



RELATIONSHIP OF SUICIDE IDEATION WITH RESILIENCE AND SELF-ESTEEM AMONG COLLEGE STUDENTS.

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INTRODUCTION

Suicide is rapidly growing public health concern as there has been a parallel increase in suicide and depression in youth (Weller, Weller, & Svadjian, 1996). Suicide ideation refers to thoughts about suicide that lie on the continuum of a wish to die with no method, plan, intent, or behavior, to active suicide ideation with a specific plan and intent (Posner et al., 2011). It is described as the desire or idea of significantly killing or injuring oneself (Nock et al., 2013). It consists of thoughts and plans of terminating one's life. Suicide ideation includes the phase before suicide (Sokero et al., 2006), it is the act of contemplating suicide without making arrangements to do so (Crow et al., 2008). It precedes suicide activity and suicide completion, it is a prelude to suicide attempts (Klonsky et al., 2016), it includes frequent thoughts i.e. (1 thought per week), with mild to moderately intense feelings. Suicide ideation predicts suicide, it is a continuous developmental stage that moves in a sequence from suicide ideation, suicide attempt, and finally, completed suicide (Szanto et al., 2003).

1.1 Suicide Ideation

Suicidal ideation is a common medical term for thoughts about suicide, which may be as detailed as a formulated plan, without the suicidal act itself. Although most people who undergo suicidal ideation do not commit suicide, some go on to make suicide attempts. The range of suicidal ideation varies greatly from fleeting to detailed planning, role playing and unsuccessful attempts, which may be deliberately constructed to fail or be discovered or may be fully intended to succeed. Strictly speaking, suicidal ideation means wanting to take one's own life or thinking about suicide without actually making plans to commit suicide. However there is a critical distinction between a person's thoughts regarding death and suicide, and actually wanting to die. When doctors hear that someone wants to die, they refer to these thoughts as suicidal ideation and divide them into 2 categories: (i) Suicidal ideation can be active and involve a current desire and plan to die. (ii) Suicidal ideation can be passive, involving a desire to die but without a plan to bring about one's death.

Studies have shown that every person who commits suicide, generally ends up in his/her 20th attempt which reflects that before actual suicide there is suicide ideation and that becomes one of the potent tools to predict the more lethal re-attempts or completed suicide in the future (Posner et al., 2011). Within a year after the initiation of suicide ideation, adolescents and adults migrate from suicide ideation to suicide attempts, which shows that it predicts future suicide attempts among people (Hawton et al., 2012), and thus becoming a crucial component of the suicide process, from suicide ideation to preceding suicide attempts and completed suicides (Harris & Barraclough, 1997).

Factors that increase the risk of suicide among youngsters

- a psychological disorder, especially depression, bipolar disorder, and alcohol and drug use (in fact, about 95% of people who die by suicide have a psychological disorder at the time of death)
- feelings of distress, irritability, or agitation
- feelings of hopelessness and worthlessness that often accompany depression
- a previous suicide attempt
- a family history of depression or suicide
- emotional, physical, or sexual abuse
- lack of a support network, poor relationships with parents or peers, and feelings of social isolation
- dealing with bisexuality or homosexuality in an unsupportive family or community or hostile school environment

Theories of Suicide

An Interpersonal Theory of Suicide: Interpersonal theory of suicide was formulated by Joiner in 2005. This theory was first to consider suicide in an ideation-to-action framework and differentiated qualitatively between factors that lead to suicide ideation and factors that drive the transition to suicide behaviour (Van Orden et al., 2010). This theory states that there are two interpersonal constructs namely, feelings of social alienation and the perceptions of oneself as being a burden on others that lead to suicide ideation. The incidence of any one of these constructs leads to passive suicide ideation (For instance “I wish I was dead”) and the presence of both of these factors will result in active suicide ideation (for instance “I want to kill myself”).

An Integrated Motivational-Volitional Paradigm of Suicide Behaviour: According to this model suicidal behavior is a product of a complex interaction between the components of motivational phase and volitional phase (O'Connor, 2011). The motivational phase factors include defeat, entrapment, and lack of social support, on the other hand volitional phase govern the transition from suicide ideation to suicide behavior, including fearlessness for death and impulsivity (O'Connor & Portzky, 2018).

Entrapment, especially internal entrapment is considered as the primary motivator for giving rise to suicide ideation (O'Connor & Portosky, 2018). Internal entrapment refers to the feeling of being imprisoned by pain that arises from a person’s internal thoughts and feelings. Internal entrapment has been found to be strongly associated with suicide ideation as compared to external entrapment i.e. being unable to escape from external events and

experiences (Owen et al., 2017). This theory suggests that resilience and self-esteem can act as protective factors against suicide by disrupting the process where feeling entrapped motivates suicide ideation (O'Connor & Kirtley, 2018).

The Escape Theory of Suicide: Baumeister (1990) put forward the Escape theory of suicide. According to Baumeister (1990), a common cause of suicide is to believe that there is no way out. This theory provides a paradigm for understanding the role of factors like perfectionism, negative self-attribution, sadness, anxiety, hopelessness, and limited reasons, which combine together to give rise to suicide ideation. There are six phases of the Escape theory of suicide: falling short of expectations, negative self-attribution, high self-awareness, negative emotion, cognitive deconstruction, and deconstruction repercussions (Baumeister, 1990). When a person is overwhelmed with feelings of failure and negative affect, it leads to pressure to escape from this negative self-awareness and then one considers suicide to be the only solution to the issue (Landrault et al., 2019).

Baumeister (1990), the first stage of the escape theory comprised of perfectionism, life stress and the interaction between the two; in the second stage comprised of the individual attributes or perception failure to oneself and identifies himself or herself as blameworthy and incompetent; the third stage is characterized as a persistent sense of self-focus, setting high standards to compare himself with others; the fourth stage is when the person develops negative consequences considering oneself as falling short of expectations that leads to emotions of despair, whilst perceiving oneself as falling short of responsibilities which results in feelings of agitation; the fifth stage is finally characterized by sentiments of hopelessness; and in the sixth stage, an individual experiences cognitive deconstruction as a result of persistent sentiments of despair (an inability to believe in or developing positive long term objectives) that eventually characterized by a lack of reasons to live.

Suicide at Global Scenario

According to the World Health Organization (WHO), suicide in 2004 was the 8th leading cause of potential years of life lost worldwide among persons aged 15-44 years (WHO, 2004). Suicide is the third leading cause of death among those aged 15-44 years, and the second leading cause of death in the 10-24 years age group in some countries; these figures do not include suicide attempts which may be up to 20 times more frequent than completed suicide. There is an interesting speculation that latitude and the daily amount of sunlight has an effect on rates of suicide (Terao, et al., 2002) Eighty-six percent of all suicides occurred in the low and middle-income countries. (WHO, 2002).

Suicide at Indian Scenario

The suicide rate in India is comparable to that of Australia and the USA, and the increasing rates during recent decades are consistent with the global trend. Data on suicide in India are available from the National Crime Records Bureau (NCRB; Ministry of Home Affairs). The suicide rates in India rose from 6.3 per 100,000 in 1978 to 8.9 per

100,000 in 1990, an increase of 41.3% during the decade from 1980 to 1990, and a compound growth rate of 4.1% per year (GoI, 2012). More recent data, however, reveal a different picture. The rate of suicide showed a declining trend from 1999 to 2002 and a mixed trend during 2003-2006, followed by an increasing trend from 2006 to 2010 (GoI, 2012). During 2009, the rate was 10.9 per 100,000 population (GoI, 2009). This represented a 1.7% increase in suicides since 2008 (GoI, 2012). In the most recent NCRB report the rate in 2012 rose to 11.4 per 100,000 population; an increase of 5.9% in the number of suicides (GoI, 2012).

The suicide rates vary widely across the different states of India, ranging from 0.5/100,000 in Nagaland to 45.9/100,000 in Sikkim against the national average of 11.4/100,000 in 2010 (GoI, 2012). The southern states of Kerala, Karnataka, Andhra Pradesh and Tamil Nadu along with eastern states of West Bengal, Tripura and Mizoram have a suicide rate of greater than 16 while it is less than 4 in Punjab, Uttar Pradesh and Bihar (GoI, 2012). Puducherry reported the highest suicide rate at 36.8 per 100,000 people, followed by Sikkim, Tamil Nadu and Kerala. The lowest suicide rates were reported in Bihar (0.8 per 100,000), followed by Nagaland and Manipur (Vijaykumar, 2007).

Causes of Suicide Ideation

Psychological Causes: High degree of life stress, greater emotional suffering, negativity and despondency contribute to suicide ideation. Psychological elements like pessimism, hopelessness, aggression, poor self-perception, social isolation, low emotional awareness, and inadequate coping methods have an association with suicide ideation. Moreover Individuals who believe suicide is acceptable are more prone to have suicide ideation (Joe et al., 2007).

