

Suicidal Tendency and Family Orientation: Basis for Prevention Program

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Abstract

Suicide is a social issue that everyone must address. Each year, more than 700,000 people die by suicide (WHO,2021). Every suicide has a devastating effect on the family and society. We define suicide as the deliberate termination of one's own life. In order to achieve its purpose, this study employed a quantitative research strategy that emphasized descriptive-correlational research. Multi-Attitude Suicide Tendency Scale by Israel Orbach was utilized. This instrument consisted of two components: (1) a research instrument consisting of items that gathered the birth order, type of family and mental health background; and (2) the MAST Scale, a four-point Likert scale consisting of thirty items divided into four types of attitude: attraction to life, repulsion by life, attraction to death and repulsion by death. The researcher used SPSS to generate descriptive statistics to describe the sociodemographic profile and Spearman rho to establish the association between variables following data collection. The findings shown conclusively that students who reside with their parents (nuclear family) are more likely to accept life. In contrast, students who lived in stepfamilies or blended families tend to reject life. However, birth order and family mental background had no significant link with suicidal tendencies. This study suggests the promotion of mental health prevention programs, especially for students living with stepfamilies. The findings will provide the academic institution with a foundation for designing counseling programs, such as Psychosocial Intervention, to address the needs of students with suicidal tendencies.

Keywords: Suicidal Tendency, Birth order, Type of Family, mental health Back ground

Introduction

Suicide is a social issue that everyone must address. Each year, more than 700,000 people die by suicide (WHO,2021). Every suicide has a devastating effect on the family and society. We define suicide as the deliberate termination of one's own life. Nonfatal suicidal thoughts and behaviors (henceforth referred to as "suicidal behaviors") are further classified into three categories: suicide ideation, which refers to thoughts of engaging in behavior intended to end one's life; suicide plan, which refers to the formulation of a specific method through which one intends to die; and suicide attempt, which refers to engagement in potentially self-injurious behavior in which there is at least some intent to die (Nock ,Borges, Bromet, Cha, Kessler , and Sing Lee, 2008).A socio-demographic profile centered on family orientation, such as birth order, family structure, and mental health background, is one of the elements that interact to influence suicidal tendencies. Various studies have demonstrated a high correlation between birth order and suicidal ideation in the setting of familial standing. Easey et al. (2019) discovered that the higher the birth order (later born), the greater the risk of suicide attempts and psychiatric illnesses among youngsters. Liu et al.

(2015) also determined that birth order in Asian culture has a favorable effect on mental health, and reports of mental health issues have decreased since the introduction of a culture of collective social support. According to Pappas (2014), birth order can be a factor in suicidal ideation, which is consistent with earlier research.

In the context of gathering relevant material and doing research, it was discovered that family is one of the most influential elements in the development of suicidal ideation in individuals. Researcher revealed that there were psychological and emotional reasons why most people tend to think of suicide. The study by Quintos (2017) demonstrated the significance of having both the father and mother as key child-rearing agents. Among the examined pairings, individuals reared by both a father and a mother had the lowest self-reported risk of suicide. In other words, people who were raised by a father and mother are less prone to consider suicide. Otherwise, inadequate guidance and unpleasant family ties are the fundamental causes of suicide (Bazrafshan et al., 2016). In addition, according to Zaborskis (2016) a dysfunctional family structure and poor family functioning are important predictors of suicide ideation and attempts among teenagers. Regardless of whether they lived with two biological parents during childhood, Susukida (2016) found that individuals who perceived love from caregivers during childhood had lower lifetime odds of suicidal ideation than those who did not perceive love. In addition, Zhai et al. (2015) demonstrated that suicide evidence was connected with a bad family structure. Furthermore, Chau and Kabuth (2014) investigated the possibility that non-intact families have a higher risk of suicidal ideation. Those from split and divorced families are more likely to engage in this activity. Those who were raised alone by their mother or father, whether alone or with another person, have a higher suicide risk.

