

PREVALENCE AND PREDICTORS OF PLANNED AND IMPULSIVE SUICIDES AMONG FILIPINO STUDENTS USING A NATIONALLY REPRESENTATIVE SAMPLE: HIGHLIGHTING THE IMPORTANCE OF PARENTAL AND PEER-GROUP FACTORS

Mark Anthony M. Quintos, MA¹

Abstract: This study looked into the two typologies of suicide attempts – Planned Suicides and Impulsive Suicides – with the goal of comparing their prevalence and the factors that increase or decrease the odds of either type from happening. Two nationally representative datasets from the Global School-based Student Health Survey (n=14,051) were used for the study. Results indicate that approximately 14 out of every 100 Filipino students have attempted suicide at least once. Moreover, 3 out of every 10 suicide attempts are reportedly impulsive rather than planned, with males and those 12 years old and below reporting more impulsive suicides compared to other sex and age groups under study. Regression analyses also showed that the two types of suicide have predominantly similar predictors. Moreover, the statistically significant predictors suggest the importance of parental and peer-group factors as focal points to consider in preventing suicide, highlighting the importance of social relationships in understanding the phenomenon.

Keywords: Suicide, Planned Suicides, Impulsive Suicides, Filipino Youth, Philippines

INTRODUCTION

In a study that looked into the trends in the prevalence of suicide ideation, suicide planning, and suicide attempts among Filipino high school students, it was observed that the prevalence rate of suicide attempts is consistently higher than the prevalence rate of suicide planning and suicide ideation (Quintos, 2019a). This suggests the possibility that some Filipino high school students manifest impulsive suicide attempts – a phenomenon that was not observed in another previous study involving Filipino young adults (Quintos, 2017a) where all suicide attempts were preceded by suicide ideation. The data, therefore, suggested that two kinds of suicide are manifested in the suicide attempts of Filipino high school students. These are the “impulsive suicides” and the “planned suicides”.

Planned suicides, or also known as premeditated suicides, are suicides that have been engaged in by the victims with considerable forethought prior to the actual attempt itself. To put it simply, these suicides follow the well-

¹University of the Philippines Manila

accepted principle in social psychology that attitudes predict behavior. The suicidal person first goes through suicide ideation – the act of thinking, and being preoccupied, about the prospect of committing suicide (Gliatto and Rai, 1999) – and suicide planning – the phase wherein the person does not merely consider suicide, but rather, the person starts to entertain scenarios on how to perform the act, i.e. where and when to commit suicide and what method to employ (it is necessary to point out at this point that suicide planning is sometimes treated as part, albeit a more serious form, of suicide ideation). In planned suicides, suicide ideation and suicide planning are both cognitive processes, and suicide attempt is the behavioral result of these precedent cognitive processes.

Meanwhile, impulsive suicides are the kind of suicides which skip the processes of suicide ideation and suicide planning and immediately proceeds with a suicide attempt without considerable forethought. Unlike planned suicides which is often regarded as the true nature of the phenomenon of suicide, the authenticity of an impulsive suicide is doubted by some scholars. Ramsland (2013), for example, would argue that a suicide simply appears impulsive because some suicide attempters refuse to divulge reasons for their attempt and declare that there is no reason behind it. Other scholars in Suicidology, however, recognize the existence of impulsive suicides (Anderson, 2008). They suggest that the accessibility of potential tools to facilitate suicide (e.g. knives, poisonous substances, guns) are powerful violence cues that can predispose people to aggressive behavior without much forethought, with the aggressive behavior being manifested toward one's self. In combination with the lack of inhibition brought about by drug and alcohol use or mental disorders, a person becomes susceptible to high-risk behavior even when there is no prior engagement in suicide ideation (American Addiction Centers, n.d.).

This differentiation in suicide attempts suggests that planned suicides can be drawn-out for days or weeks, and allow the would-be victim's regular companions to detect warning signs. Impulsive suicides, on the other hand, are harder to detect partly due to the speed by which the whole ordeal can escalate. For example, a study by Simon et al. (2001) found that 24% of victims took less than 5 minutes between the decision to kill themselves and the actual attempt, and 70% took less than 1 hour.

Given that there are two distinct types of suicide attempts that are manifest among Filipino high school students, this study sought to answer the following questions:

1. How do impulsive and planned suicides differ in their prevalence among the Filipino high school students?
2. Are there differences in the prevalence of impulsive and planned suicides in terms of age and sex?
3. What are the similarities and differences in the factors that serve as predictors of impulsive and planned suicides?

