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# Parental separation in childhood, social capital, and suicide thoughts and suicide attempts: A population-based study

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## ABSTRACT

Studies of the association between parental separation in childhood and suicide thoughts and attempts are scarce. The aim of this study is to investigate associations between parental separation/divorce during childhood, and ever having had suicide thoughts and ever having made suicide attempt, adjusting for social capital and other covariates. In 2012 a cross-sectional public health survey was conducted in Scania, southern Sweden, with a postal questionnaire with 28,029 participants aged 18–80. Associations between parental separation/divorce during childhood and ever having considered suicide or having made suicide attempt were analysed by logistic regression. Overall, 12.1% of the men and 15.5% of the women had experienced suicide thoughts, and 3.2% of the men and 5.3% of the women had ever tried committing suicide. Among men, 20.4% had experienced parental separation during childhood until age 18, and among women 22.3%. Parental separation/divorce in childhood was with few exceptions significantly associated with ever having had suicide thoughts with the highest odds ratios for those who had experienced parental separation during ages 0–4 years. Parental separation/divorce in childhood was significantly associated with suicide attempts among men who had experienced parental separation/divorce at ages 0–4 and 15–18, and among women at any age 0–18.

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## 1. Introduction

Suicide is a major public health problem. The overall estimated suicide rate in the world was 16/100,000 per year in 2002, and the suicide rate in the USA in 2002 was 17.9/100,000 among men, 4.2/100,000 among women and 11.0/100,000 in total ([www.suicide.org/international-suicide-statistics.html](http://www.suicide.org/international-suicide-statistics.html)). In Sweden the average suicide rate for the years 2010–2012 was 17.3/100,000 among men and 6.7/100,000 among women (Heimersson, 2014). The total (both sexes) suicide rate in Sweden was 11.6/100,000 in 2012 ([data.oecd.org/healthstat/suicide-rates.htm](http://data.oecd.org/healthstat/suicide-rates.htm)). Sweden has experienced a decline in suicide numbers and rates since the early 1990s (Titelman et al., 2013; Heimersson, 2014), a fact which has been partly attributed to the new generation of SSRI antidepressant drugs in Sweden (Persson, 2005) as well as for instance in the United States (Milane et al., 2006). However, in the age groups 15–24 no trend of decline in suicide has been apparent (Titelman et al., 2013), and the development in recent years have even revealed an increase in this age interval. Suicide attempts have also increased in the 15–24

year age group (Heimersson, 2014).

Suicide thoughts, suicide attempts and suicide in adolescence and adulthood depend on a range of factors including circumstances in childhood and adolescence. Parental depression history is a strong and statistically significant risk factor for depression, suicide attempts and completed suicide among offspring in childhood, adolescence and adulthood (Brent et al., 1994; Gould et al., 1996; Brennan et al., 2002; Hammen et al., 2004). The determinant investigated in this study is parental separation/divorce experienced during childhood until the age of 18 years. In 2012, approximately 50,000 children under age 18 in Sweden experienced parental separation/divorce, and the number of separations/divorces has been high and rather stable between 20,000 and 25,000 per year since the 1970s (Tollebrant, 2013). Parental separation/divorce may affect suicidality through several pathways. Children in families which experience parental separation/divorce are more likely to display problematic behaviors, adjustment problems (Amato and Keith, 1991), psychological disorders, substance use disorders (Barrett and Turner, 2006; Lansford et al., 2006) and subsequent adult adjustment problems (Rutter et al., 2006).

Previous studies show somewhat differing patterns of associations between parental separation/divorce and offspring

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suicidality. In one study, gender-specific analyses among showed that the association between parental divorce and suicidal ideation remained statistically significant among men even after the inclusion of childhood stressors, adult socioeconomic factors, adult health behaviors, adult stressors, marital status and history of mood and/or anxiety disorders in multiple logistic regression models (Fuller-Thomson and Dalton, 2011). Other studies have failed to show statistically significant associations between parental separation/divorce and suicidal ideation/thoughts as well as between parental separation/divorce and suicide attempts (Afifi et al., 2009). Other studies entailing gender-specific analyses have revealed that the associations between parental separation/divorce and ever having experienced a suicide attempt were stronger among women than among men (Lizardi et al., 2009, 2010), but one study showed only statistically significant results for men (Donald et al., 2006) and another study showed no statistically significant associations (Wan and Leung, 2010). In one study, the bivariate association between parental separation/divorce and completed suicide was a statistically not significant hazard ratio (HR) 1.69 (0.60–4.72), but the comparatively high effect measure was not significant due to a small number of incident cases of suicide (Geoffroy et al., 2014).

