# Social construction of suicide in the Philippines based on the perspectives of undergraduate students from two universities in Metro Manila

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## ABSTRACT

A total of 308 undergraduate students from a sectarian, predominantly middle and upper-middle socio-economic class university (n=139) and a state-owned, non-sectarian, predominantly lower socio-economic class university (n=169) were engaged in a survey research that attempted to understand their perceptions on suicide as a phenomenon. Results indicate that the students from the two universities are very similar in their social constructions of the reality of suicide among the Filipino youth: they believe that suicide is primarily due to depression and other mental illnesses, that majority of young Filipinos have thought of suicide at least once, and that almost 1 out of every 3 has attempted the act. While they generally maintain that all members of the youth are at-risk of suicide, many also believe that the risk is particularly high for youth exposed to violence and members of the LGBT. They also tend to believe that suicide is a cry for help and that they are willing, capable, and even duty-bound to help in cases of suicide. The students believe that suicide is a topic often considered taboo in the Philippines but one that needs to be a part of more conversations. Finally, the students are generally undecided on the acceptability of suicide but also disagree with the notion that suicide can never be justified. The findings suggest that the Philippines, particularly its youth, may be ready for conversations and mobilizations in favor of suicide prevention but are still unprepared for the premise of suicide and assisted suicide as justifiable actions.

**Keywords:** *Suicide; Suicide ideation; Suicide Attempts; Perceptions on Suicide*

## INTRODUCTION

Issues related to mental health have received increasing attention in recent years in the Philippines. In the legislature, Republic Act 11036: The Mental Health Act, was passed and signed into law in 2017. At the executive branch of the government, the country's Department of Science and Technology – Philippine Council for Health Research and Development (DOST-PCHRD) launched the National Mental Health Research Agenda (NMHRA) in 2019. The first Philippine Mental Health Summit series – themed "Cultivating the Culture of Research in Philippine Mental Health" - was also held by the Department

of Health, through the Philippine Council for Mental Health, in 2021. All of these point to the increasing importance given to endeavors related to mental health, including suicide research.

The increase in suicide-related research in the Philippines is also noticeable. While suicide studies have existed even as far back as the 1950s such as the sociological work of Catuncan (1959) and the anthropological work of Ewing (1955), the frequency of suicidological research is observably more numerous and accessible in recent years. These studies tend to follow either of two major directions: first, a trend analysis of suicidal thoughts and behavior (e.g. Redaniel et al., 2011; Quintos, 2019a) and, second, the more frequent analysis of correlates and predictors of suicide (e.g. Estrada et al., 2019; Francisco & Cuason, 2017; Lie & Liou, 2012; Manalastas, 2013; Manalastas, 2016; Page et al., 2011; Quintos 2017a; Quintos, 2017b; Quintos, 2018; Quintos, 2019b; Quintos, 2020a; Quintos, 2020b; Reyes et al., 2017; Reyes et al., 2020; Sta. Maria et al., 2015). These two major directions imply that much of the attention in recent Philippine suicidology is primarily concerned only with the identification of historical trends and risk and protective factors related to suicide. Lesser attention is given to the views that Filipinos have regarding the phenomenon. This study contributes to this collection of Filipino-focused studies by approaching the subject matter from a more social constructionist perspective. This is done by answering the general research question: what is the phenomenon of suicide based on the perceptions of the Filipino youth? In order to answer this general research question, this study sought to satisfy the following specific research questions:

1. How prevalent are the phenomena of suicide ideation and suicide attempts among the Filipino youth based on the perceptions of members of the Filipino youth?
2. Who are the most at-risk of suicide based on the perceptions of members of the Filipino youth?
3. What is the most common reason for suicide among the Filipino youth based on the perceptions of members of the Filipino youth?
4. What are the knowledge and attitudes of the members of the Filipino youth regarding suicide as a phenomenon?
5. What are the attitudes of members of the Filipino youth regarding the acceptability of suicide?
6. Who should be responsible in preventing suicide among the Filipino youth based on the perceptions of members of the Filipino youth?
7. Do these perceptions on suicide differ based on the socio-economic characteristics of members of the Filipino youth?

This study operated under a conceptual framework (see Figure 1) inspired by Weber's theoretical understanding of the relationship between idea systems and social actions. According to Weber, *"meaningfully interpretable human conduct ('action') is*

*identifiable by reference to 'valuations' and meanings"* – a perspective on the relationship between ideas and action that is further reinforced by another of his statements, *"ideas have, like switchmen, determined the tracks along which action has been pushed by the dynamic of interest"* (Ritzer, 2010). This means that the way by which people behave – or the social actions they take - is influenced by the set of ideas that they believe in. In his own work, Weber demonstrated the plausibility of this premise by showing how the sets of ideas espoused by Calvinist Protestantism birthed among its believers a work ethic that was useful in producing the necessary men and women needed for capitalism to prosper (Weber et al., 1930).

