Research Paper

The Role of Socio-Demographic Factors and Personality Traits in Predicting Suicidal Ideation among Young Adults in India

Priyanka VR[1]*, Mridula Singh[2]

ABSTRACT

Background: Suicidal Ideation (SI) is considered as key risk indicator for suicidal behavior. Identifying factors that influence SI can help clinicians and policy makers to address those factors early. **Objective:** To investigate the role of socio- demographic factors and personality traits in predicting SI among young adults in India. **Methods:** After a prospective survey, responses from 451 young adults (age group of 18-34 years) were considered for analysis. Socio-demographic information was obtained, and personality was assessed using the Big Five Inventory. SI was evaluated using Beck's Scale for Suicidal Ideation. Characteristics of the sample were outlined using descriptive statistics. Groups were compared using Kruskal Wallis, Mann Whitney U and Chi square tests. Spearman's rank correlation coefficient test and multiple regression analysis were performed to determine the correlation and predictive value of variables on SI. **Findings:** In the current study, 25% of young adults reported 'no SI', 54.9% reported 'low SI' and 20% reported 'high SI'. Significant positive correlation was observed between age and SI scores. Relative frequency of 'no SI' was high among science subjects, urban residents and in nuclear families. Neuroticism was found to have significant positive correlation with SI, and agreeableness and conscientiousness have negative correlation with SI. Regression analysis revealed neuroticism and agreeableness as significant predictors of SI. **Conclusion:** The results indicate that socio-demographic factors and personality traits of an individual have potential to play a crucial role in predicting SI. These inputs help develop specific interventions and prevention measures.

Keywords: Suicidal Ideation, Personality, Correlates, Young Adults, India, Demographic Factors

W orld Health Organization (WHO) reports 77% of global suicide in Low and Middle Income Countries (LMIC) (website: https://www.who.int/news-room/fact -sheets/detail/suicide accessed on 30.04.2023), with India accounting for 26.6% of global suicide burden(Amudhan et al., 2020). While, National Mental Health Survey conducted in 2016 reports Suicidal Ideation (SI) to be the most prevalent suicidal phenomenon in the country (Amudhan et al., 2020), importance of understanding factors influencing SI, specifically among young adults, is paramount for several reasons. First,

[1]PhD Research Scholar, Department of Psychology, Maharaja's college, University of Mysore, Mysore, India
[2]Professor, Department of Psychology, Maharaja's college, University of Mysore, Mysore, India
*Corresponding Author

suicide is the dominant reason for death among young adults in India (Patel et al., 2012). Second, a steep rise in the number of suicide deaths across the lifespan happen during young adulthood(Nock et al., 2008). Third, the age of onset for SI mostly stems before mid-20s(Cha et al., 2018). Lastly, suicide death is preventable, with young adults given prevention opportunity ensuing in many more years of life expedientially retained(Cha et al., 2018). Additionally, investigation to understand the pattern of association between personality traits and SI across different age groups has revealed that the impact of personality on SI is the strongest among young adults(Na et al., 2020). Hence, identifying modifiable risk factors and holistic understanding of aspects involving both environmental and pre-dispositional factors in young adults can provide prospects to intervene on this ambit of life(Cha et al., 2018) and ameliorate suicide prevention and intervention measures.

Socio-demographic variables and SI
A systematic review (Cano-Montalbán & Quevedo-Blasco, 2018) that observed the association between socio-demographic variables and suicidal behavior in western countries, reported a significant difference in the pattern of SI across different demographic groups. It was noted that the prevalence of SI was high among females, younger age and rural residence. Being married was found to be a protective factor against SI (Cano-Montalbán & Quevedo-Blasco, 2018).

Although many risk factors associated with SI in LMIC (particularly India) overlap with the findings from western countries, heterogeneity across countries with respect to the prevalence of SI and magnitude of differences across demographic groups are well noted in literature(McKinnon et al., 2016). Studies from India have noted female gender (Bhola et al., 2014; Chaudhury et al., 2013) as a risk factor for SI. Unique patterns contrasting with findings from western literature include a higher prevalence of SI in urban areas(Bhola et al., 2014; Singh et al., 2012), and a constant rise in the prevalence of SI till the age of 45(Amudhan et al., 2020).

Personality traits and SI
While an individual's personality is identified as a predictor of suicide, there has been little research with respect to SI(Ayub, 2015).

