

AN ASSESSMENT OF RELIGION'S ROLE IN MITIGATING SUICIDE AMONG TERTIARY INSTITUTIONS' STUDENTS IN DELTA STATE OF NIGERIA

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Citation: Uviekovo, A.A. (2023). An assessment of religion's role in mitigating suicide among tertiary institutions' students in Delta state of Nigeria. *KIU Interdisciplinary Journal of Humanities and Social Sciences*, 4(1), 24-43

ABSTRACT

Suicide is a problem that affects all nations, but low- and middle-income nations are more susceptible because of the stigma associated with it and the lack of facilities that support mental health. With about one million deaths each year, suicide is a significant cause of mortality around the globe. This article evaluates the idea of suicide from a religious viewpoint among students attending tertiary institutions across Delta State, Nigeria. The phenomenological and descriptive methodologies are employed for data collection to achieve the study's objectives. The research population comprises students from nine higher educational institutions in Delta State. The result shows that suicide is motivated by numerous variables, such as sadness, excessive pressure, pessimism, financial hardships, and academic failure; that the incidence of suicide has drastically reduced among students of higher institutions because of religion's big impact in offering understanding, information, wisdom, and faith on human lives. It concludes that further studies should be conducted on the role of religion in preventing suicide, its contextualization in Western knowledge, aiding NGOs in discovering suicide ideations, and providing a model for future researchers.

Keywords: Religion, Suicide, Students, Tertiary Institutions, Delta State, Nigeria.

INTRODUCTION

One of the leading causes of death in the world is suicide. The World Health Organisation (WHO) claims that it is a human catastrophe that causes up to one million fatalities per year (2019). The scale of the issue is further exacerbated by the fact that attempts at suicide occur around 25 times more often than successful suicides. Furthermore, most suicide fatalities in underdeveloped nations like Nigeria, where committing suicide is frowned upon and is associated with social shame for the affected person's family, thus go unreported. A life lost cannot be recovered again since human life is sacred and irreplaceable. In Nigeria, suicide acts as a significant cause of death for young people, with reports of attempts to commit suicide and actual suicides among students in higher educational institutions during the last ten years (Akinremi, 2010; Oyetunji et al., 2021). In Africa and Nigeria in particular, there is a dearth of studies on

suicide, despite the fact that it is the second-leading cause of death for those between the ages of 18 and 35. Suicide is a painful event that has an impact on institutions, society, and families. This article argues that religion, in its functions to society, particularly Christianity and traditional religions, can help in mitigating suicide among students.

This article, therefore, evaluates suicide among students in Delta State's tertiary educational institutions from a religious perspective and the role religion can play in preventing or reducing its occurrence. The paper addresses the causal indicators, impact, as well as the role of religion in mitigating suicide among students of tertiary institutions in Delta State. Delta State in Nigeria is a state located within the South-South geopolitical zone and was created from the previous Bendel State on August 27, 1991. With Asaba serving as the state capital, it contains 25 local government areas. Bayelsa State, the Bight of Benin, Edo State, the States of Anambra and Rivers, and Bayelsa are its neighbours. With a projected population of over 5.6 million people as of 2016, it is the twelfth most populated and the 23rd biggest state in Nigeria in terms of area (Okafor, 2020). The focus of this research is on nine (9) higher educational institutions in the three senatorial districts (Delta North, Delta Central, and Delta South) of Delta State, which include colleges of education, polytechnics, and universities. The phenomenological, historico-descriptive, and evaluative methodologies are employed for data collection in order to achieve the study's objectives. The paper connects the notion of suicide with religion and offers religion as a response to the problem of suicide in human society. It demonstrates the manner in which religious beliefs serve to lessen suicide among students of higher institutions in Delta State. It argues that a more comprehensive strategy is needed to address the growing rates of suicide among students of tertiary institutions in Nigeria and Delta State in particular. The value of this research lies in its explanation of the role religion plays to prevent suicide, its contextualization of knowledge from the west, its assistance to managers of higher educational institutions in Delta State, its aid to students in understanding the concept of suicide, its assistance to NGOs in discovering suicide ideations, and its provision of a model for future researchers.

Suicide and its Problem in Human Society

Suicide has been described in a variety of ways by various scholars, but all agree that suicide includes someone purposefully ending his or her own life. According to Schneidman (1985), suicide is a deliberate, self-induced death in which the victim makes a clear, conscious attempt to terminate their own life. Suicide is defined by the World Health Organisation (WHO) (2018) as an intentional act that is undertaken and carried out by the individual in question with full awareness or anticipation that it would result in death. According to Ekeh (2022), the idea of suicide originates from the Latin terms *suicidium*, which refer to the act of ending one's own life, and *mors voluntaria*, which refers to a purposeful or willing death. Most people who kill themselves do it as a result of frustration and often believe that doing so would permanently solve their issues. The American Psychological Association (cited in Akinremi, 2010) also defines suicide as the

deliberate act of ending one's own life, most often as a consequence of depression or another mental disease. For Psych Central's staff (2018), suicide is an illogical wish to die, and it is a widespread issue. According to Durkheim (1897/2005), suicide is a death that occurs directly or indirectly as a consequence of the sufferer's own good or bad actions, which the person is aware, will result in a tragic outcome. According to Durkheim, the breakdown of customary restrictions led to anomie and egoistic suicide, but altruistic suicide was a reflection of socially acceptable self-sacrifice. The study of the division of labour and the notion of "social constraint" by Durkheim are connected to his theory of suicide. According to him, the primary cause of suicide is the dissolution of the connection that holds society together. Psychopathology, genetics, the environment, poverty, unpleasant relationships, or other personal reasons do not sufficiently explain or drive suicide on their own.

