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SELF-ESTEEM, SOCIAL ISOLATION AND SOCIAL ORIENTATION, AS PREDICTORS OF SUICIDAL IDEATION AMONG PEOPLE LIVING WITH HIV/AIDS IN CROSS RIVER STATE BY

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ABSTRACT

The study investigated self-esteem, social isolation, and social orientation as predictors of suicidal ideation among people living with HIV/AIDS in Cross River State. Seven research questions and seven null hypotheses guided the study. This study adopted a correlational research design. The population of the study was 13,651 people living with HIV (PLHIV) in Cross River State. The sample size was 389 people living with HIV (PLHIV) in Cross River State. The study used seven instruments. Self-Esteem Scale (SES), Social Isolation Scale (SIS), Social Orientation Scale (SOS), and Suicidal Ideation Inventory (SII). For the face and content validity of the instruments, two copies each, with the aim/objectives, research questions, and hypotheses, were given to two experts. To ensure the reliability of the instruments Cronbach alpha (α) technique was used. The alpha coefficients of 0.75, 0.82, 0.67, and 0.77 were obtained for self-esteem, social isolation, and social orientation, respectively. Research questions 1 to 3 were answered using simple regression, while research question 4 was answered using multiple regression. Also, hypotheses were tested using simple regression associated with t-tests, while hypothesis 4 was tested using multiple regression associated with ANOVA. The findings of the study showed, amongst others,s that Self-esteem, social isolation, and social orientation jointly and independently predict suicidal ideation among people living with HIV/AIDS in Cross River State. It was recommended that there should be increased awareness of the causes and manifestations of depression among people living with HIV/AIDS and the general public by the Federal Ministry of Health in partnership with the Non-Governmental Organisations.

KEYWORDS: Self-esteem, social isolation and social orientation, suicidal ideation and people living with HIV/AIDS.

INTRODUCTION

The world has made significant progress in the prevention and control of HIV/AIDS in the last three decades; however, the disease remains a major global public health issue. According to the World Health Organization (WHO) 2019 report, about 38 million peoples living with HIV/AIDS, of which 1.7 million were new cases, and about 690, 000 HIV/AIDS-related deaths occurred (Wilburn & Smith, 2016). The introduction of Highly Active Antiretroviral Therapy (HAART) saved millions of lives and significantly reduced the transmission of the virus in the population. Thus, HAART reduced new HIV infections by 39%, HIV-related deaths by 51%, and saved 15.3 million lives. However, only 68% of adults living with HIV received lifelong antiretroviral therapy (ART) in 2019, according to the WHO annual report (Wilburn & Smith, 2016).

More than two-thirds (25.7 million) of people living with HIV/AIDS live in the WHO Africa region, and the disease is more prevalent in the general population, and the number of new infections is increasing among the most vulnerable groups. Different interventions were made to realize the 90-90-90 strategies of the 2020 targets, such as increasing the number of testing sites, implementing test-and-treat strategies, and the point-of-care (POC) approach. Further interventions are needed to achieve the targets set, given that only 79% of people living with HIV/AIDS knew their status, of whom 65% were on HAART (Wonsky et al. 2016). Mental health and psychosocial problems are common among HIV/AIDS patients and affect sustained utilization of healthcare and adherence to medications. Some of the mental health impairments are mood disorders, elevated depressive symptoms, and suicidal ideation. Most of those living with HIV/AIDS, always have this thought of ending their life through suicide.

Tatjana et al. (2015), defined suicide as the complete process of a continuum that began with suicide ideation, followed by an attempt at suicide, and finally completed suicide. This means that every suicide attempt or completed suicide often starts with suicidal thoughts (Taylor, 2018), and this is captured in the concept of suicidal ideation. Suicidal ideation refers to thoughts about suicide, which may be deliberately constructed to fail or be discovered, or may be fully intended to succeed (Tomas et al., 2014). Taylor (2018) also saw suicidal ideation as a concept that includes all overt suicidal behaviors and communications such as suicide threats and expressions of a wish to die. Furthermore, Tomas et al. (2014) assert that suicidal ideation is the thought about or an unusual preoccupation with suicide.

