

## Role of Parental Acceptance and Self-Esteem on Suicidal Ideation among young Adults

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**ABSTRACT:** Family bonding among parents and children is evolving in Bangladesh due to influence of the modernization. In Bangladesh, on average around 30 people commit suicide every day. Statistics suggested, in 2017, 11095 people committed suicide in Bangladesh and this rate is increasing in every year. Present study was conducted to explore the role of parental acceptance and self-esteem on suicidal ideation among Bangladeshi young adults. This study conducted on sample of 112 respondents who were selected from different areas of the Chittagong district through non-probability sampling techniques. Study revealed non-significant gender differences in perception of parental acceptance and rejection, self-esteem, and suicidal ideation. Findings revealed parental acceptance and self-esteem as significant predictors of suicidal ideation. Study would be helpful to prevent suicide among young people by increasing family bonding and level of self-esteem.

**KEYWORDS:** Parental acceptance-rejection, Self-esteem, Suicidal ideation.

### I. INTRODUCTION

In November 2018, three female students of the University of Dhaka committed suicide within a week and one male student tried to commit suicide. Among the causes of death suicide is on ninth position for general population and on second position for adolescents. Moreover, the rate of committing suicide of young adults has nearly tripled since the 1950's (King, Price, Telljohann, & Wahl, 1999). According Bangladesh police statistics, around 30 people commit suicide every day (Dhaka Tribune, 8 May 2018). According to this statistics 9665 people in 2010, 9642 people in 2011, 10108 people in 2012, 10129 people in 2013, 10200 people in 2014, 10500 people in 2015, 10600 people in 2016, 11095 people committed suicide in 2017 (Dhaka Tribune, 8 May 2018). Suicide has ranked 17<sup>th</sup> among top 20 causes of death in Bangladesh (Ara, Uddin, & Kabir, 2016). Study found that suicide was a leading cause of death among 10-19 years old age group (Mashreky, Rahman, & Rahman, 2013). The results of these studies illustrated just how frequently adolescents are striving suicide. Suicide ideators are those who want to end their lives but have not yet executed a suicide plan or accomplished any prospective lethal act.

Research revealed that a common variable and related personality factor linked to suicide is self-esteem (Overholser, Adams, Lehnert, & Brinkman, 1995). Self-esteem can be defined as subjective judgment of competency regarding to one's self-worth. Individuals with high self-esteem holds positive attitude about themselves and they tend to be satisfied with their life. A person with low self-esteem has a negative attitude towards themselves and carryout feelings of incompetency and unworthy. Suicide risk is higher for those people who hold negative view about them (Overholser et. al, 1995). Among high school students Low self-esteem is an important predictor of suicidal ideation (Dukes & Lorch, 1989). Low self-esteem is also implicated in suicide attempts made by adolescents (Kienhorst, deWilde, Van Den Bout, Diekstra, & Wolters, 1990). Furthermore, negative self-evaluations were associated with increased suicidal tendencies, seriousness of suicidal intent, number of suicidal gestures, and medical lethality of the attempt (Robbins & Alessi, 1985).

Among the social contexts family is the most important for developing high self-esteem. The family is the first primary group that we experience—the place where some of our most important identities take shape. Assessments of role performances based on these identities are considered as early sources of self-esteem. Parents persuade their children to obey through both unmediated and mediated controls (Hagan, 1989). Some parents are straightforward to supervise their children's behaviors. Indirect control operates through children's

attachment to their parents. It provides a source of constraint on the inclination to deviate even when parents are absent (Hagan, 1989).

