Accessing the Risk Factors Associated with Suicide in Anambra State Amid the COVID-19 Pandemic

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[0206] **Abstract**

The impact of covid-19 has heightened the cases of depression among the people as a result of the loss of sources of livelihood and loved ones, among other factors. The situation is further worsened with the increasing cost of livelihood and limited options for the people therefore it is important to examine the associated risk factors of suicide including the gender more vulnerable to suicide and the way to minimize the occurrence of suicide in Anambra state within the COVID-19 Pandemic. 625 respondents were selected using Yamani (1967) formula equation and multistage sampling procedure was used to select the study population. Data were collected with the use of questionnaire instrument and in-depth interview guide. Statistical Package for Social Sciences (SPSS 27.0) was employed to perform analysis of quantitative data while data obtained was presented, described and interpreted using descriptive statistics. Qualitative data generated from the in-depth interviews were manually analyzed. The result revealed that poverty, loneliness, loss of job/business, and hike in food price were the major risk factors associated with suicide during Covid-19 with poverty taking the lead; more so, males are more vulnerable to suicide and suicidal ideation than female in Anambra State, among others. A suicide prevention program tailored to the specific needs of the Anambra population should be developed and implemented by stakeholders. Promoting resilience and coping skills should be at the forefront of suicide prevention programs in addition to raising awareness, providing support, and dealing with mental health disorders. (a) The covid 19 measures such as total lock down, compulsory test, isolation, social distancing etc. increased the risk factors of suicide in the state. (b) Poverty is the major risk factor associated with suicide therefore the government need to tackle anything that increases the rate of poverty in the state. (c) In as much both genders commit suicide, men are more vulnerable and should be paid more attention to. They should also be allowed to speak up and express themselves, not hiding under the umbrella of "men don't cry.

Keywords: **Attempted suicide, COVID-19 measures, COVID-19 pandemics, Risk factors, Suicide behaviour, Suicide ideation, Vulnerability.**

Introduction

A 200 level student of Nnamdi Azikiwe University Awka "Mr. Ogbonna David", committed suicide. He was found dead in the University male hostel on 20th August, 2021 and media report attributed his death to the hike in school fees meanwhile investigation is still going on to find out the actual cause (Vanguard, 2021). According to Crosby, Ortega and Melanson (2011) CDC (2013), suicide is defined as death caused by self-directed and injurious behavior with intent to die as a result of the behavior. Suicidal behavior is the act of killing oneself deliberately initiated and performed by the person concerned in the full knowledge or expectation of its results. A suicide attempt is a non-fatal, self-directed, potentially injurious behavior with intent to die as a result of the behavior which might not result in injury while Suicidal ideation refers to thinking about, considering, or planning suicide. Suicide is as old as man itself. Even in the bible, Judas who had no thought of benefiting others, but who wanted to end his own intolerable guilt through self-murder (Humphry, 2018). For every suicide there are many more people who attempt suicide.

A prior suicide attempt is the single most important risk factor for suicide in the general population (WHO, 2024). Economic hardship is also an important factor in suicidal ideation during the COVID-19 pandemic and in similar past crises. Policy makers, governments and banks can help with preventative measures by offering assistance including emergency loans, provisional shelter, food and support for those who have lost jobs or have had reduced hours. Resource allocation should be based on the needs of the people (Gunnell, Appleby, Arensman, Hawton, John, Kapur, Khan, O Connor, & Pirkis, 2020) . The World Psychiatric Association (WPA) has provided evidence-based suicide prevention strategies focusing on the COVID-19 pandemic. These include, restricting access to lethal methods for suicide such as firearms, pesticides and medication. The goal is to increase awareness for the public about safe storage of these potentially lethal means (Bhandari,2020).

