

ROLE OF PEER PRESSURE, FAMILY FUNCTIONING, AND ACADEMIC STRESS ON SUICIDAL TENDENCY OF STUDENTS ON CAMPUS

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ABSTRACT: Incidence of suicide on Campus has become very common in Nigerian. There had been many reports of undergraduates committing suicide on Campus. It is the objectives of this study to investigate the roles of family functioning, academic stress, and peer pressure on suicidal tendency among undergraduates. Fifty-four (54) undergraduates were sampled for the study through cluster and incidental sampling methods for the study. Three instruments were utilized in this study. The instruments were Resistance to Peer Influence Scale, Index of Family Relation Scale, Scale of Academic Stress, and Suicidal Attitude Questionnaire. A correlational design was adopted for the study. Three hypotheses were tested using Pearson Correlational Analysis. The results showed that family functioning "had non-significant and negative relationship with suicidal tendency" ($P > 0.05 < 0.601$, $r = -0.073$, $N = 54$), indicating that effective family functioning diminishes students' suicidal (ideation) tendency on Campus; academic stress had non-significant and negative relationship with suicidal tendency ($P > 0.05 < 0.985$, $r = -0.003$, $N = 54$), indicating that academic stress does not have connection with students' suicidal (ideation) tendency on Campus; and peer pressure had significant and positive relationship with "suicidal tendency" ($P < 0.001 < 0.00$, $r = 0.533$, $N = 54$), indicating that peer pressure is significantly connected with students' suicidal (ideation) tendency on Campus. Based on the findings of the study, it is recommended that undergraduates should be assisted to develop skills and competence for coping with peer pressure on Campus.

KEYWORDS: Peer Pressure, Family Functioning, Academic Stress, Suicidal Tendency, Campus, Nigeria

INTRODUCTION

Suicide is the taking of one's own life. It is a universal concept and happens all over the world. Ahrens, Linden, Zaske and Berzewski (2000) define suicidal behavior as ranging from feeling that life is not worth living to thoughts of suicide and suicidal acts. According to Durkheim (as cited in Williams, 1997) there are three types of suicide. In other words, three categories, which reflect a breakdown in the relationship between the individual and society. Egoistic suicide

incorporates the notion that an individual has no concern for their community and no interest in being involved in it. There is a lack of meaningful social interactions and therefore a low level of social integration, as exemplified in urban areas, as opposed to rural areas.

Madu and Matla (2003) studied the prevalence of suicidal behaviors among secondary school adolescents in the Limpopo province and found that rates of attempted suicide were highest in urban areas. Few studies have

examined suicide on Campus in Nigeria. Hence, this study wants to find out the influence of peer pressure, family functioning, and academic stress on suicidal tendency among undergraduates.

The family remains a strong social structure within the society. It is a social unit where people learn important life skills and beliefs (Sam, 2010). Family pediatrics report (2003) explained that the development of children is significantly influenced by interpersonal relationships within the family. Affection and protection are evidently crucial for the development and growth of the child (Debra, 2013). The kind of care and attention children receive during their early years of life affect the way they handle important issues. This ability equips children for establishing later ties with people outside the family (Mahalihali, 2016).

Family functioning is the pattern of relationship or interactions between family members. Each family system and its dynamics are unique, although there are some common patterns (Denton, 2002). Becvar (2002) observed that even when there is little or no present contact with family, a young person will have been influenced by dynamics of the family in earlier years. Family dynamics often have a strong influence on the way young people see themselves, others and the world, and this influence their relationship, behaviours and wellbeing. Therefore, this study considers it necessary investigating the role of family functioning in on students' suicidal tendency on Campus in Nigeria.

Studies indicate that from the various types of stress a student faces, academic stress leads to major mental health problems (Rangaswamy, 1995). Students have reported issues related to school like heavy academic workloads and pressure for success as one of the major sources of pressure (Feld, 2011). Common problems faced by students suffering from academic stress are weak performance, depression, sleep disorder, somatic complaints and lack of concentration which are due to without knowing how to deal with them (Sinha, 2000). Academic stress pervades the life of students and tends to impact adversely their

mental and physical health. It with this in mind that the researcher wants to investigate the role of academic stress as one of possible factors to students' suicidal tendency on Campus.

Peer group is an important influence throughout one's life but they are more critical during the developmental years of childhood and adolescence. Adolescents always emulate their mates (Bierman, 2014). Peers are assumed to exert a major social influence on youths' criminal behavior and peer effects may operate at several levels. Same sex peers are usually the source of information (Davis & Harris 2012). Hence, the role of peer pressure on students' suicide on Campus is also of great interest in this study.

Statement of Problem

Suicide on Campus in Nigeria is becoming a frequent occurrence. It was reported that students top list as forty-two (42) Nigerians committed suicide in six (6) months last year (Mac-Leva, Ibrahim & Usman, 2024). Majority of the victims ended their lives by consuming the deadly insecticide called sniper, while others either drank acid or set selves afire.

At the Department of English and Literary Studies, University of Nigeria, Nsukka, a young 400-level student killed his dreams by taking his own life. It was reported that his suicide note attributed his action to his deteriorating mental health (Mac-Leva, Ibrahim & Usman, 2024). As if visited by the spectre of death, another 25-year-old final year student of the Department of Religion and Culture, University of Nigeria Nsukka (UNN) also committed suicide by drinking the deadly chemical, Sniper. Before his death, the deceased student was said to have been lamenting over his poor academic situation and inability to graduate (Mac-Leva, Ibrahim & Usman, 2024).

Again, a 21-year-old 300-level student of the Department of Medical Laboratory Science, University of Benin (UNIBEN), reportedly killed herself over her being jilted by boyfriend (Mac-Leva, Ibrahim & Usman, 2024). It was reported that she mixed the deadly Sniper chemical with a bottle of Sprite drink. She left a suicide note where she reportedly stated that she was about

taking her life because her boyfriend broke up with her.

Similarly, a 300-level medical student of the Niger Delta University (NDU) ended his life. He took a fatal plunge into a river close to the university campus, Amassoma, located in the Southern Ijaw area council of the State after failing his examination. He was among about 50 students out of 169 who sat for the Bachelor of Medicine, Bachelor of Surgery (MBBS) exam but failed. It was gathered that as a general practice every student passes the Bachelor of Medicine, Bachelor of Surgery (MBBS) exams before progressing to the next level of academic pursuit.

However, the student and 21 others were said to have failed beyond the level that they could be placed on academic probation for another academic year. Hence, they had to be withdrawn. Although he was said to have accepted the decision of the college in good faith after being counseled and informed about the fact that he would be withdrawn from college. The University was to later be confronted with the tragedy that the student man took his own life (Mac-Leva, Ibrahim & Usman, 2024).

Ancillary, a 100-level student of the University of Port Harcourt, Rivers State, allegedly committed suicide. The Chemical Engineering Department student ended his life after she consumed two bottles of the deadly chemical, Sniper. The student who was the assistant course representative of students at her level had missed a test previously and some of her course mates who were apprehensive about her whereabouts went to look for her at her lodge in the Aluu area of Rivers State. Unfortunately, her lifeless remains were later discovered. Some of her friends cited a video clip of the deceased that had surfaced on the internet after her death claimed that she had suffered from depression (Mac-Leva, Ibrahim & Usman, 2024).