Suicidal activities in any manner may have devastating effects on the mental health of the individual, family, survivor, and administrators. Suicide among people living with HIV/AIDS is a major public health concern most especially to the HIV/AIDS patients, occurring at 3-8 times the rate seen in the general population (Francis, 2020). Risk factors for suicide, such as mental illness, substance use disorders, and impulsivity, are highly prevalent among people living with HIV/AIDS.

Loen (2014) found a clear link between the pain of HIV/AIDS and harm, both self-inflicted injury and suicide. Suicidal behavior is a complex phenomenon, with a wide array of explanatory models and theories reflecting its multi-dimensional and multi-causal nature (Babatunde et al., 2020). For example, sociologists, in their attempt to explain the causes of suicide, have focused on the impact of societal pressure and influences as important contributors to the suicidal behavior of individuals (Loen, 2014). From a biological perspective, hereditary factors and neurophysiological changes in the brain are seen as pivotal processes that could pre-empt suicidal behavior (Cheng, 2010).

A major concern among academic scholars about suicidal ideation has been to identify the prevailing factors that are associated with suicidal ideation. Thus, the ambit of extant academic literature reveals that certain variables such as hopelessness, academic failure, depression, poor social support system, death of a loved one, emotional trauma, serious physical illness, aging, unemployment, financial problems, guilt feeling, dependence on alcohol or other drugs are associated with suicidal ideation (Tunde, 2014).

The rates of suicide are underreported globally and many of the developing nations, which includes Nigerian do not have accurate records of death and their causes (Alabi, et al. 2014). Incidents of suicide and attempted suicide have been reported at different times in the dailies and social platforms in Nigeria. On the 1 3th of May, 2019, the case of Chukwuemeka Akachi, a student of the University of Nigeria, Nsukka, was reported in Vanguard Newspaper as having terminated his life by gulping down two bottles of an insecticide known as Sniper. Chukwuemeka was studying English and literacy studies at the time of his suicide and was reputed to be a young poet (Akinwale, 2019). Another story was that of Christabel Buoro, a year one student in the Medical Laboratory Science Department of the University of Benin, who was alleged to have killed herself over her breakup with her boyfriend. The boy was said to have jilted her. This unfortunate incident was reported on June, 1 8th 2019. She too was said to have drunk sniper (allafrica.com). The question arises: what could be responsible for this paradigm shift? Increased sensitivity to rejection in romantic relationships and feelings of

worthlessness, among other factors, were also discovered to predict depression and suicidal ideation in youths (Bansal & Yamuna, 2012).

Self-esteem is a psychosocial factor that gives a sense of self-worth to an individual and shows how much an individual values his or her life in the present circumstance. The results for self-esteem are not so clear, although individuals who manifest or act out suicidal behaviour are frequently seen to possess low self-esteem (De Man et al., 2019; Marciano & Kazdin, 2019). Self-esteem is the evaluation individuals make about themselves (Harter et al., 2019) and is shaped by individuals' appraisals of how they are perceived by significant others. Therefore, the quality of feedback received from the environment significantly affects one's functioning. As such, negative feedback about the self is detrimental to self-esteem (Sullivan, 2019). Thus, it would be logical to assume that self-esteem is a powerful resource for combating the effects of suicidal ideation. Research findings have indicated an inverse correlation between life stressors and self-esteem (Garber et al., 2019). Specifically, low self-esteem predisposes adolescents to depression and other psychiatric difficulties (Garber et al., 2019).

Self-esteem is considered the backbone of a person's wellbeing. The quality of an individual's life is highly influenced by their self-esteem. Self-esteem of an individual is highly associated with the behaviours of the individual. Low self-esteem is seen as the cause of a wide range of personal and social ills, from crime and drug addiction to educational underachievement and a feeling of general wellbeing (Baumeister et al., 2023). The family plays an integral part in the development of effective relationships, and when these family relationships are ineffective, they may affect the self-esteem of an individual as well as lead to suicidal ideation. Therefore, it is conceivable that positive self-esteem enhances one's ability to cope effectively with stress because individuals with poor coping mechanisms are more vulnerable to environmental stressors (Simonds et al. 2019) and therefore have the tendency to exhibit suicidal ideation.

