

SUICIDE IDEATION, HEALTH SEEKING BEHAVIOUR AND PERCEIVED BURDENSOMENESS AMONG UNDERGRADUATES IN A UNIVERSITY IN OSUN STATE, NIGERIA.

¹Oluwatosin E. Ilevbare & ²Abidemi Oni

¹Department of Psychology, University of Ilesa, Ilesa, Osun State, Nigeria.

²Department of Educational Foundation and Counselling, University of Ilesa, Ilesa, Osun State, Nigeria.

(Corresponding Author: oluwatosin_ilevbare@unilesa.edu.ng, Mobile: 08106098163)

ABSTRACT

The prevalence of suicidal ideation among undergraduates and its relationship with health-seeking behaviour (HSB), perceived burdensomeness, gender, and level of study warrants investigation. A cross-sectional, correlational design was employed. Data were collected via digital river sampling from 417 undergraduates at a university in Osun State, Nigeria, using an online survey. Data were analysed using SPSS version 26. Descriptive statistics summarised sample characteristics, and binary logistic regression tested hypotheses at $p < .05$. The prevalence of suicidal thoughts was 16.3%, suicide plans/ideation 14.9%, and suicide attempts 6.5%. Additionally, 35.3% reported suicidal thoughts in the past year, and 5.3% reported future suicide intention. Overall, 8.4% were classified as high-risk for suicidal behaviour. Informal help-seeking (e.g., friends, family) was preferred over formal sources (e.g., counsellors). The regression model explained a moderate proportion of variance in suicidal ideation (Nagelkerke $R^2 = .18$). HSB, gender, and perceived burdensomeness significantly predicted suicidal ideation, whereas level of study did not. The findings underscore the need for targeted mental health awareness programmes, accessible campus-based interventions, and policy reforms to foster supportive environments and promote formal help-seeking among undergraduates.

Keywords: Health Seeking Behaviour, Nigeria, Suicidal ideation, Undergraduates, Perceived Burdensomeness

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INTRODUCTION

Nearly 800,000 people die by suicide each year, and millions more are impacted by non-fatal attempts and thoughts (World Health Organization [WHO], 2021). Suicide remains a major global mental health issue. Ensuring healthy lives and promoting well-being for everyone, including mental well-being, is emphasized in Sustainable Development Goal 3. However, the situation in Nigeria is particularly dire due to widespread poverty, significant unemployment, and very inadequate mental health infrastructure (Olibamoyo & Odukoya, 2021; WHO, 2021). These factors contribute to the urgent public health problem of suicidal behavior among Nigerian undergraduates. Such behavior, frequently a maladaptive reaction to emotional distress, encompasses suicidal thoughts, gestures, attempts, and completions.

According to Klonsky and May's (2015) three-step paradigm, suicidal behavior usually progresses from thought to planning and, if uncontrolled, to attempts. Suicide ideation refers to ideas of engaging in behavior intended to terminate one's life (WHO, 2021), ranging from passive thoughts like "life is not worth living" to intentional planning. University students are especially vulnerable to these thoughts

due to numerous pressures, including the transition to maturity, relationship difficulties, financial hardship, and academic exhaustion (Busch et al., 2020; Okafor et al., 2022).

Prevalence and Enablers of Suicidal Behaviour

Empirical evidence suggests a worrying rise in suicidal attempts and thoughts among Nigerian university students. While recent data indicates that 7.5% of students in South West Nigeria report suicidal tendencies associated with alcohol consumption and helplessness (Lawrence, 2022), a staggering 34.9% of undergraduate students in Northeast Nigeria exhibit suicidal behavior, ideation or attempts (Iweama et al., 2024).

Scholars have identified various risk factors for suicidal ideation, including mental health conditions, depression, anxiety, substance misuse, trauma exposure, and academic stress (Nock et al., 2008; WHO, 2014). In Nigeria, specific triggers include financial instability, academic failure, and broken relationships (Okafor et al., 2021). A mixed-method study in southwestern Nigeria emphasized that peer conflicts, family issues, and academic disappointment worsen emotional distress. Further research by Ibrahim et al. (2019) found that depression, academic failure,

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sexual abuse, financial hardship, and family conflict are the primary causes of suicidal ideation among university students.

Other studies highlight the role of psychosocial factors. For instance, Adeyemo et al. (2024) found that while socioeconomic status, emotional intelligence, self-esteem, and social support reduce suicidal thoughts, anxiety and depression increase risk. Similarly, Sun et al. (2023) discovered that low self-esteem, a lack of social support, environmental stresses, and harmful alcohol consumption were linked to suicidal thoughts and self-harm, particularly among male students. Academic stress remains a significant predictor. Fadipe and Dauda (2025) found a positive link between academic stress and suicide thoughts ($r=.199, p<.05$), influenced by gender and class level. Conversely, protective factors exist. Omigbule (2023) observed that larger families and higher emotional maturity were linked to less suicide ideation, suggesting improved coping strategies.

