

A Study on the Age and Gender Differences for Suicidal Ideation and Resilience

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ABSTRACT

The study was conducted to explore the age and gender differences between suicidal ideation and resilience among different age groups. The data was collected from 80 individuals 20 males and 20 females belonged to the age group of 18-24 years and 20 males and 20 females belonged to the age group of 25-30 years using the 'Suicidal Ideation Scale' by Dr. Devendra Singh Sisodia and Dr. Vibhuti Bhatnagar and 'Resilience scale' by Smith, et al, 2008. The obtained data was organized for statistical analysis. A one-way ANOVA was assessed to check for age differences among different age groups. Mean scores for male and female individuals were calculated to check for gender difference in Suicidal Ideation and Resilience. The results revealed that there was no age and gender differences found on Suicidal Ideation and Resilience among different age groups.

Keywords: *Suicidal Ideation, Resilience, Age, Gender*

Suicide is a social and mental health problem and a notable public health problem in the present time. Suicide is a continuously talked about subject in our society. The word "suicide" is derived from two Latin words, "sui" meaning of oneself, and "cidium" meaning killing or slaying. Under Section 309 of the Indian Penal Code attempted suicide is considered a criminal offence. It states that "Whoever attempts to commit suicide and does any act towards the commission of such offence, shall be punished with simple imprisonment for a term which may extend to one year or with fine, or with both." Suicide has become a critical factor in our society during the ongoing pandemic. It is described as the voluntary and intentional decision of an individual in taking one's own life. The concept of Suicidal ideation and Suicidality is slightly different from each other. Suicidal Ideation refers to the thoughts about taking one's own life with some degree of intent. On the other side, suicidality includes thoughts of suicide with the suicidal attempt (action) and completed suicide. In short, suicidal ideation is just thought of suicide without suicidal action, but suicidality includes attempts and complete action with suicidal thoughts.

Suicidal ideation is defined as thinking about or planning but it does not include the final act of suicide, according to American Psychiatric Association (2003). People who are

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completely hopeless or believe they can no longer cope with their life situation may have these types of thoughts. Suicidal ideation is a common medical term for suicidal thoughts, which can be as detailed as a structured plan but do not result in the suicidal act itself. It can be characterized as ranging from relatively mild general thoughts about death and wishing to die to serious ideation about specific plans and means of taking one's own life. Suicidal ideation, on the other hand, encompasses more than just suicidal wishes and plans. (Brazier, 2020)

There are two kinds of suicidal ideation; Passive suicidal ideation occurs when you wish you were dead or that you could die, but you do not have any plans to commit suicide and Active suicidal ideation, on the other hand, is not only thinking about it but having the intent to commit suicide, including planning how to do it.

Risk Factors of Suicidal ideation

- **Age:** Individuals experience distant life events and environments, and the triggers for suicidal ideation differ depending on their experiences. Humans have various developmental tasks that must be completed throughout their lives, and negative life experiences frequently manifest differently across age groups. Traumatic experiences in one's childhood and adolescence can cause emotional instability and mental maladjustment, which are linked to suicide attempts.
- **Gender:** Gender is considered as one of the most significant facts influencing suicidal ideation among individuals. Gender differences in suicidal ideation reflect not only distinctions in demographic characteristics, but also variation in socioeconomic circumstances and health conditions.
- **Psychiatric disorders:** Suicidal ideation and behavior are closely linked with mental or psychiatric disorders. Commonly all disorders carry an increased risk of suicidal ideation and attempt to commit suicide which could be either due to a lack of conscience of their actions or due to the pain they face mentally and physically in the day-to-day world. Psychiatric disorders like Anxiety Disorder, Major Depressive Disorder, Bipolar Disorder, Post Traumatic Stress Disorder (PTSD), Personality Disorder, Schizophrenia, Substance use Disorder, etc. have the greatest risk but they cannot be considered as the only disorders that can increase the risk of suicidal ideation.

