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The Role of Absence of Close Friends in Suicidal Planning Among Thai Adolescents: Analysis of Nationwide Global School-based Health Survey Data

Riska Ratnawati^{1✉}, Shaharuddin Mohd Sham²

¹ Department of Public Health, STIKES Bhakti Husada Mulia, Madiun, East Java, Indonesia

² Department of Environmental and Occupational Health, Universiti Putra Malaysia, Serdang, Selangor, Malaysia

Info Article	Abstract
Article History: Received: 30 March 2026 Accepted: 26 April 2026 Published: 30 April 2026 Keywords: Adolescents Close Friends Suicidal Planning Peer Support Thailand	Phenomena of suicide among adolescents in Thailand remains a pressing public health concern. Suicide is the third leading cause of death among adolescents aged 15–19 in Thailand. While previous studies have highlighted psychiatric, familial, and psychosocial risk factors, limited evidence exists on the specific role of peer relationships, particularly the absence of close friends, in suicidal planning. This study objective examined the association between adolescents without close friends and suicidal planning using nationally representative data from the 2021 Global School-based Student Health Survey (GSHS). A cross-sectional design using a secondary data approach was employed, analyzing responses from 4,659 students aged 13–17 years after excluding incomplete cases. The independent variable was the absence of close friends, and the dependent variable was suicidal planning within the past 12 months. Binary logistic regression was conducted, adjusting for confounders including age, sex, loneliness, bullying, parental understanding, and peer kindness. Results indicated that adolescents without close friends had a significantly higher likelihood of reporting suicidal plans (OR = 1.042, 95% CI: 1.026–1.058, $p < 0.001$). Emotional distress factors such as loneliness and worry-induced sleeplessness, along with experiences of bullying, further amplified risk. These findings align with the Interpersonal Theory of Suicide, which emphasizes thwarted belongingness as a driver of suicidal ideation. The study underscores the protective role of peer relationships in adolescent mental health and highlights the need for interventions that strengthen peer support systems and inclusive school environments. Limitations include reliance on self-reported data and the cross-sectional design, which cannot explain causal inference. Future longitudinal research is recommended to explore temporal ambiguity of peer relationships and suicidality.

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Corresponding Author:

✉ Riska Ratnawati

Department of Public Health, STIKES Bhakti Hasta Mulia Madiun, Madiun, East Java, Indonesia

Email: riskaratnawati78@gmail.com

1. INTRODUCTION

Children and adolescents are often seen as remarkably resilient, yet their mental health has been deeply affected by grief, uncertainty, isolation, and stress particularly during the COVID-19 pandemic and even before. Without early detection and timely access to services and support, they remain highly vulnerable, as recent tragic cases of youth suicide in Thailand have shown. Poor mental health undermines a child's ability to learn and thrive, making it difficult to concentrate, connect with peers, and manage overwhelming emotions. These struggles can delay critical developmental milestones and, in the worst cases, cost young lives (Kim, 2022a).

Suicide has become a devastating reality for Thai youth, ranking as the third leading cause of death among those aged 15–19. Data from the 2021 GSHS revealed that 17.6% of adolescents aged 13–17 had seriously considered suicide in the recent past. This alarming figure underscores the urgent need for comprehensive mental health strategies, early intervention, and accessible support systems to protect children and adolescents during their formative years (Kim, 2022a). National and school-based surveys consistently link depressive symptoms with suicidal ideation and plans among Thai adolescents. Analyses of large Thai samples show that depressive symptoms correlate with thoughts about suicide and with plans to attempt, with stronger associations in subgroups such as older adolescents and females in particular school contexts. This pattern aligns with global research showing mood disorders as major correlates of suicidality in adolescence (Fuseekul et al., 2021; Patanavanich et al., 2022).

National school-based surveys and GSHS data indicate that suicidal ideation and planning are non-trivial among Thai adolescents, with prevalence estimates varying by year, instrument, and reference period. In Thailand's GSHS cohorts, suicidal ideation rates have ranged from the single digits to low teens in early waves, with increases observed in some years; for example, prior Thai GSHS analyses report past-year suicidal ideation in the range of roughly 8–20%, with planning and attempts showing varying frequencies across countries in the region (Fuseekul et al., 2021). In conclusion, the various surveys and GSHS waves consistently show that suicidal thoughts and behaviors among Thai adolescents are a serious and recurring issue. Although prevalence levels differ across years and instruments, the overall pattern reveals that suicidal ideation and planning are not uncommon, and they are closely linked with depressive symptoms. This evidence highlights a persistent public health challenge, emphasizing the need for continuous monitoring, early intervention, and comprehensive mental health support to safeguard the well-being of young people in Thailand.

