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# The Role of Social Support and Social Context on the Incidence of Attempted Suicide Among Adolescents Living in Extremely Impoverished Communities

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 A B S T R A C T

**Purpose:** Evaluate the impact of social support and social context on suicide attempt in disadvantaged adolescents, and calculate that longitudinal risk of suicide attempt.

**Methods:** Seven thousand two hundred ninety-nine adolescents were used to evaluate the effect of social support and context on suicide attempt, and to estimate the overall risk of suicide attempt.

**Results:** Increased peer support reduced the risk of suicide attempt, and increased perceived inevitability of violence led to an increase in risk among 9-year-old children. As children age, the effect of overall peer support remains consistent, while there is a reduction in the effect of inevitability of violence. Approximately 36% of extremely impoverished adolescents attempt suicide by the age of 19.

**Conclusions:** The current study provides insight into the nature of suicide attempt within a grossly understudied population. Social support and social context have an important impact on suicidal behavior in extremely disadvantaged adolescents.

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 IMPLICATIONS AND  
 CONTRIBUTION

Sociopsychological and structural factors have an important impact on the manifestation of suicide attempt within extremely disadvantaged adolescents. Furthermore, our findings indicate that the risk of suicide attempt is greater within disadvantaged children compared with reported national levels. Additional research is warranted to explain this extreme level of risk.

Suicide is a primary cause of death in adolescents and young adults, with suicide rates remaining relatively stable for the past decade. However, suicide mortality rates increase tenfold during the transition from childhood to adolescence, increasing from .7 to 7.5 per 100,000, in 5–14 year olds and 15–19 year olds, respectively [1]. Such observed increases may be attributed to substantial neurodevelopmental changes which occur during adolescence [2].

Within the African-American community, adolescents experience a 12-month suicide attempt incidence of 1.4% and an estimated lifetime prevalence of 2.7% [3]. Additionally, it has

been proposed that African-American adolescents experience a 4.4% risk of attempting suicide by the time they are 17 years of age, with females experiencing far greater risk than males (7.2%–1.5%) [4], although other studies have identified black males at a greater risk of participating in suicidal behavior than their female counterparts [5]. Although far from robust, African-American adolescent females have also been found to be at greater risk than their white counterparts [6]. It is possible that disparate exposure to factors such as violence victimization and perpetration, weapon possession, and illicit drug use [7] may have a role in explaining the difference.

Hopelessness and depression have been found to be positively associated with attempted suicide [8–10], often functioning as a mediating factor between the independent and

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dependent variables [11]. Similarly, Thatcher et al. [12] found that increased levels of life satisfaction resulted in a decreased risk of suicide attempt among African-American adolescents.

Various researchers have identified multiple interpersonal and contextual factors that address the rates of attempted suicide in adolescents. Community attachment and social cohesion have been found to directly impact suicide attempts [13]. Peer support is often negatively associated with suicidal behavior [14], although there may be a gendered effect in how peer support impacts suicidal behavior in adolescents [15,16]. Numerous studies indicate that increased parental support and family involvement lead to lower rates of suicide attempt [7,12,15,17–19], although others have found that there is no relationship between social support and adolescent suicidal behavior [20,21].

Existing studies suggest that social context variables directly impact adolescent suicidal behavior [18]. It has been argued that children in disadvantaged neighborhoods are more likely to suffer from psychosocial issues because of their increased exposure to violence [22,23], including increased levels of suicidality [24,25].

The purpose of the present study was to evaluate the manner in which social support and social context impact the risk of suicidal behavior in impoverished adolescents. Contingent on this, we wish to determine whether disadvantaged young females react differently to their social environment than their male counterparts. Given the lack of information on these issues within extreme low-income communities, such a question addresses a significant research gap. Finally, we intend to determine the overall risk of attempted suicide within a population that has, up to this point, been largely excluded from analysis.

## Materials and Methods

The present study was authorized by the Institutional Review Board at Western Kentucky University under protocol number 14-219 and the Institutional Review Board for the Protection of Human Subjects at the University of Alabama as IRB # 14-OR-026.