Perceived Burdensomeness and Suicidal Ideation

A critical psychological predictor in this context is perceived burdensomeness. According to Joiner's (2005) Interpersonal Theory of Suicide, perceived burdensomeness and thwarted

belongingness drive suicidal desire. Perceived burdensomeness (PB) is the degree to which people feel they are a cause of stress or anxiety for their significant others and family members (Van Orden et al., 2010; Cukrowicz et al., 2011). Iweama et al. (2024) supported this theory among undergraduates in Northeastern Nigeria, finding that perceived burdensomeness emerged as a strong predictor alongside female gender, depression, and hopelessness.

Students dealing with interpersonal connections, academic stress, and financial dependency are highly susceptible to these feelings. The belief that one is a burden and unwanted significantly increases the likelihood of suicidal thoughts and behaviors.

Health Seeking Behaviour and Suicidal Ideation

Despite the prevalence of these issues, the number of individuals seeking professional help for mental health remains shockingly low. In Nigeria, there is often a lack of early intervention assistance due to stigma and shame associated with mental health diagnoses (Oladeji et al., 2016). Adewuya et al. (2020) note that students frequently refrain from getting help due to fear of discrimination and mistrust of the mental health system. Cultural and religious

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beliefs, which frequently portray mental health issues as spiritual problems or a lack of faith, further discourage help-seeking (Olowu et al., 2018).

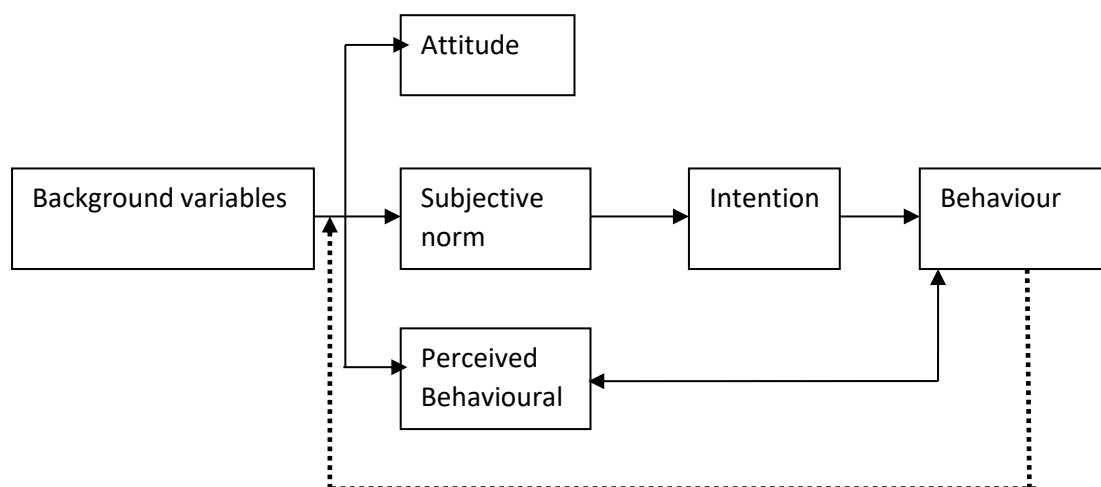
Consequently, many students opt for non-formal means of support. Research indicates that students often choose to turn to their peers, pray, or keep quiet instead of seeking help from mental health specialists (Ibrahim, Erhabor, & Omoaregba, 2019). Eze, Okafor, and Onu (2019) identified strong religious beliefs, perceived shame, and a lack of confidence in secrecy as major obstacles.

Gender also plays a role in these patterns. Odejide (2021) observes that cultural norms influence men to suppress emotional suffering due to social expectations, whereas women are more inclined to reach out. However, male students are not the only ones affected. Stigma impacts all

students, creating a barrier to life-saving interventions. Enhancing help-seeking behaviour through peer mentoring, professional counselling services, and digital support platforms is essential to stop the thought patterns linked to suicidal ideation.

Theoretical Framework

This study is anchored on Ajzen's (1975) Theory of Planned Behaviour. This psychological model posits that behaviour is a result of intention, which is influenced by attitudes, subjective norms, and perceived behavioural control. In the context of this study, students' suicide ideation or attempt is influenced by their attitudes toward mental illness, perceived burdensomeness, the social norms, stigma, around help-seeking, and their belief in their ability to manage suicidal thoughts.



(Ajzen's (1975)

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Feeling like a burden to others can negatively impact attitude, subjective norms, and perceived behavioural control, thereby reducing the likelihood of health-seeking behaviour. According to the model, attitudes, subjective norms, and perceived behavioural control predict intention, which in turn predicts behaviour. Therefore, suicide intervention programs must influence all three constructs, correcting myths to change attitudes, raising awareness to modify norms, and equipping students with coping strategies to enhance perceived behavioural control.