A 200-Level student of Nnamdi Azikiwe University (Unizik) Awka, Anambra State, was reportedly committed suicide over an alleged hike in school fees (Okafor, 2024). The deceased was said to be studying Industrial Physics. His body was reportedly found dangling inside one of

the hostel blocks on campus. The deceased locked himself inside the room for days and was sobbing over his inability to pay the new regime of school fees introduced by the management. When the door was broken, he was seen dangling with a rope around his neck. The deceased student was described as a quiet and calm student, who never showed any signs of depression before the incident (Okafor, 2024).

Again, another 300-level student of Business Administration at Nnamdi Azikiwe University, was reportedly committed suicide after taking a sniper (Sahara Reporters, 2024). Stories have it that the deceased has been battling with depression from the beginning of this semester following his inability to cope with his studies (Sahara Reporters, 2024).

Suicide among university students in Nigeria has become a disturbing trend. There are many other instances of students' suicide on Campus, which are unreported. This study has therefore distilled out peer pressured, family functioning, and academic pressure as possible factors that could influence suicidal tendency among students on Campus. These factors are subjected to empirical investigation in the current study.

Purpose of the Study

The general objectives of the study were to investigate the role of:

1. Peer pressure on suicidal tendency of students on campus?
2. Family functioning on suicidal tendency of students on campus.
3. Academic stress on suicidal tendency of students on campus.

Research Questions

1. To what extent will peer pressure play a role on students' suicidal tendency on Campus?
2. In what ways will family functioning play a role students' suicidal tendency on Campus?
3. How will academic stress relate with students' suicidal tendency on Campus?

Significance of the Study

This study has both theoretical and practical significance. Theoretically, the study will make available relevant theories that can be used to explain the various variables in the study. Also, this study will provide relevant literatures that will be useful for further researchers who might be interested in this kind of study.

Practically, this study will be relevant to the government, academic institutions and to the students at large. To the government, the study will assist the government in making relevant policies that will help in managing suicidal tendencies among youths. To the academic institutions, with the help of this study they will be able to advice the students on how to cope with various life stressors. Also, with the help of this study counselors and psychologist will be able to manage students who might be battling with suicidal issues. Finally, to the students the study will assist the students on the need to manage their life well irrespective of the situations they are into.

Operational Definition of Terms

Peer Pressure: This is the pressure to go along with the beliefs and actions of one's peers as measured by The Resistance to Peer Influence Scale (RPI; Steinberg & Monahan, 2007).

Family Functioning: Family functioning are the patterns of relationship or interactions between family members as measured with index of family relation scale (IFRS) by Walter (1993).

Academic Stress: Academic stress as a state of strain, tension or pressure and it is a normal reaction resulting from interaction between the students and the academic environment as measured with Scale of Academic Stress (SAS) by Kim (1970).

Suicidal Tendency: Suicidal tendency is an individual's propensity to experience suicidal thought or attempt suicide as measured with Suicidal Attitude Questionnaire by VanSickle (2016).

LITERATURE REVIEW

This is organized under the following sub-heading, conceptual review, theoretical review empirical review and hypotheses.

Conceptual Review

Family Functioning: There are two main types of family compositions: intact families and blended families (Yau, 2016). An intact family, commonly referred to as traditional family or nuclear family is one, after marriage, husband and wife has remained together for the duration of the child's life. The parents in an intact family typically are the biological parents of the children in the household, exceptions occurring when parents adopt children, and when one of the parents has a child from a previous relationship. Initially, individuals looked to marriage as a formal commitment to sharing one's life with another as well as helping in raising a family and sharing a home (Charlein, 2009).

In a study in Western Kenya, Goldberg (2013) observed that after a family transition, children may experience increased ambiguity in expectations about behaviour, as well as disruption in their sense of security and difficulties in fitting in blended families, and they may begin to rely on peer groups for support or intimacy previously provided by caregivers. A blended family is one referred to as a non-traditional family, stepfamily, reconstituted family, patchwork family, new family, and refers to family types that do not follow the intact family guidelines (Jozsa & Balassa, 2014).

Initially, formation of a blended family depended on the death of a spouse. Remarriages often bring children from previous relationships to the new family either from one or both partners (Lee & Payne, 2010). The dissolution of two traditional family structures that may lead to formation of a blended family structure requires reorganization of the new family structure as a whole in terms of its definition, identity, purpose, and roles of the family members (George and Fernandez, 2014).

Dynamics of Blended Families: A common sociological and physiological typology of the blended family system distinguishes five situations according to the stepparent who joined the system (Cindy & Fernandez, 2014). The five situations are: 'simple' family with stepmother where a woman joins a man and his biological child; 'simple' family with a stepfather where a

man joins a woman and her biological child; 'complex' family where the two partners get connection and both bring their children from prior relationships, 'complex' family where the two partners have a common child or children besides the 'brought' child or children; and 'parttime' family where the children from the prior relationships live with the biological parent and the stepparent in certain specified times.

If both members of the couple have prior children, those children are stepbrothers and stepsisters to one another. Any subsequent child born to the couple is a half-sibling of the respective members' prior children (Cindy & Fernandez, 2014). According to Jozsa and Balassa (2014), blended families can include various combinations of stepparents or single parents. A stepparent family occurs when one parent is the biological parent of the child or children, and the other parent is not the biological parent of the child or children.

A step-father family is one in which the children are biologically related to the mother, but not the father. A step-mother family is one in which the children are biologically related to the father, but not the mother. A family may have both a step-mother and a step-father. A step-mother and step-father family is one in which both mother and father have biological children from previous relationships living together (Jozsa and Balassa, 2014).

Some children are biologically related to the mother and unrelated to the father, and other children in the household are biologically related to the father and unrelated to the mother. A single-mother family is one in which the biological mother of the children is the only adult or parent living with the children, whereas a singlefather family is one in which the biological father of the children is the only adult or parent living with the children (Jozsa and Balassa, 2014).

Blended families can be distinguished between simple and complex blended families (Jozsa&Balassa, 2014). A simple stepfamily is one in which there is only one stepparent and all children are the biological children of the same parent. This type of family would occur with a

step-mother family or a step-father family. A complex stepfamily is one in which both parents are stepparents to at least one child.

A complex stepfamily may also include the presence of a half-sibling: a child that is the result of a genetic union between both parents in the family, and would be a half-sibling to a child of the mother's or a child of the father's. Davis (2015) uses 'intact' to refer to families in which all children are biologically related to both parents, 'stepmother' to refer to families in which at least one child was a stepchild of the mother, 'complex' to refer to families in which both parents had children from previous relationships on the household and may also include children biologically related to both parents, and 'single-mother' families to refer to families in which children live with a single mother who either was never married/cohabited, or is separated/divorced.

Blessing (2016) identifies three types of siblings and two main types of family composition. The three types of siblings are: full-siblings, step-siblings, and half-siblings. A full sibling is a sibling of the target child who shares the same biological parents. A stepsibling is a sibling of the target child who is not biologically related to the child, and has entered the family system via the child's stepparent. A half-sibling is a sibling of the target child who shares one biological parent with the child, but the sibling's other biological parent is not biologically related to the child. The half-sibling can be a result of the union between the target child's biological parent and the target's stepparent, or could be the result of the target child's biological parent's with a prior partner (Blessing, 2016).