Suicide is the purposeful act of taking one's own life in order to relieve terrible pain or to improve unfavourable living circumstances. Suicide is the second greatest cause of death for young people between the ages of 15 and 29 worldwide, according to Ajibola (2021), and it is in the top twenty major causes of death for young people overall. Suicide is one of the unspoken reasons young people die in Nigeria, and in the last ten years, both attempted and actual suicides among young people have been documented. Students continue to have suicidal thoughts, which negatively affect their families, friends, schools, and even the nations in which they take place. In advanced countries, suicide has been listed as the second-leading cause of death for people between the ages of 18 and 35, and in the United States, teen suicide thoughts and attempts have been listed as a major public health concern. One-third of the population in industrialised and developing nations is most at risk due to the sharp rise in the reported suicide rate among young people. Early indications of depression are considered a suicide warning sign by academics and other stakeholders. Due to developmental shifts that occur in college and university students as young adults, suicide ideation among students of higher institutions may have a distinct aetiology.

Research suggests that, unlike mental conditions like mood disorders, suicidal conduct does not run in families (Agerbo, 2005). Other heritable traits, such as a propensity for impulsive aggressiveness, appear to have an impact on suicidal behaviour. Studies are required to determine the risk and protective variables for the subgroup of non-depressed people who have suicidal thoughts. Affectively deregulated people feel a confluence of unfavourable emotions, such as loss of concentration, despair, and rage, which leads them to behave in an excessively violent way (Pescosolido, 1990). The correlates of emotional dysregulation among university students or young people in general are poorly understood. Inequalities and various roles are played by risk variables for suicide thoughts among young people as individuals and social groups go through their lives. Suicidal conduct includes any intentional act that has the potential to end in death, such as intentionally overdosing on drugs or wrecking a vehicle. Suicidal activity is divided into four categories by Shneidman (1999), namely: suicide, psychotic, cultural, and referred. According to Shneidman's categories of suicidal conduct, students with terminal diseases or those who are mentally sick may commit suicide, although those

who have bad self-images or are unsure of what other people think may also do so.

Suicidal activity, according to Robert (2008), may be divided into four categories: self-destructive behaviour, attempted suicide, completed suicide, and suicidal thoughts. Many Nigerian students struggle financially, finding themselves unable to cover their tuition, buy the books they need for their classes, take care of their basic needs like food and clothing, complete their academic work, or get quality healthcare while on campus. Suicidal behaviours include completed suicides, attempted suicides, suicidal thoughts, and indirect self-destructive activities including alcoholism, drug addiction, carrying deadly weapons, belonging to a cult, abusing women, driving recklessly, committing armed robberies, and misusing electrical equipment. A number of suicide cases have been reported in Nigeria in 2019, including those of a student at the 100-level at Kogi State University, a student at the 400-level studying chemical engineering at the University of Port-Harcourt, a third-year student studying physics and astronomy at the University of Nigeria, and a third-year student discovered dead in an unfinished building at the university (Nwaechefu & Ajayi, 2022). A student at Obafemi Awolowo University, Ile-Ife, committed suicide on May 5, 2019, as a result of their bad academic standing. At Abraka, a Delta State University student committed suicide on April 14th as a result of his subpar academic standing. Investigating this threat is necessary in order to identify the main contributing causes and suggest mitigation strategies. The rise of social media platforms like Facebook, YouTube, WhatsApp, and others has many benefits but has also created new opportunities for young people to commit suicide. Accurate statistics on suicide and the circumstances surrounding deaths in impoverished countries like Nigeria have been difficult to provide due to religion, mistrust, and a lack of scientific interest in the problem. The media has covered a lot of reported suicide cases, suicide research, and maybe the immediate societal context of suicide in African countries like Nigeria.

Theoretical Consideration: Durkheimian Theory of Social Integration and Regulation

Emile Durkheim is regarded as one of the pioneers of the methodical approach to the study of religion and society. His research on the division of labour and the notion of social constraint is connected to his theory of suicide, according to him, a force that is above and beyond the individual and super individual causes suicide rather than being a personal or individual act (cited in Pescosolido, 1994). He rejects the psychiatric explanation and comes to the conclusion that social disorganization, an absence of societal integration, or a lack of social solidarity is the causes of suicide. The integration of Durkheimian theory is believed to have the most influence on both suicidology and sociology. He maintained that the extent and density of a collective's social interactions affect how integrated and meaningful each member of the group feels about their life. Individuals are shielded against what Durkheim referred to as "egoistic" suicides, or suicides brought on by loneliness and a lack of group connection. According to Durkheim's theoretical typology of suicide, social integration and social control drive people to take their own lives. He established and theorized the existence of four distinct varieties of suicide: egoistic, altruistic, anomic, and fatalist. Egoistic suicide is said to result from a lack of integration into society (Pescosolido, 1994); it is often

performed by those who are social outcasts and feel alone or different from others. According to Obasala and Omania (2014), altruistic suicide happens when social group engagement is excessive. Anomic suicide happens when people are under a lot of stress and dissatisfaction and is brought on by a lack of social control. When people are subjected to strict control, fatalistic suicide happens. Too much control may potentially lead to integration or what Durkheim called "fatalistic" suicide. According to Durkheim's study of the data, societal forces rather than personal psychological variables are what lead to suicide. This is the foundation of his theory of social capital. He believed that Catholics had greater systems of control over society and greater coherence than Protestants, which explained why they had a lower suicide rate. He created a theoretical paradigm of suicide in which social integration and societal control drive people to end their lives. According to others, Durkheim's work was defective since he did not grasp basic realities regarding religion across Europe during the time he wrote, and his first conclusions would not apply to today's complicated culture. One of the more persuasive criticisms of the Durkheimian theory was made by Stack (1983), who challenged different elements of Durkheim's first research.

