# Social Support as a Protective Factor Against Suicide Ideation.

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## Abstract

The rising incidence of suicide ideation in university students is a pressing global issue that is influenced by psychological, academic, and socio-economic -,stressors. This situation is worsened by the scarcity of mental health resources and the culture of mental health stigma in Nigeria, including regional inequalities amongst social support systems. Only by tackling these problems, we can protect the welfare of these marginalized groups, which are often used to make a living in informal social security networks due to inadequate institutional cover. Objective: The current study assesses whether social support protects against suicide ideation among 4,930 undergraduate students (44%) sampled across the Southeastern (n = 2430), Southwestern (n = 2128), and Northcentral (n = 372) zones in Nigeria. An ex post facto research framework was utilized through employment of validated measuring scales of social support and suicide ideation. Analysis of Variance (ANOVA) and regression analysis were used to evaluate regional and demographic variations. There were notable differences; the Southeastern zone had the highest levels of social support (60.7%) and the lowest prevalence of suicide ideation (31.5%), while the Northcentral zone had the lowest levels of social support (32.5%) and the highest prevalence of suicide ideation (88.8%). And regression results reinforced that the social support was an important factor in reducing suicide ideation, being more influential in the Northcentral zone ($R^2$ = 0.077, $p < 0.05$). These findings highlight the urgent need to incorporate strong social support systems within Nigerian universities. Improving mental health policy need include providing access to mental health programs, training of culturally sensitive mental health practitioners and improving community engagement and commitment to strengthening personal support systems through these programs. These types of interventions are necessary to promote emotional well-being and mitigate suicide ideation among students to provide them the best opportunity to perform academically and personally.

**Keywords:** Social Support, Protective Factor, Suicide Ideation.

## 1. Introduction

Suicide ideation, defined as persistent thoughts of taking one's own life, represents a global mental health crisis, particularly among young adults and university students. Research indicates that university students face unique vulnerabilities, with the prevalence of suicide

ideation ranging between 17% and 35% globally [1]. Suicide is now recognized as the second leading cause of death among individuals aged 15–29, highlighting its urgent significance as a public health priority [2]. University students also experience the unique developmental burdens of academic pressures, social transitions, and economic uncertainty, which further complicates this issue [3].

In the Nigerian context, socio-economic factors, including fear of unemployment, scarce availability of mental health resources, and cultural stigma attached to help-seeking behavior have compounded these challenges [4]. In Nigeria, studies have found an increasing levels of suicide ideation prevalence rates of 24% amongst undergraduates in the North-West region [4]. Although this trend is troubling, Nigerian universities are systematically underfunding mental health services and providing scant institutional support for students. This limitation highlights the importance of investigation into protective factors against suicide ideation specifically among this high-risk population.

Social support—the emotional, instrumental, and informational resources provided by others—is a well-established protective factor for mental health problems. Evidence has shown that it reduces depression, anxiety, and suicide ideation across a variety of populations [5]. Social support promotes emotional affirmation, perception of belonging, and can provide pathways for coping with life stressors [6]. And for university students, insufficient social support is closely associated with increased suicide ideation and worse mental health problems [7].

Social support networks have a crucial role to play in Nigeria where institutional mental health resources are insufficient.

Peers, family, and religious organizations serve as key sources of emotional and instrumental support [8]. However, the availability and effectiveness of these support systems may vary significantly across Nigeria's diverse regions, influenced by socio-economic, cultural, and infrastructural disparities [4]. For instance, students in urbanized regions may have better access to social networks and support compared to their rural counterparts. Exploring these variations can provide valuable insights into tailoring interventions to specific contexts and populations.

**Study Objectives**

This study aims to:

1. Examine the prevalence of social support among undergraduates in three Nigerian geopolitical zones: Southeastern, Southwestern, and Northcentral.
2. Assess the relationship between social support and suicide ideation, focusing on the protective effects of social support in reducing suicide ideation.
3. Investigate demographic variations in social support and their impact on suicide ideation, considering factors such as gender, age, and academic level.
4. Provide evidence-based recommendations for enhancing social support systems in Nigerian universities to improve mental health outcomes.

## 2. Research Method

**Study Design**

This study adopted an ex post facto research design, a non-experimental approach that allows the exploration of associations among variables without manipulating them. This design was appropriate for examining how social support influences suicide ideation among Nigerian

undergraduates in three geopolitical zones. The ex post facto design is widely used in psychological and educational research to identify naturally occurring patterns [9].

