

SITUATION ANALYSIS ON YOUTH SUICIDE: A
CASE STUDY OF DISTRICT CHITRAL



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CERTIFICATE

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ACKNOWLEDGEMENT

I am obliged and thankful from the core of my heart to Almighty Allah for His countless blessings on me, which made me able to accomplish my goal and complete this thesis.

It is a great honor for me to express my sincere gratitude to my supervisor **Dr. Saman Nazir** whose valuable support, advice and guidance helped me to attain my objectives timely. Special thanks to my parents and my wife Misbah for their encouragement and absolute support throughout my MPhil journey.

I am also thankful to Muhammad Juma for his help and support throughout my degree program. Finally, thanks to Behram Khetran, Dilbar, M. Shereen and all my well-wishers who supported me directly and indirectly throughout this journey, your concern and help means a lot to me.

Jawad Hussain

ABSTRACT

Suicide is a critical subject for social inquiry; the recent report shows that suicide rate is in the Chitral both upper and lower. The young population is now becoming more vulnerable and prone to this act day by day instead of using this prime phase of live positively and productively. Unfortunately, this issue of suicide is being ignored, unaddressed and undefined. The role of relevant authorities (health and police) to address the issue in the district is also unsatisfactory.

The aim of this study is to identify the prevailing risk factors. For this purpose, I studied five years (2016 to 2021) of data, obtained from district police Chitral. On the base of this data, family conflict and mental illness are the major prevailing risk factor which are contributing to suicide. While after analysis of focus group discussion and interviews, domestic violence, depression, family pressure, high expectation from family and society, generation gap between parent and youngsters, force marriages, child and unmatched marriages, androcentrism were identified as major factors which led to commit and attempt to suicide. At the institutional level, lack of basic mental health facilities and mental health unit, flawed litigation and investigation are barriers to reduce and prevent suicide. While flawed, investigation process in case of domestic violence and family conflict are the major cause of leading to suicide.

Awareness about suicide and mental health issue through education, religious centers, engaging community, proper investigation and trail of incidences, establishing police complaint cells are identified as measures to reduce or preventive strategies of suicide.

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List of abbreviation

Abbreviation	Detail Description
DHQ	District Headquarter Hospital
DPO	District Police Officer
FGD	Focus Group Discussion
FIR	First Information Report
GB	Gilgit Baltistan
KP	Khyber Pakhtunkhwa
MH	Mental Health
MS	Mental Superintendent
PPC	Pakistan Panel Code
UDC	Unit of Data collection
UN	United Nation
UOC	University of Chitral
WHO	World health Organization

CHAPTER: 1

1.1 Introduction

Suicide is defined as a fatal, self-harmful act with some indication of intending to end their life (Turecki G, 2016). Suicide is a global public health issue which transcends the local boundaries. As per the estimation of World Health organization (WHO) approximately 800,000 people commit suicide annually across the world. Moreover, it is also estimated by WHO that in every twenty seconds someone in the world commit suicide. However the person who is committing suicide, have not committed it in a single attempt rather it is estimated by WHO that a person commit suicide after twenty attempts of suicide (WHO, 2020). There are numerous psychological, social, structural, and cultural factors that compel a person to commit suicide (WHO, 2014), and have adverse effects on society (Omigdobun, 2018). About 60 percent of the world suicides happen in Asian countries, which includes Pakistan, China, India, Bangladesh, Sri Lanka and Afghanistan. Countries such as Pakistan and Afghanistan do not have national level official statistics or national reports on suicide rates (WHO, 2019).

Although Suicides are one of the prominent causes of pre-mature deaths, but suicidal behavior not only led to the death necessarily. In some cases, if a person survives then there are possibilities that the attempt to commit suicide leave a person with some form of disability. Suicidal behavior is a worldwide reason of disability and as well as death. Worldwide, it is top leading source of death, due to this 1.4% people globally losses their lives and an estimated 6% of all deaths among youth (McKinnon, Gariépy, Sentenaca, & Elgar, 2016). Almost 60% of teen-age and youth suicides occur due to social factors. Suicides are the second largest reason of deaths among the youth aged 15 to 29 years across the world. Low and middle-income countries have population of 90% of the world youth and children and

75% of global suicide deaths happen in these countries (McKinnon, Gariépy, Sentenaca, & Elgar, 2016).

As reported by WHO (2021), each year more people die due to suicide than homicide, war, HIV, breast cancer and malarial disease. It is estimated by WHO that approximately 700,000 people died in 2019 due to suicide. Suicide is a complicated dilemma affected by the interaction between several factors: personal history, genetic contribution, incidental events, family history, religion, socio-cultural environment, socioeconomic context and historical. These numerous aspects play huge role in creating suicidal thoughts and committing suicide by victims (Minayo & Cavalcante, 2006) .

Generally, suicide rate is much higher among the males than the females globally. However, there are differences when the differences are considered between the developing and the developed countries. It has been found that the suicide rate is higher among the females in the developing countries. While in the developed countries the suicide rate is higher among the males. Under the Sustainable Development Goals (SDGS) 2030, it has been mentioned that the countries across the world would strive to reduce the suicide rate by 2030. Pakistan is also signatory of the SDGs 2030, due to which it is also obligatory for Pakistan to bring down the suicide rate (WHO, 2021).

Suicide is a worldwide increasing public health issue crossing socio economic, geographies, culture and religious boundaries, while suicidal thoughts is influenced by numerous interacting factors: social, personal, cultural, psychological, environmental and biological, depression is the foremost common factor in people who commit suicide (Cavanagh, Carson, Sharpe, & Lawrie, 2003).

1.2 Suicides and Mental Health in Pakistan

Pakistan is situated in South Asia, a geographically small but the 6th most populated country in the world. Most of the population is Muslim (96.28 %), and the rest are minorities, including Hindus, Christians, Buddhists, Sikhs and others (PBS, 2020). Being an Islamic country, committing suicide and attempt to suicide is considered as sins according to the Islamic laws (Ajit Shah, 2010). The act of suicide has also been criminalized under the article 325 of the Pakistan Penal code. Those who are committing suicide are punishable by law and liable to imprisonment and/or fines (PPC, 2017). However, the suicidal incidents and behaviors are underreported in Pakistan because it is socially considered as a taboo. One other reason is that law enforcement agencies and police are hesitant to interfere in suicidal cases because these cases resulted from domestic dispute and domestic/family violence. Therefore, police do not report the true incidence of suicides in Pakistan (Ahmed, 2019).

Although being a harsh reality, major mental health and social issue, suicide and suicidal behaviors have not been well studied, and very pint-sized research has been done in this field. It is necessary to pay attention to the factors that lead a person to contemplate committing suicide. Hence, it is responsibility of the government to devise policy to preempt the factors that compel a person to commit suicide. (Khan & Main, 2010).

In 2014, WHO estimated that there were 13,377 suicide cases a year in Pakistan, out of which 7,085 were women and 6,021 were men (WHO, 2014). After this estimation by WHO, Pakistan had signed up to reduce suicide mortality by 10 per cent by 2020 as part of the Comprehensive Mental Health Action Plan 2013-2020, under Sustainable Development Goals 2030 (Humayon, 2020). Despite being a signatory of the SDGS, suicide rate in Pakistan is increasing. The total number of suicides as per the estimations of WHO in 2019 was 19,331 cases, out of which 4560 were female and 14771 (WHO, 2019). Whereas in Pakistan no national-level statistics available on this issue nor it has given to WHO, as well as there is

deficiency of suicide prevention measures, mental health support and absence of a concrete national mental health policy framework.

Asma Humayun (2020) mention two reasons for Pakistan to lag behind when it comes to mental health illness and to prioritizing mental health. Firstly, the health sector of Pakistan is lagging behind in terms of capacity. In Pakistan, the mental health is not considered a priority either by the people or by the healthcare providers. It is due to this reason that not much focus has been paid to the mental healthcare sector in Pakistan. Moreover, the Pakistani government has also not introduced any policy to cope up with the mental health issues in the last 20 years. Hence, the mental healthcare sector in Pakistan is in poor conditions.

Secondly, the issue of mental healthcare sector could not be resolved until there is lack of collaboration between the governmental ministries. For instance, the healthcare ministry should work in collaboration with education, interior, law, justice, human rights and disaster management ministry. Hence, to overcome the issues of mental illness the factors that are responsible for the mental illness should be considered. For instance, the reason for mental illness could be the use of narcotics substance, gender-based violence, and childhood abuse. The government should take initiatives to overcome the mental illness through creating the stress-coping institutes for youth and provide psychosocial support to those who are suffering from mental illness (Humayon, 2020).

Mental health is an important component of health and poor mental health is directly linked with national and global economic loss, premature death/suicides and human rights violation.

WHO defines Health and Mental health in their constitution as,

“Health is a state of complete mental, social and physical well-being and not merely the absence of disease or infirmity” And *“Mental health is a state of well-being in which a person understands her or his own capabilities, can manage with the normal stresses of life, can work effectively and is able to*

contribute to her or his community” (Constitution of World Health Organization, 1946, 2).

As per the report of Pakistan Psychiatric Research center (2020) About 15 million people are facing mental health illness. Despite it, the government of Pakistan has given very low priority to the mental health care as compared to other developing countries. For 220 million of population, only 400 trained psychiatrists are available with few state-owned psychiatric hospitals and a small number of psychiatric units in general and teaching hospitals. Even health care sector is facing urban and rural disparities in delivering health care to the people. The healthcare facility is available in the urban areas whereas the rural areas are lagging behind (Javed, Khan, & Nasar, 2020).

In 1947, when Pakistan won its independence from the British rule, the definition of mental illness was derived from the British period. Initially, the mental illness in Pakistan was defined by the British period Lunacy Act of 1912. As per this definition of mental illness lunacy was defined the mentally ill person as a “Mad person or idiot”. In 2001, this Act has been replaced with the mental health ordinance (2001), which:

“Amend the law related to care and treatment of mentally ill and disordered individuals, to make better provision for their care, treatment, management of properties and affairs and to encourage community care and further to provide for promotion of mental health and prevention of mental illness and disorder” (Government of Pakistan, 2001).