Among college students suicide ideation has been found to be strongly associated with higher levels of stress (Hirsch & Ellis, 1996). Generally, students having a high degree of life stress show suicide ideation as an escape for ending mental pain (Singh & Joshi, 2008). Among other psychological factors mental suffering (Montemarano et al., 2018), feeling of loneliness (Lamis et al., 2016), personality issues (Cho et al., 2016), low levels of satisfaction (Endo et al., 2017), and low mood among college students also give rise to suicide ideation (Kisch et al., 2005).

Biological Causes: Genetic polymorphisms of the serotonergic system, the hypothalamic-pituitary-adrenal axis, noradrenergic system, and polyamines predisposes the individual to suicide behavior (Chandley & Ordway, 2012). Low levels of the neurotransmitters like dopamine and serotonin alter the structure and functioning of the cerebrum and increases the likelihood for suicide ideation (Ryding et al., 2008). There is a relationship between high neuroticism and suicide ideation (Velting, 1999).

Social Causes: A family members' or a friend's suicide, adverse life events, gender identity issues, poor extraversion, negativity for future, weak social relationships and other factors have a positive relation with suicide ideation (Rew et al., 2016).

Suicide Behaviour

Suicide behaviour comprises suicide ideation, suicide attempts and finally committing suicide (Nock et al., 2008). Globally, suicide ideation, non-suicide self-injury, and suicide attempts are serious public health issues (Tang

et al., 2013), and have become the global cause of injury and death (Nock et al., 2008). Suicide behaviour is frequent among college students, with 12-months estimates ranging from 5 percent to 35 percent (Wong et al., 2011).

Suicide Attempt: A suicide attempt is a non-fatal act of self-injury intended to end one's life, it is three times more among females in comparison to males (Nock et al., 2008). Cutting, burning, beating, and biting are frequently recommended ways for injuring oneself (Nock et al., 2008).

Non-Suicide Self-Injury: Non-suicide self-injury is the absence of suicide intent, that has an association with suicide conduct over a period of time, it is frequently called a "gateway" to suicide (Whitlock et al., 2012). It was found that 17 percent of adolescents and 13 percent of emerging adults reported at least one incidence of non-suicide self-injury (Swannell et al., 2014). Negative family-life events, poor parent-child relationships (Yurkowski et al., 2015), lack of parental support (Andrews et al., 2014), neglect and sexual abuse have an association with non-suicide selfinjury (Kaess et al., 2013).

Self-Harm: Self-harm is an intentional, direct damage to oneself, it is a self-injurious behaviour with or without suicide intent, which frequently entails self-inflicted clawing, hitting or burning of skin (Muehlenkamp et al., 2012). Self-inflicted injuries can be life-threatening, but is not often a suicide behaviour. Despite suicide intent, various other terms have been used interchangeably to describe self-harming behaviour, such as cutting and self-mutilation (Klonsky, 2007). It can be seen that suicide has its continuum development that starts from suicide ideation to suicide plan than suicide attempt and finally ends at suicide completion, the presence of suicide ideation seems the harbinger of imminent suicide behaviour (Xiao et al., 2021). This makes suicide ideation as an important indicator for preventing suicide.

1.2 Resilience

Resilience is derived from the Latin word "resilia," which refers to "the process of rebounding". Resilience is the process of reacting successfully to adversity, trauma, tragedy or major pressures. It is an ability to overcome hardships, giving a high degree of improvisation and adaptability (Laschinger & Grau, 2012). The origins of the resilience concept can be traced in two kinds of literature: (1) the physiological dimensions of stress (Anderson, 1991) and (2) the psychological dimensions of coping (Felten & Hall, 2001).

Resilience is characterized by a particular approach to situations or stressors which is manifested as cognitive appraisal skills, problem solving techniques/master the situation, and reducing emotional discomfort (Lazarus & Folkman, 1984). From the psychological view on stress and coping, the tale of individuals coping is improved in the presence of difficulty which laid foundation for the concept of resilience (Deveson, 2003). Charney (2004) emphasized that "psychobiological" resilience has a primary role in justifying the physiological effects that are associated with stress-induced conditions such as posttraumatic stress disorder and major depressive episode.

It is the capacity to recover, heal and reshape an individual after enduring a traumatic experience and enables an individual to face challenges. Resilience is defined as an individual's capacity to effectively respond and adapt to

stress and adversity. Though there were some variations regarding the definitions of resilience according to different theories available on resilience, the common point at which all these theories intersect is at identifying its protective role in the phase of adversity.

Earlier considered as a fixed personality trait that is either present or absent (Sanderson & Brewer, 2017), but now viewed as a dynamic trait as it has been observed that it can be strengthened and improved with environmental stimuli. It is considered by some as trait, some as a defense mechanism, some as an outcome, by others as a process (Castro & Murray 2010) and some others as an ability.

Studies in resiliency, has shown the overwhelming amount of benefits and positive outcomes of this supremacy among children and youth. Highly resilient individuals demonstrate significant post-crisis growth, manifested in qualities of hopefulness, composure, and subjective well-being (Tugade & Fredrickson, 2004). They are more capable to overcome adversity, and they have a better cognitive and emotional system (Vieselmeyer et al., 2017). As there is a link between mental health and resilience, so it acts variably in adapting to stressful situations that have a connection with family life, academic settings, and social networks, hence acting as a protective factor against depressive situations (Anyan & Hjemdal, 2016).

Resilience is seen as a capacity of a person to endure adversity, and also give success and promotion beyond the initial position, which has lead it to be also determined as a coping technique that resists the anticipation of unfavorable events (Seery & Quinton, 2016). The quality of resilience among students is constantly being explored. However, there is still a great deal research needed to understand the complex nature of resilience. Contradictory to Western perspectives, Indigenous cultures use unique concepts of the self in relation to the natural surroundings, ethnicity, and community in their perceptive of resilience (Kirmayer et al., 2011).

The Four Waves of Resilience

The First Wave of Resilience: It observed about “what” are the elements that make a person resilient (O'Dougherty-Wright et al., 2013). To identify the elements Person-focused and variable-focused strategies are used. The person-focused strategy establishes the characteristics of people being designated as resilient against those who were not resilient in the same situation, on the other hand the variable-focused strategy evaluated the various linkages between human qualities and their settings that lead to resilient outcomes despite adversity (O'Dougherty-Wright et al., 2013). The first wave of resilience focused on an individual and the environment, yielding descriptions of resilience phenomena viz. features, personality traits, and supporting contextual variables linked with improved outcomes.

The Second Wave of Resilience: This wave investigates “how” to acquire the protective variables linked with resilient outcomes. This wave focuses to switch from “what” to “how” and the processes involved in establishing elements that promote resilience and provide protection against risk or adversity (O'Dougherty-Wright et al., 2013).

The Third Wave of Resilience: It examines on how the resilience can be created when it is not developing naturally (O'Dougherty-Wright et al., 2013). Youngsters who grow up with danger and hardships could not wait long for

situations to get positive and this leads to resilient behavior (Masten, 2007). Thus, the third wave of resilience research began to interpret the findings of the first two waves in order to develop preventive and intervention techniques to enhance resilience (O'Dougherty-Wright et al., 2013).

The Fourth Wave of Resilience: The fourth wave has the potential to yield a comprehensive knowledge of resilience at numerous levels (Masten et al., 2006). This wave of research has the ability to consolidate and integrate the research and theory gathered during the first three waves, in addition, it also emphasizes that resilience should be studied as a multifaceted phenomenon (Masten, 2007). As it is now recognized that resilience is a multi-level phenomenon that functions across various systems and interacts with different systems like schools, sports clubs, and the environment of an individual (Masten, 2007).

1.3 Self-esteem

Self-esteem is the evaluation of validity, approval, acceptance and self-worthiness that a person feels about himself.

Self Esteem can be broadly defined as the overall judgment of oneself in either positive or negative way. It shows that at what extent an individual believes himself or herself to be competent and worthy of living. It is a very important aspect of personality. It is generally considered a personality trait that reflects a person's overall sense of value and self-worth. Self-esteem involves how a person generally feel about oneself, one's abilities, appearance, emotions, attributes and behaviors. It helps to accomplish identity and to adapt to society. The degree in which individuals have positive or negative feelings about self-individuals value self. It is one's subjective evaluation of his or her worth, whether good or bad.

The original definition of self-esteem was given as a ratio found by dividing one's successes into the areas of the life of importance to a given individual by the failures in them or one's —success/pretensions (James, 1892). It is the ratio of our actualities to our supposed potentialities. Accordingly, a person feels good about themselves (positive self-esteem) if their current self compares well against possible selves, or they feel bad about themselves (negative self-esteem) if the comparison is unfavourable (James, 1892).

In the mid-1960s, Rosenberg and social-learning theorists defined *self-esteem* as a stable sense of personal worth or worthiness. Rosenberg et al. (1989) defined it as the “totality of the individual's thoughts and feelings concerning himself as an object.” Coopersmith (1967) defined *self-esteem* as the personal judgement of worthiness, expressed in the attitude the individual holds toward himself. He also defined *self-esteem* as “the experience of being competent to cope with the basic challenges of life and being worthy of happiness”. He believed it as the basic human need and indispensable to normal and healthy self-development and survival.