**Figure 1**
*Theoretical framework of the study*
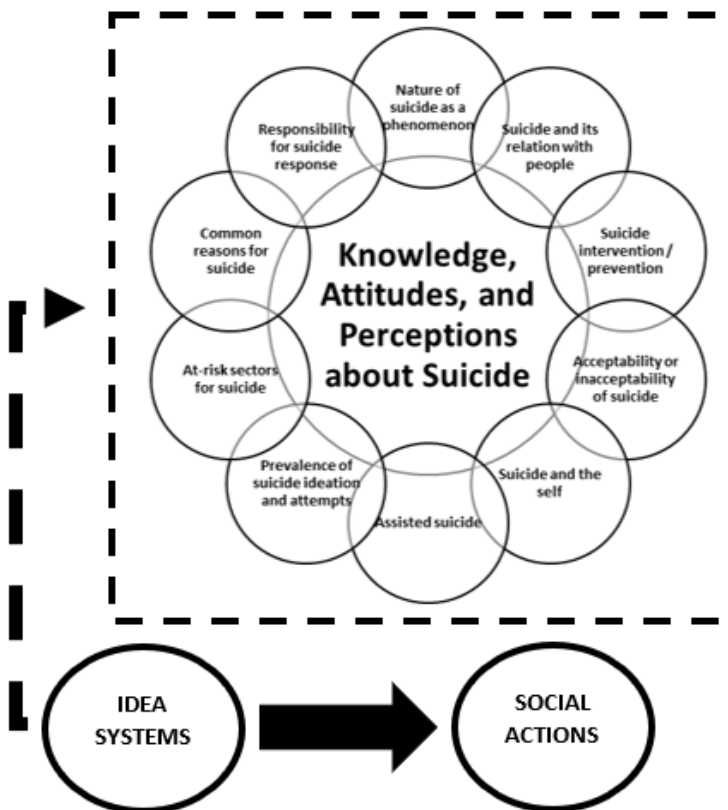


The primacy of ideas held by persons either as a catalyst or compass for subsequent behavior is a well-accepted premise. This is an element in several theories commonly used in the past and the present such as the Theory of Reasoned Action (Fishbein and Ajzen,

1975) which emphasized the importance of attitudes and perceived subjective norms as determinants of behavioral intentions. The more recent Theory of Planned Behavior (Ajzen, 1985) also emphasized the same. Even the Knowledge-Attitudes-Practices model that has been used since the 1950s for family planning and population research, and in mental health in more recent decades (Andrade et al., 2020), operates with the premise that "*knowledge is the foundation of behavior change, and belief and attitudes are the driving force of behavior change*" (Fan et al., 2018). Following this premise, this study was conducted in order to understand the socially constructed reality shared by students – them being members of the predominantly young Philippine population – about the phenomenon of suicide because it is important to know what ideas about suicide are held by the people to understand what kind of collective actions related to the phenomenon can be expected to possibly happen in the future.

**RESEARCH METHODS**

This study operated under a survey research design. Undergraduate students from two universities from Metro Manila were invited to answer a survey that included questions on their socio-economic characteristics and suicide perceptions - some questions of which were inspired by the Attitudes towards Suicide Scale (ATTS). The first university, henceforth called "University A", is a famous private Roman Catholic university predominantly populated by students from middle and upper-middle income households. The second university, henceforth called "University B", is a famous state university predominantly populated by students from low income households. As a state university, University B provides a non-sectarian brand of education. The choice of these two universities is important because these universities, when combined, can represent the different subsectors of the Filipino youth especially in terms of socio-economic class. Both universities are also famous in the Philippines, thereby attracting enrollees from different parts of the country – allowing for a sample that is not purely comprised of Metro Manila residents.

A total of 308 students answered the survey – 139 of which are from University A and the remaining 169 are from University B. Table 1 shows that the respondents of the study are predominantly 20 to 21 years old who grew up in urbanized areas. The student groups of both universities are predominantly female and there is a notable proportion of students from University B who identify themselves as part of the LGBT. Both student groups are also predominantly religious (with Christianity being the dominant religion), albeit around 1 in every 5 considered themselves as non-religious – a worldview they reportedly adopted during their teenage years instead of being something they held since their childhood days. The latter part of Table 1, Socio-economic class, measured through Albert et al.'s (2018) family income thresholds, shows the clear economic divide between the students of the two universities: the largest chunk of the student representatives of

University A are considered as upper middle-class. Meanwhile, the largest chunk of those
from University B are considered as poor.

**Table 1**

*Socio-economic profile of the student respondents from the two Manila-based universities*

| | UNIVERSITY A (n=139) | | UNIVERSITY B (n=169) | |
|---|---|---|---|---|
| **Age** | *f* | *%* | *f* | *%* |
| *18* | 4 | 2.9 | 4 | 2.4 |
| *19* | 22 | 15.8 | 24 | 14.2 |
| *20* | **58** | **41.7** | **64** | **37.9** |
| *21* | **44** | **31.7** | **66** | **39.1** |
| *22* | 6 | 4.3 | 9 | 5.3 |
| *23* | 4 | 2.9 | 2 | 1.2 |
| *24* | 1 | .7 | 0 | 0 |
| **Gender Identity** | | | | |
| *Male* | **57** | **41** | 36 | 21.3 |
| *Female* | **73** | **52.5** | **105** | **62.1** |
| *LGBT* | 9 | 6.5 | **26** | **15.4** |
| *Undecided* | 0 | 0 | 1 | .6 |
| ***Religion*** | | | | |
| *Christian* | **111** | **79.9** | **132** | **76.1** |
| *Islam* | 2 | 1.4 | 1 | .6 |
| *Eastern Religion* | 5 | 3.6 | 0 | 0 |
| *Undecided* | 0 | 0 | 1 | .6 |
| *None* | **21** | **15.1** | **35** | **20.7** |
| **Environment where they grew up** | | | | |
| *Rural (provincial, low number of people and businesses)* | 27 | 19.4 | 38 | 22.5 |
| *Urban (city, high population, many businesses)* | **112** | **80.6** | **131** | **77.5** |
| **Socio-economic class of household\*** | | | | |
| *Monthly income of less than P11,690.00* | 0 | 0 | **55** | **32.5** |
| *Monthly income between P11,690.00 to P23,381.00* | 6 | 4.3 | 47 | 27.8 |
| *Monthly income between P23,381.00 to P46,761.00* | 14 | 10.1 | 41 | 24.3 |