According to mental health ordinance 2001, government should establish psychiatric facilities: initiate proper assessment, treatment of mental disorder people and mental illness. In case of attempt to suicide, if the person found suffering from mental health issue, then he or she should be considered under this ordinance (Government of Pakistan, 2001). In 2010, the subject of health was made a provincial subject through 18th constitutional amendment.

In this manner, the responsibility of the central government to legislate on matters pertaining to health was devolved to the province. It is pertinent to mention that when the ministry of health was given to the provinces only Sindh province passed legislation for mental illness.

As per the Sindh Assembly Act of 2013, the mental illness and mental disorder was declared as a public health issue. In 2015, an amendment was also done in the Act of 2013 under which it was declared, a person who attempt suicide should be examined in the mental health sector/psychiatrist center and he/she should be given adequate treatment for it, if he or she is suffering from mental illness, instead of sending that person to jail (Rehman, Siddiqi, & Ahmed, 2015). After these changes in suicide related laws, 767 people committed suicide in Sindh from 2016 to 2020 out of them 60% were youth and the highest reported (79) cases occurred in Tharparkar (Saleem, 2021).

Despite these ordinances, Pakistan is facing an increasing number of mental health issues (MHIN, 2018), Problems identified with mental and emotional well-being intensify the cases of suicide, mostly among the youth aged 25 years and younger (Javed, Khan, & Nasar, 2020). Moreover, the criminalization of the suicide socially and legally also contributes to preventing the people from committing suicide specifically those who are at high risk of committing suicide. The suicides incidents that has been reported from different parts of Pakistan requires an in-depth examination to understand the different socio-cultural factors that are responsible for compelling a person to commit suicide (Faruqui & Afghan, 2011).

1.3 Suicides in District Chitral:

Chitral is a remote district in Khyber Pakhtunkhwa (KP), it ranks among the highest educated district as per literacy rate (UOC, 2018). Chitral has been divided into two parts in 2020 that is upper Chitral and Lower Chitral. The total population of Chitral is 447,625. The population of Lower Chitral is 278, 328 while the population of upper Chitral is 169,297.

Several newspapers have reported that suicide is major public health issue among the people of Chitral. It is increasing day by day from the past few years and is becoming a trend. An alarming rate of youth suicide can be observed in the district (Zahir, 2018). A Recent study (2020) shows that, there were 300 complete suicides reported between 2007 to 2011 and 176 cases of completed suicides reported between 2013 to 2019 in Lower and upper Chitral. Keeping in view the total population of Chitral, the rate of suicide is much higher. The poor reporting system, social stigma and social shame associated to suicide means the largest number of cases remain unreported (Ahmed, 2020).

However, the trend of suicide does not exist in the Kalash valley of Chitral. This is because the people of Kalash have a positive meaning of life, they consider life as a Gift from God which worth living rather than bringing it to end. Since 1988, there has been reported case of suicide from Kalash valley (Mohyuddin & Shaikh, 2019).

The deputy commissioner of Chitral said in Suicide Awareness seminar (2019) that more than 500 suicides have been reported in Chitral in the last five years. Forty-five cases were reported last year, while 19 suicidal fatalities have been reported in 2019 (Dawn, 2019). Moreover, the rising suicide rate in Chitral has also been represented in the short movie, '*Darya k is paar*' (Sultan, 2021). In this short movie, the suicide committed by a teenage woman in Chitral district has been represented. The women gave her life by jumping into the river. The women committed suicide because she was suffering from mental illness due to the bad behavior of the people around her. When the women got married at a young age, she suffered severe mental and physical torture by her in-laws and her husband. As a result of which the women became mentally ill and started to suffer from depression (Uddin, 2021).

Presently, the suicide has become a major social problem in Chitral because the suicide rate is increasing. As per the local media and newspapers of Chitral it could be seen that every

month one person is dying due to suicide. However, the government of KP has not taken adequate action to overcome the rising suicide rate in Chitral. The existing literature have mentioned many factors that are responsible for compelling a person to commit suicide such as: Poverty, Domestic violence, community/social level factors, and family/Relationship (Hussain, 2019).

1.4 Statement of the Problem:

However, the suicide cases among youth in the district are alarming high. Despite the rising rates of suicide there is no substantial precautionary efforts to address the issue has been taken by the people of lower and Upper Chitral, the provincial government and district administration.

Furthermore, it is noteworthy that some suicide cases are being reported and some are still unreported, because the attempt to suicide and commit suicide is a criminal act, instead of investigating the causes of suicide or attempt to suicide, government institutions file FIR against the victim.

In Pakistan, reporting and investigation system is very poor, suicide goes unreported and cover-up and hide the reason of attempting by their families but as reported by Dawn News, more women commit suicide then men. In Sep 2020 three girls committed suicide within three days (Dawn, 2020). Families also cover up what happened before and why he or she committed suicide, due to this, the reason behind committing suicide remains unknown.

Although, there is a lack of research on social factors that leads to this act, and none of them have evaluated the role of health department and police. Despite the alarmingly high cases in the district, there is no suicidal prevention support available to the people. Thus, the role and capacity of district administration (Including Health care and police) is therefore critical to evaluate.

1.5 Significance of Study:

This research will provide basic information for researchers, policy makers, and health care providers for use in planning interventional related to suicide prevention programs in the future. This research will help in drawing attention to factors that are leading to rise in suicide incidents. Moreover, this research study would provide helpful policy recommendations for the prevention of suicide in district Chitral. There are different numerous social, economic, and cultural factors that are responsible for the prevalence of high suicide rate in Chitral. Therefore, this study will highlight critical issues that will help Government and Private organization to understand and address the issue in the community. Importantly it will give prevention strategies on the bases of data. Further the finding of the study can be used to create awareness and sensitization in the community.

1.6 Definition of the Key Concepts:

1.6.1 Suicide:

Suicide is defined as a fatal, self-harmful act with some indication of intending to end their life (Turecki G, 2016).

1.6.2 Suicide Attempt:

There is no exact definition of “suicide attempt”. Previous research and experiment conceptualize “suicide attempt” as an act intended to end one’s own life (SPRC, 2011).

1.6.3 Suicidal Ideation:

Suicidal ideations often called suicidal ideas or thoughts, is a broader term used to define a range of wishes, contemplations and worries related to death (Harmer, Lee, Duong, & Saadabadi, 2021).

1.7 Research Objective

The aim of this study is to analyze the situations with suicide and attempted suicide among the youth in Chitral. It has the following objectives:

- This research aims to identify the socio-culture and economic factors contributing to the increase suicide incidence in Chitral.
- The Study will examine and evaluate the role of police and Health department to prevent suicide in District Chitral.

1.8 Organization of study

This dissertation consists of five chapters. **Chapter 1** introduces and discuss the background of the study, problem under consideration, aim of the study including objectives along with reasons and significance of current study.

Chapter 2 gives an overview of the existing literature on suicide and underlining mental health laws, policies, perceptions, and some best practices.

Chapter 3 describe methodological approach of present research study, data collection along with discussion of population, and sample are also the part of this chapter.

Chapter 4 presents qualitative results and analysis. It shows the results and data analysis that identify the reason behind increasing youth suicide, situational analysis, and the role of district administration in prevention and investigating suicide.

Chapter 5 presents' conclusions, implications & recommendations for future research investigation.

Chapter 2

Literature Review:

Chapter two discuss present and previous studies that highlight the issue under review

2.1 Conceptualizing Youth:

Youth refers to the stage of the life in which human makes the changeover from dependent child to independent adult. However, it is difficult to distinguish where the youth phase starts and where it finishes, because neither childhood nor adulthood has specific boundaries that are clearly marked. Wyn and White (1997) argued that, youth does not refer to something real, solid or inborn but rather, its meanings are specific to socio-cultural, historical, political, and economic contexts, as well as to social policies.

Globally, there is absence of any consensus on young age group bracket. According to United Nations the young age group ranges from 15-24 years. However, there is absence of any consensus on the standardization of the young age group. This is because there are many factors that is interpreted differently across different cultures of the world. For instance, maturity of a person is interpreted differently across the different cultures of the world. Similarly, there is lack of consensus on when a person should not be considered a child. There are other factors that are also relevant for the defining the age bracket of the youth for example the voting age, and age for contesting elections. But these definitions are considered political for the definition of the young age group therefore the age is considered more relevant to calculate the age bracket of young age group. In Pakistan the standard defining youth age is from 19 to 29 (Khan & Ahmed, 2012).

2.2 Typology and Theory of Suicide

Suicide is not only responsible for losing a single individual but also responsible for disturbing the whole family, friend and promoting and creating suicidal thoughts. According

to Durkheim, four types of suicide arise from social structure: Egoistic suicide in this type of suicide, when an individual isolated him or herself socially from the society or feels no space and value in the society, then the person become more vulnerable to suicide. Second is altruistic, this type of suicide happens when the societal or social integration is too much high. Similarly, anomic, and fatalistic suicide represent the higher risk that come from the over regulated and under-regulated societal and social structure (Matt Wary, 2011).

According to Durkheim the egoistic suicide is the consequences of failure of socio-cultural and families bound, and he stated that, the increasing suicide among women is the consequences of increasing modernization and rapid urbanization. As stated by Durkheim, modernity increases social isolation and egocentrism in society, moreover, social isolation makes individuals (especially women) vulnerable to suicide (Kushner & Sterk, 2005).

Durkheim have presented different socio-cultural factors which are responsible for suicides. Firstly, there are the socio-cultural changes; Secondly, the role of the distribution in traditional social structure; Thirdly, it is the economic crisis which also result in decrease in personal income; Lastly, the low social integration of the individuals in a society. These all factors contribute to increasing the risk of suicide in an individual (Turecki & Brent, 2016). These factors can be measured on four levels: Individual, Societal, Geographical and Historical levels or historical influences. The very first, individual level study suicide emphases on the worst/critical specific event of individual life and these events and circumstances that are responsible for creating suicidal behavior and complete suicide. For example, an individual who faces economic strain, divorce and political suppression are more subjected to suicide risks. Second, societal level, according to this study, suicide rate is different across nations, having in societal disturbance, war/terror and facing crisis with vast

social, political and economic changes. In Asian societies, having beliefs in Confucianism¹ (Japan and China) has comparatively high suicide rates (Goldsmith, Pellmar, Kleinman, & Bunney, 2002).