Academic Stress: Academic stress is becoming increasingly common and widespread among adolescents. According to a study, students have reported issues related to school like heavy academic workloads and pressure for success as one of the major sources of pressure (Feld, 2011). Studies indicate that from the various types of stress a student faces, academic stress leads to major mental health problems (Rangaswamy, 1995). Common problems faced by students suffering from academic stress are weak

performance, depression, sleep disorder, somatic complaints and lack of concentration which are due to without knowing how to deal with them (Sinha, 2000). Stress is a physiological and psychological imbalance. Academic stress pervades the life of students and tends to impact adversely their mental and physical health.

Peer Pressure: Peer pressure occurs when an individual experiences implied or expressed persuasion to adopt similar values, beliefs, and goals, or to participate in the same activities as those in the peer group. It's something everyone has to deal with, even adults (Rubin, Bukowski, & Parker, 2016). Paying attention to own feelings and beliefs about what is right and wrong can help in knowing the right thing to do. Inner strength and self-confidence can help one to stand firm, walk away, and resist doing something when they know better.

Therefore, peer influence exists for all ages and no one is immune to peer influence. Peer pressure can be either expressed or implied. In expressed peer pressure, an individual is challenged directly to comply with existing norms. Studies show that both peers are inclined to take risks they do not want to take because they believe the risky behavior will increase their standing in the eyes of their peers and assure their acceptance in the group (Cotterell, 2017).

Implied peer influence is more subtle and can be harder to combat. For example, a group of peers may make fun of the way another peer is dressed up, pressuring members of their group to dress only in one acceptable style. Often young people who look, dress, or act differently, or who have significant interests that differ from those of their age group become outcasts because of the influence groups place on their members not to associate with anyone unlike themselves (Perkins, 2013). This can lead the rejected person to feel desperate and depressed.

Suicidal Tendency: Suicide is defined as “the intentional taking of one’s own life” (Medical Dictionary). The increasing number of people committing suicide worldwide has brought about a rich vocabulary regarding this phenomenon. Thus, besides suicide, literature also uses terms like parasuicide, suicidality, or suicidology, as

well as phrases like cluster/ imitative suicide, presuicidal behaviour, suicidal/suicide attempt, suicidal behaviour, suicidal communication, suicidal ideation/thought(s), suicidal process, suicide cluster, suicide plan, or suicide risk.

Cluster/Imitative suicide or clusters of suicide (Kirch, Lester, 1986) or suicide cluster is defined as “additional deaths from suicides in youths within a 1- to 2-week period afterward” by the American Academy of Pediatrics (2000, 871). Manson et al. (2013) studied cases of cluster suicide in Hong Kong and the USA and argued that suicidal behaviour can be contagious, hence suicide clustering. Parasuicide is defined as “attempted suicide, emphasizing that, in most such attempts, death is not the desired outcome” (Medical Dictionary). The term was coined by Kreitman et al. (1969, 746-747) as a synonym for attempted suicide to avoid the use of phrases such as deliberate self-poisoning and deliberate self-injury.

Presuicidal behaviour is mentioned by the American Academy of Pediatrics (2000, 871). Suicidal/suicide attempt is a synonym of parasuicide. The phrase is used by the American Academy of Pediatrics (2000). Wasserman et al. (2008) explored the psychosocial situation, the suicidal communication, and the suicidal process of young Vietnamese suicide attempters, while Gulbas et al. (2011) described how family relationships are organised in low-income Latino families with a daughter who committed a suicide attempt (asymmetrical/detached families) and low-income Latino families without a daughter who committed a suicide attempt (reciprocal families): the inferences are clear.

Randall et al. (2014) analyzed the prevalence of suicide attempts in the Republic of Benin and found that drug use and violence are highly associated with suicide attempts in this country. Cross, Cassady and Miller (2006, 296) distinguish four types of individuals exhibiting suicidal behaviour: “(1) ideators are those individuals who think about killing themselves (the largest group); (2) gesturors are those who make suicidal gestures that are determined not to be serious efforts to end their lives (a smaller and less studied group); (3) attemptors are those who

make attempts but fail to end their lives; and (4) completors are those who complete suicide (a relatively small group).” Goodwin and Marušič (2003) found that feelings of inferiority among Americana adolescents are associated with an increased likelihood of suicidal behaviour.

Theoretical Review

Attachment Theory of Family Functioning:

Attachment theory states that a strong emotional and physical attachment to at least one primary caregiver is critical to personal development and it is one of the most studied aspects of psychology. In his work in late 1960s involving the developmental psychology of children from various backgrounds, Bowlby (1969) established the precedent that childhood development depended heavily upon a child’s ability to form a strong relationship with at least one primary caregiver. As a concept in developmental psychology, attachment theory concerns the importance of attachment in regards to personal development.

The theory makes the claim that the ability for an individual to form an emotional and physical attachment to another person gives a sense of stability and security necessary to take risks, branch out, and grow and develop as a personality. The parent-child relationship provides the child with important ideas of forming relationships and learning to adjust to various experiences in life (Hines, 2007; Gray, 2011). Attachment relationships form bases on which individuals regulate their emotions (Brenning&Braet, 2013). The attachment model explains infant behaviour towards their attachment figure, during separation and reunion times. It is believed that attachment behaviours formed in infancy will help shape the attachment relationships people have as adults.

Transactional model of Academic Stress:

Richard Lazarus and Susan Folkman (1984) stated that stress can be thought of as resulting from an “imbalance between demands and resources.” or as occurring when “pressure exceeds one’s perceived ability to cope.” Stress management was developed and premised on the idea that stress is not a direct response to a stressor but rather one’s resources and ability to

cope mediate the stress response and are amenable to change, thus allowing stress to be controllable (Lazarus & Folkman, 1984).

Ogden (2000) further stated that in order to develop an effective stress management programme it is first necessary to identify the factors that are central to a person controlling his/her stress, and to identify the intervention methods, which effectively target these factors. He further stated that Lazarus and Folkman’s interpretation of stress focuses on the transaction between people and their external environment known as the transactional model. The stressful situation that the administrative staff of tertiary institutions is assumed to pass through does not necessarily mean the presence of a potential stressor but rather their resources and ability to reduce the stress response.

The models conceptualize stress as a result of how a stressor is appraised and how a person appraises his or her resource to cope with the stressor. The model breaks the stressor-stress link by proposing that if stressors are perceived as positive or challenging rather than as a threat, and if the stressed person is confident that he or she possesses adequate rather than deficient coping strategies, stress may not necessarily follow the presence of a potential stressor. The model proposes that stress can be reduced by helping stressed people change their perceptions of stressors, providing them with strategies to help them cope and further improving their confidence in their ability to do so. Therefore, if the experts can provide the administrative staff with adequate knowledge of stress management strategies, and them have a positive perception towards the potential stressors they will see stress as a challenge and not a threat.