| | UNIVERSITY A (n=139) | | UNIVERSITY B (n=169) | |
|---|---|---|---|---|
| *Monthly income between P46,761 to P81,832.00* | 27 | 19.4 | 11 | 6.5 |
| *Monthly income between P81,832 to P140,284.00* | **34** | **24.5** | 0 | 0 |
| *Monthly income between P140,284.00 to P233,806.00* | 14 | 10.1 | 0 | 0 |
| *Monthly income of at least 233,807.00* | 28 | 20.1 | 0 | 0 |

All students voluntarily participated in the study after being informed of the nature of the research without promises of any kind of reward. Descriptive statistics in the form of cross-tabulations were constructed from the data in order to compare the survey results between University A and University B. A series of Spearman Rho correlational tests were also conducted to determine whether there are significant correlations ($\alpha$=0.05) between individual socio-economic characteristics and perspectives on suicide.

**RESULTS AND DISCUSSION**

Information about the social construction of suicide as a phenomenon of the students from the two universities were elicited through several questions. The answers to these questions are presented in the succeeding tables.

**Table 2**

*Perceptions on the prevalence of suicide ideation and suicide attempts among young Filipinos of the student respondents*

| | UNIVERSITY A (n=139) | | UNIVERSITY B (n=169) | |
|---|---|---|---|---|
| **Suicide Ideation** | *f* | *%* | *f* | *%* |
| *0-10%* | 1 | .7 | 0 | 0 |
| *11-20%* | 9 | 6.5 | 2 | 1.2 |
| *21-30%* | 18 | 12.9 | 26 | 15.4 |
| *31-40%* | 31 | 22.3 | 39 | 23.1 |
| *41-50%* | 31 | 22.3 | 40 | 23.7 |
| *More than 50%* | **49** | **35.3** | **62** | **36.7** |
| **Suicide Attempts** | | | | |
| *0-10%* | 15 | 10.8 | 5 | 3 |
| *11-20%* | 28 | 20.1 | 28 | 16.6 |
| *21-30%* | **29** | **20.9** | **36** | **21.3** |

|  | UNIVERSITY A (n=139) | | UNIVERSITY B (n=169) | |
|---|---|---|---|---|
| *31-40%* | 28 | 20.1 | 44 | 26 |
| *41-50%* | 19 | 13.7 | 28 | 16.6 |
| *More than 50%* | 20 | 14.4 | 28 | 16.6 |

Table 2 shows the estimates by the students regarding the prevalence of suicide ideation and suicide attempts among their fellow young Filipinos. While there is no majority choice among the students, it was observed that the largest proportion of students from both universities believe that suicide ideation is very prevalent to the point that majority of the youth have experienced having suicidal thoughts. While their estimates for the prevalence of suicide attempts is relatively more conservative, the students of both universities still believe that almost 1 out of every 3 young Filipino has attempted suicide.

When these perceptions are compared with what is already empirically-known about suicide among the youth in the Philippines, what is noticeable is that the estimates of prevalence in terms of suicide ideation and suicide attempts are inflated compared to what previous studies have reported. In Quintos' study (2017a), it was found that around one in ten Filipino youth have experienced suicide ideation while one in twenty have proceeded with an actual attempt. Even in studies that looked into the prevalence of suicide among teenage Filipinos in different timeframes - 2003, 2007, 2011, and 2015 -, the rate of suicide ideation was never higher than 20%, and the rate of suicide attempts are even less (Quintos, 2019a; Quintos, 2020a). It bears noting, however, that the students in this study were surveyed during the COVID-19 pandemic – a time when suicides have reportedly drastically increased (Nortajuddin, 2020; Dela Pena, 2021; Domingo, 2021; Gregorio, 2021; Rivas, 2021; Velado-Ramirez, 2021). The estimates of the students, therefore, may be grounded on the widely reported version of reality during the pandemic that was not captured by earlier pre-pandemic empirical studies.