Geographical location plays a significant role in determining the motivation of a person to commit suicide. For instance, a person who is living in a society where he/she is confronted with social isolation there the chances of contemplating suicide increases. Similarly, the regions where there are more divorce rates, and high unemployment, then the risk of suicide also increases in those regions. At forth, historical level of study, suicide rate is compared over the period, to study, that suicide is short period outcome or long period trend. When the short term or long-term trends are found out then it could be compared with different social and cultural indicators associated with suicides across different societies (Goldsmith, Pellmar, Kleinman, & Bunney, 2002).

2.3 Global Youth Suicide:

WHO (2018) report shows, in every 40 second 1 person dies by committing suicide. Globally, suicides have negative impact on individuals and create disturbance to families and communities. Even though suicide is commonly under-reported (WHO, 2018). As estimated by WHO, 703 000 people committed suicide in 2019. From 2000 to 2019, the worldwide suicide rate decreased by 36 percent globally. However, this decrease in suicide rate was mainly due to the decrease in Europe, Western Pacific, and Eastern Mediterranean region. In Europe, the suicide rate decreased by 47%. In Western Pacific region the suicide rate decreased by 47 %. In Eastern Mediterranean region the suicide rate decreased by 17%.

¹ **Confucianism** is an early Chinese belief system, which emphases on the importance of personal ethics and morality.

However, the suicide rate did not decline in the Americas regions where it has been increased to 17% within the last 20 years (WHO, 2019).

It is a major public health issue in developed countries as well as in poor and developing countries where almost 80 Percent of suicides occur. The rate of suicide in low- and middle-income countries is 77%. In developing countries, the suicide rate is higher than the developed world because much of the population lives in these countries.

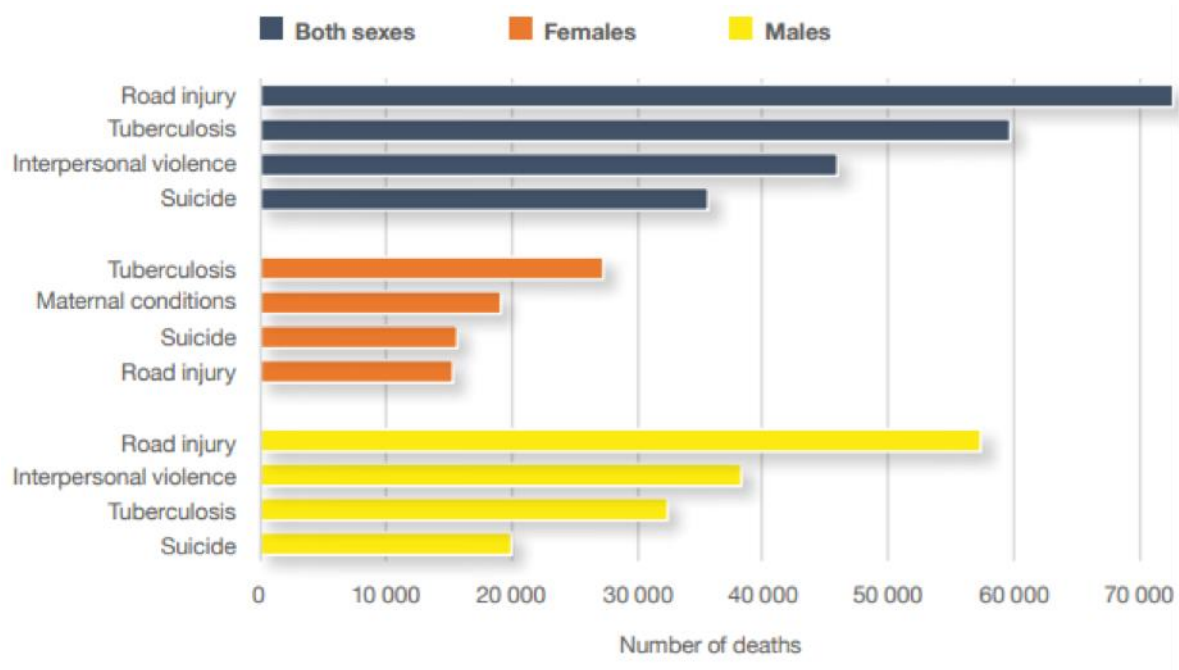


Figure 1: Global top four causes of death, ages 15–19 years, 2019

Source: WHO Global Health Estimate 2000-2019

It has been found by the WHO report of 2019, that approximately 58% suicides were committed by the people who were below the age of 50. Suicide rate among the youth population from the developing countries is more than developed world. It is found by WHO that 88 % of the suicides committed by the youth population worldwide belonged to the developing world. It is because 90% of the youth lives in developing countries (WHO, 2019).

While in most other age groups men die by suicide at a much higher rate than women, adolescent girls from 15 to 19 years commit suicide nearly as boys. Globally, Youth faces many challenges and issues such as poverty, migration, violence and war, instability within family, mental health challenges and bullying, including substance abuse and depression (WHO, 2018).

2.4 Suicide by Gender

According to the study of Ritchie, Roser, & Ospina (2017), globally suicide rates in male are higher than female. In 2017, the rate of suicide for female was 6.3 per 100,000; for male, the rate was 13.9 per 100,000. Across the nations, in 2017, suicide rates were higher for male than female. But there is big difference in suicide rate for both gender across the world. The suicide in men is ten times higher than women. Across the Eastern European nations, it is 6 to 7 time higher. Across other countries globally it is 2 to 4 times higher. Much lesser differences in the ratio are found in South and East Asia: in Bangladesh and Pakistan, there is practically no sex difference but in China it is 1.6 and in India the ratio is 1.4 (Ritchie, Roser, & Ospina, 2017).

As per the Global Health estimate by WHO (2019) on youth, including both male and female, suicide has remained the fourth reason of death. For female it was 3rd after maternal mortality and 4th for males after tuberculosis. Many research studies have identified: lethality as the reason of gender gap in suicide, suggesting that females use less lethal means thus they survive suicide attempts than male and their outcomes are less lethal as compared to males (Cibis, et al., 2012).

Depression is one of the main reasons behind higher incidence of suicidal behaviors in women, but it could not be the reason for the higher rate of male suicides as compared to female suicides. Psychosocial risk factors have also identified that contribute to the

differences of rates between female and male suicidal behavior, where retirement, unemployment and being single were all major risk factors for suicide in males (Qin, Agbero, & Eriksson, 2000)

Mental illness or being single may be less at risk. Risk factors for both youth or old age people in developing countries are low socioeconomic condition, using alcohol or drugs, and previous suicide attempts. Recent traumatic life events are one of the major factors in both developed and developing countries, while their nature may vary (Vijayakumar, John, Pirkis, & Whiteford, 2005).

2.5 Suicide in Developing Countries and south Asia:

Suicide rates have increased worldwide from the past 45 years (Davidson et.al, 2014). The Reported Suicide rate is much higher in south Asia compared to the average of the globe. In Sri Lanka, the rate is very high, over 35 per 100,000 people (Khan M. M., 2005). Nepal has also a high suicide rate, over 25 per 100,000 people, and based on gender, rates among women and men are 20 and 30 per 100,000 citizens. Furthermore, unmarried women in Nepal are at high risk of suicide (Simkhada et.al, 2015).

The recent study conducted by Arafat, et al. (2021) on suicide method in south Asian countries shows that the high numbers of suicides were found from India, followed by Bangladesh, Pakistan, Sri Lanka, and Nepal. Poisoning 35.3% and hanging 55.8% were two common suicide methods in Pakistan, Bangladesh and India, while in Sri Lanka, poisoning is most common method. Although hanging themselves is still common way in Pakistan, the use of guns is increasing in recent (2020) years (Arafat, et al., 2021).

Vijayakumar et al (2008) discussed a range of cultural, religious, social, and economic factors that are responsible for suicide in the context of South Asia. The author also discussed the strategies that could be used for the prevention of the suicide in the South Asian countries. Generally, in developing countries suicide cases are high for the groups that are remained

socio-economically underprivileged. Economic development has seen circulation from rural areas to urban, and those who remain in rural settings are in high risk of suicide, possibly because of lack of social support, isolation, economic difficulties, and access to deadly means like pesticides.

The majority of the population in South Asia is living in rural areas. The suicide rate is much higher in the rural regions of the world comparatively to the urban areas. It has been estimated by WHO that the suicide rates in rural areas are double compared to suicide rates in urban areas. The reason for the increasing suicide rate in rural areas is due to the fact that rural areas are confronted with many challenges related to basic healthcare facilities. In rural areas there are absence of any mental healthcare facility. Moreover, if the people want to access the urban mental healthcare centers, then there are barriers of transportation and lack of proper infrastructure such as roads. Finally the lack of financial resources also makes it difficult for the people living in rural areas to access the mental healthcare facilities (RHHub, 2019).

2.6 Culture, Suicide and Mental health in Pakistan

In Pakistan, people belong to different cultural groups. Each cultural group have their own strategies to deal with the mental and physical illness. However, there is one common strategy at the disposal of the people belonging to different cultures in Pakistan. The people usually visit the spiritual, religious or the traditional healer for curing their mental as well as physical (Shaikh & Hatcher, 2005).

Cultural factors significantly contribute to the overall incidence of death by suicide and these cultural factors cannot be ignored (Maharajh & Abdool, 2005). In many cultures people consider mental illness to be the result of supernatural influences. They consider the traditional way of treating the mental illness. Approaching faith healers depends on people or person belief that is irrespective of socio-economic factors. People who used to approach

traditional and spiritual healer services or use their resources are usually deemed deprived or uneducated. Having strong beliefs play a meaningful role in directing people toward these healers, especially in rural part where people usually believe in the black magic and evil eye (Javed, Khan, & Nasar, 2020).