Neuroticism is known to be a very strong correlate of SI with large number of studies reporting a significant positive correlation even with different levels (current SI, history of SI) and different dimensions of SI(SI frequency, SI duration) (Ayub, 2015; DeShong et al., 2015).

'Openness to experience' is also known to be a risk factor for SI(Ayub, 2015; Blüml et al., 2013). Studies have reported its positive correlation to different dimensions of SI such as duration and attitude(Ayub, 2015). While, it is noted 'Extraversion' and 'Conscientiousness' to have significant negative correlation with SI (Blüml et al., 2013; Huang et al., 2019), results on the association between 'Agreeableness' and SI was noted to be inconsistent across studies as noted in literature(Ayub, 2015; DeShong et al., 2015). Since SI is a serious issue among youth in India and not many studies on predictive factors have been carried out, the present research was planned with the following objective.

MATERIALS AND METHODS

Objectives
To investigate the role of socio-demographic factors and personality traits in predicting SI among young adults in India.

Sample and procedure
Following approval of the study by The Human Ethics Committee of University of Mysore, a prospective survey to collect data was done in both online and offline mode. Young adults in the age group of 18-34 years, who can read and comprehend English language, were included and individuals currently with any diagnosed psychological illness were excluded from the study. In person, participants from different colleges and office sectors in and around Mysore, Chamarajnagar and Bangalore were approached. An information sheet was given and written informed consent was obtained. Following this, self-report questionnaires were administered by the researcher.

In online mode, digitized forms of the same were shared with eligible participants (Indian residents) via electronic mail and other means of social media. All the participants received mental health referral contact information.

Although a total of 707 individuals were approached to participate in the study, following further filtering process responses of 451 participants were used for further analysis.

Measures
1. **Socio-demographic details:** Socio-demographic details of the participants were obtained using a self-report proforma.
2. **Big Five Inventory (BFI):** Personality traits were assessed using self-report Big five Inventory(John, O. P., Donahue, E. M., & Kentle, 1991). It is a 5-point Likert scale consisting of 44 items. The average score of the items to assess each of the personality traits indicate the degree to which that particular trait is dominant in the individual. The scale has also been extensively used in other Indian studies (Joshi & Bhardwaj, 2016; Patki & Abhyankar, 2016) and has demonstrated satisfactory test-retest reliability and convergent validity with other personality measures in the literature (John, O. P.,& Srivastava, 1999).
3. **Scale for suicide ideation- A self-report version:** SI was assessed using the Scale for Suicide Ideation developed by Aaron T Beck (Beck et al., 1979). In this study, a self-report version of this scale has been used which is an exact translation of the original Scale for Suicide Ideation(Beck et al., 1988). It is a 19-item instrument used to rate the severity of an individual's suicidal thoughts and plans. All the items are rated on a 3-point scale with a total score ranging from 0 to 38 with a higher score reflecting greater suicidal ideation. Scores are evaluated as follows: 0–3 as 'no SI'; between 4–11 as 'low SI'; and scores between 12–38 as 'high SI' (Khosravi & Kasaeiyan, 2020). Concurrent validity of the self-report version of scale for suicide ideation ranged from 0 .90 to 0.94 and reliability coefficient ranged from .93 to .97, indicating high internal consistency(Beck et al., 1988).

Statistical analysis:
Statistical analysis of results was carried out using Microsoft excel and R software. The mean and standard deviation (SD) were computed. The mean scores of SI for each category of subjects were compared using Mann-Whitney or Kruskal-Wallis tests. Tests of chi square

were done to understand the association between subject categories for each socio-demographic variable and levels of SI. Spearman's rank correlation coefficient test was performed to determine the correlation between selected variables. Regression model was developed to assess the predictive value of different variables on SI. The statistical level of significance (p) was set at 0.05.

RESULTS

In a sample of 451 young adults, 213 were females. The mean age of the participants was 23.7 years.

Association between socio-demographic factors and SI

In this study (n=451), the mean SI score was 7.4 with SD of 5.0. The highest frequency of the subjects was in 'Low SI' and the frequencies of 'No SI' and 'High SI' were comparable (Table 1).