Social-Identity Theory (SIT) of Peer Pressure:

This theory was postulated by Tajfel and Turner (1979). According to Tajfel and Turner’s theory, individuals’ perceptions of and attitudes toward in-group (e.g., family, friends and significant other.) and out-group members develop ultimately from their need to identify with and belong to groups that are relatively superior, as a means of boosting their self-esteem level. This approach was one of the earliest attempts to study

comprehensive conceptual framework of social comparisons. This social comparison may be in form of perceived-social-support (family, friends and significant others.) or criminal group.

The consequence of these processes is that individuals perceive other group members to resemble themselves and show preference in their attitudes and behaviours toward them, while out-group members are seen to be dissimilar from the in-group members and to possess less favourable qualities that justify them to be inferior from the in-group. Haslam, Ellemers, Reicher, Reynolds and Schmit (2010); Ouwerkerk, Ellemers and de Gilder (1999) were of the view that an in-group seeks positive distinctiveness via direct competition with the out group in the form of in-group favouritism. It is considered competitive in that in this case favouritism for the in-group occurs on a value dimension that is shared by all relevant social groups (in contrast to social creativity scenarios).

Haslam (2001) stated that building in the interpersonal, intergroup continuum, social identity theory details a variety of strategies that may be invoked in order to achieve positive distinctiveness. The individuals' choice of behaviour dictated largely by the perceived intergroup relationship. In particular the choice of strategy is an outcome of the perceived permeability of group boundaries (e.g.; whether a group member may pass from a low status group into a high-status group), as well as the perceived stability and legitimacy of the intergroup status hierarchy. In the view of Turner and Onorato (1999), they saw identity as the concept of the social self that emerged and explained further to observe differences in behavior between the individual as a person (personal-identity) and the individual as a member of a group (social-identity).

Cognitive Models of Suicidal Tendency: Beck and colleagues proposed that the diathesis for depressive and suicidal symptoms consists of cognitive self-schemas that contain certain negative beliefs, including dysfunctional attitudes and cognitive distortions. An example is an individual who, after making a single small error at a public-speaking event, becomes

convinced that everyone in attendance thinks he is stupid.

Hopelessness plays a key role in Beck's model, along with the negative triad of negative thoughts about oneself, others, and the future (Beck,2006). They argue that, like other depressed individuals, suicidal persons misconstrue their situation in negative ways. But the suicidal person is hopeless about the situation, hence looks at suicidal behavior as the only possible solution. Rudd provided a detailed account of the "suicidal mode," in which the triggering of negative beliefs and cognitions is accompanied by the activation of particular systems of affective, physiological, and behavioral motivational responses associated with suicidality. He gives an account of "Compensatory strategies" that arise to come up with the negative beliefs and rules of an individual.

The effective component of the suicidal mode encompasses a variety of mixed dysphoric emotions that might arise depending on the particular beliefs endorsed by an individual: shame, guilt, sadness, anger, and so forth. The behavioral system connotes a predisposition toward engaging in suicide-related behaviors, including planning, rehearsals, and suicide attempts.

The physiological system involves patterns of physiological activation that characterize the suicidal (Rudd, 2007). Orbach hypothesized suicidal individuals are characterized by a disposition toward dissociation manifested in relative insensitivity to physical pain and indifference to their bodies. He suggested that certain stress conditions lead to the development of dissociative tendencies and that once these tendencies are established, they become an integral part of suicidal behavior.

These dispositions may facilitate suicidal behavior in the face of mounting intolerable stress, helplessness, and hopelessness (Orbach, 2017). According to Marsha Linehan, suicidal persons are viewed as lacking sufficient skills in two main areas: the ability to accept their experiences fully and completely and the "skillful means" to regulate impulsive and self-destructive

emotions and to be effective in interpersonal interactions.

Empirical Reviews

Strandheim et al. (2014) examined, in a population-based prospective cohort study, the associations between health and lifestyle factors in Norwegian adolescents aged 13-15 and development of suicidal thoughts in the same adolescents aged 17-19: the study showed that one in six adolescents aged 17-19 experienced suicidal thoughts – girls with conduct problems, overweight, and pain; when aged 13-15 symptoms of depression predominated.

Zong (2015) used, like Cross, Cassady and Miller (2006), the Suicidal Ideation Questionnaire to study suicide ideation in South Korea and found that depression and suicide ideation are strongly related and that suicide ideation in South Korean adolescents comes from social relationships.

Tural Hesapçioğlu, Yeşilova Meraler and Ercan (2018) conducted quantitative research on a sample of Turkish high-schoolers to examine suicidal ideation regarding adolescents' involvement in the bullying cycle and concluded that adolescents who are not involved in the cycle of bullying have a lower rate of suicidal ideation. Mbatsane (2014) investigated the association between family structure, including blended family structure, and psychological well-being of 500 school-age going children in South Africa.

Psychological well-being was measured using five scales, namely: general distress, life satisfaction, global self-esteem, affect-balance. The data was analyzed using the Chi-square method. The results of the study indicated that the relationship between family structure and wellbeing was not statistically significant.

Tillman (2008) studied data on more than 11,000 teens and found that teenagers in families with different biological parents have more behaviour problems than other adolescents, and that these traits may not improve over time. Boys living with half or stepsiblings had the most difficulty adjusting. Problems may arise because teens feel they have to compete for parental attention, combined with the stress of living with non-traditional siblings. A new parent figure can

increase stress in young people because their relationships tend to be more conflict-ridden, explains Tillman.

Sundstrom (2013) captured the complexity of stepfamily relationships using large Swedish data set of 40,000 children born in 1964-1965 matched with 36,000 of their full and half-siblings born in 1960-1970. Childhood family and siblings' dynamics were inferred from the bi-decennial censuses in 1965, 1970, 1975, and 1980 combined with the Swedish multigenerational register to trace the biological relationship, or lack thereof, between the adults in the household and the children in the sample. The children were followed into adulthood and their academics examined. The cross-section results show that growing up with half-siblings is negatively correlated with the academics.

Hypotheses

1. Peer pressure will not significantly play a role on students' suicidal tendency on Campus.
2. Family functioning will not significantly play a role on students' suicidal tendency on Campus.
3. Academic stress will not significantly relate with students' suicidal tendency on Campus.

METHOD

Participants: The participants used for this study are undergraduates in Chukwuemeka Odumegwu Ojukwu University, Igbariam Campus, Anambra State, Nigeria. Fifty-four undergraduates (54) undergraduates were selected through cluster and incidental sampling methods. The participants had the mean-age of 21.15 and SD of 2.422.

Instruments: Three instruments were utilized in this study, the instruments are Resistance to Peer Influence Scale (RPI) by Steinberg & Monahan (2007), Index of Family Relation Scale (IFRS) by Walter (1993), Scale of Academic Stress (SAS) by Kim (1970), and Suicidal Attitude Questionnaire by VanSickle (2016).

Resistance to Peer Influence (RPI; Steinberg & Monahan, 2007): The Resistance to Peer Influence Scale (RPI; Steinberg & Monahan, 2007) measures individuals' level of

general susceptibility to peer influence. The scale uses neutral peer influence situations to decrease the influence of giving a socially approved answer. In neutral situations compared to specific situations, individuals may be more likely to admit being influenced by peers and answer in a non-defensive manner. The items are presented in a way that there are no right and wrong answers (Sumter, Bokhorst, Steinberg, & Westenberg, 2009).

