

Prevalence of Suicide Ideation and Suicide Attempts among the Filipino Youth and Its Relationship with the Family Unit

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Abstract – *The increasing threat of suicide amongst the youth serves as the motivation of this study. This study was done to add to the understanding of suicide in terms of ideation and actual attempts among the youth in the Philippines. In particular, this study attempted to accomplish the following objectives: (1) determine the prevalence of suicide ideation and suicide attempt among the Filipino youth, (2) determine the prevalent methods of suicide among the Filipino youth, (3) determine the prevalent reasons for suicide among the Filipino youth, and (4) determine if there is a significant correlation between the family and suicide ideation and suicide attempts among the Filipino youth. Results showed that roughly one in every ten Filipino youth aged 15 to 27 have thought of ending their life through suicide before, though only around one in every twenty pushes through with an actual attempt. When they do attempt to commit suicide, this is most frequently because of problems in the family and they utilize a violent method of suicide in the form of slashing of wrist(s) or the non-violent method of ingesting poisonous substances. However, overall, the use of violent methods is more prevalent. When it comes to the factors correlated with suicide ideation and suicide attempts, this study found significant relationships between integration in the family and suicide. The study emphasizes the importance of a strong relationship between the youth and the other members of the family to curb the probability of suicide.*

Keywords – *Suicide ideation; Suicide attempt; Youth, Family*

INTRODUCTION

What is known about suicide in the Philippines is limited. In the previous decades, there have been very few studies regarding the phenomenon that is situated in the context of the country. Instead, those who wish to understand suicide in the country need to rely on empirical studies that are based predominantly in developed countries – most often in Europe and North America. These studies may have limited applicability in the Philippine setting given the different cultural context with which the youth are a part of.

When it comes to the studies situated in the Philippines, the most important piece of literature in suicide is arguably Redaniel et al.'s longitudinal analysis of suicide rates in the Philippines from 1974 to 2005 [1]. The study pored over the data provided by the Philippine Health Statistics (PHS) published annually by the Department of Health. There is a number of important findings which the study arrived at. First, as mentioned previously in the introduction

of this paper, the incidence of suicide in males increased from 0.23 to 3.59 per 100,000 between 1984 and 2005. Similarly, rates rose from 0.12 to 1.09 per 100,000 in females. Amongst females, suicide rates were highest in 15-24 year olds, whilst in males rates were similar in all age groups throughout the study period. The study also took note of the patterns of suicide methods utilized by the victims. It was observed that the most common methods are hanging, shooting, and ingestion of organophosphate substance. Though this study was primarily about suicide rates, it was also able to observe a pattern in the methods used for non-fatal attempts. According to the authors, they found that organophosphate ingestion is also prevalent just like on those whose attempts were fatal. Aside from organophosphate ingestion, ingestion of drugs, specifically isoniazid and paracetamol were also found to be prevalent. It must be cautioned however, that there was no direct way by which Redaniel's

study was able to determine the prevalent methods of suicide. These are just estimates aided by newspaper articles they analyzed and the related literature on the matter.

Redaniel et al.'s findings were only able to delve mainly on sex and age differences as well as variations in methods in mortality cases which are suspected or known to be caused by suicide. There is no attempt to determine the correlates or predictors of suicide in their study. The most recent study conducted by Manalastas [2] attempted to study the phenomenon at the national level by comparing the risk of suicide between heterosexuals and homosexuals. His findings, however, are only generalizable to young Filipino men instead of the Filipino youth as a whole. What this study aims to accomplish is to provide an understanding of the suicide phenomenon in the Philippines that encompasses the whole Filipino youth. Moreover, this understanding of suicide will be pursued vis-à-vis its association with the primary unit of society, the family. This operates under the idea that the family plays a big role – and should even be the most responsible – in curbing the prevalence of suicide in the members of society. Indeed, the classical sociological appreciation by the discipline's father, Emile Durkheim, of suicide points to the regulative and integrative powers of social facts such as the family as significant determinants of suicide.

Using a nationally representative sample of the Filipino youth, this study aimed to add to the understanding of suicide in terms of ideation and actual attempts among the youth in the Philippine context. Specifically, this study shall attempt to answer the following research questions:

1. How prevalent are suicide ideation and suicide attempt among the Filipino youth?
2. What are the prevalent methods of suicide among the Filipino youth?
3. What are the prevalent reasons for suicide among the Filipino youth?
4. Is there a significant correlation between family variables and suicide ideation and suicide attempts among the Filipino youth?

METHODS

This study was done with the use of secondary data analysis as its method. The study utilized the Young Adult Fertility and Sexuality Study 3 (YAFS 3) dataset obtained from the Demographic Research and Development Foundation, Inc. (DRDF). The

DRDF is a non-stock, non-profit private organization that operates to achieve the following goals: (1) to undertake studies in the general area of population and development, (2) to lend technical expertise in planning, policy formulation, project conceptualization, project implementation, human resource development in population and development, and (3) to disseminate important, policy-relevant and research-based information.

The YAFS 3 is the most recently available dataset available for public consumption during the time of the study. This dataset has a nationally representative sample of 19,728 Filipino respondents aged 15 to 27 coming from all regions of the country. It is part of a series of nationally representative survey of Filipino youths that started in 1982, followed by the second YAFS in 1994, the third in 2002, and the fourth in 2013. Two questions in the YAFS 3 survey served as the main variables of interest in the study. Suicide ideation is obtained from a question on whether or not the youth has thought of committing suicide. Suicide attempt is obtained from a question on whether or not the youth has attempted to end one's life. Family variables such as composition of the household and perceptions on the family were tested for significant bivariate relationship at $\alpha=5\%$.

RESULTS AND DISCUSSION

A. Prevalence of Suicide Ideation and Suicide Attempts among the Filipino Youth

The first objective of this study is to determine the proportion of Filipino youth aged 15 to 27 who have thought of committing suicide and attempted to commit suicide. Table 1 shows the results.

Results indicate that one in every ten respondent (13.5% or 2671 cases) reported that they have thought of committing suicide at least once. Furthermore, 3.4%, or 678 respondents, reported having tried committing suicide at least once. No suicide attempter reported negatively for suicide ideation. This means that all cases of suicide attempts followed the typical flow of thinking of suicide first before attempting the act.

