

Prevalence of Suicidal Ideation among Unemployed Youths in Kano State, Nigeria

Mariya Nasir Danbatta, Adamu Alhaji, Adamu Sabo Muhammad

Federal University of Health Sciences Azare, Nigeria

mariya.danbatta@fuhsa.edu.ng

Submitted:	Revised:	Accepted:	Published:
Sep 3, 2026	Oct 2, 2026	Oct 13, 2026	Oct 18, 2026

Abstract

Evidence on suicidal ideation among unemployed youths in Kano State, Nigeria, remains limited. This study assessed the prevalence of suicidal ideation and suicide attempts and described reported psychological and socioeconomic factors and mental health help-seeking behaviours in this population. A descriptive cross-sectional survey involved 440 unemployed youths selected through multistage sampling. Data were collected using a structured questionnaire covering sociodemographic characteristics, suicidal experiences, psychological concerns, unemployment-related factors, and help-seeking behaviours, and were analysed using frequencies and percentages. Overall, 20.9% of respondents reported suicidal ideation, while 6.4% reported having attempted suicide. Among respondents with suicidal ideation, 37.0% reported monthly suicidal thoughts, 21.7% weekly thoughts, and 10.9% daily thoughts. Reported concerns included unresolved emotional trauma, stigma, chronic illness, discrimination, negative thinking, hopelessness, depression, and social isolation. Financial hardship, prolonged economic insecurity, and lack of stable income were prominent unemployment-related concerns. Family support was perceived as protective, but professional mental health help-seeking was limited, with many respondents relying on family support or seeking no help. These descriptive findings document suicidal ideation alongside psychological and socioeconomic adversity and limited professional help-seeking among unemployed youths in Kano State. The study provides local evidence to inform integrated suicide prevention initiatives combining employment generation and

poverty reduction with improved access to mental healthcare, stigma reduction, and psychosocial support.

Keywords: Suicidal Ideation; Youth Unemployment; Mental Health Help-Seeking; Suicide Prevention; Kano State

INTRODUCTION

Suicidal ideation among unemployed youths has become an important public health concern because it reflects the cumulative effects of social, economic, and psychological challenges experienced during the transition to adulthood. Employment is not only a source of income but also provides identity, social belonging, and opportunities for personal development. When young people are unable to secure meaningful employment, they may experience prolonged financial hardship, reduced self-esteem, uncertainty about the future, and feelings of hopelessness. These experiences can gradually undermine psychological well-being and increase vulnerability to suicidal thoughts. Understanding the prevalence of suicidal ideation among unemployed youths is therefore essential for identifying the magnitude of the problem and informing the development of targeted mental health interventions that address the unique needs of this population (Kukoyi et al., 2023).

Globally, suicide remains one of the leading causes of death among young people aged 15–29 years, making suicidal ideation a major concern for health systems and policymakers. While suicidal ideation does not always result in suicide attempts or completed suicide, it is widely recognized as an early warning indicator of severe psychological distress and future suicidal behavior. Early identification of individuals experiencing suicidal thoughts provides an opportunity for timely intervention before the progression to self-harm or suicide attempts. Consequently, estimating the prevalence of suicidal ideation among vulnerable populations has become an essential component of public health surveillance and mental health planning (Kukoyi et al., 2023).

In Nigeria, unemployment among youths has reached levels that have significant implications for mental health and social well-being. The inability to obtain stable employment often exposes young adults to persistent economic insecurity, dependence on family members, social exclusion, and diminished opportunities for personal achievement.

These challenges are particularly pronounced in northern Nigeria, where rapid population growth, limited employment opportunities, and socioeconomic inequalities continue to affect the quality of life of many young people. Despite increasing recognition of suicide as a public health issue, empirical evidence describing the burden of suicidal ideation among unemployed youths remains limited, especially within Kano State, where the interaction of unemployment, poverty, and cultural expectations may create unique psychosocial pressures (Abubakar et al., 2025; Abubakar et al., 2026).

Kano State presents a distinctive social and economic environment that justifies focused investigation. As one of Nigeria's most populous states, Kano accommodates a large youth population seeking employment within a labour market that cannot adequately absorb the growing workforce. Prolonged unemployment frequently places young people under considerable financial strain while simultaneously exposing them to family expectations regarding economic independence and social responsibility. Failure to meet these expectations may result in feelings of inadequacy, frustration, and social marginalization, all of which can contribute to emotional distress and suicidal ideation. Furthermore, cultural beliefs surrounding mental illness and suicide often discourage open discussion of psychological problems, limiting opportunities for early detection and professional support (SUKARE & Abdullahi, 2025).

Although previous Nigerian studies have documented suicidal ideation among university students and other educational populations, considerably less attention has been given to unemployed youths outside formal educational institutions. This imbalance in research limits the understanding of mental health needs among one of the country's most socioeconomically disadvantaged groups. Unlike students who may have access to institutional counselling services, unemployed youths often lack structured mental health support systems and may rely primarily on informal coping mechanisms. Consequently, existing prevalence estimates derived from student populations cannot be generalized to unemployed youths who experience different social, financial, and environmental stressors (Iweama et al., 2024; Okechukwu et al., 2022).

Determining the prevalence of suicidal ideation among unemployed youths in Kano State is therefore necessary for establishing the extent of psychological vulnerability within this population. Reliable prevalence data provide an evidence base for policymakers, healthcare providers, and community organizations to allocate mental health resources

effectively, develop culturally appropriate prevention programmes, and strengthen community-based support systems. Such information is also valuable for identifying high-risk groups requiring early psychological intervention before suicidal thoughts progress to suicidal behaviour. Moreover, prevalence estimates enable future studies to monitor changes in mental health outcomes over time and evaluate the effectiveness of intervention programmes designed for unemployed youths (Abiodun et al., 2026).

This study therefore focuses on determining the prevalence of suicidal ideation among unemployed youths in Kano State to provide empirical evidence that reflects the realities of this vulnerable population. By quantifying the burden of suicidal thoughts within the context of unemployment, socioeconomic hardship, and regional cultural influences, the study contributes to addressing an important gap in mental health research in northern Nigeria. The findings are expected to support the development of evidence-based public health policies and targeted suicide prevention strategies that extend beyond academic settings to reach unemployed youths who remain underserved by existing mental health programmes. In doing so, the study responds to the growing need for localized evidence capable of informing comprehensive mental health interventions and reducing the burden of suicid.