According to Branden (1969), self-esteem is the sum of self-confidence (a feeling of personal capacity) and self-respect (a feeling of personal worth). It is the overall good opinion of one's own character and abilities (Oxford Advance Learner's dictionary, 1989).

Schwalbe and Staples (1991) defined Self-Esteem as the feeling an individual has about him or herself that affects how he or she views himself/herself. Self-esteem can be defined as the image of what an individual is, what he or she wants to be, and what he or she has to do in order to accomplish their goals. It is the result of the social comparison and the received feedback from others whether positive or negative that evaluates one's qualities and performances.

Self-esteem is regarded as an evaluative component of self-concept (Hales, 1989). It is the individualistic evaluations of themselves, their abilities, self-worth, competence, outlook towards the world, whereas, in psychological terms, it refers to the individual's overall sense of self-worth and the consideration of their values. There are three models of self-esteem, i.e. affective models, cognitive models and sociological models (Hales, 1989).

Affective model – The essence of high self-esteem contends in the feelings of belongingness and then mastery as a matter of the fact that protective environment encourages the exploratory nature of the child and by inspecting the environment in detail helps the child to master the skills; these skills develop as a result of parent-child interaction early in one's life.

Cognitive model – Self-esteem development results from a rational process as assumed by the cognitive model; people inspect these qualities skills and integrate these perceptions into the overall feeling of self-regard.

Sociological model – This model of self-esteem assumes that self-esteem develops due to society's perception of the individual or how society regards the individual. Socially privileged people tend to have higher self-esteem than stigmatized individuals having lower acceptance. This is because the individuals take pride in their group affiliations such as some society, ethnic group, regional group, elite group etc.

Positive Self-Esteem is vital in development of a healthy personality. People with high Self-Esteem can surely be knocked down by an excess of troubles, but they are quicker to pick themselves up again. Most of the persons with low Self-Esteem believe that, they have nothing meaningful to contribute; they think that there is no need for them to express their own idea. So an individual with low Self-Esteem is likely to be less willing to communicate (McCroskey & Richmond, 1990). On the other hand having a higher level of self-esteem allows an individual to possess a higher level of social skills (Saks & Ashforth, 1999). Self-esteem of an individual varies according to a number of external as well as internal factors like age, the gender of the person, physical traits of the person, and also the ever-fluctuating hormones.

Theories of self-esteem

The theoretical work in self-esteem started a century back with the pioneer works of James (1892) and Cooley (1902). Their theories continue to guide and impact present work on self-esteem.

James (1890) is credited with the creator of the self-esteem movement and argued it as the elementary endowment of human nature which has existed since the birth of humankind (Leary et al., 1995). James's (1890) gave the original formula of self-esteem: $\text{Self-esteem} = \text{Success} / \text{pretensions}$. It means that an individual can feel better

about his/herself by succeeding in the world and by varying the levels of hopes and expectations. The two elements, feeling good about ourselves (pretensions) and how well we do (success), are inextricably linked. According to Cooley (1902), the self has several aspects, and the most overwhelming one is simply the social self. This social-self arises from one's observations of how others react to the self. That is, people figure out to identify themselves by the perceptions of others, a concept Cooley coined as the "looking-glass self". Using social interaction as a "mirror," people often use the judgments they receive from others to measure their worth, values, and behaviour. The social self is a way of characterizing and refining the feeling of self.

As per Rogers (1951), self-development can be explained as "expanding of a distinction between private world or me and that which is not me". Experiences are categorised as positively and negatively. Therefore, the self is an interaction between the direct experiences of the self and the distorted interjects from the environment. Rogers said that the state of self in terms of self-acceptance and the minimization of conflict as crucial for the person's emotional wellbeing (Coopersmith, 1967).

Rosenberg et al. (1989) put forth a theory of self-concept and self-esteem. Self is being maintained and enhanced by two very similar motives, i.e. Self-esteem and self-consistency. According to him, self-esteem is the individual's fundamental frame of reference that incorporates almost all activities that are predicted. Self-esteem, a standout amongst the most powerful motives in human development, was defined as the positive or negative attitude toward the self. Coopersmith's (1967) multidimensional model of self-esteem connotes that self-esteem is rooted in early childhood with a foundation of trust, unconditional love and security, impact on as life progresses by a combination of positive and negative evaluations. Coopersmith's (1967) self-evaluation scale measured self-esteem in children and then assessed the parent's child-rearing practices for those children with high self-esteem and revealed that the origins of higher self-esteem lay in clear rules and limits enforced by the parents.

CHAPTER -II

REVIEW OF LITERATURE

The focus of this chapter is to arrange a read of past studies with reference to the resilience and self-esteem related to suicidal ideation among youngsters. Any scientific investigation starts with review of the literature. Working with literature is a vital part of the analysis method that generates the concept, helps in developing vital queries and is thought to be instrumental within the method of research design. A synthesized collection of previous studies additionally help a researcher to spot the numerous overlaps and gaps among the previous works. Ultimately, the review of literature is in addition imperative to spotlight distinction in opinions and conflicting discoveries.

The subsequent review of literature is conferred in three parts. The first part reviews the literature that investigated mainly regarding suicidal ideation. The second part covers the literature on the relationship between resilience and suicidal ideation. Thirdly, studies of suicidal ideation with respect to self-esteem were examined.

2.1 Suicide Ideation

Wong et al., (2011) conducted mixed methods study to investigate suicidal ideation from qualitative and quantitative perspectives. The sample was consisted of 293 Asian college students. The researchers looked into the connection between the various variables of the interpersonal needs model of suicide. All the constructs in the interpersonal needs model showed strong correlation with suicide.

Peltzer and Pengpid (2012) conducted a survey to study suicidal thoughts and related features among school-going adolescents in Thailand. A moderate level of suicidal ideation was found among students. This study found that Psychosocial, health-risk behaviours and lack of protective factors were significant predictors of developing suicidal behaviours.

Ziaei et al., (2017) directed a cross-sectional study to find the suicide ideation among high school students in Iran. They found that smoking and thoughts about using alcohol or other medications to feel better are related to higher chances of self-destructive ideation.

Ibrahim, Amit, Din, and Ong (2017) found that suicide ideation was significantly higher among males as compared to females. In order to prevent suicidal behaviors there is a need to detect depression and hopelessness at a very early stage.

Ram et al., (2018) lead a research study on the “Prevalence of suicidal ideation among university students” of Mettu concerning gender. The adult Suicidal Ideation Questionnaire, with a reliability of 0.86, was administered to undergraduates, postgraduates and university research scholars. Results confirmed that 5.3% of undergraduate students have severe suicide ideation, whereas 1.07% of postgraduate students and research scholars fall in this level. Results also revealed that 9.59% of undergraduate students fall in moderate suicide ideation, whereas 2.93% of suicide ideation was found among postgraduate and research scholars.

Amare, Woldeyhannes, Haile and Yeneabat (2018) examined self-destruction ideation and found that the suicidal endeavors were normal among secondary school youths. No significant difference was found among male and female students. It was found that psychosocial factors have been discovered to be related to suicide ideation.

Abdu et al., (2020) study “Suicidal behaviour and associated factors among students in Mettu University, South West Ethiopia, 2019: an institutionally based crosssectional study”. Five hundred twenty-three undergraduate students selected through multi stage stratified sampling were included. SPSS was used to analyze the data. 95% and 58.3% lifetime prevalence of suicidal ideation was 58.3%. The result also revealed that the suicide plan was 37.3% , and the attempt was 4.4%. It was found that gender does not influence suicide ideation. Further, the results revealed that

independent risk factors that predict suicide ideation and attempt were alcohol, lack of social support, genetic factor, and remaining away from religious activities.

Sadeghian et al., (2021) conducted a cross-sectional study on suicidal ideation and hopelessness among Tehran University medical students. Five hundred seventeen students were selected based on availability. The results revealed that the high number of students, 107 (mild), 58 (moderate) and 13 (severe), hopelessness. Males, senior students, and dissatisfied students with their academic performance experienced more severe hopelessness. Thirty-six participants had suicidal ideation. Further, the results revealed that hopelessness is associated with suicidal ideation.

Liang et al., (2022) determined that suicidal ideation appeared to rise among Chinese college students during the COVID-19 pandemic remission period. Suicidal ideation is linked with various factors, particularly mental health issues. To reduce the risk of suicide among COVID-19 patients, psychosocial interventions should be implemented both during and after the pandemic.

Sun et al., (2022) conducted a study on “The Relationship between Negative Focused Disposition and Suicidal Ideation among College Students: The Mediating Effects of Somatic Anxiety, General Distress, and Depression” The data was collected through a self-devised instrument. The results reported that in Chinese college students, there is a positive link between a pessimistic attitude and suicidal behaviour. The more cynical attitude towards oneself and one's future life, the more suicidal thoughts will be. According to mediation analysis, anxiety levels, mental-strain, and agony mediated the connection between negative focused temperament and suicidality. Results also revealed that severe anxiety, sufferings and depression are the strong foreteller of suicide and suicide ideation.