Those in the 20 to 24 age cohort have the highest proportion of suicide ideators. They also have the highest proportion of Filipino youth who have attempted suicide at least once followed by the 25 to 27 years age cohort. When one reflects on the typical Filipino at age 20 to 24, it is at this moment of their life that one transitions from being a college student to working adult.

Table 1. Frequency counts and Percent distribution of Filipino youth who reported positive for suicide ideation and suicide attempt by age cohort, sex, gender, marital status, and region and stratum of residence.

	SUICIDE IDEATION			SUICIDE ATTEMPTS		
	No	Yes	Total	No	Yes	Total
AGE						
15 to 19 years old	9029 (87.1%)	1334 (12.9%)	10363 (100%)	10085 (97.3%)	275 (2.7%)	10363 (100%)
20 to 24 years old	5648 (84.9%)	1005 (15.1%)	6653 (100%)	6393 (96.2%)	254 (3.8%)	6647 (100%)
25 to 27 years old	2321 (86%)	377 (14%)	2698 (100%)	2595 (96.3%)	101 (3.7%)	2696 (100%)
SEX						
Male	8428 (91.7%)	764 (8.3%)	9192 (100%)	9001 (98%)	184 (2.0%)	9185 (100%)
Female	8570 (81.4%)	1952 (18.6%)	10522 (100%)	10072 (95.8%)	446 (4.2%)	10518 (100%)
SEXUAL ORIENTATION						
Heterosexual	10477 (85.4%)	1785 (14.6%)	12262 (100%)	11799 (96.3%)	456 (3.7%)	12255 (100%)
Bisexual	211 (78.1%)	59 (21.9%)	270 (100%)	247 (91.5%)	23 (8.5%)	270 (100%)
Homosexual	146 (74.5%)	50 (25.5%)	196 (100%)	184 (93.9%)	12 (6.1%)	196 (100%)
MARITAL STATUS						
Single	13350 (87.1%)	1971 (12.9%)	15321 (100%)	14915 (97.4%)	397 (2.6%)	15312 (100%)
Married	2602 (84.2%)	489 (15.8%)	3091 (100%)	2967 (96%)	123 (4.0%)	3090 (100%)
Living-in/Cohabiting	952 (80.9%)	225 (19.1%)	1177 (100%)	1077 (91.6%)	99 (8.4%)	1176 (100%)
Separated	74 (74.7%)	25 (25.3%)	99 (100%)	89 (89.9%)	10 (10.1%)	99 (100%)
BARANGAY STRATUM						
Rural	9371 (87.5%)	1341 (12.5%)	10712 (100%)	10448 (97.6%)	259 (2.4%)	10707 (100%)
Urban	7627 (84.7%)	1375 (15.3%)	9002 (100%)	8625 (95.9%)	371 (4.1%)	8996 (100%)
REGION						
National Capital Region	1249 (84.2%)	234 (15.8%)	1483 (100%)	1401 (94.5%)	81 (5.5%)	1482 (100%)
Cordillera Admin Region	824 (76.7%)	250 (23.3%)	1074 (100%)	1028 (95.8%)	45 (4.2%)	1073 (100%)
I – Ilocos	1216 (87.6%)	172 (12.4%)	1388 (100%)	1354 (97.7%)	32 (2.3%)	1386 (100%)
II – Cagayan Valley	852 (89.6%)	99 (10.4%)	951 (100%)	929 (97.7%)	22 (2.3%)	951 (100%)
III – Central Luzon	1304 (87.9%)	180 (12.1%)	1484 (100%)	1429 (96.2%)	56 (3.8%)	1485 (100%)
IV – Southern Tagalog	1487 (90.1%)	163 (9.9%)	1650 (100%)	1599 (97%)	50 (3.0%)	1649 (100%)
V – Bicol	1084 (87.8%)	151 (12.2%)	1235 (100%)	1205 (97.6%)	29 (2.4%)	1234 (100%)
VI – Western Visayas	1214 (84.2%)	227 (15.8%)	1441 (100%)	1405 (97.5%)	36 (2.5%)	1441 (100%)
VII – Central Visayas	1126 (81.3%)	259 (18.7%)	1385 (100%)	1334 (96.3%)	51 (3.7%)	1385 (100%)
VIII – Eastern Visayas	1094 (88.4%)	143 (11.6%)	1237 (100%)	1204 (97.6%)	30 (2.4%)	1234 (100%)
IX – Zamboanga Peninsula	896 (89%)	111 (11%)	1007 (100%)	981 (97.5%)	25 (2.5%)	1006 (100%)
X – Northern Mindanao	933 (80.3%)	229 (19.7%)	1162 (100%)	1109 (95.4%)	53 (4.6%)	1162 (100%)
XI – Davao	1060 (88.9%)	133 (11.1%)	1193 (100%)	1161 (97.4%)	31 (2.6%)	1192 (100%)
XII – SOCCSKSARGEN	952 (88.2%)	127 (11.8%)	1079 (100%)	1045 (96.9%)	33 (3.1%)	1078 (100%)
XIII – Caraga	985 (86.8%)	150 (13.2%)	1135 (100%)	1109 (97.7%)	26 (2.3%)	1135 (100%)
ARMM	722 (89.1%)	88 (10.9%)	810 (100%)	780 (96.3%)	30 (3.7%)	810 (100%)

Source: Young Adult Fertility and Sexuality Survey 3

This transition is often difficult because of the drastic shift in roles for the person from being a student dependent on his or her parents/guardians and teachers to being an adult laden with several social expectations from peers, family, and employers. This is especially true for student dependents who live at home and, as working adults, must now leave the comfort and companionship of the family to look for employment and eventually work in an area far from their household. As a result, this role shift from student dependent to responsible adult can serve as an anomic stressor that predisposes the youth to suicide.