Suicide is a societal phenomenon that has been documented in Nigeria since 1957. Most research on the subject is either weakly representative or a close-proximity study that lacks precise information on the scope and frequency of suicide. According to Durkheim's sociology of suicide, there are two main types of social factors that might make a person more likely to commit suicide: societal integration and social restrictions. Social regulation results in anomic and fatalistic suicide, while social integration results in egoistic and altruistic suicide. Durkheim's sociological study caught the macro phenomenon of the social system that causes suicide to occur at the micro level of human participation. Egoistic, altruistic, anomic, and fatalistic are the four categories by Durkheim that can be used to categorize suicide in Nigeria. While both young people and the elderly commit egoistic suicide in Nigeria, altruistic suicide affects those who belong to religious communities, participate in social activities, and have families. While fatalistic suicide involves strict societal control, anomic suicide entails making each member of the community unwittingly susceptible to a sort of suicide. In a social structure that is weak, social anomie occurs when a small number of people's interests prevail at the cost of the majority of the population (Onu et al., 2020). When a social structure is weak and a small number of people's interests are served at the cost of the bulk of the society's citizens, social oversight is the result. Social control is the extent to which a person's wishes and emotions are constrained by the social ideals of the society, while integration into society is the extent to which a person is tied by social connections and relationships.

Suicide among Students of Tertiary Institutions in Delta State

Due to the absence of a functioning vital statistics framework and the delicate nature of the matter, there are both too few reports and documents on suicide in Nigeria and Delta State in particular. Families are frequently discriminated against and denied social opportunities since suicide deaths are seen as evil and forbidden. People would rather

conceal the cause of death, labelling suicides as accidents or murders (Oke, oral interview, 2022). The 327th section of the Nigerian Criminal Code states that suicide remains a felony in Nigeria (Mapayi et al., 2016; Aloba, 2017). Generally, the crude suicide rate in Nigeria in 2019 was 3.50, up 0% from 2018. The suicide rate in Nigeria during 2018 was 3.50, which is a decline of 2.78% from 2017. In 2017, there were 3.60 suicides in Nigeria, a 2.7% decrease from 2016. Nigeria's 2016 suicide rate was 3.70, up 0% from 2015. Thus according to the World Health Organization (2018) reports Nigeria had one of the highest rates of suicide in Africa and the world in 2016.

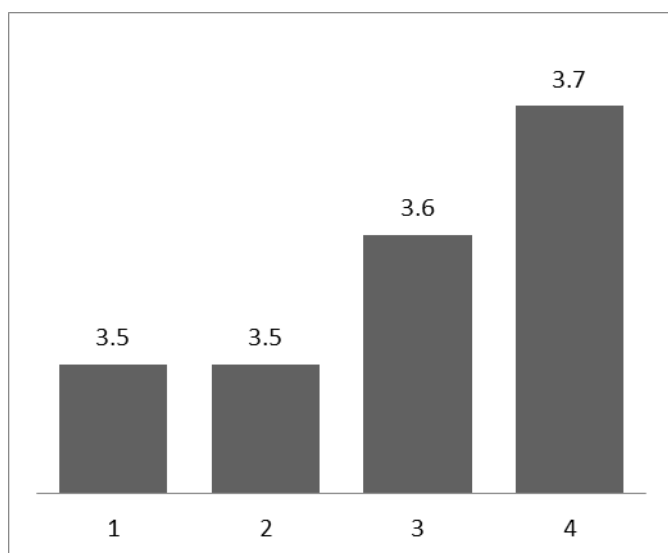


Figure 1: Suicide rate in Nigeria (2016-2019)

Recent events have shown that suicide is becoming more common among Nigerian tertiary education students, mainly first-year students (Nwaechefu & Ajayi, 2022). For instance, Evelyn Mogekwu, a 26-year-old Delta State University (DELSU) microbiology student; Chidike Oyeka, a 25-year-old student at Madonna University in Okija; Tolulope Abodunrin of the Department of Accountancy, University of Ilorin, Kwara State; and Adigun Emmanuel, a 27-year-old final-year student in the Faculty of Agriculture at the University of Ilorin are a few cases worth mentioning. In one semester, there have been two suicides at the Federal University of Agriculture, Abeokuta (FUNAAB). Prior to taking his own life last Thursday, Tobi Miles, a student of pure and applied botany, sent a photo on social media with the remark, "I left the pains." There is a very low rate of completed suicide across the institutions under study (Delta State), according to findings from interviews conducted (see Table 1). The results were not unexpected given the low number of reported suicides and the small number of students who had heard of or seen a suicide at one of their schools. Due to the lack of verifiable documentation of successfully committed suicides or the secrecy with which the deaths were shrouded and disguised to prevent family stigmatization, such suicide cases in Delta State have not gotten much attention. To the best of the investigator's knowledge, there is no

institutionalized psychiatric service at tertiary institutions to care for depressed students and lower the frequency of suicides, suicide thoughts, and attempted suicides. The conclusions of Jacobson (1961), who indicated greater rates of suicide among students in lower and higher grades in their investigations, can be refuted by the findings of this study. This supports Obiora, Eseroghene, and Nkadi (2020), who did studies to identify fatalities brought on by suicide in Warri, Delta State.

Table 1: Cases of student suicide in some institutions in Delta State

Institution	2015	2016	2017	2018	2019
Delta State University, Abraka	1		1	0	1
Petroleum Training Institute, Effurun	0	1	0	2	1
Michael and Cecilia Ibru, University, Agbarho Otor	0	0	0	0	0
Admiralty University, Ibusa	0	0	0	0	0
Edwin Clark University, Kaigbodo	0	0	0	0	0
College of Education, Warri	0	1	0	1	0
Federal College of Education, (Technical), Asaba	0	0	1	0	0
Delta University of Science and Technology, Ozoro (formerly Delta State Polythetic, Ozoro)	0	0	0	2	0
University of Delta, Agbor (formerly College of Education, Agbor)	0	1	0	0	0

Source: Researcher Field Survey, 2022

According to this study, Delta State University students can be more egoistic and anomic when it comes to suicide than students at federal or private universities. There have been no incidences of fatalistic or altruistic suicide among university students documented. According to Durkheim's suicide hypothesis, men are more emotionally prone to suicide, while women are more likely to use it as a cry for help (Pescosolido, 1994). Suicide has been linked to family troubles as well. According to this research, students at tertiary institutions in Delta State are significantly more likely to commit suicide as a result of the stress of dealing with failed relationships and their academic obligations, as well as the stress of feeling lost in a setting where learning is becoming more and more difficult. The survey also discovered that students are becoming more and more dissatisfied with how society controls them, including the educational system and social changes. This discontent may also be a result of students' lack of integration into their current relationships, communities, and societies. The survey additionally discovered that 85.7% of students in Delta State's higher institutions identify as Christians, which may help explain the region's low suicide rate. The study's results imply that students who believe in the sacred value of human life may gain more from doing so. Religious values, beliefs, and optimism may also serve as the basis for ethical opposition to suicide among students of tertiary institutions in Delta State.