In many Islamic countries, a smaller number of suicide incidence are reported. This is due to religious sanction against suicidal attempt and behavior. In Pakistan, low suicide rates are reported, this is due to the factor that many suicide cases are not reported as suicides. The people also do not report a suicide case because they think it as a taboo topic. In this manner, the cultural values also contribute to the under reporting of the suicide rates (Khan, 1998).

Goldston et al (2008) discuss that various characteristic of cultural impacts on suicidal behavior and suicidal risk. Firstly, there may be, specific cultural patterns which creates suicidal behavior within individuals. For example, some individuals experience the shame that are related to loss of face, because they did not fulfil the expectations of others and families. Second, the characteristics of suicide related behaviors may vary from culture to culture, although this possibility has been understudied (Goldston et al., 2008).

Culture and Society play a huge role in ordering how people respond to and view suicide and mental health. Culture impacts the means in which we express and experience mental illness and mental health, the ability to access mental health care and the nature of the care we search for. Moreover, culture and society affect the quality of the interaction between patient and provider in health care system, and the response to involvement and treatment (Goldsmith, Pellmar, Kleinman, & Bunney, 2002)

Moreover, previous studies reported “there is a high mental disorder in Pakistani women 29–66 Percent for women compared to 10–33% for men” and women’s who are living in mountainous villages of Chitral (KP) and Ghizer (GB) were affected from anxiety and

depression due to that rate of women suicide is high then male. Married women are more expected to attempt suicide then male, this discovered that the most common factors forcing women to commit suicide were clashes with their husband and in-laws, domestic and societal violence. The married women face physical and mental abuse by their husband, due to which they became stressed and commit suicide. Similarly, the financial constraints. Low self-esteem, and helplessness also compel the women to become stressed up to the extent that they consider suicide as a better option (Ahmed, 2019).

Chitral shares border with Ghizer district of Gilgit Baltistan region in Pakistan. Chitral and Ghizer district share language, culture, and the issue of suicides. A study has been conducted in District Ghizar which identifies many challenges faced by health system for preventing suicide. These problems included the Lack of collaboration across sectors, unavailability of mental healthcare professionals, and financial issues faced by health. The study concluded that the role of the health system is lacking in suicide prevention in District Ghizer (Anjum, 2020).

2.7 Role of health system in suicide prevention

A complete and effective suicide prevention policy comprises of a systems approach that combines community and healthcare services (Sugimoto-Matsuda & Rehuher, 2014). Such a policy or strategy concentrates on collaborations among different sectors and addresses all the factors, procedures, policies, including people and governments in improving the health of the public (Ailaan, n.d.).

A qualitative study on suicide investigation and health care systems in Nepal shows that a suicide prevention strategy will not be possible without regular reporting practices and reliable statistics (Speziale et al., 2011). A research study in Cameroon in Africa showed that, suicides have been under-recognized in the rural regions. The author has found that only 13%

nurses in mental health care system were aware of the symptoms of depression. There was absence of many proper guidelines to manage mental illness at the healthcare facilities. Moreover, the absence of the medical supplies also worsened the state of the mental healthcare system in Cameroon (Keugoung et al., 2013).

Health care contains a variety of settings, including primary care practices, hospitals, emergency departments, behavioral health care, and addictive treatment facilities. All of these settings can play an important role in suicide prevention by identifying suicide risk and providing effective care. As physical health problems may also increase suicide risk, providing care for illnesses, substance use disorders, and chronic health problems may also help protect individuals from suicide

While country like Pakistan have poor mental health care system and mental health care can prevent or reduce the likelihood of another suicide attempt. In fact, estimates suggest that patients who attend a post-hospitalization mental health follow-up visit have as much as a 75 percent lower risk of a future suicide attempt (Policylab, 2018).

Mental health disorders are the major cause of suicide. Hospitals and other health organizations should provide clinical, psychiatric, and psychological therapies to those with suicidal ideation. The hospitals in Chitral region currently have no psychiatrists and psychologists to treat depressed patients who ultimately commit suicide. Hospitals should provide mentally ill people medical treatment, whereas psychiatrists and psychologists should treat depressed and emotionally disordered patients (Ullah, 2021).

2.8 Response of police towards suicidal act or suicide

The importance on caring for people. in the least restraining environment has led to larger numbers of people with a mental health condition living in the community and as a result,

police and other first responders are increasingly being called upon to help out in suicidal or self-harm related emergency (Herrington & Pope, 2014).

Legislation in Australia offers the police with powers to detain and transport individuals who are in suicidal or self-harm to a proper treatment facility. While the World Health Organization (2012) highlighted the importance of comprehensive training for police officers when responding to people in suicidal states, the specific type of training received can vary. In Australia, there is a significant variation in how police are trained to respond to people in suicidal crisis across different states. In New South Wales, selected police take part in a 4-day training course, but there is no consistent approach across the country and it has been reported that police consider themselves unprepared when responding to mental health incidents (Spence & Millott, 2016).

However, even with the cooperation and training, mental health callouts are considered a highly difficult and challenging aspect of police work. Containment of an incident, particularly where the person experiencing a mental health issue, under the influence of alcohol or illicit drugs and when lethal weaponry is involved, is a key factor in decision-making (Clifford, 2010). Managing the risk of harm to the individual, the responding police officers is always a consideration.

2.9 Socio-cultural factors of suicide and their role in mental health of the people of Chitral

Sociologists across the world agree that in traditional societies socio-cultural factors are more protuberant in case of suicides. Traditions in such societies retain the status of laws that are harsh on women as well as for male. Deviation offends honor and honor is more valuable than human lives. For centuries these traditions tied individuals in a collective whole by providing them with socio-cultural integrity what French Sociologist Emile Durkheim calls “integration _ regulation”. The connections between individuals and society, however, turn

weak under harsh social change introduced by modernity. As the youths are the agents of this development or progress, their ambitions are colliding with centuries-old traditions resulting in increased frustrations, damaging their mental health and revealing them to suicide behavior or act (Ahmed, 2020).

Chitral has gone through three stages of drastic social changes. First, while becoming part of Pakistan; second after 1985 with the NGOs working on mass mobilization, and, finally, after the 2000s with the opening of Lowari Tunnel and telecommunication-cum-educational revolutions. These induced modern aspirations among the youths which are resisted by outdated traditions (Ahmed, 2020).

The induced high dreams of the youths are difficult to realize in a traditional and poor region like Chitral where norms are oppressive, and the local market offers too little. The situation is more annoying for women as social taboos further restrict their options. Young women dream which could only be materialized in civilized societies. In Chitral, the ground reality is such where even well-educated women are obliged to serve the family by burning woods and rear domestic animals (Shams, 2018).

Earlier, the culture was able to control and incorporate the adolescents' dormant desires. The young people, especially young women, who were previously uninformed of their rights, continued to uphold patriarchal ideals. This has been disturbed by the sudden change. Today's women do not value patriarchal values. Traditions are disintegrating, and modernism is still shaky. Traditions cannot control and assimilate young people, and young people cannot enjoy their freedoms. The previous order has been upset, but the new one has not yet materialized. This is what Durkheim refers to as "egoism-anomie," which increases suicide risk due to greater meaninglessness and deregulation. (Ahmed, 2020).

Domestic violence is another reason due to this, young females commit suicide in the closed community. The emotional bonds and intimate ties are so deep that they occasionally become toxic. The patriarchal system and orthodox traditions persist even in progressive societies having high literacy rates. In the name of cultural norms and customs that are deteriorating over time and leading to depression, women are nevertheless exposed to the worst forms of oppression. A good woman will not reveal the suffering and humiliation she has endured. A woman is silenced regardless of whether there is domestic violence, a toxic relationship, online harassment, or some type of mental illness. Young girls and even boys are provided education but are forced to follow the parameters defined and set for 'a good woman'. They are not given the liberty to make decisions about their job, profession and life partner. Finding no hope, they take their own life (Parveen, 2022).

2.10 Literature Gap

The existing literature has largely focused on the mental health services, mental health disorders, psychological problems, and socio-cultural issues. But there is big gap in the literature, as we know that whenever there is a case of attempt to suicide or complete suicide the police will reach their and start investigation to know the actual reason of death (to know either it was suicide, murder or accident). Thus, police department have important role in identifying the factors behind the suicide. It has also been observed in different newspaper and media that, the major factor behind many suicide cases is mental illness. There for it is important to evaluate the role of health department in the prevention of suicide.

However, there are other stake holders as well which could contribute to the prevention of the suicides. For instance, in the context of the present research study on the district Chitral it could be seen that the local district administration, and law enforcement agencies could play a pivotal role in alleviating the root causes of the suicides.

Hence, this research study would contribute to the existing literature by discussing first the causes that is responsible for the prevalence of high suicide rate in the context of District Chitral and then it would present the possible recommendation to prevent the suicides.

Chapter 3

Theoretical and conceptual Framework

Risk factors for suicidal thoughts, attempts and completions among youth were identified in different populations. Multiple conceptual models have tried to outline the relationships between risk factors of suicidal behaviour and the outcome itself. According to a model proposed by Beautrais (2000), several domains of risk factors act together to affect an individual's vulnerability to suicidal behaviour. These include genetic and biologic factors, social and demographic factors, family characteristics and childhood experiences, personality factors such as low self-esteem and hopelessness, traumatic life events and psychiatric illnesses.