### Participants

The Mobile Youth Survey (MYS) was a community-based, multiple-cohort, longitudinal study with annual data collection and rolling enrollment. It focused on adolescents aged 9.75–19.25 years who live in extremely impoverished neighborhoods in the Mobile, Alabama metropolitan statistical area (MSA), although it also followed those youths as they move to other neighborhoods in the MSA. The MYS was conducted in Mobile and Prichard, Alabama. Mobile is a major city of 195,000 people located on the Gulf coast in the Mobile MSA, which has an estimated population of 414,079 people [26]. In 2010, 50.6% of Mobile's population was African-American and 22.3% lived in poverty. Median household income was \$38,722. Prichard, a city of approximately 22,000 people, borders Mobile on its north side. In 2010, 85.8% of the population was African-American and 36.3% lived in poverty. Median household income was \$23,726. Overall residential segregation was high in 2000, with the dissimilarity index of racial segregation equal to .611 and the isolation index for African-Americans equal to .473 [27].

The MYS sampling procedures and sample are described in detail by J. Bolland et al. [28] and K. Bolland et al. [29]. Suffice it to say that the neighborhoods where MYS participants resided were extremely impoverished and almost exclusively African-

American (or mixed-race Caucasian and African-American). Throughout the implementation of the MYS (1998–2011), a total of 12,387 respondents contributed 36,156 data points. Of these respondents, 4,334 (38.0%) contributed a single wave of data; 2,456 (19.8%) contributed two waves; 1,730 (14.0%) contributed three waves; 1,267 (10.2%) contributed four waves; and 2,600 (21.0%) contributed five or more waves of data.

For the present study, data from 1998 to 2011 were used. Given the overwhelming racial homogeneity (98% African-American), it was determined that it would be best to limit the study to African-American adolescents. Furthermore, because of the method of analysis and the manner in which the dependent variable was phrased (“Have you ever tried to kill yourself?”), we excluded any respondents who had already attempted suicide at the age of 9 years and any children who reported ever attempting suicide in their initial wave of participation. After removing those respondents and accounting for random missing data within the dependent variable, the sample size was 7,240 (Tables 1 and 2).

### Measures

Description of scales used in analysis can be located in Table 3.

*Social support. Parental Warmth* ( $\alpha = .61-.71$ ) was created from two scales originally used by Lamborn et al. [30]. Maternal Warmth and Paternal Warmth scales serve as the original measures for the scale that is intended to measure the amount of support provided by parental figures. In the event that the respondents stated they “don't have anyone who is like a mother/father to me,” the entry was coded as “missing.” The scales for the mother and father were separately summed. Each scale was converted to a z score, and the available z scores were summed for each respondent.

*Overall Peer Support* ( $\alpha = .85-.90$ ) consists of a series of variables measuring whether the respondent's peers support or discourage behaviors that are considered to be irresponsible or dangerous. The responses were summed to create an overall value representing the perceived amount of perceived peer support. The scale ranges from –12 to 12, with negative and positive values representing congruent concepts of peers support.

*Sense of Community* [31] ( $\alpha = .54-.67$ ) is a scale, which measures the respondents' place within, and perception of, their neighborhood, with positive associations being coded as “1” and negative associations as “0.” The resulting value represents the individual's overall perception of their neighborhood, with a value of “0” representing an absence of perceived community and a positive value representing a positive perspective.

*Social context. Contextual Safety* ( $\alpha = .34-.47$ ) was created using two separate variables, which measured perceived safety of the respondent's social environment, with a higher sense of safety resulting in greater scores. Each variable was converted to a z score, and the two z scores were summed for each respondent.

*Perceived Inevitability of Violence* ( $\alpha = .59-.75$ ) consists of a series of variables, originally used by Bandura [32] ( $\alpha = .61-.72$ ), that measures the respondents' attitude toward, and ability to avoid, violence within their communities. The responses were summed, and the resulting value represents the magnitude of the inevitability of violence, with a potential range of 0–8, greater values representing greater perceived inevitability of violence.

*Moved in past 12 months* was derived from a single question which asked the respondent how long they had lived at their current residence, with potential answers ranging from “Less

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