**Table 3**

*Perception on the most at-risk subgroup of young Filipinos to suicide
of the student respondents*

|  | UNIVERSITY A (n=139) | | UNIVERSITY B (n=169) | |
|---|---|---|---|---|
|  | *f* | *%* | *f* | *%* |
| *All young people are equally at risk* | **83** | **59.7** | **112** | **66.3** |
| *Young People affected by violence* | **37** | **26.6** | **26** | **15.4** |
| *LGBT youth* | **10** | **7.2** | **12** | **7.1** |
| *Non-religious youth* | 1 | .7 | 0 | 0 |

| | UNIVERSITY A (n=139) | | UNIVERSITY B (n=169) | |
|---|---|---|---|---|
| | *f* | *%* | *F* | *%* |
| *Homeless youth* | 0 | 0 | 0 | 0 |
| *Youth from upper socio-economic backgrounds* | 1 | .7 | 1 | .6 |
| *Youth from middle socio-economic backgrounds* | 4 | 2.9 | 5 | 3.0 |
| *Youth from lower socio-economic backgrounds* | 1 | .7 | **11** | **6.5** |
| *Young men* | 0 | 0 | 0 | 0 |
| *Young women* | 1 | .7 | 0 | 0 |
| *Out-of-school youth* | 0 | 0 | 0 | 0 |
| *Bullies* | 0 | 0 | 1 | .6 |
| *Depressed people* | 1 | .7 | 0 | 0 |

Table 3 shows that majority of the students of both universities tend to recognize the threat of suicide as applicable to all subgroups of the Filipino youth. It was observed, however, that a sizable proportion of the students also recognized some other groups as particularly at-risk. For the students of both universities, young people affected by violence (e.g. domestic abuse, bullying) and the LGBT are at higher risk. The respondents' emphasis on the LGBT and youth exposed to violence as at-risk groups for suicide is also corroborated by the results of earlier nationally-representative studies involving the Filipino youth (Quintos, 2017a; Quintos, 2019b; Quintos, 2020; Manalastas, 2013; Manalastas, 2016) and cross-country studies looking into suicide in the ASEAN (Peltzer & Pengpid, 2017) and low and middle-income countries (Vijayakumar et al., 2021). Meanwhile, it is interesting to note that a sizable proportion of University B's student respondents considered poor Filipino youths as at a higher risk of suicide while those from University A does not. Those from University B – the lower socio-economic class university in this study – might be in touch with the realities of suicide among the poorer sectors than those from the relatively richer University A especially given that these data were obtained during the pandemic whereupon poor Filipinos face both the biological threat of COVID-19 and the socio-economic issues that it brought and/or exacerbated.

**Table 4**

*Perception on most common reason for suicide among young Filipinos of the student respondents.*

| | UNIVERSITY A (n=139) | | UNIVERSITY B (n=169) | |
|---|---|---|---|---|
| | *f* | *%* | *f* | *%* |
| *They get influenced by films, books, and/or other media* | 2 | 1.4 | 5 | 3 |
| *Loneliness or isolation* | 8 | 5.8 | 14 | 8.3 |

| | UNIVERSITY A (n=139) | | UNIVERSITY B (n=169) | |
|---|---|---|---|---|
| | ƒ | % | F | % |
| To get attention | 1 | .7 | 2 | 1.2 |
| Stress | 21 | 15.1 | 11 | 6.5 |
| Depression or other mental health issues | **101** | **72.7** | **115** | **68** |
| Bullying | 4 | 2.9 | 6 | 3.6 |
| Romantic problems | 1 | .7 | 2 | 1.2 |
| Family problems | 7 | 5 | 10 | 5.9 |
| Educational problems | 2 | 1.4 | 2 | 1.2 |
| Financial problems | 2 | 1.4 | 10 | 5.9 |
| Curiosity | 1 | .7 | 2 | 1.2 |
| Lack of control over their life | 1 | .7 | 3 | 1.8 |

The students of both universities overwhelmingly point to depression and other mental health issues as the primary reason for suicide among the Filipino youth. While this is not parallel to many of earlier Philippine-based studies about predictors of suicide which pointed to the importance of the family as a protective factor against suicide (Quintos, 2017c; Quintos, 2019; Quintos, 2020) and young Filipinos who have attempted suicide before have declared family problems as the reason for their attempt (Quintos, 2017a), this finding does lend some support to the qualitative study done by Batar and Vasquez on Filipino conceptualizations of suicide (2016). There is, nonetheless, a difference between this finding and the aforesaid qualitative study. What Batar and Vasquez observed from their FGDs is that only a few of their participants associated suicide with depression and mental illnesses. Instead, majority of their participants regarded the phenomenon as more related to issues related to interpersonal relationships and biological factors. A separate qualitative study by Pascual and Abaya (2016) on Filipino conceptualizations of depression, meanwhile, found that their Filipino participants considered being suicidal as one of the emotional manifestations of being depressed. It is unknown why there is a predominance of attribution to depression and other mental illnesses in this study although it is possible that this can be explained by the temporal context of this study that was already alluded to in the previous discussions: the data gathering for this study was done during the COVID-19 pandemic, a time when mental health issues – depression in particular - are often mentioned in both traditional and contemporary media. Furthermore, if we are to reconcile this with the results in Table 3 wherein depressed people were hardly identified as the most at risk, it is possible that respondents regard depression and other mental illnesses as the main proximate factor to suicide. They, however, recognize other external factors such as violence, prejudice, and discrimination as distal factors that cause suicide by first inducing depression and other mental illnesses on the person.

The respondents were presented with several statements related to suicide. They were asked to rate their agreement or disagreement to these statements in a scale of 1 to 5 with 1 indicative of being in strong disagreement and 5 indicative of being in strong agreement. The data in Tables 5 and 6 were obtained by taking the average scores of the statements.