The scale is applicable to individuals from late childhood (10 years of age) through young adulthood. The scale consists of 10 items of which 3 (items 2, 6, 10) are reverse-scored. Each item presents two acceptable choices. For example, "Some people go along with their friends just to keep their friends happy", but "Other people refuse to go along with what their friends want to do, even though they know it will make their friends unhappy". The participants have to choose between the two items that most reflects their susceptibility to peer influence and to what degree (Sumter et al., 2009).

Responses are rated using a 4-point scale ranging from 1 or 4 for 'really true' to 2 or 3 for 'sort of true' of me (Steinberg & Monahan, 2007). Scoring is accomplished by reading left to right on the instrument, scoring each item from 1 to 4. Items 2, 6, and 10 are reverse scored prior to scoring. Scores for valid responses are summed and divided by the number of valid items. Possible scores could range from 1 to 4, with higher scores indicating greater ability to resist peer influence. The author reported a Cronbach alpha of .78 and construct validity of .86.

Index of Family Relation Scale (IFRS) by Walter (1993): The Index of Family Relations, or IFR, scale was designed to measure the degree, severity, or magnitude of the problem that family members have in their relationships with one another as felt or perceived by the respondent. The scale permits a client to characterize the severity of family relationship problems in a global matter and can be regarded as a measure of intra familial stress. It can be used productively with one client, or it can be used in conjoint therapy with two or more family members.

The scale produces scores that range from 0 to 100. For all practical purposes the scores can be regarded as true ratio scale values. A score of 0 indicates the client has none of the attributes, and a score of 100 represents the highest possible stress level the scale is capable of measuring. This scale consistently achieves an Alpha coefficient of .90 or larger. This scale has been investigated with respect to content, construct, factorial, and known groups' validity. It nearly always achieves validity coefficients of .60 or greater.

Scale of Academic Stress (SAS): Scale of Academic Stress (SAS) was designed for measuring academic stress of students, it is a 40 items composite scale. The scale was originally developed and standardized by Kim (1970). The scale was adopted to Indian conditions by Rajendran & Kaliappan (1990) and Rao (2012). The scale includes five components i.e., Personal Inadequacy, Fear of Failure, Interpersonal difficulties with teachers, Teacher-pupil relationship / Teaching methods, Inadequate study facilities. It is a five-point Likert-type scale in which option ranges from 'No Stress' to 'Extreme Stress'. Weightage of each response carries a score of '0', '1', '2', '3' and '4' respectively. Each factor has an equal number of items. The higher the value of the score, the more academic stress and vice-versa. It was determined to have a reliability of 0.82 drawn by test-retest method.

Suicidal Attitude Questionnaire by VanSickle (2016): The suicidal attitude questionnaire is composed of 35 statements aimed at measuring attitudes toward suicide in a military population. The scale uses a five-point Likert-type scale where 1¼Strongly Disagree and 5¼Strongly Agree. Three factors are expected to emerge from the scale in the analyses: (1) Moral versus Immoral; (2) Psychache versus Pathological; and (3) Acceptance versus Rejection. The author reported a test-retest reliability of .78 and content validity of .77.

Procedure: The researcher approached various undergraduates in Chukwuemeka Odumegwu Ojukwu University and explained to them the essence of the research, they were assured of confidentiality of whatever information they give

in the questionnaire. Eighty (80) questionnaires were distributed using convenience sampling technique., of which only seventy-four (74) were returned, and twenty (20) were discarded due to incomplete filling. The remaining fifty-four (54) copies were used for the study.

Ethical consideration: The researchers used use certain ethical considerations. They consist of: **1. Informed consent:** Before starting the investigation, the researchers got the respondents' permission. This was done to encourage participants' free choice of participation and to reassure them that they were under no compulsion to take part in the study. **2. Confidentiality:** The researchers inform the respondents that the questionnaire results would be kept private. Respondents were able to relax as

a result, and were free from labeling thoughts and the dread of being later arrested by the authorities.

3. Openness: The researchers explained the purpose and nature of the study to the responders. This were done to give the respondents the freedom to react honestly and without bias.

Design/Statistics: A correlational design were adopted for this study. This was because the study examined the relationship that existed between the variables of interest. On the statistical tool, Pearson Correlational statistics was used to test the hypotheses. This was because the researchers were interested in knowing the extent of the relationship that exist among peer pressure, family dynamics, and academic stress with suicidal tendency among undergraduates.

RESULT

The analyses and findings of the study are presented below. The data were analyzed with the IBM SPSS version 25. Both the descriptive and inferential statistical analyses were presented.

Table 1: Descriptive Statistics

	N	Minimum	Maximum	Mean	SD	Skewness	Std. Error	Kurtosis	Std. Error
AGE	54	17	29	21.148	2.422	.706	.325	.747	.639
Problem-Solving	54	11	35	25.796	5.199	-.652	.325	.478	.639
Physical Functioning	54	7	29	16.148	4.249	.057	.325	.595	.639
Role Functioning	54	5	29	18.648	4.005	-.652	.325	1.893	.639
Social Functioning	54	11	30	21.222	3.989	-.352	.325	.099	.639
Validity	54	9	33	18.463	4.069	.531	.325	2.205	.639
Mental Health	54	5	25	15.870	4.593	-.072	.325	-.026	.639
Lecturer Factor	54	9	41	24.722	7.837	-.011	.325	-.732	.639
Teaching Style	54	5	25	14.278	4.582	.354	.325	-.515	.639
Subject Factor	54	4	33	14.556	5.528	.900	.325	2.107	.639
Student Factor	54	7	31	16.222	5.333	.421	.325	-.131	.639
Time Management	54	4	22	11.593	3.678	.095	.325	.591	.639
Interpersonal Factor	54	5	28	13.482	5.023	.876	.325	.857	.639
Institutional Factor	54	5	30	15.611	5.645	.222	.325	-.135	.639
Examination	54	5	28	15.926	5.337	.131	.325	-.304	.639
PEER PRESSURE	54	25	112	64.759	20.580	.148	.325	-.336	.639
SUICIDAL TENDENCY	54	13	65	34.148	14.885	.238	.325	-1.133	.639
FAMILY FUNCTIONING	54	62	157	112.426	16.591	-.331	.325	1.207	.639
ACADEMIC STRESS	54	26	181	120.463	30.731	-.406	.325	.504	.639
Valid N (listwise)	54								

SOURCE: Primary data from the research questionnaire

Table 1 shows “Peer Pressure” had mean 64.759 of 112 above the average, indicating the existence of peer pressure among the samples. The SD of 20.580 indicated that the participants varied so much among themselves in their experience of

peer pressure. The skewness (0.148) is positive which supports the existence of peer pressure on Campus. However, the kurtosis (-0.336) was negative indicating general negative experience of peer pressure among the participants. The

mean for “Suicidal Tendency” was 34.148 of 65 indicating slightly above average suicidal ideation on Campus. The SD (14.885) showed wide variations in suicidal experience of among the participants. The skewness (0.238) indicated general negative experience of suicidal tendency among the participants. The kurtosis (-1.133) general negative experience of suicidal tendency among the participants. The mean for “Family Functioning” was 112.426 of 157, indicating very active above average family functioning. The SD

(16.591) showed high disparity in their family functioning. The skewness (-0.331) indicated unwholesome family functioning. The positive kurtosis (1.207) indicated increasing diversity in family functioning. The “Academic Stress” was 120.463 of 181 indicating high above average academic stress among the participants. The SD (30.731) showed very high variation on academic stress. The skewness (-0.406) showed negativity is associated with academic stress. The kurtosis (0.504) showed uniformity in academic stress.