According to Elegbeleye (2022), the veritable facts are that culture is badly damaged. There is no serious family life and we are in a rat race to make ends meet, causing families to be separated all over the world. He called on individuals to maintain good relationships and social networks, adding that being self-confident and focusing on the brighter side of issues is a good way out of depression which in turn aids in reducing the rate of suicide in Nigeria. He recommended for organizations as well as individuals to contribute to tailing down the rate of suicide by recognizing the warning signs and lending a listening ear to people with suicidal thoughts. Kadiri (2023) pointed out that indeed, what suicidal people really need is effective treatment, counselling, and assistance not punishment, as attempting suicide is a criminal offence in Nigeria under **Section 327 of the Criminal Code Act** and carries a penalty of up to one year in prison. The social media campaign, launched ahead of World Mental Health Day 2022, aimed to reach 10 million people across the African region to raise public awareness and galvanize the support of governments and policymakers to increase focus and funding for mental health programming, including suicide prevention efforts. Such efforts include equipping health workers to better support those dealing with suicidal thoughts, educating people who may experience these thoughts on where to go for help as well as sensitizing the public on how to identify and help those in need and to help tackle the stigma associated with suicide, epilepsy, mental health conditions and alcohol and drug abuse. (WHO,2022). Eseohe and Okolie (2019) carried out a study on Youth suicidal behavior: an evaluation of risk factors in Edo State, Nigeria. The researcher collected data from 500 respondents in five tertiary educational institutions in Edo State by means of stratified random sampling and results found depression, anxiety and stress, sexual violence, substance use, unemployment and poverty, interpersonal conflicts as the major risk factors leading to suicide behavior among youths in Edo State. According to punch newspaper (2022), no fewer than 79 persons committed suicide in Nigeria. These 79 comprised of 70 males and 9 females and these figures doesn't include the number of cases that have not been reported. The breakdown showed Lagos as ranked highest with 12 suicide cases followed by Oyo with 10, Kano with 4, Anambra, Edo, Delta, Ogun and Rivers with three each among others. These figures are enough to raise the curiosity of any researcher about how this self-destructive behavior on this scale have been persisting at such a high frequency and the risk factors associated with it.

Most of the studies on the topic focused on suicide amongst youths forgetting and paying less attention to the elderly because we can also tell that some elderly people commit suicide especially when they are sick to help them escape from pain and not to be a burden to their children. They focus more on the poor, failing to give explanation to why the rich also commit suicide. Most important is the fact that these studies were conducted in other locations outside Nigeria or locations in Nigeria outside of Anambra State. None of this study examined suicide in Anambra state during the Covid-19 era, there is lack of adequate documentation and literature on the risk factor associated with suicide in Anambra state within the COVID-19. This study therefore seeks to investigate the risk factors of suicide in Anambra state irrespective of gender, age, rural and urban location especially during the Covid-19 period.

Area of the Study

The study was carried out in Anambra State of Nigeria due to the recent increase in suicide rate in the state. The state comprises twenty-one (21) Local Government Areas (L.G.A.s), 177 autonomous communities, and four (4) agricultural Zones (Aguata, Anambra, Awka, and Onitsha zone), with Awka as its state capital. It has three senatorial districts: Anambra North, Central, and South. The senatorial districts were used as a yardstick for partitioning of the study area.

Population of the study: Anambra has an estimated population of 11,400,000, including children, youths, adults, and the elderly (ANSG, 2020). The targeted population consisted of both genders, single and married, the elderly, university students, employed and unemployed, the rich and the poor, etc, in the selected parts of the different senatorial zones because all these categories of people are capable of committing suicide in Anambra State within the covid-19 era. The three senatorial zones that the researcher made use of are Anambra Central, which is a senatorial zone/district in Anambra state comprising the entire geographical areas of Anaocha, Awka North, Awka, Dunukofia, Idemili North, Idemili South, and Njikoka. Anambra North, on the other hand, comprises Ayamelum, Anambra East, Anambra West, Ogbaru, Onitsha North, Onitsha South, and Oyi Local Government Area. In contrast, Anambra South comprises Aguata, Ekwusigo, Ihiala, Nnewi North, Nnewi South, Orumba North and Orumba South Local Government Area.

Design of the Study

This study adopted a cross-sectional survey method. Here, the researchers observed and evaluated various variables, which remained constant throughout the survey.