METHODS

Study Design

This study adopted an explanatory sequential mixed-methods design, comprising a quantitative phase followed by a qualitative phase. The quantitative component was used to determine the prevalence of suicidal ideation, identify associated predictors, assess promoters of suicidal ideation, and examine help-seeking behaviours among unemployed youths in Kano State. The qualitative phase was subsequently conducted to provide an in-depth understanding of participants' experiences and to explain the quantitative findings through interviews.

Study Setting

The study was conducted in Kano State, Northwestern Nigeria, one of the most populous states in the country. Kano State comprises urban, semi-urban, and rural communities and serves as a major commercial and economic centre. Despite its economic

significance, the state experiences high levels of youth unemployment, poverty, and limited access to mental health services, making it an appropriate setting for investigating suicidal ideation among unemployed youths.

Study Population

The target population comprised unemployed youths aged 18–45 years residing in Kano State, Nigeria.

Sample Size Determination

The sample size for the quantitative phase was determined using Yamane's (1967) formula for finite populations. Based on an estimated youth population of approximately 440,000 and a 5% margin of error, a final sample size of 440 respondents was obtained. For the qualitative phase, 20 participants were purposively selected for in-depth interviews to ensure variation in age, gender, and mental health experiences.

Sampling Technique

A multistage sampling technique was employed during the quantitative phase.

- **Stage I:** Kano State was stratified into its three senatorial districts (Kano Central, Kano North, and Kano South).
- **Stage II:** Five Local Government Areas (LGAs) were randomly selected from each senatorial district.
- **Stage III:** Three wards were selected from each selected LGA using stratified sampling.
- **Stage IV:** Streets within the selected wards were selected systematically using the *nth* sampling technique.
- **Stage V:** Eligible respondents were recruited based on the study inclusion criteria.

For the qualitative phase, participants were selected using purposive sampling to obtain rich information regarding suicidal ideation and unemployment experiences.

3.6 Inclusion and Exclusion Criteria

Inclusion Criteria

Participants were eligible if they:

- were unemployed youths aged 18–45 years;
- had resided in Kano State for at least 12 months;

- were able to communicate in English, Hausa, or Fulfulde; and
- voluntarily provided written informed consent.

Exclusion Criteria

Individuals were excluded if they:

- were currently employed (formal or informal employment);
- had severe mental health conditions that could impair participation;
- had resided in Kano State for less than 12 months;
- had cognitive impairments affecting comprehension or communication; or
- had experienced recent bereavement that could increase emotional distress during data collection.

Data Collection Instruments

Quantitative data were collected using an adapted structured questionnaire comprising standardized instruments:

- **Suicidal Behaviors Questionnaire (SBQ)** for assessing suicidal thoughts and behaviours.
- **Columbia Suicide Severity Rating Scale (C-SSRS)** for assessing the severity of suicidal ideation and suicide attempts.

The qualitative phase employed a semi-structured interview guide designed to explore participants' experiences regarding unemployment, psychological distress, coping strategies, social support, and access to mental health services.

Validity and Reliability

Content and construct validity of the questionnaire were established through expert review by two Nursing Science specialists and the research supervisor. Their recommendations were incorporated to improve clarity, relevance, and adequacy of the instrument.

Reliability was assessed through a pilot study involving 44 respondents (10% of the study sample) recruited from communities outside the study area. Internal consistency was evaluated using Cronbach's alpha coefficient, with an acceptable reliability threshold of $\alpha \geq 0.70$.

Data Collection Procedure

Following ethical approval and official permission from the Kano State Ministry of Health, trained research assistants administered the structured questionnaires through face-to-face interviews. Participants were informed about the study objectives, procedures, voluntary nature of participation, confidentiality, and their right to withdraw at any stage without penalty. Interviews were conducted in either English or Hausa, depending on respondents' language preference.

For the qualitative phase, face-to-face in-depth interviews were conducted with purposively selected participants using the semi-structured interview guide. Interviews were audio-recorded with participants' consent and transcribed verbatim for analysis.

Data Analysis

Quantitative data were checked for completeness, coded, and analyzed using Statistical Package for the Social Sciences (SPSS) version 27.0.

Descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to summarize respondents' characteristics and study variables. Inferential statistics comprised Chi-square (χ^2) tests to examine associations between categorical variables, Spearman's rank correlation coefficient to assess relationships among ordinal variables, and multivariate logistic regression analysis to identify independent predictors of suicidal ideation while controlling for potential confounding variables. Statistical significance was established at $p \leq 0.05$ with a 95% confidence interval.

Qualitative data were analyzed using thematic analysis, following the stages of familiarization, coding, theme generation, review, and interpretation. NVivo software was used to facilitate data organization and coding.

Ethical Considerations

Ethical approval for the study was obtained from the Afe Babalola University Research Ethics Committee (Approval No. ABUADHREC/07/06/2025/750) and permission to conduct the study was granted by the Kano State Ministry of Health (Approval No. NHREC/17/03/2018).

Written informed consent was obtained from all participants before data collection. Confidentiality and anonymity were maintained throughout the study, and participants were informed of their right to decline participation or withdraw at any point without any

consequences. The study adhered to the ethical principles of the Declaration of Helsinki, including respect for autonomy, beneficence, non-maleficence, justice, and confidentiality.

RESULT AND DISCUSSION

Table 1: Socio-demographic characteristics of respondents

Variable	Category	Frequency (n)	Percentage (%)
Age	18–23 yrs	127	28.9
	24–30 yrs	156	35.7
	31–35 yrs	90	20.5
	36–40 yrs	49	11.1
	41–45 yrs	18	4.1
Gender	Male	260	59.1
	Female	180	40.9
Tribe	Hausa	181	41.1
	Fulani	107	24.3
	HausaFulani	83	18.9
	Kanuri	44	10.0
	Others	25	5.7
Religion	Islam	400	90.9
	Christianity	37	8.4
	Others	4	0.9
Marital Status	Single	299	68.0
	Married	120	27.3
	Divorced	12	2.7
	Widow	9	2.0
Level of Education	No formal education	16	3.6
	Primary	42	9.5
	Secondary	188	42.7
	Tertiary	194	44.1
Family Structure	Monogamous	243	55.2
	Polygamous	191	43.4
	Others	6	1.4
Living Situation	With family	318	72.3
	Alone	73	16.6
	With friends	49	11.1

Table 1 presents the socio-demographic characteristics of the 440 unemployed youths who participated in this study on the prevalence of suicidal ideation among unemployed youths in Kano State, Nigeria. The findings provide an important context for understanding the population most affected by unemployment and the socio-demographic factors that may influence suicidal ideation.

