

# Does Family Communication Pattern Predict Suicide Ideation and Attempt? A Longitudinal Study of Adolescents in Indonesia

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## ABSTRACT

Suicide is one of leading causes of death among adolescents around the world, including in Indonesia. Dysfunctional familial relationships are major risk factors for suicidal behavior, and Indonesia's unique culture and values shape the communication pattern and power dynamics among parents and adolescent children. This school-based longitudinal study aimed to determine the prevalence of suicide attempts and suicidal ideation in urban Jakarta adolescents and to examine the association with family communication pattern. The Family Communication Pattern Questionnaire (FCPQ) and Youth Risk Behavior Survey (YRBS) were completed by 531 students from five high schools in Jakarta selected by multistage random sampling. Associations between YRBS and FCPQ responses were analyzed using logistic regression. The YRBS revealed higher prevalence of suicidal ideation (8.1%) and attempt (5.5%) than in previous studies from Indonesia. In contrast to several previous reports, however, family communication pattern was not a strong predictor of suicide attempt by adolescents. Conversation orientation with the mother was a significant predictor of suicidal ideation according to logistic analysis ( $p < .05$ ). Adolescents reporting suicidal ideation as well as those with a history of suicide attempt should be referred for professional treatment.

**Keywords:** *adolescent, family communication pattern, Indonesia, suicide attempt, suicide ideation.*

## 1. INTRODUCTION

Adolescence is a period of emotional turmoil due in part to the conflict between a desire for autonomy and the continued dependence on family and other authorities (Berman, 1984 as cited in Berman, Jobes, & Silverman, 2006). This conflict may be further exacerbated by family tension, which then leads to hostility and in extreme cases to self-harm (Shapiro & Freedman, 1987 as cited in Berman, Jobes, & Silverman, 2006). Traumatic life events such as parental divorce, bereavement, and problems at school (bullying, social

pressures) may also increase the risk of self-harm if the adolescent does not possess adequate coping skills.

These factors are common to most adolescents but are modulated by unique social and cultural contexts (Compas & Reeslund, 2009; Mash & Wolfe, 2013; Siffge-Krenke, 2011 as cited in Santrock, 2013). The National Center for Health Statistics has identified suicide as a leading cause of death among adolescents in Indonesia, with known suicides accounting for approximately X% of the total deaths between ages A and B (NCHS,

2000 as cited in Adams & Berzonsky, 2003), and there are presumably many times more non-lethal suicide attempts that are never reported (Smith & Crawford, 1986 as cited in Adams & Berzonsky, 2003). Consequently, the actual prevalence of suicidal behavior among Indonesian adolescents is still a matter of conjecture (Adams & Berzonsky, 2003).

Several theories suggest that damage to social relationships is one of main causes of suicidal ideation and attempt (Sheftall, Mathias, Furr, & Dougherty, 2013). Adolescents frequently have an ambivalent relationship with parents due to conflicting needs for independence and material support (Kuhlberg, Pena, Zayas, 2010). In these adolescents, suicidal behavior may be an effort to avoid intolerable family circumstances (Pfeffer, Plutchik, Mizruchi *et al.*, 1986 as cited in Xing *et al.*, 2010). Alternatively, adolescents with a strong parental bond are less likely to violate their parents' expectation out of fear that this social bond will be broken (Rankin & Ells, 1990 as cited in Maimon, Browning, & dan Brooks-Gunn, 2010). Further, adolescents with strong parental bonds better understand the rationale for their family's values.

A major source of family conflict is poor communication between parents and children. Communication within the family is believed to have a greater impact on suicidal behavior than other interpersonal relationships and social structures (Richards, 1999 as cited in Miller & Day, 2009). Adolescents exhibiting suicidal behavior often state that family life is dysfunctional, while adolescents without suicidal behavior have a positive view towards family life (Keitner, Ryan, Miller, Epstein, Bishop, &

Norman, 1990). A lack of warmth in the parental relationship is a risk factor for poor well-being among adolescents (Sroufe, Duggal, Weinfeld, & Carlson, 2000 as cite in Connor & Rueter, 2006). Although previous studies have emphasized the importance of pathological family communication patterns in adolescent suicidal behavior, Firestone (1990, as cited in Miller & day, 2009) found that a non-pathological family communication pattern can also contribute to adolescent suicidal behavior if parents have unreasonably high expectations of their children.

According to previous research, poor family communication can predict suicidal behavior in adolescents. However, these relationships may vary among cultures. In Indonesia, parents frequently aim to encourage self-reliance due to current rapid social and economic changes (Abubakar, *et al.*, 2015). Still, Indonesian children are obligated to obey their parents and elderly, and a have responsibility to maintain family prestige (Abubakar, *et al.*, 2015). Parents in Indonesia place a high value on conformity and compliance (Riany, Meredith, and Cuskelly, 2016), and the relationships among family members are hierarchical. This hierarchical family structure may adversely influence adolescent identity development, self-esteem, problem solving, and decision making (Noller, 1995 as cited in Koerner and Fitzpatrick, 2002). It is critical to identify factors that reduce suicidal behavior among adolescents as there is a high risk of repeated attempts among this population (Seroczynski, Jacquez, & Cole as cited in Adams & Berzonsky, 2003). This study examined if family communication pattern

(FCP) is a predictor of adolescent suicidal behavior in Indonesia.