Table 2: Demographic Clusters of the Samples

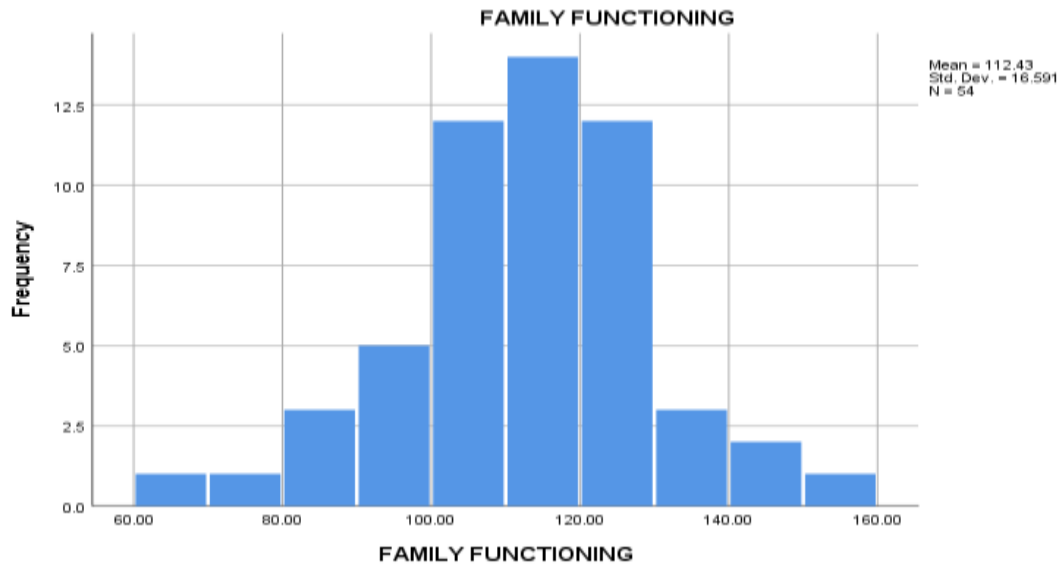
Cluster	Cluster Category	N
DEPARTMENTS	Psychology	46
	Sociology	1
	Soil Science	2
	Entrepreneurship	1
	Political Science	3
	Microbiology	1
FACULTY	Social Science	50
	Agriculture	2
	Management	1
	Natural Science	1
LEVEL	Year 1	9
	Year 2	5
	Year 3	5
	Year 4	35
GENDER	Male	18
	Female	36
HIGHEST EDUCATION	University Education	39
	Secondary Education	15
STATE OF ORIGIN	Anambra	44
	Enugu	2
	Imo	6
	Abia	1
	Ebonyi	1
RELIGION	Christianity	54
CHRISTIANITY DENOMINATION	Catholic	53
	Pentecostal	1
ISLAMIC DENOMINATION	----	----

SOURCE: Primary data from the research questionnaire

Table 2 showed that Psychology Department (46) coincidentally with the Social Science Faculty (50) had the highest number of samples. Similarly, year 4 (35), female (36), University

Education (39), Anambra State (44), Christianity (54), and Catholic (53) had the highest number of samples.

Figure 1: Family Functioning Chart

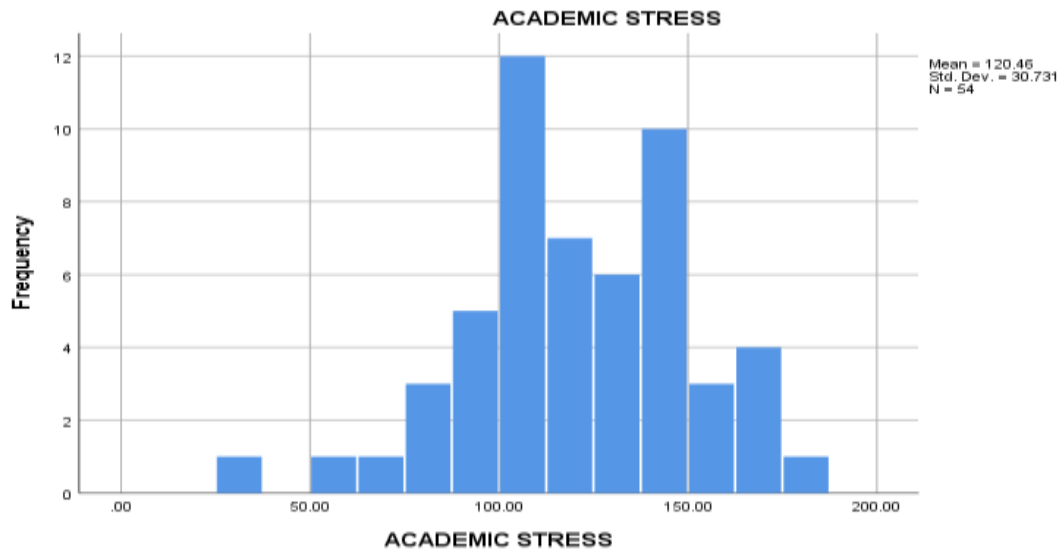


SOURCE: Primary data from the research questionnaire

Figure 1 showed family functioning increases steadily and reached the peak at 120 mark, only

to sharply decrease. It indicated the non-stability of family functioning of the samples.

Figure 2: Academic Stress Chart

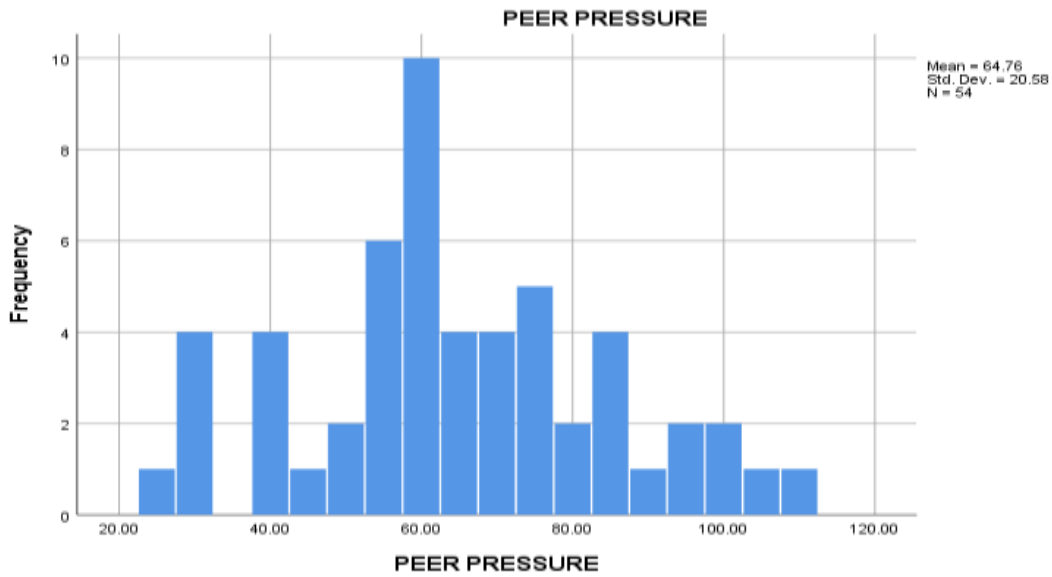


SOURCE: Primary data from the research questionnaire

Figure 2 showed that high concentration of academic stress, especially from the 100 mark. Academic stress intensifies between 100 to 150

marks. It indicated that the majority of the samples experienced academic stress.