Sample size: The sample size was selected from the study's target population using the Taro Yamani (1967) formula. Thus, 625 respondents were selected from residents of Anambra State. Six respondents were also selected purposively for the in-depth interview (I.D.I.), one from each of the six local government areas.

Sampling technique: The sampling technique adopted for this study is multistage sampling for the quantitative part of the study and purposive sampling technique for the qualitative part of the study. In multistage sampling, the researchers divided the population into clusters and selected some clusters at the first stage. At each subsequent stage, the researchers further divided those selected clusters into smaller clusters and repeated the process until they reached the last step. In the last step, they only selected some cluster members for the sample. It follows, therefore, that to select the 625 respondents from the 11,400000 for the quantitative part of this study, a list of all the Local government areas in each of the three senatorial zones (Anambra Central, North, and South) that made Anambra state was drawn, then from each senatorial zones, two local government areas were selected using simple random procedure making a total of 6 L.G.A. chosen. Here, the researchers wrote the names of the 7 local government areas in Anambra Central on a piece of paper, folded them, put them inside a box, and then picked two local government areas from the box: Idemili South and Awka South. This procedure is repeated for Anambra North, where the researchers picked Onitsha North and Anambra East, and Anambra South, where the researchers picked Ekwusigo Local Government Area and Nnewi North to get a total of 6 L.G.A.

Secondly, from each of the six local governments chosen, two towns were selected using the same method above, which made it a total of twelve towns from which the number of individuals was selected. In the final stage, the sample size of 625 was divided by 12, giving the figure 52. Therefore, 52 respondents were drawn from each selected town, corresponding with the 625-sample size. These 52 respondents included single, married, divorced, pupils, secondary students, University students, youths, civil servants, teachers, businessmen and women, the aged, etc. That was chosen randomly from each town.

SAMPLE DISTRIBUTION TABLE

Senatorial zone	Local government	Towns	Respondents
ANAMBRA CENTRAL SENATORIAL ZONE	Idemili south	Oba Ojoto	52 respondents 52 respondents
	Awka south	Okpono Awka	52 respondents 52 respondents
ANAMBRA NORTH SENATORIAL ZONE	Onitsha north	Onitsha ochanga Onitsha iweka	52 respondents 52 respondents
	Anambra east	Igbaram Nsugbe	52 respondents 52 respondents
ANAMBRA SOUTH SENATORAL ZONE	Ekwusiligo	Ozubulu Ichi	52 respondents 52 respondents
	Nnewi north	Umudim Uruagu	52 respondents 52 respondents
Total			624 respondents

The six respondents for the In-depth Interviews were purposively selected from the six different chosen local government areas on the basis that they have attempted suicide, thought of it, or know someone who has attempted and these people self-volunteered to be I.D.I. respondents. Also, during the questionnaire distribution and discussion with some respondents, the researchers were directed to respondents who agreed to be interviewed on an I.D.I. basis.

Methods of Data Collection: The researcher made use of both quantitative and qualitative methods of data collection. The administration of questionnaire and interview were the main quantitative and qualitative methods of data collection used by the researcher.

Administration of instrument: The questionnaire instruments were self-administered to respondents face-to-face. This method was adopted to ensure a high return rate. The researchers gave out the questionnaires and proceeded to collect them back. The researchers and assistants took time to explain and address any doubt raised by the participants, convincing them to fill out the questionnaire. This was because the researchers were there to guide the participants and ensure strict adherence to ethics. The research assistants were trained in the data administrative process, and the researchers ensured that these assistants were fluent in their native language. The in-depth interview took place at any time most convenient to the participants. Each interview lasted between thirty minutes to two hours and was recorded personally by the researchers and research assistants using a digital recorder and notebooks.

Method of Data Analysis

The Statistical Package for Social Sciences (SPSS) software version 27 was used to process and analyse the quantitative data collected. Quantitative data obtained was presented, described, and interpreted using descriptive statistics such as simple percentages, frequency distribution of responses, and graphical illustrations. Qualitative data generated from the in-depth interviews were manually analysed with narrative and content analysis, which involves the thematic organization of qualitative data after transcription and careful editing, in line with the study's objectives. After that, relevant verbal

quotes were extracted; and to support and elucidate the quantitative data, a method known in social sciences research as triangulation.