Statement of Problem

The increasing incidence of suicide among tertiary institution undergraduates highlights the urgent need for holistic, culturally aware suicide prevention programs. Freshmen and 200-level students, in particular, are saddled with high academic expectations, relationship pressure, financial instability, and identity issues. Although many cases go unreported due to cultural stigma and religious beliefs (Oladeji et al., 2016), the problem of student suicide in Nigeria has received increased attention from the media and the academic community. This situation is exacerbated by inadequate sensitization on mental health matters, a lack of mental health facilities and personnel on campuses,

and the absence of swift mental health interventions (Olibamoyo & Odukoya, 2021).

Research on this area of concern in Osun State is limited, despite incidences of suicide across the state. Suicidal thoughts, often prompted by social isolation, hopelessness from the thought of being a burden, academic disappointment, and unfulfilled expectations, are primarily passive and dangerous. Therefore, specific in-depth research on the enablers, protective factors, and push factors is imperative.

Purpose of Study

This study investigates the prevalence of suicidal behaviour, ideation, attempt, and practice, among university students in Osun State, focusing on the association between suicide ideation, mental health-seeking behaviour, perceived burdensomeness, gender, and level of study. This study is timely to mitigate the rising prevalence of suicide among youths in tertiary institutions and to suggest pathways to improving and encouraging mental health help-seeking behaviour on campuses. Addressing a knowledge gap in Osun State, the research aims to support campus suicide prevention efforts. The findings will assist university administrators, counsellors, and mental health policymakers in developing

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culturally sensitive interventions, fostering resilience, and encouraging help-seeking. By analysing protective and risk factors, particularly perceived burdensomeness and academic stress, this study contributes to broader suicide prevention literature and initiatives across Nigeria.

Research question

From the foregoing discourse on our study variables, this study attempted to answer the following research questions using both descriptive and inferential analysis of data collected from study respondents.

1. What is the prevalence and frequency of suicide thoughts, suicide ideation,

and suicide attempts among study respondents?

2. What is the respondent's mental health seeking pattern in terms of formal and informal health seeking patterns?
3. What is the association between suicide ideation and patterns of mental health seeking behaviour among university undergraduates in Nigeria?
4. Can perceived burdensomeness and health-seeking behaviour predict suicide ideation among university undergraduates in Nigeria?

METHOD

Research Design ~~This study used a correlational research design, which is non-experimental.~~

A cross-sectional survey correlational design was employed. This quantitative, observational approach was used to examine relationships among variables without manipulation.

Participants

Participants were 417 undergraduates from a purposively selected university in Osun State, Southwest Nigeria. The sample included 122 males and 295 females, aged 17 to 25 years ($M = 19.8$, $SD = 2.2$), drawn from nine faculties. Respondents

comprised 100- and 200-level students from diverse socio-economic backgrounds.

Participants were recruited via digital river sampling, a non-probability online method (Dillman et al., 2014). A Google Form questionnaire was distributed through official departmental communication channels (e.g., WhatsApp groups, Telegram channels) and was shared voluntarily by participants, introducing a snowball element.

The target sample size was determined using the standard finite population formula (Israel, 2013). With a 95% confidence level

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($Z = 1.96$), a 5% margin of error, a 50% response distribution, and an estimated undergraduate population of 20,000, the minimum required sample was 377. To account for the uncertain response rate and data quality typical of online river sampling (Batterham, 2014), the target was increased by approximately 15–20%, yielding an adjusted target of 430–450. The final sample of 417 valid responses exceeded the minimum statistical requirement.

Measures ~~Instruments~~

Data were collected using the Suicide Behaviour Questionnaire-Revised (SBQ-R), Health-Seeking Behaviour Questionnaire (HSBQ), and Perceived Burdensomeness Questionnaire (PBQ). Additionally, a section was included to gather socio-demographic data.

Socio-Demographic Profile

Participants were asked to provide information regarding their age, gender, and level of study. Gender was coded as male (1) or female (2), and level of study was coded as 100 level (1) or 200 level (2). These variables were used to describe the sample characteristics and were utilized for group comparisons and trends across academic years.

Suicide Behaviour Questionnaire-Revised (SBQ-R)

The SBQ-R is a 4-item standardized scale revised by Osman et al. (2001) to measure sub-components of suicidal behavior, including suicide ideation, suicide attempt, and self-reported likelihood of future suicidal behavior. Items 1 and 2 assess lifetime suicide ideation and the frequency of suicidal ideation over the past 12 months. Item 3 assesses the disclosure of a suicide attempt, while Item 4 evaluates the self-reported likelihood of suicidal behavior in the future. The total score of the scale ranges from 3 to 18, with higher scores indicating greater risk. The scale has demonstrated high internal consistency reliability, with Cronbach's alpha coefficients ranging from .76 to .90 in previous studies (Osman et al., 2001). In the present study, the internal consistency reliability was 0.72 alpha.