**Table 5**

*Average score of attitudes toward statements regarding the perceptions and attitudes about suicide as a phenomenon of the student respondents*

| | UNIVERSITY A | UNIVERSITY B |
|---|---|---|
| **Statements regarding the perceived nature of suicide** | | |
| *Most people avoid talking about suicide.* | 4 | 4 |
| *Suicide is a subject that one should rather not talk about.* | 2 | 2 |
| *Almost everyone has at one time or another thought about suicide.* | 4 | 4 |
| *Anybody can commit suicide.* | 4 | 4 |
| *Most suicide attempts are impulsive actions.* | 3 | 2 |
| *Suicide happens without warning.* | 3 | 3 |
| *On the whole, I do not understand how people can take their lives.* | 2 | 2 |
| *People who commit suicide are usually mentally ill.* | 3 | 3 |
| *It is mainly loneliness that drives people to suicide.* | 3 | 2 |
| *Most suicide attempts are caused by conflicts with a close person.* | 3 | 3 |
| *Many suicide attempts are made because of revenge or to punish someone else.* | 2 | 2 |
| **Statements regarding perceptions on people and suicide** | | |
| *People who talk about suicide do not commit suicide.* | 2 | 2 |
| *People who make suicidal threats seldom complete suicide.* | 3 | 3 |
| *A person, once they have suicidal thoughts, will never let them go.* | 2 | 3 |
| *When a person commits suicide, it is something that he/ she has considered for a long time.* | 4 | 4 |

| | UNIVERSITY A | UNIVERSITY B |
|---|---|---|
| *Suicides among youth people are particularly puzzling since they have everything to live for.* | 2 | 2 |
| *Committing suicide is among the worth thing to do to one's relatives.* | 3 | 3 |
| *Usually, relatives have no idea what is going on when a person is thinking of suicide.* | 4 | 4 |
| **Statements related to suicide intervention/prevention** | | |
| *A suicide attempt is essentially a cry for help.* | 4 | 4 |
| *Suicide can be prevented.* | 4 | 4 |
| *It is always possible to help a person having suicidal thoughts.* | 4 | 4 |
| *It is a human duty to stop someone from committing suicide.* | 4 | 4 |
| *I am prepared to help a person in a suicidal crisis by making contact.* | 4 | 4 |
| *Once a person has made up his/her mind about committing suicide, no one can stop him/her.* | 2 | 2 |
| *There is a risk of evoking suicidal thoughts in a person's mind if you ask about it.* | 3 | 4 |
| *If someone wants to commit suicide, it is his or her business and we should not interfere.* | 2 | 2 |

Given that the purpose of this study is on what the students believe in about the phenomenon of suicide, more attention needs to be put on what statements they agree with since these are indicative of what correspond to their idea system whereas statements they disagree with only shows what they do not believe in but gives us little information on what they specifically believe. Table 5 shows the students from both universities have a generally similar social construction of suicide in terms of nature of the phenomenon, suicidal people, and intervention. The results showed that from the point of view of students of the two universities, suicide is a topic that is often avoided in conversations but is nonetheless a prevalent issue – to the point that almost everyone has, at one point or another, thought of suicide yet such thoughts occur without the knowledge of one's relatives. They also believe that suicide is something anyone can do and that it is pre-planned for a long time instead of something that happens impulsively. Finally, the students believe that suicide is a cry for help and that they can, are prepared, and are even duty-bound, to intervene.

**Table 6**

*Average score of attitudes toward statements related to acceptability of suicide of the student respondents*

| | UNIVERSITY A | UNIVERSITY B |
|---|---|---|
| **Statements justifying suicide attempts** | | |
| *Suicide can never be justified.* | 3 | 2 |
| *There may be situations where the only reasonable resolution is suicide.* | 3 | 3 |
| *Suicide is an acceptable means to terminate an incurable disease.* | 3 | 3 |
| *Suicide is acceptable if the person is not suffering or in pain but has an incurable disease.* | 3 | 3 |
| *Suicide is acceptable if the pain and suffering is great and has no hope of improvement.* | 3 | 3 |
| *Suicide is acceptable if the person is ready to die and living has become a burden.* | 3 | 3 |
| *Suicide is acceptable if the person is already an extreme burden on his or her family.* | 2 | 2 |
| *Suicide is acceptable if the person is already old.* | 2 | 2 |
| *Suicide is acceptable if the person is convinced that he or she has nothing else left that he or she wants to do in life.* | 2 | 3 |
| *People do have the right to take their own lives.* | 3 | 3 |
| *Suicide can sometimes be a relief for those involved.* | 3 | 3 |
| *Suicide is acceptable for any reason provided that the person can prove that he or she has the mental capacity to decide rationally.* | 2 | 3 |
| **Statements related to personal suicide** | | |
| *I could say that I would take my life without actually meaning to do so.* | 3 | 3 |
| *Loneliness could for me be a reason to take my life.* | 3 | 3 |
| *I would consider the possibility of taking my life if I were to suffer from a severe, incurable, disease.* | 3 | 3 |
| **Statements related to assisted suicide.** | | |
| *A person suffering from a severe, incurable, disease expressing wishes to die should get help to do so.* | 3 | 3 |
| *I would like to get help commit suicide if I were to suffer from a severe, incurable disease.* | 3 | 3 |

Table 6 shows that students of both universities generally found none of the statements trying to justify suicide as agreeable. This does not mean, however, that the social construction of suicide for these students is that suicide is never justified. Indeed, the data shows that the students of University A are on the fence when it comes to the statement that suicide can never be justified, and the students of University B are generally in disagreement with this statement. Instead, the more plausible interpretation of these results is that the students are still generally unprepared to take a stance when it comes to the acceptability of suicide especially, perhaps, given the mores in Philippine culture about life and its deliberate cessation. The only time that the students seem to be more confident in taking a stance is when both groups believed that suicide due to old age and being a burden to one's family are both disagreeable notions.