## Population and Sampling

Target PopulationThe target population for this research was undergraduate students in universities in the Southeastern, Southwestern and Northcentral zones of Nigeria. These zones were also were chosen to reflect the cultural and socio-economic diversity of Nigeria. Respondents were sampled using a stratified technique to ensure that the ratio of respondents within each zone was proportional to the actual distribution of households in each zone. Each zone's universities were stratified by type (public or private), size, and location. Then, participants who had registered to take part in the study were randomly chosen to get varied gender and academic stage representation. The final sample included 4,930 students from across a wide range of Nigerian undergraduates [10].

## Instruments

Two standardized and validated tools were used to collect data:

1. Social Support Scale: Perceived emotional, instrumental, and informational support received from the peer, family and the community. It is made up of 20 items scored on a 5-point Likert scale from 1 (strongly disagree) to 5 (strongly agree). The scale has showed excellent internal consistency in prior work (Cronbach's alpha = 0.86) [11].
2. Features: Beck Scale for Suicide Ideation (BSS)—assesses presence and severity of suicidal ideation. This 21-item scale measured cognitive, emotional and behavioral aspects of suicide ideation and was assessed on a 3-point scale (0–2). Global and Nigerian studies have tested the BSS and reported it to have a Cronbach's alpha of 0.91. [12].

## Data Collection

The data was obtained using self-administrated questionnaires that were handed out to participants at their respective universities. Because not everyone has the same access to technology, both hard copy and digital versions of the questionnaires were provided. Throughout the process of data collection, we adhered strictly to ethical standards. Written informed consent was obtained from each participant after being informed on the goals of the study. They were also informed regarding the right to withdraw from the study at any time if they so wished. To guarantee anonymity, all responses remained anonymous. The study was ethically approved by the Covenant University Ethical Review Board and the principles of the Declaration of Helsinki were observed [13].

## Data Analysis

The obtained data were assessed by means of SPSS (Statistical Package for the Social Sciences) software program, version 25.0. Data processing: Descriptive statistics to summarize demographic characteristics and prevalence rates of social support and suicide ideation. Inferential statistics included:

Regression Analysis – This technique used to analysis the predictive relationship between social support and suicide ideation and controlling for demographic factors including age, gender, and academic level.

Statistical analysis of variance (ANOVA): This was used to test difference of mean scores of social support and suicide ideation among the three geopolitical zones. Tukey's test was used for post-hoc to test the specific differences about groups. $P < 0.05$ was considered statistically significant and assumptions for each statistical test were validated before interpreting results [9], [10].

## 3. Results

### Demographics

The study sample comprised 4,930 undergraduate students from universities across Nigeria's Southeastern, Southwestern, and Northcentral geopolitical zones. Table 1 presents the distribution of participants by gender, age, marital status, academic level, and religious affiliation.

**Gender Distribution:** Females constituted 63.3% (N=3123) of the sample, while males accounted for 36.7% (N=1807).
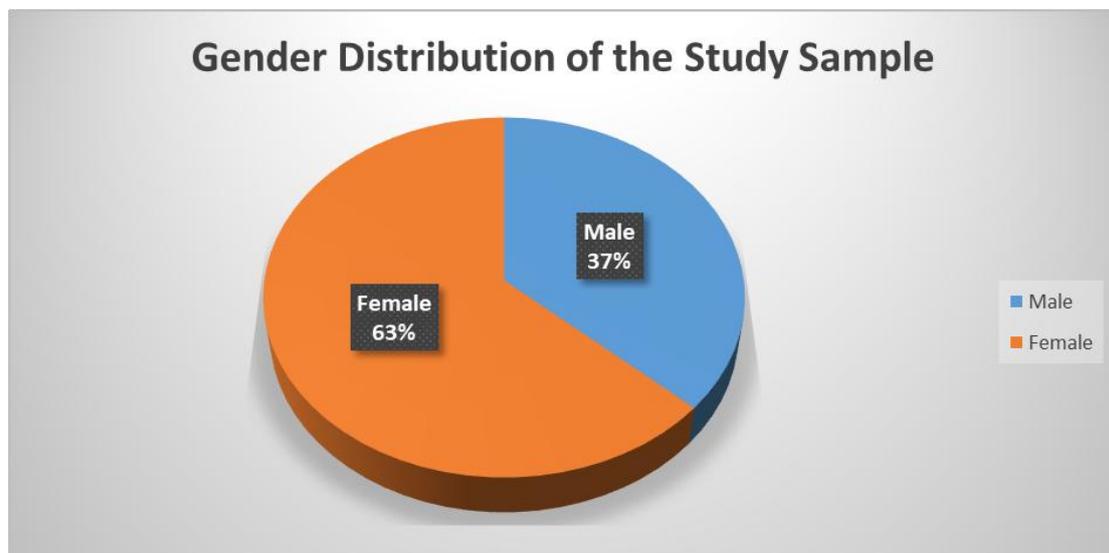