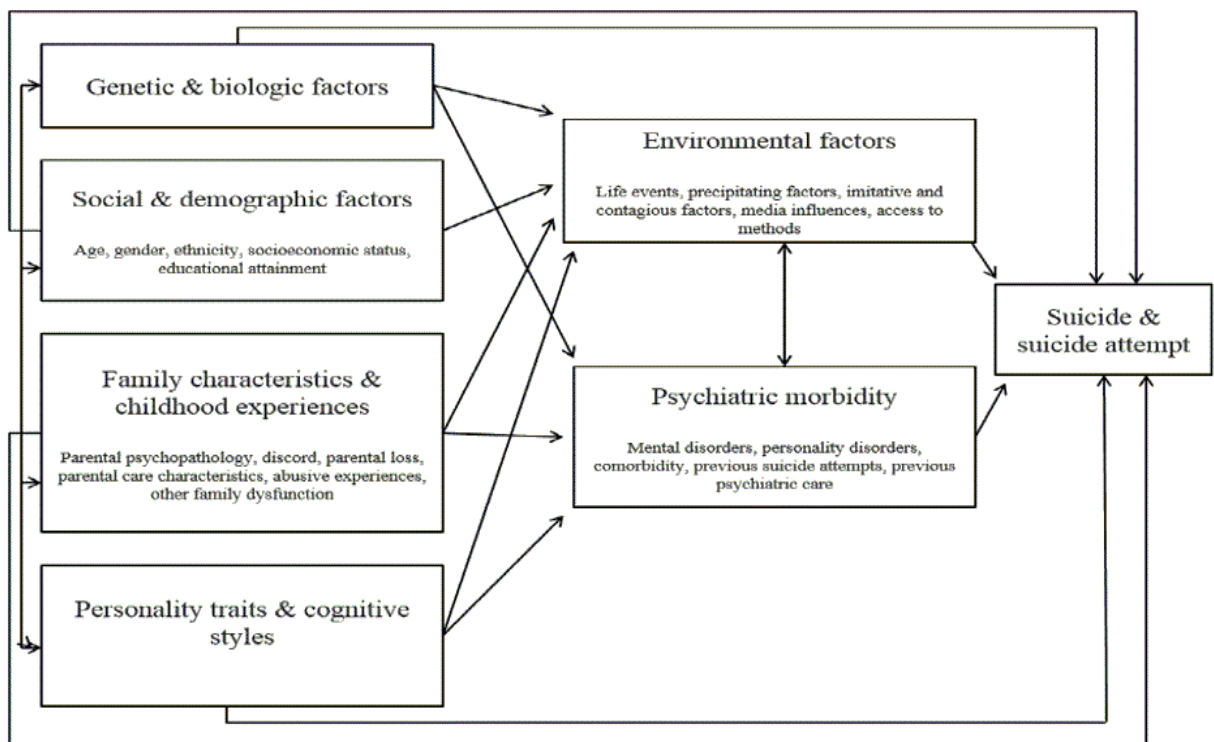


Figure 2: Risk Factors of Suicide

Beautrais AL. Risk factors for suicide and attempted suicide among young people. The Australian and New Zealand Journal of Psychiatry. 2000; 34(3): 420-36

In this model, the relationships between different areas of risk factors and suicidal behaviour are explained. The domains include (1) genetic & biologic factors, (2) social & demographic factors made up of age, gender, ethnicity, socioeconomic factors and educational attainment,

(3) family characteristics & childhood experiences constituted by parental psychopathology, discord, parental loss, parental care characteristics, abusive experiences, other family dysfunction, (4) personality trait & cognitive styles, (5) environmental factors such as life events, precipitating factors, imitative and contagious factors, media influences and access to methods, and (6) psychiatric morbidity including mental disorders, personality disorders, comorbidity, previous suicide attempts and previous psychiatric care. The first four domains are hypothesized to contribute to environmental factors, which in turn, contribute to suicidal behaviour. Also, genetic and biologic factors, family characteristics & childhood experiences, and personality trait & cognitive styles contribute to environmental factors and psychiatric morbidity, which in turn, contribute to suicidal behaviour. The first four domains are also supposed to contribute directly to suicide and suicide attempts; furthermore, they are suggested to contribute to each other.

Beautrais (2000) indicates that the strongest risk factors for youth suicide are mental disorders (in precise, affective disorders, substance use disorders and antisocial behaviours) and a history of psychopathology, representing that priorities for intervening to reduce youth suicidal behaviours lie with interventions focused upon the improved recognition, treatment and management of young people with mental disorders.

While, Durkheim have presented different socio-cultural factors which are responsible for suicides. Firstly, there are the socio-cultural changes; Secondly, the role of the distribution in traditional social structure; Thirdly, it is the economic crisis which also result in decrease in personal income; Lastly, the low social integration of the individuals in a society. These all factors contribute to increasing the risk of suicide in an individual.

Chapter 4:

Research Methodology:

4.1 Introduction :

This chapter contains the comprehensive details of data and the research methodology used to interpret the data. Moreover, the locale of the study, population of the study area, research design, sample techniques, data collection methods, indicators for data collection, and key informant has been elaborated.

4.2 Research Design

Research Design is known as a collection of methods through which a researcher collects and analyze the data. This research has been started from the collection of the statistical data from the police stations. Then the data has been collected through the focus group discussion from the people from Lower Chitral.

4.2.1 Case study Method

Case study method is used in those studies when the researcher wants to conduct a closer examination of data in a specific context. In the case study method often, a small geographical area is selected, or limited number of respondents are selected for data collection. The real-life phenomenon is investigated and explored by conducting a contextual analysis of a limited number of events. The cases selected under case study method are unique because these cases are existing only in a specific region, or it is limited to a certain group of people. The case study method is usually employed in the micro level studies which are qualitative in nature. It is opposed to the quantitative research methods that focuses on macro level patterns (Zainal, 2007).

In this research study the case study method has been selected because the aim was to conduct the study of the suicide in the context of Chitral. The suicide cases are higher in the context of Chitral and increasing, due to which it is unique. Secondly, the study on suicide

could not be conducted on a macro level because the reasons for committing suicides are local which could not be generalized over a large population. Hence, it is necessary to conduct a micro level study of the phenomenon of the prevalence of suicide in Chitral. Hence, the micro-level study of suicide in Chitral has been conducted to get closer examination of the phenomenon.

4.2.2 Sampling

In this research the convenience sampling technique has been used. Convenience sampling is a non-random qualitative sampling technique. The aim is not to achieve a representative sample of the population, rather the aim is to collect the data from whosoever come across during the data collection. This technique is used when the researcher is entering the field and wants to conduct initial sampling (Flick, 2009).

In the present research the convenience sampling technique was used to recruit the respondents for the focus group discussion. I am native to Chitral due to which it was not difficult for me to communicate with the local population. I selected those people for the focus group discussion who gave their consent to participate in the focus group discussion.

4.2.3 Sampling characteristics

The sample consisted of 24 people who joined for focus group discussion. 12 people are from lower Chitral while 12 from upper Chitral. While interviews conducted from Police officials and Health care officials.

4.3 Unit of Data collection

The data on the present research has been collected from police department, hospitals and local population. The reason for selecting police department is that if a person commit suicide or if a person is killed it is reported to the police station. Moreover, the reason of death is also reported to the police department. The reason for selecting hospitals as unit of data collection

was to get an understanding of the present condition of mental healthcare in Chitral. Lastly, the local population have been selected as unit of data collection to get understanding of the reasons that why a person is committing suicide.

4.3.1 UDC-1: Hospitals and Police department

- The statistical data has been collected from the police department on the number of suicide cases that has been reported in both Upper and Lower Chitral. Moreover, the semi-structured interviews of police and hospital staff has been conducted in lower Chitral.

4.3.2 UDC-2: Local people

- The data on the reasons of the prevalence of suicide in Chitral has been collected through local respondents from lower and upper Chitral.

4.4 Data collection Method

The primary and secondary data has been collected in the present research study. The secondary statistical data has been collected from police stations. While the primary data has been collected from the local population through focus group discussion, from police and health officials through semi-structured interviews.

4.4.1 Statistical Data collection

The statistical data has been collected from the hospitals and the police stations of upper and Lower Chitral. The statistical data has been collected from the year 2016 to 2021 from Lower Chitral and from upper Chitral the statistical data is collected for the year of 2016 to 2022. The data from police has been collected on the age, occupation, and reasons of suicide. The reported suicide cases at police stations have been collected. Moreover, the semi-structured interviews of the police officials and the hospital staff have been conducted.

4.4.2 Focus Group Discussion

Focus group discussion has been selected as the method for data collection. The focus group discussion is an interview with a small group of people on a specific topic. The group usually comprise of six to eight people. The focus group discussions are different from the individual interviews because in individual interviews the opinions are detached from the everyday communication on the other hand the focus group discussion correlate with the ways in which the opinions are produced or expressed. In this way, the point of view of a group is used to reconstruct the individual opinion more appropriately. The researcher in this case moderates the discussion of the focus group. The direction of the discussion should be decided by the researcher (Flick, 2009).

I have conducted four focus group discussions in the present research study. When I was doing the focus group discussion initially the people were reluctant to speak about the suicides. However, As I personally belong to Chitral and also know the local language so in the next focus group discussion I won the trust of the people and they started to trust me.

4.4.3 Semi-structured interview

The data from the police officials and the hospitals staff has been collected from the semi-structured interviews. In semi-structured interviews, the respondents are given open-ended questions. Some questions are pre-determined while the other questions are kept open. In this manner, the researcher has the options to explore new dimensions that could be relevant to the research study (Flick, 2009). In the present research study, the semi-structured interviews of the police officials and the hospital staff have been done. The respondents were given some pre-determined questions while some questions were left open so that the respondents could interpret them.

4.5 Data Analysis

As the data collection method used for this study was semi-structured, hence an interview protocol / guide is used so that the interview the conversation has continued to be focused on the main aspect and theme. Notes were also taken during the conducting interviews. Apart from that, all the interviews and FGD are recorded with the consent and permission of those who were interviewed. So, in order to analyze the data gathered from the interviews and FGD the best method was to search and identify the theme through framework analysis. Leech and Onwuegbuzie (2007) describe framework analysis to be as an instrument to shape and interrogate the qualitative data in a way that helps researchers to identify themes, risk factors and role of relevant department. The several steps carried out for this framework analysis began with the transcription of the Data.

All of the interviews were conducted in local language “Khowar” because respondents felt easy to answer. Once these were identified in the next stage is Inductive coding of the interview and focus group discussion because this method is important for exploratory research. The important themes were than categorized, combining small points/concepts wherever considered necessary under one heading. This was achieved by detecting links between the dissimilar categories from the first step, where groups were made thematically and then grouped them as well according to their similarity. Moreover, Respondents information for example, R-1 (Respondent:1), gender, age, designation, were added under their narratives (*R-1, Male, 30-40*).

