attaining the progressive goals. Tertiary institutions have significant roles to play in this aspect. Most of University, Polytechnics and Colleges of education are owned by the government, while very few are private; though these institutions are almost evenly distributed across geographical areas of Nigerian states. The tertiary institutions are aimed to produce responsible man powers as members of the community; who would be productive and self reliant towards advancement of the society. Stakeholders in tertiary institutions include – undergraduate students, academic staff, non-academic staff, tertiary institution campuses community people, parents, governmental and non-governmental organisations, both national and international. The knowledge to overcome the problem of suicidal behaveour is necessary to empower the stakeholders on genuine awareness, by getting explicitly true information and factual practices on suicidal behaviours; to inspire everyone to for personal and societal development.

Hence, this study examined the causes, symptoms and preventive measures of suicidal behaviours among the tertiary institution students. In addition, suicide continuum and relevant theories of suicide were described.

Knowledge of e-Learner Undergraduates on Suicide and Suicide Continuum

Suicide simply means a deliberate act of taking (putting an end to) the life of oneself. World Suicide Prevention Day is observed every "September 10". According to World Health Organization - WHO (2016), suicide is the fifteenth leading cause of death, accounting for 1.4% of all deaths; in addition, it projected this rate to remain steady through 2030. Among young people, in particular university students (and e-learners), suicide is the second leading cause of death apart from self-inflicted injuries, making this population an at-risk group (Nock, Deming, Fullerton, Gilman, Goldenberg, Kessler & Ursano, 2013; Taliaferro, Rienzo, Pigg, Miller & Dodd, 2009a, 2009b and WHO, 2012 in Owusu-Ansah, Addae , Peasah, Asante & Osafo, 2020). This is substantially making some nations at-risk countries in the world; Nigeria is among.

The suicidal behaviours cut across completed suicide, attempted suicide, suicidal ideation, depression and indirect self-destructive behaviours which include alcoholism, substance abuse, and possession of lethal weapons, cultism, sexual abuse, reckless driving, armed robbery, even abuse of electrical appliances. According to Potter, Silverman, Connorton & Posner (2004), depression can commonly be exacerbated by certain situations and lead to an increased risk of developing suicidal ideation. Be it in Nigeria or anywhere else, since depression could lead to suicidal behaviour, it is a signal for great concern to the entire society.

Knowledge gives power, and is desirable to renew it. Revitalization of knowledge on suicide behaviours would definitely impact the educational development in Nigeria; to correctly propel this digital era (with internet and social media pressure) where wrong information (about suicide behaviours) is easily accessed by the internet users and e-learners through technology. Unfortunately, most people who engage in suicidal behaviour generally did not care about mental health services. It is noted that while most people who attempt suicide are also depressed, the majority of individuals who experience depression do not consider or attempt suicide (MUSE, 2016). This explains the difficulty of identifying who (among the jet age population of e-learners) is suffering (from one depression or another); and could consider or attempt suicide.

As asserted by Weissman (2007), sufficient diagnoses and treatment methods for depression in undergraduate students are not enough. In similar vein, Capron, Lamis and Schmidt (2014) observed that depression is a leading cause of death among young adults. Furthermore, as stated by MUSE (2016), Centre for Disease Control declared that suicide is believed to be the second leading cause of death for emerging and young adults, ages 15-34. This age range shows the e-learners who engage most of their times in e-resources. MUSE (2016) added that men are more likely to make successful suicide attempts, given their inclination to use more lethal methods, such as firearms; while women are more likely than men to have suicidal thoughts and make a suicide attempt. Still, both male and female internet users, as well as e-resource users, are prone to suicidal behaviour.

If the e-learner and undergradduates have knowledge of dealing with risks of suicidal behaviours, this could be helpful to nip the menace in the bud; thereby preventing loss of human capital of the society. The citizens nurtured through functional education are expected to advance the scientific, economical, social, technological and political growth of the society. Though suicidal behaviour is not just a spontaneous act, rather it normally begins with suicidal thought, and this may be stopped; but if not stopped the suicide may be carried out by the victim.