For Gender and SI, neither the mean scores of males and females differ nor was an association found between Gender and levels of SI. Regarding the Stream of Education, the Science subjects scored significantly low on SI and the scores of Arts and Commerce subjects were comparable. A significant association indicated that the relative frequency was high for science subjects in 'No SI', for Arts subjects in 'Low SI' and for Commerce subjects in 'High SI'. For Marital Status, the SI scores of married and unmarried subjects did not differ, and no association was found between marital Status and levels of SI. For Place of Living, non-urban subjects scored higher on SI than urban subjects. A significant association between these variables revealed that the relative frequency for 'no SI' was high in urban, for 'High SI' in non-urban with almost similar frequencies for both in 'Low SI'. For Living Arrangements, there was no difference in the mean SI scores of the three categories. However, a significant association indicated that the relative frequency for 'No SI' was high in nuclear families, high for 'Low SI' in others, and high for 'High SI' in Joint families and others. Non-significant associations indicated that the pattern of frequency distribution was same in all categories (Table 1).

Table 1 SI and its association with various socio-demographic variables

Sl. No	Variables		Count n (%)	SI scores			Test statistics			
				No SI n (%)	Low SI n (%)	High SI n (%)	Mean SI	SD	Mann Whitney/ Kruskal Wallis	χ^2
1	Gender (n= 430)	Male	217 (50.5%)	48 (22.1%)	122 (56.2%)	47 (21.6%)	7.7	4.9	U=20710 p=0.06	4.38 p= 0.11
		Female	213 (49.5%)	61 (28.6%)	120 (56.3%)	32 (15%)	6.8	4.9		
2	Stream of education (n=414)	Arts (a)	116 (28%)	14 (12.0%)	76 (65.5%)	26 (22.4%)	8.4	4.1	**KW=25.05 p=0.01**	21.27 **p=0.01**
		Science (b)	229 (55.3%)	73 (31.8%)	124 (54.1%)	32 (13.9%)	6.3	4.9		
		Commerce (c)	69 (16.7%)	16 (23.1%)	34 (49.2%)	19 (27.5%)	8.5	5.1		
3	Marital status (n=417)	Married	87 (20.9%)	22 (25.2%)	55 (63.2%)	10 (11.4%)	6.4	4.5	U=16270 P=0.06	4.36 p = 0.11
		Unmarried	330 (79.1%)	84 (25.4%)	177 (56.3%)	69 (20.9%)	7.5	5.0		
4	Place of	Non-Urban	160	32	87	41	8.1	5.1	**U=18329**	7.89

The Role of Socio-Demographic Factors and Personality Traits in Predicting Suicidal Ideation among Young Adults in India

Sl. No	Variables		Count n (%)	SI scores			Test statistics			
				No SI n (%)	Low SI n (%)	High SI n (%)	Mean SI	SD	Mann Whitney/ Kruskal Wallis	χ^2
	living (n=424)		(37.7%)	(20%)	(54.3%)	(25.6%)			**p=0.02**	**p = 0.02**
		Urban	264 (62.3%)	71 (26.8%)	153 (57.9%)	40 (15.1%)	6.9	4.7		
5	Living arrangement (n=431)	Joint	133 (30.9%)	27 (20.3%)	76 (57.1%)	30 (22.5%)	7.6	5.0	KW=4.45 p=0.11	9.84 **p = 0.04**
		Nuclear	239 (55.5%)	71 (29.7%)	130 (54.3%)	38 (15.8%)	6.9	4.9		
		Others	59 (13.7%)	8 (13.5%)	37 (62.7%)	14 (23.7%)	8.2	4.5		
	Total		n=451	113 (25%)	248 (54.9%)	90 (19.9%)	7.4	5.0		X^2=68.54 p =0.01

The correlation test revealed that SI decreased with increasing age (Spearman's r =-0.12, p=0.01).

Association between personality traits and SI

A significant association between personality traits and SI was noted (table 2). The prevalence of 'high SI' was more among those whose dominant/co-dominant personality trait was either 'openness to experience' and/or 'neuroticism'. This pattern can be observed with the mean of SI scores being high in the same group. The prevalence of 'No SI' was relatively more among those who have conscientiousness and/or agreeableness as their dominant/co-dominant personality trait, and 'Low SI' was high in those with 'Extraversion'. Table 2 presents prevalence of SI among participants having different dominant personality traits, mean and Standard Deviation of their SI scores.