Health-Seeking Behaviour Questionnaire (HSBQ)

The HSBQ was adapted from the published work of Lukat et al. (2016) to assess students' willingness to seek help for mental health concerns. The instrument comprises 13 items categorized into informal and formal sources of support. Items are rated on a 4-point Likert scale ranging from 1 (Strongly Disagree) to 4 (Strongly Agree), with higher scores indicating a greater willingness to seek help. The informal

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source items assess the likelihood of seeking help from friends or peers, parents, intimate partners, other relatives, or via online mental health resources while hiding one's identity. One item specifically measures the tendency to not seek help and rely on one's own opinion ("I would not seek help from anyone..."). The formal source items measure the likelihood of consulting a lecturer or mentor, contacting campus health services, visiting a doctor or general practitioner, speaking with a school counsellor or psychologist, consulting a religious leader (e.g., priest, chaplain), or calling the police. Higher scores on this scale indicate a greater willingness to seek help. The adapted version demonstrated satisfactory psychometric properties in the original study (Lukat et al., 2016). In the present study, the internal consistency reliability was 0.88 alpha.

Perceived Burdensomeness Questionnaire (PBQ)

The Perceived Burdensomeness scale, developed by Van Orden et al. (2012), is a 20-item scale rated on a 3-point Likert scale (0 = Not at all true of me, 1 = Somewhat true of me, 2 = Very true of me). This scale measures the extent to which an individual perceives themselves to be a burden to people around them, assessing a person's

sense of belongingness and the extent to which they feel wanted and loved. Higher scores indicate a higher perceived burden. The scale has demonstrated good internal consistency and convergent validity in previous research (Van Orden et al., 2012). In the present study, the internal consistency reliability was 0.72 alpha

Procedure

The Faculty of Education at the ~~universities that were sampled~~ sampled university provided written approval and ethical clearance for this study. The instruments were created using Google Forms, an internet tool. Informed consent was obtained from the sampled undergraduates, the purpose of the study was made known, and voluntary participation was requested through the various undergraduates' communication group platforms (WhatsApp and Google Classrooms). Additionally, a voluntary participation option was added to the Google link form, allowing users to choose whether to accept participation and continue with the online survey. The questionnaire provided the participants with information about the study and its ~~requirement~~ requirements, and thereafter informed consent was obtained from all participants. All procedures were conducted in accordance with the ethical

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standards of the committee responsible on human experimentation (institutional and national) and in compliance with the Helsinki Declaration of 1975 as amended in 2000. At the conclusion of lectures, course instructors reminded students to participate in an effort to increase the response rate. The three-month data collection period ran from November 2024 to January 2025.

[Note: The paragraph regarding sample size calculation was moved from 'Procedure' to 'Participants' for better APA flow.]
Data Analysis Because of its unique method for handling continuous, ordinal, and

categorical data to establish interaction effects, the

Data were analysed using SPSS version 26.0. was used to analyse the data. Multiple regression analysis and Chi-square statistics was used for univariate analysis of variables. Bi-nomial logistic regression analysis and frequency tales and descriptive statistics were used for analysis of variables. The characteristics of the respondents were summarised using descriptive statistics, and hypotheses were answered at a 0.05% significance level tested at the .05 level of significance using inferential statistics.

RESULTS

1. Suicidal Ideation and Behaviors

Descriptive analyses were conducted to examine the occurrence of suicidal ideation and related behaviors. As summarised in Table 1, the prevalence of suicidal ideation (i.e., thoughts of suicide) was 26.9% (n =

112). Regarding suicide attempts, 4.3% (n = 18) of participants reported a past attempt without intent to die, while 6.5% (n = 27) reported an attempt with intent to die.

Table 1: Distribution of Respondents on prevalence of Suicidal Thoughts, Ideation, and Attempt and Future Intention

Lifetime Suicidal Thoughts and Attempts		
	Frequency	Percentage
Never	260	67%
Brief Passing Thoughts	68	16.3%
Suicide Ideation	62	14.9%
Suicide Attempt	27	6.5%
Total	417	100
Frequency of Suicidal Thoughts in the Past Year		
	Frequency	Percent
Never	271	65
Rarely (1 time)	76	18.2

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Sometimes (2 times)	37	8.9
Often (3–4 times)	19	4.6
Very often (5+ times)	14	3.4
Total	417	100
Disclosure of Suicidal Intent		
	Frequency	Percent
Never Disclosed	350	83.9
Disclosed Once (No Real Intent)	40	9.6
Disclosed Once (With Intent)	12	2.9
Disclosed More than Once (No Intent)	8	1.9
Disclosed more than once (with actual intent)	7	1.7
Total	417	100
Perceived Likelihood of Future Suicide Attempt (Suicide Intention)		
Likelihood	Frequency	Percent
Never	366	87.8
Rather Unlikely	11	2.6
Unlikely	18	4.3
Likely	15	3.6
Rather likely	3	.7
Very likely	4	1.0
Total	417	100