More recent synthesizing work notes that Thailand exhibits relatively higher rates of suicidal thoughts and plans compared with some neighboring countries in Southeast Asia, and that female gender and older adolescents are associated with elevated risk in several Thai samples (Patanavanich et al., 2022; Wongpakaran et al., 2021). More recent Thai studies examining subgroups (e.g., LGBTQA+ adolescents or those experiencing bullying) also show higher suicidality when social support structures are weak or peer networks are strained (Shawon et al., 2022; Wichaidit et al., 2023).

Although national and school-based surveys in Thailand have consistently documented the prevalence of depressive symptoms, suicidal ideation, and suicide planning among adolescents, most studies have focused on broad psychiatric, family, or psychosocial risk factors. Prior analyses highlight associations with depression, gender, age, and contextual vulnerabilities such as bullying or lack of social support. However, there is limited evidence on the specific role of peer relationships—particularly the absence of close friends as a determinant of suicidal planning in Thai adolescents. While

international literature suggests that weak peer networks and social isolation are linked to higher suicidality, this dimension has not been systematically examined in nationally representative Thai datasets (Fuseekul et al., 2021; Patanavanich et al., 2022; Sudjaritruk et al., 2021; Wongpakaran et al., 2021).

This gap underscores the need to investigate how the absence of close friendships may contribute to suicidal planning among adolescents in Thailand. By analyzing secondary data from the GSHS, which provides nationally representative samples, this study aims to examine the association between adolescents without close friends and suicidal planning.

2. METHOD

This study employed a cross-sectional design using secondary data from the 2021 Thailand Global School-based Student Health Survey (GSHS). The GSHS is a nationally representative survey targeting adolescents aged 13–17 years who are enrolled in secondary schools. It applies a two-stage cluster sampling method in which schools are first selected with probability proportional to their enrollment size, followed by the random selection of classes within those schools. All students in the selected classes are invited to participate. Data are collected through anonymous, self-administered questionnaires completed during regular class sessions, covering a wide range of health-related domains such as mental health, substance use, dietary behaviors, physical activity, and protective social factors. The survey is conducted under the supervision of national authorities and adheres to established ethical standards, including consent procedures and confidentiality protections.

The initial sample of the 2021 Thailand GSHS included 5,661 students. After excluding incomplete responses and addressing missing data, the final analytic sample consisted of 4,659 adolescents. This reduction reflects the inclusion of only valid and complete cases for analysis, thereby ensuring the accuracy and reliability of the study findings. All analyses and interpretations presented in this study are based on these 4,659 participants.

The main independent variable in this study was the absence of close friendships, measured by the question “How many close friends do you have?” and categorized into two groups: no close friends and having at least one close friend. The dependent variable was suicidal planning, assessed by the question “During the past 12 months, did you make a plan about how you would attempt suicide?” with dichotomous response options (yes or no). Several potential confounding variables were included to control for demographic, psychosocial, and behavioral factors. These variables comprised age, sex, school grade, hunger status, loneliness, worry-induced sleeplessness, smoking behavior, experiences of bullying at school and outside school, cyberbullying, parental understanding, and peer support. All variables were recoded into dichotomous categories to facilitate analysis.

Data analysis was performed using STATA software. Binary logistic regression was applied to examine the association between the absence of close friends and suicidal planning among adolescents. The independent and dependent variables were coded in binary form, and all confounding variables were included in the model to adjust for potential bias. Statistical significance was determined at a p-value threshold of less than 0.05. This analytical approach enabled the study to assess whether social isolation, as reflected by having no close friends, is associated with an increased likelihood of suicidal planning among adolescents.

Ethical considerations were strictly observed in the implementation of the GSHS. The survey received formal approval from the Ministry of Public Health and the Ministry of Education in Thailand and followed standardized protocols established by the World Health Organization and the U.S. Centers for Disease Control and Prevention. Participation was voluntary, with informed consent obtained from schools, parents, and students. Data were collected anonymously to ensure participant privacy and minimize reporting bias, particularly for sensitive topics such as mental health and suicidal behavior. No personal identifiers were recorded, and all data were securely stored to maintain confidentiality. Overall, the study upheld ethical principles related to autonomy, confidentiality, and the protection of participants' well-being while generating reliable public health evidence.