Another variable under discussion is social isolation. Social isolation is a lack of social connection and engagement with others, distinct from loneliness (the feeling of being alone), and it poses serious risks to mental and physical health, including higher chances of depression, anxiety, heart disease, and cognitive decline, often stemming from chronic illness, major life changes, or voluntary withdrawal, though it can be addressed through professional help, community involvement, and intentional efforts to build meaningful relationships. Social isolation is recognized as a global problem and is associated with adverse mental health outcomes, such as depression (Nugent et al. 2019). It also heightens the

risk of morbidity and mortality from chronic diseases; therefore, they are regarded as a critical target for intervention in mental and public health (Kaga, 2022). Social isolation is strongly associated with a significantly increased risk of suicidal ideation and behavior. This relationship may be consistent across various age groups, genders, and cultures, highlighting social connection as a critical factor in mental health and suicide prevention.

Social orientation refers to an individual's or organization's beliefs, values, and tendencies regarding relationships, behavior, and resource allocation within society. It covers social value orientation (cooperative vs. competitive), social adaptation, and business practices prioritizing community well-being. Social orientation is a person's preference about how to allocate resources (e.g., money) between the self and another person. Social orientation corresponds to how much weight a person attaches to the welfare of others in relation to their own. Since people are assumed to vary in the weight they attach to other people's outcomes in relation to their own, social orientation is an individual difference variable (Mark, 2025). Social value orientation refers to values that consistently guide an individual when he/she faces difficulties. This has to do with societal morality on issues about life and peaceful coexistence. Human beings are gregarious, which means the leave in bands, and maintained interpersonal relationships, share norms, values, culture, and belief system in order to promote peaceful coexistence and survival. In this context, social value-orientation is necessary for people living with HIV/AIDS to help them cultivate effective communication skills and adaptability to the environment (Lee, 2021).

Persistent suicidal thoughts with associated feelings of hopelessness and intent to die are very serious and must be assessed promptly and carefully. While suicidal ideation has been extensively studied in the general population, its relationship with HIV infection was less well documented. This is of concern, since the psychological responses to an HIV-positive result can be wide-ranging and include feelings of hopelessness, anxiety, worthlessness, depression, and suicidal behavior. Recognizing this, in a bio-psychosocial context, is paramount to understanding the relationship between the HIV/AIDS pandemic and increased prevalence of suicidal behavior. Thus, the study tends to assess self-esteem, social isolation, and social orientation as predictors of suicidal ideation among people living with HIV/AIDS in Cross River State.

Aim and Objectives of the study

This study aimed to investigate self-esteem, social isolation, and social orientation as predictors of suicidal ideation among people living with HIV/AIDS in Cross River State. In specific terms, this study intended to:

Ascertain the extent to which self-esteem predicts suicidal ideation among people living with HIV/AIDS in Cross River State.

1. Find out the extent to which social isolation predicts suicidal ideation among people living with HIV/AIDS in Cross River State.
2. Find out the extent to which social orientation predicts suicidal ideation among people living with HIV/AIDS in Cross River State.
3. Investigate the extent to which self-esteem, social isolation and social orientation jointly predict suicidal ideation among people living with HIV/AIDS in Cross River State.

Research Questions

The study was guided by the following research questions:

1. To what extent does self-esteem predict suicidal ideation among people living with HIV/AIDS in Cross River State?
2. To what extent does social isolation predict suicidal ideation among people living with HIV/AIDS in Cross River State?
3. To what extent does social orientation predict suicidal ideation among people living with HIV/AIDS in Cross River State?
4. To what extent do self-esteem, social isolation and social orientation jointly predict suicidal ideation among people living with HIV/AIDS in Cross River State?

Hypotheses

1. The study was guided by the following hypotheses, which were tested at the 0.05 level of significance.
2. Self-esteem does not significantly predict suicidal ideation among people living with HIV/AIDS in Cross River State.
3. Social isolation does not significantly predict suicidal ideation among people living with HIV/AIDS in Cross River State.
4. Social orientation does not significantly predict suicidal ideation among people living with HIV/AIDS in Cross River State.
5. Self-esteem, social isolation, and social orientation do not jointly significantly predict suicidal ideation among people living with HIV/AIDS in Cross River State.