Ajibola and Agunbiade (2022) examined “Suicide ideation and its correlates among university undergraduates in southwestern Nigeria”. Quantitative evidence implicated irregular financial support and broken intimate relationship, and the qualitative findings described educational challenges, drug addiction and marital problems in the family as predisposing factors to suicidal ideation.

Flores (2023) conducted a study during COVID 19 Pandemic among individuals with mental health problems to identify the key aspects that increased suicidal thoughts. The study used a qualitative paradigm with ten female clinicians aged above 30. An interview method through zoom application was used, and different themes emerged after data analysis. The findings revealed that the main predictors of suicide ideation were fear of COVID, isolation, anxiety, depression, and social isolation.

2.2 Suicide Ideation and Resilience

Over some years the interest has increased in the concept of "resilience to suicide," resilience is a psychological construct, a system of positive attitudes, or a set of personal, family, or societal resources or an individual's perceived capacity to overcome adversity.

Stewart et al. (1998) revealed that health can embrace the feelings of connectedness, control, meaning and self-efficacy which all are relevant factors in resilience. They cited that the relationship of resilience and health is elucidated in discussions of risk factors, protective factors and resilient outcomes in resiliency literature.

Fergusson and Horwood (2003) in studying childhood adversity found that resilience was related to absence of symptomatology such as depression, anxiety, conduct disorders, alcohol and drug dependence, suicidal behaviour and criminal offending.

Roy et al. (2007) administered the Connor-Davidson Resilience Scale on 100 abstinent substance dependent outpatients and found that those who had suicidal ideation were scored significantly low on resilience than that patients who had never attempted suicide. This suggests the possibility that low resilience may be related to poor mental health (depression and suicidal ideation in this case).

Hartly (2011) examined the relationship between measures of interpersonal resilience, intrapersonal resilience, and mental health and it was examined with respect to academic and social integration. Resilience was defined as “the process of, capacity for, or outcome of successful adaptation despite challenging or threatening circumstances.” It was found that there was a strong statistical correlation between the inter-and-intrapersonal (tendency, tolerance of stress and spirituality) resilience factors and mental health.

Peng et al. (2012) wanted to evaluate the moderating influence of resilience among harmful life events and mental health. It identifies the factors that contribute to the mental health issues in Chinese students. A large number of samples (1998 students) of samples were selected from the Chinese medical students. Standardized tools such as the ConnorDavidson Resilience Scale, Self Rating Check List, Symptoms Check List, Eysenck Personality Questionnaire (Adult) and Social Support rating scale were used for data collection. Mental health issues had a significant association with harmful life events and neuroticism and negative relationships with social support, resilience, and extraversion.

Bocking et al. (2013) conducted a study on the US transgender population to determine the affiliation between stress, mental health, and resilience. For the study, 1093 males to females and females to male transgenders were selected through the internet. An online survey was conducted that included a standardised tool of mental health. The association between mental health and stigma was evaluated and tested to see whether resilience also moderated this association. Transgender people had high anxiety (33.2%), a high frequency of depression (44.1%), and somatization (27.5%). Social stigma was positively associated with mental distress and peer support moderated this association. The finding suggests we need to confront social norms and attitudes that generate minority stress for transgender people and enhance peer support and improve social services that increase their resilience.

Lee et al. (2013) studied the affiliation between the stressors and mental health issues was well acknowledged in the research, but some people show psychological resilience more than others. The study examines the criterion validity of the model of mental resilience for forecasting the MH of Canadian military personnel returning from overseas

placement. A 1584 male sample was selected who were deployed in Afghanistan during 2008–2010. Figures on war experience and MH were collected during the post-deployment. To assess the direct and moderating effects of interpersonal and intrapersonal variables, linear regression was used. The result highlighted the caring nature of emotional stability, conscientiousness, and healthy social communication. Ultimately, the results pointed out the complexities of resilience, limited research on resilience, and intervention on resilience. In addition, the study suggested that resilience contribute to mental health after wartime experiences.

Hu et al. (2014) intend to conduct a meta-analysis to examine the relationship between mental health and resilience traits, as well as variables such as gender, age, and adversity in the sample. After reviewing the 60 studies, it was concluded that resilience was positively correlated with support factors related to mental health and negatively correlated with mental health in aspects of risk factors. Gender moderated the relationship between trait resilience and mental health. Adversity moderated the relationship between mental health and resilience.

Sher (2019) suggest that resilience is a protective factor against suicide risk. Resilience is becoming a focus of suicide research and prevention. Building resilience should be a part of universal, selective, and indicated suicide prevention interventions. Promoting resilience may reduce suicide risk in the general population, in groups at elevated suicide risk, and among high-risk individuals. Building resilience in the general population may reduce the incidence of stress-related disorders and, consequently, suicidal behaviour.

2.3 Suicide Ideation and Self-esteem

Self-esteem is considered to be most significant influence on the important life outcomes including health and social outcomes. Extensive research has also revealed the self-esteem as a protective factor against various adverse conditions during developmental stages. Self-esteem, an individual's overall appraisal of one's value of oneself in relation to others (Rosenberg, 1965), is strongly supported by research as a buffer to suicide (Sharaf, Thompson, & Walsh, 2009).

Overholser et al. (1995) studied on “Self-esteem deficits and suicidal tendencies among adolescents.” Objective of the study was: Self-esteem can play an important role in suicidal tendencies among adolescents. Total 254 adolescent psychiatric inpatients and 288 high school students select as a sample. Results indicated that the Low self-esteem was closely related to feelings of depression, hopelessness, and suicidal tendencies. Need to yearly assessments of self-esteem with annual assessments of students, and therapy should be compulsory for students.

Dori and Overholser (1999) compared depressed adolescents who had never attempted suicide to depressed adolescents who had attempted suicide to determine the level of hopelessness, self-esteem, and depression across them. Results showed suicidal adolescents experienced significantly lower self-esteem as well as higher levels of depression and hopelessness than did non-suicidal adolescents. Self-esteem was found to be a better indicator of suicide than a person's level of suicidal ideation. Depressed and hopeless adolescents with adequate level of self-esteem were less likely to demonstrate suicidal behaviors than those with low self-esteem.

McGee et al. (2001) examined the longitudinal relationship between hopelessness along with self-esteem and thoughts of self harm in mid childhood years and suicide ideation during the ages of 21 and 18. A separate model for boys and girls was established. The chosen variables showed a relationship in a way that during childhood, low self-esteem and feelings of hopelessness had a strong link to self-harm and suicide ideation in early adulthood. There was a small but significant effect was also seen in self-esteem on suicide ideation among females.

Goodwin and Marusic (2003) determined the association between feelings of inferiority and suicidal ideation and suicide attempt among youth. They have found that feelings of inferiority were associated with a significant increased likelihood of suicidal ideation and suicidal attempt. The results also showed evidence of interaction specifically between anxiety disorders and inferiority in the likelihood of suicidal ideation and between major depression and inferiority in the likelihood of suicide attempt.

Demibas et al. (2003) evaluated correlations of self-esteem, depression, and state-trait anxiety with suicide probability in alcohol dependence. It was found that self-esteem, depression, and trait anxiety predict suicide probability.

Tarrier et al. (2004) found in their study that negative self-esteem was significantly correlated with measures of depression, hopelessness and suicidal ideation, whereas positive self-esteem was negatively correlated only with hopelessness in schizophrenia patients. They concluded that isolation and poor self-worth/negative self-evaluation work through a common factor of hopelessness to increase suicide risk in schizophrenia patients.

Li et al. (2010) studied to find out the relationship between mental health, self-esteem, and physical health among 1,945 Chinese adolescents between the ages of 12 years and 19 years. The results of the study gave a clear indication that self-esteem among adolescents had correlated with the mental as well as the physical health of the adolescents and self-esteem was a predictor of mental as well as physical health.

Lee and Jang (2010) carried out a study on “Self-esteem and Social Support as a factor for Suicidal Tendency for College Trainee students”. Objectives of this study were: to analyze relationships between suicidal ideation depression, hopelessness, social support and self-esteem. This study was survey in nature. Sample drawn with 220 trainee students of colleges located in Pusan. This study concluded that the major factors related to suicidal tendency of adolescents were depression, low self-esteem, and low social support.

Rizwan and Ahmed (2010) assessed the predictive relationship of self-esteem with suicidal tendencies in patients with psychiatric disorders. According to results self-esteem was found to be a statistically significant predictor of suicidal tendencies in psychiatric group.

Kuhlberg, Peña, and Zayas (2010) studied 226 Latino adolescents with a previous history of suicide attempts through path analysis. The findings suggested an association between suicide and self-esteem. Low self-esteem in individuals may act as a contributing factor for attempting and committing suicide.