3. RESULTS AND DISCUSSION

Table 1. Descriptive Analysis and Crosstabulation of Risk Factors Associated with Suicidal Plan Among Adolescents in Thailand.

Variables	Category	Suicidal Plan		Total	p-value
		Yes (n, %)	No (n, %)		
Close friends	None	49 (7.6%)	190 (4.7%)	239 (5.1%)	<0.001
	≥1 friend	599 (92.4%)	3,821 (95.3%)	4,420 (94.9%)	
Age	≤11 years	1 (0.2%)	4 (0.1%)	5 (0.1%)	<0.001
	12 years	37 (5.7%)	153 (3.8%)	190 (4.1%)	
	13 years	184 (28.4%)	974 (24.3%)	1,158 (24.9%)	
	14 years	141 (21.8%)	627 (15.6%)	768 (16.5%)	
	15 years	126 (19.4%)	884 (22.0%)	1,010 (21.7%)	
	16 years	57 (8.8%)	497 (12.4%)	554 (11.9%)	
	17 years	50 (7.7%)	388 (9.7%)	438 (9.4%)	
	≥18 years	52 (8.0%)	484 (12.1%)	536 (11.5%)	
Sex	Male	155 (23.9%)	1,803 (45.0%)	1,958 (42.0%)	<0.001
	Female	493 (76.1%)	2,208 (55.0%)	2,701 (58.0%)	
School class	7 th	237 (36.6%)	1,173 (29.2%)	1,410 (30.3%)	<0.001
	8 th	126 (19.4%)	575 (14.3%)	701 (15.0%)	
	9 th	135 (20.8%)	942 (23.5%)	1,077 (23.1%)	
	10 th	47 (7.3%)	454 (11.3%)	501 (10.8%)	
	11 th	48 (7.4%)	376 (9.4%)	424 (9.1%)	
	12 th	55 (8.5%)	491 (12.2%)	546 (11.7%)	
Hunger	Most/always hungry	38 (5.9%)	117 (2.9%)	155 (3.3%)	<0.001
	Not hungry	610 (94.1%)	3,894 (97.1%)	4,504 (96.7%)	
Loneliness	Most/always lonely	278 (42.9%)	545 (13.6%)	823 (17.7%)	<0.001
	Not lonely	370 (57.1%)	3,466 (86.4%)	3,836 (82.3%)	
Worry sleepless	Most/always worried	248 (38.3%)	428 (10.7%)	676 (14.5%)	<0.001
	Not worried	400 (61.7%)	3,583 (89.3%)	3,983 (85.5%)	
Smoking	Smoker	82 (12.7%)	303 (7.6%)	385 (8.3%)	<0.001
	Non-smoker	566 (87.3%)	3,708 (92.4%)	4,274 (91.7%)	

Bullied at school	Yes	217 (33.5%)	704 (17.6%)	921 (19.8%)	<0.001
	No	431 (66.5%)	3,307 (82.4%)	3,738 (80.2%)	
Bullied outside school	Yes	124 (19.1%)	290 (7.2%)	414 (8.9%)	<0.001
	No	524 (80.9%)	3,721 (92.8%)	4,245 (91.1%)	
Cyber bullying	Yes	160 (24.7%)	402 (10.0%)	562 (12.1%)	<0.001
	No	488 (75.3%)	3,609 (90.0%)	4,097 (87.9%)	
Parental understanding	Yes	120 (18.5%)	1,176 (29.3%)	1,296 (27.8%)	<0.001
	No	528 (81.5%)	2,835 (70.7%)	3,363 (72.2%)	
Kindly peers	Yes	254 (39.2%)	1,715 (42.8%)	1,969 (42.3%)	<0.001
	No	394 (60.8%)	2,296 (57.2%)	2,690 (57.7%)	

Table 1 explains that suicidal planning is more common among adolescents with limited social support and higher emotional distress. Those without close friends (7.6%), younger students, and females reported higher proportions of suicidal plans. Emotional difficulties such as frequent loneliness (42.9%) and worry leading to sleeplessness (38.3%) were strongly associated with suicidal planning. Experiences of bullying at school (33.5%), outside school (19.1%), and online through cyberbullying (24.7%) also showed elevated risks. In addition, lack of parental understanding (81.5%) and absence of kindly peers (60.8%) were significant contributors. Overall, Table 1 highlights that weak social ties, emotional struggles, and exposure to bullying are key factors linked to suicidal planning among adolescents.