Good and friendly relation with parents can decrease suicide risk. Rubenstein, Heeren, Housman, Rubin, and Stechler (1989) documented the association between family relation and lower risk of suicide. Garrison, Jackson, Addy, Mckeown, and Waller (1998) assessed 359 adolescents at two time points one year apart and found that good family relation plays a vital role against suicidal ideation, attitude and behaviors. Bearman and Moody (2004) found that respondents with higher levels of parental distance reported higher levels of suicidal ideation, but not suicidal behavior. Higher levels of family connectedness, therefore, appear to be consistently associated with lower suicide risk. Borowsky et al. (1999) found perceived caring by, and involvement with, family was associated with lower rates of suicidal behaviors among American Indian and Alaska Native. Eisenberg and colleagues documented that parental acceptance and Intimate relation with other family members was considered safeguarding against suicidal ideation in gay, lesbian, and bisexual youth and in adolescents with a history of sexual abuse (Eisenberg & Resnick, 2006; Eisenberg, Ackard, & Resnick, 2007). Garnefski and Diekstra (1997) studied the emotional factors of children who were raised in one-parent and stepparent homes. Higher level of emotional complications and lower self-esteem were found among children from single parent or stepparent families. These children had a higher rate of suicidal behavior over their lifetime. Dukes and Lorch (1989) found that suicidal ideation was linked with the importance personal satisfaction and the importance of personal satisfaction through the variables of self-esteem, eating disorders, and alcohol use. Suicidal ideation has been found to be a concern of many high school, college and university level students (Cote, Pronovost, & Ross 1989). In fact, young adults are at high risk for suicidal ideation than other age groups. Suicidal behavior as well as self-esteem is not same in male and female students (Kotila & Lonnqvist, 1988). Mashreky et al. (2013) found that females, 10-19 years old age group, were most vulnerable in Bangladesh.

The purpose of this study is to investigate the role parental acceptance and self-esteem on suicidal ideation among young Bangladeshi adults. If there would be a link, then the nature of attachment with parents and their level of self-esteem could be identified as being at risk prior to their suicidal attempts. It is important to help young adults at risk for committing suicide before they take their lives. To stop the high rate of suicidal ideation among early adulthood, methods to detect and intervene to prevent suicides from occurring must be identified. Because suicidal ideation logically precedes suicidal acts, the identification of true predictors of ideation would permit a better understanding of suicidal risk (de Man, Leduc, & Labrèche-Gauthier, 1993). In the era of globalization, poor family bondage creates distance between parents and child, and holds to get divorce of parents and youth are deprived of love from their beloved person. Self-esteem can be negatively affected by social factor such as poor parental. Gradually they come forward to the way of suicidal ideation. The current study attempted to understand the role of parental acceptance as protective factor in suicidal behavior among the Bangladeshi youth. It would be used by the general public or even counselors and family therapists as an important aspect in dealing with people with suicidal ideation. Moreover, not much research seems to have been done on the young adults taking into consideration the age group of 18-24 years, although researches are done in the context of adolescents.

In the present study, two hypotheses were proposed and tested. These were following-

1. There would be no gender differences in parental acceptance, self-esteem, and suicidal ideation;
2. Parental acceptance and self-esteem would be significant predictors of suicidal ideation.

## Method

### Participants

In this study, the young adults in Chittagong district were the target population. A total 112 adults were selected through purposive sampling technique from different areas of Chittagong district. Among them, 56 were male (50%). Age of the respondents ranged from 17 to 24 years with a mean of 20.20 years (SD=2.80). On an average, the respondents completed 13.62 years of education (SD=1.65). About 72% of the participants were Muslim and 23% of them were Hindus and 5% were Buddhist. Number of the family members of the respondents ranged from 3 to 8 with a mean of 4.91 =5 persons (SD=1.26). Among them, 33% of the respondents reported that their relationship had been broken up, 22.3% had smoking habit, .9 % was alcoholic, 3.2% were marijuana intaker, 3.2% took Ya Ba and 69.9 % had no drug habit. Among respondents, 42.9% were not in any relationship, 23.2% were in a relation, and 33.9% were in one sided love.

### Measures

**Adult Version of the Parental Acceptance-Rejection Questionnaire for Fathers and Mothers (Adult PARQ: Father and Mother):** The Bangla version (Jasmine, Uddin, & Sultana 2007) of the Parental Acceptance-Rejection Questionnaire (PARQ: Rohner, 2005) for Fathers and Mothers were used in the present study. These self-report measures consist of 60 items each. Both measures consist of four subscales each: (a)

paternal or maternal Warmth/Affection, (b) Hostility/Aggression, (c) Indifference/Neglect, and (d) Undifferentiated Rejection. Items are scored on 4-point Likert-type scales with 1 (*almost never true*), 2 (*rarely true*), 3 (*sometimes true*) and 4 (*almost always true*). Total score ranged from 60 (maximum perceived acceptance) to 240 (maximum perceived rejection). Among scores, 140-149 indicate respondent's experience of high level rejection, but not overall rejection than acceptance, 121-139 indicate moderate rejection, 60-120 indicate individuals' perception of parental love. In the present study, the *Cronbach's Alpha* for the acceptance-rejection portion of both Father and Mother Versions were .982 and .977 respectively.