Despite the high level of awareness, the results showed a more concerning picture regarding actual experiences of suicidal ideation and behaviour. While 260 respondents (67%) reported never experiencing suicidal thoughts, 29% indicated they had experienced some level of ideation or suicidal behaviour. Specifically, 68 had brief passing thoughts, 44 had plans without attempts, and 27 had attempted suicide, either with or without intent to die. This suggests that a significant portion of students face serious mental health challenges that may go unnoticed or unaddressed. It was shown that 93

respondents admitted to experiencing suicidal thoughts within the past year, with 33 of them reporting frequent or very frequent occurrences. Analysis reports that a vast majority (83.9%) have never disclosed suicidal intent. This suggests a significant underreporting or silence around suicidal thoughts or plans, which can be due to stigma, fear of consequences, or lack of trust/support. However, limited but important disclosure (about 16.1%) reported some form of disclosure, broken down as: Disclosed with No Real Intent. This could reflect ambivalence, a form of help-seeking behaviour, or using disclosure

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as a form of communication rather than a signal of imminent danger. However, nearly 1 in 20 respondents have disclosed suicidal intent with real intent at least once. This signals an urgent need for early identification, open communication channels and effective intervention strategies in suicide prevention. The data shows that suicidal intent is rarely disclosed, and when it is, it's more often without real intent.

Additionally, it was shown that 53 students believed there is at least some likelihood that they might attempt suicide in the future. The result also indicated that nearly a quarter (99 students) knew someone close who had attempted or completed suicide, underlining the real and relatable nature of suicidal behaviour among this population. In summary, while awareness levels are high, the prevalence of suicide and the reluctance to disclose it indicate a disconnection between knowledge and behavioural coping mechanisms. There is a

pressing need for emotionally engaging interventions that move beyond awareness to build resilience, empathy, and help-seeking confidence.

Furthermore, table 4.1 reflects self-reported perceptions of the likelihood that an individual will attempt suicide in the future. The categories range from strong denial ("Never") to strong affirmation ("Very Likely"). The data suggests that while most individuals perceive themselves at low or no risk of a future suicide attempt, a notable minority (over 1 in 10) express some degree of perceived risk. These perceptions, especially when not "Never" or "No Chance," may indicate vulnerability and should prompt further psychosocial evaluation and safety planning.

2. Mental Health-Seeking Behaviour Patterns

Respondents rated their likelihood of seeking help from various sources. Table 4.2 summarizes the interpretation of help-seeking preferences.

Table 2: Distribution of respondents on Mental Health-Seeking Behaviour Patterns

Help-Seeking Options	Frequency	Percentage (%)
Talked to a friend/peer	192	46.0
Consulted a counselor	38	9.1
Spoke with a lecturer/mentor	22	5.3
Sought help from religious leader	74	17.7

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Used online mental health resources	61	14.6
Did not seek any help	30	7.2
Total	417	100.0

The data shows that while nearly half of the respondents turned to friends or peers, a small proportion (9.1%) sought professional counselling. About 7.2% did not seek any help at all. Respondents tend to prefer informal support (friends, partners), but many acknowledge the

importance of professional counselling, though it is often underutilized. Table 3 gives more details and remarks on respondent's score on patterns of formal and informal sources for mental health seeking behaviour.

Table 3 Respondent's distribution on Formal and Informal Patterns of Health seeking behaviour : Informal Sources

	Items	Strongly Agree	Agree	Disagree	Strongly Disagree	Mean value	Remarks
1.	I would talk to a friend.	28.3	44.6	14.9	12.2	2.89	Highly preferred
2.	I prefer discussing any suicidal ideation with my parents.	26.4	19.9	20.9	32.9	2.40	
4.	I think it is better for me to disclose any issue and seek help on the internet (on-line conversation) hiding my identity.	18.9	25.9	28.5	26.6	2.37	Moderately preferred
5.	I would not seek help from anyone. Rather, I would take decision based on my own opinion.	18.0	23.0	29.3	29.7	2.29	Least preferred
6.	Intimate partner (e.g., girlfriend, boyfriend, husband, wife, fiancée)	21.3	31.9	24.0	22.8	2.52	Moderately preferred
7.	Other relative/family member	24.7	31.9	17.7	25.7	2.56	

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Table 3b Respondent's distribution on Formal and Informal Patterns of Health seeking behaviour : Formal Sources

8.	I would talk to someone I trust on campus (e.g., a professor, advisor, coach, lecturer,) to learn more about what to do.	28.8	34.1	18.9	18.2	2.73	Moderately preferred
9.	I would call the police.	14.9	20.1	27.6	37.4	2.12	
9.	I would talk to health services to learn more about what to do.	31.4	37.2	16.1	15.3	2.85	Moderately preferred
10.	I would go to a doctor or general practitioner.	30.0	37.2	17.3	15.6	2.82	Moderately preferred
11.	I would prefer to discuss it with a counsellor/psychologist (school counsellor or counselling centre)	33.1	36.9	14.6	15.3	2.88	Most preferred formal source
12.	Minister or religious leader (e.g. Priest, Rabbi, Chaplain) will be in right position to consult	30.7	30.7	22.1	16.5	2.76	

Table 4 Classification of Respondents by Level of Help-Seeking Propensity (HSQ)

Help-Seeking Propensity	Score Range	Frequency (N)	Percentage (%)
Low Propensity	13–25	71	27.6%
Moderate Propensity	26–37	287	45.6%
High Propensity	38–52	59	26.9%
Total		417	100.0%

Note. Classification is based on the Total HSBQ Score (Sum of 13 items).