Social demographic characteristics of respondents: Out of the six hundred and twenty-four questionnaires distributed, six hundred and five were successfully retrieved, which indicates 96.9% consistency in data retrieval. From the socio-demographic distribution of respondents in the communities selected for the study in the state, there were more female respondents, 335 (55.4%), than their male counterparts, 270 (44.6%), reflecting the gender reality in Anambra State, Nigeria. As On the age category of respondents, 32.9%, 28.6%, 18.8%, 12.1%, 4.6%, 1.2%, and 1.8% were between below 15, 15-25, 26-35, 36-45, 46-55, 56-65 and 66-above respectively. This result implies that the age group/category of respondents was fairly distributed across the entire population under study. Incorporating more respondents below 15, 15-25, and 26-35. Respondents' qualifications indicate that over 226(37.4%) have completed higher education. More so, 198(32.7%) of the respondents have completed post-primary education. It also reveals that 153(25.3%) respondents have completed primary education. However, 28(4.6%) respondents have no formal education. These suggest that there is a high level of literacy among the respondents.

Most respondents fall under Students 200(30.6%) as students were identified by the majority of the respondents 200(30.6%) as their primary occupation. Following the above were business, which implies that 142(23.5%) of the respondents were business people. Farmers, teaching, artisans, and civil servants constituted 83(16.2%), 94(15.5%), 54(8.9%), and 32(5.3%), respectively, recognized as the occupations of the respondents in the study area. This outcome also confirms the occupational fact of the region of the country, which shows that education is the primary type of engagement of people, especially youths. The study also indicates that several of the respondents, 397(65.6%), were single, while 195(32.2%) of them were married. However, 2.1% of them are divorced. More so, most of the respondents 566(93.6%) were Christians, while the remaining 24(4.0%), 14(2.3%), and 1(.2%) were African traditional religionists, Muslim and others respectively. This result implies that there were more Christian respondents (93.6%) than their other religious counterparts (6.4%) in the study area. The respondents were properly selected across the senatorial zones in the state, Anambra Central, Anambra North, and Anambra South have 200 (33.1%), 201 (33.2%), and 204 (33.7%) of the distribution, respectively. Apart from the above, 52 (8.6%), 52 (8.6%), 51 (8.4%), 50(8.3%), 50(8.3%), 49 (8.1%), 52 (8.6%), 50 (8.3%), 48 (7.9%), 51(8.4%), and 50 (8.3%), were from Oba, Ojoto, Okponu, Awka, Onitsha Ochanga, Onitsha Iweka, Igbariam, Nsugbe, Ozubulu, Ichi, Umudim, and Uruagu respectively. This result implies that the selected towns in the senatorial zones were properly represented in Anambra state.

TABLE 1. DISTRIBUTION OF RESPONDENTS ON THE RISK FACTORS ASSOCIATED WITH SUICIDE IN ANAMBRA STATE WITHIN THE COVID-19 ERA

Responses	Frequency	Percentage
Poverty	146	24.1
Loneliness	136	22.5
Hike in food price	85	14.0
Rigid rules	38	6.3
Loss of job/business	102	16.9
Lockdown	29	4.8
Isolation	30	5.0
Others	39	6.4
Total	605	100.0

Source: (Field Survey, 2025)

In addressing the risk factors associated with suicide in Anambra state within the covid 19 era in the study area, the above was found. In Table 1, responses were captured with regard to the risk factors associated with suicide in Anambra state within the covid 19 era. Through a multiple-item response, findings indicate that poverty 146(24%), loneliness 136(22.5%), loss of job/business 102(16.9%), and hike in food price 85(14.0%), are the major risk factors associated with suicide during Covid-19 in Anambra state. Minor risk factors are, others 39(6.4%), rigid rules 38(6.3%), isolation 30(5%) and lockdown 29(4.8%) in Anambra State. From the above, the most indicated option by the respondents is poverty with 24.1%. More so, some respondents and IDI participants in Anambra state also mentioned the risk factor of suicide in the study area. When asked about the risk factors of suicide and suicidal ideation in Anambra state within the covid 19 era, one of the IDI participants responded; Poverty is the main reason why people commit suicide, not having money. If there was money, that man who killed himself because he owed debt wouldn't have done it (Married, business woman, Oba Anambra).