METHODOLOGY

Research Design

The design of this study was correlational. According to Kpolovie (2010), correlational design is a design that is patterned after the statistical tools most suitable for eliciting the form and nature of relationship that exist among the variables under investigation. He went

further to say that the design has a predictor and criterion variable which are correlated, and the correlation coefficient resulting from it serves as the basis for prediction.

Population of the Study

The target population consisted of all people living with HIV (PLHIV) who are receiving antiretroviral therapy (ART) and psychosocial counselling at selected health facilities in Cross River State. According to data from the Cross River State Ministry of Health (2022), an estimated 13,651 PLHIV were enrolled for care across major treatment centers.

Sample Size and Sampling Technique

For the purpose of this study, a sample size of 389 was considered. The sample size for the study was determined using the Yamane (1967) formula for finite populations:

Instruments for Data Collection

Four instruments were used for the study. They are the Self-Esteem Scale (SES), Social Isolation Scale (SIS), Social Orientation Scale (SOS), and Suicidal Ideation Inventory (SII). For both the face and content validity, copies of the instruments were given to the researcher's supervisor and two experts in the area of Educational Measurement and Evaluation. To ensure the reliability of the instruments, the Cronbach's alpha technique was used for both instruments. The alpha coefficients of 0.75, 0.82, 0.67, 0.82, 0.74, 0.89 and 0.77 were obtained for the self-esteem, social isolation and social orientation, respectively.

Method of Data Collection

Data collection was carried out with the assistance of trained research assistants who were properly briefed on HIV-related confidentiality procedures. Before the commencement of data collection, the researcher sought and obtained permission from the heads of the selected health facilities.

Method of Data Analysis

Research questions 1 to 3 were answered using simple regression, while research question 4 was answered using multiple regression. Also, hypotheses 1-3 were tested using simple regression associated with t-test, while hypothesis 4 was tested using multiple regression associated with ANOVA. However, all the hypotheses were tested at the 0.05 level of significance.

RESULTS

Research Question One: To what extent does self-esteem predict suicidal ideation among people living with HIV/AIDS in Cross River State?

Table 1: Simple regression table showing the extent to which self-esteem predicts suicidal ideation.

Model	R	R^2	Adjusted R^2	Std. Error of the Estimate
1	.124a	.015	.013	6.77774

From the analysis shown in Table 1, it can be observed that when a simple regression was conducted on self-esteem and suicidal ideation, an R value of 0.124, with $R^2$of 0.015 and an adjusted R^2 of 0.031, was obtained. From this result, it can be seen that, from the R^2value, self-esteem accounted for 1.5% of the variation in suicidal ideation among people living with HIV/AIDS in Cross River State. The remaining 98.5% can be attributed to other variables outside self-esteem. This means that the magnitude of the prediction of self-esteem on suicidal ideation among people living with HIV/AIDS in Cross River State is low.

Hypothesis One: Self-esteem does not significantly predict suicidal ideation among people living with HIV/AIDS in Cross River State.

Table 2: Summary of analysis of simple regression associated with t-test on the extent to which self-esteem predicts suicidal ideation.

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	53.125	1.036		51.280	.000
	Self-esteem	-.087	.035	-.124	-2.507	.013

The result further showed that a beta of .124 and a t-value of -2.507 were obtained when the regression coefficient was tested for significance, based on the sig-value of 0.013, which is less than the alpha of 0.05. This result therefore indicates that self-esteem significantly predicts suicidal ideation among people living with HIV/AIDS in Cross River State. The null hypothesis was therefore rejected.

Research Question Two: To what extent does social isolation predict suicidal ideation among people living with HIV/AIDS in Cross River State?

Table 3: Simple regression table showing the extent to which social isolation predicts suicidal ideation.

Model	R	R^2	Adjusted R^2	Std. Error of the Estimate
1	.117a	.014	.011	6.78380

From the analysis shown in Table 3, it can be observed that when a simple regression was conducted on social isolation and suicidal ideation, an R value of 0.117, with $R^2$of 0.014 and an adjusted R^2 of 0.011, was obtained. From this result, it can be seen that, from the R^2value, social isolation accounted for 1.4% of the variation in suicidal ideation among people living with HIV/AIDS in Cross River State. The remaining 98.6% can be attributed to other variables outside social isolation. This means that the magnitude of the prediction of social isolation on suicidal ideation among people living with HIV/AIDS in Cross River State is low.