Table 2 Table Name

Sl. No	Personality traits (Dominant/ co-dominant)	SI (range from 0 to 38)			Mean	SD	χ^2
		No SI	Low SI	High SI			
1	Openness to experience (n=106)	24 (22.6%)	56 (52.8%)	26 (24.5%)	7.8	5.2	17.60 p = 0.02
2	Conscientiousness (n=101)	27 (26.7%)	54 (53.4%)	20 (19.8%)	7.3	5.1	
3	Extraversion (n=60)	11 (18.3%)	38 (63.3%)	11 (18.3%)	6.9	4.3	
4	Agreeableness (n=166)	50 (30.1%)	91 (54.8%)	25 (15.0%)	6.7	4.7	
5	Neuroticism (n=43)	5 (11.6%)	21 (48.8%)	17 (39.5%)	10.3	5.3	

The correlation between the big five personality traits and SI is presented in table 3. Spearman's rank Correlation coefficient analysis showed a significant positive correlation between neuroticism and SI, while conscientiousness and agreeableness showed a significant negative correlation with SI.

Table 3 Spearman's rank Correlation matrix between big five personality traits and SI

Variables	Suicidal Ideation
Openness to experience	-0.02
Conscientiousness	**-0.14****
Extraversion	-0.03
Agreeableness	**-0.17****
Neuroticism	**0.19****
**p < 0.01; *p < 0.05 (2-tailed)	

Further when linear regression model was developed to understand the predictive value of personality traits on the total score of SI, agreeableness and neuroticism emerged as significant predictors of SI (Table 4).

Table 4 Regression results

Variables	Estimate	Std error	Z value	P value
Openness to experience	0.02040	0.06846	0.298	0.76572
Conscientiousness	-0.02211	0.05527	-0.400	0.68907
Extraversion	0.09664	0.05840	1.655	0.09795
Agreeableness	-0.18344	0.05856	-3.133	**0.00173****
Neuroticism	0.12373	0.04868	2.542	**0.01102***

Based on these findings, it can be collectively understood that neuroticism acts as a risk factor for SI and conscientiousness and agreeableness acts as protective factors against SI.

DISCUSSION

Association between socio-demographic factors and SI

In this study, we aimed to investigate the role of socio- demographic factors and personality traits in predicting SI among young adults in India. The findings of the study indicate that 55% of the participants have low SI and 20% have high SI. This is high in comparison with global prevalence rate for the presence of SI that ranges between 19.8% and 24.0% among young adults (Cha et al., 2018) and also with reports of the prevalence studies conducted on Indian population that range between 3.9% to 35.8% among youth(Bhat et al., 2018; Bhat U. et al., 2018; Bhola et al., 2014; Singh et al., 2012). A wide variation in the prevalence of SI globally and large differences across the states of the country is documented(Amudhan et al., 2020).

Notable gender difference in the prevalence rate of SI is observed across the studies in literature. Female gender being the risk factor for SI is found to have cross national consistency(Nock et al., 2008). Several Indian studies have reaffirmed this by reporting high prevalence of SI among women in the country(Bhola et al., 2014; Nath et al., 2012). However, two Indian studies have reported higher levels of SI among men(Khan et al., 2016; Viswanathan et al., 2019).This pattern can be observed in the present study as well where in higher number of males have reported high SI than females. Nevertheless, the association between gender and SI was not statistically significant.

Likewise, in this study a large percentage of unmarried participants have reported high SI compared to married participants despite the association between marital status and SI being

non-significant. A cross-national prevalence study has also stated unmarried status as a risk factor for SI(Nock et al., 2008).

A significant association was observed between place of living and SI. Large number of participants from non-urban areas reported high SI than those from urban areas. This contrasts with the national survey reports which has noted SI to be higher in urban, especially metropolitan cities (Amudhan et al., 2020). Despite this, suicide death rate is known to be higher in rural/non-urban residents (Patel et al., 2012).Exploring possible reasons for this disparity in the prevalence in these two forms of suicidality may help improve suicide prevention measures in non-urban areas.

Consistent with the previous finding(Nock et al., 2008), age was found to be negatively correlated to SI in the present study. Given the fact that suicide is the leading cause of death among 15-39 year olds in India(India State-Level Disease Burden Initiative Suicide Collaborators, 2018),it is clear that improvements in our ability to identify risk factors for SI in younger age group and develop age specific intervention and prevention measures is in dire need.