4.6 Data Triangulation

To conduct this research, the primary data is collected through interviews and focus group discussion, while the secondary data is collected from police station The statistical data obtained from the police stations had been analyzed using the Excel sheet analysis. The data collected from hospitals on age, occupation, and reasons of suicide and the data collected on

the reporting of suicide to the police station has been transcribed into Excel sheet and then graphs were generated. The results of the statistical data were being used to support the qualitative data that has been obtained from the FGDs.

4.7 Locale of the study

This research has been conducted in lower and upper Chitral which are the districts of Khyber Pakhtunkhwa province of Pakistan, population of about 49,794 (PBS, 2017) . Before 2019 both lower and upper Chitral are one district, now Chitral is divided into two district, Lower Chitral and upper Chitral. The purpose of selecting this locale is, from past few years suicide is one of the major dominant public health issues in Chitral, which is increasing day by day and creating fear among the citizens. While the role of public health department and police is very poor to reduce the increasing number of suicide incidences and identifying the major contributing suicidal risk factor in the district.

4.8 Ethical Consideration

It is necessary to take the consent of respondent before conduction the interview. Since I was conscious of the ground realities related to individual's mentality, norms and people worrying about revealing their inside stories and Realities. Because this is sensitive topic to discuss. Considering all the procedures to conduct field research, this research study also ensured all the ethical consents during the interview process and focus group discussions.

Being an overly sensitive topic based on emotions, this study was not meant to upset anyone. So, it was conducted with ethical based and with consent, and harmony to extract as much as information from the respondents as possible. During the field I faced few individuals, those are against and not in favor of doing research on this topic, due to honor of Chitral. The interviews and FGD are recorded and noted with their permission. Before focus group discussion I have asked each participant to read and sign the consent form, with explaining

them the objective of the study and informed them sensitive nature, risk and benefits of the discussion.

4.9 Respondent Profile

The interviews were conducted from district police station and district hospital, and the FGD were conducted from local population, while the statical data is collected from police station.

The respondent profile is below.

Official From police and Health Department

Designation	Gender	Department
District police officer	Female	District Chitral Police station
Medical Superintendent	Male	District Hospital Chitral

Respondent From general Population

		N	Total=24
Gender	Male	19	
	Female	05	
Age(male)	20-30	10	
	30-40	7	
	40-50	2	
Age(female)	20-30	3	
	30-40	2	
Marital Status	Unmarried	16	
	Married	8	
Education Level	Uneducated	4	
	F.A	4	
	B.A	8	
	M.A/MSc	6	
	M.Phil	2	
Employment Status	Unemployed	6	
	Self-employed	6	
	Student	4	
	Govt. Servant	8	

Chapter: 5

Result and Discussion

This chapter will be dealing with situation analysis, which discuss and analyze the background and current profile of suicide and its prevention strategies in Chitral in detail. Moreover, this chapter will discuss the major risk factors behind increasing suicide also the factors which creates suicidal thoughts among the youths. For this purpose, data of registered suicide cases from 2016 to 2021 in lower Chitral was collected from police station of Lower Chitral and the data of registered suicide cases from 2013 to 2022 was collected from the police station of Upper Chitral.

Furthermore, this chapter will discuss the causes and risk factors by evaluating the reported cases and the major factors which are identified during focus group discussion. This chapter also evaluate the role of relevant department to overcome this serious public health issue and identify challenges they face to prevent suicide.

5.1 Suicide statistics in Chitral

According to registered suicide cases from the period of 2016 to 2021, total 73 suicide incidence were reported in different police station of Lower Chitral (Table: 1). While in upper Chitral, from 2016 to 2022 total of 86 suicide incidence were reported (Table: 2). For upper Chitral the data about age and their occupation is not available. Below I will discuss suicide cases in every year separately.

In 2016 there is 9 suicide cases were registered in different police station of Chitral (Both Upper and Lower Chitral), 5 female and 3 males.

In 2017 there are total 12 suicide cases registered in different village of lower Chitral, out of 12, 5 male and 7 female committed suicide. In this year as per data collected from police station, 5 individuals commit suicide due to domestic or family issue, 4 individuals due to

mental health issue like: depression and tension, and other 3 are unknown. All the individuals are unemployed, 6 people are literate and 6 are illiterate. Major factors behind suicidal incidence in this year were domestic issue and mental health issue, which leads to create suicidal thoughts within the individuals in Chitral. In this year, total 6 suicidal cases were reported in upper Chitral, 2 were and male and 4 were female.

Year	Gender		Average age	Educated	Uneducated	Employed or Self-employed	Un-employed	Students	Total
	Male	Female							
2016	1	1	18	2	0	0	2	-	2
2017	5	7	24	6	6	0	11	1	12
2018	13	10	24	15	8	3	14	6	23
2019	6	8	24	9	5	1	7	6	14
2020	5	5	27	3	7	1	4	5	10
2021	9	3	-	-	-	-	-	-	12

Table 1: Suicide cases in lower Chitral 2016-2021

Total of 23 cases has been registered in 2018 lower Chitral (Table: 1), according to this report, 10 female and 13 male committed suicide and their average age is 24. Out of 23 individuals, 15 are educated and 8 peoples are illiterate, moreover 16 individuals are unemployed, 1 person is government servant and 2 were self-employed who committed suicide including 4 students. In upper Chitral 15 suicide cases were reported in 2018, out of those 7 individuals were male and 8 females.

In 2019 total of 14 cases of complete suicide were reported from different area in lower Chitral, 6 male and 8 female, out of them 6 are children whose ages were between 10-19, out of 14 reported cases, 2 old women ages of 70 and 80 committed suicide, both belong to same village Garum Chashma were victim of suicide. 5 individuals were totally illiterate and 4 were student. The major contributing factors of suicide in this year are depression or mental

health issue, low mark in exams and family conflict\issues. In upper Chitral 9 complete were reported, all were female.

Suicide Statistics of Upper Chitral			
Year	Gender		Total
	Male	Female	
2016	3	4	7
2017	2	4	6
2018	7	8	15
2019	-	9	9
2020	5	12	17
2021	6	13	19
2022	7	6	13

Table 2: Suicide Statistics of Upper Chitral from 2016 to 2022

According to reported registered case in 2020, total of 10 suicidal cases, 5 male 5 female, out of them 5 individuals are unemployed and 4 are students. Major factors contributing to suicides in this year are depression and mental health illness, family issue and low marks in exams. In the same year in upper Chitral 17 suicide cases were reported, 5 male and 12 female.

In 2021 there are 10 complete suicide incidences reported in police station of Chitral, 9 are male and 3 female committed suicide in different area. Due to lack of proper data about their age, education and employment status is not available. In upper Chitral 19 suicide cases were reported out of those 19, 13 were female and 6 were male. In 2022 total 13 suicides were reported in upper Chitral, 7 male and 6 female.

5.2 Age wise analysis

During the period of 2016 to 2020 in lower Chitral (Figure: 3), as the reported suicide cases show there are 17 (23%) were adolescent victims whose ages are 10 to 17 year old end their life due to family/domestic issue, low marks in exams and poor mental health, by hanging, drawing themselves into river, using poisons and even using weapons. The percentage of young people ages of 18 to 29 is about 29%. The percentage of people age of 30 to 40 is 15%

and age of 40 to 50 is 4% and above 51 is 4% including 80-year-old women. The proper data for the year of 2021 is not available. The factors, which are contributing to suicide or creating suicidal thought will discuss below. The data for age is not available in the report of upper Chitral.

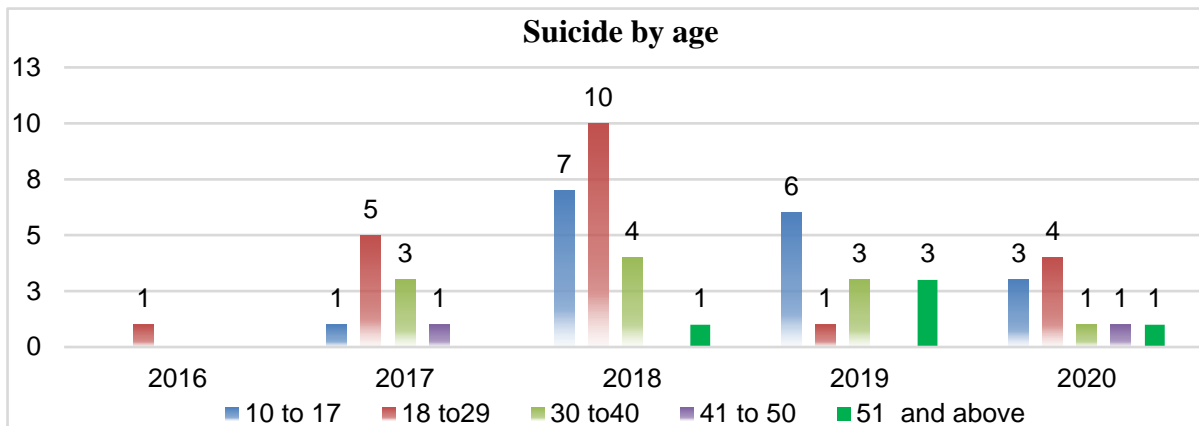


Figure 3: Age wise analysis

5.3 Gender wise analysis

According to data provided by police station lower Chitral, the number of male and female who died by suicide (Figure: 4) from 2016 to 2021, thirty-nine male and thirty-four female died by suicide. The reported cases of attempt to suicide from 2013 to 2019 shows that, there were 36 individuals who tried to kill themselves. Out of those 36 the number of males was 21 and the number of females was 15. The data in report shows that, the reason of attempt to kill them self were mainly, family conflict of domestic issue, mental health issue, financial, force marriage and breakup in relationship. Interestingly, domestic and family conflict is one of the