Mahoney, Edelman, and Cremer (2013) tried to associate implicit and explicit self-esteem along with their interaction with loneliness, depressive symptoms and suicide ideation. 95 female students for Netherland were taken up for the study and variables were measured using NLT, Rosenberg Self-esteem Scale, Beck Depression Inventory, Heilbron and Prinstein Suicide ideation Scale, and UCLA Loneliness Scale-Revised. The result of the study found out that damage in self-esteem was consistently associated with loneliness, increased levels of depressive symptoms, and suicide ideation. The study revealed that specifically damaged self-esteem was a significant marker for depressive symptoms, loneliness, and suicide ideation among adolescents.

Gooding et al. (2015) in a recent study done on male prisoners falling between 22 to 60 years of age found that low self-esteem is associated with suicidal behavior.

Ghatol (2017) indicated that there is a strong relationship between academic pressure and stress, depression, anxiety, low self-esteem, and suicidal ideation among students in secondary or high school and in young adults.

Choi et al (2019) investigated the role of self-esteem as a moderator of the factors influencing suicidality among middle-schoolers. Results revealed happiness, depression, and hostility to have significant direct effects on suicidality. Self-esteem showed no direct effect, but had a significant moderating effect on the relationship between hostility and suicidal behavior.

Zarei (2022) conducted a study to examine the mediating role of self-esteem in the relationship between loneliness and suicidal ideation. The findings revealed that there is a direct effect of loneliness on suicidal ideation. Also, results showed that the mediating role of self-esteem in the relationship between loneliness and suicidal ideation was significant. It was concluded that loneliness and self-esteem are two important factors affecting male adolescents' suicidal ideation.



CHAPTER -III

RATIONALE OF THE STUDY

A research is a continuous process which is connected to a certain direction and therefore it is obvious for a researcher to keep in mind the importance of the study. Through this research, teachers and parents was able to get appropriate guidance to know suicidal ideation, resilience and self-esteem of the college students.

It was estimated that 79 percent of suicides occurred in low and middle-income countries (WHO, 2016). In India, suicide become one of the foremost issues as it is rising day by day. So, a country like India is at higher risk of it. There is a paucity of evidence regarding forecasting or predicting suicide (Swain et al., 2021). Furthermore, suicide ideation among college students has been extensively studied in western countries and comparatively less work has been done in India, and few studies from India reported the prevalence of suicide ideation, especially among college students (Menezes et al., 2012), therefore a need arises to conduct research for determining the predictors of suicide ideation among college students.

Understandably, adverse situations have the potential to predispose an individual to engage frequently in suicide ideation but resilience and self-esteem has the capacity to minimize the impact of such adversities on an individual (Gooding et al., 2015). To deal with any adverse situation one has to become resilient, that helps in dealing with an adverse situation (Philippe et al., 2011). Individuals who are resilient and have high self-esteem can deal with suicide ideation (Kim, 2020), and can overcome it.

Self-esteem is repeatedly noted as a correlate, and frequently as a predictor, of one or another of the components of the suicidal process (Hidaka et al. 2008). Self-esteem and resilience helps in several ways from enabling a person to prevent oneself to reducing risk and preserving self-efficacy, self-identity, and boosting possibilities for change, it may not only be effective in dealing with suicide ideation but also beneficial for those who have already harmed themselves (Xiao et al., 2021).

Resilience has been suggested as a focus of suicide research and prevention. Previous research has found self-esteem and resilience in becoming an important screening tool for predicting suicide ideation. It was found that resilience and self-esteem has attracted much less attention and has not been studied in depth in relation with suicide ideation (Xiao et al., 2021). A gap in the current knowledge base exist and so become important to find an association between resilience, self-esteem and suicide ideation. A need to inquire about suicide ideation become important, as there are still relatively fewer studies to date that looked at the relationship between suicide ideation, resilience and self-esteem. In addition, the majority of research on the subject of resilience, self-esteem and suicide ideation has been carried out in western countries calling into doubt the capacity to generalize the findings to the nations of Asia.

CHAPTER -IV

METHODOLOGY

4.1 Research Problem

For present study, researcher decided to study the relationship of suicide ideation with resilience and self-esteem among college students.

4.2 Objectives

In order to determine a direction for an attempt and achieve good result, it is essential to clarify the objectives of the study. The selection of appropriate and clear objectives leads to appropriate outcome. The following objectives were determined for present study

1. To study the gender difference in suicide ideation among college students.
2. To study the gender difference in resilience among college students.
3. To study the gender difference in self-esteem among college students.
4. To study the relationship between suicide ideation, resilience and self-esteem among college students.
5. To study resilience and self-esteem as predictors of suicide ideation among college students.

4.3 Hypotheses

After deciding the objectives of the research study, a researcher constructs tentative answers or solutions with reference to the problem of the study, which is identified as hypotheses. Thus, the following hypotheses were formulated according to the study objectives

1. There is a significant gender difference in suicide ideation among college students.
2. There is a significant gender difference in resilience among college students.
3. There is a significant gender difference in self-esteem among college students.
4. There is a significant relationship between suicide ideation, resilience and self-esteem of college students.
5. Resilience and self-esteem significantly predict suicide ideation among college students.

4.4 Operational Definitions

Resilience: Resilience refers to the ability to withstand adversity and bounce back from difficult life events.

Self Esteem: Self Esteem is the value or the worth we give to ourselves. It can be high or low.

Suicidal ideation: Suicidal ideation refers to a persistent wanting to take your own life or thinking about suicide.

4.5 Sample

The data will collect from below areas. Such as; Sample is a portion of a population selected for the study and sample size is the method of selecting the samples from the population. Every study involves sampling selection from the whole population, a smaller group to be investigated. The researcher will select a sample size of 120(60 Boys& 60 Girls) respondents from the college students. The confidentiality of the participants was assured by the researcher. The aim of the study was explained to the participants, and they were requested to complete the questionnaires. The data collection was done by using the Multistage sampling technique.

| | |
|------------|----------------------|
| Population | College students |
| Students | 60(Boys) & 60(Girls) |
| Sample | 120 |
| Age | 18-22 |

4.6 Research Design

The methodology used in every research is unique and depends on the goal and objectives of any study. This study has used a quantitative research method, specifying cross-sectional and correlational design with the help of questionnaires. In correlational and cross-sectional studies, the degree of association among a number of variables is examined. The best data to test the hypothesis in a research is given by quantitative approach.

Keeping in view the nature of the present study, correlational study method is employed. The data will be collected from 120 (60 boys and 60 girls) college going students. The age range will be 18-22 years. After that the questionnaire will give to the students which they will fill according to their experiences. After that the study will complete in the following two phases:

- Phase-1: Collecting responses from the students
- Phase-2: Analysis of the result

4.7 Tools for Data Collection

The tools used in the research consisted of questions in following sections:

1. Demographics
2. Resilience Scale
3. Self Esteem Scale
4. Suicide ideation Scale

Demographic data sheet consists of the information about students' age, gender, name of the college.

Suicidal Ideation Scale: (Sisodia & Bhatnagar, 2011)

It comprises of 25 items. It is scored from 5=strongly agree, 4=agree, 3=uncertain, 2=disagree, 1=somewhat disagree. There is reverse scoring for four negative items. Items of the suicide ideation scale include (eg. Feel lonely, disheartened, futile, guilt). Higher scores indicate higher suicide ideation. Scores between 25-30=very low suicide ideation, 31-45=low suicide ideation, 46-105= average suicide ideation and 106-125= high suicide ideation.

Cronbach's alpha of the items of the scale used in the present study found to be 0.731.

Connor Davidson Resilience Scale: (Connor & Davidson, 2003)

It is a 25-item scale. It is scored from 0=not true at all, 1=rarely true, 2=sometimes true, 3=often true, 4=true nearly all the time. Items of resilience include (eg. Adaptability when coping with change, problem solving skills, humour in the face of stress). Higher scores indicate higher resilience.

Cronbach's alpha of the items of the scale used in the present study found to be 0.823.

Self Esteem Scale (SES; Rosenberg, 1965)

It comprises of 10 items. The items of scale are answered on four point scale i.e. strongly agree, agree, disagree and strongly disagree. It is a one dimensional scale. Five of the ten items consist of statements with positive wording and remaining five with negatively wording items.

Cronbach's alpha of the items of the scale used in the present study found to be 0.751

4.8 Procedure

After obtaining the consent from the authorities, researcher reached the concerned students and fixed up a date for data collection. The participants consisted of college students. The participants recruited for the study were briefed about the objectives and purpose of the study and they were also assured of confidentiality. The doubts and ambiguities of the respondents were cleared prior to the beginning of the test.

The essential information of the respondents like, age, educational qualifications, and grade were recorded in the bio-data sheet.

4.9 Statistical Data Analysis

For the data obtained through psychometric tools, quantitative statistical analyses will conduct with the help of the software 'Statistical Package for the Social Sciences' (SPSS) Version 27.

Descriptive analysis will carry out to find out the nature of variables under study viz. spiritual intelligence and self-esteem; Mean (M), Standard Deviation (SD) will use to describe the nature of variables.

- Analytical analysis will use by employing t-test to find out the gender and stream differences on the variables under study i.e. spiritual intelligence and self-esteem of higher secondary students.
- Frequency polygon/Graphs/ figures will also use to show the gender and stream wise differences on the variables under study.