No study has to our knowledge investigated how exposure to parental separation/divorce at different age intervals in childhood is related to suicide thoughts and suicide attempts in the adulthood of the offspring. To specify the time when parental separation/divorce occurred in childhood would also make it possible to specify critical periods, i.e. periods when “an exposure acting during a specific period has lasting or lifelong effects on the structure or function of organs, tissues, and body systems that are not modified in any dramatic way by later experience” (Kuh and Ben-Schlomo, 2004), for associations between parental separation/divorce and suicide thoughts and suicide attempts. This study specifies whether parental separation/divorce occurred in childhood in the age intervals 0–4, 5–9, 10–14 or 15–18 years. Furthermore, no studies have to our knowledge investigated age differences in ever having had suicide thoughts and ever having made suicide attempts. All analyses were stratified for sex due to the different patterns of associations between parental separation/divorce and suicide thoughts and attempts in substantial parts of the previous literature. Our first hypothesis is that experience of parental separation/divorce earlier in childhood is more strongly associated with experience of suicide thoughts and suicide attempts than parental separation later in childhood due to higher early life psychological and developmental vulnerability. Our second hypothesis is that lower offspring adult age (current age of participants in the study) is more strongly associated with experience of suicide thoughts and suicide attempts, because the trends in suicide attempts and suicide in the 15–24 year age interval have been adverse compared to the corresponding trends for older adult age groups.

Previous studies have shown that factors such as age, country of birth, socioeconomic status (SES), civil (marital) status, emotional support, instrumental support and generalized trust in other people (an aspect of social capital) are associated with mental health (Lindström et al., 2012, 2014; Lindström and Rosvall, 2012), which is the rationale for including them as covariates in the analyses. Indicators of socioeconomic status in childhood such as self-reported economic stress in childhood have previously been associated with poor mental health in adulthood (Lindström et al., 2014), and is thus also included.

The aim of this study is to investigate the association between parental separation/divorce during childhood and ever having considered taking one's own life and ever having tried taking one's own life, respectively, including socioeconomic status, civil status, emotional support, instrumental support, generalized trust in

other people and economic stress in childhood as covariates in the analyses.

## 2. Methods and materials

### 2.1. Study population

The public health survey in Scania, southern Sweden in 2012 is a cross sectional study. It is based on a stratified random (weighted) sample of people in Scania from the public population register of residents. In August–September 2012, a total of 28,029 persons responded by returning the questionnaire, which represents a 51.7% response rate. Three reminder questionnaires were also sent to the initial non-respondents. Ethical approval was granted by the Ethical Committee, Lund University, Sweden.

### 2.2. Dependent variables

The item “Have you ever considered taking your own life, and may even have planned how you would do it?” (suicide thoughts) was assessed with the alternative answers “No, never”, “Yes, more than a year ago”, “Yes, during the past year”, and “Yes, during the past week”. The item was dichotomized with the first item as “No” and the three latter items as “Yes”.

The item “Have you ever tried to take your own life?” (suicide attempt) was assessed with the alternative answers “No, never”, “Yes, more than a year ago”, “Yes, during the past year”, and “Yes, during the past week”. The item was dichotomized with the first item as “No” and the three latter items as “Yes”.

### 2.3. Independent variables

Parental separation/divorce was assessed with the item “Did your parents divorce or separate at any time during your childhood and adolescence before you became 18 years old?” with the alternative answers “Yes” and “No”.

Age at parental divorce/separation was assessed with the item “How old were you when your parents divorced/separated?” with the alternatives 0–4, 5–9, 10–14 and 15–18 years. The two items parental separation/divorce and age at parental separation/divorce were merged.

Age was categorized into the age strata 18–24, 25–34, 35–44, 45–54, 55–64 and 65–80 years.

Stratification by sex was conducted in the analyses.

Born in Sweden/born in other country than Sweden. Participants born outside Sweden were aggregated into one group which was compared to participants born in Sweden.

Socioeconomic status (by occupation) included the categories employed on the labor market higher non-manual employees, medium level non-manual employees, low level non-manual employees, skilled manual workers, unskilled manual workers and self-employed/farmers. The groups outside the workforce (without occupation) consists of long-term sick-leave, unemployed, students, pensioners and unclassified/homeworkers.

Civil status was assessed with the alternatives married/registered partnership/co-habitant, unmarried, divorced and widow/widower.

Emotional support was measured with the item “Do you feel that you have someone or some persons who can give you proper personal support to cope with the stress and problems of life?” which had four alternatives answers: “Yes, I am absolutely certain to get such support”, “Yes, possibly”, “Not certain”, and “No”. The three latter were collapsed as low emotional support.

Instrumental support was retrieved with the question “Can you get help by some or several persons in case of illness or practical

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