According to Doll and Cummings (2008), suicidal behaviour spreads across a continuum, with suicidal ideation at one end, suicidal intent and suicide attempt in the middle, and suicide on the other end. Indeed, it could occur that there are some suicides that are not premeditated, Potter, Silverman, Connorton and Posner (2004) (in figure 1) explains the model of suicide as being part of a continuum - first suicidal ideation occurs with thoughts about suicide, then planning and preparation for suicide, followed by threatening to take one's life, followed by real attempts at suicide, and finally completion of suicide. Taking note on this continuum would show that preventive measures could be taken and the measures begin with appropriate knowledge development in education, among targeted students (e-learners) and stakeholders.
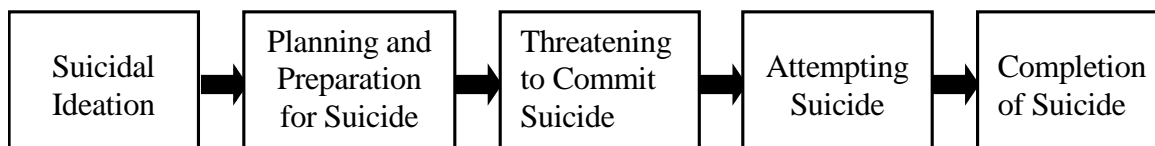
| Suicidal Ideation | → | Planning and Preparation for Suicide | → | Threatening to Commit Suicide | → | Attempting Suicide | → | Completion of Suicide |

Figure 1: The suicide continuum, showing escalation of suicidal ideation to the complete act of suicide (Potter et al., 2004).

Emory University (2015) is of the opinion that there are certain risk factors for university students, concerning suicide; these factors include academic pressures, alcohol, use of drugs, decreased social and family network/support, experience of new environments, as well feelings of isolation and alienation. Study carried out by Emory University revealed that out of every ten college students, one has experienced suicidal thoughts or attempted suicide while in college (Emory University, 2015). In categorising suicidal behaviour, Robert (2008) classified suicidal behaviour into four, namely: completed suicide, suicidal attempts, suicidal ideation, and self-destructive acts. According to him, completed suicide is a behaviour that results in the death of the victim; Suicide attempts involve a suicidal behaviour where the attempter survives; Suicidal ideation includes all overt suicidal behaviours and communications such as suicide threats and expressions of wish to die and Self destructive acts include behaviours that do not lead to immediate death but gradually lead to death after a long time such as alcoholism, sex abuse and drug abuse. Many of such cases are reported in the national news and among the students on campuses in Nigeria. The series of suicide cases reported in Nigeria, particularly among the undergraduates, raises alert on the need for knowledge revitalisation to purposely develop educational systems that could prevent suicidal behaviours. In order to do this, appropriate knowledge of suicidal behaviour continuum (described above) and appropriate suicidal behaviour theory, as explained below, are pertinent.

Theory of Suicide and Suicidal Behaviours

A theory concisely presents a concept or idea that is verifiable, and in psychology, theories are succinctly used to provide a model (in ways that are easy to understand) to explain human thoughts, emotions and behaviours. Psychology theories have two important components which are to describe a behaviour and to make predictions about future behaviours. So, understanding these theories can provide useful insight in individuals and society. A theory in psychology, on suicide, is "Interpersonal theory of suicide". This theory posits that "individuals who die by suicide have both the desire and the capability to die" (Joiner, 2005; Van Orden, Witte, Cukrowicz, Braithwaite, Selby & Joiner, 2010). So, the concept of "Acquired capability for suicide" regarding the theory, stated that death by suicide is physically painful however some individuals may overcome the fear of death and pain when they do not dread dangerous experiences as threatening anymore. This is because the capability to die is acquired through exposure to painful and provocative events that decline fear of death and

enhance pain tolerance. Franklin, Hessel and Prinstein (2011) opines that painful and provocative experiences increase "Acquired capability" by partially increasing pain tolerance.

Furthermore, the interpersonal theory of suicide, explaining "Desire for suicide" posits that two main constructs that contribute to the desire to die are "Thwarted belongingness" and "Perceived burdensomeness" (Van Orden, Witte, Cukrowicz, Braithwaite, Selby, & Joiner, 2010); Thwarted belongingness, e.g. feeling ineffective in their lives and the lives of others, loneliness, alienation and Perceived burdensomeness, e.g. feeling like one is a burden on others, that the lives of their friends and loved ones will benefit from their death; their death becomes more of a value to them than their own life. Knowledge about these concepts would help to positively understand occurrences around anyone who may exhibit such suicidal acts as stipulated by the theories.