The age distribution revealed that respondents aged 24–30 years constituted the largest proportion (35.7%), followed by those aged 18–23 years (28.9%), while only 4.1% were aged 41–45 years. This finding indicates that unemployment predominantly affects young adults who are in their economically productive years. Young adults are particularly vulnerable to the psychological consequences of unemployment because this period is characterized by career establishment, financial independence, and family formation. Prolonged unemployment during this transition may increase feelings of hopelessness, depression, and suicidal ideation. Recent evidence from Nigeria has shown that suicidal behaviours are more common among young people, particularly those experiencing socioeconomic disadvantage and unemployment (Abubakar et al., 2026; Iweama et al., 2024).

Regarding gender, 59.1% of respondents were male, whereas 40.9% were female. The predominance of males may reflect the socio-cultural expectations in northern Nigeria, where men are traditionally regarded as primary providers for their households. Consequently, unemployment among men may result in greater psychological distress because of perceived failure to fulfil expected economic roles. Previous studies have reported that unemployment-related stress is associated with increased depression, hopelessness, and suicidal ideation among Nigerian youths, particularly males who experience greater social pressure to achieve financial independence (Jidong et al., 2024; Iweama et al., 2024).

The ethnic composition showed that Hausa respondents accounted for 41.1%, followed by Fulani (24.3%), Hausa-Fulani (18.9%), Kanuri (10.0%), and other ethnic groups (5.7%). This distribution reflects the demographic characteristics of Kano State, where Hausa and Fulani constitute the dominant ethnic populations. Therefore, the sample reasonably represents the ethnic diversity of the study area, enhancing the external validity of the findings. Differences observed in suicidal ideation across ethnic groups are more

likely to reflect socioeconomic and cultural influences than ethnicity itself (Abubakar et al., 2026).

With respect to religion, 90.9% of respondents were Muslims, 8.4% Christians, while 0.9% belonged to other religions. This distribution is consistent with the religious composition of Kano State. Religious beliefs often serve as protective factors against suicidal behaviour by promoting hope, resilience, social connectedness, and moral objections to suicide. However, recent Nigerian studies indicate that although religion may discourage suicidal behaviour, severe economic hardship and untreated mental health conditions can still contribute to suicidal ideation among unemployed youths (Nwafor, 2024; Jidong et al., 2024).

The findings further revealed that 68.0% of respondents were single, 27.3% married, 2.7% divorced, and 2.0% widowed. The predominance of single respondents is expected because unemployment rates are generally higher among younger adults. Being unmarried may reduce access to emotional and financial support available within stable family relationships, thereby increasing vulnerability to loneliness, stress, and suicidal ideation. Recent systematic evidence from Nigeria identified marital status as one of the significant socio-demographic correlates of suicidal behaviour (Abubakar et al., 2026).

Educational attainment showed that 44.1% possessed tertiary education, 42.7% secondary education, 9.5% primary education, while only 3.6% had no formal education. This finding demonstrates that unemployment is not restricted to individuals with low educational attainment but also substantially affects graduates. Graduate unemployment remains a major socioeconomic challenge in Nigeria, where increasing numbers of educated youths face prolonged joblessness despite acquiring higher qualifications. Such unmet educational and career expectations may contribute to frustration, diminished self-esteem, psychological distress, and suicidal ideation (Omoju et al., 2023; Abubakar et al., 2026).

Family structure indicated that 55.2% of respondents came from monogamous families, while 43.4% originated from polygamous households. The relatively high proportion of respondents from polygamous families reflects family patterns commonly observed in northern Nigeria. Family environment influences psychological wellbeing through social support, parental supervision, household cohesion, and economic resources. Larger family sizes may increase financial strain, particularly where unemployment limits

household income, thereby increasing emotional stress among young adults (Jidong et al., 2024).

Regarding living arrangements, 72.3% lived with their families, 16.6% lived alone, while 11.1% lived with friends. Living with family may provide emotional and financial support that buffers the adverse psychological effects of unemployment. However, dependence on family members may also generate feelings of guilt, perceived burdensomeness, and reduced self-worth when unemployment persists. Conversely, individuals living alone may experience greater social isolation, a recognized risk factor for depression and suicidal ideation. Studies among Nigerian youths have shown that perceived burdensomeness and lack of social belonging significantly predict suicidal ideation (Iweama et al., 2024).

The socio-demographic profile suggests that unemployed youths in Kano State are predominantly young, male, single, relatively well educated, Muslim, and living with their families. These characteristics are important because demographic and socioeconomic factors influence individuals' exposure to unemployment-related stress, mental health challenges, and suicidal ideation. Understanding these characteristics provides an important basis for interpreting the prevalence of suicidal ideation observed in this study and for designing targeted mental health and employment interventions for vulnerable youth populations (Abubakar et al., 2026; Jidong et al., 2024).

Table 2: Prevalence of Suicidal Ideation and Suicide Attempts Among Respondents (n = 440)

Variable	Frequency (n)	Percentage (%)
Suicidal Ideation		
Yes	92	20.9
No	348	79.1
Frequency of Suicidal Thoughts (Past 12 months, n = 92)		
Rarely (once or twice)	28	30.4
Sometimes (monthly)	34	37.0
Often (weekly)	20	21.7
Very often (daily)	10	10.9
Suicide Attempts		
Yes	28	6.4
No	412	93.6
Number of Attempts (n = 28)		
Once	18	64.3
Twice	7	25.0

Variable	Frequency (n)	Percentage (%)
Three or more times	3	10.7
Time of Most Recent Attempt (n = 28)		
Within last month	6	21.4
Within last 6 months	8	28.6
Within last year	9	32.1
More than one year ago	5	17.9
Help-Seeking Behavior (n = 92 ideation / 28 attempts)		
Sought professional help	22	20.0
Sought family/friend support	38	34.5
Did not seek help	50	45.5
Current risk of self-harm		
Yes	16	3.6
No	424	96.4

Table 2 presents the prevalence of suicidal ideation, suicide attempts, help-seeking behaviour, and current risk of self-harm among unemployed youths in Kano State. The findings reveal that 20.9% of respondents reported experiencing suicidal ideation, while 6.4% had attempted suicide at least once. These findings indicate that approximately one in every five unemployed youths had experienced thoughts of ending their life, and about one in sixteen had progressed from suicidal thoughts to suicide attempts. This demonstrates that suicidal ideation represents a significant public health concern among unemployed youths in Kano State and underscores the psychological burden associated with unemployment.