## 2. METHODS

### 2.1. Participants selection

This study used multistage random sampling to select one high school from every municipality within Jakarta (South, Central, East, West, and North Jakarta). In total, 531 students from the 5 selected high schools completed the requirements for study inclusion.

### 2.2. Research Design

We employed a longitudinal design to assess changes in FCP and YRB over one year.

### 2.3. Measurements

#### 2.3.1. Family Communication Pattern Questionnaire (FCPQ)

The FCPQ is a self-report measurement consisting of 28 items (statements) answered using a Likert-type scale from 'strongly agree' to 'strongly disagree' (Koerner & Fitzpatrick, 2002). Each item evaluates an aspect of the student's interactions with their father and/or mother. Principle component analysis has identified two major FCP domains, conversation orientation and conformity orientation (Fitzpatrick & Ritchie, 1994; Ritchie & Fitzpatrick, 1990, Koerner & Fitzpatrick, 2002). Items focus on interactions in which parents instill the family's values. In general, the FCP focuses on actual communication rather than the consequences of the interaction to information processing (Koerner & Fitzpatrick, 2002).

#### 2.3.2. Youth Risk Behavior Survey (YRBS)

Suicidal behavior was measured using the YRBS, a tool developed by the Centers for Disease Control in 1990 (Shilubane, Ruitter, Borne, Sewpaul, James, & Reddy, 2013). The YRBS aims to determine the prevalence of behaviors harmful to adolescent health and track common harmful behaviors across time in order to evaluate and improve relevant programs and policies (Brener, *et al.*, 2013). It consists of 66 items measuring various risk behaviors divided into 15 behavioral categories, one of which is suicidal behavior. In turn, this category measures two kinds of suicidal behavior, ideation and attempt.

### 2.4. Data Analysis

Logistic regression analysis was employed to examine the associations between the FCPQ data acquired in 2018 (conformity orientation and conversation orientation for both the father and mother) and the YRBS data acquired in 2019.

## 3. RESULTS

Among the study cohort of 531 adolescents, 43 (8.1%) reported considering suicide and 29 (5.5%) had attempted suicide at least once. The vast majority of participants reported communicating directly with their parents everyday (94.2%) while only 1.7% reported communicating directly only once a month. Despite this frequent direct communication, 57.8% also communicated with their parents indirectly. Adolescence in this cohort also reported sharing information with their parents. Most adolescents perceived the communication pattern with their parents as the consensual type with both conversation and

conformity orientation. In this type, parents have an important role to making decisions for their children and put substantial pressure on their children to fulfill their wishes. Conversation orientation with the mother was a

significant predictor of suicide ideation according to logistic analysis ( $p < .05$ ). However, no family communication pattern predicted suicide attempt. These analyses are summarized in Table 1.

**Table 1.** Logistic regression analysis of FCP and suicide ideation

	95% CI for Odds Ratio			
	B(SE)	Lower	Odds Ratio	Upper
<b>Included</b>				
<b>Constant</b>	1.005(0.72)			
<b>Conversation Orientation Mother</b>	0.03(0.01)	1.00	1.03	1.06

Note:  $R^2 = 0.20$  (Hosmer & Lemeshow), .01 (Cox & Snell), .02 (Nagelkerke). Model  $\chi^2 = 3.96, p < .05$

**4. DISCUSSION and CONCLUSION**

The prevalence of both suicidal ideation and suicide attempt among Indonesian adolescents was higher than reported in previous studies, while the FCPQ results support the conclusions of prior investigations that families in Indonesia are hierarchical with high conformity orientation. However, participants perceived their family communication as high in conversation orientation. This family system leads to a consensual family communication pattern with both high conformity and conversation orientation (Koerner & Fitzpatrick, 2006). In contrast to previous research, FCP was not a significant predictor of adolescent suicidal behavior with the exception of a significant association between conversation orientation with the mother and suicidal ideation. This result can be explained by the generally open communication within

most Indonesian families despite the hierarchical structure (Koerner & Fitzpatrick, 2006). Consequently, parents help their children solve problems, including problems that can increase risk of suicidal behavior. In addition, the consensual type FCP promotes respect for the parents' values and beliefs (Koerner & Fitzpatrick, 2006). A strong bond between adolescent and parents reduces the probability that the child will violate expectations as they fear damaging the emotional bond (Rankin & Ells, 1990 as cited in Maimon, Browning, & Brooks-Gunn, 2010). Adolescents with a stronger bond will also have a rational understanding of family norms. Values related to self-respect, shame, individual integrity, and avoiding harm to both self and others will be effectively instilled when parents have strong bonds with their children (Svensson, 2004 as cited in Maimon, Browning, and Brooks-Gunn,

2010). In effect, when adolescents think of harming themselves, they will first think about their parents and their family values, and thus are less likely to proceed. Nonetheless, psychological assistance is needed for adolescents with suicidal ideation, not just those with a history of suicide attempt.

#### **4.1. Study Limitations**

The current study obtained FCPQ and YRBS data only from adolescents in Jakarta and so our conclusion may not apply to students in regions with different cultural norms and socioeconomic conditions. Moreover, this study did not specify the type of suicidal behavior as

examples were too infrequent for subgroup analyses.

#### **4.2. Suggestions for Future Research**

Future studies will recruit larger samples from various cities across Indonesia to assess the influence of local cultural on FCP and adolescent suicide risk. Larger local samples will also allow for analyses of additional variables such as ethnicity, economic conditions, and daily time spent with family. Finally, additional subgroup analysis is required to assess the effects of FCP on specific types of suicidal behavior.

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