Also, Shneidman (1999), in Mba (2010) classified suicidal behaviour into Surcease (Surcease suicidal behaviour is an attempt with the desire to be released from pain, which can be emotional or physical); Psychotic (Psychotic suicidal behaviour results from the impaired logic of the delusional or hallucinatory state of mind, associated with clinically diagnosed schizophrenia or manic-depressive psychosis); Cultural (Cultural suicidal behaviour results from the interactions between self-concept and cultural beliefs about death) and Referred (Referred suicidal behaviour results from destructive logic, such that the victim "confuses the self as experienced by the self with the self as experienced by others". Hence, the victim's self-concept is confused with imaginings of what others think about him. The implication of Shneidman's categories of suicidal behaviours is that students with terminal illnesses or those who are mentally deranged might engage in suicidal behaviours. This is pointing to getting capability for suicide due to their exposure to painful and provocative events that reduce fear of death and increase pain tolerance. Besides, those students who have negative self-images about themselves or those confused of what other people think about them might be tempted to engage in self-destructive behaviours; and pointing to thwarted belongingness and perceived burdensomeness, within the two constructs or concepts under the interpersonal theory of suicide.

Suicidal Behaviours among Tertiary Institution Students in Nigeria: Pressure of e-Learning and e-Health Resources

In the educational sector, among the undergraduate students in Nigeria tertiary institutions, it was observed that a lot of pressure such as – pressure of admission to tertiary institution, feelings/fear of failure, academic stress on campus, problem of accommodation, feeding challenges, lack of school fees, family predicament and career anxiety after graduation, depression and suicidal ideation are troubling the students. This is in addition to pressure caused by incessant industrial down tools by academic staff (it was in the news that a frustrated University graduate in Nigeria in September 2022, decided to return his certificate to his alma mater located in Ogbomoso, to demand for refund of all the fees he paid while in school because he could not secure employment; but the alumni association of the institution quickly provided half a million naira financial support to the graduate and another donation to a physically challenged person). The latest of these is pressure being caused by exposure to wrong content on the internet and social media.

The long time lockdown measure that was enforced to curtail the spread of Corona Virus pandemic negatively affected the economy and social activities for several months; which could have affected the social health of some undergraduates, and added more pressure to them. As emergency e-learners, these undergraduates would also be confronted with question such as – "How would I survive" this disruptive economy as a sudden e-Learner? Where there is no hope, social health of some undergraduates could be affected, even to the extent of suicidal behaviour. A lot of students in Nigeria experience some awful economic challenges – including inability to pay school fees, and buy required textbooks for their courses, poor feeding and lack of clothing, yet no good medical facilities on many campuses to cater for the health challenges of these students. Depression or suicidal thoughts are observed among the students, which could be as a result of a disruptive economic system, disruptive family setting, disruptive society values or disruptive educational system. Any of these or combinations of these difficulties could constitute frustration towards suicidal behaviours.

The lockdown experienced during COVID-19 pandemic compelled a lot of undergraduates to embrace e-learning, which also made them to explore internet content and social media resources like never before. These new media are constant sources of information on trending issues, like the social menace of students committing suicide. Globally, the COVID-19 pandemic affected all strata

of our national life and society, which resulted in diverse crises in many families. In no distant time to come, a lot of people, including those in schools, would likely struggle with experiences of thoughts to commit suicide.

Suicide was not a common act in Nigeria until of recent. A lot of people, irrespective of age, gender, inclination or educational qualification, now hardly see anything wrong in personally killing oneself. The Centre for Disease Control (2006) reported that suicide was the third leading cause of death among the males ages 13 to 29 years in 2004, accounting for 14.6 percent in that age group in USA. Also, MUSE (2016) referred to Centre for Disease Control's report that suicide is believed to be the second leading cause of death for emerging and young adults, ages 15-34, showing increased social-health problems. Though Mba (2010) found that there was very low prevalence of completed suicide among the undergraduates in Nigeria; with implication that what obtains in the developed countries may not necessarily occur in developing countries of the world like Nigeria. This perception could change particularly if related to economy survival of e-learner undergraduates, based on current reality of covid-19 lockdown impact on finances of families and institutions in Nigeria. Though, knowledge of e-learner undergraduates on the risks of suicidal behaviours could guide against the social menace.