The prevalence of suicidal ideation (20.9%) observed in this study is consistent with evidence indicating that unemployment is an important social determinant of poor mental health and suicidal behaviour. Unemployment often exposes young adults to prolonged financial hardship, social exclusion, uncertainty about the future, and diminished self-worth, all of which increase the likelihood of depression and suicidal thoughts. The finding supports the position of the World Health Organization that socioeconomic adversity, including unemployment, is a major risk factor for suicidal behaviour and that suicide remains one of the leading causes of death among young people worldwide (World Health Organization [WHO], 2023). Furthermore, a systematic review and meta-analysis of suicidal behaviour in Nigeria reported that suicidal ideation remains a substantial public

health issue, particularly among socioeconomically disadvantaged populations (Abubakar et al., 2026).

Among respondents who experienced suicidal ideation, 37.0% reported having suicidal thoughts at least once every month, 21.7% experienced such thoughts weekly, while 10.9% had suicidal thoughts every day. Only 30.4% reported experiencing suicidal thoughts once or twice during the previous year. These findings suggest that many respondents experienced persistent rather than transient suicidal ideation. Frequent suicidal thoughts are clinically significant because they increase the likelihood of emotional distress, functional impairment, and progression to suicide attempts. Daily or weekly suicidal ideation has been consistently associated with higher suicide risk and the need for immediate psychological assessment and intervention (WHO, 2023; International Association for Suicide Prevention, 2024).

The study further revealed that 6.4% of respondents had attempted suicide. Among those who had attempted suicide, 64.3% reported one attempt, 25.0% had attempted twice, while 10.7% had attempted suicide three or more times. The predominance of single suicide attempts suggests that many individuals may have experienced acute psychological crises; however, repeated attempts among some respondents indicate persistent mental health problems and substantially elevated future suicide risk. Previous research has consistently shown that a previous suicide attempt is among the strongest predictors of future suicide attempts and suicide mortality (WHO, 2023; Abubakar et al., 2026).

The timing of the most recent suicide attempt further demonstrates the immediacy of the problem. Approximately 82.1% of those who attempted suicide reported that the attempt had occurred within the previous year, with 32.1% occurring within the past year, 28.6% within the previous six months, and 21.4% within the last month. These findings suggest that suicidal behaviour among unemployed youths is not merely historical but represents an ongoing mental health challenge requiring urgent preventive interventions. Similar observations have been reported in Nigerian studies, which found that current socioeconomic stressors, particularly unemployment and financial insecurity, are associated with recent suicidal behaviour among young adults (Jidong et al., 2024).

The findings regarding help-seeking behaviour are particularly concerning. Nearly half of respondents (45.5%) who experienced suicidal ideation or suicide attempts reported that they did not seek any form of help, while 34.5% sought support from family members

or friends, and only 20.0% sought professional mental health services. The low utilization of professional mental health services may reflect widespread stigma surrounding mental illness, poor mental health literacy, limited availability of psychiatric services, financial barriers, and fear of discrimination. Previous Nigerian studies have similarly reported poor help-seeking behaviour among individuals experiencing suicidal ideation because suicide remains highly stigmatized and mental health services remain inaccessible for many communities (Jidong et al., 2024; Nwafor, 2024).

Finally, 3.6% of respondents were identified as having a current risk of self-harm, indicating that a proportion of unemployed youths require immediate psychological assessment and intervention. Although this percentage appears relatively small, it represents individuals at high risk for future suicide attempts and highlights the need for early identification, crisis intervention, and continuous mental health support. According to the WHO (2023), individuals identified as being at immediate risk of self-harm require timely psychological care, social support, and appropriate referral pathways to prevent suicide.

The findings demonstrate that suicidal ideation, suicide attempts, poor help-seeking behaviour, and current self-harm risk constitute significant mental health concerns among unemployed youths in Kano State. The results emphasize the importance of integrating employment generation programmes with accessible mental health services, suicide prevention initiatives, community awareness campaigns, and psychosocial support systems. Strengthening youth employment opportunities alongside improving access to mental healthcare may substantially reduce suicidal ideation and suicidal behaviour among unemployed young people.

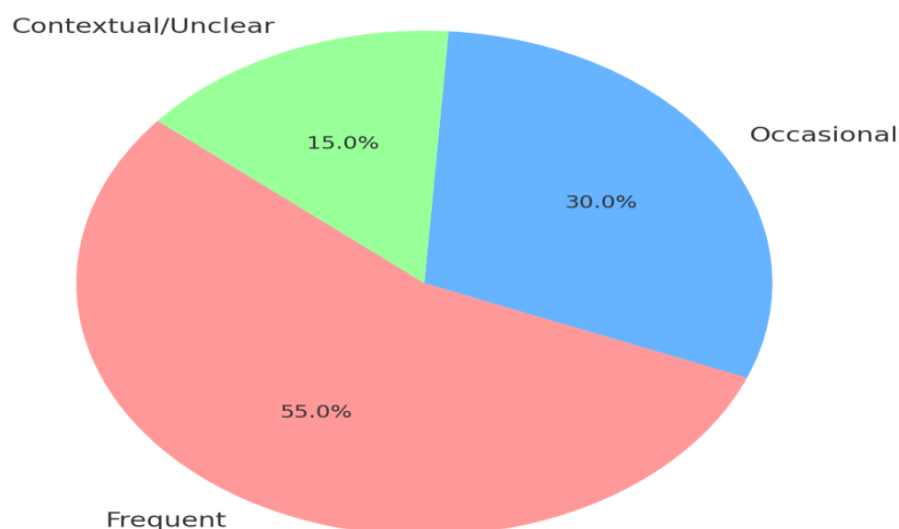


Figure 1: Distribution of suicidal thought frequency

Figure 1 illustrates the frequency of suicidal thoughts among respondents who reported experiencing suicidal ideation. The findings indicate that the majority of respondents (55.0%) experienced frequent suicidal thoughts, while 30.0% reported occasional suicidal thoughts, and 15.0% indicated that the frequency of their suicidal thoughts was contextual or unclear.