**Table 7**

*Perception on who should be responsible for suicide prevention
of the student respondents*

| | UNIVERSITY A (n=139) | | UNIVERSITY B (n=169) | |
|---|---|---|---|---|
| | *f* | *%* | *f* | *%* |
| *The individuals themselves* | **44** | **31.7** | 40 | 23.7 |
| *Religious groups* | 1 | .7 | 2 | 1.2 |
| *The local neighborhood* | 5 | 3.6 | 3 | 1.8 |
| *The school* | 15 | 10.8 | 16 | 9.5 |
| *The government* | 29 | 20.9 | **55** | **32.5** |
| *Guidance counselors* | 19 | 13.7 | 17 | 10.1 |
| *Family* | 21 | 15.1 | 30 | 17.8 |
| *Friends* | 5 | 3.6 | 4 | 2.4 |
| *Everyone* | 3 | 2.2 | 11 | 6.5 |

The findings in Table 7 are very notable because this is the only part of the social construction of suicide wherewith the two student groups significantly differed. The largest proportion of students from University A believe that the main party responsible for preventing youth suicide ought to be the suicidal individuals themselves. While some University B students share this belief, the most prevalent choice among them is the government. This presents an interesting divergence between the two student bodies in terms of their locus-on-control with regard to suicide: the students of University A are manifesting an internal locus of control as evidenced by their emphasis on the self-control of the suicidal individuals. The students of University B, on the other hand, are manifesting an external locus of control as evidenced by their emphasis on the need for the intervention of an external third party to solve the phenomenon: the government.

In a way, the abovementioned finding is reminiscent of a part of Henry and Short's theory on homicide and suicide. According to their theory, frustrations in life cause an aggressive response among people and there is a difference between low-economic and high-economic status persons when it comes to how they manifest this aggression: the former group tends to put the blame for the frustration on external forces and subsequently aggresses against others, leading to homicides. The latter group, on the other hand, tends to put the blame for the frustration internally and subsequently aggresses against themselves, leading to suicide (Quintos, 2017c). In this study, the divide between the two campuses and their socio-economically different groups of students reinforces the connection between economic status and locus of control posited by Henry and Short.

### Beyond campus differences (or lack thereof): Socio-economic differentials in perspectives on suicide

What has become quite salient in the previous discussions is the minimal lack of difference in the results found between the students of the sectarian University A and the non-sectarian University B. This may imply that the campus wherewith the students under study are a part of (private sectarian vs public non-sectarian) is not very influential in their attitudes and perceptions about suicide as a phenomenon. What the study ventured to do afterwards and eventually found, however, is that there are socio-economic differentials among the students when it comes to their views on suicide. These socio-economic differences are discussed below. Given the space limitations of this article, what are reported in the succeeding paragraphs are only the correlations found to be significant at $\alpha=0.05$.

### A. Age

The students under study tend to become more liberal in their views about suicide as they get older. Older students have a tendency to agree with the notions that suicide is an acceptable means to terminate an incurable diseases (r=.127) and when the pain and suffering is great and the person has no hope of improvement (r=.119). Furthermore, older students tend to agree that they would consider the possibility of taking their life if they are to suffer from a severe, incurable, disease (r=.165) and that they would like to get help committing suicide in such a situation (r=.159). They also tend to agree that a person suffering from a severe, incurable, disease who expresses the wish to die should get help to do so (r=.131).

The tests also found that older students tend to perceive suicide ideation (r=-.122) and suicide attempts (r=-.206) as less prevalent. They tend to disagree with the notion that suicide is done by young Filipinos to get attention (r=-.127) or that the local neighborhood should be the main party responsible for preventing suicide among the

youth (r=-.136). Instead, they tend to believe that the main party responsible ought to be the government (r=.146).

### B.   Gender

It was found that male students tend to perceive suicide ideation (r=-.129) and suicide attempts (r=-.235) as less prevalent among the Filipino youth. Female students, meanwhile, tend to perceive suicide ideation (r=.127) and suicide attempts (r=.249) as more prevalent. This female perception could be connected to what previous studies have found wherein females make more suicide ideations and attempts (Quintos, 2017a).  The results of the correlational tests also suggest that male students tend to have a more difficult time understanding how people can take their lives (r=.122). This is contrary to LGBT students who tend to be more understanding of how people can commit the act (r=-.197). In terms of perceptions regarding the motivations for suicide, male students tend to believe that most suicide attempts are made as a way for revenge or to punish another person (r=.171). Meanwhile, LGBT students tend to disagree with the premise that most suicide attempts are caused by conflicts with a close person (r=-.166). Results also suggest that male students tend to find suicide among young people particularly puzzling because they believe that young people have a lot to live for (r=.134). Male students also tend to believe that committing suicide is among the worst things to do to one's relatives (r=.194) – a statement that LGBT students tend to disagree with (r=-.182). Male students also tend to disagree with the notion that when a person commits suicide, it is something that they have considered for a long time (r=-.138) – a notion that female students, in contrast, tend to agree with (r=.141).