A comparison of suicide ideation and suicide attempts by sex shows that females have a higher proportion who have contemplated suicide and made an attempt to do so. In previous Suicidology studies,

Coskun et al.'s study on Turkish suicide rates as obtained from public records also found a higher rate of female suicide than male, especially on the age cohort of 24 and below – accounting for 50% of all suicide cases amongst the female population of the country [3]. Given the context of Turkey, this high suicide rate, especially amongst the female youth, were explained by the authors as a by-product of (a) negative social status of females (forced marriage, young marriage age, low literacy, honor killings); (b) substantial rural to urban migration which disrupts ties and exposes migrants to a less traditional cultural system; (c) shortage of mental health services; (d) and, possibly, reduced religious education enrollment may be an additional factor. While the context of Turkey and the Philippines are not completely the same, most

of the factors identified by Coskun et al. rings true for the Philippines such as the young age at marriage - the highest proportion of brides in the Philippines got married while they are 20-24 years old [4] -, substantial rural to urban migration – the Philippines is currently experiencing a feminization of internal and cross-country migration -, shortage of mental health services in the country, and poor access to education.

In terms of sexual orientation, suicide ideation is most prevalent amongst homosexuals, but it is the bisexual cohort who has the biggest proportion of suicide attempters. It can be said that being part of the LGBT is associated with higher threat of suicide. . It is the belief of this study that the reason for this is in line with McDaniel et al.'s proposed explanation that this is because of the lack of social integration and the higher rate of bullying that homosexuals are subjected to [5]. This makes them more susceptible to maladaptive behaviours such as suicide. Baiocco et al. also came with similar findings with regard to sexual orientation after analyzing data obtained from 320 gay and bisexual men, 396 heterosexual men, 281 lesbians and bisexual women, and 835 heterosexual women [6]. Finally, Manalastas made use of the same data source as this study in order to study suicide among male homosexuals [2]. He found out that the threat of suicide in male homosexuals is two times greater than male heterosexuals, and that this is partially accounted for by exposure to the suicide of a friend, depression, and experiences of threat and victimization.

It was found that those who are separated from their partner report the highest proportion of suicide ideators and suicide attempters. The difficulties of marital separation might be worth looking into if it has a significant bearing on suicide. This high rate of suicide ideation and suicide attempt might be because of the difficulties of managing such outlier or deviant identities in Philippine society where those whose marriages have failed are stigmatized. The importance of social support coming from a stable relationship was also emphasized by Baioco et al. [6] where those who have more stable marital relationships have been found to be more protected against suicide.

As far as areas of residence go, it was found that there is a higher proportion of suicide ideation amongst urban dwellers. The same can be said when it comes to suicide attempts, with the proportion of urban-dwelling suicide attempters being almost double the proportion of rural-dwelling suicide attempters. This disparity is not surprising given that

many of the most known significant covariates of suicide such as poverty and illiteracy [7], unemployment [8], and engagement in deviant lifestyles like the use of prohibited drugs and alcohol abuse [9] are most often found predominantly in urban areas rather than rural areas.

Regional comparisons of suicide also show that the mountainous Cordillera Administrative Region has the highest proportion of suicide ideation but the National Capital Region has the highest in terms of suicide attempts. This supports the earlier finding that more Filipino youth urbanites than ruralites are attempting suicide.

B. Prevalent Methods of Suicide

The study also looked into the typical methods of suicide utilized by the Filipino youth. It can be seen in Table 2 that the most frequent method is the slashing of the wrist. This is followed by the method of ingesting drugs with the intent of death by overdose. According to Farmer and Rohde, the choice of the method of suicide could be a by-product of two factors: social acceptability of the method and opportunity [10]. In the case of the two aforementioned prevalent methods, these are the methods of suicide often shown in local and foreign television shows making them palatable to the public. Furthermore, both of these methods are relatively easy to conduct in a typical household wherein chemicals and knives are easily available. This might be the reason why these are the most prevalent methods of suicide.

Methods of suicide among the Filipino youth by frequency and percentage

This study also tried to see the distinction in prevalence of violent and non-violent methods of suicide. In Table 3, the methods utilized by the Filipino youth were compared, using their nature as a violent or non-violent form of suicide as the basis. Violent suicides are those which aggressively inflict harm to the body and are often more lethal. Examples of violent suicides are the slashing of wrists, stabbing of self, hanging, throwing oneself under a vehicle, and shooting oneself with a gun. Non-violent forms of suicide, on the other hand, are those which are more passive in their design to harm the body. These include methods such as ingesting substances and starving oneself.

The distinction between violent and non-violent forms of suicide is an important aspect of the

phenomenon because while not all suicide attempters really wish to succeed in ending their life, the risk of actual loss of life becomes greater when more violent methods such as slashing of wrists, hanging, or shooting oneself with a firearm are utilized instead of non-violent forms such as death by intentional starvation or intentional drug overdose.

Table 3 shows that the use of non-violent methods is most prevalent amongst the 25 to 27 year olds and least amongst the 15 to 19 year olds, though violent methods of suicide are more prevalent than non-violent methods in all three age cohorts. This prevalence of violent forms of suicide is mainly due to the frequency of suicide attempters who slash their wrists. The preference for violent methods lessens as people grow older, while the opposite is found in non-violent methods. Whether this is because of greater reluctance of older people to die as they grow older and consequently take on more roles and responsibilities as well as more things to lose if they die should be looked into. Both male and female groups of respondents prefer violent methods of suicide over non-violent methods, though men have higher proportion of violent suicide attempts while females have higher proportion of non-violent suicide attempts. All three sexual orientation groups still prefer violent methods of suicide, with the highest proportion coming from the bisexual gender group followed closely by the homosexual group. All marital status groups prefer

violent methods save for the separated respondents (who prefer violent and non-violent methods equally). These are all once again mainly because of the prevalence of the easily accessible and more socially acceptable method of slashing of wrist. Residence-wise, there is still a higher proportion of violent suicide attempts, especially amongst the urban dwellers. The trend of higher preference for violent methods extends to regional comparisons, except for Region II – Cagayan Valley and ARMM where non-violent methods of suicide reported higher rates.