The predominance of frequent suicidal thoughts among respondents suggests that suicidal ideation is not merely an occasional emotional response but rather a persistent psychological challenge among many unemployed youths in Kano State. Frequent suicidal thoughts are clinically important because they are associated with a higher likelihood of depression, hopelessness, impaired daily functioning, and progression to suicide attempts. Persistent unemployment exposes young people to prolonged financial hardship, uncertainty about the future, social isolation, and reduced self-esteem, all of which contribute to recurrent suicidal thinking. According to the World Health Organization (2023), sustained exposure to socioeconomic adversity, including unemployment and poverty, significantly increases the risk of persistent suicidal ideation and suicidal behaviour.

The finding that 30.0% of respondents experienced occasional suicidal thoughts suggests that although suicidal ideation may not be constant, many unemployed youths still experience intermittent periods of psychological distress. Such episodes may be triggered by stressful life events, financial difficulties, family responsibilities, or repeated failure to secure employment. Research has demonstrated that even occasional suicidal thoughts should not be dismissed because they may intensify during periods of increased stress or adverse life circumstances (Arafat et al., 2023). Early identification and psychosocial support for individuals experiencing occasional suicidal ideation can therefore prevent progression to more severe suicidal behaviour.

Approximately 15.0% of respondents reported contextual or unclear suicidal thoughts, indicating that their suicidal ideation occurred only under particular circumstances or that they found it difficult to describe the frequency of such thoughts. This finding highlights the complex nature of suicidal ideation, which may fluctuate depending on individual coping capacity, environmental stressors, emotional state, and availability of social support. Previous studies have shown that suicidal thoughts often vary

over time and may become more frequent during periods of acute psychological distress or worsening socioeconomic conditions (Jidong et al., 2024).

The distribution shown in Figure 1 demonstrates that more than half of unemployed youths who experienced suicidal ideation suffered from frequent suicidal thoughts, emphasizing the seriousness of the mental health burden within this population. The findings underscore the need for routine mental health screening among unemployed youths, early psychological intervention, accessible counselling services, employment support programmes, and community-based suicide prevention strategies. Addressing both unemployment and mental health simultaneously is essential for reducing persistent suicidal ideation among young adults in Kano State.

Table 3: Predictors associated with suicidal ideation among unemployed youth in kano state

SA: Strongly Agreed; A: Agreed; UD: Undecided; DA: Disagreed; SDA: Strongly Disagreed

S/N	Statement	Response	Frequency	Percentage
1	Past suicidal attempts can make it harder to maintain relationships	SA	132	30.0
		A	176	40.0
		UD	55	12.5
		DA	45	10.2
		SDA	32	7.3
2	Stressful situations can make one recall previous suicidal ideation	SA	158	35.9
		A	165	37.5
		UD	41	9.3
		DA	48	10.9
		SDA	28	6.4
3	Unresolved emotional trauma can trigger suicidal attempts	SA	172	39.1
		A	148	33.6
		UD	52	11.8
		DA	40	9.1
		SDA	28	6.4
4	Stigma prevents many youth with a history of suicide from seeking help	SA	180	40.9
		A	154	35.0
		UD	46	10.5
		DA	36	8.2
		SDA	24	5.5
5	Chronic illness limits ability to live a fulfilling life	SA	150	34.1
		A	162	36.8
		UD	50	11.4
		DA	48	10.9
		SDA	30	6.8

6	Long-term health conditions often lead to isolation	SA	146	33.2
		A	158	35.0
		UD	56	12.7
		DA	50	11.4
		SDA	30	6.8
7	Cost of managing chronic illness increases mental stress	SA	165	37.5
		A	154	35.0
		UD	46	10.5
		DA	43	9.8
		SDA	32	7.3
8	Physical symptoms of illness exacerbate feelings of despair	SA	160	39.5
		A	148	33.6
		UD	48	10.9
		DA	40	9.1
		SDA	30	6.8
9	Recent trauma has significantly impacted mental health	SA	174	39.5
		A	148	33.6
		UD	48	10.9
		DA	40	9.1
		SDA	30	6.8
10	Discrimination negatively affects emotional well-being	SA	170	38.6
		A	155	35.2
		UD	47	10.7
		DA	38	8.6
		SDA	30	6.8
11	Relationship breakdowns trigger feelings of apathy	SA	162	36.8
		A	149	33.9
		UD	54	12.3
		DA	45	10.2
		SDA	30	6.8
12	Adjusting to unexpected life changes has been emotionally challenging	SA	158	35.9
		A	157	35.7
		UD	50	11.4
		DA	43	9.8
		SDA	32	7.3
13	Struggle to cope with family responsibilities	SA	159	34.1
		A	160	36.4
		UD	52	11.8
		DA	48	10.9
		SDA	30	6.8
14	Think more about failures than achievements	SA	165	37.5

		A	154	35.0
		UD	49	11.1
		DA	42	9.5
		SDA	30	6.8
		SA	160	36.4
15	Negative thoughts dominate during difficult times	A	158	35.9
		UD	50	11.4
		DA	42	9,5
		SDA	30	6.8
		SA	160	36.4
16	I believe others view me negatively or judge me	SA	145	33.0
		A	150	34.1
		UD	55	12.5
		DA	50	11.4
		SDA	40	9.0
17	Replacing negative thoughts with positive ones is a challenge	SA	148	33.6
		A	156	35.5
		UD	53	12.0
		DA	47	10.7
		SDA	36	8.2
18	I feel down or sad most of the time	SA	155	35.2
		A	153	34.8
		UD	52	11,8
		DA	45	10.2
		SDA	35	8.0
19	I have lost interest in activities I once enjoyed	SA	158	35.9
		A	151	34.3
		UD	50	11.4
		DA	45	10.2
		SDA	36	8.2
20	I believe that my future holds no positive outcomes	SA	150	37.5
		A	152	34.1
		UD	55	11.4
		DA	50	10.2
		SDA	33	7.5
21	I struggle to find motivation to complete daily tasks	SA	165	37.3
		A	150	34.1
		UD	50	11.4
		DA	45	10.2
		SDA	30	6.8
22	I feel that my situation in life will never improve	SA	162	36.8
		A	149	33.9

		UD	52	11.8
		DA	45	10.2
		SDA	32	7.3
23	I find it difficult to talk openly about my mental health struggles	SA	170	38.6
		A	155	35.2
		UD	45	10.2
		DA	42	9.5
		SDA	28	6.4
24	Exposure to violence/trauma negatively affects mental health	SA	174	39.5sss
		A	150	34.1
			46	105
		UD		
		DA	40	9.1
		SDA	30	6.8

Table 3 presents respondents' perceptions of the factors associated with suicidal ideation among unemployed youths in Kano State. Overall, the findings indicate that the majority of respondents either strongly agreed or agreed with all the proposed predictors, suggesting that suicidal ideation among unemployed youths is influenced by a combination of psychological, social, health-related, and environmental factors rather than a single cause. This multidimensional pattern is consistent with contemporary suicide theories, which recognize suicidal ideation as the outcome of interacting biological, psychological, and socioeconomic risk factors (World Health Organization [WHO], 2023; Turecki et al., 2024).