Further, difference in the prevalence of SI noted over different streams of education is congruous with findings from similar such studies in India. Considering the fact that, people in developing country like India have varied perspectives upon diverse educational streams and its potentiality in time ahead, it would add notably on how students discern stress in these educational streams. Future research on understanding the relationship of stress in different educational streams would aid in developing stream specific aspects to the available interventions. (Bhat et al., 2018).

Association between personality traits and SI
The current study has observed personality traits to have a significant association with SI. Among the big five personality traits, neuroticism was found to have significant positive correlation to SI. This finding is abreast with the results of multiple other studies conducted across the globe (Cramer et al., 2014; DeShong et al., 2015; Khosravi & Kasaeiyan, 2020; Na et al., 2020; Soltaninejad et al., 2014).Added to this, neuroticism emerging as a significant predictor of SI in regression analysis has reaffirmed the association between the two. It is known that high level of neuroticism can lead to features such as anxiety, vulnerability, impulsiveness, anger, hostility, and depression (Khosravi & Kasaeiyan, 2020)which may affect the way an individual reacts to stressful life events (Khosravi & Kasaeiyan, 2020; Na et al., 2020; Soltaninejad et al., 2014). As a result, the individual may be more liable to SI (Khosravi & Kasaeiyan, 2020). This trend was noted in the present study as well wherein; prevalence of high SI was more among those with neuroticism as their dominant/co-dominant personality trait. A high mean value of SI scores was also observed among those with neuroticism as dominant personality trait. All these observations collectively reflect upon the fact that neuroticism is the significant risk factor for SI. This information can help clinicians in early identification of the 'risk group' and develop trait specific intervention strategies.

Previous research has observed high score for 'openness to experience' as a risk factor for SI (Ayub, 2015; Na et al., 2020). Studies have identified individuals with openness to experience as a dominant trait, are those having odd thinking leading to schizo-typical content (Na et al., 2020) and are those with emotional sensitivity (Ayub, 2015) who will be

more distressed without social support (Ayub, 2015). These are perceived to enhance one's risk for SI. This tendency can be observed in the present study as well where the prevalence of 'high SI' was more among those to whom openness to experience was a dominant/co-dominant trait. However, statistical analysis indicated no significant association between openness to experience and SI. Two other studies support this finding stating openness to experience has no predictive value for SI (Cramer et al., 2014; Soltaninejad et al., 2014).

In the current study, conscientiousness was found to have significant negative correlation to SI which is in line with the findings of several other studies (Na et al., 2020; Soltaninejad et al., 2014). Conscientiousness is said to represent competence, clarity, self-discipline, self-control and cautiousness in decision making. These features are noted to be negatively correlated to despair, depression, and loneliness which are in turn positively correlated to SI. Another explanation is that conscientiousness moderates the relationship between perceived stress and depressive symptoms. It is also found to have direct correlation to impulse control(Na et al., 2020; Soltaninejad et al., 2014). All of these imply conscientiousness as a protective factor against SI. In the present study, pattern of large percentage of people with conscientiousness as their dominant personality reported 'no SI'. However, regression analysis did not indicate any significant predictive value for conscientiousness to SI. A possible explanation for this observation is that the functionality of 'conscientiousness' changes when it interacts with social variables like social support. For instance, despite having high conscientiousness, when social support was low, frequency and attitude towards suicide was reported to be high(Ayub, 2015).

Agreeableness was found to have significant negative correlation to SI and was noted as a significant predictor of SI in regression analysis in this study. Compared to other traits, among people who had agreeableness as their dominant personality trait, a greater percentage of them reported 'no SI'. Characteristics of agreeableness trait such as effective interpersonal styles (Cramer et al., 2014), tendency to be compassionate and cooperative rather than suspicious and antagonistic towards others probably construct it to be a protective factor against SI. This finding is in agreement with results of several other studies in the literature (DeShong et al., 2015; Na et al., 2020; Soltaninejad et al., 2014).

Individuals who are high on extraversion have prowess to interact with others unimpaired and hence are less likely to engage in suicidal behavior. Even when they are distressed, they utilize and gain from people around them. (Ayub, 2015).Research studies have reported extraversion to be a protective factor against SI (Blüml et al., 2013; Huang et al., 2019). However, no significant association between extraversion and SI was found in this study. This is possibly similar to the effect observed with 'conscientiousness' where in extraversion may have no direct effect on SI, but it becomes a predictor of SI only when social support is low (Ayub, 2015).