Correlation analysis and regression analysis will be carried out to find out the relationship of variables.

Chapter V

RESULTS AND DISCUSSION

5.1 Descriptive Statistics of Suicide Ideation

| Table 5.1 Suicide Ideation across gender | | | |
|---|---|------|----------------|
| | N | Mean | Std. Deviation |
| | | | |

| | | | |
|---------------------------|----|-------|-------|
| Suicide Ideation in boys | 60 | 73.78 | 18.36 |
| Suicide Ideation in girls | 60 | 75.65 | 19.94 |

Graph 5.1 Mean Score of Suicide ideation across gender

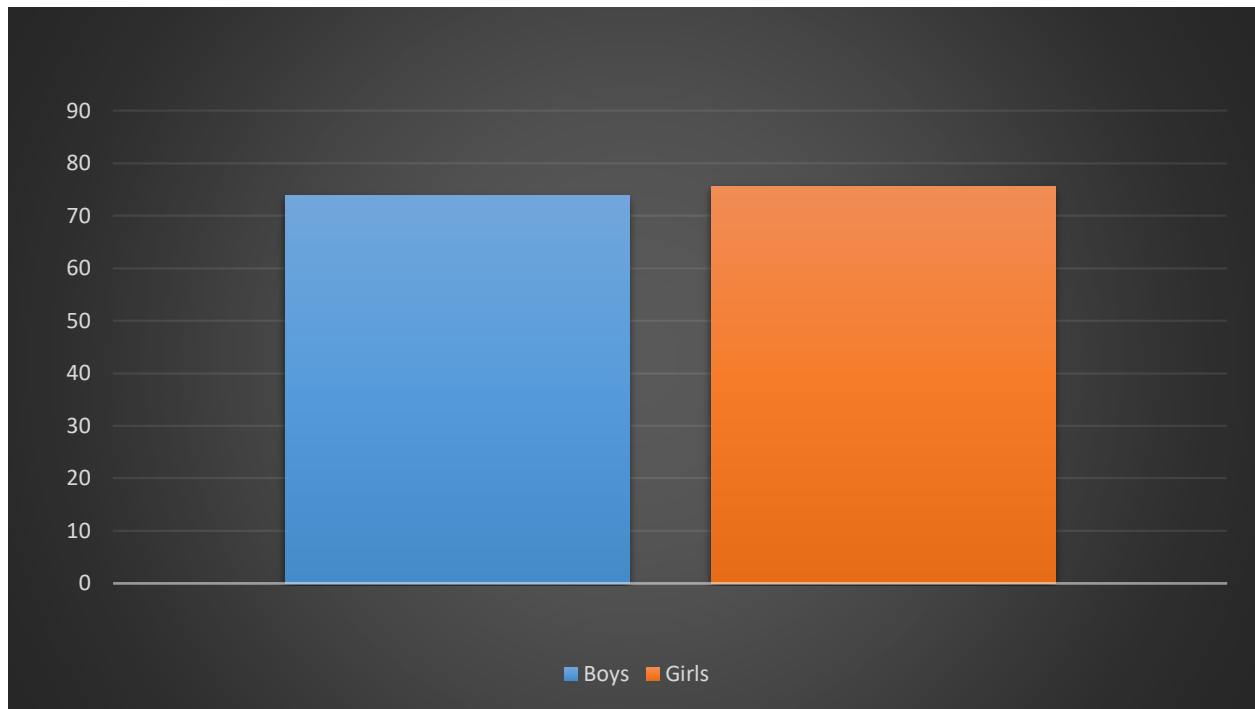


Table:5.2 t-Statistics for Suicide ideation across gender

| | Mean | N | Std. Deviation | t-value | p-value | df | Significant |
|------------------------------|-------|----|----------------|---------|---------|-----|---------------------------|
| Boys Suicide ideation Score | 73.78 | 60 | 18.36 | 1.05 | .111 | 118 | Not-significant p>0.05 |
| Girls Suicide ideation Score | 75.65 | 60 | 19.94 | | | | |

Table 5.1 and 5.2, show that the mean score for boys is 73.78 with SD of 18.36, whereas the mean score of girls is 75.65 with SD of 19.94. The calculated t-value is 1.05 and the table value (p value) is .111 with df (118). The result shows that the difference in suicide ideation in boys and girls is Not-significant ($p > 0.05$).

Table 5.3 Resilience across gender

| | N | Mean | Std. Deviation |
|------------------------|----|-------|----------------|
| Boys Resilience Score | 60 | 51.55 | 19.83 |
| Girls Resilience Score | 60 | 47.64 | 20.89 |