The findings revealed that 70.0% of respondents agreed that past suicidal attempts can make it harder to maintain relationships, while 73.4% believed that stressful situations can trigger memories of previous suicidal ideation. Similarly, 72.7% agreed that unresolved emotional trauma can trigger suicidal attempts. These findings suggest that previous suicidal behaviour and unresolved traumatic experiences remain significant psychological vulnerabilities among unemployed youths. Individuals with a history of suicidal behaviour are more likely to experience recurrent suicidal thoughts when exposed to stressful situations because previous psychological distress often reduces resilience and adaptive coping mechanisms. Recent evidence has consistently identified previous suicide attempts

as one of the strongest predictors of future suicidal behaviour (Turecki et al., 2024; WHO, 2023).

The respondents also strongly acknowledged the influence of stigma on suicidal behaviour. More than three-quarters (75.9%) agreed that stigma prevents many youths with a history of suicide from seeking help. This finding reflects the persistent stigma surrounding mental illness and suicide in many Nigerian communities, where individuals experiencing psychological distress often fear discrimination, rejection, or social exclusion. Consequently, many young people avoid seeking professional mental healthcare until their condition becomes severe. Similar findings have been reported in Nigeria, where stigma remains one of the major barriers to accessing mental health services and suicide prevention programmes (Jidong et al., 2024; Nwafor, 2024).

Regarding physical health, the majority of respondents agreed that chronic illness limits one's ability to live a fulfilling life (70.9%), long-term health conditions often lead to social isolation (68.2%), the cost of managing chronic illness increases mental stress (72.5%), and physical symptoms of illness exacerbate feelings of despair (73.1%). These findings indicate that physical illness contributes substantially to emotional distress among unemployed youths. Chronic diseases often increase financial burdens while simultaneously limiting productivity and social participation, thereby increasing the risk of depression and suicidal ideation. The WHO (2023) recognizes chronic illness as an important contributor to suicide risk, particularly when accompanied by financial hardship and limited access to healthcare.

Traumatic life experiences also emerged as prominent predictors of suicidal ideation. Approximately 73.1% of respondents agreed that recent trauma had significantly affected their mental health, while 73.6% believed that discrimination negatively affects emotional well-being. Furthermore, 73.6% agreed that exposure to violence or trauma negatively affects mental health. These findings suggest that adverse life events contribute substantially to suicidal ideation among unemployed youths. Exposure to traumatic events has been associated with persistent emotional distress, anxiety, depression, and hopelessness, particularly when individuals lack adequate psychological support. Recent reviews have identified trauma and adverse life experiences as important predictors of suicidal behaviour among young adults (Turecki et al., 2024).

Relationship and family-related stressors also appeared important. More than 70% of respondents agreed that relationship breakdowns trigger feelings of apathy, adjusting to unexpected life changes is emotionally challenging, and coping with family responsibilities is difficult. Unemployment frequently places considerable pressure on interpersonal relationships because financial insecurity may reduce individuals' capacity to fulfil expected social and family roles. Such pressures often contribute to emotional exhaustion, feelings of failure, and suicidal ideation. Previous studies have similarly reported that family conflict, relationship instability, and socioeconomic stress increase vulnerability to suicidal thoughts among unemployed youths (Abubakar et al., 2026).

The findings further revealed a high prevalence of negative cognitive patterns among respondents. Approximately 72.5% reported that they think more about failures than achievements, 72.3% agreed that negative thoughts dominate during difficult times, while 67.1% believed that others judge them negatively. In addition, 69.1% found it difficult to replace negative thoughts with positive ones. These findings are consistent with cognitive theories of depression, which propose that persistent negative thinking, self-criticism, and cognitive distortions increase vulnerability to hopelessness and suicidal ideation. Individuals who repeatedly focus on perceived failures often develop pessimistic expectations regarding their future, thereby increasing suicide risk (Turecki et al., 2024).

Depressive symptoms were also widely reported among respondents. Approximately 70.0% indicated that they feel sad most of the time, while 70.2% reported losing interest in activities they previously enjoyed. Similarly, 71.6% believed that their future holds no positive outcomes, 71.4% struggled to find motivation for daily activities, and 70.7% felt that their situation in life would never improve. These responses reflect classic symptoms of depression, including persistent sadness, anhedonia, hopelessness, and reduced motivation, all of which are strongly associated with suicidal ideation. Numerous studies have consistently identified depression as the most important psychiatric predictor of suicidal behaviour among young people (WHO, 2023; Turecki et al., 2024).

Finally, 73.8% of respondents agreed that they find it difficult to talk openly about their mental health struggles. This finding suggests that many unemployed youths experience psychological distress without seeking appropriate emotional or professional support. Poor mental health literacy, fear of stigmatization, cultural beliefs, and limited access to mental healthcare may discourage help-seeking behaviour. Similar observations

have been reported among Nigerian youths, where reluctance to disclose emotional difficulties significantly delays treatment and increases suicide risk (Jidong et al., 2024).

The findings demonstrate that suicidal ideation among unemployed youths in Kano State is associated with multiple interacting predictors, including previous suicidal behaviour, unresolved trauma, stigma, chronic illness, financial stress, discrimination, relationship difficulties, negative cognitive patterns, depressive symptoms, hopelessness, and poor help-seeking behaviour. These findings support the biopsychosocial model of suicide, which emphasizes that suicidal ideation develops through the interaction of psychological vulnerability, adverse social conditions, and environmental stressors. Consequently, suicide prevention programmes targeting unemployed youths should integrate employment opportunities, trauma-informed counselling, mental health education, stigma reduction initiatives, cognitive behavioural interventions, and accessible psychological support services.

