

MARITAL STATUS AND RELIGION AS PREDICTORS OF SUICIDE IDEATION IN JOS NORTH LGA OF PLATEAU STATE, NIGERIA

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ABSTRACT

This study assessed the influence of marital status and religion on suicidal ideation in residents of Jos North LGA of Plateau state. Eight hundred and ten participants made up of 444 males and 366 females with mean age of 28.7 years, and standard deviation of 11 years participated in the study. The Beck and Steer Suicidal Scale (BSS) (1991) was used to obtain data to test two hypotheses using the ANOVA statistic. The said hypotheses were that marital status would have significant effect on suicidal ideation, and religion would have significant effect on suicidal ideation. Test results for hypothesis one showed that single participants did not experience suicidal ideation more than those who are married or separated with means; 2.57, 2.00, 1.82; $F(1, 799) = 1.175, p = 0.309 (p > .05)$. Similarly, the test results of hypothesis two revealed that religion had no significant effect on suicidal ideation, with means 2.17, 2.67 and 1.00 respectively for Christians and Muslims and others, $F(1, 799) = 0.963, p = 0.382 (p > .05)$. Based on these findings, it was recommended researchers need to explore the roles of marital status and religion on suicide ideation.

Keywords: Marital status, religion, Suicide ideation, Jos North LGA

1.0 BACKGROUND TO THE STUDY

Suicidal ideation depicts thoughts that one's life is not worth living, it may range in intensity from passing thoughts to actual well figured out plans for killing oneself or a total fixation with self-annihilation (Beck, Kovacs & Weissman, 1979). Suicide ideation is not the same with suicide attempt which means an action intended to deliberately end one's life. Again, suicide ideation is different from suicide. Suicide is a self-inflicted death in which one makes an intentional, direct and conscious effort to end one's life (Comer, 2007; De Leo, Burgis, Bertolote, Kerkhof & Billie-Brahe, 2006). Nevertheless, suicide ideation, suicide attempt and suicide are suicidal behaviour in which ideation precedes both attempt and completed suicide (Comer, 2007). Psychologists, psychiatrists, sociologists and other scholars interested in suicide behaviour have variously explained the phenomenon hence we have the psychodynamic model, biological model, cognitive model, sociological model, psychological and interpersonal model amongst others.

Freud (1856-1936) believed that for suicide to occur, the ego, after wishing to kill an object of love that has been abandoned or rejected, has to create but failed to integrate fully into itself of the object. Incomplete integration leads the ego to split into two portions and the part that is not associated with the lost love object condemns and torments the part that is associated. The torment may lead to suicide behaviour, which is a way for the ego to murder the loved one by killing its internalized image. The biological model points to the roles Serotonin (5-HT), Norepinephrine, and Cholesterol



levels. Clinical studies, particularly post-mortem suggest that reduced serotonergic input constitutes a critical element in the vulnerability to suicidal behavior, irrespective of the associated mental illness. High concentration of norepinephrine with decreased alpha2-adrenergic bindings has been observed in the prefrontal cortex of suicide victims. Suicide rate, and perhaps suicide attempts and ideation increase in people with very low cholesterol levels and after lowering of cholesterol through the diet (Comer, 2007). Conversely, Beck and colleagues proposed that suicide symptoms consist of cognitive self-schemas that contain negative beliefs including dysfunctional attitudes and cognitive distortion. They posit that, like depressed individuals, suicidal persons misconstrue their situation in negative ways (Arria, O'Grady, Caldeira, Vincent, Wilcox & Wish, 2009). Mark and Williams (2010) held that suicidal behavior can be understood as a cry for pain, stemming from a sense of entrapment. Suicidal behavior is motivated not by a wish to die but rather by a wish to escape the trap. They held that suicidal individuals lack autobiographical memories, the cognitive ability to retrieve specific autobiographical memory (Arria, O'Grady, Caldeira, Vincent, Wilcox & Wish, 2009). Conversely, Joiner's (2006) interpersonal psychological theory of attempted and completed suicide claim suicidal desire is caused by the simultaneous presence of two interpersonal constructs-thwarted belongingness (I am alone) and perceive burdensomeness (I am a burden). Studies by Joiner, Van, Witt, Selby, Ribeiro, Lewis and Rudd, 2009 and Van, Orden, Witte, James, Castro, Gordon, Baithwaite and Joiner (2008) found that perceived burdensomeness and thwarted belongingness interact to predict suicide ideation. On the other hand, Durkheim (1951) believed that suicide has a sociological explanation following which he described two types of suicide- altruistic suicide and egoistic suicide. The former is when one kills self for the socio-cultural norms and the latter is when the individual feels rejected by society and is no longer able to integrate with that society leading to taking of one's life.