Table 2. Binary Logistic Regression of the Association Between Having No Close Friends and Suicidal Plan Behavior Among Adolescents in Thailand.

Variable	B	p-value	OR	95% CI (Lower–Upper)
Close friends (reff: > 1 friend)				
None	0.041	0.001	1.042	1.026 – 1.058
Age (reff: 18 years old)				
≤11 years	0.773	0.001	2.166	1.768 – 2.653
12 years	-0.928	0.001	0.395	0.380 – 0.410
13 years	-0.581	0.001	0.559	0.539 – 0.580
14 years	-0.953	0.001	0.386	0.373 – 0.399
15 years	-0.681	0.001	0.506	0.474 – 0.540
16 years	-0.614	0.001	0.541	0.489 – 0.520
17 years	-0.404	0.001	0.668	0.616 – 0.724
Sex (reff: female)				
Male	1.112	0.001	3.04	3.015 – 3.066
Grade (reff: 12 th)				
7 th	-0.24	0.001	0.786	0.754 – 0.819
8 th	0.084	0.001	1.088	1.036 – 1.141
9 th	0.184	0.001	1.202	1.162 – 1.246
10 th	0.576	0.001	1.779	1.724 – 1.836
11 th	-0.285	0.001	0.752	0.734 – 0.771
Hunger (reff: Not hungry)				
Most/always hungry	-0.278	0.001	0.757	0.743 – 0.771

Loneliness (reff: Not lonely)				
Most/always lonely	-0.839	0.001	0.432	0.428 – 0.436
Worry sleepless (reff: Not worried)				
Most/always worried	-1.044	0.001	0.352	0.349 – 0.355
Smoking (reff: non-smoker)				
Smoker	-0.685	0.001	0.504	0.498 – 0.510
Bullied at school (reff: no)				
Yes	-0.505	0.001	0.603	0.598 – 0.609
Bullied outside school (reff: no)				
Yes	-0.366	0.001	0.693	0.685 – 0.702
Kindly peers (reff: Yes)				
No	-0.099	0.001	0.906	0.899 – 0.913
Parental understanding (reff: Yes)				
No	-0.388	0.001	0.679	0.672 – 0.685
Cyber bullying (reff: No)				
Yes	-0.542	0.001	0.582	0.576 – 0.588

Table 2 explains that adolescents with no close friends had a slightly higher likelihood of reporting suicidal plans (OR = 1.042, 95% CI: 1.026–1.058, $p < 0.001$) compared to those with at least one close friend. Importantly, this result was obtained after controlling for potential confounding variables such as age, sex, grade level, hunger, loneliness, worry, smoking, bullying, parental understanding, and peer kindness. This means that the association between lack of close friendships and suicidal planning remains statistically significant even when other social, emotional, and behavioral factors are taken into account, underscoring the protective role of close friendships in adolescent mental health.

Adolescent suicide risk is a major public health concern in Thailand and across Southeast Asia. A large body of cross-national and national research using Global School-based Student Health Survey (GSHS) and related school-based assessments shows that suicidal ideation, plans, and attempts are associated with internalizing symptoms (depression, anxiety), psychosocial stressors (bullying, loneliness, family discord, lack of parental attachment), health-risk behaviours (substance use, alcohol use), and school experiences (academic stress, truancy) (Chaniang et al., 2022; Gesese & Ochan, 2022; Kim, 2022b; Louthrenoo, 2019; Pengpid & Peltzer, 2020; Pengpid & Peltzer, 2024).

The main finding of this study indicates that adolescents without close friends are at significantly higher risk of developing suicidal plans compared to those with peer support. This situation is related with the the Interpersonal Theory of Suicide (IPTS). The Interpersonal Theory of Suicide (IPTS) posits that thwarted belongingness (social disconnection) and perceived burdensomeness contribute to suicidal ideation, with hopelessness intensifying these pathways. Lack of close friends is a proximal interpersonal factor that can produce thwarted belongingness, thereby elevating risk for suicidal ideation and plans when combined with hopelessness or other risk factors. In formal terms, social isolation or absence of supportive peer relationships can generate feelings of isolation and reduced belongingness, which are linked to suicidal ideation in youth across multiple contexts. This aligns with cross-cultural and adolescent suicide literature indicating that social connectedness buffers risk and social exclusion increases risk factors for suicidality (Ma et al., 2016; Olson et al., 2022).