A person who is experiencing or could experience suicidal ideation or thoughts may show the following signs or symptoms. Feeling or appearing to feel trapped or hopeless, having mood swings, either happy or sad, talking about suicide or dying, revenge, guilt, or shame, experiencing changes in personality, routine, or sleeping patterns, engaging in risky behavior, such as driving carelessly, taking alcohol & drugs, getting hold of a gun, medications, or substances that could end a life, experiencing anxiety, depression, panic attacks, and impaired concentration, increased isolation, saying goodbye to others as if it were the last time.

Theories of suicidal ideation

- **Joiner's Interpersonal theory of suicide:** This theory suggests the critical role of demographic factors. The theory proposes that suicide is the result of thwarted belongingness and perceived burdensomeness coupled with the capability to engage in suicidal behaviors. Thwarted belongingness occurs when the fundamental need for humans to belong is not met. Perceived burdensomeness refers to a person's

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perception of being a burden to others, including, but not limited to, family members and friends.

- **Integrated Motivational-Volitional Model:** The model was developed from the recognition that suicide is characterized by a complex interplay of biology, psychology, environment, and culture and that we need to move beyond psychiatric categories if we are to further understand the causes of suicidal malaise. The IMV model is a tri-partite model that describes the biopsychosocial context in which suicidal ideation and behavior may emerge (pre-motivational phase), the factors that lead to the emergence of suicidal ideation (motivational phase), and the factors that govern the transition from suicidal ideation to suicide attempts/death by suicide (volitional phase).

Resilience is “the process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress—such as family and relationship problems, serious health problems, or workplace and financial stressors”. (Building your resilience., 2020) It is best described as “bounce-back-ability”. It is the ability to recover quickly from difficulties, adapt to life’s adversities and cope with the mundane stresses of everyday living. Resilience signifies the ability to bounce back from or withstand major or multiple stresses in life. Essentially, resilience is the capacity to thrive despite adversity and to overcome the odds.

Factors of Resilience

Developing resilience is a complex and personal process. It requires a combination of inner and outer resources, and there is no universal formula for becoming more resilient. The goal of resilience is not to eliminate stress and stressors in our lives. It is about how we as individuals learn to effectively deal with that stress or stressors. Individual, family, and community factors all contribute to resilience. It is aided by “risk factors”, a variable that increases the probability that an individual will have negative outcomes and “protective factors” that help to mitigate the challenges of life and increase the probability of positive results and healthy development. Although a single protective or risk factor can have little effect on a person's resilience, a combination of risk factors may overpower an individual and render coping difficult.

REVIEW OF LITERATURE

"Resilience, Suicidal Ideation, and Depression in Adolescents"

The purpose of this paper was to study the relationship between Resilience, Suicidal Ideation, and Depression in Adolescents. 70 participants were selected whose ages ranged from 17 to 21 years. The subjects were selected regardless of socio-economic and demographic factors. The tools used were Bharathiar University Resilience Scale Form A (Dr. Annalaxmi Narayanan), Suicidal Ideation Scale (SIS, Dr. Devendra Singh Sisodia, and Dr. Vibhuti Bhatnagar, 2011), and Mental Depression Scale (MDS, L.N Dubey, 1993). The study revealed a significant correlation between resilience and suicidal ideation and between suicidal ideation and depression. A significant gender difference was found on resilience, but not on suicidal ideation and depression among adolescents. (Kamble, 2015)

"Perceived Stress, Suicidal ideation, and Resilience among Pre-University Students "

The objective of the study was to study levels of perceived stress, suicidal ideation, and resilience among male and female pre-university students from Commerce and Science streams. The data was collected from 60 students (30 males and 30 females- further sub-

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divided into 15 males and 15 females from Commerce stream; 15 males and 15 females from Science). The scales used to measure were 'The Perceived Stress Scale' by Sheldon Cohen, 'Suicidal Ideation Scale' by Dr. Devendra Singh Sisodia and Dr. Vibhuti Bhatnagar and 'Resilience scale' by Neil J.T and Dias.L. The results revealed that there is no gender difference in Perceived stress, Suicidal Ideation, and Resilience among Commerce and Science students. The result also revealed that there is no significant relationship between Perceived Stress and Suicidal Ideation, and between Perceived Stress and Resilience; however, there is a significant relationship between Suicidal Ideation and Resilience. (Sridharan, 2017)

“Resilience to suicidal ideation in psychosis: Positive self-appraisals buffer the impact of hopelessness.”