**Figure 1.** Gender Distribution of the Study Sample.

**Age Distribution**: The majority of participants were aged 18–24 years (76.2%, N=3759), followed by 25–34 years (14.6%, N=718). Participants under 18 years made up 7.3% (N=362).
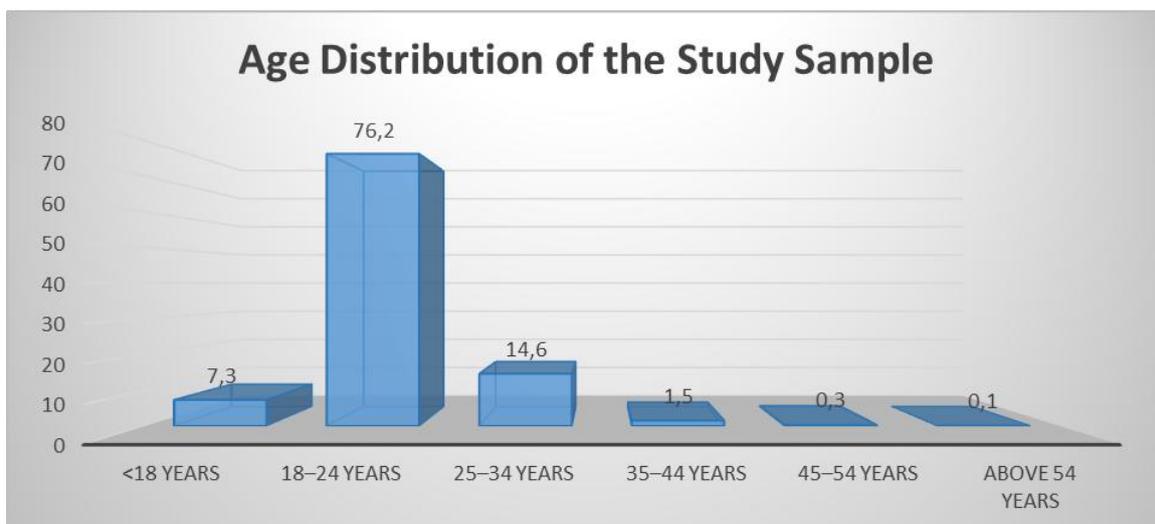


**Figure 2.** Age Distribution of the Study Sample.

**Marital Status**: Most participants were single (84.1%, N=4146), with a small proportion married (3.7%, N=182).
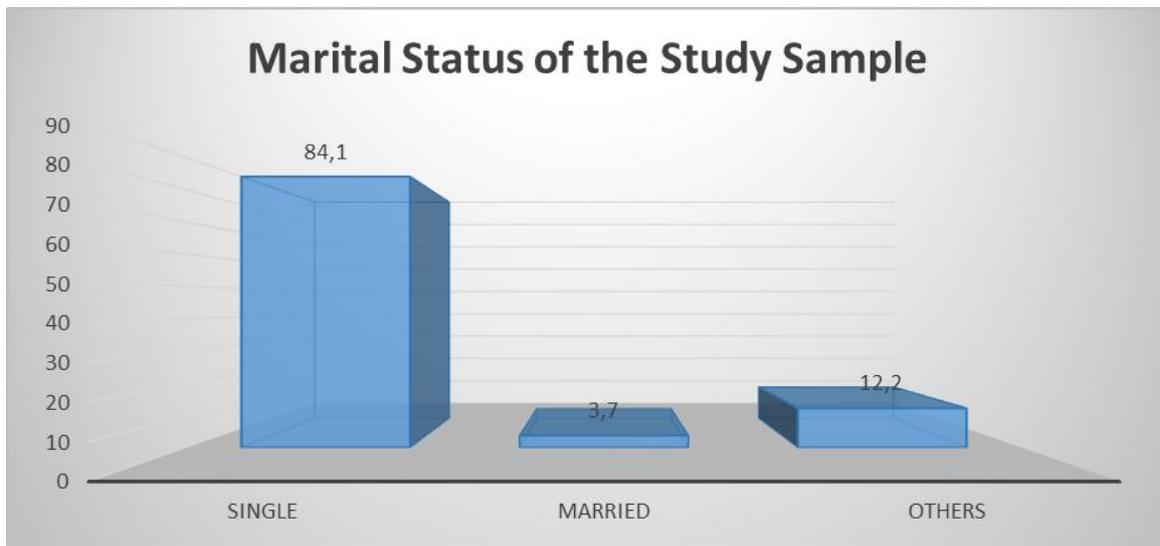