**Bangla Version of the Self Esteem Questionnaire:** The Bangla version (Ilyas, 2009) the Self-Esteem Scale (SES: Rosenberg, 1965), includes 10 general statements assessing the degree to which respondents are satisfied with their lives and feel good about themselves. The RSE provides an established measure of global self-worth. Statements are stated on a 4-point scale ranging from *strongly agree* to *strongly disagree*. The SES has obtained adequate evidence of internal consistency and temporal stability among young males (Bachman & O'Malley, 1977). Also, the SES has shown evidence of construct validity as a measure of global self-esteem in adolescents (Hagborg, 1993) and young adults. The SES has been recommended as a psychometrically sound measure for use with school-age children (Chiu, 1988); The reliability of the Bangla version of the SES was found significant ( $r = 0.87$ ). High *Cronbach's alpha* 0.87 of Bengali version indicated internal consistency of the scale.

**Bangla version of suicide ideation questionnaire:** The Bangla version (Uddin, Faruk, & Khanam, 2013) of Beck Scale for Suicidal Ideation (BSSI: Beck & Steer, 1991) was assessed with 21-item self-report scale for suicide ideation. This measure evaluates extent of suicidal thoughts, their characteristics, and respondent's attitude towards them. Every respondent is asked to rate item 20, and any respondent who has previously attempted suicide is requested to rate item 21. For a suicide ideator (that is, a respondent who has rated all of the items), the severity of suicidal ideation is calculated by summing the ratings for the first 19 items. Items 20 and 21 are not included in the score. The total BSSI score can range from 0 to 38 points. The BSSI takes approximately 10 minutes to administer. The items assessing thoughts of death are separate from items assessing suicidal ideation per se. The active suicide ideation screening item 4 refers to "desire to kill myself," which implicitly assumes some rumination associated with "non-zero intent to kill oneself." The follow-up Item 15 even more clearly addresses issues of intent (e.g., "I am sure I shall make a suicide attempt").

### Design

A cross-sectional survey research design was employed for conducting the present study in which data were collected by means of questionnaires.

### Procedure

The questionnaire, comprised of above-mentioned scales and questions, was administered along with a personal information form and instructions sheet. The purposes and importance of this study explained to the respondents in the instructions sheet before administering the questionnaire. Informed written consent was obtained from the participants. They were assured about the usage and confidentiality of their responses. Respondents requested to read every item of the questionnaire carefully and also instructed to express their opinion as per the instructions were given to them. They were also instructed not to skip any item in the questionnaire. They were thanked for their cooperation in the study. Participants received a token gift as incentive.

## II. RESULTS

The collected data were analyzed by descriptive statistics to estimate the mean and standard deviation of the perceived maternal and paternal acceptance, self-esteem, and suicidal ideation. Results are presented in Table 1.

Table 1

*Descriptive statistics of perceived maternal and paternal acceptance, self-esteem, and suicidal ideation*

Variable	Mean	Standard Deviation
Maternal acceptance	117.10	32.83
Paternal acceptance	112.10	31.70
Self-esteem	24.09	6.59
Suicidal Ideation	9.28	12.17

The collected data were subjected to the *independent sample t-test* to estimate the mean differences in perceived maternal and paternal acceptance, self-esteem, and suicidal ideation by gender. Results are presented in Table 2.