Suicidal behaviour is a serious issue to the extent that World Health Organization (WHO, 2012) listed Nigeria as number 102 on the list of countries with the highest number of suicide cases in the world. A lot of Nigerian youths have committed suicide, according to Maymunah (2013), Ayodeji Balogun (age 27) who was a final year student of Business Administration at the National Open University of Nigeria, committed suicide after he was reportedly caught cheating in his final examinations. Likewise Fawole Kafayat, an SSS2 student in Osogbo committed suicide after an argument with her mother. Furthermore, Maymunah (2013) stated that "a very painful one was Onyebuchi Okonkwo, of the University of Nigeria, Nsukka, who hung himself at the hocky pitch on the campus. He was on the scholarship of MTN, Shell and his community in Oraukwu town in

Idemili local Government Area of Anambra State, and was the class representative of 300 level Physics and Astronomy students".

What actually elicited this study was a suicide case of an undergraduate - Philip Emeka Christopher in the month of April, 2016 during second semester examination. The deceased was a 200 level Biology Education student in the University affiliate at Yaba, reported to be on a scholarship awarded him by a religious organisation. After a year rustication of the student for examination malpractice, he returned to campus just to be caught cheating again in another examinations. Unexpectedly, without waiting for any reaction from the institution authority, the student resorted to self conviction by committing suicide after leaving the examination hall that same day. Oral interview conducted by the researcher on friends and course mates of the deceased revealed that he exhibited some signs of suicide ideation before poisoning himself with a popular insecticide; despite quick medical intervention by all and sundry, he died next day.

Besides a report by Bello Lukman (a Journalist with the campus radio station, Unity Fm 93.3 Jos) on Laila's blog, Dachen (2016) reported that Sarah Imoleaya Ighidabo (a student in the Faculty of Education), committed suicide at Bayero University because she failed to meet up with the registration closing time before of an elective course earlier failed by her. Sarah left a suicide note that she could not apply for a course suspension because her academics was all she lived for. She also drank the same brand of the poison, a popular insecticide, as done by Philip Emeka Christopher. She too exhibited some signs of suicide ideation before poisoning herself with this brand of insecticide. Furthermore, within three months of March - May 2021, a number of students committed suicide including – Arikekpar Lucky (200level student, Department of History and Diplomacy), Federal University , Otuoke; Emmanuel Adedeji (200-level student of Management and Accounting), Obafemi Awolowo University, Ile Ife; Daniel Mba, (a 300-level student of Biochemistry, University of Nigeria, Nsukka), among many others. Worthwhile to say, apart from the school curriculum content, these tertiary institution students engage in several other activities of

e-Learning because they are computer literate, technology savvy, at liberty to access internet, and very active on social media without any proof record of parental control on their on-line activities.

As reported by Dobson (1999), there are more than 100,000 websites that deal with methods of committing suicide. This is a worrisome report on the menace. Besides, Gallagher, Smith and Mellen (2003) found that a number of websites are into information on methods of committing suicide, which contain detailed descriptions of such methods. Also, Westerlund and Wasserman (2009) reported a number of online spaces/sites dealing with suicide notes, death certificates, and pictures of people who have committed suicide. According to Ries, 2010, there are occasional news and reports of persons using online venues to seek for opinions from others on their impending suicide attempts. Nevertheless, a new and evolving area of e-health is embracing integration of digital technologies to provide worthwhile healthcare services to people on-line.

The concept of e-health is about delivery of health services on-line or via internet resources (e-resources). The internet-enabled health care could be accessible to a large population and would benefit people globally. While there are some e-resources that the patient uses in collaboration with the physician or health personnel, there are as well some e-resources that are self-managed by the patients, as prevention aid to psychological health problems (self-monitoring and self-assessing unhealthy behaviours and negative mood states). The e-resources are basically to facilitate self management skills by providing continuous monitoring and supportive feedback, making early detection of critical developments possible, and giving timely clinical support. As highlighted by Karasouli and Adams (2014), these e-resources for e-health have been useful, namely PHIT, PRISM, MyRecoveryPlan, eCHAT, Mobiletype, Buddy and Living with Bipolar. Some of these e-resources incorporated online forum, social networking, discussion boards, chat rooms, and peer-to-peer messaging. Also in Nigeria, there are some initiatives, such as making useful contacts for health services available on-line. Examples are Nigerian Suicide Prevention Initiative Counselling Centre hotlines (phone number), Lagos Suicide hotlines (phone number (by the Lagos State Government),

LUTH Suicide Research and Prevention Initiative (SURPIN) information, as well as details on Grassroots Lifesaving Outreach (LESGO); all these and some others are available on https://www.opencounseling.com/hotlines-ng website.