In light of these results, personality traits should be considered as important markers in identifying SI among young adults. These personality dimensions should be considered while formulating specific interventions to prevent SI.

For instance, mindfulness is observed to weaken the association between neuroticism and SI and strengthen the protective relationship between extraversion and SI(Tucker et al., 2014). Similarly, life skills training such as interpersonal skills, coping skills, problem solving skills is found to be effective in dealing with various facets of neuroticism such as

aggression, anxiety, interpersonal relationship etc.(Safaraa et al., 2022). Also, interventions such as cognitive–behavioral, meta-cognitive, and cognitive remediation interventions are found to improve conscientiousness(Javaras et al., 2019), a trait which protects against SI. Hence, identifying the dominant personality trait in an individual and understanding its association to SI can be clinically beneficial in formulating such trait specific intervention and optimize the treatment for individuals at risk.

Limitations and future directions

The cross-sectional design of this study deters causal conclusions. Future research with longitudinal and retrospective design can strengthen our understanding about the influence of socio-demographic variables and personality traits on SI. While the limited size of the sample and convenience sampling used may limit our interpretation; studies focusing on diverse population sets with large sample size may power the generalization of results. Clinical samples may have difference in their presentation of personality traits and SI. Hence specific works on clinical samples considering personality traits with its different facets and different domains of SI can have important clinical implication for assessing suicide risk.

This study has focused on understanding only the direct effects of variables on SI and does not look at the possible mediating/moderating role of several other social and clinical factors that could be influencing the observed association. Social and psychological factors such as attachment styles, childhood adversity, social support, economic status, education, religion, academic stress, social media usage are known to have individual potential influence on SI (Ayub, 2015; Cha et al., 2018; Khosravi & Kasaeiyan, 2020; Nock et al., 2008). Also, the presence of clinical factors such as previous suicide attempts, symptoms of psychopathology can influence the association between personality traits and SI(Singh et al., 2012). Hence, inclusion of such factors in future studies to understand its role in developing SI among individuals with specific personality traits could result in a more refined model for prevention of SI.

CONCLUSIONS

The findings of this study support the fact that both socio-demographic aspects and personality traits may be crucial factors in predicting SI in an individual. In the current study, it was observed that living in rural areas, being younger make individuals more likely to have SI. Also, personality traits such as neuroticism was found to be a risk factor for SI and conscientiousness and agreeableness to be protective factors against SI. Identifying the influence of both environmental factors and pre-dispositional factors such as personality traits in understanding SI helps in developing interventions and preventive measures specific to a particular gene-environment interaction of risk factors.

REFERENCES

Amudhan, S., Gururaj, G., Varghese, M., Benegal, V., Rao, G. N., Sheehan, D. V., Kokane, A. M., Chavan, B. S., Dalal, P. K., Ram, D., Pathak, K., Lenin Singh, R. K., Singh, L. K., Sharma, P., Saha, P. K., Ramasubramanian, C., Mehta, R. Y., & Shibukumar, T. M. (2020). A population-based analysis of suicidality and its correlates: findings from the National Mental Health Survey of India, 2015–16. *The Lancet Psychiatry*, *7*(1), 41–51. https://doi.org/10.1016/S2215-0366(19)30404-3

Ayub, N. (2015). Predicting suicide ideation through intrapersonal and interpersonal factors: The interplay of Big-Five personality traits and social support. *Personality and Mental Health*, *9*(4), 308–318. https://doi.org/10.1002/pmh.1301

Beck, A., Kovacs, M., & Weissman, A. (1979). Assessment of suicidal intention: The Scale for Suicide Ideation. *Journal of Consulting and Clinical Psychology*, *47*(2), 343–352. https://doi.org/10.1037//0022-006x.47.2.343

Beck, A. T., Steer, R. A., & Ranieri, W. F. (1988). Scale for Suicide Ideation: psychometric properties of a self-report version. *Journal of Clinical Psychology*, *44*(4), 499–505. https://doi.org/10.1002/1097-4679(198807)44:4<499::aid-jclp2270440404>3.0.co;2-6

Bhat, U. S., Amaresha, A. C., Kodancha, P., John, S., Kumar, S., Aiman, A., Jain, P. A., & Cherian, A. V. (2018). Psychological distress among college students of coastal district of Karnataka: A community-based cross-sectional survey. *Asian Journal of Psychiatry*, *38*, 20–24. https://doi.org/10.1016/j.ajp.2018.10.006