Table 2. Methods of suicide among the Filipino youth by frequency and percentage

Method of Suicide Attempt	f	%
Ingesting substances (insecticide, Sleeping pills, etc.)	168	26.9
Slashing of wrist	302	48.4
Hanging	76	12.2
Stabbing of self	21	3.4
Slashing of wrist AND hanging	2	0.3
Jumping into a river/cliff	13	2.1
Throwing oneself under a vehicle	4	0.6
Shooting one's head with a gun	3	0.5
Jumping from a building/Water tank	6	1.0
Jumping from a tree	9	1.4
Starving oneself	6	1.0
Others	14	2.2
Total	624	100.0

Source: Young Adult Fertility and Sexuality Survey 3

Table 3. Frequency counts and percent distribution of methods of suicide attempts done by the Filipino youth by age cohort, sex, gender, marital status, and region and stratum of residence.

	METHOD OF SUICIDE ATTEMPT		
	Non-violent Methods	Violent Methods	Total
AGE			
15 to 19 years old	59 (21.9%)	210 (78.1%)	269 (100%)
20 to 24 years old	72 (29.5%)	172 (70.5%)	244 (100%)
25 to 27 years old	43 (44.3%)	54 (55.7%)	97 (100%)
SEX			
Male	38 (22%)	135 (78%)	173 (100%)
Female	136 (31.1%)	301 (68.9%)	437 (100%)
SEXUAL ORIENTATION			
Heterosexual	128 (29.1%)	312 (70.9%)	440 (100%)
Bisexual	3 (13%)	20 (87%)	23 (100%)
Homosexual	2 (16.7%)	10 (83.3%)	12 (100%)
MARITAL STATUS			
Single	100 (26%)	285 (74%)	385 (100%)
Married	40 (34.8%)	75 (65.2%)	115 (100%)
Living-in/Cohabiting	28 (28.3%)	71 (71.7%)	99 (100%)
Separated	5 (50%)	5 (50%)	10 (100%)
Barangay Stratum			
Rural	84 (33.7%)	165 (66.3%)	249 (100%)
Urban	90 (24.9%)	271 (75.1%)	361 (100%)

Table 3 (cont.) Frequency counts and percent distribution of methods of suicide attempts done by the Filipino youth by age cohort, sex, gender, marital status, and region and stratum of residence

Region	METHOD OF SUICIDE ATTEMPT		Total
	Non-violent Methods	Violent Methods	
National Capital Region	17 (21.5%)	62 (78.5%)	79 (100%)
Cordillera Admin Region	15 (34.1%)	29 (65.9%)	44 (100%)
I – Ilocos	12 (40%)	18 (60%)	30 (100%)
II – Cagayan Valley	11 (52.4%)	10 (47.6%)	21 (100%)
III – Central Luzon	11 (20.8%)	42 (79.2%)	53 (100%)
IV – Southern Tagalog	20 (41.7%)	28 (58.3%)	48 (100%)
V – Bicol	6 (21.4%)	22 (78.6%)	28 (100%)
VI – Western Visayas	12 (33.3%)	24 (66.7%)	36 (100%)
VII – Central Visayas	8 (15.7%)	43 (84.3%)	51 (100%)
VIII – Eastern Visayas	4 (13.3%)	26 (86.7%)	30 (100%)
IX – Zamboanga Peninsula	4 (17.4%)	19 (82.6%)	23 (100%)
X – Northern Mindanao	10 (19.6%)	41 (80.4%)	51 (100%)
XI – Davao	8 (27.6%)	21 (72.4%)	29 (100%)
XII – SOCCSKSARGEN	8 (24.2%)	25 (75.8%)	33 (100%)
XIII – Caraga	8 (32%)	17 (68%)	25 (100%)
ARMM	20 (69%)	9 (31%)	29 (100%)

Source: *Young Adult Fertility and Sexuality Survey 3*

C. Prevalent Reasons for Suicide

Respondents who reported to have attempted suicide at least once were asked to give the reason behind their attempt(s) at suicide. Their reasons have been categorized into (1) No Reason, (2) Personal Problems, (3) Family Problems, (4) Romantic Problems, and (4) Others. The category of “No Reason” are for suicide attempters who, when asked for their reason, responded that there is no particular motivation behind their action. The category of “Personal Problems” could be for suicide attempters whose motivations are primarily due to challenges experienced by the self, such as economic loss and academic failure. Family problems are for those whose motivations are brought about by conflicts in the family such as being forced to marry someone that one is not in favor with and having a quarrel with one’s parents. Romantic problems are for reasons such as being pregnant and having a quarrel with one’s romantic partner. Table 4 summarizes their reasons by theme.

Frequency counts and percent distribution of reasons behind suicide attempts done by the Filipino youth by age cohort, sex, gender, marital status, and region and stratum of residence

Data shows that the prevailing reason that cuts across all groups and regions is suicide attempt because of problems in the family. Out of the 608

cases of suicide attempts included in the analysis, almost 60% of the cases was reported to have been done because of problems in the family. This puts emphasis on the family-centric culture of the country where people, even after reaching their teenage or young adult years, still often stay at home and keeps strong connections with the family unit. It is, therefore, not very surprising that disruptions in the family unit become harmful to the well-being of the individual.

Comparison of reasons for suicide amongst the age groups show that as the youth grows older, the number of suicide attempts with family problems as the reason decreases steadily, accompanied by a similarly steady increase in the prevalence of romantic problems as a reason for suicide. This downward trend of the prevalence of family problems and the accompanying upward trend in the prevalence of romantic problems might speak of the normal progression of attachment in a person’s life. During the younger stages of one’s life, the family stands as the most important thing in the person’s life. Therefore, problems in the family unit become especially influential in the person’s life. However, as the person grows older, the person begins to seek to establish his or her own family of procreation, and must find a suitable partner in life to do so. The attachment towards the family becomes lessened as the affection is transferred more and more to the

potential life partner. As such, as the person reaches the stage when they wish to marry and have their own family, problems in romance become increasingly influential in their lives. Erik Erikson's theory of psychosocial development comes to mind in light of these particular findings of the study. In Erikson's theory, there are eight distinct stages which people go through as they age. Each of these stages has a particular psychological need which needs to be met. Failure to do so could lead to crises which could lead to an unhealthy personality. The fifth of these eight stages is for those who are at the Young Adult age group which ranges from 18 to 40 years old. The psychological crisis at this stage is intimacy vs. isolation, and the primary need for this stage is love. The lack, or loss, of romantic love among the respondents of this study as they grow older which increases their chances of suicide supports this theory.