**Figure 3.** Marital Status of the Study Sample.

**Academic Levels**: Students in their second year (200 Level) represented the largest group (36.3%, N=1789), followed by first-year students (25.2%, N=1240).
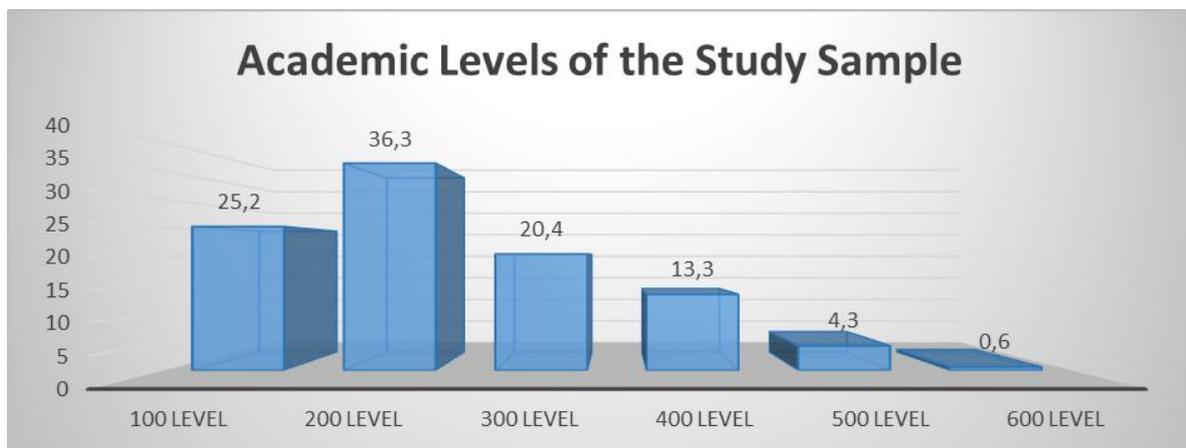


**Figure 4.** Academic Levels of the Study Sample.

**Religion**: Christianity was the predominant religious affiliation, with 71.0% (N=3499), followed by Islam at 9.7% (N=479).
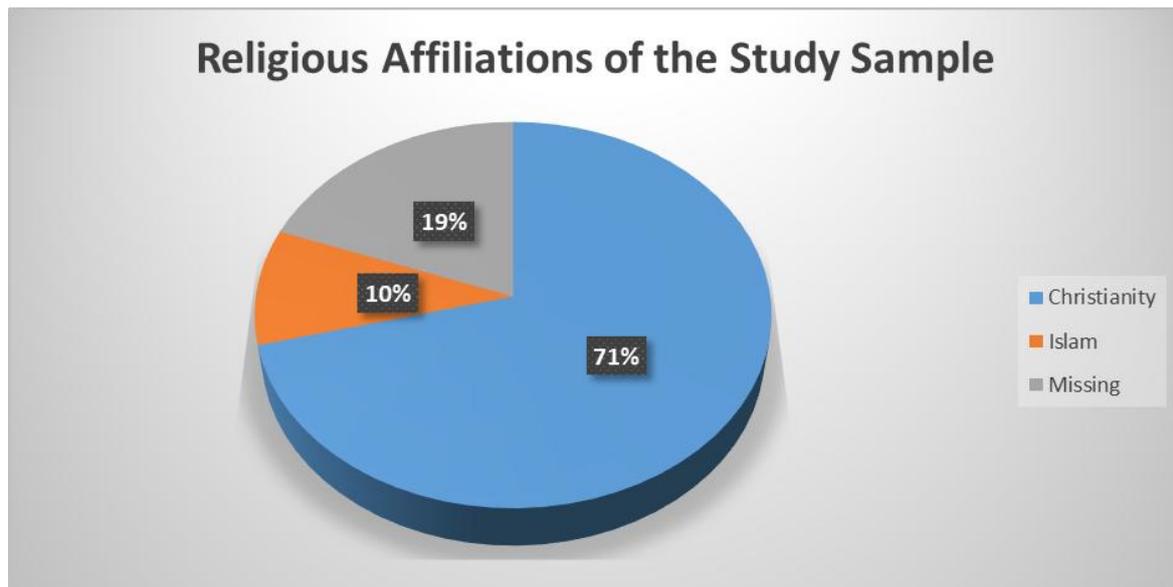
**Figure 5.** Religious Affiliations of the Study Sample.