TABLE 2. DISTRIBUTION OF RESPONDENTS OPINION ON THE GENDER MORE VULNERABLE TO SUICIDE IN ANAMBRA STATE WITHIN THE COVID 19 ERA

Responses	Frequency	Percentage (%)
Male	321	53.1
Female	284	46.9
Total	605	100.0

Source: (Field Survey, 2025)

In Table 2, responses were captured with regard to the gender vulnerability to suicide in Anambra state within the covid 19 era. The findings indicate that male 321(53.1%) are more vulnerable to suicide and suicidal ideation than female 284(46.9%). This may be due to the burden of social roles, which is relatively more on males than their female counterparts. In line with the above, some respondents and IDI participants in Anambra state also mentioned the gender vulnerability of the respondents to suicide in Anambra state within the covid 19 era. When asked about the gender that is more vulnerable to suicide and suicidal ideation in Anambra state within the covid 19 era. One of the IDI participants said;

> Male because they have many things on their head. They will be thinking; about how will I take care of my wife and children; they will be thinking about land and properties. (Teacher, Married Female, 43 years, Nsugbe, Anambra).

TABLE 3. DISTRIBUTION OF RESPONDENTS OPINION ON THE MAJOR EFFECT OF THE COVID19 MEASURE ON THEM

Responses	Frequency	Percent
Financial problem	192	31.7
Loneliness	111	18.3
Relationship problem	114	18.8
Academic problems	162	26.8
Other	26	4.3
Total	605	100.0

In addressing the major effect of the covid 19 measures on the respondents, the above was found. Through a multiple-item response, findings indicated financial problem 192(31.7%), loneliness 111(18.3%), relationship problem 114(18.8%), academic problem162(26.8) and other 26 (4.3) as the effects of the covid 19 measures on the respondents. From the above, the most indicated option by the respondents was financial problem with 31.7%.

TABLE 4. DISTRIBUTION OF RESPONDENTS ON THE WAYS TO MINIMIZE OCCURRENCE OF SUICIDE IN ANAMBRA STATE, NIGERIA (GOVERNMENT MEASURE).

Responses (Government Measures)	Frequency	Percentage (%)
Provide relief materials	95	15.7
Provide financial assistance	209	34.5
Provide affordable education	87	14.4
Create public awareness on the negative effect of suicide	167	27.6
Provide for the aged	28	4.6
Counselling for suicide attempters and families of suicide victims.	19	3.1
Total	605	100.0

Source: (Field Survey, 2025)

In another item statement addressing the ways to minimize occurrence of suicide in Anambra State, Nigeria. Investigating government roles, the study revealed the following in Table 5.7. Through a multiple-item response, findings indicate among others that the government should provide financial assistance 209(34.5%), create public awareness on the negative effect of suicide 167(27.6%), provide relief materials 95(15.7%), and provide affordable education 87(14.4%) as their major intervention. Minority of the respondents stated that they need to provide for the aged 28(4.6) and provide counselling services for suicide attempters and families of suicide victims 19(3.1%), as good measures to take in reducing the occurrence of suicide in Anambra state within the Covid-19 era.