Graph 5.2 Mean Score of Resilience across gender

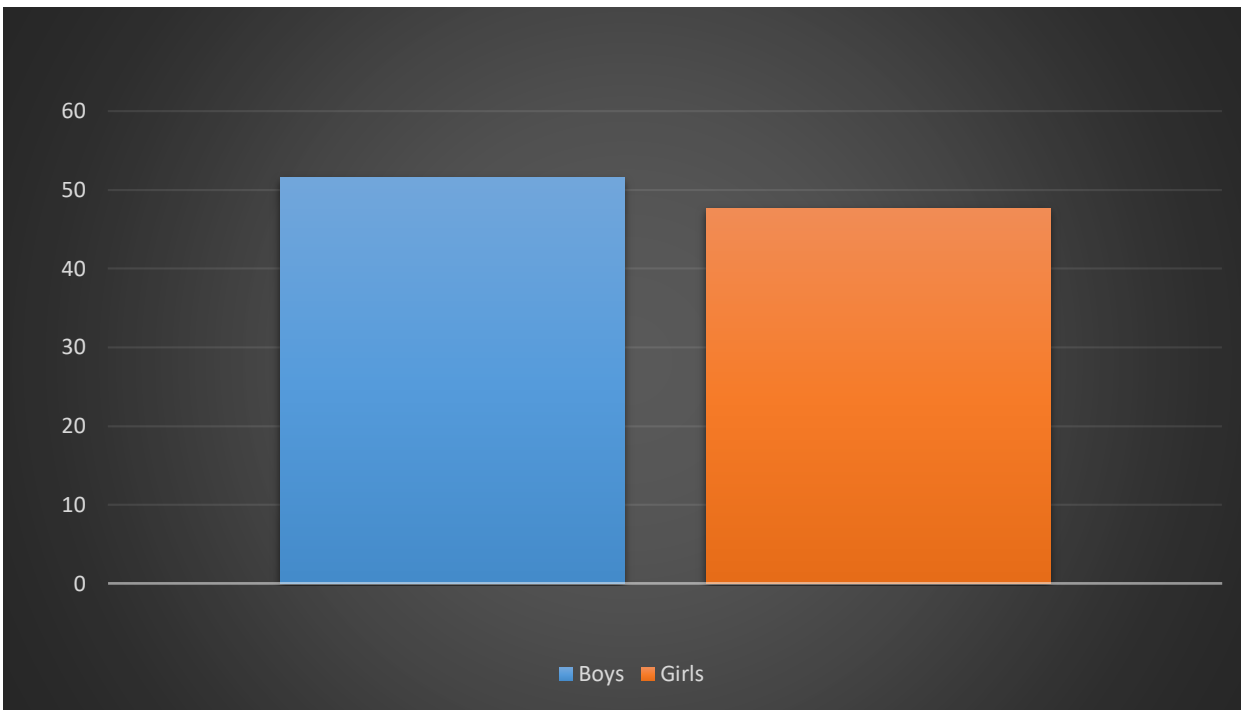


Table:5.4 t-Statistics for Resilience across gender

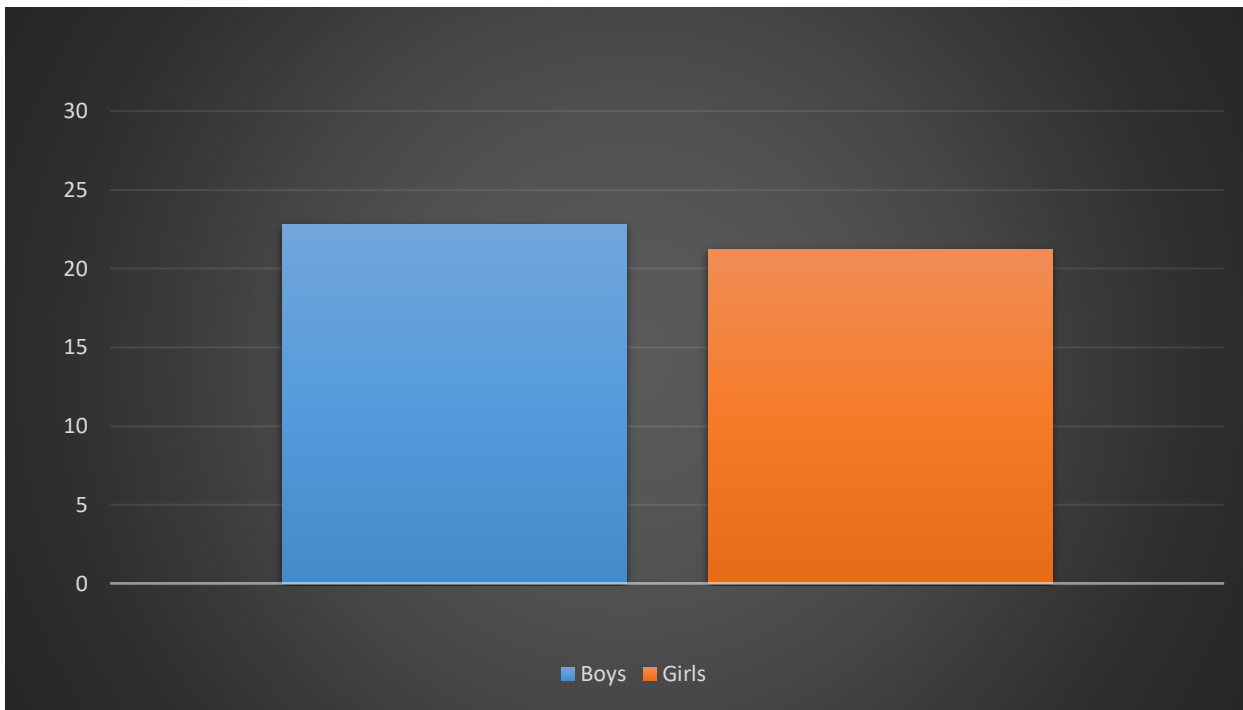
| | Mean | N | Std. Deviation | t-value | p-value | df | Significant |
|------------------------|-------|----|----------------|---------|---------|-----|-----------------------|
| Boys Resilience Score | 51.55 | 60 | 19.83 | 2.01* | .045 | 118 | Significant p>0.05 |
| Girls Resilience Score | 47.64 | 60 | 20.89 | | | | |

Table 5.3 and 5.4, show that the mean score for boys is 51.55 with SD of 19.83, whereas the mean score of girls is 47.64 with SD of 20.89. The calculated t-value is 2.01 and the table value (p value) is .045 with df (118). The result shows that the difference in resilience in boys and girls is Significant ($p>0.05$).

Table 5.5 Self-esteem across gender

| | N | Mean | Std. Deviation |
|--------------------------|----|-------|----------------|
| Boys Self-esteem Score | 60 | 22.82 | 3.28 |
| Girls' Self-esteem Score | 60 | 21.24 | 3.19 |

Graph 5.3 Mean Score of Self-esteem across gender

**Table:5.6 t-Statistics for Self-esteem across Gender**

| | Mean | N | Std. Deviation | t-value | p-value | df | Significant |
|----------------------------|--------|----|----------------|---------|---------|-----|-----------------------|
| Self-esteem score of Boys | 22.82 | 60 | 3.28 | 2.44 | .016 | 118 | Significant p<0.05 |
| Self-esteem score of Girls | 21.244 | 60 | 3.19 | | | | |

Table 5.5 and 5.6, show that the mean score for boys is 22.820 with SD of 3.280, whereas the mean score of girls is 21.244 with SD of 3.191. The calculated t-value is 2.44 and the table value (p value) is .016 with df (118). The result shows that there is significant difference in Self-esteem in boys and girls ($p < 0.05$), as boys are scoring more than girls.

5.2 Correlation Value of Independent and Dependent Variables

Table 5.7 Descriptive Statistics

| | Mean | Std. Deviation | N |
|------------------|--------|----------------|-----|
| Suicide Ideation | 74.58 | 19.56 | 120 |
| Resilience | 49.86 | 21.05 | 120 |
| Self-esteem | 22.030 | 3.31 | 120 |

Table 5.8 Correlations

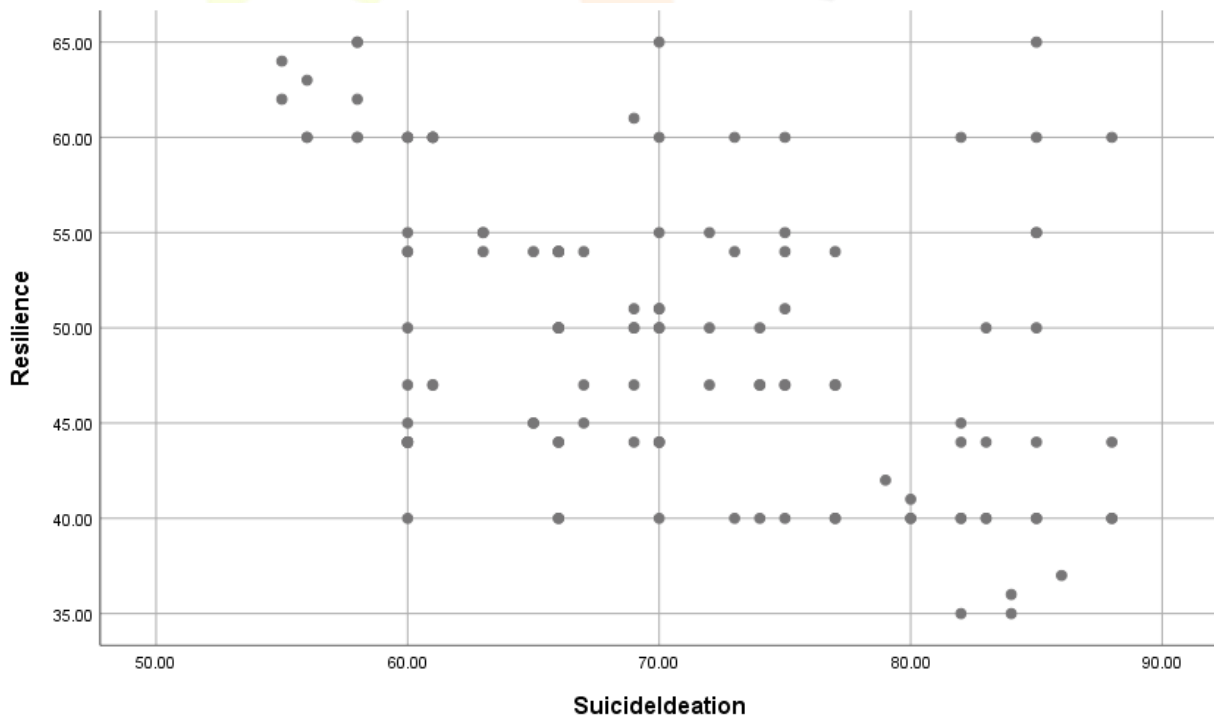
| | | Suicide Ideation | Resilience | Self-esteem |
|------------------|---------------------|------------------|------------|-------------|
| Suicide Ideation | Pearson Correlation | 1 | -.443** | -.512** |
| | Sig. (2-tailed) | | .000 | .000 |
| | N | 120 | 120 | 120 |

| | | | | |
|---|---------------------|---------|--------|--------|
| Resilience | Pearson Correlation | -.443** | 1 | .273** |
| | Sig. (2-tailed) | .000 | | .000 |
| | N | 120 | 120 | 120 |
| Self-esteem | Pearson Correlation | | .273** | 1 |
| | Sig. (2-tailed) | .000 | .000 | |
| | N | 120 | 120 | 120 |
| ** Correlation is significant at the .01 level (2-tailed) | | | | |

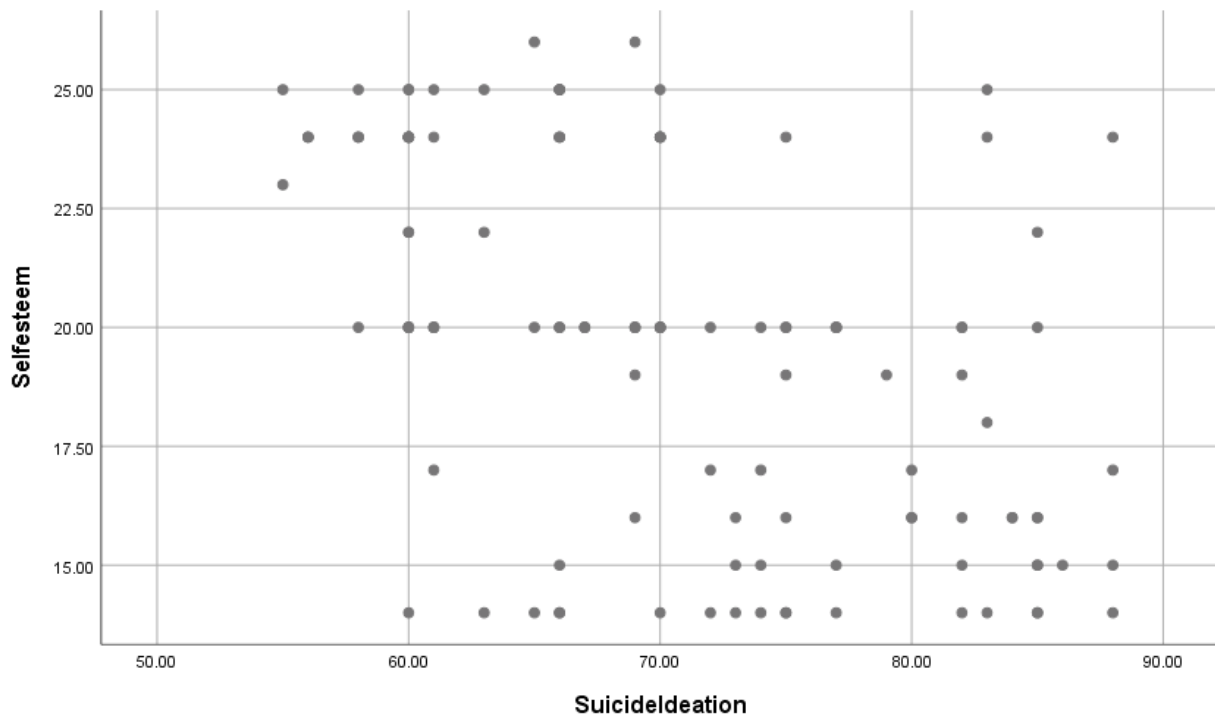
| Table 5.9 Correlation Result | | | | | |
|----------------------------------|-------|--------------------------------------|---------|--------------------|------------------------|
| Variables | r | Correlation Result | p-value | Significance | Significance Result |
| Suicide Ideation vs. Resilience | -.443 | Negative and Significant Correlation | .000 | P<0.05 | Hypothesis is accepted |
| Suicide Ideation vs. Self-esteem | -.512 | Positive and Significant Correlation | .000 | P<0.05 Significant | |