Bhola, P., Rekha, D. P., Sathyanarayanan, V., Daniel, S., & Thomas, T. (2014). Self-reported suicidality and its predictors among adolescents from a pre-university college in Bangalore, India. *Asian Journal of Psychiatry*, *7*(1), 38–45. https://doi.org/10.1016/j.ajp.2013.10.003

Blüml, V., Kapusta, N. D., Doering, S., Brähler, E., Wagner, B., & Kersting, A. (2013). Personality factors and suicide risk in a representative sample of the German general population. *PloS One*, *8*(10), e76646. https://doi.org/10.1371/journal.pone.0076646

Cano-Montalbán, I., & Quevedo-Blasco, R. (2018). Sociodemographic variables most associated with suicidal behaviour and suicide methods in Europe and America. A systematic review. *European Journal of Psychology Applied to Legal Context*, *10*(1), 15–25. https://doi.org/10.5093/ejpalc2018a2

Cha, C. B., Franz, P. J., M Guzmán, E., Glenn, C. R., Kleiman, E. M., & Nock, M. K. (2018). Annual Research Review: Suicide among youth - epidemiology, (potential) etiology, and treatment. *Journal of Child Psychology and Psychiatry, and Allied Disciplines*, *59*(4), 460–482. https://doi.org/10.1111/jcpp.12831

Chaudhury, S., Kenswar, D., Kumar, S., & Dixit, V. (2013). Racial differences in suicidal ideation among school going adolescents. *Industrial Psychiatry Journal*, *22*(2), 118. https://doi.org/10.4103/0972-6748.132924

Cramer, R. J., Stroud, C. H., Fraser, T., & Graham, J. (2014). A trait-interpersonal analysis of suicide proneness among lesbian, gay, and bisexual community members. *Suicide and Life-Threatening Behavior*, *44*(6), 601–615. https://doi.org/10.1111/sltb.12092

DeShong, H. L., Tucker, R. P., O'Keefe, V. M., Mullins-Sweatt, S. N., & Wingate, L. R. R. (2015). Five factor model traits as a predictor of suicide ideation and interpersonal suicide risk in a college sample. *Psychiatry Research*, *226*(1), 217–223. https://doi.org/10.1016/j.psychres.2015.01.002

Huang, Y., Kuang, L., Wang, W., Cao, J., & Xu, L. (2019). Association between personality traits and risk of suicidal ideation in Chinese university students: Analysis of the correlation among five personalities. *Psychiatry Research*, *272*, 93–99. https://doi.org/10.1016/j.psychres.2018.12.076

India State-Level Disease Burden Initiative Suicide Collaborators. (2018). Gender differentials and state variations in suicide deaths in India: the Global Burden of Disease Study 1990-2016. *The Lancet. Public Health*, *3*(10), e478–e489. https://doi.org/10.1016/S2468-2667(18)30138-5

Javaras, K. N., Williams, M., & Baskin-Sommers, A. R. (2019). Psychological interventions potentially useful for increasing conscientiousness. *Personality Disorders*, *10*(1), 13–24. https://doi.org/10.1037/per0000267

John, O. P., & Srivastava, S. (1999). The Big-Five trait taxonomy: History, measurement, and theoretical perspectives. In *L. A. Pervin & O. P. John (Eds.), Handbook of*

personality: Theory and research (p. Vol. 2, pp. 102–138). New York: Guilford Press.

John, O. P., Donahue, E. M., & Kentle, R. L. (1991). *The Big Five Inventory - Versions 4a and 54*. University of California,Berkeley,Institute of Personality and Social Research.

Joshi, P., & Bhardwaj, B. . (2016). Personality Profile of Trait Consciousness of Male and Female Sports Persons. *International Journal of Indian Psychology*, *3*(4). https://doi.org/10.25215/0304.126

Khan, A., Hamdan, A. R., Ahmad, R., Mustaffa, M. S., & Mahalle, S. (2016). Problem-Solving Coping and Social Support as Mediators of Academic Stress and Suicidal Ideation Among Malaysian and Indian Adolescents. *Community Mental Health Journal*, *52*(2), 245–250. https://doi.org/10.1007/s10597-015-9937-6

Khosravi, M., & Kasaeiyan, R. (2020). The relationship between neuroticism and suicidal thoughts among medical students: Moderating role of attachment styles. *Journal of Family Medicine and Primary Care*, *9*(6), 2680–2687. https://doi.org/10.4103/jfmpc.jfmpc_1200_19