Mental disorders, including depression, bipolar disorder, schizophrenia, personality disorders, anxiety disorders, stress, financial difficulties, and trouble with relationships or bullying and substance abuse are risk factors of suicide behaviour. Other factors include age, gender, educational attainment, religion and marital status (World Health Organization, 2011). Substance Abuse and Mental Health Services Administration (SAMHSA) of the United States of America, in 2013 reported that 17.0% of students consider attempting suicide in the previous 12 months (22.4% of female and 11.6% of males); 13.6% of some students made plans about how they would attempt suicide in previous 12 months (16.9% of females and 10.3% of males)(WHO, 2014). Worldwide, lifetime prevalence rates are about 9.2% for suicidal ideation and 2.7% for suicide attempt (Nock, Borges, Cha & Kessler, 2008). United States has higher rates of suicide ideation (15.6%), plans (5.4%) and attempt (5.0%) than the global average (Nock, et al, 2008). Suicide ideation and attempt rates in Asia and the Middle East range from 6% in India to 25% in Palestine, 2.7% in China to 3.8% in Vietnam in lifetime and 7% in Tanzania, 6.2% in Seychelles, 18.4% in Guyana, 31.3% in Zambia, 23.3% in Benin and 21.6% in Uganda (Amare, Meseret, Haile & Yeneabat, 2018),. Omigbodun, Dogra, Esan and Adedokun, (2008) reported 12% in Nigeria.

Previous research findings on the influence of marital status on suicide behaviour reveal that marriage serves as a buffer against suicide because of the social and emotional support it provides. Kposowa (2000) found higher risk of in divorced than in married persons and being single or widowed had no significant effect on suicide risk behaviour. Luoma and Pearson (2002) established an approximately 17-fold increase among young

widowed white men (aged 20-34 years), a 9-fold increase among young widowed African American men and lesser increase among young widowed white women compared with their married counterparts. Masocco, Pompili, Vichi, Vanacore, Lester, and Tatarelli (2008) in an Italian study revealed being married appears to be a protective factor for suicide behaviour, but the impact of being never-married, divorced/separated or widowed varied with age and gender; men and women, being unmarried, widowed or divorced/separated is associated with a higher suicide rate. In another study, Denney, Rogers, Krueger and Wadsworth (2009) found that compared to married individuals, those who were divorced or separated, those who were never married and those who were widowed had a significant high risk of suicide. Additionally, they found that larger family size was related to a reduced risk for suicide. They also found low levels of education and employment predicted individual's risk of suicide. Rosker, Podlesek, Demsar and Kuzmanic (2011) in a study in Slovenia found that becoming widowed, being divorced and getting married correlated with increased risk for suicide behaviour. Jeon and Lee (2011) in a study in South Korea found that men with no spouse had higher risk of suicidal ideation through all stages of the life course. Fukuchi, Kakizaki, Sugawara, Tanji, Watanabe, Fukao and Tsuji (2013) in the Miyagi cohort study, Japan found that marital status was significantly associated with the risk of completing suicide only in men with significantly increased risk of suicidal death among widowed or divorced men, whereas no such trend was evident for women. Akbarizadeh, Hajivandi and Zeidabadinejad (2019) in a study in Iran found either divorced or widowed, the probability of death due to suicide was 3.5 times higher (95%) compared to the unmarried. Also, Oien-Odegaard, Hauge and Reneflot (2021) in a study with Norwegian sample found that unmarried and divorced persons exhibited significantly high risks of suicide. Finally, Naess, Mehlum and Qin (2021) discovered that significantly high risks of suicide behaviour in never married, separated, widowed and divorced.