Hypothesis Two: Social isolation does not significantly predict suicidal ideation among people living with HIV/AIDS in Cross River State.

Table 4: Summary of analysis of simple regression associated with t-test on the extent to which social isolation predicts suicidal ideation.

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	46.613	1.754		26.580	.000
	Social isolation	.225	.095	.117	2.357	.019

The result further showed that the beta of .117 and a t-value of .2.357 were obtained when the regression coefficient was tested for significance, based on the sig-value of 0.019, which is less than the alpha of 0.05. This result therefore indicates that social isolation significantly predicts suicidal ideation among people living with HIV/AIDS in Cross River State. The null hypothesis was therefore rejected.

Research Question Three: To what extent does social orientation predict suicidal ideation among people living with HIV/AIDS in Cross River State?

Table 5: Simple regression table showing the extent to which social orientation predicts suicidal ideation.

Model	R	R^2	Adjusted R^2	Std. Error of the Estimate
1	.141a	.020	.017	6.76220

From the analysis shown in Table 5, it can be observed that when a simple regression was conducted on social orientation and suicidal ideation, an R value of 0.141, with $R^2$of 0.020 and an adjusted R^2 of 0.017, was obtained. From this result, it can be seen that, from the R^2 value, social orientation accounted for 2.0% of the variation in suicidal ideation among people living with HIV/AIDS in Cross River State. The remaining 98% can be attributed to other variables outside social orientation. This means that the magnitude of the prediction of

social orientation on suicidal ideation among people living with HIV/AIDS in Cross River State is low.

Hypothesis Three: Social orientation does not significantly predict suicidal ideation among people living with HIV/AIDS in Cross River State.

Table 6: Summary of analysis of simple regression associated with t-test on the extent to which social orientation predicts suicidal ideation.

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	52.813	.822		64.254	.000
	Social orientation	-.108	.038	-.141	-2.858	.004

The result further showed that the beta of -.141 and a t-value of -.2.858 were obtained when the regression coefficient was tested for significance, based on the sig-value of 0.004, which is less than the alpha of 0.05. This result therefore indicates that social orientation significantly predicts suicidal ideation among people living with HIV/AIDS in Cross River State. The null hypothesis was therefore rejected.

Research Question Four: To what extent do self-esteem, social isolation and social orientation jointly predict suicidal ideation among people living with HIV/AIDS in Cross River State?

Table 7: Simple regression table showing the extent to which self-esteem, social isolation and social orientation predict suicidal ideation.

Model	R	R^2	Adjusted R^2	Std. Error of the Estimate
1	.262a	.069	.055	6.63216

From the analysis shown in Table 7, it can be observed that when a simple regression was conducted on depression, self-esteem, social isolation, emotional regulation, social orientation, social intelligence, social orientation and suicidal ideation, an R value of 0.262, with $R^2$of 0.069 and an adjusted R^2 of 0.055 were obtained. From this result, it can be seen that, from the R^2value, self-esteem, social isolation and social orientation, did account 6.9% variation on the suicidal ideation among people living with HIV/AIDS in Cross River State. The remaining 93.1% can be attributed to other variables outside depression, self-esteem, social isolation, emotional regulation, social orientation, social intelligence, and social

orientation. This means that the magnitude of the joint prediction of depression, self-esteem, social isolation, emotional regulation, social orientation, social intelligence and social orientation on suicidal ideation among people living with HIV/AIDS in Cross River State is moderate.

Hypothesis Seven: Self-esteem, social isolation, and social orientation do not jointly significantly predict suicidal ideation among people living with HIV/AIDS in Cross River State.

Table 8: Multiple regression coefficients of self-esteem, social isolation, and social orientation on suicidal ideation.

