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FATHERLESSNESS AS A RISK FACTOR FOR SUICIDE AMONG NURSING STUDENTS IN INDONESIA: AN ATTACHMENT THEORY PERSPECTIVE

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Abstract

Suicide is the third leading cause of death among young people worldwide. Contributing factors including family dysfunction and weak parent—child attachment. One prominent issue is the loss of a father's role, either physically or emotionally, known as fatherlessness. This condition can hinder emotional regulation and increase vulnerability to mental health problems. Nursing students represent a high-risk group due to academic and clinical pressures. This study aimed to analyze the relationship between the level of fatherlessness and suicide risk among nursing students based on attachment theory. A quantitative cross-sectional design was used with 351 respondents selected through purposive sampling. The instruments included the Nurturant Father Involvement and Reported Father Involvement scales to measure fatherlessness, and the Suicide Behavior Questionnaire Revised (SBQ-R) to assess suicide risk. Results showed a significant relationship between fatherlessness and suicide risk (p < 0.001) with a moderate strength of association (Cramer's V=0.273). These findings emphasize that secure attachment as a protective factor for emotional well-being and highlight of paternal involvement as part of preventive efforts to reduce suicide risk among nursing students. Practical implications include educational institutions conducting family-based mental health screenings and educating on fathers' caregiving importance to prevent suicide

Keywords: fatherlessness, attachment, suicide.

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INTRODUCTION

Globally, suicide has become one of the leading causes of death among individuals aged 15–29 years, influenced by various social, cultural, psychological, and environmental factors (WHO, 2024). In Indonesia, the suicide rate is still relatively low. According to data from the WHO Data (2024), the suicide rate in Indonesia ranges between 1.06 and 2.31 per 100,000 population per year. Previous studies have shown that unreported suicide cases may reach up to eight times higher than official data, with the five provinces with the highest recorded cases being Bali, Riau Islands, Yogyakarta, Central Java, and Central Kalimantan (Onie et al., 2024).

College students are generally in the early stages of adulthood, ranging from 18 to 25 years of age. At this stage, students are considered a vulnerable group to mental health problems. This vulnerability may be influenced by several factors, such as family issues, interpersonal relationships, and academic stress, which can lead to decreased self-esteem and an increased risk of suicide (Urme et al., 2022). Based on Databoks 2023, the number of suicides in Indonesia reached 971 cases, and this is higher than in 2022, which was 900 cases (Sukma et al., 2024).

One of the factors influencing self-esteem and psychological well-being is the attachment established with parents. According to Bowlby (1969), the attachment system is a biologically driven behavior that maintains closeness between a child and the primary caregiver, which creates protection. Bowlby emphasized that the role of the primary caregiver, whether the father or the mother, is crucial in shaping a child's emotional and social development (Van der Horst et al., 2024). Moreover, when that function of a caregiver is gone or lost, an individual may develop lower self-esteem and psychological vulnerability due to changes in the family structure (Fatah & Hartini, 2022).

In this context, the absence of the father's role, or fatherlessness, represents the loss of a crucial element that significantly affects a child's mental and emotional health (Wibiharto et al., 2021). Beyond financial responsibility, a father's role encompasses moral, ethical, and emotional support (Labuschagne et al., 2024). The loss of a father figure can weaken the sense of belonging and contribute to an increased risk of suicide (Howard et al., 2023). Such conditions may arise from divorce, death, or occupational demands, which reduce father-child interaction (Hanifah et al., 2024). According BPS (2025) It has been reported that the average number of divorces in Indonesia over the past five years has reached approximately 400,000 cases per year. This phenomenon illustrates the increasing prevalence

of non-intact families and the potential for fatherlessness.

Furthermore, in 2022, the number of single mothers reached 7.9 million, compared to 2.7 million single fathers. (Urme et al., 2022). This disparity suggests that a larger proportion of children in Indonesia grow up primarily under maternal care, which may increase the likelihood of reduced paternal involvement. Additionally, Indonesia's patriarchal culture continues to assign the majority of caregiving responsibilities to mothers (Nurjanah et al., 2023), contributing to the potential emergence of fatherlessness within families.