Table 2

Mean differences in perceived maternal and paternal acceptance, self-esteem, and suicidal ideation by gender

Variable	Male			Female			df	T
	n	M	SD	n	M	SD		
Maternal acceptance	56	115.71	31.79	56	118.48	32.83	110	-.453
Paternal acceptance	56	112.38	32.26	56	111.81	31.42	110	.094
Self-esteem	56	23.98	6.45	56	24.20	6.78	110	-.171
Suicidal Ideation	56	8.43	11.62	56	10.13	12.74	110	.208

Table 2 shows non-significant gender differences in perceived maternal ( $t$ -value =  $-.453$ ,  $p > .05$ ) and paternal acceptance ( $t$ -value =  $.092$ ,  $p > .05$ ), self-esteem ( $t$ -value =  $-.171$ ,  $p > .05$ ), and suicidal ideation ( $t$ -value =  $.208$ ,  $p > .05$ ). These results support hypothesis 1.

The collected were subjected to the *Pearson Product Moment Correlation Coefficient* to estimate the correlations among maternal acceptance, paternal acceptance, self-esteem, and suicidal ideation. Results are presented in Table 3.

Table 3

Correlation matrix among maternal acceptance, paternal acceptance, self-esteem, and suicidal ideation

Variable	Maternal Acceptance	Paternal Acceptance	Self-esteem
Paternal Acceptance	.621***		
Self-esteem	.258***	.420***	
Suicidal Ideation	-.472***	-.437***	-.461***

\*\*\* $p < .001$

Table 3 shows that suicidal ideation significantly correlated with maternal acceptance ( $r = -.472$ ,  $p < .001$ ), paternal acceptance ( $r = -.437$ ,  $p < .001$ ), and self-esteem ( $r = -.461$ ,  $p < .001$ ).

The collected data were subjected to 'regression analysis' to estimate the predictability of the maternal acceptance, paternal acceptance, and self-esteem on suicidal ideation. Results are presented in Table 4.

Table 4

Model summary of regression analysis of suicidal ideation for parental acceptance and self-esteem

Variable	Unstandardized Coefficient		Standardized Coefficient	t	$r_p$	$r_p^2 \times 100$
	B	SE	B			
Constant	39.078	6.892		5.670**		
MA	-.922	.225	-.331	-4.101**	-.311	9.67
PA	-1.211	.492	-.211	-2.460*	-.186	3.46
SE	-1.964	.578	-.286	-3.396**	-.257	6.60

$R^2 = .381$ , Adjusted  $R^2 = .364$ ,  $F_{(3,108)} = 22.132$ ,  $p < .001$

\* $p < .05$ , \*\* $p < .01$

Dependent: Suicidal Ideation; MA = Maternal Acceptance, PA = Paternal Acceptance, SE = Self-esteem

Table 4 shows that maternal acceptance ( $B = -.922$ ,  $SE = .225$ ,  $\beta = -.331$ ,  $t$ -value =  $-4.101$ ,  $p < .01$ ), paternal acceptance ( $B = -1.211$ ,  $SE = .492$ ,  $\beta = -.211$ ,  $t$ -value =  $-2.460$ ,  $p < .05$ ), and self-esteem ( $B = -1.964$ ,  $SE = .578$ ,  $\beta = -.286$ ,  $t$ -value =  $-3.396$ ,  $p < .01$ ) were significant negative predictors of the suicidal ideation. These variables explained 38.1% variance of the suicidal ideation. The maternal acceptance explained 9.67% variance, paternal acceptance 3.46% variance, and self-esteem 6.60% variance of the suicidal ideation. These results support the hypothesis 2.

### III. DISCUSSION

The purpose of the present study was to investigate whether variation in suicidal ideation would be accounted by parental acceptance and self esteem. Results from Table 1 showed respondents perceived their parents to be fairly accepting. They had higher self-esteem. Table 2 showed that both boys and girls perceived their fathers as well as mothers to be fairly accepting. Both boys and girls perceived themselves as having higher self-esteem. No significant gender difference in any major variables was found. As a result, all further analyses were pooled across the sexes. Some studies suggested non-significant gender differences in self-esteem (Aryana, 2010; Audu, Jekwu, & Pur, 2016). However, difference in self-esteem among boys and girls is a matter of contention among researchers (Ahmed, Hossain, & Rana, 2018). In some studies, researchers found significant gender differences in self-esteem (Brutsaert, 1990; Kling, Hyde, Showers, & Bruswell, 1999; Quatman & Watson, 2001). Ahmed et al. (2018) found that male students had more self-esteem than female university students. Boys and girls perceived their fathers as well as mothers to be fairly accepting. Both boys and girls perceived themselves as having higher self-esteem. Glavak-Tkalić and Kukolja-Cicmanovi (2014) conducted a study on a sample 269 high school students and found non-significant gender difference in parental acceptance.