According to Harris, McLean and Sheffield (2014), there are high levels of technology use among suicidal persons". Likewise, "suicidal persons are more likely to seek help online than in face-to-face settings", (Wilks, Coyle, Krek, Lungu & Andriani (2018). This is probably to make them anonymous, which is a very easy status on-line. To this extent, internet based interventions and e-health could be effective approach for suicidal related case treatment.

Creating awareness on preventive and possible solutions to the problem of suicidal behaviours, among the undergraduate students and stakeholders in educational sector, could help to reduce the menace in the society. The tertiary institution communities comprise of undergraduates, who are active e-learners; being computer literate and digitally active, they could serve as contacts to different families and groups outside the school environment (even using digital technology), to spread more awareness on how to identify suicidal behaviours and possible prevention of suicide; more quickly and effective than can be imagined.

Risk Factors for Suicidal Behaviours within Student Community

Risk factors are characteristics of a person or features of his or her environment, that increase the possibility that such a person will commit suicide. As explained by MUSE (2016), risk factors could be mistaking with warning signs of suicide; therefore, it is important to understand that factors that have been identified as increasing the risk of suicide are not factors that cause or predict a suicide attempt. Rather, risk factors are characteristics that make it more likely that an individual will consider, attempt, or die by suicide. Student communities have a number of common activities, attributes and experiences pertaining to academics, which could cause anxiety to mental health (of suicidal behaviours).

Some common problems confronting the university students include relationship and family problems, anxiety about academic and career, conflict with parents on making choice of career (or choosing area of specialisation), low self-esteem, feelings of loneliness, guilt, shame, experiences of physical or sexual abuse, death of relatives or loss of intimate friends, depression and uncertainty about finance, to mention a few. As stated by Suicide Prevention Resource Center and Rodgers (2011), knowledge on suicide risk factors and protective factors are very important because they

are reliably helpful in preventing suicide; in the manner that decrease in the risk factors and/or increase in the protective factors should decrease the risks of suicide. Nevertheless, the degree of risk or protection conveyed by any one factor will differ among individuals and communities because the risk and protective factors are not equal in significance.

Protective Factors for Suicidal Behaviours within Student Community

Suicide occurs across all ages, strata and facets of the society, often due to feeling of helplessness or drug abuse, aside patients of psychotic illnesses. However, "protective factors" could reduce the risk for suicide. Risk Factors are characteristics of a person or features of his or her environment, that increase the possibility that such a person will commit suicide while Protective Factors are personal or environmental features that do help in protecting people from committing suicide. Precipitating Factors, on the other hand, are stressful experiences that can trigger a suicidal crisis in a person who is at risk of suicide. Warning Signs are behaviours that signify that someone is likely at instant risk to commit suicide.

The Samaritans (2022) described protective factors as characteristics that reduce the likelihood that someone will attempt suicide. The protective factors are helpful to people to overcome stressful experiences because they increase resilience towards balancing for risk factors. The organisation added that there are some particular behaviours, environments and relationships that reduce the possibility of suicidal behaviour and improve resilience.

Becky (2015) observed that depression had the highest percentage (thirty nine percent) in the causes of suicide in universities, and that out of thirty mental health practitioners around the six universities only twelve practitioners had suicide support protocols. Defining a suicide support protocol in Becky (2015), it is a comprehensive documented system of handling suicide cases, often charts placed on notice boards in doctor's waiting room for all to read and observe; It is an outlined method of dealing with suicide cases; It is described as involving the use of suicide ideation scales, depression scales and self-harm scale and each of these scales help in "identifying the position in which the clients are" when approaching the counselling centre. Still, WHO (2016) identified important steps in suicide prevention which include, identifying the people who are at risk and vulnerable (to understand the circumstances that influence their self-destructive behaviour) to effectively structure interventions. The protocol (procedure) also requires an outlined method of

how to deal with a suicide case according to the law. Becky (2015) affirmed that a factor responsible for the professional not having the protocol is the existence of shame by the people and fear of the phenomenon of suicide. Hence, most suicidal cases have been referred to Mental Health Institution and psychiatric care instead of being sent to Counselling psychologists.