Suicidal Behaviour among Students

The term "suicidal behaviours" refers to a spectrum of actions that includes the notion of suicidal thoughts, planning suicide, making an attempt at suicide, and actually committing suicide (Jordan, 2021). Young adult populations' female gender, consumption of psychoactive substances, mental diseases, and lack of social support, lower levels of self-esteem, and lower levels of life satisfaction are the main risk factors for suicide behaviours. Suicide remains the second-highest cause of mortality worldwide for those between the ages of 15 and 29. Due to a lack of studies, it is largely unclear in the majority of African nations what percentage of young adults engage in behaviours connected to suicide and what variables influence this behaviour. Suicidal behaviours are quite widespread but can differ among nations, according to research done in four African countries. Suicidal ideation and attempt frequency among young adults in Tunisia has been estimated to be in the range of 26.9% and 7.3%, respectively (Stack & Kposowa, 2011). The rates of suicide among young adults can be overestimated. Despite inadequate surveillance, social stigma associated with suicide, and challenges with incomplete monitoring, Nigeria possesses a number of the worst rates of suicidal thoughts and attempts internationally (Nwaechefu & Ajayi, 2022). Deteriorating academic performance, dramatic shifts in mood, hopelessness, obsession with death, nervousness or anxiety, inflamed feelings or frustration, participating in dangerous behaviours, staying away from friends and family, ignoring appearance and hygiene, increasing use of drugs or alcohol, and giving away prized possessions are some of the behaviours related to suicide to be on the lookout for. Other signs of impending suicide include feelings of inadequacy and hopelessness, disregard for one's own needs, a lack of interest in customary recreational pursuits, irregular eating and sleeping patterns, social exclusion and isolation, overwhelming pain, irritability and anxiety, and suicidal ideation.

Shame has a significant role in a variety of harmful behaviours, including domestic abuse, eating disorders, and crime. Research has shown that a variety of harmful behaviours, including domestic abuse, eating disorders, and crime, are influenced by shame (Nwaechefu & Ajayi, 2022). It has a few anecdotal connections to suicide as well. As failing to satisfy expectations may result in shame, shame is intimately related to the study of social psychology, identity management, and expectations. For people in inferior roles, whose identities are bound up with being powerless, shame also plays a part. There might be no other alternative cultural option to deal with their humiliation in certain historically patriarchal communities. For these youngsters, shame may be so intense that the availability, use, and application of an automated suicide script may be the only thing needed to make suicide more likely than drug or alcohol usage. Despite

Durkheim's theory's significance for suicidology as well as the sociology of suicide, it has certain drawbacks that have influenced more recent sociological hypotheses of suicide. There are several methodological flaws in Durkheim's work (2005). The ecological delusion of using suicide rates to explain individual behaviour was not fully addressed by him, and the intellectual atmosphere of his day precluded the application of social psychology or cultural concepts. Additionally, he disagreed with Tarde's (cited in Thorlindsson & Bjarnason, 1998) imitation hypothesis, which prevents modern sociologists from considering how suicide could spread from one individual to another. Durkheim's disregard for inequity and power, as well as the heritage it has left behind, is another significant flaw. In order to comprehend why a specific individual dies through suicide and the ways that outside societal factor might infiltrate a person's brain to cause them grief and make them more prone to suicide; Durkheim's fundamental findings fall short.

Causal Factors of Suicide among Students of Tertiary Institutions

The causes of the high prevalence of undergraduate suicide in Nigeria are very crucial to this research. Academic difficulties, depression, drug misuse, alcoholism, marital issues between parents, parental pressure, financial limitations, a lack of family togetherness, loneliness, and other factors are among them (The Nation Newspaper, 2021). Students discussed a variety of causes for the high suicide incidence among college students nationwide, including dissatisfaction, unwarranted pressure, pessimism, financial hardship, and academic failure (Edegba, oral interview, 2022). According to Awowo (oral interview, 2022), students commit suicide because they lack confidence in themselves and do not want to make mistakes that will make them start all over again. According to Edemah (oral interview, 2022), the prevalence of student suicide in today's society is caused by depression and the inability to provide the necessary support such victims deserve. According to Idoghor (oral interview, 2022), students with poor self-esteem are more likely to commit suicide than other groups of students.

People with underlying psychopathology who experience poor mood, lack of interest in pleasure activities, weeping episodes, social withdrawal, loss or increase in appetite, and other symptoms are more likely to have suicidal thoughts and intent (The Nation Newspaper, 2021). People with underlying depression automatically assume the worst about the happenings around them, and some of them are receiving mental health care that is often hidden from others owing to stigma. Students at tertiary institutions are at risk for suicidal thoughts due to poor academic performance. The primary goal of attending a postsecondary university, according to Erhunse (2019), is to get an academic credential. One of the major sources of stress cited by students at higher education

institutions is the pressure to perform. Thirty percent of students experience hopelessness, and substance usage increases the likelihood of receiving poor grades in their schools. Being out of school and/or jobless are other risk factors. Younger students who feel linked to respective institutions are more likely to participate in risky behaviour. When a student's performance drops, they often feel upset and wind up overworking themselves, which may cause melancholy and poor self-esteem. In-depth discussions with social workers and university students revealed widespread agreement that low academic performance is a risk factor for suicidal thoughts among emerging adult students (Kelekuma, oral interview, 2022). Poor academic achievement may cause emotions of shame and humiliation since it is seen negatively by important people, such as parents, classmates, and friends. Suicidal thoughts may occur among students for a variety of reasons, including peer and familial pressure and low self-esteem. Both students and healthcare professionals highlighted poor academic performance as a problem on a large scale.