In general, Mary Ainsworth classified attachment patterns into secure and insecure types based on children's responses to mild or moderate stress (Spies & Duschinsky, 2021). Secure attachment forms when caregivers are responsive and reliable, providing a safe base during distress (Sonkar, 2021). This supports stronger emotional responses and better emotional regulation. In contrast, insecure attachment develops when caregivers are absent. unresponsive, inconsistent, and the loss of attachment to the father contributes to this condition. Traumatic experiences and poor family communication may aggressive behavior, lead relationships, and negative coping towards stress and depression (Türk et al., 2021). These psychological disturbances are significantly correlated with suicidal ideation, thereby requiring serious intervention (Windarwati et al., 2022). A study in Brazil found that 53.3% of nursing students were at risk of suicide, with higher vulnerability among those lacking support from family or partners (Moraes et al., 2021). This aligns with Durkheim's theory that family social systems serve as a protective factor aginst suicidal behavior.

Meanwhile, a study conducted Sulistiyani (2025) found that students Universitas Muhammadiyah Purwokerto had moderate (20%) to high (79.6%) suicide risk levels. Among the participants, nursing students constituted the largest group (36.9%) involved in the study. Although this does not necessarily indicate the highest risk level, the findings highlight that nursing students represent a significant group in both number and relevance, warranting further investigation. While research on suicide risk has become increasingly prevalent, studies that explicitly examine the relationship between fatherlessness and suicide risk remain limited, particularly among nursing students at Muhammadiyah Purwokerto.. Universitas Therefore, this study focuses on examining the relationship between fatherlessness and suicide risk among nursing students.

METHOD

The study employed a quantitative method with a cross-sectional design, conducted from August to September 2025. This method aimed to examine the relationship between the level of fatherlessness and the risk of suicide among nursing students based on data collected at a single point in time. The population of this study consisted of active students from the 2022 to 2024 cohorts of the Nursing Science Study Program at Universitas Muhammadiyah Purwokerto, with a total of 351 respondents selected through purposive sampling based on specific inclusion criteria, such as nursing students in Universitas Muhammadiyah Purwokerto being 18-25 years old and willing to complete the questionnaire. The exclusion criteria include respondents with severe clinical diagnoses of depression or undergoing rehabilitation in the psychiatric hospital to avoid psychological risk, and those who did not complete the full questionnaire.

The instruments used were the Nurturant Father Scale and the Reported Father Involvement (Indonesian version) adopted from Hazhiya (2020) the validity test results showed that all items had correlation values > 0.300, indicating that no items were eliminated. The reliability coefficient of the Nurturant Father Scale was 0.846 (categorized as reliable), while the Reported Father Involvement Scale obtained a reliability coefficient of 0.911 (categorized as highly reliable). These instruments were used to measure fatherlessness, whereas the Suicidal Behavior Questionnaire—Revised (SBQ-R), consisting of four items, was employed to assess the level of suicide risk.

Bivariate analysis was conducted to examine the relationship between the level of fatherlessness and suicide risk, using the Chi-Square test to determine statistical significance and Cramer's V to assess the strength of the association. Ethical approval was obtained from the Faculty of Health Sciences, Universitas Muhammadiyah Purwokerto, under the ethical clearance number KEPK/UMP/16/VIII/2025. The approval covered the study protocol, subject information, and informed consent, ensuring that respondents' identities were not disclosed and that all data remained secure.

RESULT AND DISCUSSION RESULT

Based on Table 1, among 351 respondents aged 18–23 years, the largest age groups were 19 years (29.9%) and 20 years (29.1%). The majority of respondents (80.6%) had parents who were married, while 34 respondents (9.7%) had divorced parents, and 33 respondents (9.4%) had lost one parent; specifically, 31 (8.8%) had lost their father, and 3 (0.8%) had lost their mother.