Conceptual framework: loneliness, thwarted belongingness, and perceived burdensomeness. The body of SEA literature, in line with interpersonal theory of suicide (IPTS), suggests that thwarted belongingness (e.g., loneliness, lack of close friends) and

perceived burdensomeness (e.g., social stressors, family dynamics) interact with cultural context to shape suicidal ideation and planning. Nepal-focused syntheses explicitly link IPTS constructs to adolescent suicidality in collectivist settings, noting cultural-specific stressors (poverty, discrimination, social isolation) and the importance of culturally appropriate mental health services to address belongingness deficits (Kim, 2022b; Li et al., 2022; Motillon-Toudic et al., 2022).

Collective social contexts and belongingness shape suicidal risk (Cabezas-Klinger et al., 2025; Pengpid & Peltzer, 2020). Across multiple Southeast Asian studies using Global School-based Student Health Survey (GSHS) data, loneliness and lack of close friends consistently appear as robust correlates of suicidal ideation and planning/attempts. In Thailand specifically, loneliness and lack of close friends are repeatedly identified as significant risk factors for suicidal ideation and planning, with gender and age effects varying by country and study design (Li et al., 2022; Pengpid & Peltzer, 2020; Prawira et al., 2023). This pattern aligns with theories that emphasize thwarted belongingness in collectivist cultures as a driver of suicidal risk (IPTS framework) and related literature (Banstola et al., 2023; McClelland et al., 2020; Motillon-Toudic et al., 2022). The repeated cross-cultural replication of loneliness as a key predictor supports the notion that collectivist social expectations for social integration may vulnerability-exacerbate loneliness and thus suicidality when belonging needs are unmet (McClelland et al., 2020; Motillon-Toudic et al., 2022).

Across studies, having three or more close friends often serves as a protective factor against suicidal attempts in Nepal and other SEA contexts; by extension, robust friendship networks in Thailand may mitigate risk by fulfilling belonging needs and buffering loneliness. Conversely, being bullied or experiencing social adversities correlates with loneliness and subsequent suicidality, reinforcing the social-ecological model in collectivist cultures where peer acceptance and belonging are central to adolescent well-being (Li et al., 2022; Pandey et al., 2019; Wellappuli et al., 2021). The Philippines data also point to no-close-friends as a strong predictor of suicide attempts, highlighting cross-country commonalities in the protective role of social connectedness (Chiu & Vargo, 2022; Li et al., 2022).

Several limitations should be considered when interpreting the findings of this study, which utilized secondary data from the GSHS. First, the data are based on self-reported responses, which may introduce recall bias and social desirability bias, particularly for sensitive topics such as suicidal thoughts and behaviors. Second, the cross-sectional design limits the ability to establish causal relationships; while associations between variables (e.g., peer relationships and suicidal planning) can be identified, the direction and causality of these relationships cannot be determined.

Furthermore, as this study relies on secondary data, researchers have limited control over the definition, measurement, and data collection processes of the variables. Variations in survey instruments, recall periods, and cultural interpretations may affect the consistency and comparability of the findings. Lastly, the absence of longitudinal follow-up restricts the ability to assess changes over time, making it difficult to understand how adolescent experiences and risk factors evolve and influence mental health outcomes in the long term.

4. CONCLUSION

This study demonstrates that Thai adolescents without close friends are more likely to report suicidal planning compared to those with peer support, underscoring the importance of peer relationships in adolescent mental health. While the cross-sectional

design limits causal interpretation, the findings contribute uniquely to the literature by highlighting the role of social connectedness specifically the absence of close friendships as a significant correlate of suicidality in a nationally representative Thai sample. Rather than prescribing specific interventions, the results suggest that policies and school programs should prioritize strengthening peer support networks and fostering inclusive environments as part of broader mental health promotion strategies. By drawing attention to peer relationships as a protective factor, this study adds to regional evidence and provides a foundation for future longitudinal research to better inform targeted prevention efforts.

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