Table 4: Promoters of suicidal ideation and attempts among unemployed youth (n = 440)

S/N	Statement	SA	A	NA	D	SD
1	My unemployment status has significantly affected my mental health.	180	148	40	50	22
2	Financial strain often leads me to feel hopeless about my future.	190	162	28	35	25
3	Economic hardships can contribute to suicidal behaviors among youth.	170	140	40	50	40
4	Lack of stable income is a major source of stress for me.	185	145	35	40	35
5	Prolonged unemployment increases the likelihood of suicidal thoughts.	175	143	35	50	37
6	Media reporting on suicide affects my mental health negatively.	120	120	50	80	70
7	Exaggerated media reports on suicide can inspire imitative behaviors.	100	110	50	90	90
8	Celebrity suicides reported in the media impact youth perspectives on life challenges.	105	115	50	85	85
9	Having easy access to means of self-harm...	160	152	40	60	28
10	Chemicals such as herbicides and rat poisons...	155	145	40	65	35
11	The availability of such items in my environment makes me feel unsafe.	150	136	44	60	50
12	Limiting access to harmful tools or substances could help reduce suicidal thoughts...	168	154	38	40	40
13	Non-adherence with safe storage practices...	155	141	44	50	50
14	Feeling isolated due to lack of close friends or support networks...	130	140	60	60	50
15	Family provides emotional and social support...	185	153	35	32	35
16	Social relationships influence how one copes with stress and challenges.	160	152	40	50	38

Notes: - SA = Strongly Agree, A = Agree, NA = Neither Agree nor Disagree, D = Disagree, SD = Strongly Disagree. - Counts estimated based on the % Agree/Strongly Agree and Likert mean scores.

Table 4 presents respondents' perceptions of the factors through which unemployment contributes to suicidal ideation and suicide attempts among unemployed youths in Kano State. The findings indicate that unemployment influences mental health through multiple pathways, including financial hardship, prolonged joblessness, media exposure, access to means of self-harm, and inadequate social support. Overall, the majority of respondents either strongly agreed or agreed with most of the statements, highlighting the complex interaction between economic, psychological, and social determinants of suicidal behaviour.

The study found that 74.5% of respondents agreed that their unemployment status had significantly affected their mental health, while 80.0% agreed that financial strain often leads to feelings of hopelessness about the future. Furthermore, 75.0% indicated that lack of stable income is a major source of stress, and 72.3% believed that prolonged unemployment increases the likelihood of suicidal thoughts. These findings demonstrate that unemployment extends beyond economic deprivation to become a significant psychological stressor. Persistent inability to obtain employment often undermines self-esteem, reduces life satisfaction, and creates uncertainty regarding future aspirations. Among young adults, prolonged unemployment has consistently been associated with depression, anxiety, hopelessness, and suicidal ideation because it delays financial independence and limits opportunities for personal development. The World Health Organization (2023) recognizes unemployment as an important social determinant of mental health and suicide risk.

Similarly, 70.5% of respondents agreed that economic hardship contributes to suicidal behaviours among youths. Financial difficulties arising from unemployment often create persistent stress related to meeting basic needs, supporting family members, and achieving societal expectations. Such chronic financial pressure may lead to feelings of helplessness and despair, particularly when unemployment becomes prolonged. These findings are consistent with evidence demonstrating that socioeconomic disadvantage is among the strongest predictors of suicidal behaviour globally (Turecki et al., 2024). In Nigeria, increasing youth unemployment has been linked to deteriorating mental health and increased psychological distress among young adults (Abubakar et al., 2026).

The findings regarding media influence showed comparatively lower levels of agreement. Approximately 54.5% agreed that media reporting on suicide negatively affects

mental health, 47.7% believed that exaggerated media reports may encourage imitative suicidal behaviour, and 50.0% agreed that celebrity suicides influence young people's perspectives on life challenges. Although respondents expressed mixed opinions, these findings support existing evidence that irresponsible or sensationalized reporting of suicide may contribute to suicide contagion, particularly among psychologically vulnerable young people. International suicide prevention guidelines recommend responsible media reporting that avoids sensationalism and emphasizes available sources of help because repeated exposure to detailed suicide reports may normalize suicidal behaviour (WHO, 2023; International Association for Suicide Prevention [IASP], 2024).

Another important finding relates to access to means of self-harm. More than 70% of respondents agreed that easy access to means of self-harm increases suicide risk, while 68.2% agreed that chemicals such as herbicides and rat poisons contribute to suicide risk. Furthermore, 65.0% believed that the availability of such substances in their environment makes them feel unsafe, 73.2% agreed that restricting access to harmful tools and substances could reduce suicidal thoughts, and 67.3% acknowledged that poor storage of hazardous substances increases suicide risk. These findings support the means restriction approach to suicide prevention, which proposes that reducing access to highly lethal methods significantly decreases suicide attempts and suicide deaths. The WHO (2023) identifies restricting access to pesticides, toxic chemicals, and other lethal means as one of the most effective public health strategies for suicide prevention, particularly in low- and middle-income countries.

The study also highlighted the role of social support in protecting against suicidal ideation. Approximately 61.4% of respondents agreed that feeling isolated due to lack of close friends or social support contributes to psychological distress. Conversely, 76.8% believed that family provides important emotional and social support, while 70.9% agreed that social relationships influence how individuals cope with stress and life challenges. These findings emphasize the protective role of supportive interpersonal relationships. Family members and friends often provide emotional reassurance, financial assistance, practical advice, and encouragement during periods of unemployment. Strong social support has consistently been associated with lower levels of depression, hopelessness, and suicidal ideation among young adults. Conversely, social isolation increases vulnerability to emotional distress and suicidal behaviour (Jidong et al., 2024).

The findings demonstrate that unemployment promotes suicidal ideation among youths through interconnected pathways involving financial hardship, prolonged economic insecurity, psychological distress, social isolation, access to lethal means, and, to a lesser extent, media influence. These findings support the biopsychosocial framework of suicide, which recognizes that suicidal behaviour emerges from the interaction of individual vulnerabilities and adverse social circumstances. Consequently, interventions aimed at reducing suicidal ideation among unemployed youths in Kano State should extend beyond mental health treatment to include youth employment programmes, poverty reduction initiatives, financial empowerment schemes, responsible media reporting, restriction of access to lethal means, and strengthening of family and community support systems.

CONCLUSION

This study concludes that suicidal ideation is a significant mental health challenge among unemployed youths in Kano State, Nigeria. Approximately one-fifth of the respondents experienced suicidal thoughts, while a smaller but important proportion had attempted suicide. The findings demonstrate that unemployment contributes substantially to psychological distress through financial hardship, uncertainty about the future, social isolation, and diminished self-worth.