This study aimed to examine whether a proposed resilience factor, positive self-appraisals of the ability to cope with emotions, difficult situations, and the ability to gain social support, could buffer against the negative impact of hopelessness amongst individuals with psychosis-spectrum disorders when measured cross-sectionally and to understand the relationship of resilience to suicidal ideation in psychosis. A total of 90 participants with schizophrenia-spectrum disorders were recruited into the study. The participants were administered with Beck Hopelessness Questionnaire (BHS; Beck, Weissman, Lester, & Trexler, 1974), Beck Scale for Suicidal Ideation (BSS; Beck & Steer, 1991), and Resilience Appraisals Scale (RAS; Johnson et al., 2010). The results revealed that positive self-appraisals were found to have a moderate association between hopelessness and suicidal ideation and that positive self-appraisals may improve the identification of individuals at high risk of suicidality and may be an important area to target for suicide interventions. (J. Johnson, 2010)

“Psychological resilience in young and older adults.”

The goal of the current study was to investigate psychological resilience in older adults (above 64 years) compared with that of the young ones (below 26 years). 60 older adults were recruited from communal and activity centres and 60 young adult participants were recruited who were pursuing first and second year of psychology at the University of Manchester. The results revealed high resilience among older adults compared to young adults when related to social support. The low level of energy, general health, and hopelessness predicted low levels of resilience in both age groups. The older group experienced higher resilience due to mental illness and physical dysfunction whereas the negative effect of depression related to emotional regulation led to low resilience in the younger age group. (P. A. Gooding, 2011)

“Depression and suicidal ideation among university students”

The study aimed to find out the difference between suicidal ideation and depression according to demographic factors such as gender (males and females), races of the respondents, to understand the relationship between depression and suicidal ideation and then verify the levels that represent both genders. The scales used in this study were the Adult Suicidal Ideation Questionnaire (ASIQ) and Reynolds Adolescent Depression Scale (RADS 2) by William Reynolds. The study reveals that the rate of depression and suicidal ideation was at a low rate among the students but there was a difference in suicidal ideation among males and females, whereas depression showed the same results for both the genders. There was no difference in suicidal ideation and depression in college students of all races. The research findings showed that there is a relationship between suicidal ideation and depression. (Mustaffa, 2014)

Scope of the Study

The ongoing pandemic of Covid-19 has led individuals to encounter various personal and environmental challenges in everyday life. The flow of information about the pandemic spreads fast, some of which are facts and many of which are rumors. People differ in their interaction with acute stress and conflicts, according to their abilities to adapt and vulnerability to mental illness. The coping strategies in stressful events vary among individuals. Individuals are vulnerable to sudden changes like, physical isolation, closing of educational institutions and workplaces, losing loved ones, and unforeseen changes in their lives. Due to this excessive pressure, they are affected by psychological issues like uneasiness, loneliness, dissatisfaction, emotional suffering in the real world. In this context, suicidal thoughts are bound to be triggered among individuals, and they cannot often cope with them. However, if the individuals are resilient enough, their perception of stress would be low and their purpose towards life would be high. Keeping this in view the present study is going to be helpful to understand the suicidal ideation and resilience among different age groups and how closely are these factors associated with each other.

METHODOLOGY

Aim: To assess the age and gender differences between suicidal ideation and resilience among different age groups using the ‘Suicidal Ideation Scale’ by Dr. Devendra Singh Sisodia, and Dr. Vibhuti Bhatnagar and ‘Brief Resilience Scale’ by Smith, et al.

