
**eTable.** Association of parent’s religiosity with offspring suicide ideation/attempts by pubertal status

**eResults.** Supplementary results

This supplementary material has been provided by the authors to give readers additional information about their work.
**eTable 1.** Association of parent’s religiosity with offspring suicide ideation/attempts by pubertal status

<table>
<thead>
<tr>
<th></th>
<th>Prepubertal (Aged 6-13)</th>
<th>Adolescent (Aged 13-18)</th>
<th>Interaction(^b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Importance</td>
<td>0.71</td>
<td>0.47*</td>
<td>(p=0.32)</td>
</tr>
<tr>
<td>Attendance</td>
<td>0.86</td>
<td>0.79</td>
<td>(p=0.72)</td>
</tr>
</tbody>
</table>

\(^a\) Odds ratio adjusted by age, risk status, and gender

\(^b\) Interaction of parent’s religiosity and pubertal status
eResults. Supplementary Results

Exploratory analysis stratifying by pubertal status of child

As previously noted, our results showed that the protective effect of parental importance on offspring suicidal ideation/attempts was statistically significant for adolescents, but not significant for prepubertal offspring, although formal tests of interaction were not significant and the direction of the association was the same in both groups. In contrast, there was no difference in significance in the association of parental attendance by pubertal status of offspring (see Table 2).

Effects of parental religiosity when controlling for parental depression and parental suicidal ideation

Overall, the results of including parental diagnoses of MDD and suicidal ideation and attempts with parent’s religious importance showed that, while parent’s SI/A was found to be a significant risk factor for offspring SI/A, parent’s religious importance remained a significant protective factor ($\text{OR}=0.61$, $p=0.012$). When stratifying by gender of child, for girls, the results showed that while parental SI/A significantly increased the risk of SI/A in their daughters ($\text{OR}=3.32$, $p=0.021$), the protective effects of parental religious importance were still significant ($\text{OR}=0.46$, $p=0.005$). For boys, the effect of parental religious importance was found to be protective at a trend level ($p=0.085$), and parental suicidal ideation was found to increase the risk of suicidal ideation in sons, also at a trend level ($p=0.072$).

When parental religious attendance (rather than parental religious importance) was included with parental diagnoses in the model, in the overall sample, we found that only parental SI/A was associated with child SI/A. However, when the sample was stratified by child gender, parental SI/A significantly increased the risk of daughter’s SI/A ($\text{OR}=3.85$, $p=0.011$), while the
significant protective effects of parental religious attendance on daughter’s SI/A remained unchanged ($OR=0.68$, $p=0.007$) when compared to results from Table 2. For boys, there was no significant protective effect of parental religious attendance, even with the inclusion of these variables.

**Simultaneous effects of parent and offspring religiosity on offspring suicide ideation/Attempts when controlling for parental diagnoses**

When parent and offspring religious importance were simultaneously included in the models, overall, there was virtually no difference in the association between parent SI/A or parent religious importance with child SI/A—child religious importance was not associated with child SI/A. For girls, the effect of both parent’s religious importance and child’s religious importance decreased somewhat (when compared to results from Table 2) and the statistical significance was found only at the trend level for these variables, presumably because of the relatively high correlation between girl’s religious importance and parent’s religious importance. For boys, the effect of parent’s SI/A increased ($OR=2.91$, $p=0.035$) and the protective effects of parental religious importance increased slightly ($OR=0.62$, $p=0.065$).

When the effects of parent religious attendance and their daughter’s religious attendance were considered simultaneously, after controlling for parent’s diagnoses, there were no significant effects of either variable on daughter’s SI/A, presumably because of the extremely high correlation between these two variables. When parent and offspring religious attendance (rather than religious importance) were considered for boys by including these variables in the models along with parent diagnoses, the results remained virtually unchanged with neither parent nor offspring religious attendance having an effect on offspring SI/A.
Effects of parental religiosity when controlling for parent marital status

For parent’s religious importance: there was a protective effect of marital status on suicidal behavior in offspring. That is, offspring of married/remarried parents were less likely to have SI/A as compared to offspring of divorced or single parents ($OR=0.42, p=0.041$). However, parental religious importance was still found to be protective ($OR=0.66, p=0.051$). When stratified by child gender, we found that for girls, parent marital status had a significant protective effect on their SI/A ($OR=0.32, p=0.045$), but this effect was independent of the protective effect of parent religious importance ($OR = 0.46, p = 0.008$). For boys, when marital status was added to the model, only parent SI/A was found to be associated with boys SI/A. Parental religious importance was no longer significant, even at a trend level.

When the model included parent’s religious attendance, rather than religious importance (Table 5, lower half), we found that overall, parent’s marital status had a marginally significant protective effect ($OR=0.43, p=0.055$), but there was no significant protective effect of parent’s attendance on child’s SI/A. When stratified by child gender, we found that parent marital status was no longer significantly protective for either girls or boys, whereas parent’s religious attendance was significantly protective for girls, but not boys. The only factor significantly associated with boy’s SI/A was parent SI/A.

Simultaneous effects of parent and child religiosity on offspring suicide ideation/attempts when controlling for parent marital status

Inclusion of both parent and child religiosity in these models showed that when both parent and child religious importance were included in the model (upper half of Table 5B), there was no significant effect of child’s religious importance on child SI/A either in the overall sample or in the samples stratified by gender of the child. Conversely, the protective effect of parent’s
religious importance was marginally significant in the overall sample ($OR=0.63$, $p=0.056$) and significant in girls ($OR=0.53$, $p=0.046$). When parent and child religious attendance (rather than parent and child religious importance) were included in these models, neither parent nor child religious attendance were significant in either the overall sample or in the samples stratified by gender of the child.