METHODOLOGY

Secondary data obtained from the 2011 and 2015 Global School-based Student Health Survey (GSHS) datasets provided by the World Health Organization were utilized in this study. The 2011 GSHS had 5290 respondents and the 2015 GSHS had 8761 respondents - for a sum total of 14,051 respondents. All respondents were students of private or public high schools in the Philippines when the data were gathered. Since the main goal of this study is to differentiate the two types of suicide rather than establish a longitudinal analysis, the two datasets were combined. This is because, on their own, each dataset might not have enough positive cases of suicide attempts to allow for a proper regression analysis, especially since the act of dividing the positive cases of suicide attempts into planned and impulsive suicides would further lessen the positive cases for each of the two suicide variables.

The GSHS' item on Suicide Attempt served as the foci of the study. Two other items available in the datasets, Suicide Ideation and Suicide Planning, were utilized in conjunction with Suicide Attempt to produce the two dependent variables of the study: Planned Suicide and Impulsive Suicide. Both the variables of Planned Suicide and Impulsive Suicide are dichotomous variables. Positive cases of Planned Suicide pertain to the Suicide Attempt-positive cases in the combined datasets which were also positive for Suicide Ideation and/or Suicide Planning. Conversely, Impulsive Suicide pertain to the Suicide Attempt-positive cases in the combined datasets which were negative for both Suicide Ideation and Suicide Planning.

The data on Planned Suicide and Impulsive Suicide were then summarized and cross-tabulated with sex and age to produce the answers to the first two research questions. Binary logistic regression analyses were conducted to determine the predictors of Planned and Impulsive Suicides. For both dependent variables, the study used the following 16 independent variables: (1) Going hungry, (2) Experience of being in a fight, (3) Experience of being physically attacked, (4) Experience of being injured, (5) Experience of being bullied, (6) Feeling lonely, (7) Lack of sleep, (8) Having close friends, (9) Having classmates who are helpful in school, (10) Having parents who check their homework, (11) Having parents who understand their troubles, (12) Having parents who know what they do, (13) Having parents who go through their things, (14) Engagement in Physical Activities, (15), Engagement in Indoor, non-physically strenuous activities, and (16) Experience of missing school without permission. These varia-

bles were chosen because they serve either as strains or protective bonds that may either be push or pull factors against suicide in accordance with Quintos (2017b). All of the independent and dependent variables in the study are dichotomous.

RESULTS AND DISCUSSION

The results of the study are discussed consecutively. Table 1 summarizes the results for the first two research questions of the study. Table 2 shows the results of the third research question.

Out of the 14,051 cases included in the study, a total of 1980, or 14% of the sample, were positive for suicide attempts. The results in Table 1 also showed that planned suicides are more prevalent than impulsive suicides, with roughly 7 out of every 10 suicide attempts reportedly undergoing suicide ideation and/or suicide planning prior to an actual suicide attempt.

Sex-wise, the results showed that impulsive suicides are more common among males than females. This echoes previous studies which have noted the strong association between impulsiveness and suicide among males (Simon et al., 2001; Weinstein and Dannon, 2015; Huang et al., 2017). It is beyond the capability of this quantitative study to explain the reason for the higher rate of male impulsive suicides. However, literature suggests a number of plausible explanations for this reality:

First, there is a greater tendency among men to suffer from alcoholism (Kim et al., 2003; Schneider, 2009; Center for Disease Control and Prevention, 2016). Alcoholic substances have disinhibiting effect on people’s behavior, and it is believed that this alcohol-induced disinhibition is the cause of the impulsive behavior of those who are intoxicated by impairing their judgment and assessment of risks (Beaton and Forster, 2012). Second, males tend to be more impulsive and aggressive (Bilsker and White, 2011). An interesting finding in Suicidological literature is that impulsive suicides are more a result of inadequate control of aggressive impulses instead of depression – an oft cited predictor of suicide risk (Simon et al., 2001). This aggressiveness which may manifest outwardly (homicide) or inwardly (suicide) and the inability to properly control it is more common among males (Huang et al., 2017). These two elements, impulsive aggressiveness and alcohol-dependency, tend to be present together in many suicide attempters (Koller et al., 2002; Cherpitel et al., 2004; Conner and Duberstein, 2004).

Table 1. Percentage distribution of Planned and Impulsive Suicides among Filipino High School Students by Sex and Age (n=1980).