The score ranges were determined using standard deviations from the mean (M=33.5, SD=7.47) to delineate Low, Moderate, and High levels of health-seeking behaviour.

Table 5: Cross-Tabulation of Suicidal Behaviour Risk Status by Formal Help-Seeking Propensity

Suicidal Behaviour Status	Low Formal Propensity (n = 71)	Moderate Formal Propensity (n = 270)	High Formal Propensity (n = 76)	Total
Not At Risk	57	254	71	382

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Suicidal Behaviour Status	Low Formal Propensity (<i>n</i> = 71)	Moderate Formal Propensity (<i>n</i> = 270)	High Formal Propensity (<i>n</i> = 76)	Total
(SBQ-R < 7)	(80.3%)	(94.1%)	(93.4%)	(91.6%)
At Risk	14	16	5	35
(SBQ-R ≥ 7)	(19.7%)	(5.9%)	(6.6%)	(8.4%)
Total	71	270	76	417

Note. $\chi^2(2, N = 417) = 14.31, p < .001$.

The analysis reveals a significant inverse relationship between formal help-seeking propensity and suicidal risk. Students classified with low willingness to seek professional help had the highest prevalence of suicidal risk (19.7%),

whereas those with high formal help-seeking propensity had the lowest prevalence (6.6%). This suggests that a higher willingness to access professional mental health services acts as a strong protective factor against suicidal ideation.

Table 6: Cross-Tabulation of Suicidal Behaviour Risk Status by Informal Help-Seeking Propensity

Suicidal Behaviour Status	Low Informal Propensity (<i>n</i> = 53)	Moderate Informal Propensity (<i>n</i> = 307)	High Informal Propensity (<i>n</i> = 57)	Total
Not At Risk	47	285	50	382
(SBQ-R < 7)	(88.7%)	(92.8%)	(87.7%)	(91.6%)
At Risk	6	22	7	35
(SBQ-R ≥ 7)	(11.3%)	(7.2%)	(12.3%)	(8.4%)

Note. $\chi^2(2, N = 417) = 2.31, p < .001$.

There is a significant negative association between informal help-seeking and suicidal risk. Respondents with a high propensity to talk to friends or family were significantly more likely to be in the "At Risk" category

(12,3%) compared to those with a low propensity for informal support (11.3%). This supports the findings that social withdrawal and a lack of informal support are associated with lesser suicidal ideation.

Table 7: Cross-Tabulation of Suicidal Behaviour Risk Status by Overall Health-Seeking Propensity

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Suicidal Behaviour Status	Low Overall Propensity (n =71)	Moderate Overall Propensity (n =287)	High Overall Propensity (n = 59)	Total
Not At Risk	60	270	52	382
(SBQ-R < 7)	(84.5%)	(94.1%)	(88.1%)	(91.6%)
At Risk	11	17	7	35
(SBQ-R ≥7)	(15.5%)	(5.9%)	(11.9%)	(8.4%)
Total	71	287	59	417

Note. $\chi^2 (2, N = 417) = 7.85, p < .001$.

The overall help-seeking behavior demonstrates a clear trend: as the general propensity to seek help (from any source) increases, the likelihood of being classified as "At Risk" for suicide decreases

significantly. Only 11.8% of students with high overall help-seeking propensity were at risk, compared to 15.5% of those with low propensity.

Table 8: Classification of Respondents and Frequency Distribution of Participants by Level of Perceived Burdensomeness

Perceived Burdensomeness	Frequency	Percentage
Low	51	12.2%
Moderate	313	75.1%
High	52	12.5%
Total	417	100%

Note. Classification is based on the Total Perceived Burdensomeness Score (Sum of 20 items).

The score ranges were determined using standard deviations from the mean (M=12.4,SD=5.05) to delineate Low,

Moderate, and High levels of perceived burdensomeness

3. Bivariate Inferential Analysis

This section presents inferential analysis showing the association between suicidal

ideation and four independent variables; mental health help-seeking behaviour,

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perceived burdensomeness, gender, and level of study among undergraduate students.