These demographic characteristics highlight the predominance of young, single students, with most participants identifying as Christian and at early stages of their academic careers.

**Prevalence of Social Support**

Social support levels differed significantly by regions (Table 1). A total of 60.7% of participants in the Southeastern zone had high social support, while the proportions of neutral and low support were 31.8% and 7.5%, respectively. In the Southwest region, 48.2% of respondents were high, 36.9% neutral, and 14.9% low in social support. The Northcentral zone had the least amount of high support (32.5%, n = 167), with low and neutral support comprising 24.9% (n = 129) and 42.6% (n = 221) of the total, respectively.

These findings highlight an evident contrast in social support, with higher instances of high support shown in the Southeastern zone and low instances of social support in comparison presented in the Northcentral zone.

**Table 1.** Social Support Levels Across Zones.

| Geopolitical Zone | High Social Support (%) | Neutral Social Support (%) |
|---|---|---|
| Southeastern | 60.7 | 31.8 |
| Southwestern | 48.2 | 36.9 |
| Northcentral | 32.5 | 42.6 |

**Prevalence of Suicide Ideation**

There was also substantial regional variation in suicide ideation (Table 2). Those from the Southeastern zone reported suicide ideation 31.5% of the time, whereas this increased to 49.0% amongst those from the Southwestern zone. High prevalence was highest in the Northcentral zone with suicide ideation reported among 88.8% of participants.

This alternative indicates a substantial association between regional differences in social support and suicide ideation risk, identifying the Northcentral zone as the region with higher vulnerability.

**Table 2.** Prevalence of Suicide Ideation Across Zones.

| Geopolitical Zone | Suicide Ideation (%) | No Suicide Ideation (%) |
|---|---|---|
| Southeastern | 31.5 | 68.5 |
| Southwestern | 49 | 51 |
| Northcentral | 88.8 | 11.2 |

**Impact of Social Support on Suicide Ideation**

Social Support was a significant predictor of decreased suicide ideation in all zones in a regression, although the strength of this relationship differed (Table 3). Social support accounted for 1.3% of variance in suicide ideation in the Southeastern zone ($R^2 = 0.013$, $F = 21.546$, $p < 0.05$; $R = 0.113$). It explained 1.2% of the variance in the Southwestern zone ($R^2 = 0.012$, $F = 26.269$, $p < 0.05$), a also weak correlation, ($R = 0.111$). Social support accounted for the highest variance (7.7% ($R^2 = 0.077$, $F = 95.715$, $p < 0.05$), strong effect size also ($R = .277$) in the Northcentral zone.

These results emphasize the importance of social support in reducing suicide ideation within high-risk regions of the country, such as the Northcentral zone.

**Table 3.** Regression Analysis of Social Support Impact on Suicide Ideation.

| Zone | R² | F-statistic |
|---|---|---|
| Southeastern | 0.013 | 21.546 |
| Southwestern | 0.012 | 26.269 |
| Northcentral | 0.077 | 95.715 |

**Additional Findings**

Analysis on the demographic subgroups provides even richer insight into these relationships, revealing how this connection is moderated by factors such as gender, age and level of study. Social support had a marginally larger but statistically nonsignificant effect among females than males (01). Younger adults aged 18–24 were more prone to suicidal ideation, though only in low social support contexts. Low support was significantly more harmful for first- and second-year students than it was for seniors.

These findings offer a comprehensive understanding of the relationship between demographic characteristics, social support, and suicide ideation, and also indicate opportunities for targeting intervention efforts.

## 4. Discussion

**Key Findings**

The findings of this study highlight the indispensable role social support could play in reducing the risk of suicide ideation among Nigerian university students. Notice that the prevalence of suicide ideation was inversely correlated to higher levels of social support, mostly observed in the Southeastern and Southwestern zones to show lower rates of ideation comparatively. In contrast, the Northcentral zone, with the greatest proportions of low high social support (36.8%) also had the highest proportion of suicide ideation (88.8%). Our regression analysis also provided more evidence of the predictive relationship between suicide ideation and social support, where the strongest effect was found in the Northcentral ($R^2=0.077$, $p < 0.05$) zone. This discrepancy also illustrates the potential that social support

interventions have to reduce mental health burden when students are in the greatest need (i.e., in the weeks after finally transitioning onto campus).