Diverse studies on mental health and suicide were considered in order to provide an informative resource for the investigation. the study of O'Reilly (2020) stated that that the intergenerational transmission of suicidal behavior is due to genetic factors shared across the generations and factors associated with comorbid behavioral health problems. According to Zhao's (2020) study, having a family history of suicide was connected with an increased likelihood of suicidal ideation. Individuals' suicidal tendencies can be based in the family system. Imitation was one of the many reasons why people commit suicide. Having a family history of suicide may influence one's behavior in the future. Additionally, genetic predisposition can contribute to the death of individuals (Bilsen,2018). Laglaoui et al. (2017), key life events among individuals with suicidal conduct can be linked to parental history. The study found that the greater a family member's exposure to suicide attempts, the more proactive and likely they are to attempt suicide themselves. In addition, Geulayov et al. (2014) discovered that parental suicide is associated with their children. This taught and inherited behavior can manifest as thoughts of self-harm and suicide. According to Ghaffari et al. (2011), the study provides initial evidence of familial links of suicidal ideation and shows that the loss of a significant individual would be a significant predictor of suicidal ideation in university students.

Due to contradictions in the existing literature, it is imperative that we comprehend the relationship between suicidal tendencies and family orientation and develop prevention initiatives to aid the need of students.

Method

The study's respondents were 310 senior high school students from Phinma-Araullo University in Cabanatuan City. They were selected via random sampling. Google Form was utilized by the researcher in order to collect information electronically. Consideration was given to the Data Privacy Act of 2012

and research ethics during data gathering. As part of the study, the researcher sent a letter to the school principal. The letter included the study's purpose along with a sample instrument. In addition, participants' informed consent was obtained and a briefing was conducted. The collected information was treated with strict confidentiality. In order to achieve its purpose, this study employed a quantitative research strategy that emphasized descriptive-correlational research. Multi-Attitude Suicide Tendency Scale by Israel Orbach was utilized. This instrument consisted of two components: (1) a research instrument consisting of items that gathered the birth order, type of family and mental health background; and (2) the MAST Scale, a four-point Likert scale consisting of thirty items divided into four types of attitude: attraction to life, repulsion by life, attraction to death and repulsion by death. The researcher used SPSS to generate descriptive statistics to describe the sociodemographic profile and Spearman rho to establish the association between variables following data collection.

Result and Discussion

Family Orientation

Table 1. Family Orientation

	Frequency	Percentage
Birth Order		
First Born	96	30.97
Second	77	24.84
Middle	34	10.97
Youngest	82	26.45
Only Child	21	6.77
Type of Family		
Nuclear Family (Consists of two parents and children.)	195	62.9
Single Parent Family (Consists of one parent raising one or more children on his own.)	40	12.9
Extended Family (Consists of two or more adults who are related, either by blood or marriage, living in the same home.)	57	18.39
Blended Family (Step or blended family which involves two separate families merging into one new unit.)	7	2.26
Grandparent Family (Grandparents raising their grandchildren for a variety of reasons.)	11	3.55
Mental Health History		
Has anyone in your family been hospitalized/died in the past years?		
Yes, due to natural cause (Sickness)	142	45.81
Yes, due to accidents (Unintentional Injuries)	17	5.48
Yes because of Suicide Attempts/Suicide	1	0.32

No, relative has been hospitalized/died in the past years.	150	48.39
Total	310	100

Result showed as evident on the given data, 96 (30.97%) of the respondents were first born, 82 (26.45%) were the youngest, 77 (24.84%) were a second child, 34 (10.97%) were a middle child and 21 (6.77%) were only child. Thus, it is evident that majority of the respondents were first born children.

The type of family to which the respondents belong was also presented in Table 3. It shows that 195 (62.90%) of them were from a nuclear family, 57 (18.39%) were from an extended family, 40 (12.90%) were from a single parent type of family, 11 (3.55%) were raised by their grandparents, and seven (2.26%) were currently living with their stepfamily.