Empirical findings on the role of religion on suicide behaviour suggest that religion is a protective factor yet, mixed results have been obtained. Neeleman (1998) in a study in Netherlands found that religion predicted suicide behaviour, particularly Orthodox beliefs and religious affiliation were the best predictors of lower suicide in individuals. Nonnemaker, McNeely, and Blum, (2003) in a study in the United States of America examined the association of public (frequency of attendance at religious services and frequency of participation in religious youth group activities) and private (frequency of prayer and importance of religion) domains of religiosity found that private religiosity was significantly associated with a lower probability of having had suicidal thoughts or having attempted suicide. However, there was no significant relationship between public religiosity and suicidal thoughts and attempts. Also, Rasic, Robinson, Bolton, Bienvenu, and Sareen (2011) in a study in Baltimore looked at the longitudinal relationships of religious worship attendance and seeking spiritual comfort with subsequent major depression, anxiety disorders, and suicidal ideation and attempts. Results indicated that subjects who attended religious services at least once per year had decreased odds of subsequent suicide attempts compared with those who did not attend religious services. and those seeking spiritual comfort at baseline was associated with decreased odds of suicidal ideation. Lawrence, Brent, Mann, Burke, Grunebaum, Galfalvy and Oquendo (2016) in a New York study found that depressed patients who considered religion most important and those who attended services frequently had greater suicide ideation. Finally, Eskin, Poyrazli, Janghorbani, Bakhshi, Carta, Moro, and Hamdan (2019) found that affiliation with Islam was associated with reduced risk for suicide ideation while identifying with Orthodox Christianity and no religion was correlated with increased risk

for suicide ideation. Buddhism, Catholic religion and no religion was correlated with lowered risk for attempting suicide. Statistics of suicidal ideation based on demographics do not only keep on changing (Amare, et al, 2018; Nock et al, 2013; Kessler, Borges, & Walter, 1999) while Randall, Doku, Wilson and Peltzer (2014) noted that the true scope of the issue in Nigeria and West Africa is mired by incomplete surveillance, socio-cultural issues and stigma. These, and coupled with the apparent dearth of empirical literature on the prevalence of suicidal ideation in Nigeria plus the earlier data and findings in Jos North Local Government Area of Plateau State by Kosen, Kazi, Gana, Supji, Azi, Nwaenyi and Kabando (2021) gingered the researcher to investigate the impact of marital status and religion on suicide ideation in residents of the said Jos North Local Government Area of Plateau.

2.0 OBJECTIVES OF THE STUDY

The main aim of this study is to find out the influence of marital status and religion on suicidal ideation among the residents Jos North Government Area. The specific Objectives of the study are:

1. To establish if marital status shapes suicide ideation in residents of Jos North Local Government Area.
2. To ascertain whether religion influences suicidal ideation in residents of Jos North Local Government Area.

3.0 RESEARCH HYPOTHESES

1. Marital status will have a significant effect on suicidal ideation.
2. Religion will have a significant effect on suicidal ideation.

4.0 METHOD

4.1 Design

This research is survey design with two independent variables, namely, marital status and religion. Marital status had three levels: single, married and separated/divorced. Religion on the other hand had three levels- Christianity, Islam and other. The dependent variable was suicidal ideation with two levels, high and low.