Figure 3: Peer Pressure Chart

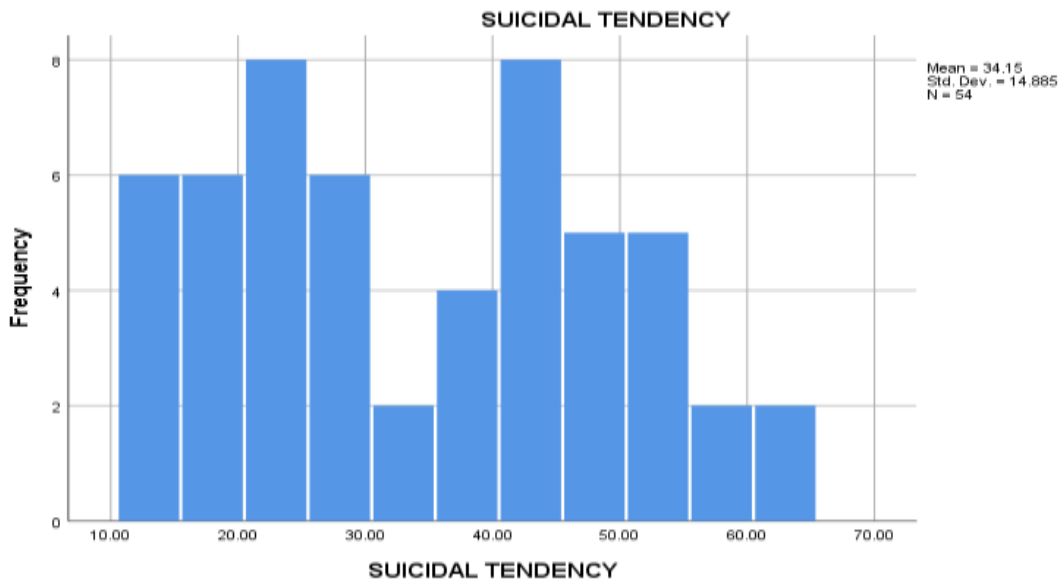


SOURCE: Primary data from the research questionnaire

Figure 3 showed peer pressure on Campus was very obvious. Peer pressure was very consistent

and peaked at 60 mark. It indicated that peer pressure on Campus was obviously very real.

Figure 4: Suicidal Tendency Chart.



SOURCE: Primary data from the research questionnaire

Figure 4 showed wide-ranging suicidal tendency among the samples. There was suicidal tendency from 11.00 to 65.00 mark. It indicated that

suicidal ideation was common among the samples.

Table 3: Correlation Family Functioning, Academic Stress, Peer Relations and Suicidal Tendency

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	
1. AGE	1																			
2. Prob-Solving	.040	1																		
3. Phys Fun	.000	-.236	1																	
4. Role Fun	.040	.544**	-.171	1																
5. Soc Fun	-.121	.434**	-.198	.444**	1															
6. Validity	-.091	.366**	-.246	.293*	.455**	1														
7. Mental Health	.251	-.090	.365**	-.051	.005	.035	1													
8. Lecturer Factor	.275*	-.232	.223	-.300*	-.350**	-.140	.112	1												
9. Teaching Style	.051	-.333*	.280*	-.285*	-.265	-.044	.176	.552**	1											
10. Subject Factor	.098	-.205	-.038	-.022	-.097	-.049	-.115	.272*	.081	1										
11. Student Factor	-.064	-.363**	.250	-.386**	-.304*	-.029	.273*	.368**	.468**	.248	1									
12. Time Mgt	-.044	-.055	.101	-.128	-.044	.051	.123	.342*	.140	.295*	.111	1								
13. Inte Factor	.166	-.207	.188	-.238	-.221	-.094	.327*	.350**	.147	.235	.432**	.293*	1							
14. Inst Factor	.264	-.199	.098	-.166	-.297*	-.007	.172	.353**	.313*	.190	.272*	.453**	.580**	1						
15. Exam	.118	-.049	.061	-.012	-.218	.050	.063	.389**	.171	.292*	.139	.387**	.224	.390**	1					
16. PEER PRE	.098	.268	.076	.128	.166	-.037	.108	-.169	-.179	-.114	-.160	-.276*	-.231	-.396**	-.101	1				
17. SUIC TEND	.072	.081	.242	-.008	-.141	-.124	.262	-.167	-.071	-.096	.008	-.243	.005	-.053	.032	.533**	1			
18. FAM FUN	-.154	-.204	-.011	-.108	.105	.024	.009	.016	.054	-.074	.014	-.217	.060	-.124	-.236	-.001	-.073	1		
19. ACA STRESS	.049	-.154	.023	-.139	-.254	-.098	-.168	-.020	-.187	.116	-.070	-.073	.036	.193	-.150	-.245	-.003	.110	1	

** significant @ P≤ 0.001 and * significant @ P≤ 0.05; Ho; N = 54; Source: Primary Data from research questionnaire

Prob-Solving = Problem-Solving; Phys Fun = Physical Functioning; Role Fun = Role Functioning; Soc Fun = Social Functioning; Time Mgt = Time Management; Inte Factor = Interpersonal Factor; Inst Factor; Exam = Examination; PEER PRES = PEER PRESSURE; SUIC TEND = SUICIDAL TENDENCY; FAM FUN = FAMILY FUNCTIONING; ACA STRESS = ACADEMIC STRESS

Hypothesis One: It states that “family functioning will not significantly correlate with suicidal tendency of students on campus”. From the table 3, the hypothesis was accepted ($P > 0.05 < 0.601$, $r = -0.073$, $N = 54$). It indicated that “Family Functioning” had non-significant and negative relationship with “Suicidal Tendency”. It implied that effective family functioning depletes suicidal tendency.

Hypothesis Two: It states that “academic stress will not significantly correlate with suicidal tendency of students on campus”. From the table 3, the hypothesis was accepted ($P > 0.05 < 0.985$, $r = -0.003$, $N = 54$). It indicated that “Academic Stress” had non-significant and

negative relationship with “Suicidal Tendency”. It implied that academic stress does not have connection with suicidal tendency.