As shown in Table 1, 150 (48.39%) of the respondents do not have any family member/relatives that have been hospitalized/died in the past years, 142 (45.81%) answered that their relatives died because of natural causes, 17 (5.48%) responded that they do have a family member who died due to unintentional injuries and one (0.32%) answered that he/she has a family member who died because of suicide.

Table 2. Multi attitudinal Suicidal Tendency

Attraction To Life	WM	Verbal Description
Most of the time, I feel happy.	2.81	Agree
Even though, things may be tough at times, I think it is worth living.	3.37	Strongly Agree
I feel that close people make me feel good.	3.38	Strongly Agree
I can see myself as being successful in the future.	3.6	Strongly Agree
I like to do many things.	3.43	Strongly Agree
I am very hopeful.	3.3	Strongly Agree
I enjoy many things in life.	3.45	Strongly Agree
Average	3.33	Strongly Agree
Repulsion by Life	WM	Verbal Description
Life seems to be one long difficult struggle.	3.09	Agree
I don't ask for help when things are very tough for me.	2.79	Agree
I feel that I am not important to my family.	1.86	Don't Agree
Sometimes, I feel that my family will be better off without me.	2.05	Don't Agree
Sometimes, I feel that my problems can't be solved.	2.73	Agree
I don't like to spend time with my family.	1.61	Strongly Disagree
No one really loves me.	1.64	Strongly Disagree
Average	2.25	Agree
Attraction to Death	WM	Verbal Description
I know people who have died and I believe that I will meet them when I die.	2.89	Agree
Death can change things for the better.	2.19	Don't Agree
Death is actually eternal life.	2.9	Agree
Many problems can be solved by death.	1.73	Strongly Disagree

I believe that death can bring a great relief for suffering.	2.03	Don't Agree
In some situation, it is better to die than to go on living.]	2.02	Don't Agree
Death can be a state of rest and calm.]	2.55	Agree
Average	2.33	Agree
Repulsion by Death	WM	Verbal Description
I fear the idea that there is no return from death.]	2.8	Agree
I fear death because all my mental and spiritual activity will stop.	2.63	Agree
I fear death because my identity will disappear.	2.38	Don't Agree
Thinking about death gives me shivers.	2.61	Agree
I am afraid of death because my body will rot.	2.31	Don't Agree
I fear death because it means that I will not be able to experience and think anymore.	2.74	Agree
The thought that one day I will die frightens me	2.68	Agree
I fear death because all my plans will come to an end.	2.75	Agree
Death frightens me more than anything else.	2.37	Don't Agree
Average	2.59	Agree

Legend: 1.00-1.74, Strongly Disagree, 1.75-2.49, Do Not Agree, 2.50-3.24, Agree and 3.25-4.00, Strongly Agree

Attraction to Life

Attraction to Life gained an overall weighted mean of 3.33 with a qualitative description of “Strongly Agree”. It was reiterated from various researches the character of Filipinos being optimistic in everything they are going through. The data reveal that the senior high school students of Phinma-Araullo University are goal-oriented individuals who see themselves as successful in the future, enjoying life and doing many things. For them, having close relationships with people helps them, and even though life is crucial, it is still worth living. They are hopeful and happy which proved to be so significant results. so significant outcomes. As underlined in Fergus and Zimmerman's (2005) Resilience Theory research, the presence of protective elements is innate to individuals. Models of resilience assist individuals in comprehending why some children are exposed to risks, yet are able to overcome obstacles and escape poor outcomes. In times of hardship, focusing on optimistic future implications rather than catastrophizing the event assists individuals to put things into perspective, so providing them with coping mechanisms (Reivich, Gillham, Chaplin, & Seligman, 2013)

Repulsion by Life

Repulsion by Life obtained an overall weighted mean of 2.25 with verbal description of “Do Not Agree”. The study shows that senior high school students of Phinma-Araullo University viewed life as a long and

a difficult struggle. They were hesitant to ask for help from others. They thought that problems could not be solved. However, despite that feeling, they value the importance of family, they like spending time with their family, and they believe that their family loves them. According to the findings of Zolkoski and Bullock (2012), youth rely heavily on parental variables such as support, monitoring, and communication abilities. Although those with self-confidence and social skills are slightly more likely to be resilient regardless of the danger or outcome.