Heavy drinking and drug use among students are risk factors for suicide ideation. According to psychological autopsy studies, between 19 and 63 percent of those who commit suicide suffer from a drug use disorder (The Nation Newspaper, 2021). A younger legal drinking age and widespread high alcohol consumption rates are associated with an increased risk of suicide. Parental marital problems are arguments between the parents that make it harder for the students to feel like they belong and are a part of the family. Financial stress also has an impact on suicidal ideation among undergraduate students. Ekeh (2022) discovered that a rise in suicide rates during hard economic times was associated with job loss, job insecurity, and financial hardships. Okere and his colleagues discovered that attempts at suicide were always associated with being in debt or having financial difficulties, being unemployed, having previously experienced homelessness, and earning less money (Kelekuma, oral interview, 2022). Families as a whole, as well as many other aspects of family life, have a big impact on suicidal ideation. Suicidal thoughts may arise as a result of academic pressures, such as the desire to maintain parental and peer approval and achieve excellent grades. People who feel they fall short of other people's expectations may feel guilty and ashamed, which can lead to feelings of inadequacy and worthlessness. The institution's ability to impose penalties enhances its pedagogic authority, which is a requirement for the pedagogic actions it carries out. These penalties have two functions: first, they elevate the educational act by giving it some respect, and second, they consecrate it by proving its legality. The institution's excessive authority that society and the students have given it is the only source of this respect and legitimacy (Hand, 2012). Institutions also use their pedagogical power in the classroom. By deciding which forms of engagement are

appropriate for the classroom, lecturers can influence the decisions made by other lecturers.

According to Bourdieu's (1998) theory of didactically symbolic violence, teachers praise students who behave appropriately while paying little or no attention to those who do not. According to Nero (2021), students may feel forced to answer in the examinations the way teachers see it because of teachers' exclusive perspectives on the subject. Grenfell (1998, p. 33) claims that the teacher's "scaffolding" of the student's wrong answer is an instance of "symbolic violence" that raises the instructor above the student and legitimizes her approach and competence without taking the student's knowledge into account. Student engagement is crucial for academic success, but for students to graduate, there needs to be tension between that engagement and the culture that prevails in academic communities. The central tenet of Durkheim's (1959) theory of suicide is that it results from social facts and tendencies that exist in societies rather than from personal characteristics. Ten percent (10%) of respondents (interviewees) indicated loneliness is the major cause for a student's suicide, which may result in conflicts, physical altercations, pressure from peers, conflict between parents and children, parent-to-parent conflict, and interpersonal troubles when individuals differ on their thoughts or ideas. Grief and unjustifiable guilt, social isolation, self-directed aggression, a wish for redemption and rebirth, despair, a reduction in self-esteem, and a poor self-image are all personal risk factors (Scrutton, 2017). Family history, dysfunctional families, peer pressure, academic failure, parent-child conflict, drug addiction or dependence, state of mind, stress, and substance disorders are additional characteristics connected to suicide tendencies.

Impact of Students' Suicide

Suicide affects individuals left behind in a variety of ways, including how they feel about themselves, how their friends and family see them, how they feel abandoned and powerless, how they start to worry, how they receive treatment and are evaluated differently, and how they lose a family member to suicide. Suicide may result in the death of a member of the family as well as stigma. Suicide has a variety of repercussions on friends and family, the campus community, and society as a whole. Survivors go through four phases of grief, including denial, anger, bargaining, despair, and acceptance. Anger and shame about being incapable of being able to rescue the dead result from survivors' conflict between being upset at the loss as well as furious towards the departed. It may be terrible to lose someone you care about, but when suicide is the cause of death, friends and relatives may experience a deeper sadness that is more difficult to understand. The negative perceptions surrounding the suicide may leave

family members and friends feeling alienated and stigmatized, and they can find it difficult to understand why the individual decided to take their own life (Idoghor, oral interview, 2022). Grief following a suicide is common and should not be seen as ineffective coping. The initial stages of grief following a suicide may include shock, numbness, disbelief, overwhelming feelings of anger as well as confusion, isolation and emotional abandonment coming from others, feelings of sadness, depressive symptoms, loneliness, and tearfulness, loss of interest in activities you typically enjoy, helplessness, restlessness, challenges with mundane tasks, a shift in appetite, sleeping, elevated tiredness as well as insomnia, headaches caused by tension, and shame, guilt, failure, and regret about what one should have done instead of taking one's own life. Bereavement is a challenging, painful, yet common aspect of practically every person's existence.

Bereavement after a suicide is often a deeply painful and challenging experience, since losing a loved one to suicide is not a common kind of loss. People who have lost a loved one to suicide can feel a range of emotions in response to the loss, including grief, feelings of sorrow, rage, denial, longing, guilt, distracting ideas, as well as dreams regarding the person who passed away, fear of suicide and death, avoidance of triggers associated with the loved one and their passing, irritation, and anger. Suicide loss may increase the incidence of physical illnesses, significant depression, posttraumatic stress disorder, anxiety disorders, and extended bereavement disorder (Scrutton, 2017). When compared to persons that are not experiencing a loved one's suicide, suicide survivors may have later-life social interactions that are strained and distant, worse psychological wellbeing, and a lower quality of life. Researchers and practitioners are challenged to develop solutions to at least somewhat lessen the psychological pain experienced when a loved one commits suicide because of the multitude of issues associated with suicide bereavement. Stigmatization experienced by suicide survivors is common, and it may deepen the grieving process and potentially increase the survivor's risk of suicide. According to grieving theories and studies, the mourning process may never fully complete, and the death of a loved one permanently alters the individual (Scrutton, 2017). The death of a loved one might make these processes more challenging since grief is dynamic and tends to vary over time. Due to their resentment of the dead and feelings of isolation, survivors of suicide may have weaker relationships with their departed loved ones than those who lose someone to other causes. The most crucial information in this book is that those who have lost a loved one to suicide can sense shame, anger, betrayal, relief, and relief. These emotions are typical responses to the grieving process and ought to fade with time. According to Bigger (2004), these emotions should not be felt guilty about and will eventually pass.