There is minimal significant correlations found between gender and attitudes toward suicide intervention/prevention. All that was found to be significant was the tendency of male students to believe that it is a human duty to stop someone from committing suicide (r=.142) – a belief that LGBT students tend to disagree with (r=-.120). Meanwhile, several significant correlations were found between gender and attitudes regarding statements justifying suicide:

The correlational tests found that male students tend to disagree with the notion that suicide is acceptable if the person is ready to die and living has become a burden (r=-.121). In addition, they tend to believe that suicide can never be justified (r=.199) – a statement that female (r=-.113) and LGBT (r=-.127) students tend to disagree with. LGBT students also tended to agree with several other statements justifying suicide. This includes the premise that there may be situations where the only reasonable resolution is suicide (r=.124), that people have the right to take their own life (r=.134), that suicide is acceptable if the person is not suffering or in pain but has an incurable disease (r=.115), that suicide is acceptable if the pain and suffering is great and has no hope for improvement (r=.122), that suicide is acceptable if the person is convinced that he or she has nothing

else left that he or she wants to do in life (r=.135), and that suicide is acceptable for any reason provided that the person can prove that he or she has the mental capacity to decide rationally (r=.145). LGBT students also tended to be willing to consider the possibility of taking their own life if they are to suffer from a severe, incurable, disease (r=.114).

### C. Religion

Religious students have been observed to be quite conservative on matters pertaining to suicide. They tend to consider the act as one of the worst things to do to one's relatives (r=.125). They tend to not understand how people can take their lives (r=.284) and find suicide among the youth as particularly puzzling (r=.159). Furthermore, they tend to reject the notions that people who commit suicide are usually mentally ill (r=-.137) and that almost everyone has at one point or another thought about suicide (r=-.157). This conservative stance is further manifested when it comes to their attitudes pertaining to statements justifying suicide. Religious students tend to agree with the stance that suicide can never be justified (r=.281) and reject the premise that there may be situations where suicide is the only reasonable solution (r=-.218). This rejection of suicide as a justifiable act is found to be statistically significant even if suicide is meant as a means to terminate an incurable disease (r=-.242), when it is for people who are not suffering or in pain but have an incurable disease (r=-.204), when the suffering is great and has no hope of improvement (r=-.250), when the person is ready to die and living has become a burden (r=-.239), when the person has already become an extreme burden to his or her family (r=-.191), when the person is already old (r=-.200), when the person is convinced that he or she has nothing left that they want to do in life (r=-.198), or when the person wishes to commit suicide and has the mental capacity to decide to themselves rationally (r=-.225). These religious students tend to disagree that suicide can be a relief (r=-.198) or that people have the right to take their own lives (r=-.219).

Their rejection of any premise that is positive towards suicide extends to their views on assisted-suicide and personal suicide. These religious students tend to disagree that loneliness is a possible reason for them to commit suicide (r=-.164) or that they will consider suicide if they are to suffer from an incurable disease (r=-.140). Furthermore, they disagree that people suffering from severe, incurable diseases who are expressing the wish to die should receive the help to do so (r=-.141) or that they would like to get help in committing suicide if they suffer from a severe, incurable disease (r=-.242). Finally, the correlational test results suggest that religious students tend to consider the suicidal individuals themselves as the main party responsible in preventing suicide among the Filipino youth (r=-122). Coinciding with this belief is their tendency to reject the premise that the government should be the main party responsible in preventing suicide (r=-.165).

*D.  Social Class*

The conservative streak observed among religious students is also observable, albeit to a lesser degree, among the richer students. The correlational test results suggest that richer students tend to disagree with the thoughts that many suicide attempts are made because of revenge or to punish someone else (r=—.127) and that a person, once they have suicidal thoughts, will never let them go (r=.220). Similar to the religious students, richer students tend to disagree with the premise that there may be situations where the only reasonable solution is suicide (r=-.244).  Richer students tend to disagree with the idea of suicide even if suicide is meant as a means to terminate an incurable disease (r=-.123), when it is for people who are not suffering or in pain but have an incurable disease (r=-.169), when the person is ready to die and living has become a burden (r=-.143), when the person has already become an extreme burden to his or her family (r=-.198), when the person is already old (r=-.179), when the person is convinced that he or she has nothing left that they want to do in life (r=-.234), or when the person wishes to commit suicide and has the mental capacity to decide to themselves rationally (r=-.188). These richer students also tend to disagree that suicide can be a relief for those involved (r=-.241).

A significant negative relationship was also found between socio-economic class and their perception about the prevalence of suicide attempts. This means that as students get richer, they tend to consider suicide attempts as less prevalent (r=-.131). Richer students also tend to consider young people affected by violence as the most at risk of suicide among the Filipino youth (r=.141) while rejecting the idea that their fellow poorer youth are particularly at risk (r=-131). Related to this latter finding is the tendency among richer students to reject financial problems as the most common reason for suicide among the Filipino youth (r=-153).