As far as youth's biological sex is concerned, the prevailing reason for both men and women are family problems. What is noteworthy aside from the prevalence of family problems as the reason is the difference in the prevalence of romantic problems as reason for suicide between the two sex groups. What can be observed is females report romantic problems as reason for suicide more frequently than males. This may lend support to the previous studies which show that women are more prone to suicide due to romantic reasons like Skogman and Ojehaden's [11].

Sexual orientation-wise, it can be observed that though the family problems are the dominant reason for all three groups in the study, the prevalence rate is highest among homosexuals, followed by bisexuals, over heterosexuals. This may be related to the difficulty of coming out to parents and other relatives about their oftentimes unwelcome identity. The same trend is observed in romantic problems, pointing as well to the difficulties encountered by LGBTs for acceptance in the community. Of greater interest is the difference between heterosexuals and the two LGBT groups when it comes to suicide attempts caused by personal problems and romantic problems. None of the homosexual respondents identified personal problems as a reason for suicide and out of the 27.2% of suicide attempts which identified this as the reason, only 8.7% came from the bisexual respondents while the remaining 18.5% came from the heterosexual respondents. When it comes to romantic problems, on the other hand, the reason was responsible for 65.9% of suicide attempts. This is comprised of 19.2% among heterosexuals, 21.7% among bisexuals, and

25% among homosexuals. There is a greater number of suicide attempts due to romantic problems among the LGBT groups. Similar to the trend in family problems, the greater proportion of suicide attempts due to romantic problems among the LGBT compared to the heterosexual group may once again reflect the difficulty faced by members of the LGBT when it comes to matters related to tolerance and acceptance given the patriarchal culture of a society like the Philippines.

Similar with the previously-discussed cross-tabular analyses on reasons for attempting suicide, family problems is the most prevalent reason for committing suicide for all marital groups except for those who are separated. Another finding from this cross-tabular analysis is that when it comes to romantic problems, those who are married as well as those who are living-in/cohabiting have higher rates of prevalence compared to those who are single. The prevalence of romantic problems among those with a marital relationship is understandable given the difficulties encountered when trying to maintain or repair a failing relationship and when the relationship eventually fails.

When it comes to residence, family problems are still the dominant reason for those living in urban and rural areas. Region-wise, family problems account for majority of suicide cases in all regions except for Region I-Ilocos, Region II-Cagayan Valley, and Region IX-Zamboanga Peninsula. For all three outlier regions, the reason seems to be because of a relatively higher prevalence rate of personal problems as a reason for suicide in these regions. Similar with the previously-discussed cross-tabular analyses on reasons for attempting suicide, family problems is the most prevalent reason for committing suicide for all marital groups except for those who are separated. Another finding from this cross-tabular analysis is that when it comes to romantic problems, those who are married as well as those who are living-in/cohabiting have higher rates of prevalence compared to those who are single. Further analysis of the data points to an interesting aspect of the reasons for suicide. Though they are relatively small in number, some Filipino youth reported attempting suicide at least once with no particular reason at all. This is most noticeable amongst those who are separated from their partners and interestingly, the phenomenon is found only amongst those who live in NCR and the Southern Tagalog region. Since the phenomenon is not present in rural areas, it is possible that this phenomenon of

attempting suicide for no apparent reason is something that is manifesting only in more modernized societies. Caution is necessary in this particular premise as there is very minimal case of the phenomenon even in the more urbanized and modernized regions of the country.

D. Relationship between Family Variables and Suicide Ideation and Suicide Attempt

The last question of the study is whether there is a significant correlation between family variables and suicide ideation and suicide attempt. The results of correlational analyses in Tables 5 to 10 are provided to aid in answering this query. It must be noted that in the succeeding discussions of bivariate correlations, several variables are flagged significant with Suicide Ideation and/or Suicide Attempts. However, despite being significant at 95% level of confidence, the correlation coefficients are low – often within a ± 0.100 coefficient value. It must be noted that even though there are often-used bases on how to interpret the strength of a correlation based on the value of the correlation coefficient such as that

proposed by Cohen [12], these are more of guidelines than actual rules [13]. These conventions do not put emphasis on the sample size which can influence the value of the correlation coefficient – wherein it is easier to arrive at high values of correlation coefficients as the sample sizes become smaller [14]. In fact, a correlation coefficient value of 0.1 can be considered high when the sample size from which the correlation coefficient was obtained is at least 2000 [15].

Correlation coefficients of Family Characteristics variables and Suicide Ideation and Suicide Attempts

The size and composition of the family as well as the characteristics of its members were found to have significant correlations with both suicide ideation and suicide acts. Respondents were asked about the identity of the person or persons who mainly raised them from birth to age 15. This was found to be a significant correlate of suicide ideation. A cross-tabulated analysis of the variable shows the following results as well:

Table 4. Frequency counts and percent distribution of reasons behind suicide attempts done by the Filipino youth by age cohort, sex, gender, marital status, and region and stratum of residence