4.2 Participants

Participants in this study were drawn from Jos North LGA of Plateau state. Eight hundred and ten (810) participants volunteered and were drawn from Naraguta, Kabong, Angwan Rogo, Angwan Rukuba and Dutse Uku areas. The participants were made up of males (N=444) and female (N=366) who were Christians (N=484), Muslims (325) and traditionalist (N=1). They were aged between 17 and 80, with mean age of 28.7 years, and standard deviation of 11 years. 65.3% were single, 33.2% were married and 1.5% were separated/ divorced. Similarly, 59.8% were Christians and 40.1% Muslim and other (traditional religion) 0.1%

4.3 Instrument

Beck and Steer (1991) Suicidal Scale (BSS) was used to obtain data for this study. Developed in Germany, the scale is a self-report measure that assesses suicidal behaviours in persons aged 17 to 80. BSS is Likert-type scale that contains 21 statement groups. Each statement group consists of three sentences that describe different intensities of suicidal ideation, or attempt representing a three point scale (0 to 2). Participants are instructed to choose the particular statement of each group that is most applicable to them. The total BSS score can range from 0 to 38, with higher values

indicating a greater risk of suicide. The first five items of the BSS serve as a screening device for suicidal ideation during the last week (including the day of assessment) and are summed up to the BSS screen score. Two filter questions (the statement groups four and five) assess the presence of active or passive suicidal thoughts. If participants endorse one of them (i.e. chose a sentence rated 1 or 2), they are to complete the subsequent 14 statement groups which allow for an assessment of the severity of existing suicidal ideation. If participant chooses the response option rated 0 for both items 4 and 5 they skip item 6 and proceeds to the last two statement groups. These last two items address frequency and intensity of former suicide attempts and are again to be answered by all participants. They are not part of the total BSS score. BSS has reliability of 0.85 and its concurrent validity is said to be good (Chioqueta & Stiles, 2006).

4.4 Procedure

The researcher, five (5) lecturers from the Department of Psychology, University of Jos and four (4) research assistants who where 400 Level Psychology students of the University of Jos were deployed in five different groups that collected data from one specific area- Kabong, Naraguta, Angwan Rogo, Angwan Rukuba or Dutse Ukuru. Questionnaires were administered to those that volunteered in their homes, shops and/or street spaces. Respondents without formal education (very few) who had challenges with reading had the questions read out and appropriate responses obtained. The participants were well informed about the objectives of the research. They were also told that participation was voluntary and that they had the right to choose to either participate or decline participation at any stage of the research. Two days were used to collect the data after which the data obtained was analyzed using Statistical Package for Social Science (SPSS) version 25.0.

4.5 Method of Data Analysis

Both descriptive and inferential statistics were deployed to analyze the data. Descriptive statistics, particularly frequency tables, mean, range and standard deviation were used because they are very easy to comprehend. Inferential statistics, particularly the one-way analysis of variance (ANOVA) was used to test the hypotheses because it simultaneously yields within-groups and between-groups differences.

5.0 RESULTS

5.1 Descriptive Results

Table 1: Socio-demographic Characteristics of Participants

	<i>Frequency</i>	<i>Percentage (%)</i>
<i>Mean Age (Years)</i>	28.7±11.0	
<i>Age Category (Years)</i>		
17-25 years	428	52.8
26-35 years	191	23.6
36-45 years	105	13.0
46-55 years	63	7.8
≥ 56 years	23	2.8
<i>Marital Status</i>		
Single	529	65.3
Married	269	33.2
Separated	12	1.5

	Frequency	Percentage (%)
Religion		
Christianity	484	59.8
Islam	325	40.1
Traditionalist	1	.1

Table 2: Mean Score of Suicide Ideation across Marital Status of Participants

Marital status	Mean Suicide ideation	Standard Deviation	95% Confidence Interval	
			Lower Bound	Upper Bound
Single	2.57	5.41	2.13	3.01
Married	2.00	4.57	1.38	2.61
Separated	1.82	1.89	-1.21	4.84

Table 3: Mean Score of Suicide Ideation across Religious affiliation

Religion	Mean Suicide ideation	Standard Deviation	95% Confidence Interval	
			Lower Bound	Upper Bound
Christianity	2.17	5.22	1.71	2.63
Islam	2.67	4.94	2.11	3.23
Traditionalist	1.00	.	-9.03	11.03

Tables 1-3 show the socio-demographic characteristics of the participants. It reveals that the mean age of participants was 28.7 years, with a standard deviation of 11 years. 65.3% were single, 33.2% were married and 1.5% were separated/ divorced. Similarly, 59.8% were Christians and 40.1% Muslim and other (traditional religion) 0.1%

5.2 Inferential Results:

The hypotheses were tested with the One-way analysis of variance (ANOVA) at 0.05 significance level and the results are presented below.