Findings showed that suicidal ideation significantly and negatively correlated with paternal acceptance, self-esteem. Findings also revealed that parental acceptance and self-esteem were negative predictors of suicidal ideation. Previous studies of suicidal ideation found that positive parental attachment (de Jong, 1992) as well as parental involvement (Perkins & Hartless, 2002) to be significant predictors. Yadegarfar, Meinhold-Bergmann, and Ho (2014) found that family rejection, social isolation, and loneliness were significant predictors of suicidal thinking. Fotti, Katz, Afifi, and Cox (2006) conducted a cross-sectional study on a sample of 2090 (12-13 years old aged) people and found that decreased parental nurturance, increased parental rejection, poor peer relationships were linked with suicidal ideation and attempts. Lai and McBride-Chang (2001) investigated the relationship of perceived parenting treatment and family climate with the prevalence of suicidal ideation on a sample of 120 students from Hong-Kong. They found that suicidal ideation significantly associated with perceived authoritarian parenting, negative family climate, high maternal over control, low parental warmth, negative child-rearing practices. Sobrinho, Campos, and Holden (2016) found that parental rejection had both direct and indirect relationships with suicidality. Tishler and McKenry (1982) compared the parents of 46 suicide attempters with parents of non-attempters. Their results indicated that attempters' fathers were significantly more depressed and lower in self-esteem, more alcoholic than non attempters. Attempters' mothers were significantly more anxious.

Findings related to the relation between self-esteem and suicidal ideation also consistent with previous studies (Wilburn & Smith, 2005; Creemers, Scholte, Engels, Prinstein, & Wiers, 2012; Manani & Sharma, 2013; Singh & Pathak, 2017). Mitsui et al. (2014) found that self-esteem score of suicide risk group were significantly lower than without risk group. Manani and Sharma (2013) reported negative relationship between self-esteem and suicidal ideation. People having high self-esteem are comparatively more resistant to suicidal thoughts. They are more competent in coping with negative life events (Srivastava, 2007 as cited in Singh & Pathak, 2017). Negative thinking about self involve in viewing self as worthless as well as helpless. Such types of feelings increase suicidal ideation and suicidal attempts. Uncertainty about own self-worth leads to negative mood that increases the probability of suicidal act (Swann, Chang-Schneider, & McClarty, 2007). Suicidal ideation arises from a desire to escape from aversive self-awareness (Baumeister, 1990). In his theory, Baumeister (1990) proposed that individuals, who set unattainable goals and blame themselves for their failure, are at high risk. Such negative attributions about self provide a ground for the emergence of suicidal ideation. However, there was criticism about studies those investigated the relationship between self-esteem and suicidal ideation. This relationship often mediated, moderated or controlled by others factors like depression, hopelessness, etc. (Bhar, Ghahramanlou-Holloway, Brown, & Beck, 2008). Harter (1999) suggested that negative self-evaluation can't be separated from the depressed mood, hopelessness while predicting suicidal ideation. The emergence of suicidal ideation is explained by low self-worth, hopelessness, and depressive mood (Harter, 1999). Some studies supported this model (Pinto & Whisman, 1996; de Man, 1999; Wagner, Rouleau, & Joiner, 2000; Tarrier, Barrowclough, Andrews, & Gregg, 2004). These studies revealed that self-esteem failed to predict suicidal ideation while controlling depression (Pinto & Whisman, 1996; De Man, 1999; Wagner et al., 2000) or hopelessness (Tarrier et al, 2004).

#### **Limitations and Recommendations:**

There are some limitations of this study. First, the data did not allow this study to further disaggregate suicide ideation. This study was unable to assess the degree to which these shared characteristics and experiences contribute to suicide ideation. Second, the findings of this study cannot be extended to suicide completion among adults. Third, collecting data from a conveniently selected small size sample was a limitation of this study. However, further study is required in Bangladesh to conclusively explain the inconsistency found in this study. A study including a large sample would be taken to reduce the systematic error.

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