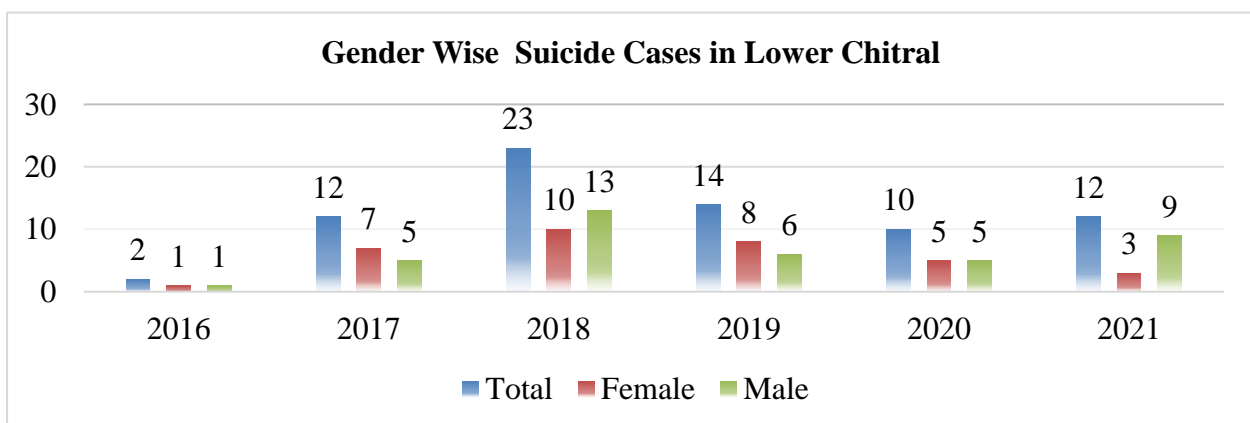


Figure 4: Gender Wise Suicide Cases in Lower Chitral

major reasons of complete and attempt to suicide. Out of 36 individual 17 tried to kill themselves is due domestic issue and out 73 (from 2016 to 2020), 21 were those people who kill themselves due to family and domestic issue.

Moreover, in upper Chitral the numbers of reported suicide cases (Figure:5) from 2016 to were 86, while the number of females who committed suicide were 56 and male were 30. The major reason behind suicide was poor mental health or mental illness (48%), family issue, low marks in exams and some are unknown as the reported data shows.

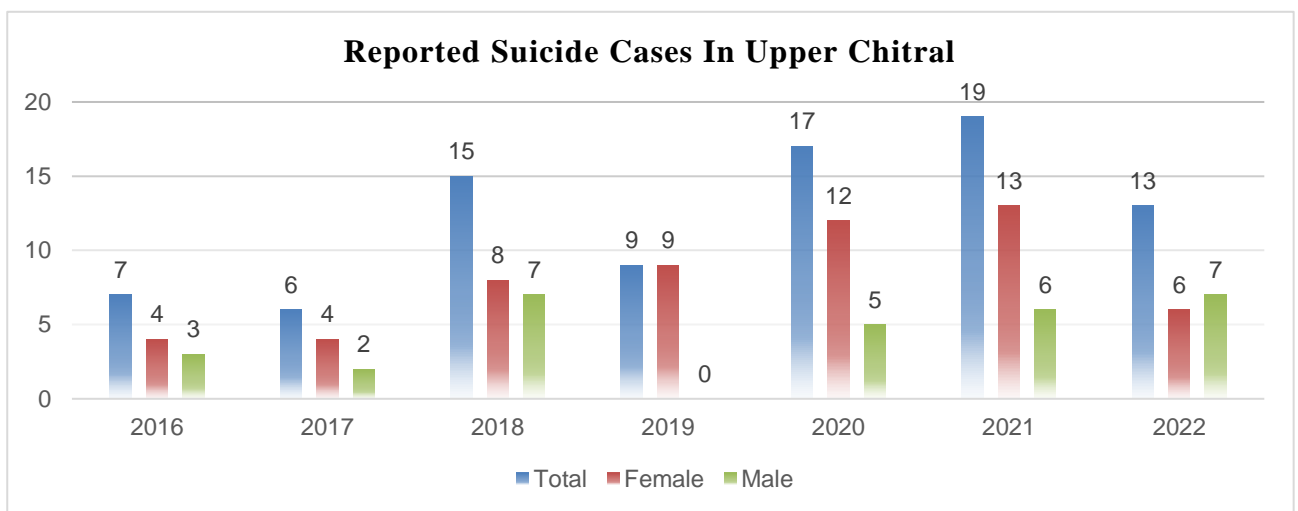


Figure 5: Reported Gender Wise Suicide Cases in Upper Chitral

5.4 Occupational Status (2016 to 2020)

The total number of unemployed people who died by suicide in lower Chitral is 34%, 6 are employed (2 individual are government servant and 4 are self-employed) and 19 were student including both male and female. One female student of class 5th who is died by suicide by shooting herself due to mental health illness as data shows.

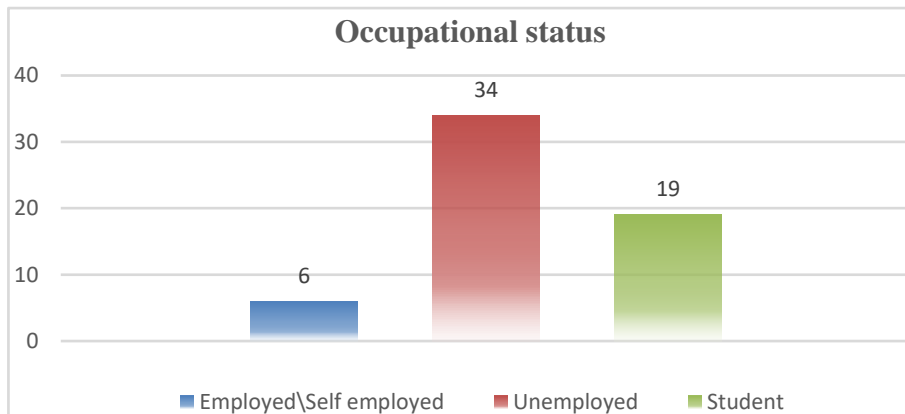


Figure 6: Occupational status

5.5 Reported Suicides in different Region

According to document provided by Police Station in Lower Chitral, the number of reported Suicide cases (Figure; 4) in Chitral town is 16, in this police station (Chitral) the highest suicide incidence has been reported within the period of 2016 to 2020. After it, within the area of police station lotkoh in Chitral, the reported cases are 15, out of these 15, ten individuals are educated including 2 master’s degree holders. Moreover, in this region (Lotkoh) the major reason of Suicide is mental health illness as the list of reported cases shows, and one eighty-year-old women died by suicide in this area. In the police station of Ayun valley 5, Arkari 3, Shoghor 5, Drosh 5, Broz and Koghozi 8 cases have been reported in these different regions.

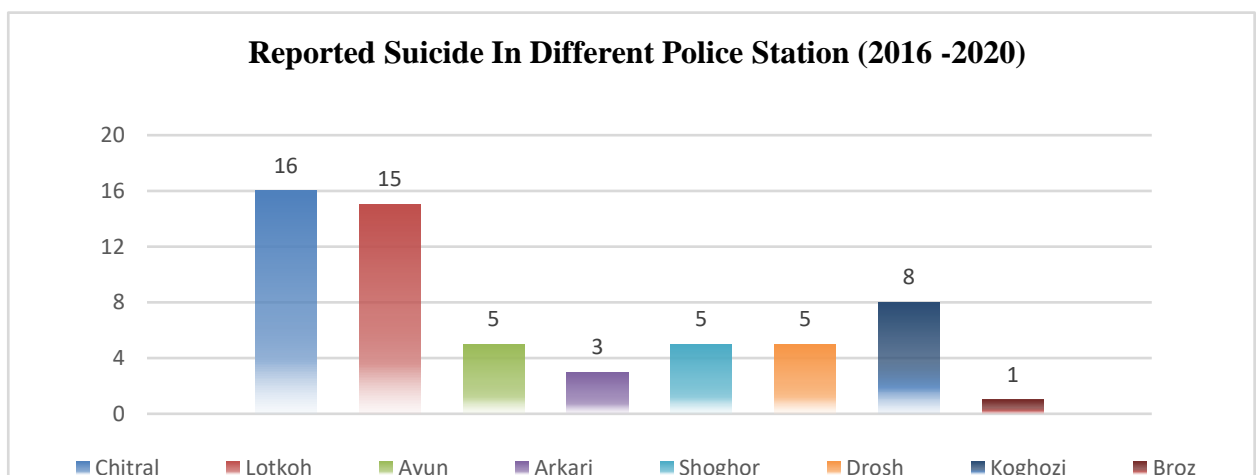


Figure 7: Reported Suicides from Different Region

5.6 Major reasons of suicide from 2016 to 2022 in Upper and Lower Chitral

This research aims to study the major contributing social factors, which are creating suicidal thoughts that's leads to suicide and suicide attempt. If these contributing factors are identified, then it will be possible to reduce suicide incidence in the district. This research work would provide information, and well-organized data base on the key issue. It will focus on those serious social issues that's leads to suicide and creating suicidal thoughts, due to which people in Chitral find it difficult to survive and subsequently choose to commit suicide.

The research in this area is very inadequate about the factor behind this act, let alone the research on studying suicidal behavior and thoughts of the people in Chitral and the response of the society towards them. The assessment of these factors was not an easy task, it is such a sensitive and complex issue, the literature related to this topic is already very limited and there is no proper data on suicide cases or incidences. As I will move on, the identified deep-rooted issues of the area will be highlighted below. Following subtopics, I will present the findings/major factors behind this lethal act.

The major contributing risk factor behind suicide according to data obtained from lower and upper Chitral police station during the period of 2016 to 2022 (Figure: 5) is poor mental health condition of peoples as the reported cases demonstrates. Almost 76 people died by suicide in Chitral including 12 young individuals (ages of 18 to 33) due to mental illness like depression, stress, and tensions. 36 people commit suicide due to domestic issue and family conflict, 12 were Students due to low marks in exams and only one person died due to economic or financial constrain. While the reason behind 20 suicidal incidences were unknown.