Hypothesis 1: Marital status will have a significant effect on suicidal ideation.

Table 4: ANOVA Source Table of Marital Status on Suicide Ideation

Source	Type III Sum of Squares	df	Mean Square	F	Sig
Corrected Model	61.331	2	30.665	1.175	.309
Intercept	421.948	1	421.948	16.163	.000
Marital status	61.331	2	30.665	1.175	.309
Error	20859.159	799	26.107		
Total	25417.000	802			
Corrected Total	20920.490	801			

Result of hypothesis 2 showed that single participants did not experience suicidal ideation more than those who are married and separated. Means; 2.57, 2.00, 1.82; $F(1, 799) = 1.175, p = 0.309 (p > .05)$. The hypothesis is not supported per table 4, implying marital status had no effect on suicide ideation.

Hypothesis 2: Religion will have a significant effect on suicidal ideation.

Table 5: ANOVA Source Table of Religion on Suicide Ideation

Source	Type III Sum of Squares	Df	Mean Square	F	Sig
Corrected Model	50.325	2	25.162	.963	.382
Intercept	33.884	1	33.884	1.297	.255
Religion	50.325	2	25.162	.963	.382
Error	20870.165	799	26.120		
Total	25417.000	802			
Corrected Total	20920.490	801			

The result of hypothesis two revealed that Christianity did not have a significant effect on suicidal ideation more than Islam, Means; 2.17, 2.67, 1.00; $F(1, 799) = 0.963, p = 0.382 (p > .05)$. The hypothesis is not supported as in table 5 supra, implying that religion had no effect on suicide ideation.

6.0 DISCUSSION

Hypothesis one contended that marital status will have significant effect on suicidal ideation. The test results indicated that there was no significant effect of marital status on suicidal ideation. The current finding fails to support earlier findings by Kposowa (2000), Luoma and Pearson (2002), Masocco, Pompili, Vichi, Vanacore, Lester, and Tatarelli (2008), Fukuchi, Kakizaki, Sugawara, Tanji, Watanabe, Fukao and Tsuji (2013) and Akbarizadeh, Hajivandi Zeidabadinejad (2019), Oien-Odegaard, Hauge and Reneflot (2021) and Naess, Mehlum and Qin (2021) who all established that marital status did predicted suicide ideation as being married appears to be a protective factor for suicide behaviour and that the impact of being never-married, divorced/separated or widowed varies with age and gender. Furthermore, hypothesis two claimed religion will have significant effect on suicidal ideation in the cohorts. Test results of hypothesis two depicts that religion did not have a significant effect on suicidal ideation. This means that there was no difference in suicide ideation between Christians and Muslims. Again the current finding failed to support earlier studies by Neeleman, (1998), Nonnemaker McNeely, & Blum, (2003), Rasic, Robinson, Bolton, Bienvenu, and Saren (2011), Lawrence, Brent, Mann, Burke, Grunebaum, Galfalvy and Oquendo (2016) and Eskin, Poyrazli, Janghorbani, Bakhshi, Carta, Moro, and Hamdan (2019) who found that religion shapes suicide ideation. Their findings showed that affiliation with Islam was associated with reduced risk for suicide ideation but affiliating with Orthodox Christianity and no religion was related to increased risk for suicide ideation while identifying with Buddhism, Catholic religion had lowered risk for attempting suicide.

7.0 CONCLUSION

This study had two main objectives, namely to ascertain whether marital status influences suicidal ideation in residents of Jos North LGA and to establish if religion shapes suicide ideation in the residents of the said LGA. The test results revealed that marital status and religion had no moderating effects on suicide ideation hence this study so concludes.

8.0 RECOMMENDATION

Based on the findings of this study, it is hereto recommended that psychologists and other researchers interested in suicide behaviour need to generate more empirical data on

the issue of marital status and religion moderating suicidal ideation in order to help arrive at laws or principles that would improve quality of life.

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