		REASON FOR ATTEMPTING SUICIDE					Total
		No reason	Personal Problems	Family Problems	Romantic Problems	Others	
AGE							
	15 to 19 years old	1 (0.4%)	47 (17.7%)	185 (69.8%)	20 (7.5%)	12 (4.5%)	265 (100%)
	20 to 24 years old	0 (0%)	50 (20.3%)	128 (52%)	57 (23.2%)	11 (4.5%)	246 (100%)
	25 to 27 years old	1 (1%)	18 (18.6%)	42 (43.3%)	30 (30.9%)	6 (6.2%)	97 (100%)
SEX							
	Male	1 (0.6%)	35 (19.7%)	102 (57.3%)	26 (14.6%)	14 (7.9%)	178 (100%)
	Female	1 (0.2%)	80 (18.6%)	253 (58.8%)	81 (18.8%)	15 (3.5%)	430 (100%)
SEXUAL ORIENTATION							
	Heterosexual	2 (0.5%)	81 (18.5%)	253 (57.8%)	84 (19.2%)	18 (4.1%)	438 (100%)
	Bisexual	0 (0%)	2 (8.7%)	14 (60.9%)	5 (21.7%)	2 (8.7%)	23 (100%)
	Homosexual	0 (0%)	0 (0%)	9 (75%)	3 (25%)	0 (0%)	12 (100%)
MARITAL STATUS							
	Single	0 (0%)	72 (18.8%)	240 (62.5%)	46 (12%)	26 (6.8%)	384 (100%)
	Married	0 (0%)	21 (17.9%)	61 (52.1%)	34 (29.1%)	1 (0.9%)	117 (100%)
	Living-in/Cohabiting	2 (2%)	20 (20.4%)	51 (52%)	23 (23.5%)	2 (2%)	90 (100%)
	Separated	0 (0%)	2 (25%)	3(37.5%)	3 (37.5%)	0 (0%)	8 (100%)
BARANGAY STRATUM							
	Rural	0 (0%)	48 (19%)	146 (57.5%)	49 (19.4%)	10 (4%)	253 (100%)
	Urban	2 (0.6%)	67 (18.9%)	209 (58.9%)	58 (16.3%)	19 (5.4%)	355 (100%)
REGION							
	National Capital Region	1 (1.2%)	17(21%)	44 (54.3%)	18 (22.2%)	1 (1.2%)	81 (100%)
	Cordillera Admin Region	0 (0%)	13(29.5%)	23 (52.3%)	5 (11.4%)	3 (6.8%)	44 (100%)
	I – Ilocos	0 (0%)	12 (40%)	13 (43.4%)	5 (16.7%)	0 (0%)	30 (100%)
	II – Cagayan Valley	0 (0%)	6(28.6%)	10 (47.6%)	3 (14.3%)	2 (9.5%)	21 (100%)
	III – Central Luzon	0 (0%)	8(14.8%)	32 (59.3%)	12 (22.2%)	2 (3.7%)	54 (100%)
	IV – Southern Tagalog	1 (2.1%)	10 (20.8%)	26 (54.2%)	9 (18.8%)	2(4.2%)	48 (100%)
	V – Bicol	0 (0%)	3(10.7%)	20 (71.4%)	5 (17.4%)	0 (0%)	28 (100%)
	VI – Western Visayas	0 (0%)	4 (11.4%)	25 (71.4%)	3 (8.6%)	3 (8.6%)	35 (100%)

Table 4 (cont). Frequency counts and percent distribution of reasons behind suicide attempts done by the Filipino youth by age cohort, sex, gender, marital status, and region and stratum of residence

	REASON FOR ATTEMPTING SUICIDE					Total
	No reason	Personal Problems	Family Problems	Romantic Problems	Others	
VII – Central Visayas	0 (0%)	4 (8.2%)	30 (61.2%)	9 (18.4%)	6 (12.2%)	49 (100%)
VIII – Eastern Visayas	0 (0%)	2 (6.7%)	18 (60%)	8 (26.7%)	2 (6.7%)	30 (100%)
IX – Zamboanga Peninsula	0 (0%)	8 (32%)	10 (40%)	7 (28%)	0 (0%)	25 (100%)
X – Northern Mindanao	0 (0%)	7 (14%)	30 (60%)	11 (22%)	2 (4%)	50 (100%)
XI – Davao	0 (0%)	7 (22.6%)	21 (67.7%)	3 (9.7%)	0 (0%)	31 (100%)
XII – SOCCSKSARGEN	0 (0%)	5 (15.6%)	22 (68.8%)	3 (9.4%)	2 (6.2%)	32 (100%)
XIII – Caraga	0 (0%)	2 (8%)	16 (64%)	4 (16%)	3 (12%)	25 (100%)
ARMM	0 (0%)	7 (28%)	15 (60%)	2 (8%)	1 (4%)	25 (100%)

Source: Young Adult Fertility and Sexuality Survey 3

Table 5. Correlation coefficients of Family Characteristics variables and Suicide Ideation and Suicide Attempts

	Suicide Ideation	Suicide Attempt
Person who mostly raised R from birth to 15	.055*	.050
Father is alive	-.019*	-.022*
Mother is alive	-.024*	-.016*
Father has a religion	-.002	-.001
Mother has a religion	.008	-.007
Father's age	-.017	-.027
Mother's age	-.034*	-.023
Other Person's (A) age	-.093*	-.028
Other Person's (B) age	-.178*	-.091
Father's highest educational attainment	-.002	.011
Mother's highest educational attainment	.021	.023
Other person's (A) highest educational attainment	-.083	.027
Other person's (B) highest educational attainment	-.011	.095
Father's residence	.018	.033*
Mother's residence	.037*	.032*
Other Person's (A) residence	.044	.088*
Other Person's (B) residence	-.048	.055
Total number of brothers	.016*	.005
Total number of sisters	.024*	.022*
Total number of brothers in R's age cohort	.014*	.008
Total number of sisters in R's age cohort	.015*	.011
Total number of siblings	.029*	.019*
Total number of siblings in R's age cohort	.022*	.014*
Has lived away from home	.073*	.049*
Has personal bedroom	-.014	.022*

* correlation is significant at the 0.05 level

Table 6. Percent distribution of Filipino youth who reported positive for suicide ideation and suicide attempt by identity of person who raised them from birth to 15 years of age

Person who mostly raised R	Suicide Ideation		Suicide Attempt	
	Yes	No	Yes	No
Father only	13.7	86.3	2.1	97.9
Mother only	16.9	83.1	4.3	95.7
Both father and mother	12.8	87.2	3.1	96.9
Father and another person	18.8	81.2	5.7	94.3
Mother and another person	16.4	83.6	3.4	96.6
Other people	19.1	80.9	6.7	93.3

Results showed the importance of having both the father and the mother as primary agents in child-rearing. Out of the various combinations tested, those who were raised by both a father and a mother had the least self-reported suicide risk. In other words, those who grew up being cared for by a father and a mother are less likely to think about suicide. Meanwhile, those who were cared for only by a mother or the father, be it alone or with another person, shows higher rates of suicide risk. The importance of the presence of both the father and the mother in the child's life is further supported by the other results obtained: those father and mother are still alive are less likely to exhibit suicide risk in terms of ideation and attempts. It was also found that as the geographical distance of the father and the mother increases (measured in the data as varying from being in the same household to being in different regions or even countries), the risk of suicide ideation and attempts also increases for the child. This is especially true for the mother, while the father's residence only has a significant association with suicide attempts.