Objectives

- I. To study the age difference in suicidal ideation.
- II. To study the age difference in resilience.
- III. To study the gender difference in suicidal ideation.
- IV. To study the gender difference in resilience.

Hypothesis

- I. Suicidal Ideation will significantly differ based on age
- II. Resilience will significantly differ based on age.
- III. Suicidal Ideation will significantly differ based on gender.
- IV. Resilience will significantly differ based on gender.

Research Design:

The present study examined the association between Suicidal ideation and resilience among different age groups using empirical research design.

Variables

1. Attributes — Age, Gender
2. Dependent variables – Suicidal ideation, Resilience

Sample

The Purposive Sampling technique was used to select the sample. Overall, a total of 80 participants were chosen as the sample. Among them, 20 males and 20 females belonged to the age group of 18-24 years and 20 males and 20 females belonged to the age group of 25-30 years.

Tools

- **Suicidal Ideation Scale (SIS, Dr. Devendra Singh Sisodia, and Dr. Vibhuti Bhatnagar, 2011)** The scale consists of 25 items with five alternative options like a vise, 'Strongly agree, Agree, Undecided, Disagree and Strongly Disagree" and is used to measure the suicidal ideation of an individual. Among 25 items 21 items worded positively and scored 5, 4,3,2,1, and 4 items worded negatively and scored vice versa of positive items. Interpretation of suicidal ideation is given from very low to very high suicidal ideation, the high score on the scale indicates high suicidal ideation and the low score indicates low suicidal ideation.
- **Brief Resilience Scale (BRS, Smith, et al, 2008):** The scale contains six items scored on a 5-point Likert scale from 1 = strongly disagree, 2 = disagree, 3 = neutral, 4= agree and 5 = strongly agree. Items 2, 4, and 6 are negatively phrased and items 1,3, and 5 are positively phrased. Total scores were the mean scores of all answers and thus ranged from one to five. Higher scores in this scale indicate a better-developed ability of resilience.

Procedure

With the purpose to collect the data for the study, the participants were comfortably seated and were debriefed about the topic. Participants were contacted personally to get their consent before giving them the tools to assess their levels of suicidal ideation and resilience. With their consent, the purpose of the study was briefed, and rapport was established. Their information was obtained for the purpose which contained their name, age, and gender. Ethical issues like confidentiality of information and convenience of subjects were strictly followed for the collection of data. Subsequently, the Suicidal Ideation scale and Brief Resilience scale were administered as per standard directions and the participants were asked to fill it honestly. They were asked to give spontaneous responses. There was no time limit as such, but the subjects were asked to fill it as soon as possible. After the participants finished responding, the questionnaires were collected back, and the subjects were thanked for their participation and cooperation.

Data analysis

The raw data were keyed into the SPSS program (Statistical Package for the Social Sciences) and analyzed. Descriptive analysis was mainly used to describe the findings of the data, such as mean and standard deviation. Inferential analysis was done using parametric t-test and one-way ANOVA.

RESULTS AND DISCUSSION

Problem

The objective of the present study was to explore the correlation of suicidal ideation with resilience, the effect on age and gender among different age groups.

Objectives

- I. To study the age difference in suicidal ideation.
- II. To study the age difference in resilience.
- III. To study the gender difference in suicidal ideation.
- IV. To study the gender difference in resilience.

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Hypothesis

To assess the hypothesis, the raw data were keyed into the SPSS program (Statistical Package for the Social Sciences) and analyzed. The mean and standard deviation for suicidal ideation and resilience scores was done using descriptive analysis. Gender difference among different age groups was assessed by using 't' test. Age difference among different age groups was assessed by using one-way ANOVA.

