

## MEMBERSHIP IN VOLUNTARY ASSOCIATIONS AND RATES OF SUICIDE IN THE PROVINCES OF CANADA<sup>1</sup>

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*Summary.*—Applying Lester's method to data from 10 Canadian provinces, the 1997 and 1999 age-standardized rates of suicide were not associated with the extent (%) to which Canadians participated in voluntary associations.

Durkheim (1897) contributed much to understanding rates of social suicide by proposing that suicide rates were associated with social integration (the extent to which the members of the society are bound together in social networks) and social regulation (the extent to which the desires and emotions of the members of the society are restrained by social norms and customs). Johnson (1965) revised Durkheim's classic sociological theory of suicide by arguing that rates of suicide are negatively associated with social integration and regulation. Medical professionals and researchers involved with suicide agree a complex myriad of factors such as mental illness, social isolation, a history of suicide attempt, family violence, physical illness, and substance abuse are associated (U.S. Public Health Service, 1999; Centers for Disease Control and Prevention). Drawing on Durkheim's theory of social integration and suicide, the hypothesis was that high social isolation (low group membership) may be seen as decreasing social integration (and thus higher rates of suicide) and low isolation (high group membership) as increasing social integration (and lower rates of suicide).

Lester (1996) found for 15 nations that the rates of suicide in 1981 were not associated with the extent, i.e., proportion, to which citizens participated in voluntary associations, even when church or union memberships were excluded. His societal data were based on surveys of citizens made during 1981 to 1983 (Curtis, Grabb, & Baer, 1992). Involvement with a voluntary association was based on whether respondents reported being members of voluntary associations and was expressed as proportion of the number of cases in each country. The number of cases for the 15 nations ranged from a low of 285 in Northern Ireland to a high of 2,109 in Spain. Respondents in the Curtis, *et al.* study (1992) were asked "Which, if any, of the following do you belong to?" and were presented a checklist of 10 categories: charities, churches or religious organizations, education or arts groups, trade unions, political parties or groups, human rights organizations, conservation or environmental groups (including animal welfare groups), youth work groups, consumer groups, professional associations, and "none of these."

The present study used data from the National Survey of Giving, Volunteering, and Participating which were gathered twice by Statistics Canada as a supplement to the Labour Force Survey. Both comprehensive surveys were conducted in later months of 1997 and 2000 and contained representative samples of 18,301 and 14,724 Canadians, respectively, ages 15 and older. Each survey reported the extent or incidence rate, i.e., % of Canadians ages 15 years and older, to which members of 10 provinces participated in voluntary organizations and groups (Hall, Knighton, Reed, Bussiere, McRae, & Bowen, 2000; B. Edwards, custom tabulation from Hall, McKeown, & Roberts, 2001, Special Surveys Division, August 2002, Health

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Statistics Division, Statistics Canada, Ottawa). Since there is (a) a nearly 20-yr. difference between the present data and those available to and used by Lester (1996), and since (b) culture may be less important among provinces within Canada than among the 15 countries also included by Lester (1996), it seems reasonable to continue to investigate whether there is a relationship between participation in voluntary organizations and suicide and what it may mean.

Applying Lester's methods (1996), the membership measures from the Hall, *et al.* (2000, 2001) studies were examined for correlations with the 1997 and 1999 (P. Tully, custom tabulation from Deaths database, August 2002, Health Statistics Division, Statistics Canada, Ottawa) age-standardized suicide rates per 100,000 in all 10 Canadian provinces (Newfoundland, Prince Edward Island, Nova Scotia, New Brunswick, Quebec, Ontario, Manitoba, Saskatchewan, Alberta, British Columbia). The Kendall (*tau b*) rank correlation between the percentage of memberships in at least one association in 1997 and suicide rates in 1997 was .07 (two-tailed  $p > .05$ ) and between the percentage of memberships in two or more associations in 1997 and suicide rates in 1997 was .26 ( $p > .05$ ). The correlation between the percentage of memberships in at least one association in 2000 and suicide rates in 1999 was .19 ( $p > .05$ ). It is concluded the rates of suicide were not associated with the percentage of Canadians participating in voluntary associations. Thus, the proxy measure of social isolation, i.e., group membership, was not associated with rates of suicide in the direction Durkheim's theory predicted, albeit a modified one.

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