Role of Religion in Mitigating Suicide in Tertiary Institutions

Christians, conservatives, and other religious groups make up the majority of the students at tertiary institutions in Delta State. Religion is often seen as one of the key disciplines that may serve as a source of unwavering morality and conscience while suicidal thoughts are being considered. The enormous burden of addressing morality falls on the areas of philosophy, theology, and philosophy of religion. These groups' perceptions of suicide would provide a solid understanding of the varied theological and religious perspectives on suicide, thus inspiring an active campaign for anti-suicide advocacy in Delta State tertiary institutions and Nigeria in general. Numerous rabbinic prohibitions against suicide and other Jewish rules not found in the Bible are found in the Talmud. The Talmud does not include Josephus' belief that suicide has no significance in the afterlife. Although the Talmud authorities consider suicide to be a horrible or dreadful act, the Talmud does not condemn it directly. According to The New World Encyclopaedia (2013), suicide deaths are now often handled in the same manner as other types of fatalities in Christianity.

According to the researcher's survey, 85.7% of tertiary students in Delta State identify as Christians, suggesting that the Christian viewpoint on suicide has an impact on them. Suicide is seen as a serious sin and crime in traditional Christian doctrine, with the majority of early theologians considering it to be self-murder. One of the early church founders, Tertullian, contended that Jesus' death was a sacrifice for the forgiveness of sins rather than an act of suicide. Christianity upholds the sixth commandment of the Bible (Gen. 20:13), "Thou shalt not kill," as well as the sanctity of life. Early church fathers like St. Augustine and Thomas Aquinas condemned suicide because they believed that life was sacred (Colucci & Martin, 2008). While St. Augustine saw the sixth commandment as a general ban, Aquinas maintained that suicide goes against our natural propensity for self-love, harms society, and contradicts our obligation to God. Throughout the Middle Ages, suicide was made illegal as a result of this widely accepted stance. The most significant turning point in the intellectual history of suicide was the emergence of institutional Christianity. St. Thomas Aquinas justified suicide on the grounds that it is incompatible with natural self-love, damages society, and transgresses our responsibility to God, in contrast to St. Augustine, who believed that suicide was an unpardonable sin (Colucci & Martin, 2008). Although the uncovering of ancient antiquity's books made the Renaissance distinct, Renaissance thinkers largely supported the Church's condemnation of suicide. Thomas More and Michel de Montaigne were two outliers who advocated for those with terrible and terminal illnesses to commit suicide voluntarily. The Protestant Reformers opposed suicide but maintained that God might see it favourably. Using the logic of Christian philosophy itself to argue that suicide

is not against the laws of nature, reason, or God; Donne (2008) claimed in his *Biathanatos* that Christian teaching should not maintain that suicide is inevitably evil.

Suicide is strongly regarded in Islam as wickedness and harmful to one's spiritual development. The *New World Encyclopaedia* (2013) and the *Qur'an* both emphasize this. Abu Huraira quoted the prophet Muhammad as saying: "He who attempts suicide through strangling shall continue on strangling himself in the afterlife Hell (forever), and he who commits suicide by slashing shall continue on slashing himself in the Hell-Fire" (*Sahih al-Bukhari*, 2:23–44). The Hadith also mentions the ban against suicide. Most Muslim academics and clerics usually hold that suicide is prohibited, and they also advocate for peace and the preservation of it by everyone, even those who are not Muslims. This is predicated on the idea that sincere dedication to peace is necessary for the development of authentic Islamic spirituality. Traditional religion is widely practised among Delta State locals; however, most tertiary institution students in the state find it challenging to publicly acknowledge this religion. According to Imasogie (1985), traditional religion takes into account the African environment and worldview in order to express African life and language. In Delta State, modesty, honesty, compassion, and hospitality are respectable attitudes and actions. The following actions are forbidden: stealing, incest, murder (including suicide), and breaking an oath or promise. Suicide is considered a "bad death" in Delta State, where those who commit suicide are buried outside of the neighbourhood without getting appropriate funeral rites. Suicide's metaphysical component is in conflict with African culture and religious beliefs. As a result of the high significance placed on life's sanctity in African culture and religion, the conclusion is that sin is everything that is contrary to God's will. Suicide is prohibited because it is considered taboo.

Religion and moral prohibitions against suicide have a specific association with suicidal conduct. Due to the conviction that God is the source of human existence, religious countries do better than secular ones. According to Ottuh and Onimhawo (2010), religious teachings help followers develop a "never give up" mentality as well as optimism and faith. In Delta State's higher institutions, 85.7% of the students are Christians. This implies that persons who are really devoted to their religion may not be found to be suicidally inclined. The most significant information in this is that the majority of tertiary students in the state are very devout Christians, which may explain the low suicide rate in the region. According to Fasogbon (2019), a high level of religion is shown to be a safeguard against suicidal inclinations. A greater sense of purpose in life, greater life pleasure, and providing individuals with a reason to live have all been linked with religious belief. Religion has been linked to more social support and improved

coping skills in the face of hardship. Religious characteristics were strongly connected with unfavourable views towards suicide behaviour, according to research by Colucci and Martin (2008). According to the WHO's suicide data, 67 nations in 2007 were compared to the 2005/2006 Gallup Religiosity Index, and it was discovered that countries with higher religiosity had lower suicide rates (Pelham & Nyiri, 2008). The results showed that suicide ideation was uniquely predicted by both despair and hope.