Only one respondent (0,3%) had lost both parents. The average age at the time of parental loss was $13,4\pm5,1$ years (range = 2–21 years). The average age at the time of maternal loss was $14,3\pm4,04$ years (range = 10–19 years). Most respondents lived with both parents (70.9%), while others lived alone (6%), with relatives (5.7%), with their mother (5.7%), or with their father (1.4%). A small proportion lived with a remarried parent, 1.7% with their mother, and 0.6% with their father.

Table 1. Respondents Characteristics

Category	F	%
Year of Entry		
2022	109	31.1
2023	114	32.5
2024	128	36.5
Total	351	100
Age		
18	17	4.8
19	105	29.9
20	102	29.1
21	87	24.8
22	32	9.1
23	8	2.3
Total	351	100
Parental Status		
Married	283	80.6
Divorced	34	9.7
Father deceased	31	8.8
Mother deceased	2	0.6
Both deceased	1	0.3
Total	351	100
Age at Parental Death		
(Min-max, Mean \pm SD,		
Mode)		
Father: (2-21, 13.48 ±5.1, 18)	31	100
Mother: (10-18, 14.3 ±4.04)	3	100
Living Arrangement		
Living with both parents	249	70.9
Living with mother, working away	8	2.3
Living with father working away	20	5.7
Living alone	21	6.0
Living with relatives	20	5.7
Living with father	5	1.4
Living with mother	20	5.7
Living with father and the new family	2	0.6
Living with my mother		
and the new family	6	1.7
Total	351	100
-		

Based on Table 2, it was found that among the 351 respondents, 54 students (15.5%) were categorized as having a low level of fatherlessness, 233 students (66.4%) had a moderate level, and 64 students (18.2%) were classified as having a high level of fatherlessness. Meanwhile, in terms of suicide risk, the majority of respondents were in the low-risk category, comprising 181 students (51.6%). Additionally, 59 students (16.8%) fell into the moderate-risk category, and 111 students (31.8%) were classified as high-risk. Although most respondents were in the low to moderate suicide-risk category, the proportion of those in the high-risk group (31.8%) indicates a serious concern that requires further attention.

Table 2. Distribution of Fatherlessness Levels and Suicide Risk

Category	Frequency (F)	Percentage (%)
Fatherlessne	SS	
Low	54	15.4
Moderate	233	66.4
High	64	18.2
Total	351	100
Suicide of Ri	sk	
Low	181	51,6
Moderate	59	59
High	111	11
Total	351	100

As shown in Table 3, students with higher levels of fatherlessness tended to have higher suicide-risk scores. The proportion of respondents with high suicide risk increased consistently along with the level of fatherlessness. After the chisquare test, the results showed that the p-value was 0.001 (p < 0.05), indicating a significant relationship between fatherlessness and suicide risk. The Cramer's V value of 0.273 suggests a moderate strength of association, referring to Rea and Parker's (1992) interpretation guidelines (0,20-0.40 = moderate). This means that the father's role contributes to suicide risk, although it is not the sole determining factor.

Based on the analysis of the dimensions of the Nurturant Father Scale and the Reported Father

Table 4. Dimensions of *Nurturant Father Scale* & *Reported Father Involvement Instruments*

	Low		Moderate		High	
Category	F	%	F	%	F	%
Warm Relationship	43	12.3	82	23.4	226	64.4
Feeling accepted	64	18.2	91	25.9	196	55.8
Mentoring	69	19.7	43	12.3	239	68.1
Expressive Involvement	102	29.1	63	17.9	186	53.0
Instrumental Involvement	68	19.4	32	9.1	251	71.5

Involvement Scale instruments. paternal involvement was found to exhibit varying levels across the dimensions. The dimension with the lowest proportion in the high category was expressive involvement (53.0%), which includes fathers' participation in leisure activities, meetings, shared interests, emotional support, physical caregiving, and spiritual development. Additionally, the feeling of acceptance (55.8%) also had one of the lowest proportions in the high category, indicating that emotional support and affective communication from fathers were not vet optimal. In contrast, other dimensions, such as mentoring in intellectual development and instrumental involvement, which encompass the development of responsibility, independence, protection, and career support, were categorized as high with larger proportions. These findings suggest that fathers tend to show stronger involvement in instrumental and directive aspects, while exhibiting lower involvement in emotional and affective domains.