The significance of the presence of these parental figures in the lives of the youth in the results are in line with the classic Durkheimian tradition of understanding the phenomenon of suicide which identifies social integration of the individual including that with the family unit as a necessary protective factor against suicide [16].

The age of the mother and the other persons who serve as guardians for the respondent have a negative association with the respondent's risk of suicide ideation. This means that respondents with older mothers or guardians are less likely to think about ending their lives. It could be because these older parental figures tend to be more mature and wized and may be more experienced in dealing with the youth and their problems.

This study also tested the connection between the number of siblings and the suicide risk of the person. This was under the assumption that siblings would serve as sources of social integration and support for the respondent as per Durkheimian theory, especially when the siblings are in the same age cohort. Conversely, it is also possible that these siblings would serve as competitors for things which the respondent may value such as parental affection as well as limited family resources – in which case the siblings may have a negative impact on the respondent. The results of the bivariate analyses go into the direction of the latter assumption.

It was also found that those who lived away from the rest of the family have a higher risk of suicide. This could be because of the loosening of the ties that act as a protective factor against suicide. This perception of loosened ties is because of the loss of the concrete presence of the people, particularly the family members, who provide social support to the youth. Finally, it was found that sleeping arrangements are significantly correlated with suicide risk, particularly in suicide attempt. According to Nadera, the increased privacy enables the youth to have opportunities to attempt suicide [17].

Respondents were also asked about the relationships within their family unit. This block of variables is notable for all being significantly correlated with suicide risk as shown in Table 7, implying their importance as a protective unit against suicide.

It was found that the respondent's relationship with his or her parents is important factors that are negatively associated with suicide. This is slightly more pronounced in terms of their relationship with

their father than their relationship with their mother, whose correlation coefficient value is even less strong than the value of the respondent's relationship with his or her siblings.

Table 7. Correlation coefficients of Perceptions and Attitudes on Family variables and Suicide Ideation and Suicide Attempts

Perceptions and attitudes on family	Suicide Ideation	Suicide Attempt
How well R's parents get along	-.076*	-.063*
How well R and father get along	-.066*	-.057*
How well R and mother get along	-.055*	-.049*
How well R and siblings get along	-.062*	-.057*
Family members are supportive of each other during difficult times	-.071*	-.049*
It's easier to discuss problems with people outside the family	.057*	.048*
In R's family, everyone goes his/her own way	.021*	.039*
Family members know each other's close friends	-.022*	-.022*
Discipline is fair in R's family	-.059*	-.052*
In R's family, everyone shares responsibilities	-.048*	-.042*

* correlation is significant at the 0.05 level

Interestingly, what appears to be more important than the respondent's own relationships with the other family members is the respondent's perceived relationship between his or her parents: out of the four variables regarding the quality of relationships between family members, the quality of relationship between the respondent's parents reported the highest correlation coefficient value in both suicide ideation and suicide act.

A handful of statements aimed to obtain a picture of the dynamics within the respondent's family unit were also included in the study. It was found that the more the respondent agrees that the statements "In my family, everyone goes his or her own way" and "It is easier to discuss problems with people outside the family" – both of which are indicative of weak family ties -, the greater the suicide risk is for the respondent. On the other hand, the more that the respondent agrees with the statements "Family members know each other's friends", "In my family, everyone shares responsibilities", "Discipline is fair in my family", and "Family members are supportive of each other during difficult times", - all indicative of strong family ties -, the lesser is the suicide risk for the respondent.

The importance of the respondent's father and mother is supported further (see Table 8). It was found that the respondent's perception on how much they are supported, trusted, and permitted by their parents to do what they want, in addition to how warm they perceive their parents' affections for them are, are significant impediments to suicide ideation and suicide acts. Notably, the significance of the association are limited only to the respondent's perception of his or her parents whereas perceptions on guardians failed to yield significant values.

Table 8. Correlation coefficients of Perception on Parents/Guardians variables and Suicide Ideation and Suicide Attempts.

Perception on parents'/guardians' personality	Suicide Ideation	Suicide Attempt
Father: Unsupportive-Supportive	-.073*	-.059*
Father: Controlling-Permissive	-.053*	-.040*
Father: Cold-Warm (affection)	-.038*	-.047*
Father: Suspicious-Trusting	-.096*	-.069*
Mother: Unsupportive-Supportive	-.047*	-.038*
Mother: Controlling-Permissive	-.054*	-.037*
Mother: Cold-Warm (affection)	-.037*	-.040*
Mother: Suspicious-Trusting	-.077*	-.056*
Other person 1: Unsupportive-Supportive	.003	.029
Other Person 1: Controlling-Permissive	-.059	-.041
Other person 1: Cold-Warm (affection)	-.059	-.041
Other person 1: Suspicious-Trusting	-.048	-.047
Other person 2: Unsupportive-Supportive	.061	.038
Other person 2: Controlling-Permissive	-.037	-.060
Other person 1: Cold-Warm (affection)	-.007	-.030
Other person 2: Suspicious-Trusting	-.078	-.020

* correlation is significant at the 0.05 level

These are expected associations. Various theories on suicide, from Durkheim's classical theory on suicide to the more contemporary ones such as Hirschi's Social Bonds theory [18], particularly his element of Attachment to Others, have proposed the importance of these family ties as protective factors. According to the study of Campos et al. [19] which utilized a community sample of 200 Portuguese adults, parental rejection contributes to a greater suicidality amongst people, mainly because parental rejection could lead to intense self-criticism and eventually lead to the decision to commit suicide. In Pina-Watson et al.'s study [20], they attempted to see the relationship between perception of mother connectedness, father connectedness, parental caring, autonomy granting from parents, and parental interest in their child's school life and suicide ideation using a subset of Latina youth from the National Longitudinal

Study of Adolescent Health. Results of correlational analyses indicated that perceived mother connectedness, father connectedness, parental caring, and academic interest were associated with lower rates of suicide ideation. Baioco et al.'s (2015) study also identified poor parental attachment as a significant factor to suicide.