Religion inspires students at higher educational institutions in Delta State, which has the positive effect of lowering suicide rates among them. Attending a church or mosque has a big impact on lowering student suicide. Although this may be true or false in Nigeria, religion has been shown to have a substantial impact on preventing suicide. The majority of tertiary students in Delta State are Christians, and it has been seen that religion helps those with suicide ideas overcome them. People who are more religious tend to value life more and find the idea of suicide repugnant. In Nigeria, religion has a big impact on people's lives since it offers understanding, wisdom, knowledge, and faith. It also aids in maintaining our composure and conformity. Students who believe in the sacredness of human existence, the dignity of humanity as a whole, and the imago dei profit more from this belief than those who do not. It has been discovered that certain attitudes reduce suicide. According to Ottuh and Idjapko (2020a), the fundamental question in life—what is the purpose and significance of life?—can be better understood via religious teachings. According to Frankl (1984), a human's need for meaning is what drives him most in life and must be satisfied by him alone. Religion offers a way to find the meaning of life, reviving hope and guiding followers to understand why they are here. Ottuh and Idjapko (2020b) posit that by trusting in God along with various concepts, religion aids people in providing an answer to the great issue of life. It provides an explanation for such questions as "why are we here?" and "what is our purpose here?" as well as "why must we die?" and "what happens to us after death." This has had a significant impact on the suicide rate among university students in Delta State.

Because it enables people to control their fears and lessen their worry, religion has a significant role in preventing suicide. Christians often use phrases like "God's grace is sufficient for me," "I am God's beloved child," and "No weapon formed against me shall prosper." Frankl (1984) said that anxiety, despair, and an absence of comfort with inner confidence are the most significant issues facing people today. People who are disappointed and have come to believe that their lives are pointless and not worthwhile find comfort, purpose, and bravery in religion. Ottuh and Jemegbe (2020) argue that by pulling people together for worship as well as other religious events and uniting their hearts around similar ideas and ideals, religion promotes societal cohesion and order. By imparting characteristics including affection, forbearance, humbleness, honesty,

temperance, obedience, forgiveness, and persistence, it also fosters morality and constructive ideals in society. Due to the fact that they improve everyone—the individual and the community in which they live—these qualities are advantageous to both. Religion encourages generosity and giving, which acts as a powerful support system for attempted suicide sufferers and their families. While Islam places a greater emphasis on almsgiving, Christianity emphasizes the value of generosity. Religious organizations support old homes owned by individuals, homes for the elderly, homes for the poor, and prisons. During the Nigerian Civil War (1967–1970), international religious organizations like Caritas and the World Council of Churches offered aid to Biafra. By means of both its doctrines and practical applications, religion advances social justice. Examples include the Society for Equity, Justice, and Peace of the Anglican Communion and the Justice, Development, and Peace Commission. Examples of how religion may advance social justice include Mahatma Gandhi, Archbishop Desmond Tutu, and Pope John Paul II. Religion has a role in societal and cultural transformation. In Nigeria, religion has played a significant role in the development of art forms such as literature, music, painting, sculpture, and architecture. Additionally, it has given the world some of its greatest artistic legacies, like Leonardo da Vinci's Last Supper and Michelangelo's Last Judgement. Many of the greatest musical and literary works that have graced the planet's surface have their roots in religion. One of the most significant aspects of human personality is belongingness, which motivates people to take action. In line with Durkheim's theories of regulation and integration, religion aids in the promotion of a sense of belonging.

CONCLUSION

The high suicide rate among students in tertiary institutions has been attributed to a number of factors, including unhappiness, undue pressure, pessimism, financial difficulties, and academic failure. Others are academic challenges, despair, drug and alcohol abuse, marital problems between parents, parental pressure, financial constraints, a lack of family cohesion, loneliness, despair, a decline in self-esteem, a negative self-image, and other reasons that all also contribute to Nigeria's high undergraduate suicide rate. It is contended that suicide, social integration, and social constraints are key social elements that might increase a person's likelihood of committing suicide. For Durkheim, some religions have a lower suicide rate than others because they have more cohesive and effective social control mechanisms; hence, in his theoretical model of suicide, societal control and social integration are the driving forces behind suicide. Thus, there is a high correlation between religious traits and negative attitudes towards suicide activity. For instance, attending a mosque, church, or campus fellowship centre has a significant effect on reducing student suicide. More religious

people tend to value life more highly and regard suicide as abhorrent. In Nigeria, religion has a significant influence on people's lives through providing insight, knowledge, wisdom, and faith. Additionally, it supports composure and conformance. Religion enhances morality and positive ideas, develops compassion and giving, creates social fairness, and promotes communal cohesiveness and order. Additionally, it contributes to social and cultural change and has left the world with some of its greatest creative legacies. In addition to encouraging a sense of belonging, religion also inspires individuals to act positively. Religious teachings revive hope and help followers comprehend their role in life by illuminating the meaning of life. The suicide rate among Delta State's tertiary institutions' students has significantly decreased as a result of this. Thus, further studies are needed to be carried out on religion's role in preventing suicide, on its contextualization from Western ideologies, on aiding NGOs in discovering suicide ideations, and on providing a model for future researchers.

REFERENCES

- Agerbo, E. (2005). Midlife suicide risk, partner's psychiatric illness, spouse and child bereavement by suicide or other modes of death: A gender specific study. *Journal of Epidemiology & Community Health*, 59(12), 407–417.
- Ajibola, O (2021), Suicide ideation and its correlates among University Undergraduates in South Western Nigeria. www.journals.sagepub.com, accessed 11-11-2021
- Akinremi, R (2010). Nigeria has highest suicide rate in Africa, sixth globally. www.icirnigeria.org/nigeria.
- Aloba, O., Ojeleye, O. & Aloba, T. (2017). The psychometric characteristics of the 4-item Suicidal Behaviors Questionnaire-Revised (SBQ-R) as a screening tool in a non-clinical sample of Nigerian University students. *Asian Journal of Psychiatry*, 26, 46-51.
- Bourdieu, P. (1998). *The state nobility: Elite schools in the field of power*. Stanford, CA: Stanford University Press.
- Colucci, E. & Martin, G. (2008). Religion and spirituality along the suicidal Path. *Suicide and Life-Threatening Behaviour*, 38(2), 229 –244
- Colucci, E. & Martin, G. (2008). Religion and spirituality along the suicidal Path. *Suicide and Life-Threatening Behaviour*, 38(2), 229 –244.
- Donne, J. (2008). *Biathanatos, A Declaration of that Paradoxe, or Thesis, that Selfe-homicide is not so naturally Sinne, that it may never be Otherwise*. London:

Humphrey Moseley.