DISCUSSION

Characteristics Respondents

Most respondents were aged 19–20 years, which represents the stage of early adulthood, a transitional phase from adolescence (Sapsuha et al., 2023). At this stage, individuals experience rapid and dynamic social changes. The support system is often unstable, while various responsibilities and expectations begin to emerge, potentially triggering stress (Robbani & Nafisatuzzahra, 2025). Therefore, early attachment between children and parents plays a crucial role in shaping emotional regulation, decision-making ability, and adaptive independence in early adulthood.

Meanwhile, the majority of respondents' parents were married (80.6%), and most respondents lived with their parents (70.9%). A small proportion of respondents reported losing one or both parents, with 8.8% having lost their father and 0.6% having lost their mother. The

Table 3. Cross-Tabulation Between Fatherlessness and Suicide Risk

Fatherles sness	Risk of suicid al							
	Low		Moderate		High		Total	
	f	%	f	%	f	%	f	%
Low	46	85,2	3	5,6	5	9,3	54	100
Moderate	123	52,8	39	16,7	71	30,5	233	100
High	12	18,8	17	26,6	35	54,7	64	100
Total					11			
	181	51.6	59	16.8	1	31.6	351	100

The chi-square test showed a significant relationship between the level of fatherlessness and the risk of suicide (p = 0.001; Cramer's V = 0.273).

mean age at the time of parental loss was 13 years, although the majority of respondents experienced the loss at the age of 18. This finding indicates a wide variation in the age of loss, ranging from

early childhood to late adolescence. During late adolescence, children typically view their fathers as role models for emotional regulation, decision-making, and coping with life challenges (Ragita & N, 2021). Therefore, the loss of a father, combined with the grief experienced during this critical developmental period, may significantly affect the formation of adolescent character and emotional regulation abilities.

These respondent characteristics indicate that most participants still have an intact family structure, yet not necessarily an emotionally supportive environment. This finding is relevant to the study's premise that fatherlessness may occur even in the presence of both parents. Such conditions have the potential to affect psychological well-being and increase the risk of suicide among university students.

Overview of Fatherlessness

Based on the study's results, the level of fatherlessness among nursing students was categorized as moderate (66.4%), indicating that they still experience a reasonable degree of paternal involvement. However, it is not yet optimal, particularly in aspects of emotional and psychological support. This finding aligns with the results presented in Table 4, which show that most scored respondents low on expressive involvement, referring to the father's participation in nurturing and emotional development. Although the majority of respondents still live with their parents, most of them demonstrated a moderate level of fatherlessness. This suggests that a father's physical presence does not necessarily correspond to emotional involvement. This condition may be influenced by various factors, one of which is economic demands that compel some fathers (5.7%) to work far from their families, thereby limiting emotional interaction between fathers and their children.

Interestingly, the findings also show that some respondents lived with relatives (5.7%), indicating the presence of a substitute father figure when the father was not directly present, either due to economic factors or permanent loss through death (8.8%). However, despite the presence of these substitute figures, the level of fatherlessness remained moderate, suggesting that such arrangements cannot fully replace the emotional function of a father.

In line with this, Hanifah (2024) stated that although fathers may be physically present and live with their children, their involvement cannot necessarily be considered optimal, as the father's role should encompass both physical and psychological aspects from childhood through subsequent developmental stages. Therefore, the condition of fatherlessness is not always linearly related to the father's absence due to death, but

may also occur when the father's role is not entirely fulfilled in the child's life.

The findings of this study can be interpreted through the attachment theory proposed by Bowlby (1971), which emphasizes that the quality of the relationship between a child and their primary caregivers, both father and mother, has long-term effects on personality development and psychological well-being in early adulthood. An optimal and supportive paternal role, characterized by warmth, responsiveness, and emotional presence, fosters self-confidence and the formation of a positive internal working model. Conversely, when this role is not fulfilled, it may lead to the development of an insecure attachment pattern, which in turn affects emotional regulation and interpersonal relationships.