The respondents were also asked to expound on their perceptions on how controlling or permissive their parents or guardians are on seven different circumstances. Results of bivariate analyses summarized in Table 9 show that parents/guardians' permissiveness when it comes to going to parties on short notice or going to excursions/picnics with friends are negatively correlated with both suicide ideation and suicide acts. In other words, the more permissive the parents/guardians are perceived by the respondents when it comes to these two situations, the lower their risk of suicide. The same can be said of their perceived permissiveness when it comes to going on dates unchaperoned, though the significant correlation is limited only to suicide ideation. Meanwhile, the perceived permissiveness of the parents/guardians when it comes to the idea of their child getting married at an early age is positively associated with higher suicide risk. The same can be said for the situation of joining clubs or organizations in school or in the community, albeit the significance of the correlation is limited only to suicide ideation.

Correlation coefficients of Perceptions on Family Permissiveness variables and Suicide Ideation and Suicide Attempts

According to Durkheim's theory on suicide, one of the potential factors that could lead people to suicide is a high degree of regulation in structures such as the family. This study tested if the respondent's perception on his or her autonomy would be significantly correlated with either suicide ideation or acts. The data had five questions which can be associated with autonomy. Each question asks the respondent to identify who the main decision maker is in five points of their lives. These points are at age seven, when the individual has reached an age where he or she could start to reason, age 13 when the individual undergoes puberty, age 18 when the individual transitions from being a teenager into an adult, age 21 when the individual has entered young adulthood and, in the Philippine context, the individual has recently graduated tertiary education and is starting on his or her job, and finally, age 25

when the individual has already had a number of years as an adult and possibly, as an independent member of society.

As shown in Table 10, being the decision maker at age 7 was found to be positively associated with higher tendencies for suicide ideation. Meanwhile, being the decision maker at ages 13, 18, and 21 were found to be positively associated with greater risks of both suicide ideation and suicide attempts, with being the decision maker in one's life at age 18 showing the strongest correlation, albeit only by a small margin.

Table 9. Correlation coefficients of Perceptions on Family Permissiveness variables and Suicide Ideation and Suicide Attempts

Will person approve of the following situations:	Suicide Ideation	Suicide Attempt
Going to party on short notice		
First person	-.043*	-.021*
Second person	-.038*	-.017*
Going on a date unchaperoned		
First person	-.044*	-.014
Second person	-.042*	-.011
Going to excursions or picnics with friends		
First person	-.029*	-.034*
Second person	-.019*	-.027*
Joining clubs or organizations either in school or community		
First person	.022*	.011
Second person	.029*	-.009
Living away from home		
First person	.014	.007
Second person	.011	.007
Getting married at an early age		
First person	.015*	.024*
Second person	.013	.023*
Spending the night at a friend's house		
First person	-.008	.002
Second person	-.002	.005

* correlation is significant at the 0.05 level

Table 10. Correlation coefficients of Perceived Autonomy variables and Suicide Ideation and Suicide Attempts

	Suicide Ideation	Suicide Attempt
Decision maker at age 7	.015*	.006
Decision maker at age 13	.030*	.026*
Decision maker at age 18	.057*	.048*
Decision maker at age 21	.024*	.025*
Decision maker at age 25	.001	.004

* correlation is significant at the 0.05 level

The directions of the significant correlations are noteworthy for being in the opposite direction of what is initially expected. Instead of a high degree of regulation being a factor that may contribute to higher

risks of suicide, the results suggests that greater autonomy is associated with higher risks of suicide. It appears that parents'/guardians' permissiveness and the respondents' autonomy has a complex interplay. Perhaps it is that the youth prefer their parents/guardians to be, for the most part, laid-back or permissive in many situations except for very important circumstances such as education, relationships, and marriage but they do not want to be given complete autonomy either. It is possible that the key to understanding this is that the interaction between parents and the youth is what is important – with the youth still being required by the parents to consult and follow them, and the parents obliging the requests of the youth as signs of affection and trust.

CONCLUSION

Results showed that roughly one in every ten Filipino youth aged 15 to 27 have thought of ending their life through suicide before, though only around one in every twenty pushes through with an actual attempt. When they do attempt to commit suicide, this is most frequently because of problems in the family and they utilize a violent method of suicide in the form of slashing of wrist(s) or the non-violent method of ingesting poisonous substances. However, overall, the use of violent methods is more prevalent.

The results of this study made very salient the importance of the family unit to the welfare of a person. This gives further credence to the central argument of most sociological theories of suicide that comes from the Durkheimian tradition: the integrative capabilities of the family serves as a strong protective bond that reduces the probability of suicide. The results of this research suggest that relations within the family must remain strong – not only between the youth and his or her parents and siblings, but also between the parents. Finally, one of the most interesting findings of this study is the relationship between the degree of parental strictness and the sense of autonomy of the youth: those whose parents are less permissive report higher risks of suicide; yet those who are given autonomy over their lives report higher risks as well. According to Noller and Callan, the period of adolescence is a sensitive period in the life of a person and the family [21]. It is a time when an individual starts to develop a sense of autonomy which he or she must renegotiate with his or her parental figures. This renegotiation is, however, a complicated process. This period is captured quite adequately by the statement, “readiness for adulthood

comes about two years later than the adolescent claims and about two years before the parent will admit. This study proposes that this may suggest a delicate interplay between parenting style and youth autonomy: the parents should exercise a certain degree of permissiveness towards the youth but should still exercise authority over the youth lest the youth feels that their parents have little regard or concern for them. This implies that the most optimal style of parenting when it comes to deterring suicide prevalence among the youth is a democratic form of parenting or what Baumrind refers to as Authoritative parenting as opposed to the highly strict Authoritarian style parenting or the permissive style of parenting [22]. It is recommended that further studies of a qualitative nature confirm if this is indeed the case.

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