Hypothesis Three: It states that “peer pressure will not significantly predict suicidal tendency of students on campus”. From the table 3, the hypothesis was rejected ($P < 0.001 < 0.00$, $r = 0.533$, $N = 54$). It indicated that “Peer Pressure” had significant and positive relationship with “Suicidal Tendency”. It implied that peer pressure is significantly connected with students’ suicidal (ideation) tendency on Campus.

Summary of Findings

The following findings were made in the study.

Inferential/Correlation (Hypotheses) Findings

1. “Family Functioning” had non-significant and negative relationship with “Suicidal Tendency”, indicating that effective family functioning depletes students’ suicidal (ideation) tendency on Campus.
2. “Academic Stress” had non-significant and negative relationship with “Suicidal Tendency”, indicating that academic stress does not have connection with students’ suicidal (ideation) tendency on Campus.
3. “Peer Pressure” had significant and positive relationship with “Suicidal Tendency”, indicating that peer pressure is significantly connected with students’ suicidal (ideation) tendency on Campus.

Descriptive (Fallout) Findings

4. “Peer Pressure” on Campus was high above the average.
5. “Suicidal Tendency” on Campus was slightly above average.
6. “Family Functioning” of the samples was very active and above average.
7. “Academic Stress” was very high above average among the participants

DISCUSSION

The study examined the influence of family functioning, academic stress, and peer relations on suicidal tendency among undergraduates of Chukwuemeka Odumegwu Ojukwu University. Three hypotheses were tested. Firstly, family functioning will not significantly correlate suicidal tendency among undergraduates of Chukwuemeka Odumegwu Ojukwu University, Igbariam Campus. Secondly, academic stress will not significantly correlate suicidal tendency among undergraduates of Chukwuemeka Odumegwu Ojukwu University, Igbariam Campus. Thirdly, peer relations will not significantly influence suicidal tendency correlate undergraduates of Chukwuemeka Odumegwu Ojukwu University, Igbariam Campus.

Hypothesis one which stated that family functioning will not significantly correlate suicidal tendency among undergraduates of Chukwuemeka Odumegwu Ojukwu University, Igbariam Campus was accepted ($P > 0.05 < 0.601$, $r = -0.073$, $N = 54$). The result indicated that “Family Functioning” had non-significant and negative relationship with “Suicidal Tendency”. Which implied that effective family functioning depletes suicidal tendency. According to Tillman (2008) who studied data on more than 11,000 teens and found that teenagers in families with different biological parents have more behaviour problems than other adolescents, and that these traits may not improve over time. Boys living with half or stepsiblings had the most difficulty adjusting. Problems may arise because teens feel they have to compete for parental attention, combined with the stress of living with non-traditional siblings. A new parent figure can increase stress in young people because their relationships tend to be more conflict-ridden. Also, Mbatsane (2014) investigated the association between family structure, including blended family structure, and psychological well-being of 500 school-age going children in South Africa. Psychological well-being was measured using five scales, namely: general distress, life satisfaction, global self-esteem, affect-balance. The data was analyzed using the Chi-square method. The results of the study indicated that the relationship between family structure and wellbeing was not statistically significant.

Hypothesis two which stated that academic stress will not significantly correlate suicidal tendency among undergraduates of Chukwuemeka Odumegwu Ojukwu University, Igbariam Campus. was accepted ($P > 0.05 < 0.985$, $r = -0.003$, $N = 54$). It indicated that “Academic Stress” had non-significant and negative relationship with “Suicidal Tendency”. It implied that academic stress does not have connection with suicidal tendency. Strandheim et al. (2014) examined, in a population-based prospective cohort study, the associations between health and lifestyle factors in Norwegian adolescents aged 13-15 and development of suicidal thoughts in

the same adolescents aged 17-19: the study showed that one in six adolescents aged 17-19 experienced suicidal thoughts – girls with conduct problems, overweight, and pain; when aged 13-15 symptoms of depression predominated.

Hypothesis three which stated that peer relations will not significantly influence suicidal tendency correlate undergraduates of Chukwuemeka Odumegwu Ojukwu University, Igbariam Campus was rejected ($P < 0.001 < 0.00$, $r = 0.533$, $N = 54$). It indicated that “Peer Pressure” had significant and positive relationship with “Suicidal Tendency”. It implied that peer pressure is significantly connected with students’ suicidal (ideation) tendency on Campus. Kaltiala-Heino et al. (1999) assessed the relation between being bullied/bully at school and severe suicidal ideation, and the conclusion of their survey was that both Finnish bullied and bullies are at an increased risk of suicide. After conducting quantitative research aimed at determining the relation between feelings of inferiority and suicidal ideation and among American young people, Goodwin and Marušič (2003) reached the conclusion that feelings of inferiority are associated with a significantly increased likelihood of suicidal thoughts among adolescents.

Implication of the Study

The study implied that Family Functioning” had non-significant and negative relationship with suicidal tendency. That is when there is interconnections within the family and every individuals within the family comes up to their responsibilities there will be no thoughts concerning suicide creeping into the mind of an undergraduate member of the family.

Also, the study by findings implied that academic stress does not have connection with suicidal tendency. That is academic stress experienced by an undergraduate cannot propel such undergraduate to think about suicide. Finally, the study indicated that Peer Pressure has relationship with suicidal tendency, meaning that an undergraduate who experiences pressure or great influence from peer might feel hopeless

when he or she is not feeling accepted by peers and can start to contemplate suicide.

Limitation of the study

The result of this study is limited by the following considerations:

1. First, participants were sampled from Chukwuemeka Odumegwu Ojukwu University only, leaving the other schools in Anambra State. Thus, generalizability of the findings is limited to undergraduates in Chukwuemeka Odumegwu Ojukwu University alone.
2. Also, apart from the variables studied, other variables such as hopelessness, depression, etc can relate with suicidal tendency, but the researcher only focus on family functioning and peer pressure.
3. Another limitation was that this study was correlational in nature. It is a design that yields relationship rather than causal evidence.
4. Finally, the last limitation is that not all undergraduates surveyed were willing to respond to the items in the questionnaires.

Suggestions for Further Researchers

Based on the limitation of the study, further researchers are encouraged to:

1. Sample participants from other tertiary institutions in Nigeria.
2. Find out if other variables such as hopelessness and depression etc can relate with suicidal tendency.
3. Employ the use of experimental design in their study rather than predictive design.

Recommendations

1. Families are advised to stay connected to each other so as to prevent suicidal ideation from creeping into the mind set of individual members of the family.
2. Undergraduates are encouraged to learn how to cope with stressors and not to see suicide as their last resort when things are not working well for them
3. Finally, undergraduates should learn how to cope with their peers by coming to the

understanding they are as special as their peers.

Conclusions

The study examined influence of family functioning, academic stress, and peer relations on suicidal tendency among undergraduates of Chukwuemeka Odumegwu Ojukwu University. Three hypotheses were tested and the result showed that family functioning had non-significant and negative relationship with suicidal tendency, academic stress had non-significant and negative relationship with suicidal tendency, and peer pressure had significant and positive relationship with suicidal tendency. Based on the findings of the study, the study concluded that both family functioning and academic stress has no relationship with suicidal tendency while peer pressure relates with suicidal tendency among undergraduates of Chukwuemeka Odumegwu Ojukwu University.

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