Although not all negative emotions lead to suicidal thoughts, poor emotional regulation can increase the risk of suicidal behavior. According to Gross and John, as cited in (Shafira et al., 2023), suicide risk factors are closely associated with depressive symptoms, a high tendency to avoid stressors, and poor interpersonal relationships, all of which contribute to suicidal behaviour. Therefore, emotional regulation ability serves as a fundamental component in preventing such risks.

Thus, the majority of respondents were categorized as having moderate to high levels of fatherlessness, indicating that the father's role and the quality of attachment between father and child as the primary caregiver remain unbalanced. This condition warrants attention, as fatherlessness is not limited to physical absence but also involves emotional unavailability and a lack of psychological support, which can significantly affect the development of emotional regulation.

Overview of Risk of Suicide

The results of this study showed that the risk of suicide among nursing students was classified as low (51.6%), moderate (16.8%), and high (31.6%). These findings indicate that, although Sulistiyani (2025) reported that nursing students (36.9%) contributed the most to her study, the majority of respondents in the present research fall into the low-risk category (51.6%). However, the category of high risk (31.6%) in this research still warrants serious attention, as it reflects a group that may require further psychological intervention.

In addition, the majority of respondents were in the early adulthood stage, a period when individuals face simultaneous internal and external demands. This stage is often marked by increased pressure, particularly among nursing students, who experience stress from both academic and clinical training. These factors may contribute to the emergence of suicidal ideation among students. Suicide risk describes an individual's condition involving suicidal thoughts or even attempts,

which may consciously occur in some individuals due to various psychological, environmental, and familial factors (Arifin et al., 2025). Therefore, it is important to involve the family as a key supportive factor, particularly parents, as the primary caregivers, who play a crucial role in providing emotional support, guidance, and a sense of security to help prevent suicidal behaviour.

The Relationship Between Fatherlessness and Suicidal Risk

According to Bowlby (1980)Attachment Theory: Volume III - Loss and Sadness, emotions such as anxiety, sadness, and anger are natural responses arising from the attachment bond between a child and their caregiver. When this emotional bond is disrupted or threatened, it may lead to dysregulated emotions, resulting in feelings of loss, loneliness, and depression. This suggests that the quality of early attachment with parents, including the father's role, has a significant influence on an individual's emotional stability and mental health in adulthood.

Based on the study results, the Chi-square test value (p = 0.001, < 0.05) indicates a significant relationship between fatherlessness and suicide risk among nursing students. Meanwhile, the Cramer's V value (0.273) shows that the strength of the relationship falls within the moderate category. These findings imply that fatherlessness significantly contributes to suicide risk, although it is not the sole influencing factor, as other variables may also play a role.

Numerous factors contribute to increased risk of suicide, including clinical factors such as mental disorders, social environment, and interpersonal relationships (Motillon-Toudic et al., 2022). According to Bowlby, the loss of a primary caregiver can trigger psychological reactions, but the outcome depends on one's life experiences and social environment. The absence of a father figure as the primary caregiver may impede the formation of secure attachment and the development of regulation. effective emotional Individuals growing up under such conditions are often vulnerable to stress and interpersonal conflict. thereby increasing the likelihood of suicidal ideation or behavior.

Poor emotional regulation can influence how individuals respond to emotional stimuli, often resulting in ineffective coping mechanisms. When this occurs repeatedly and becomes more severe, it can predict the emergence of suicidal thoughts (Adinda & Prastuti, 2021). Emotional regulation, in this context, refers to the process of managing and redirecting emotions to modify or reduce specific affective responses. Therefore, suicidal behavior can be understood as a reaction to an individual's failure to regulate emotional

distress. These findings are consistent with Bowlby's Attachment Theory, which posits that attachment behavior is a biologically based system that has evolved to maintain the child's proximity to the primary caregiver, thereby gaining a sense of safety and protection (Bowlby, 1969). When this attachment is disrupted or lost, the foundation of a secure self becomes weakened, leading to feelings of abandonment and isolation, which in turn may increase suicidal ideation.