These results are consistent with global evidence of the role of social support as protection against psychological distress. Liu et al. Highlighting the importance of social support systems as a protective factor for psychological stress and a potential suicide ideation risk factor in university environments [14]. Findings also underline the need for regionally appropriate initiatives, given that cultural, socio-economic and infrastructural differences affect what support is available and how well it works [15], [16], [17].

**Comparison with Literature**

The results presented here are consistent with international and national studies examining the role of social support on mental health [1, 5]. Globally, Wang et al. showed that perceived support from friends, family, and the system reduced suicidal ideation in multi-anethnic populations [11]. Similarly, Grau et al. discovered that social networks are one of the main ecological resources that mitigate mental illness risk among adults between ages 18 and 25 [9].

Regionally, Adeyemo et al. on the evidence that students in Nigerian states with more economic disadvantage access less social support, and that these students are more vulnerable to mental health problems [12]. This reflects the regions of vulnerability to risk factors identified in the present study, especially the students residing in the Northcentral zone. Overall, these findings highlight the global role of social support but call for contextualized approaches to better understand specific local needs.

**Policy and Practice Implications**

This study has important policy and practice-level implications particularly for improved mental health outcome amongst Nigerian undergraduates. Higher educational institutions need to put real emphasis on building strong support systems, such as peer mentoring programs and student support groups, to strengthen the feeling of belonging and reduce psychological suffering. Equipped with trained mental health practitioners, counseling centers should be incorporated into the university system for places such as the Northcentral zone where susceptibility to affective disorders among students is high.

Lastly, these challenges will not only be solved by those already doing the work, but also by essential policymakers. Higher education must devote resources to support mental health initiatives Campus-based clubs and community engagement activities that promote social integration and emotional well-being represent supportive systems that can enhance students' emotional support networks immensely. It is also important to partnering with religious and community leaders to help de-stigmatize mental illness and facilitate help-seeking behavior. They are especially important in areas where culture makes it hard to have frank conversations about mental health.

In addition, we call for greater collaboration between universities and healthcare providers to train practitioners in culturally-appropriate suicide prevention approaches. This training should be on identifying the early signs of distress and on implementing interventions that would increase social support among students.

## 5. Research Limitation

This study has limitations First of all, However, the participant relies on self-reports in case of response bias, whereby participants underreport or overreport them due to concern

about social desirability. Moreover, due to the cross-sectional design, the role of social support as either a protective or risk factor for suicide ideation cannot be ruled out. Longitudinal designs and study designs examining temporal changes and causal pathways are suggested for future work.

It is possible that the geographical scope of the study ie three geopolitical zone also limits the generalizability of the findings. A nationwide study should be conducted across Nigeria as this will allow for a more comprehensive understanding of the regional variations in social support and suicide ideation. Nonetheless, the study shed light on the importance of social support in overcoming mental health problems of university students.

## 6. Conclusion

The present study, therefore, underscores the importance of social support for reducing suicide ideation among university students in Nigeria. Focusing on regional differences and the impact of demographic characteristics, the results highlight how even powerful social support can buffer against psychological distress and suicidal ideation. Importantly, the Northcentral zone, which had the lowest levels of social support services available also had the highest prevalence of suicide ideation–something to note for potential interventions in the future.

These findings lend credence of the need for higher education institutions to develop strong social support systems. Universities need to focus on creating mental health programs that facilitate peer-to-peer interaction, community involvement and linkages to professional counseling services. Such initiatives should be culturally appropriate and locally relevant to meet the needs of students in different parts of Nigeria, beset by unique challenges.

Strengthened social support networks, as well as coordination among Long Island policymakers, university administrative staff, and mental health practitioners, are needed to reduce suicidality among students. Higher education institutions have a significant opportunity to help preserve students mental health and improve the overall academic experience by investing in programs that support emotional well-being and connectedness.

Longitudinal changes in social support and its effect on mental health outcomes across the 6 geopolitical zones not examined in this study warrant further investigation. These endeavors will offer additional insights on maintaining and enhancing the social support benefits over time.

This research reinforces the notion that social support not just buffers against mental health issues, but is essential in cultivating resilience and wellness in academic environments.

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