*E.  Environment where the students grew up (Urban vs. Rural)*

Minimal significant correlational tests have been found between place where they spent their formative years and student attitudes and perceptions about suicide. Students from urban areas tend to disagree with the belief that it is always possible to help a person having suicidal thoughts (r=-.133) while agreeing with the premise that people have the right to take their own lives (r=.114). Students who grew up in urban areas also tend to reject the idea that negative influences from films, books, and/or other media is a common reason for suicide among the Filipino youth (r=-.116).

## CONCLUSION

The study found that students from a middle and upper-middle socio-economic class sectarian campus (University A) and a lower socio-economic class non-sectarian

campus (University B) have generally similar perspectives on suicide. Both groups perceive suicide as a prevalent phenomenon – with suicide ideation being perceived as experienced by more than half of their fellow Filipino youth and suicide attempts being done by almost a third of the youth population. While they generally consider all young people to be at risk of suicide and believe that depression or other mental health issues are the most common reason for suicide, there is also a noted emphasis on two non-mutually exclusive at-risk groups: young people affected by violence and the LGBT. These perspectives about suicide can have double-edged implications. On one hand, the perception that suicide is prevalent and that youth groups are at risk can increase the impetus among people, especially the youth, to demand for and engage in mobilizations for discourse and action regarding the social problem of suicide. On the other hand, such perceptions of significant prevalence may serve as a neutralizer – effectively normalizing the act of suicide by giving people the impression that it is not as unacceptable in the Philippines as once thought. This normalization may either make it easier for people to be more open to discussing their suicide experiences that can lead to help-seeking against suicide or it may weaken the cultural bonds that protect people from attempts at deliberate and possibly fatal self-harm – essentially similar to the premise of Durkheim's conceptualization of Anomie – the weakening of norms -  and Anomic Suicide (Jones, 1986).

Both student groups also recognize that suicide is a subject that most people consider as a taboo to discuss while also recognizing that it is a matter that needs to be the focus of more conversations. While both groups of students generally find it difficult to understand how people can take their lives, there is recognition among them that suicide is a cry for help and the students generally express the willingness to prevent the continuation of suicide ideations and the completion of suicide attempts. What can be gathered from this is that there is agency among these members of the Filipino youth to intervene in suicide cases – a sense of responsibility over others that is evidently greater than their willingness to recognize the personal autonomy of fellow young Filipinos to decide their own death. While this is commendable at face-value, it also bears further deliberation whether this is advantageous in the long run because suicidality is a possibly chronic issue that requires long-term commitment from the person trying to help. Furthermore, the effectiveness of such attempts at intervention is very dependent on the proper training of the helper, and missteps could exacerbate the problem (see also Quintos, 2019b for his discussions on the potential problems of untrained support groups based on the implications of his findings).

When faced with difficult scenarios that usually emphasize pain, suffering, and disease, both student groups were observed to be left generally stumped and unable to decide on the acceptability of suicide as an act. However, when the scenario is merely about suicide as an answer to old age or being a family burden, both groups were generally firmer on their stance that suicide is unacceptable. The only aspect that the two student groups generally differ from each other is on their perspective on who should be the main

party responsible for preventing suicide among the Filipino youth. The most common response of the students from University A puts the burden of responsibility on the suicidal individuals themselves. The students from University B, on the other hand, commonly put the burden of responsibility on the government. While the earlier part of this discussion noted the lack of campus influence among the youth, it is possible that this difference may be partly explained by this campus difference: University A has a strong "entrepreneurial spirit" and a concept of being "self-made" which may hypothetically make the students ascribe the failures and successes of the person to the individual. Meanwhile, University B is famous as a grounds for social awareness and activism which may hypothetically make the students be more mindful of external forces and the responsibilities of the government to its citizens.

Beyond the aforesaid several similarities among the two campus and their minimal difference, there is also a very observable socio-economic divide between the students when they are analyzed as a whole group. When correlational tests were conducted between socio-economic characteristics and perspectives toward suicide, it became clear that female, LGBT, and poorer students tend to adopt more liberal views toward suicide. Meanwhile, male, religious, and wealthier students tend to adopt more conservative stances on the phenomenon. It is unclear whether this pattern in attitudinal differences are due to their position in society wherewith male, religious, and wealthier students tend to enjoy more power and protection while female, LGBT, and poorer students tend to have more disadvantaged lived experiences that make them more open to suicide. Further studies revolving around the Filipino youth and suicide are needed to confirm if this is indeed the case.

At the beginning of this study, the necessity of this study was grounded on what kind of social action can be expected to happen – or, at least, receive support from the youth – given the prevailing idea system among the Filipino youth regarding suicide. The results of this study suggest that social actions geared toward suicide prevention have an affinity with the prevailing idea system of the students under study – albeit it is still unclear whether there will be support for a mobilization for action that puts the focus on government-initiated intervention. Furthermore, it is clear that while there may be support for suicide prevention and greater discourse focused on suicide, the exercise of a right to one's own death as well as the right to assisted suicide are premises that are still far from fruition.

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