McKinnon, B., Gariépy, G., Sentenac, M., & Elgar, F. J. (2016). Adolescent suicidal behaviours in 32 low- and middle-income countries. *Bulletin of the World Health Organization*, *94*(5), 340-350F. https://doi.org/10.2471/blt.15.163295

Na, K. S., Cho, S. E., Hong, J. P., Lee, J. Y., Chang, S. M., Jeon, H. J., & Cho, S. J. (2020). Association between personality traits and suicidality by age groups in a nationally representative Korean sample. *Medicine (United States)*, *99*(16). https://doi.org/10.1097/MD.0000000000019161

Nath, Y., Paris, J., Thombs, B., & Kirmayer, L. (2012). Prevalence and social determinants of suicidal behaviours among college youth in India. *International Journal of Social Psychiatry*, *58*(4), 393–399. https://doi.org/10.1177/0020764011401164

Nock, M. K., Borges, G., Bromet, E. J., Alonso, J., Angermeyer, M., Beautrais, A., Bruffaerts, R., Chiu, W. T., de Girolamo, G., Gluzman, S., de Graaf, R., Gureje, O., Haro, J. M., Huang, Y., Karam, E., Kessler, R. C., Lepine, J. P., Levinson, D., Medina-Mora, M. E., … Williams, D. (2008). Cross-national prevalence and risk factors for suicidal ideation, plans and attempts. *The British Journal of Psychiatry : The Journal of Mental Science*, *192*(2), 98–105. https://doi.org/10.1192/bjp.bp.107.040113

Patel, V., Ramasundarahettige, C., Vijayakumar, L., Thakur, J. S., Gajalakshmi, V., Gururaj, G., Suraweera, W., Jha, P., & Million Death Study Collaborators. (2012). Suicide mortality in India: a nationally representative survey. *Lancet (London, England)*, *379*(9834), 2343–2351. https://doi.org/10.1016/S0140-6736(12)60606-0

Patki, S., & Abhyankar, S. (2016). Big Five Personality Factors as Predictors of Organizational Citizenship Behavior: A Complex Interplay. *International Journal of Indian Psychology*, *3*(2). https://doi.org/10.25215/0302.168

Safaraa, M., Saedib, Z., & Doudaran, P. J. (2022). Effectiveness of Life Skills Training in Reducing Neurosis Symptoms in Women. *Journal of Social Behavior and Community Health*, *6*(1), 835–842. https://doi.org/10.18502/jsbch.v6i1.9524

Singh, S., Manjula, M., & Philip, M. (2012). Suicidal risk and childhood adversity: A study of Indian college students. *Asian Journal of Psychiatry*, *5*(2), 154–159. https://doi.org/10.1016/j.ajp.2012.02.024

Soltaninejad, A., Fathi-Ashtiani, A., Ahmadi, K., Mirsharafoddini, H. S., Nikmorad, A., & Pilevarzadeh, M. (2014). Personality factors underlying suicidal behavior among

military youth. *Iranian Red Crescent Medical Journal*, *16*(4), e12686. https://doi.org/10.5812/ircmj.12686

Tucker, R. P., O'Keefe, V. M., Cole, A. B., Rhoades-Kerswill, S., Hollingsworth, D. W., Helle, A. C., DeShong, H. L., Mullins-Sweatt, S. N., & Wingate, L. R. R. (2014). Mindfulness tempers the impact of personality on suicidal ideation. *Personality and Individual Differences*, *68*, 229–233. https://doi.org/10.1016/j.paid.2014.05.001

Viswanathan, D., Veerakumar, A., & Kumarasamy, H. (2019). Depression, suicidal ideation, and resilience among rural farmers in a drought-affected area of Trichy District, Tamil Nadu. *Journal of Neurosciences in Rural Practice*, *10*(2), 238–244. https://doi.org/10.4103/jnrp.jnrp_257_18

Conflict of Interest
The author(s) declared no conflict of interest.

How to cite this article: Priyanka, VR & Singh, M. (2024). The Role of Socio-Demographic Factors and Personality Traits in Predicting Suicidal Ideation among Young Adults in India. *International Journal of Indian Psychology*, *12*(2), 4609-4620. DIP:18.01.411.20241202, DOI:10.25215/1202.411