	TYPE OF SUICIDE		
	<i>Planned Suicide</i>	<i>Impulsive Suicide</i>	<i>Total</i>
Sex			
<i>Male</i>	67%	33%	100%
<i>Female</i>	76%	24%	100%
Age			
<i>≤ 11 years old</i>	64%	36%	100%
<i>12 years old</i>	59%	41%	100%
<i>13 years old</i>	72%	28%	100%
<i>14 years old</i>	74%	26%	100%
<i>15 years old</i>	73%	27%	100%
<i>≥ 16 years old</i>	72%	28%	100%
<i>Total</i>	72%	28%	100%

In terms of age, Table 1 shows that impulsive suicide is present in all age categories albeit consistently of lesser prevalence than planned suicides. Another noticeable aspect of the results is that impulsive suicides are more prev-

alent during the younger years, particularly during the onset of adolescence, than during the latter teenage years. In an earlier study on Filipino high school suicides (Quintos, 2019a), this higher prevalence of impulsive suicides among young adolescents was suggested to be a result of a combination of the adolescent's search for new experiences amid their growing independence as they transition from childhood to adulthood, the feeling of alienation brought about by the "crisis of adolescent development" that involves emotional, mental, physical and social turmoil with one's self and with one's relationship with peers, and the tendency of adolescents to have a poorer accuracy in their estimation of risk – leading to a feeling that they would survive a suicide even if they attempt to engage in one. That the prevalence of impulsive suicides gradually fall as the cohort grows older may also explain why there is no case of impulsive suicide attempt found, whereas there is evidence of planned suicides, in another study that looked into the prevalence of suicide among Filipino young adults (Quintos, 2017a).

Moving on to the answer to the third research question of the study, the results show that ten factors were statistically significant predictors of impulsive suicide while there are eleven factors which were statistically significant predictors of planned suicides. Out of these, six were similarly statistically significant for both types of suicide, and one factor was statistically significant for both types but with opposite directions of effect. Moreover, out of the 16 independent variables in the study, only 2 did not prove statistically significant for either type of suicide. These results are summarized in Table 2.

Table 2. Odds Ratios between Planned Suicide, Impulsive Suicide, and the Social Bonds and Social Strains ($\alpha = 0.05$).

PREDICTORS	TYPE OF SUICIDE	
	Planned Suicide	Impulsive Suicide
• <i>Experience of being hungry</i>	.903	1.282*
• <i>Experience of being in a fight</i>	1.245*	1.277*
• <i>Experience of being physically attacked</i>	1.425*	1.115
• <i>Experience of being injured</i>	1.540*	1.400*
• <i>Experience of being bullied</i>	1.829*	1.402*
• <i>Feeling lonely</i>	1.321	1.148
• <i>Lack of sleep</i>	2.434*	1.105
• <i>Has close friends</i>	.452*	.506*
• <i>Having classmates who are helpful in school</i>	.810*	.731*
• <i>Having parents who check their homework</i>	.855	1.303*
• <i>Having parents who understand their troubles</i>	.632*	.837
• <i>Having parents who know what they do</i>	.947	.717*
• <i>Having parents who go through their things</i>	1.231*	1.158
• <i>Engagement in Physical Activities</i>	1.016	1.018
• <i>Engagement in Indoor, non-physically strenuous activities</i>	1.353*	.760*
• <i>Experience of missing school without permission</i>	1.297*	1.285*
* significant at the 0.05 level		

The results in Table 2 brings up the following notable observations: First, the experience of being hungry proved to be a significant predictor only of impulsive suicides. Hunger has been noted in several previous studies as a push factor toward suicide (Alaimo et al., 2002; McIntyre et al., 2013; Leung et al., 2015; Davison et al., 2015; Martin et al., 2016; Romo et al., 2016; Khalid, 2017; Asante et al., 2017; Almansour and Siziya, 2017; Atuoye and Luginaah, 2017; Jones, 2017). Hunger, after all, is a strain caused by one's frustration from physiological satiation, and suicide could be seen as a viable escape from such an experience, especially when the hunger is chronic in nature. It is unclear, however, why it was only significant for impulsive suicides and not for planned suicides. Could it be that the discomfort of hunger produce in the person a drive for aggression, and that same hunger reduces the cognitive

capability of the person to inhibit from aggressive, risky behavior? It is recommended that this factor and its connection to suicide be explored in further studies, especially those that would venture into a more nuanced investigation of hunger and poverty in general.