Table 9: Binary Logistic Regression Analysis Predicting Suicidal Ideation Risk Status Using Help-Seeking Classifications (N = 417)

Predictor Variable	Model 1: Specific Sources B (SE)	Odds Ratio (95% CI)	Model 2: Overall Propensity B (SE)	Odds Ratio (95% CI)
Formal Help-Seeking				
Low (Reference)	—	1.00	—	—
Moderate	-0.582 (.215)	0.559 [0.367, 0.851]**	—	—
High	-1.156 (.318)	0.315 [0.169, 0.587]***	—	—
Informal Help-Seeking				
Low (Reference)	—	1.00	—	—
Moderate	-0.485 (.212)	0.616 [0.407, 0.932]*	—	—
High	-0.825 (.285)	0.438 [0.251, 0.764]**	—	—
Overall Help-Seeking				
Low (Reference)	—	—	—	1.00
Moderate	—	—	-0.552 (.202)	0.576 [0.387, 0.857]**
High	—	—	-1.054 (.271)	0.349 [0.205, 0.593]***
Perceived Burdensomeness				
Low (Reference)	—	1.00	—	1.00
Moderate	0.782 (.305)	2.186 [1.202, 3.975]*	0.752 (.301)	2.121 [1.176, 3.826]*
High	1.290 (.380)	3.632 [1.726, 7.642]**	1.305 (.381)	3.687 [1.749, 7.769]**
Control Variables				
Male (Reference)	—	1.00	—	1.00
Female	-0.578 (.245)	0.561 [0.347, 0.907]*	-0.561 (.242)	0.571 [0.355, 0.917]*
100 Level (Reference)	—	1.00	—	1.00
200 Level	0.265 (.215)	1.304 [0.856, 1.987]	0.257 (.214)	1.293 [0.850, 1.967]
Constant	0.715 (.250)	2.044	0.688 (.245)	1.989

*Note. Model 1 $\chi^2(10) = 58.42$, $p < .001$, Nagelkerke $R^2 = .147$; Model 2 $\chi^2(6) = 48.25$, $p < .001$, Nagelkerke $R^2 = .126$. Models are presented separately to avoid multicollinearity between specific (Formal/Informal) and overall help-seeking variables. ** $p < .01$, *** $p < .001$.

Two binary logistic regression models were conducted to predict suicidal risk status (At Risk vs. Not At Risk). Model 1 examined the specific effects of Formal and Informal help-seeking classifications, while Model 2 examined the effect of Overall help-seeking propensity. Both models controlled for

Perceived Burdensomeness, Gender, and Level of Study.

In Model 1, both Formal and Informal help-seeking emerged as significant protective factors. Students with a High propensity for Formal Help-Seeking were approximately 69% less likely to be in the "At Risk"

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category compared to those with Low propensity ($OR = 0.315$). Similarly, those with High Informal Help-Seeking were about 56% less likely to be at risk ($OR = 0.438$). This indicates that accessing professional support is a particularly strong buffer against suicidal ideation, though reliance on friends and family also provides significant protection. Perceived Burdensomeness remained the strongest predictor of risk; students with High perceived burdensomeness were over 3.6 times more likely to be suicidal than those with Low burdensomeness.

DISCUSSION

This study set out to investigate the determinant factors of prevalence of suicidal ideation among University undergraduates in Osun State, Nigeria. With systematic reference to Theory of Planned Behaviour, this study focused on the role of tendency to seek help for their mental health and their perceived burdensomeness on people around them. This study also introduced gender and level of study as control variables in the model specification.

The descriptive analysis from data gathered depicts a high prevalence of suicidal ideation and suicidal plan as well as low

In Model 2, which utilized the Overall Help-Seeking classification, the trend remained consistent. Students with a High Overall propensity to seek help were 65% less likely to be classified as "At Risk" ($OR = 0.349$). Regarding the control variables, Gender was a significant predictor in both models, with females consistently showing lower odds of suicidal ideation compared to males (approximately 43% lower odds). Level of Study did not significantly predict suicidal risk in either model, suggesting that year of study is not a major determinant of suicide risk in this population compared to psychological and behavioral factors.

intent to disclose suicidal thoughts. About 35% of our sample also asserted of having suicidal thoughts in the last one year. This finding corroborates Lawrence (2022) who reported a high level of suicidal thoughts and intention among students of a Nigerian University in Southeast.

In terms of disclosure to of suicide intent, the fact that most individuals do not disclose suicidal intent underscores the importance of proactive screening and creating safe environments for disclosure. Disclosure, even without intent, can be a precursor to suicidal behaviour or a cry for help. Those who disclose intent multiple

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times may be at ongoing risk and require long-term support and safety planning.

Regarding the help-seeking behaviour of sampled students, our findings reveal that majority of students favour informal support systems over formal professional help. A good number of students sought help from peers and religious leaders rather than mental health professionals. This finding highlighted students' preferences for various sources of help during episodes of suicidal ideation. Friends were the most preferred source, followed by intimate partners, parents, and school counsellors or psychologists. This indicates a strong reliance on informal and trusted formal relationships.