The study was conducted on a sample size of 80 individuals out of which 20 males and 20 females belonging to the age category 18-24 years and 20 males and 20 females belonging to the age category 25-30 years. The sampling method was random, and the Purposive sampling technique was used to collect data. The Suicidal Ideation Scale and Brief Resilience Scale were administered to the individuals. The Suicidal Ideation scale was developed by two psychologists Dr. Devendra Singh Sisodia and Dr. Vibhuti Bhatnagar which was standardized in the year 2011. The questionnaire consisted of 25 items and was scored on a 5-point Likert scale. The scoring ranged from strongly disagree to strongly agree. The scale had a positive scoring 1, 2, 3, 4, 5 for the items 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 12, 14, 15, 16, 17, 19, 20, 21, 22, 23, 25 and a negative scoring 5, 4, 3, 2, 1 for the items 11, 13, 18 and 24. The Brief Resilience Scale was developed by Smith and his colleagues which was standardized in the year 2008. The questionnaire consisted of six items and was scored on a 5-point Likert scale from 1 = strongly disagree to 5 = strongly agree. Items 2, 4, and 6 were negatively phrased, and the others were positively phrased. Total scores were mean scores of all answers and thus ranged from one to five. Further, the data was collected and analyzed using various differential and inferential analysis techniques.

Figure 1: Graphical representation of Mean and Standard Deviation for Suicidal Ideation Scale