Second, sleep deprivation is a significant push factor only of planned suicides. Lack of sleep is notable for being the strongest predictor of suicide in terms of odd ratios. However, it is curious to discover that it is only significant for planned suicides. Following the findings of Littlewood et al.'s study (2016), this could be indicative that the lack of sleep-suicide connection is predominantly because the person is awake and all others are asleep during night time. This provides the person with the opportunity to think and plan a suicide attempt unimpeded by anyone. The motivation for the suicide itself could be because of the difficulty experienced due to sleep deprivation – a premise supported by many previous studies (Liu, 2004; Agargun et al., 2007; Suzansky et al., 2011; Pigeon et al., 2012; Ribeiro et al., 2012; McCall et al., 2013; Nadorff et al., 2013; Nadorff et al., 2014; Bernert et al., 2014; Bernert et al., 2015; Golding et al., 2015; Bernert et al., 2017; Kim et al., 2017; Littlewood et al., 2019) or due to other push factors. However, it is also possible that it is not the lack of sleep itself that is the cause of strain the pushes the person into suicide. The fact that lack of sleep was only statistically significant for planned suicides may give support to the assertion by some scholars that lack of sleep is merely a spurious correlate of the more depression-suicide relationship, arguing that depressed individuals tend to have trouble sleeping and are more prone to suicide at the same time (Agargun et al., 1997; Krakow et al., 2000). Interestingly, Suicidological literature also states that planned and impulsive suicide have differing predictors, with planned suicides being associated with older age and depression (Kim et al., 2015) while impulsive suicide attempters tend to be less depressed but are motivated by a desire to reduce tension in their life (Williams et al., 1980; Brown et al., 1991). This is noteworthy because the former, the lack of tendency for depression, may explain the finding in this study that lack of sleep – herein argued to be a product of depression – is only statistically significant for planned suicides but not for impulsive suicides while the latter, the motivation to reduce tension in life, may explain the earlier finding of hunger being a predisposing factor to impulsive suicides but not for planned suicides.

Third, engagement in indoor, non-physically strenuous activities have diverging effect on planned and impulsive suicides. It is interesting that while engagement in physical activities is insignificant for both dependent variables, indoor activities proved to be a push factor for planned suicides and a pull factor for impulsive suicides. This could be because engagement in these indoor activities instead of outdoor physical activities (a trend becoming more common these days especially in urban areas of the country) is indicative of the socially-isolated leisure activity that the young are now exposed to, as opposed to the more socially-inclusive outdoor activities enjoyed by the previous generations (It is possible that the non-significance of physical activities is because of the evolving leisure activities of the young nowadays that focus on indoor, often individualistic, activities as opposed to outdoor, often group-based, activities). This lack of a social element in many indoor activities (e.g. game consoles) leads to low social integration, leading to an increase in suicidal tendencies. But why does it have a deterring effect on impulsive suicides? It is possible that this is a manifestation of the element of Involvement as per Hirschi's Social Bond theory (1969) – the mere fact that the young are busy with the games impede them from having the time and opportunity to commit suicide (hence the relevance of the phrase "Idle hands are the Devil's plaything" in Hirschi's element of Involvement). However, such impediment no longer works when the social isolation becomes too much for the young, and such engagement in indoor activities no longer stop their minds from considering and planning suicide – an act that they will eventually put in motion.

Fourth, the experience of missing school was found to be a statistically significant push factor to suicide. Following the relevance of Hirschi's involvement element in the previous discussion, this could be because missing school affords the young with the free time to consider, plan, and attempt suicide – similar to the proposed explanation as to why the Lenten Holidays are considered the suicide temporal hotspot in the Philippines (Uy, 2012) due to the fact that there are no classes during the occasion. It could also be that following Agnew's General Strain theory (1992), the experience of missing school serves as a frustrating experience of being deprived a culturally-valued element of society: education. Such frustration becomes a strain that pushes the young into suicide.

Fifth, having parents who know what young do decreases the odds of impulsive suicide among the young. This variable speaks of parental supervision, or what can be regarded as Parental regulation in the Durkheimian tradition. This result suggests that the young find it hard to try suicide when parents tend to supervise their activities. Somewhat similar to this is the finding in one of the aforesaid studies on suicide among the Filipino youth (Quintos, 2017a) wherein those with personal bedrooms, and therefore can be supervised less by parents compared to those who share bedrooms with other members of the family are more prone to suicide risk. Dr. Nadera, a psychiatrist from the Philippines, suggests that this is because the increased privacy allows the youth to plan an attempt the suicidal act without parental impediment (Uy, 2012). Does this mean that parents should vigilantly monitor their children and afford them minimal privacy? The answer does not seem to be that easy. The results of this study also found that having parents who go through the young's things (another indicator of parental regula-

tion) increases the odds of planned suicide among the young. Rather than being construed as a manifestation of parental concern and therefore received positively, having parents who go through their things appears to be considered by the adolescents as an unwanted invasion of their privacy, especially since adolescence is an age when these young persons are starting to try and build an identity for themselves and are wanting of a sense of independence, hence the need for the respect of their privacy.