Model	Sum of Squares	Df	Mean Square	F	Sig
Regression	1295.409	3	215.902	4.908	.000b
Residual	17506.255	401	43.986		
Total	18801.664	404			

According to the result displayed in Table 4.14, an F-value of 4.908 at 3 and 401 degrees of freedom, with an associated p-value of 0.000, was less than the chosen alpha of 0.05. This result therefore suggests that self-esteem, social isolation, and social orientation jointly significantly predict suicidal ideation among people living with HIV/AIDS in Cross River State. The null hypothesis was therefore rejected.

DISCUSSION OF RESULTS

Self-esteem and Suicidal ideation

From the analysis of research question one and the corresponding null hypothesis, it was shown that self-esteem significantly predicts suicidal ideation among people living with HIV/AIDS in Cross River State. This result is not surprising, but expected because Low self-esteem, in turn, is characterized by a dysfunctional and destructive self-evaluation. Low self-esteem is highly prevalent in clinical samples and is a risk factor for both suicidal ideation and suicide attempts.

The result from this study is similar to that obtained by Wei (2020), who examined the perceived HIV stigma, depressive symptoms, self-esteem, and suicidal ideation among people living with HIV/AIDS in China: A Moderated Mediation Modeling Analysis. The association between perceived HIV stigma and suicidal ideation was partially mediated by depression (indirect effect with the path from perceived HIV stigma to depressive symptoms

being moderated by self-esteem. Study findings suggested a mediation mechanism of HIV stigma on suicidal ideation through depressive symptoms, and self-esteem might weaken the mediation mechanism by moderating the perceived HIV stigma-depressive symptoms pathway.

Social isolation and Suicidal ideation

From the data presented in Table 4, Social isolation does significantly predict suicidal ideation among people living with HIV/AIDS in Cross River State. This result implies that people living with HIV/AIDSs who scored highly on the section of social isolation are prone to score high in their suicidal ideation behavior. However, the reported result among people living with HIV/AIDS in Cross River State indicates that not all those who score high in social isolation also score high in their suicidal ideation behavior. The result that social isolation predicts suicidal ideation is not surprising to this researcher because social isolation is a condition where a person has limited opportunities to interact with others. In some situations, social isolation tends to be harmless. However, if it occurs over a long period, this condition can actually increase the risk of various mental health problems, one of which is depression.

This result is in agreement with that obtained by Paige et al. (2021), who examined the role of social isolation on adolescent suicidal ideation and attempts within youth seeking emergency care or outpatient mental health services. Both idolators and attempters were more likely to affiliate with peers with suicidal behavior compared to their matched controls.

Social orientation and Suicidal ideation

The result in Table 6 showed that social orientation significantly predicts suicidal ideation among people living with HIV/AIDS in Cross River State. The meaning of this result is that people living with HIV/AIDSs who scored high in social orientation also scored low in suicidal ideation. The result from this study is not surprising but expected. This result is in agreement with that obtained by Huang (2021), who examined the multiple mediating effects of psychosocial factors between sexual orientation and suicidal ideation in Chinese sexual minority and heterosexual young men. One pathway indicated that sexual orientation was indirectly related to suicidal ideation via family support and depressive symptoms.

CONCLUSION

The findings of this study have provided the basis for the researcher to conclude that certain variables such as self-esteem, social isolation, and sexual orientation do predict people living

with HIV/AIDS's suicidal ideation behaviour. This study showed that mental disorders and psychosocial problems were common among PLWH. This finding underscores the importance of regular screening for common mental health disorders and the strengthening of counselling services, nutritional, and psychosocial support programs.

RECOMMENDATIONS

1. There should be increased awareness of the causes and manifestations of depression among people living with HIV/AIDS and the general public by the Federal Ministry of Health in partnership with the Non-Governmental Organizations.
2. Periodic screening for depression and suicidal ideation should be done among people living with HIV/AIDS to enable early detection of these problems and also early intervention strategies to solve them.
3. There should be provision of effective and user-friendly counselling services among people living with HIV/AIDS, and awareness should be made to the public on suicide hotlines by the Federal Ministry of Health.
4. Physicians should take care to provide anticipatory guidance and appropriate support to people living with HIV/AIDS who are under stress, isolated, disadvantaged, or impaired. Physicians should be familiar with the resources in the family's community.
5. The government should pay close attention to social control of people living with HIV/AIDS. For instance, establishing an agency that will help check the level of suicidal ideation among HIV patients across the country.