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The associations between parental involvement, peer network, and youth suicidality in China: evidence from the Global School-based Student Health Survey (2003)

Harris Hyun-soo Kim*

Department of Sociology, Ewha Womans University, 52 Ewhayeodae-gil Seodaemun-gu, Seoul 120-750, Republic of Korea

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ABSTRACT

Since Durkheim's classic work on suicide, sociologists have sought to shed light on the linkage between social context and individual susceptibility to suicidal thoughts and attempts. Though suicide is a worldwide phenomenon, however, the existing scholarship primarily focuses on adult populations in Western countries. Moreover, despite the fact that suicide-inducing and suicide-inhibiting factors operate at both individual and collective levels, many studies do not rely on multilevel analysis. This study contributes to the literature by investigating the relationship between parent-child relations and friendship size, and suicidality among a random sample of urban Chinese youths. Hierarchical linear modeling (HLM) shows that when it comes to thinking about committing suicide, parent-mediated integration, and regulation are significantly associated with lower odds at individual (student) and collective (classroom) levels. Friendship ties, however, have no effect. Concerning suicide planning, parental involvement and peer network are both related to lower probability at the individual level, while at the collective level, only the parent involvement matters.

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1. Introduction

Suicide is one of the leading causes of death among young people in the world today. According to a large cross-national study, about one in ten adolescents (9.7%) have attempted suicide at some point in their lives (Evans, Hawton, Rodham, Psychol, & Deeks, 2005). The US Centers for Disease Control and Prevention estimates that with approximately 4600 lives lost every year, as of 2013, suicide is the third leading cause of death for American youths between the ages of 10 and 24. Throughout the globe, suicide is a major public health concern demanding the attention of both policy makers and researchers. Various

macro-level factors are found to be associated with suicide rates: secularization, urbanization, geographical mobility, marital dissolution, social instability, and disintegration of traditional values. (Barstad, 2008; Burr, Hartman, & Matteson, 1999; Graeff and Melhkop, 2007; Johnson et al., 2000; Haynie et al., 2006; Pescosolido and Georgianna, 1989; Wadsworth and Kubrin, 2007).

In the second half of the 20th century, many East Asian countries have experienced such large-scale societal changes accompanied by rapid modernization and industrialization, which have contributed to rising aggregate levels of adolescent suicide (Blum, Sudhinaraset, & Emerson, 2012). Among them, China especially stands out. The mean annual suicide rate in China is 23 per 100,000, which is one of the highest among all OECD nations. The statistic is more alarming when it comes to the country's young population. According to Phillips et al. (2002),

* Tel.: +82 2 3277 4622.

E-mail address: harrishkim@ewha.ac.kr

suicide is the number-one killer for 15–34-year-old Chinese, which accounts for 19% of all deaths in this age category. There is also significant regional and gender differences. People living in China's countryside, as opposed to urban areas, are three times as more likely to end their own lives, and female exhibit much higher suicide rate than do male (Liu et al., 2005; Wang et al., 2008). Moreover, in comparison with Western countries, the effect of mental illness as a risk factor plays a much less significant role in China. About 90 percent of suicides in the West are associated with diagnosable mental illnesses, for example, while more than a third of those who die by suicide in China are not characterized by such medical condition (Zhang, 2010).

1.1. Study purpose and contributions

The peculiar condition surrounding China's suicide rates has prompted one scholar to conclude that in addition to psychological symptoms, "the importance of certain social structure (family, marriage, education, religion, social economic status, and social support)... might be greater in China than elsewhere" (Zhang, 2010, p.312). The purpose of this study is to examine some of the key "social structural" (i.e., social network) factors underlying adolescent suicidal tendencies in China, specifically individual-level thoughts and plans concerning suicide. Understanding suicidal thoughts and plans is critical since they are the "best predictors of both a repeat attempt and an eventual completed suicide" (Xing et al., 2010; Evans et al., 2005). In fact, suicide victims and suicide attempters share many of the biological and psychological profiles (Maimon and Kuhl, 2008).

Despite the relatively high levels of suicidal thoughts, attempts and completions in China and other parts of East Asia, the majority of previous studies mainly deal with Western developed democracies (Blum et al., 2012). By shifting the analytic attention to youth suicidality in China, the current research seeks to advance the extant literature. This study focuses primarily on two types of structural factors underlying suicidality, the degree of child-parent interaction and the size of friendship network. Suicide may be viewed as a quintessentially individual act. As Durkheim ([1897] 1951) points out in his classic study on the subject; however, it is deeply shaped by social forces of integration and regulation. Investigating, why some adolescents are more prone to think about and plan a self-destructive act thus, demands analyses of interpersonal relations and dynamics surrounding the actor (Bearman, 1991) or how social connectedness operates in influencing suicidal thoughts and behavior (Whitlock, Wyman, & Moore, 2014). In carrying out the empirical inquiry, this study merges the Durkheimian notions of integration and regulation with the network argument that the likelihood of suicide, like any other type of individual behavior, is embedded in a web of interpersonal relations (Granovetter, 1995). More specifically, the main thrust of this paper is that, at both individual and collective levels, social embeddedness, defined in terms of parental involvement, and peer network, serves to reduce the probability of suicidal ideation and behavior among Chinese youths.

2. The linkage between social relations and suicidality

2.1. Integration, regulation, and suicidality

Research on suicidal thoughts and behaviors (STB) is an interdisciplinary endeavor that defines the phenomena at both individual and collective levels. Rejecting both psychological and biological explanations, Durkheim originally conceptualizes suicide as a social fact: "suicide does not principally depend upon the congenital qualities of individuals but upon causes exterior to and dominating them" (Durkheim [1897] 1951, p. 193). Durkheim's seminal work deals exclusively with aggregate-level suicide rates across various social groups and countries. Increasingly, scholars have since researched factors associated with suicide at the individual level by focusing on the specific role of social ties and relationships. In an article appropriately titled "Modeling Durkheim on the Micro Level," Thorlindsson and Bjarnason (1998), for example, analyze survey data to explore the impact of family social support (integration) and parental regulation on adolescent suicide. They find that, while controlling for background variables family-based integration was more important than regulation in containing STB among youths. Based on the National Longitudinal Survey of Adolescent Health (Add Health), which contains data on representative middle and high school students in the US, (Bearman and Moody, 2004) examine the impact of friendship network on STB. According to their findings, female students who are socially isolated and those with networks that are disconnected (i.e., the focal individual's friends do not know each other) are more likely to think about committing suicide and actually engage in suicidal act. This study is unique in that, unlike many others, it actually probes into the relationship between the structure of network relations and suicidality. Also using the Add Health data, Haynie et al. (2006) investigate the impact of residential mobility on suicide risk for adolescents. They report that girls who experience greater mobility are at a higher risk of STB, net of sociodemographic and psychological factors, since residential relocation can increase the odds of social isolation and emotional instability.

2.2. Religion, networks, and suicide

In one of the earlier and oft-cited studies, (Pescosolido and Georgianna, 1989) extend Durkheim's social integration and regulation argument by investigating the association between religion and suicide. By using county-level data from the National Center for Health Statistics, they show that religion plays a significant protective role against suicidal ideation and behavior by providing social support to religious members and also by regulating them through collectively held moral precepts. That is, religious affiliation is negatively associated with suicide rate not only because institutionalized religion prohibits the act of killing oneself but also because religiosity implies more frequent interaction with fellow believers, leading to the deepening of integrative and regulatory connections among them. Or, as Bearman (1991, p.502) puts it, "it is the structure of social

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