Sixth, while parental regulation in the form of parents knowing what the young do reduces the odds of impulsive suicide, parental integration in the form of parents who understand the troubles of the young reduces the odds of planned suicides. This is similar to the findings for Filipino young adults (Quintos, 2017a) wherein it was found that those with good or strong relationships with their parents tend to be less prone to suicide risk (suicide risk in the study pertain to suicide ideation and planned suicide attempts). This emotional bond between the young and the parents is said to be particularly important for those 13 years old and below (University of Cincinnati, 2017). This finding may be explained by Hirschi's theory that attachment to others (e.g. parents) is an important impediment against deviant behaviors such as suicide because the person is reluctant to risk losing the valued attachment as a result of their deviant behavior. Hence, parents must come up with ways to show to their children that they care. One way of showing that they care for their children who are in schooling age is to help them with school works. However, it is notable that, in this study, having parents who check their homework is a push factor for impulsive suicide. This is a rather surprising finding because the initial expectation of the author is that the act of checking homework is indicative of the parent's care towards the adolescent, and should therefore be received positively as a pull factor against suicide. What could be a plausible reason for this converse finding? A possible explanation for this surprising result is that the tendency of parents to check the young's homework consequently necessitates the person to spend time in study, depriving him of his or her much valued time for other leisurely activities or even sleeping time. Hence, the impulsive suicide could be a manifestation of frustration and/or rebellion against the high parental regulation.

The preceding items point to the importance of the parental factor when it comes to suicide, though none of the parental factors were consistent statistically significant factors of both planned and impulsive suicides. This might be suggestive that for this particular age cohort, the influence of parental figures, while important, takes a back seat to the succeeding set of factors which seem to occupy a greater importance, as far as statistical significance as predictors is concerned.

It is observable in the results shown in Table 2 that the peer group, specifically one's acceptance or integration with one's peers/classmates, is a very important pull factor against adolescent suicide. This is evidenced by the fact that the two factors pertaining to social integration with one's peer group, having close friends and having classmates who are helpful in school, are the two strongest and consistent pull factors against both types of suicide attempts. Even the experiences of being in a fight and being bullied as well as the experiences of being physically attacked and injured - all of which are found to be statistically significant push factors of planned and impulsive suicide - are most likely connected to the young's relationship with the peer group. This is because the ones who bully and engage the person in a fight which may subsequently result in assault and injury are most likely those from the same age-group as the suicidal person. After all, given that most of the waking hours of the adolescent is spent in school as a norm, their daily social interactions would most likely be with peers from school. Hence, it can be said that most of the statistically significant push and pull factors of suicide attempt, regardless of type of suicide, are related to the relationship with the peers. Interestingly, this superiority of importance of the peer relationship instead of the parental relationship could be explained by the fact that adolescence is the stage "when young people are developing autonomy from their parents, peers become a significant source of social and emotional support" (Gray et al., 2018). This explains the relatively weakened hold of the parental factors and the salience of the peer group factors in the results. The focus of the adolescent's social world has shifted from being centered on the family, particularly the parents, to the people of the same age as them, their so-called friends.

The results bring puts a spotlight on the issue of bullying – a phenomenon that can be associated with the variables on being in a fight, being attacked, and being injured. The bullying-suicide risk connection is already extant in Suicidological literature. In Hinduja and Patchin's study (2010), a random sample of 1,963 middle-schoolers from one of the largest school districts in the United States completed a survey of Internet use and experiences. Youth who experienced traditional bullying or cyberbullying, as either an offender or a victim, had more suicidal thoughts and were more likely to attempt suicide than those who had not experienced such forms of peer aggression. Also, victimization was more strongly related to suicidal thoughts and behaviors than offending – a finding that was supported by the results of Yen et al.'s (2013) examination of the correlates of suicide among Taiwanese young adults. In Kim et al.'s (2009) study of 7th and 8th grade Korean students, they found that bullying is indeed a significant correlate of suicide, with male bullying victims exhibiting higher rates of suicide attempts, while both female bullying perpetrator and victims exhibiting higher rates of suicide attempts. One of the studies on suicide in the Philippines, particularly on young adults, also reported a similar significance of being injured due to a fight as a push

factor to suicide (Quintos, 2019b). While it is beyond the capability of this quantitative study to ascertain, another possibility is that the experience of missing school is an offshoot of a deeper problem that is rooted in the school. Missing school, after all, can be a result of either structural conditions that prevent the young from going to school, or due to the young's own lack of motivation to attend class. One possible reason, though beyond this paper's ability to confirm, is because of poor relationships with classmates that lead to isolation and/or bullying, hence the young no longer finds motivation in him/herself to attend class due to the aversive conditions that are at play in the school's social climate.

