



FATHERLESSNESS AS A RISK FACTOR FOR SUICIDE: AN ATTACHMENT THEORY PERSPECTIVE

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Abstrak

Bunuh diri merupakan penyebab kematian ketiga tertinggi di kalangan remaja dan dewasa muda di seluruh dunia. Berbagai faktor berkontribusi terhadap meningkatnya risiko bunuh diri, termasuk disfungsi keluarga dan lemahnya ikatan antara orang tua dan anak. Salah satu masalah yang umum terjadi adalah hilangnya peran ayah, baik secara fisik maupun emosional, yang dikenal sebagai fatherlessness. Kondisi ini dapat menghambat regulasi emosi dan meningkatkan kerentanan terhadap masalah kesehatan mental. Mahasiswa keperawatan termasuk kelompok berisiko tinggi karena tekanan akademik dan klinis yang mereka hadapi. Penelitian ini bertujuan untuk menganalisis hubungan antara tingkat fatherlessness dengan risiko bunuh diri pada mahasiswa keperawatan berdasarkan teori kelekatan. Penelitian menggunakan pendekatan kuantitatif dengan desain cross-sectional dan melibatkan 351 responden yang dipilih melalui teknik purposive sampling. Instrumen yang digunakan meliputi Nurturant Father Involvement dan Reported Father Involvement untuk mengukur fatherlessness, serta Suicide Behavior Questionnaire-Revised (SBQ-R) untuk menilai risiko bunuh diri. Hasil menunjukkan hubungan yang signifikan antara fatherlessness dan risiko bunuh diri ($p < 0,05$), di mana tingkat fatherlessness yang tinggi berkaitan dengan risiko bunuh diri yang lebih besar. Temuan ini menegaskan bahwa kelekatan yang aman merupakan faktor pelindung dalam perkembangan emosional, serta menyoroti pentingnya peran ayah dalam upaya pencegahan bunuh diri pada mahasiswa keperawatan.

Kata Kunci: *Fatherlessness; Mahasiswa; Keperawatan;*

Abstract

Suicide is the third leading cause of death among young people worldwide. Various factors contribute to suicide risk, 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 ($p < 0.05$), indicating that higher levels of fatherlessness were associated with increased suicide risk. These findings support the attachment theory perspective that secure attachment serves as a protective factor for emotional well-being. The study underscores the importance of paternal involvement as part of preventive efforts to reduce suicide risk among nursing students.

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, with an increase of 0.01 since 2018. Although this figure appears low, as the fourth most populous country in the world, Indonesia likely has a much higher actual number of suicide cases than officially recorded. 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 stage of early adulthood, ranging from 18 to 25 years of age. During this period, individuals begin to assume life responsibilities, develop independence, and prepare for adult roles (Hulukati & Djibrin, 2018). 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 relationship difficulties, lack of support, financial problems, and academic stress, all of which can lead to decreased self-esteem and an increased risk of suicide (Urme et al., 2022). Statistical findings from Emory University (2015) indicate that suicide poses a high risk among individuals aged 18–24 years, with the highest levels of suicide-related ideation found in the 18–25 age range (Idham et al., 2019).

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 who provides protection and a sense of security, serving an evolutionary function to increase the likelihood of survival. 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. He argued that children who exhibit stress or even delinquent behavior, namely behaviors that violate rules, such as lying, skipping school, or acting aggressively are not merely influenced by distal factors such as economic problems. Instead, Bowlby emphasized the role of proximal factors, which are those that are more immediate and directly affect a child's development, such as the loss of attachment with the primary caregiver or conflicts within the nuclear family (van der Horst et al., 2024). Moreover, the loss of such a crucial role in one's

life can lead to a decline in self-esteem, which reflects the individual's response to the complex changes in 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. Fatherlessness refers to a condition in which the father is absent either physically, emotionally, or spiritually during a child's development (Wibiharto et al., 2021). Beyond financial responsibility, a father's role encompasses moral, ethical, and emotional support. The involvement of fathers plays a critical role in the psychological and social development of children (Labuschagne et al., 2024). The lack of emotional attachment and 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). Although data related to fatherlessness in Indonesia has not yet been officially recorded, the 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.

Furthermore, in 2022, the number of single mothers reached 7.9 million, compared to 2.7 million single fathers. (Urme et al., 2022). This indicates that the father's role in child-rearing in Indonesia remains relatively low. Additionally, Indonesia's patriarchal culture continues to assign the majority of caregiving responsibilities to mothers. (Nurjanah et al., 2023).

In general, Mary Ainsworth classified attachment patterns into secure and insecure attachment, based on her observations of children's responses to mild or moderate stress situations. (Spies & Duschinsky, 2021). According to Sonkar, "a secure attachment is formed when a child perceives the caregiver as responsive and reliable, providing a safe base and emotional refuge during distress or challenging situations." (Sonkar, 2021). This form of attachment fosters stronger emotional responses and better emotional regulation. In contrast, insecure attachment develops when caregivers are absent, unresponsive, or inconsistent in meeting a child's needs. As a result, children may exhibit avoidant behaviors, respond negatively to gain attention, or show disoriented, confused, and contradictory behaviors during interactions.

Consequently, the loss of attachment to the father can lead to the development of insecure attachment. Traumatic experiences and poor communication within the family may result in aggressive behavior and emotionally unhealthy relationships (Türk et al., 2021). These conditions can impair emotional regulation, affecting an

individual’s ability to cope with stress, which may lead to anxiety and depression. Such psychological disturbances are significantly correlated with suicidal ideation, thereby requiring serious intervention (Windarwati et al., 2022). A study conducted in Brazil in 2019 revealed that 53.3% of nursing students were at risk of suicide, with 20.7% categorized as high-risk and 22.7% reporting a history of suicide attempts (Moraes et al., 2021). Furthermore, the study highlighted that students without a support system from family or partners were more vulnerable to a high risk of suicide. This finding aligns with Durkheim’s theory, which posits that the family’s social system functions as a protective factor against suicidal behavior.

Meanwhile, a study conducted by Sulistiyani (2025) found that students at 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 Universitas Muhammadiyah Purwokerto. Considering the academic and professional pressures as well as the complex emotional experiences faced during their education, there is an urgent need to explore this relationship to enhance targeted promotive and preventive efforts for suicide prevention among university students. 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 and exclusion criteria.

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.

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 ± 5,1 years (range = 2–21 years). The average age at the time of maternal loss was 14,3 ± 4,04 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

Category	F	%
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 ± 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

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 (%)
Fatherlessness		
Low	54	15.4
Moderate	233	66.4
High	64	18.2
Total	351	100
Suicide of Risk		
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 square 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, meaning that the father’s role contributes to suicide risk, although it is not the sole determining factor.

Based on Table 2, it was found that among the 351 respondents, 54 students (15.5%) were

Table 3. Cross-Tabulation Between Fatherlessness and Suicide Risk

Fatherless ness	Risk of suicidal						Total	
	Low		Moderate		High			
	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	181	51.6	59	16.8	11	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).

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

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

Category	Rendah		Sedang		Tinggi	
	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

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 (Chen et al., 2018). 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 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 (Putri & Fardana N, 2024). 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 respondents scored 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 (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 Sulistiyan (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) in 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 an 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 effective emotional regulation. 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.

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.

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