Attraction to Death

Attraction to Death earned an overall weighted mean of 2.33 with a verbal description of “Do Not Agree”. It was noteworthy that the respondents believe that death is eternal life, which means that it is a state of rest and calmness. Also, they have this assumption of having a chance to meet dead people they know once they died as well. The respondents do not believe that death can change things for the better, that death can relieve suffering, nor think that death is better than being alive. Similarly, the respondents have a firm stand that death is not a solution to a problem. Independent of the impact of social supports, the results imply that religious attendance is related with lower suicide attempts in the general population and in those with mental illness (Rasic, Belik, Elias ,Katz,Enns, Sareen and Cree 2008).

Repulsion by Death

Repulsion by Death got an overall weighted mean of 2.59 with a verbal description of “Agree”. It was noteworthy that the respondents were frightened by the idea of being dead and that there is no returning from it. The concept of unfulfilled plans, not experiencing or talking also has a dreadful effect on the respondents. They fear death because both mental and spiritual activities will stop. The idea of death makes them tremble. However, respondents also have other reasons to be terrified, not solely the idea of death, and they are not afraid of the body being rotten after death. Findings indicate that the formation of the notion of death among Filipino children is not a single construct and involves comprehension of the distinct conceptions of death's irreversibility, universality, finality, and causation. To comprehend these ideas, one must comprehend non-corporeal continuance, dys-functionality, all-inclusiveness, unpredictability, inevitability, immobility, and insensitivity. Children comprehend that illness, tragedy or accidents, and personal disputes are actual or potential causes of mortality in living things. The other concept of death that Filipino youngsters have is based on their trust in divine providence and old age. Filipino children's conceptions of death are either concrete or abstract and continue to mature as a result of socialization, personal experience, and observation of their environment (Nicholas, Macabulos, Adona, Philomena and Sedilla 2015).

Table 3. Significant Relationships between Socio-Demographic Profile of the Respondents and their Multi-AttitudinalSuicidal Tendency

	Attraction to Life (rho)	Repulsion by Life (rho)	Attraction to Death (rho)	Repulsion by Death (rho)
Birth Order	-0.005	-0.107	-0.069	-0.024
Type of Family	-0.045	.121*	0.09	-0.024
Has anyone in your family been	0.11	-0.096	-0.093	-0.002

hospitalized/died in the past years				
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*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

The considerable correlation between respondents' type of family and their repulsion by life suggests that pupils who live with their parents (mother and father) are more likely to accept life. In contrast, students who live in stepfamilies or blended families tend to withdraw from life. This conclusion is consistent with the findings of Zhai et al. (2015), who found that a dysfunctional family structure can contribute to suicidal ideation. In addition, Chau and Kabuth (2014) demonstrated that family disintegration is associated with a higher likelihood of suicide ideation. Those from split and divorced families are more likely to engage in this activity.

The findings of Quintos's (2017) study concur with earlier research demonstrating the significance of having both the father and mother as key child-rearing agents. Among the examined pairings, individuals reared by both a father and a mother had the lowest self-reported risk of suicide.

Conclusion

The research on determining the relationship between Family Orientation and Suicidal tendency in Pinma-Araullo University in Cabanatuan City was participated by majority of female respondents, aging from 17-18 years old. Also, most of the respondents are First born Child belong to a nuclear family and stated that they do not have any family member that has been hospitalized/died in the past years.

The findings shown conclusively that students who reside with their parents (nuclear family) are more likely to accept life. In contrast, students who lived in stepfamilies or blended families tend to reject life. However, birth order and family mental background had no significant link with suicidal tendencies. This study suggests the promotion of mental health prevention programs, especially for students living with stepfamilies. The findings will provide the academic institution with a foundation for designing counseling programs, such as Psychosocial Intervention, to address the needs of students with suicidal tendencies. To further establish the relationship, it is best for future researchers to conduct new studies focusing on mental health background.

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