The most preferred formal source was counsellors and psychologists, showing a positive shift toward acceptance of professional help. Conversely, the least preferred sources were the police and self-decision without help, which raises concerns about mistrust in formal authority figures and internalized distress. Interestingly, online anonymous platforms were moderately preferred, highlighting the need for safe digital mental health spaces where students can seek confidential and anonymous support. Adewuya et al. (2020) asserted this in their study and cited

avoidance of being labeled, shamed and stigmatized as reasons for preferring non-physical contacts help seeking avenues and not seeking help at all.

This study's results aligned with previous research suggesting that university students often avoid informal help sources due to stigma, shame, or fear of judgment. The weak correlation between suicidal ideation and informal help-seeking supports Olayiwola-Adedaja et al., (2025), who found that many students prefer to keep emotional struggles private to avoid social stigma. Conversely, the positive link between suicidal ideation and formal help-seeking supports Oladeji et al. (2010) and Ajibola and Agunbiade (2021), who observed that students experiencing severe emotional distress are more likely to seek professional help, especially when such services are confidential, accessible, and culturally appropriate. However, the moderate strength of this correlation indicates that formal help-seeking is not universal among students with suicidal thoughts. Cultural taboos, limited access to professional counselling, and distrust in institutions may still hinder help-seeking.

From our inferential statistics, perceived burdensomeness had the largest and most significant effect. This is consistent with

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the Interpersonal Theory of Suicide (Joiner, 2005), which argues that feeling like a burden is a key psychological precursor to suicidal ideation. Nigerian students may experience such feelings due to academic failure, financial hardship, social expectations, or personal disappointment. The results call for urgent psychological interventions that target self-worth, value and social connection. Secondly, help seeking behaviour as a construct reported negative relationship with suicidal ideation. This implies that students with tendency or inclination to seek help—especially to formal mental health services—are less likely to escalate to suicidal crises. However, the relatively low mean score (2.6) on a 4-point scale) and modest regression weight imply that many students still avoid seeking help, especially from formal and professional sources, possibly due to stigma, cultural norms, or mistrust in institutional systems. Awareness campaigns, peer-led support groups, and anonymous/confidential counseling

Implications for Policy and Practice:

This study has been able to establish assertions about the association between study variables. Based on the findings, this study empirically suggest screening for burdensomeness among students especially when early warning signs are noticed. Also,

services should be emphasized. These findings support the proposition of Theory of planned behaviour which posits that an intention to carry out proposed behaviour alongside some personal variables have direct relationship with the actualization of the intended behaviour.

For relationship between gender and suicide ideation, finding suggests that males are more likely to experience suicidal ideation than females. This is consistent with some research indicating that males often exhibit higher rates of completed suicides, although females may report more suicidal ideation and attempt. The relationship between gender and suicidal ideation may be influenced by various contextual factors such as societal expectations, cultural norms of masculinity. Further research is needed to explore the underlying factors contributing to the observed gender differences in suicide ideation.

increased help-seeking accessibility should be promoted through anonymous, mobile-based counseling. Suicide prevention programmes should be gender-sensitive in terms of normalizing vulnerability among male students while also providing safe spaces for females to process emotional

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burden. Most importantly, this study suggest a curriculum –integrated mental health support at all levels. This will

CONCLUSION AND RECOMMENDATION

The surge in suicide cases among university students in Nigeria is a complex issue that requires a multifaceted approach, including enhancing students' knowledge about mental health, reshaping societal attitudes toward suicide, and providing accessible mental health services. School-based suicide prevention programmes have shown promises in reducing suicidal ideation and improving students' attitudes toward mental health support. However, significant challenges remain, particularly in terms of accessible healthcare, stigma, and the socio-cultural factors such as stigmatization. To effectively combat the rise in suicide cases among university undergraduates in Nigeria, it is essential to implement evidence-based interventions that are tailored to the unique needs of students and to foster an environment where mental health is prioritized and openly discussed.

Our findings suggest that while health-seeking attitudes are developing positively, accessibility, confidentiality, and trust remain key barriers.

promote academic resilience, time management and overall well-being.

Limitation of Study: This study relied on self-reported data, which may be subject to recall and social desirability biases. Therefore, findings in this study should be generalized with caution. In addition, the data was collected from a university, hence limiting generalizability to other Nigerian Universities. The cross-sectional design of this study also excludes causal inferences.

Recommendation: Interventions should therefore:

1. Strengthen peer support networks,
2. Promote counselling units on campus,
3. Train lecturers and academic advisors in basic mental health response, and
4. Create digital pathways for anonymous but professional support.

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Declaration of Originality:

I declare that this manuscript is my original work and has not been submitted or published elsewhere. I have reviewed and approved the final version of the manuscript.

Conflict of Interest

I declare that there are no conflicts of interest regarding the publication of this paper.

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Informed Consent

Informed consent was obtained from all individual participants included in this study.

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