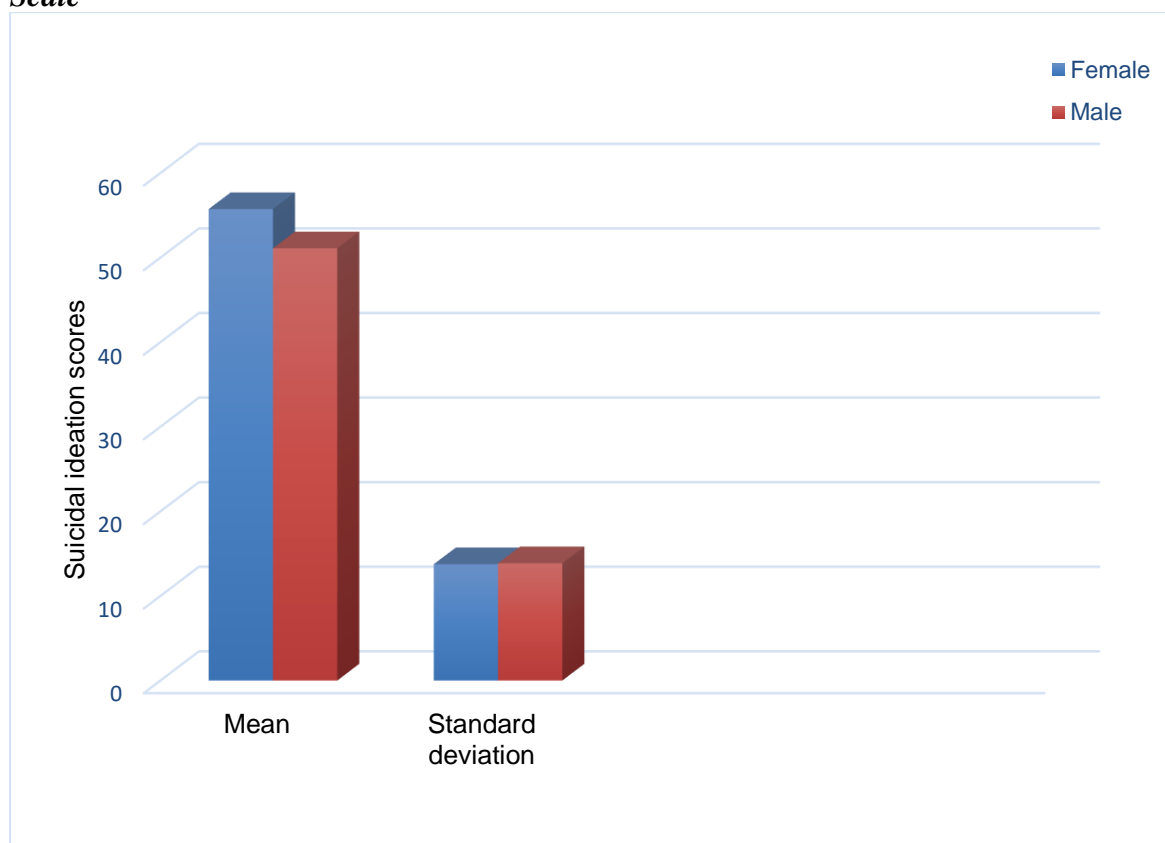
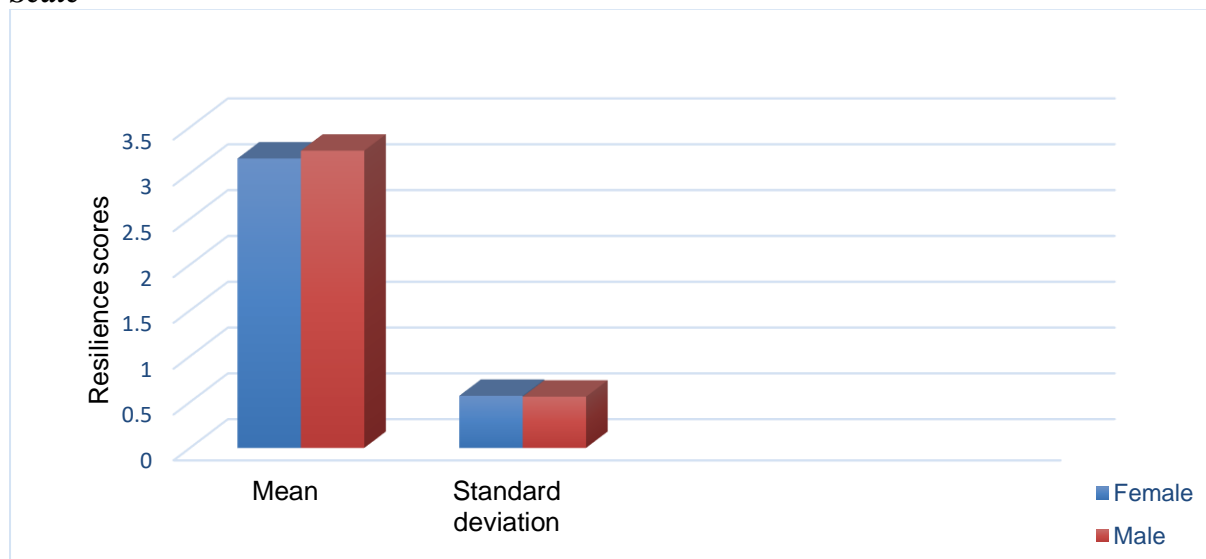


Figure 2: Graphical representation of Mean and Standard Deviation for Brief Resilience Scale



Hypothesis 1: Suicidal Ideation will significantly differ based on age.

Table 1: Showing age difference for Suicidal ideation.

Source of variation	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	1205.492	9	133.944	.666	.737
Within Groups	14085.896	70	201.227		
Total	15291.387	79			

Table 1 shows the differences between the age group (18-24 years) and (25-30 years) for the suicidal ideation scores obtained using a one-way ANOVA. An analysis of variance showed that age has no significant effect on suicidal ideation $F=0.666$ and $p=0.737$ (>0.05). The results did not significantly differ which may be due to individuals' life experiences on different life events and environments. Humans have various developmental tasks that must be completed during their lives, and negative life experiences often manifest differently across age groups. There was no significant difference found among the population chosen, which could be due to similar mentality in individuals as they undergo similar phases in life concerning failure in education or work life. The common factors which influence suicidal ideation among this population are losing a loved one, drug or alcohol abuse, anxiety about the future, academic, financial, relationship issues, lack of emotional support, the need to run away, and depression, etc. Thus, the results which state – “Suicidal Ideation will not significantly differ based on age.” is not in accordance with this hypothesis.