Durkheim, E. (1897 reprinted 2005). Suicide. In (trans. Spalding, J.E. & Simpson, G). *Suicide: A Study in Sociology*. London: Routledge.

Ekeh, G. (2022). The value of human life in the light of suicide tendencies among Students in Nigerian tertiary institutions: Implications for education. *Journal Corner of Education, Linguistics, and Literature (JCELL)*, 2(1), 9-18.

Erhunse C. (2019). Counseling against suicide ideation among Nigerian youths, Munich, GRIN Verlag, <https://www.grin.com/document/511390>.

Fasogbon, M., Samson, F., Abayomi, O., Olaseni, A. & Oladele, O.T. (2019). Impact of religiosity and life orientation on attitude of youths towards suicide in Lagos, Nigeria: A religious-community based study. *Covenant International Journal of Psychology*, 4 (1), 32.

Frankl, V. (1984) *Man's Search for Meaning*. Washington: Square Press

Grenfell, M. (1998). Language and the classroom. In M. Grenfell & D. James (Eds.), *Bourdieu and education: Acts of practical theory* (1st ed., pp. 72–88). Hong Kong: Routledge.

Imasogie, O. (1985). *Guidelines for Christian Theology in Africa*. Ibadan: University Press

Johnson, D.E. (1961). The significance of nursing care. *American Journal of Nursing*, 61(11), 63–66.

Jordan, J.R. (2001). Is suicide bereavement different? A reassessment of the literature. *Suicide and Life- Threatening Behavior*. 31, 91–102.

Mapayi, et al. (2016). Gender differences in suicidal ideation and attempts in Secondary school Students in Ile-Ife, Nigeria. *African*, 3, 40–59.

Nero, R (2021). The link between social media and suicide. In: Hope and healing center seminar Series. <https://hopeandhealingcenter.org/wp-content/uploads/2015/10/The-Link-between-Social-Media-and-Suicide>.

Nwaechefu, A. & Ajayi, G. (2022). Addressing the High Rate of Suicides Recorded in 2018 and 2019 in Nigeria Vis-A-Vis the Statutory Rights to Life of the Victims: A Socio-Legal Appraisal. *AJLHR* 5, (1), 213-224

Obasala, K. & Omania, A. (2014). Philosophical Perceptions of Suicide and implications for the Sanctity of Human Life. *Global Journal of Arts Humanities and Social Sciences*, 2(10), 47-62.

- Obiora, J.E.A. & Nkadi F (2020). suicide in Warri, Delta State, Nigeria: An autopsy study. *Annals of Tropical Pathology*, 10 (6), 41-48.
- Okafor, S (2020) Suicide among Undergraduate students in Southeast Nigeria: An Empirical Study. *AJIS* 6 (2), 50-58
- Onu, S., et al. (2020). Suicide ideation among undergraduates in Nigeria: The predictive role of personality traits and academic stress. *International Journal of Innovation Research and Development*, 9(2), 17-22.
- Ottuh, P.O.O. & Idjakpo, O.G. (2020). Significance of psychological models in evaluating human religious experience. *KIU Interdisciplinary Journal of Humanities and Social Sciences*, 1(3), 123-134.
- Ottuh, P.O.O. & Idjakpo O.G., (2020) Ludwig Wittgenstein: Language game and religious experience. *Journal of language, literature and linguistic*, 2(1), 166-181.
- Ottuh, P.O.O. & Jemegbe, M.O. (2020). Communication in religion and its integrative implications for society. *Pinisi Discretion Review*, 4(1), 1-10.
- Ottuh, P.O.O. & Onimhawo, J.A. (2010). Education in Nigeria: Re-Thinking Religious Education in Nigerian Public Schools. *Journal of Academics*, 5(1), 7-13.
- Oyetunji et al. (2021) Suicide in Nigeria: observations from the content analysis of newspapers. *Gen Psychiatr*; 34(1), e100347.
- Pelham, B. & Nyiri, Z. (2008). In more religious countries, lower suicide rates. www.gallup.com/poll/108625/
- Pescosolido, B. (1994). Bringing Durkheim into the twenty-first century: a network approach to unresolved issues in the sociology of suicide. In D. Lester. (Ed.), *Emile Durkheim: Le Suicide 100 Years Later* (pp. 264–293). Philadelphia, PA: The Charles Press.
- Pescosolido, B.A. (1990). The social context of religious integration and suicide: Pursuing the network explanation. *The Sociological Quarterly*. 31(3), 337–357.
- Robert, M.A. (2008). Suicidal behaviour: Mental health disorders: Merck manual home edition, [http:// www.merck.com/mmhe /sec07/ ch102/h1029.html](http://www.merck.com/mmhe/sec07/ch102/h1029.html).
- Scrutton, A. (2017). Grief, ritual and experiential knowledge: A philosophical perspective. In Klass, D. (Ed.), *Continuing Bonds in Bereavement*. New York: Routledge/Taylor and Francis Group

Shneidman, E. (1999). *The suicidal mind*. Oxford: Oxford University Press.

Shneidman, E., 1985, *Definition of suicide*, New York: Wiley & Sons.

Stack, S. & Kposowa, A (2011). Religion and suicide acceptability: A cross-national analysis. *Journal for the Scientific Study of Religion*, 50(2), 289–306.

Stack, S. (1983). The effect of religious commitment on suicide: A cross-national analysis. *Journal of Health and Social Behavior*, 24,:362–374.

The Nation Newspaper (2021). Stemming suicide among students. <https://thenationonlineg.net/stemming-suicide-among-students/>.

Thorlindsson, W. & Bjarnason, T. (1998). Modeling Durkheim on the micro level: A study of youth suicidality. *American Sociological Review*, 63(1), 94-110.

World Health Organization (2018). *National suicide prevention strategies: progress, examples and indicators*. Geneva: World Health Organization.

World Health Organization (2019). *Suicide in the world: Global Health Estimates*. Geneva: World Health Organization.