Respondents and IDI participants also mentioned the measures family members should take to minimize the occurrence of suicide in Anambra State, Nigeria within the covid 19 era. When asked about the measures to minimize the occurrence of suicide in Anambra State, Nigeria within the covid 19 era. One of the IDI participants stated;

So long as a person is restless, you need to keep watch and do not overlook the person. More so, seminar should be organized where people will be gathered and taught about the inherent evil of suicide and encourage them not to think too much *(Married Female Teacher, 43 years, Nsugbe, Anambra).*

Discussion of Findings

The risk factors associated with suicide in Anambra state: In this study, the respondent responses also showed the risk factors associated with suicide in Anambra state within the covid 19 era. Findings indicated that poverty, loneliness, loss of job/business, and hike in food price, were found to be the major risk factors associated with suicide during Covid-19 in Anambra state but rigid rules, isolation, lockdown and others were also the risk factors of suicidal ideation in Anambra State. In addition to this, when the respondents were asked for the major effects of the covid 19 measure on them, majority (31.7 %) said financial problem which is also linked to poverty, followed by family problem with 26.8%. others included relationship problem and loneliness. This agrees with Bastiampillai, Allison, Looi, Licinio, Wong, and Perry (2020) who stated there was economic stress due to cancelled public events, business' being closed and massive layoffs. According to them, globally there is a recession which includes deterioration of asset values and loss of savings. The report from the IDI also reveals in agreement with the above findings that financial depression, depression (as a whole), bad governance, corruption, and poverty among others as factors that contribute to high rate of suicide.

This relationship has also been established in previous research. For instance, in agreement with the foregoing a study also found that suicidal ideation was more prevalent among individuals facing difficulty paying rent, job loss, and loneliness, with each stressor associated with a higher likelihood of suicidal ideation (Wolfe, Nakonezny, Owen, Rial, Moorehead, Kennard, & Emslie, 2019). The

implication here is that all these factors give room for suicide thought and attempt but poverty is the major risk factor therefore the government need to tackle anything that increases the rate of poverty in Anambra State. Further researches can be carried out based on finding out the main cause of poverty in Anambra state as this will help tackle poverty problem. Some previous researches also had a different view. For instance, in a study conducted by Okoedion & Okolie (2019), it was found that depression, anxiety and stress, sexual violence, substance use, unemployment and poverty, interpersonal conflicts were the major risk factors leading to suicide behavior among youths in Edo State with depression taking the lead. Still in agreement with the above, Ebewore (2020) reported that the highest driver of suicide is mental derangement (99.15), natural disasters like flooding, high temperatures (95.16%), drunkenness or alcohol abuse (92.3%), smoking (85.75%). Others are physical health deterioration (59.26), unemployment (56.70), loss of job (51.28%), strained relationship (50.71%), financial problem (44.44%), drug abuse (37.89%) and social isolation (15.95%). Another study published in BMC Psychiatry found that most suicides are caused by psychiatric diseases, including depression, substance abuse, and psychosis (Brådvik, 2018).

The gender vulnerability of the respondents to suicide in Anambra state: This study also investigated the gender vulnerability of the respondents to suicide in Anambra state within the covid 19 era. The findings indicated that males are more vulnerable to suicide and suicidal ideation than female. This may be due to the burden of social roles, which is relatively more on males than their female counterparts. However, vulnerability may most likely be referring to attempting suicide and actually committing it. Further findings also revealed that males are more likely to commit suicide than females within the covid 19 pandemic period in Anambra state. The reports from IDI also shows that males commit suicide than female. The findings of this study is in line with a research carried out by Tsirigotis and Tsirigotis (2011) who reported that World-wide, men commit 23 times more suicides than women do, but women make more suicide attempts, which is called the gender paradox in suicides. Furthermore, Miranda-Mendizabal, Castellví, Parés-Badell, Alayo, Almenara, Alonso, Blasco, Cebrià, Gabilondo, Gili, Lagares, Piqueras, Rodríguez-Jiménez, Rodríguez-Marín, Roca, Soto-Sanz, Vilagut & Alonso (2019) reported that there is a higher risk of suicide death among males than among females in a systematic review and meta-analysis of longitudinal studies on the subject matter.This relationship has been established further in a report by CDC (2020) which pointed out that suicide rates in males were noted to be 3.5-4.5 times higher than for females, with male rates increasing in the last few years, while female rates had not had significant changes. WHO (2014) further reported that women more frequently attempted suicide rather than actually committing it, whereas men were more likely to complete suicides and choose more violent suicide methods; thus, women are the attempters and survivors of suicide attempts.