According to Manitoba (2014), there are some protective factors such as – a strong ability of the individual to cope or to solve problem with skills; an experience of the person with attainment of success or feelings pertaining to effectiveness; having a strong sense of belonging and connection; possessing good interpersonal competence; enjoyment of kind family support and acceptance, including good achievements in school; experiencing memorable cultural identity, couple with societal self-determination; Others include readiness to look for help; having good physical and sound mental health; as well as demonstrating spiritual beliefs. Moreover, The Samaritans (2022) identified a number of important environments, relationships and behaviours that are capable of lessening suicidal behaviour and enhance resilience. Among the important environments, relationships and behaviours identified include – caring family and friends who are attentive; the person having sense of belonging in the community, in the school, among the family members as well as friends; having acquired skills on how to solve problem, how to resolve conflict, how to manage temperament/anger or impulse control; ability to immediately access services of useful medical and mental health care, with sustainable support; knowledge about the cultural and religious beliefs that detest suicide; and conscious prevention of access to lethal tools.

Some Warning Signs or Symptoms of Suicidal Behaviours among Tertiary Institution Students in Nigeria

Actually, students would exhibit different responses to suicidal thoughts yet common warning signs may suggest that a student is thinking of committing suicide. Such feelings could be – of hopelessness/helplessness, looking for a way to kill himself/herself (like searching online or obtaining a lethal weapon), very depressed, talking about wanting to attempt or complete suicide, experiencing anxiety, abusing drugs, stress, abusing alcohol, demonstrating reckless behaviours, and having physical symptoms. Other signs could be self withdrawal from family, community or friends, and from 'activities once enjoyed'; writing of poems, letters, or stories about death and/or suicide; preparing for death by making out will or giving away possessions. According to The Samaritans (2022) such person

could be saying things like "I wish I were dead", "I am going to end it all", "You will be better off without me", "What is the point of living"? "Soon you will not have to worry about me" and "Who cares if I am dead, anyway"? Still, other behaviours that could show a serious risk are – tremendous mood swings or changes in personality, changes in eating and sleeping habits (such as sleeping too little or all the time), a heightened obsession with death or violence, announcing a plan to kill one's self and engaging in risky or self-destructive behaviours.

Conclusion

Suicide is a loss of life due to intentional act of inflicting oneself. Suicidal behaviour encompasses a loss of life by suicide and the acts of harming oneself in manners that do not have a deadly outcome, but which portrays suicidal plans. Occurrences of suicide is an unforgettable experience, that is always disheartening and with unquantifiable grief on the family, associates and the community as a whole.

Prior to this time, suicide was considered by the society as an abomination though reverse is the case now because it is like a recurring menace; with no exceptions among the undergraduate students in Nigeria. Suicide does not just occur like a singular action rather it passes through series of actions, thus it is described as part of a continuum. In this regard, people could purposively render assistance to prevent victim from actualising suicide; however, this depends on if those supposed helpers have requisite knowledge on the risk factors and protective factors; also depending on having proper knowledge on the signs of suicidal behaviour. An intervention that is "peers driven" could provide immense results in preventing suicide among undergraduate students. The reason being that, the students as colleagues in school, most of the time, are around one another; and they could share common experiences with reliable interactions. After all, the medical personnels are occasionally accessible compared to the student colleagues (peers). This implies that suicidal behaviours need tackling from all angles to provide all encompassing solutions.

Suggestions for Improvement

The following could be useful as part of solutions to the menace of suicidal behaviours.

a.   The government at all levels, as well as non-governmental organisations, should take it as a priority to organise seminars and workshops, to train and enlighten the citizens on how to lend helping hands to the victims of suicidal behaviour.

b.   The government at all levels, as well as non-governmental organisations, should take it as a priority to organise advocacy programme, to sensitise the citizens to always lend helping hands to the victims of suicidal behaviour.

c.   Furthermore, because the possession of more protective factors could cause reduction in risk of suicidal behaviours, appropriate orientation should be provided to make the undergraduates have conscious understanding, on how to render intentional assistance to people to keep up and enhance protective factors.

d.   In addition, the government at all levels in Nigeria, should establish health facilities that will promote real-time help, and privacy-guaranteed e-health care services, to the students. These e-health care services (e-resources) should be accessible within and outside the schools and campuses since the students could be away from school (should be accessible to the undergraduates nationwide).

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