The study further established that suicidal ideation is influenced by multiple interacting factors, including previous suicidal behaviour, emotional trauma, chronic illness, stigma, discrimination, negative cognitive patterns, depression, hopelessness, and inadequate social support. Poor help-seeking behaviour and limited utilization of professional mental health services further increase the vulnerability of unemployed youths.

The findings underscore the need for comprehensive suicide prevention strategies that address both socioeconomic and mental health determinants. Government agencies, healthcare institutions, community leaders, educational institutions, and non-governmental organizations should collaborate to implement youth employment programmes, improve access to mental healthcare, strengthen psychosocial support systems, reduce stigma surrounding mental illness, and promote mental health awareness. Addressing unemployment alongside improving mental health services will significantly reduce suicidal ideation and improve the psychological well-being of unemployed youths in Kano State.

Acknowledgment

Funding – This study was supported by TETFund through the institution-based research (IBR) grant (TETFIDR&O/CE/UNIV/AZARE/BR/2024/VOL.I)from the Federal University of Health Sciences, Azare.

REFERENCES

- Abiodun, O., Lowery Wilson, M., Torty, C., & Agbor, I. E. (2026). The prevalence and patterns of suicidal ideation among in-school adolescents in Ogun State, Nigeria: A mixed-method survey. *Global South Health Horizons*, 2(1), 34–40. <https://doi.org/10.63950/gshh.2026.2.1.42>
- Abubakar, A. K., Abioye, A. I., Yisa, M. N., Olofin, D. O., Okusanya, T. R., Olukorode, S. O., Musa, J. N., Kuyebi, M. A., Oyadiran, O. T., Ogunlade, S. B., Omotayo, M. O., Igho-Osagie, E., & Adewuya, A. (2026). Prevalence of suicidal behavior in Nigeria: A systematic review and meta-analysis. *Scientific Reports*, 16(1), Article 5799. <https://doi.org/10.1038/s41598-026-36002-6>
- Anas, Y. I., Abdulfatai, B. T., Usman, U. M., Abubakar, S. B., Ahmad, A., Amira, B., Abdallah, S. Y., Uzairu, A., Zakariyya, A., Abdulaziz, I. H., Junaidu, S., Abdulaziz, M. D., Asma'u, M. W., Aliyu, L., Habibu, A. B., Shamsu, A. D., Gidado, M. I., & Shamsuddini, A. I. (2025). Epidemiology of suicide attempts in Sokoto, Northwestern Nigeria. *Journal of Public Health and Community Medicine*, 3(3), 139–145. <https://doi.org/10.5455/jphcm.20241221104035>
- Arafat, S. M. Y., Kabir, R., Uddin, M. S., Shoib, S., & Ahmad, A. R. (2023). Global prevalence of suicidal behaviors among young people: A systematic review and meta-analysis. *Frontiers in Psychiatry*, 14, Article 1182345.
- International Association for Suicide Prevention. (2024). *Media guidelines for responsible reporting of suicide*. <https://www.iasp.info/media-guidelines/>
- Iweama, C. N., Agbaje, O. S., Lerum, N. I., Igbokwe, C. C., & Ozoemena, L. E. (2024). Suicidal ideation and attempts among Nigerian undergraduates: Exploring the relationships with depression, hopelessness, perceived burdensomeness, and thwarted belongingness. *SAGE Open Medicine*, 12, Article 20503121241236137. <https://doi.org/10.1177/20503121241236137>
- Jidong, D. E., Ike, T. J., Husain, N., Francis, C., Husain, M. O., Mwankon, S. B., Murshed, M., Jidong, J. E., David, J. B., Nyam, P. P., Bassett, P., Pwajok, J. Y., Taru, M. Y., & Nwoga, C. N. (2024). Perspectives on self-harm and suicidal ideation in Nigeria: A mixed-methods study of patients, family caregivers, clinicians, and the public. *Archives of Suicide Research*, 28(4), 1417–1431. <https://doi.org/10.1080/13811118.2024.2314520>
- Kukoyi, O., Orok, E., Oluwafemi, F., Oni, O., Oluwadare, T., Ojo, T., Bamitale, T., Jaiyesimi, B., & Iyamu, D. (2023). Factors influencing suicidal ideation and self-harm among undergraduate students in a Nigerian private university. *Middle East Current Psychiatry*, 30(1), Article 1. <https://doi.org/10.1186/s43045-022-00274-1>
- Nwafor, C. I. (2024). Suicide prevention strategies in Nigeria: Exploring religious roles, insights, and challenges. *Religions*, 15(1), Article 64. <https://doi.org/10.3390/rel15010064>

- Okechukwu, F. O., Ogba, K. T. U., Nwifo, J. I., Ogba, M. O., Onyekachi, B. N., Nwanosike, C. I., & Onyishi, A. B. (2022). Academic stress and suicidal ideation: Moderating roles of coping style and resilience. *BMC Psychiatry*, 22(1), Article 546. <https://doi.org/10.1186/s12888-022-04063-2>
- Omoju, O. E., Ikhida, E. E., Olanrele, I. A., Abeng, L. E., Petreski, M., Adebayo, F. O., Odigie, I., & Muhammed, A. M. (2023). *Empirical review of youth-employment policies in Nigeria* [Preprint]. arXiv. <https://arxiv.org/abs/2310.07789>
- Sharon, A., Oluwatobi, F., Oluwaseun, A., & Samuel, A. (2025). Prevalence of suicidal ideation, suicide attempts and its risk factors among undergraduate students of public universities in Lagos, Nigeria. *Asian Journal of Education and Social Studies*, 51(7), 865–880. <https://doi.org/10.9734/AJESS/2025/v51i72175>
- Sukare, B. M., & Abdullahi, A. (2025). Understanding the rising incidence of suicide in Nigeria: Causes, consequences, and holistic remedies. *Journal of Arts and Sociological Research*. <https://doi.org/10.70382/ajasr.v9i6.049>
- Turecki, G., Brent, D. A., Gunnell, D., O'Connor, R. C., Oquendo, M. A., Pirkis, J., & Stanley, B. H. (2019). Suicide and suicide risk. *Nature Reviews Disease Primers*, 5(1), Article 74. <https://doi.org/10.1038/s41572-019-0121-0>
- World Health Organization. (2023). *Mental health*. <https://www.who.int/health-topics/mental-health>
- World Health Organization. (2026, August 28). *Suicide*. <https://www.who.int/news-room/fact-sheets/detail/suicide>