Table 5.7, 5.8 and 5.9 reveal that the correlation of Suicide Ideation with Resilience and Self-esteem is negative and significant, hence the assumed hypothesis is accepted. A negative correlation means that the two variables move in the opposite direction.

Graph 5.4 Correlation Scatterplot of Suicide Ideation and Resilience



Graph 5.5 Correlation Scatterplot of Suicide Ideation and Self-esteem



5.3 Regression Analysis

| Predictors | R | R ² | Beta | F | Sig. |
|---------------------------|------|----------------|--------|-------|------|
| Resilience Self-esteem | .633 | .401 | 113.19 | 22.48 | .000 |

The table 5.10 indicated that after entering predictor variables in the regression model with the suicide ideation as criterion variable, resilience and self-esteem contribute 40.1% of the variance in the regression model. The value indicated 40.1% ($R^2=.401$) of the variance in suicide ideation can be predicted from the resilience and self-esteem.

5.4 Discussion

By above interpretation of the result, it concludes that:

Objective 1

To study the gender difference in suicide ideation among college students.

Hypothesis 1

There is a significant gender difference in suicide ideation among college students.

Analysis

Table 5.1 and 5.2, show that for the Suicide Ideation the mean score of boys is 73.78 with SD of 18.36, whereas the mean score of girls is 75.65 with SD of 19.94. The calculated t-value is 1.05 and the table value (p value) is .111 with df (118). The result shows that the difference in suicide ideation in boys and girls is Not-significant ($p>0.05$).

Conclusion

As the result shows no significance, our hypothesis is rejected that “There is a significant gender difference in suicide ideation among college students”.

Objective 2

To study the gender difference in resilience among college students.

Hypothesis 2

There is a significant gender difference in resilience among college students.

Analysis

Table 5.3 and 5.4, show that the mean score of Resilience in boys is 51.55 with SD of 19.83, whereas the mean score of girls is 47.64 with SD of 20.89. The calculated t-value is 2.01 and the table value (p value) is .045 with df (118). The result shows that the difference in resilience among boys and girls is Significant ($p > 0.05$).

Conclusion

As the result shows significant difference, our hypothesis is accepted that “There is a significant gender difference in resilience among college students”.

Objective 3

To study the gender difference in self-esteem among college students.

Hypothesis 3

There is a significant gender difference in self-esteem among college students.

Analysis

Table 5.3 and 5.4, show that the mean score of Self-esteem in boys is 22.82 with SD of 3.28, whereas the mean score of girls is 21.24 with SD of 3.19. The calculated t-value is 2.44 and the table value (p value) is .016 with df (118). The result shows that the difference in self-esteem among boys and girls is Significant ($p > 0.05$).

Conclusion

As the result shows significant difference, our hypothesis is accepted that “There is a significant gender difference in self-esteem among college students”. The girls generally show lower levels of self-esteem as compared to the boys.

Objective 4

To study the relationship between suicide ideation, resilience and self-esteem among college students.

Hypothesis 4

There is a significant relationship between suicide ideation, resilience and self-esteem of college students.

Analysis

Table 5.7, 5.8 and 5.9 reveal that the suicide ideation is negatively and significantly correlated with resilience (-.443) and self-esteem (-.512), which are satisfactory and significant at $p < 0.01$.

Conclusion

Suicide ideation showed negative and significant correlation with resilience and self-esteem, hence the assumed hypothesis “There is a significant relationship between suicide ideation, resilience and self-esteem of college students” is accepted. A negative correlation means that the two variables move in the opposite direction.

Objective 4

To study resilience and self-esteem as predictors of suicide ideation among college students.

Hypothesis 4

Resilience and self-esteem significantly predict suicide ideation among college students.

Analysis

Table 5.10 reveal that the resilience and self-esteem significantly predict suicide ideation. The value of R^2 is .401 which means resilience along with self-esteem explains approximately 40% of variance in suicide ideation.

Conclusion

Resilience and self-esteem significantly predicted suicide ideation among college students, hence the assumed hypothesis “Resilience and self-esteem significantly predict suicide ideation among college students” is accepted.

CHAPTER-VI

CONCLUSSION AND IMPLICATION

6.1 CONCLUSION:

The present study aimed to study the relationship of suicide ideation with resilience and self-esteem among college students. For this researcher selected a sample size of 120 (60 Boys & 60 Girls) respondents from the college going students. For carrying out the sampling technique random sampling was selected as the appropriate sampling method. The data was collected from college students. In this data collection, sample was 60 boys and 60 girls participated. The age range was 18-22. After that, the questionnaire was given to the students which they filled out according to their experiences. After that, the data were calculated with SPSS-26. The results found that:

- *There is a significant gender difference in suicide ideation among college students.*
- *There is a significant gender difference in resilience among college students.*
- *There is significant difference in Self-esteem of boys and girls.*
- *There is a significant relationship between suicide ideation, resilience and self-esteem of college students.*
- *Resilience and self-esteem significantly predict suicide ideation among college students.*

6.2 IMPLICATION

- Since it is a Correlational study, it highlights the importance of two variables in relation to other variable of the students. On the other, suicide ideation shows significant negative relation to resilience and self-esteem of the college students.
- Training programs that are aimed to increase resilience and self-esteem may be designed in order to reduce suicide ideation in college students.
- Wellbeing programs that include primary prevention and intervention with an aim to enhance the holistic development of the students should be introduced in the schools.
- Counsellors and teachers may develop workshops or group training sessions to teach various skills to help students which will develop their self-esteem.
- The outcomes of this study might contribute to filling in the research gaps found in suicide ideation literature related to resilience and self-esteem.
- The educational system, both at school and college/ university level, caters to the content-based domains in learning, whereas the essential core elements of psychological and social capital remain untapped. There is need to rejuvenate educational practices to promote pro-social behavior among adolescents and youth for their optimum contribution to national development.

CHAPTER-VII

DELIMITATIONS AND FURTHER SUGGESTIONS

7.1 DELIMITATIONS

Delimitation in research refers to choices that the researcher makes for the study that are under the control of the researcher. It limits the scope and defines the boundaries of the study.

- The present study was confined to a sample of 120 college students. As the size of the sample is small, results may change for a large sample.
- The findings are limited only to quantitative analysis specifically cross-sectional and correlational design with the help of questionnaires; no qualitative analysis has been taken into consideration.
- Furthermore, the self-report methods utilized for the study are susceptible to typical social desirability bias and response sets.
- The present study was confined to only three colleges, which can be improved in further studies.
- The present study was confined to only one area of Jammu city. So while making generalizations, findings must be interpreted cautiously.

7.2 SUGGESTIONS FOR FURTHER RESEARCH

Following suggestions were given for further research in this area:

- Research suggests that the future study could be done in various cultures, communities, religion and race.
- These results can be taken as a base for validating the results across different cultural settings.
- The Parents should also be included in further studies in this area.
- The study should also be conducted on special children and Children with family discord (e.g. single parents, divorced parents etc.)
- A study is needed to study other factors like home environment, school environment, peer relationships and other social relations.
- Future research should look into the connection between suicide ideation and other factors like emotional intelligence, parenting styles, academic achievement, home environment, peer relationships and other social relations.
- Research suggests that there is a need to create awareness among parents, teachers, educators, and counselors about the importance of resilience and self-esteem among the students, in order to deal with suicide ideation.
- The faculty should take the lead in this critical field by demonstrating how suicide ideation can be effectively dealt through methods such as training, coaching, and therapy.

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