Hypothesis 2: Resilience will significantly differ based on age.

Table 2: Showing age difference for Resilience.

Source of variation	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	4.655	9	.517	1.779	.088
Within Groups	20.350	70	.291		
Total	25.006	79			

Table 2 shows the differences between the age group (18-24 years) and (25-30 years) for the resilience scores obtained using a one-way ANOVA. An analysis of variance showed that age has no significant effects on resilience $F=1.779$ and $p=0.088$ ($p>0.05$). The results were

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different from previous research. P. A. Gooding (2011) found that the older adults were more resilient than the young adults for the emotional regulation and problem-solving sub-scales of the resilience measure. Sreehari R (2015) on the other hand, found that there exists a significant difference between different age groups and resilience. The results indicated that early adolescents are more resilient than middle and late adolescents. This may be because younger students' coping strategies are acquired in the early years of primary schools, such as belief in the usefulness and importance of communication and cooperation, seeking adult support in and gaining more experience in autonomy. From these, it is seen that the results regarding resilience and age difference can vary among previous research depending on the age groups chosen. Thus, the results which state – "Resilience will not significantly differ based on age." is not in accordance with this hypothesis.

Hypothesis 3: Suicidal Ideation will significantly differ based on gender.

Table 3: Showing gender difference for Suicidal ideation.

	Gender	N	Mean	Std. Deviation	t-value
SIS Total score	Female	40	55.73	13.747	1.498
	Male	40	51.10	13.862	

Table 3 shows the result of Suicidal ideation between females and males among different age groups. As per the above table, the mean obtained is 55.73 and 51.10, with the standard deviation being 13.747 and 13.862 in Suicidal ideation for female and male respectively and obtained t-value is 1.498 which revealed that it is not significant at 0.05. Present results were found to vary with the previous research. Sharif Mustaffa (2014) found that suicidal ideation is higher in males as compared to females among college students. On the other hand, the results found by Sridharan

(2017) revealed males and females do not differ significantly on Suicidal Ideation among Commerce and Science students. The factors that caused no gender difference could be due to equal exposure of males and females in the present scenario, well educated, good mental health, economical family and getting healthy environment for working in academic setup. Thus, the results which state – "Suicidal Ideation will not significantly differ based on gender." is not in accordance with this hypothesis.

Hypothesis 4: Resilience will significantly differ based on gender.

Table 4: Showing gender difference for Resilience

	Gender	N	Mean	Std. Deviation	t-value
BRS Total score	Female	40	3.158	.569	-.673
	Male	40	3.243	.559	

Table 4 shows the result of Resilience between females and males among different age groups. As per the above table, the mean obtained is 3.158 and 3.243, with the standard deviation being 0.569 and 0.559 in Resilience for female and male respectively and obtained t-value is -0.673 which revealed that it is not significant at 0.05. Present results were similar to previous research Sridharan (2017) found that males and females do not differ significantly on resilience because resilience is not a trait that people either have or do not have. It involves behaviors, thoughts, and actions that can be learned and developed by anyone. Sreehari R (2015) found that resilience scores do not differ by gender. However, when the mean scores on the resilience of males and females were compared, it was found that males were comparably more resilient than females. Thus, the results which state –

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"Resilience will not significantly differ based on gender." is not in accordance with this hypothesis.

CONCLUSION

The research aimed to study the association between suicidal ideation and resilience among different age groups. Suicidal Ideation Scale (SIS) developed by Dr. Devendra Singh Sisodia, and Dr. Vibhuti Bhatnagar and Brief Resilience Scale (BRS) developed by Smith, et al, was administered on the individuals. The following conclusions were reached based on the findings of the study.

- No significant age difference was found about suicidal ideation.
- No significant age difference was found about resilience.
- No significant gender difference was found in suicidal ideation.
- No significant gender difference was found about resilience.

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Conflict of Interest

The author(s) declared no conflict of interest.

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