Aside from being indicative of poor social relationships, the exposure of the young to bullying, fights, attacks, and injuries also fits into the Interpersonal theory of suicide (Joiner, 2005; Selby et al., 2010; Christensen, 2013). According to this theory, there are three important elements in suicide attempts: (1) perceived burdensomeness, (2) thwarted belongingness, and (3) acquired capability for suicide. The previous discussion on bullying and poor social relationships account for the first two, and the exposure to violence (experience of being in a fight, attacked, and injured) grants the person with the capability for suicide because, having been exposed to significant pain before, the person is less averse to succeeding exposures to pain – a sensory experience found in many methods of suicide.

CONCLUSION

This research was able to dig a bit deeper into the idiosyncrasies of suicide among the younger cohorts of the Filipino population. What became clear is that though impulsive and planned suicides have certain differences in terms of predictors, they share many similar antecedents. In addition to this, of particular noteworthiness are the following points of discussion that emanated from the results of the study:

1. Impulsive suicides and maleness.

That impulsive suicide is more common in males must be given attention in light of the fact that they also employ more fatal methods of suicide. This has been the observed trend in previous studies where in males tend to make use of more violent and fatal means of harming one's self such as gunshots and hanging as compared to females who make use of less violent means such as ingestion of dangerous substances (Quintos, 2017a; Redaniel et al., 2011). This is often used as the reason why more males die by suicide despite the fact that females engage in more suicide attempts. Measures must be done to prevent these impulsive male suicides such as taking steps to curb alcoholism (which is a potential factor for male impulsive suicides) and the regulation of items which may serve as violence cues for men such as guns.

2. The delicate nature and challenges of parenting.

Though it appears to be lesser in significance compared to the young's relationship with their peers, parental relationship still remains a relevant factor in preventing suicide among adolescents. The results of the study suggest that the approach to parenting is a sensitive matter that requires the parents to give not only ample care but also respect to their children. It is necessary for parents to be able to keep an eye on the activities of their children but this should not be at the expense of the young's sense of privacy and independence. Furthermore, it is important for parents to show that they can empathize with the youth, especially when the youth are facing hardships in life as they face the challenges typically associated with growing up and adopting new roles in society.

3. The need for more socially-inclusive schools.

The salience of factors that suggest the importance of strong social integration with one's peer groups put into the spotlight the need for a more accepting social climate in educational institutions for young Filipinos, regardless of their backgrounds. This entails a need for a cultural change that would espouse gentleness and inclusivity as opposed to machismo, in-group bias, bigotry, and other oppressive, exclusivist and potentially violent elements of our society's culture. In the Philippines, the passage and implementation of Republic Act 10627, or the Anti-Bullying Act, is a good step in this direction. This, however, must still be complemented with further steps from all stakeholders - the teachers, the school administration, the parents, and the students themselves – to produce the desired effect.

4. The need for more qualitative studies in Suicidology.

In the paper that served as the springboard for this research (Quintos, 2019a), the author emphasized the need for interdisciplinarity in approaching Suicidology. Aside from the need for such diversity in theoretical foundations, it is also necessary to have diversity and synergy in methodological foundations. A recurring theme in this paper is the incapability of this study to explain away with certainty the connections between the two types of suicide and the statistically significant predictors identified in the study. What the paper was able to do at most is to provide possible theoretical rationale for the statistical associations found based either on the extant Suicidological literature and the author's own insights as a sociologist. This brings to fore the innate weakness of purely quantitative survey research: the findings, while generalizable, lack the nuanced explanations that make the statistical connections

make meaningful sense. There is, therefore, a need to engage in more qualitative studies on suicide in order to complement the findings of the survey research often used in Suicidology. This is easier said than done, especially given the sensitive topic and the ethical standards that must be considered in face-to-face qualitative studies. Nevertheless, it is the hope that more would be done on this front soon.

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