In the context of this study, the absence or lack of paternal involvement may contribute to the formation of an insecure attachment pattern that persists into early adulthood. Individuals with this pattern often exhibit emotional instability, feelings of worthlessness, and a tendency to avoid interpersonal closeness. Such conditions may hinder their adaptive ability to cope with stress and loss, ultimately increasing the risk of depression and suicidal ideation.

The majority of respondents were aged 19-20 years, which corresponds to the early adulthood stage. According to Erikson's psychosocial theory, individuals aged 19–40 years fall within the stage of intimacy versus isolation. At this stage, individuals strive to build meaningful interpersonal relationships after having developed a sense of identity in the previous stage of identity versus role confusion (Mokalu & Boangmanalu, 2021). They begin to engage socially and become part of the community, which helps shape their trust and self-esteem. Consequently, the loss of attachment with the father may hinder the formation of self-confidence, leading to stress, a sense of isolation, difficulty forming healthy relationships, and an increased risk of suicide. The findings of Szeifert (2025) further support this result, showing that childhood trauma, such as the loss of a father figure, has a significant relationship with increased suicidal ideation in early adulthood, mediated by insecure attachment. Thus, fatherlessness is not only associated with the physical absence of a father but also with the inability to form a secure and healthy attachment pattern, which affects emotional stability in later life.

This study contributes to understanding of the relationship between fatherlessness and suicide risk among nursing students, using validated instruments and a sufficiently large sample. However, several limitations must be acknowledged. First, the study does not measure other potentially influential variables such as the quality of the mother-child relationship, level of social support, academic stress, or peer influence, which may also contribute to suicidal ideation. Second, the crosssectional design limits the ability to establish causal inference, as the relationship observed only reflects the condition at one point in time. Third, data were collected through self-report questionnaires, which may introduce response bias due to social desirability or emotional discomfort. Future research is recommended to include broader psychosocial variables and to use a longitudinal design to obtain deeper insights into the developmental process of suicide risk.

The practical implications of the study that strengthening the father-child relationship may serve as an important protective factor against suicide risk among nursing students. Considering that suicide remains the third leading cause of death among young people globally, with dysfunction and weak parent-child family attachment identified as major contributors, educational institutions need to play an active role in prevention. Nursing students, who face significant academic and clinical pressures, represent a vulnerable group that may benefit from detection and family-based support strategies. Therefore, campuses are encouraged to implement mental health screening programs that include family-related risk factors, including involvement. Additionally, psychoeducation for parents, particularly fathers, regarding their emotional and caregiving roles may help enhance secure attachment and reduce vulnerability to suicide risk among students.

CONCLUSION

The findings of this study reinforce the theory that fatherlessness influences the development of an individual's emotional attachment pattern from childhood. The absence of a father, either physically or emotionally, may contribute to the formation of an insecure attachment, which affects emotional regulation in dealing with distress and may consequently increase the risk of suicide. Therefore, it can be concluded that the quality of attachment formed through the father—child relationship plays a crucial role in shaping psychological resilience.

These results further support Bowlby's perspective on the importance of secure attachment between a primary caregiver and the child in fostering emotional stability. Although not the only factor influencing suicide risk, strengthening the father—child bond represents an important preventive step. Moreover, positive external factors and supportive life experiences may help mitigate the likelihood of a higher suicide risk.

Therefore, family-based interventions that emphasize the active involvement of both parents in providing emotional and social support could serve as preventive efforts to reduce the risk of suicidal behavior among young adults. Moreover, academic institutions are encouraged to develop parental engagement programs that foster awareness and collaboration between parents and

educators in supporting students' mental health and well-being.

However, this study has not yet taken into account other risk factors, such as social support, the mother-child relationship, and academic stress. Therefore, further studies, including longitudinal research, are needed to obtain a more comprehensive understanding of suicide risk among university students. Overall, these findings highlight the urgent need for coordinated family and campus based mental health interventions, and underscore the importance longitudinal research using qualitative methods to better capture the long-term impact of fatherlessness on suicide risk.

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