The implication here is that in as much both genders commit suicide, men are more vulnerable and should be paid more attention to. They should also be allowed to speak up and express themselves, not hiding under the umbrella of men don't cry. In Nigeria, it is believed that men should be strong and take anything that is thrown on them, they shouldn't complain because they are not women and also, they should not cry but the truth is that everyone has a breaking point. Just like the psych-ache theory points out, people differ in problems and ability to endure the problem so when the problem is more than the problem, the problem needs to be shared else there is high possibility of suicide. Contrary to the above, Abiodun, Bolanle, Olurotimi; Olayinka; Mathew; Olugbile; Adedolapo and Olajide (2016) reported that female gender was significantly associated with suicidal ideation. The findings of this study is also contrary to the report of Centers for Disease Control and Prevention (2023) that suicide rate among females was higher than that among males. In 2021, suicide attempts were most frequently reported among girls (12.4% vs. 5.3%), according to the Centers for Disease Control and Prevention (Disparities in Suicide丨CDC, 2023). Additionally, the CDC reports that suicide attempts were most frequently reported among girls compared to boys and among non-Hispanic American Indian or Alaska Native students(Cha, Franz, Guzmán, Glenn, Kleiman, & Nock, 2018).Based on a research carried out by Abiodun, Bolanle, Olurotimi; Olayinka; Mathew; Olugbile; Adedolapo and Olajide

(2016) on "Prevalence and associated factors for suicidal ideation in Lagos State", the researchers found female gender and not being married to be significantly associated with suicidal ideation. *(The ways to minimize occurrence of suicide in Anambra State)*

This study also investigated the ways to minimize occurrence of suicide in Anambra State, Nigeria within the covid 19 era. This was studied to reveal both family and government measures. The findings then showed that the family members must keep a close eye on loved ones so as to notice changes, avoid undue pressure on them, provide moral support, and emotional support as major family intervention and other support in reducing the occurrence of suicide in Anambra state within the covid-19. In like manner, the findings indicate that the government should provide financial assistance, create public awareness on the negative effect of suicide, provide relief materials, and provide affordable education as their major intervention. More so, they need to provide for the aged and provide counselling services for suicide attempters and families of suicide victims are also good measures to take in reducing the occurrence of suicide in Anambra state within the covid-19.

Limitation

Limitations of the Study In the course of conducting this research, the researcher encountered a variety of problems. Due to the sensitive nature of the topic, the researcher encountered difficulties in getting respondents to freely complete the questionnaire items and respond to the in-depth interview. The teenagers and the youths were more open minded and easier to get responses from than the adults. pretense from the respondents due to the sensitive nature of the study, people acting like even hearing the word suicide from the researcher's mouth was a taboo because they felt it was strange for her to even choose that as a research topic. In spite of the fact that most of them were skeptic about the purpose of the research, this was overcome when the purpose of the research was adequately explained to them. There was also difficulty in scheduling convenient interviews with key interviewees and there were also budgetary.

Conclusion

Poverty, loneliness, loss of job/business, and hike in food price are the major risk factors associated with suicide in Anambra state within the covid 19 pandemic with poverty taking the lead. The covid 19 measures such as total lock down, compulsory test, isolation, social distancing etc. increased the risk factors of suicide in the state and the major effect of these covid 19 measures according to these respondents is poverty. Shock, depression, embarrassment, anger and guilt are the major impact of suicide in Anambra state during Covid-19 pandemic. The study concludes that in tackling the problem of suicide in Anambra state, the major actions the government should take are to provide financial assistance, create public awareness on the negative effect of suicide, provide relief materials, and provide affordable education. The study shows that suicide and suicidal ideation is more prevalent in singles (low social integration) than the married but very minimal in the divorced/separated in Anambra state. Again, the study shows that the covid 19 measure were found to contribute to the associated risk factors of suicide during covid 19 in Anambra state.

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