While, according to register/reported suicide attempted cases are 36 in lower Chitral from 2013 to 2019, out of these, 21 were male and 25 females. The major reasons of this act of killing their self is family conflict, domestic issues mental illness, breakup in relationship,

economic issue and force marriages. Out of these 36 attempted cases, 17 people try to end their life due to domestic and family issues, 7 died due to mental health issue, 3 persons died due to force marriage, 3 persons died due to financial constrain or poor economic condition and 2 individual attempt suicide due to relationship breakup.

But after thematic analysis of focus group discussions with community and interviews there is difference in the factors behind this act of killing themselves that are written in in the reported cases then the factors and causes of suicide, I have extracted from focus group discussion and interviews. The data provided by Police shows major factor like mental illness, family, and domestic issue.

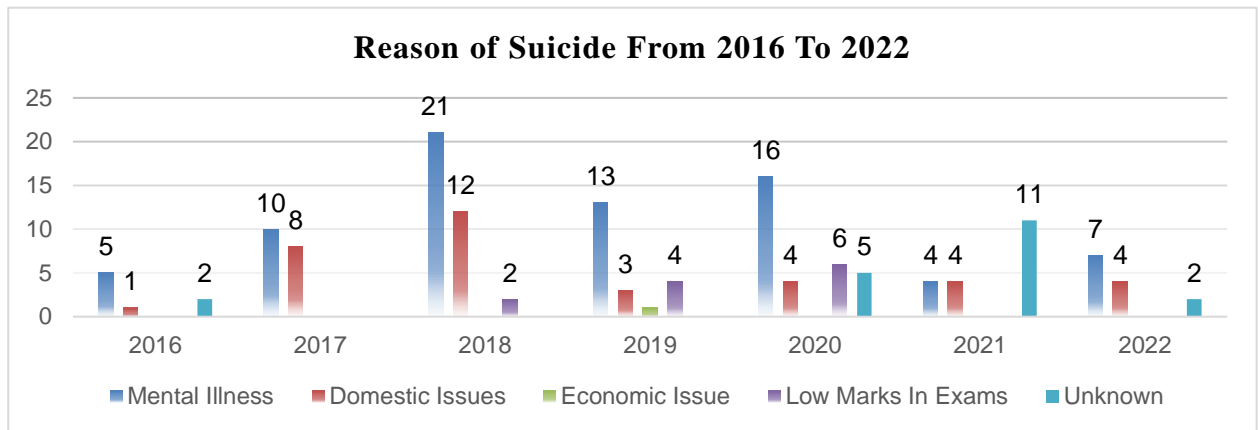


Figure 8: Reason of suicide from 2016 to 2022

5.7 Modes of Suicide

The poor mental health and increasing suicide is one of the leading public health issues in young male and female in Chitral. Suicide, due to easy access to lethal means of poisons and weapons, and easy access to river in Chitral (Kabul River).

“I will kill myself” and “I will drown myself into river”, these sentences are very common in everyday life according to many respondents. When there is issues arise with in the family, like: between parents with children, and family issues, especially female uses these words during every little domestic issue they face.

Moreover, the modes of committing suicide as the data (lower Chitral) from 2016 to 2020 (Figure: 6) shows that, 24 individual end their life by drowning themselves into river, 11 hang

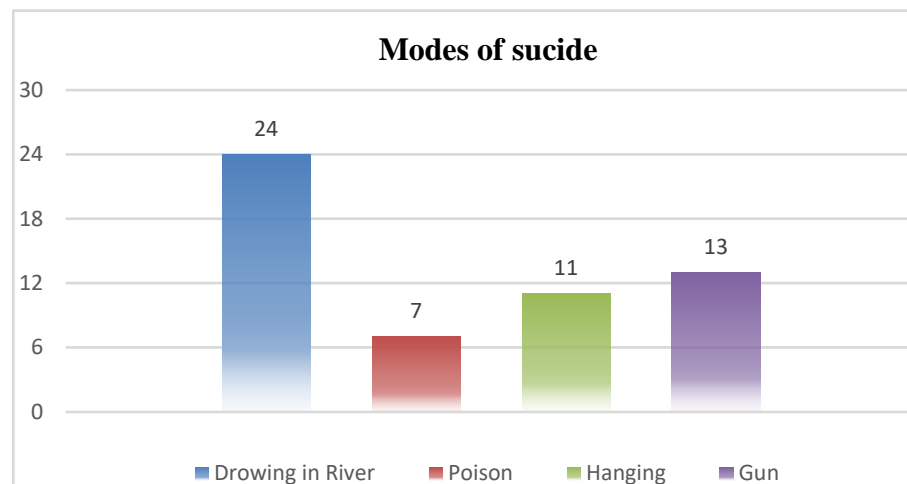


Figure 9: Modes of Suicides

their self, 7 eating lethal means poisons, and 13 using gun, due to domestic violence, family conflict and poor mental health.

5.8 Finding of Focus group Discussion and Semi-structured Interviews

There are two major aspects that I dig out during the focus group discussions with community and interviews with health official and police officials.

The 1st aspect is “contributing risk factors behind suicide”, below I have discussed and identified major risk factors behind high suicide case in district lower and upper Chitral, through thematic analysis of focus group discussion and interviews.

The second aspect is “Role of police and health department in the prevention of suicide”. In this section the barriers to the mental healthcare and the challenges in the investigation of the suicide cases has been discussed.

5.8.1 Prevailing Factors Behind Suicide

There is no single reason of committing suicide in Chitral, but many social, domestic, economic and poor mental health which leads to this act. The major factors which are mentioned in Police report are mental health and domestic or family conflict. Below I will discuss each factor on the bases of police report and focus group discussion.

5.8.2 Mental Health illness

Participants of the study believe that Chitral society seems to be affected by mental illnesses. Not only because of the increasing suicide cases but there are many other aspects that could be the causes of mental illness. This region is mountainous and consist of different little valley surrounded by rough and tough mountains due to this harsh environmental geographic location.

Majority of participant have same views that, in Chitral region most of the men and women suffer different types of mental health issues/disorders. Those who are suffering from mental illness are unaware of their problems. The mental illness usually involves depression anxiety, tension due to unemployment, lack of job and business opportunities, financial constrain, high competition and drug addiction in youth (male). However, these disorders in mental health are misconstrued by assuming that the victim and sufferer has any effect of *Bhooth* or *Jinn* (Ghost or Devil).

Usually in Chitral women get panic, epilepsy-episodes, and other mental health issues, which are being ignored. This is due to lack of awareness and proper education and the people think that they have any effect of Ghost or devil (*Balah xhoni* or *Mergi xhoni*), so the mental disorder remains undiagnosed and untreated.

Moreover, participant of the study said that leading cause of suicides is untreated and undiagnosed mental health issues. Thus, mental health illness is a major problem in our societies and people are not getting any help. One of the major identified barriers in the treatment of mental disorder in Chitral is lack of awareness in parents, families, and society. Participant of the study believe that due to this ignorance the mental disorders is getting severe. The person who is suffering from mental illness does not get treatment due to which he/she commits suicide. As one respondent mentioned that,

The family members and the friends of the people who are suffering from mental illness due to unemployment and lack of financial resource are unaware of the fact that how much harm it is causing to the person. When the person gets angry or remain silent the people consider that the person is haunted by ghosts, no one understand that the person needs mental healthcare.

(R-1, Male, 29, Teacher)

According to police report there were 76 people who killed themselves during 2016 to 2022 due to mental illness. However, most participants were clear on their point that the major reason for suicide was not the mental illness rather they blame to the conditions that compelled them to kill themselves. As one respondent mentioned that,

If a person does not have any job or any other financial resources, what do you expect from him if he does not kill himself what options that person have to survive in this society. (R-3, male, 25)

Mostly, the main reason of suicide remains ambiguous even the police investigation is unable to find the major reason for suicide. People consider the issue of suicide as taboo, and they are reluctant to talk on it. As one respondent mentioned that the murders are sometimes reported as suicides in the police stations, to quote that respondent

“I am still bewildered to see these suicide incidences, either these are suicide or murders which are disguised as suicide” (R-5, Male, 29)

The police officers who were interviewed during this research study also mentioned that the family members usually hide the original cause of the suicide during the investigation. There is also absence of any eyewitness who could give information about the suicide event to the police officers. As one police officer mentioned this in the following words,

“Many victim families hide the causes, due to this issue of concealment it is difficult for us to identify the reasons and faces difficulties in investigation, because we don’t have any evidence and eyewitness of murder, so we have no option left. That why we have to mention the reason what victim families told u”. (Police, male, 30-40)

The police also find it difficult to find evidence of the reasons for committing suicide by a person by doing postmortem of the deceased body. This is because most of the people commit suicide by jumping into the river. The conditions of the body usually deteriorate by remaining in the water due to which it becomes difficult for the police officer to find evidence of committing suicide. Similarly, there are also limitations on the part of the police department because they lack proper forensic facility at their disposal due to which proper examination of the deceased body is not possible. As one police officer mentioned this in the interview that,

“We refer the body for postmortem but mostly the mood of suicide was throwing them self into river, due to this the body is affected badly, remaining one, two or more the two days in the water, thus this is challenging to identify the factors. We do not have any forensic expert who help us to identify, wither it is murder or suicide”. (Police, male, 30-40)

5.8.3 Depression

Depression is mood disorders which involves endless feelings sad or of loss of interest and sadness (WHO, 2021). Depression and persistent emotions of severe sadness and helplessness can lead to suicide. Many of the participants comments were made about the connection between psychological disorders and suicide.

Some respondent believed that the presence of other emotions, such as, loneliness, depression, and feelings of being useless could supposedly lead to suicide as stated by a participant. People who are suffering from depression having difficulties in performing daily routine tasks because it is an ongoing problem, not a temporary one. As one respondent mentioned the conditions of the youths in Chitral in the following words.

In Chitral youths are depressed due to financial issue, poverty, joblessness, breakup in relationship, high expectation from parents, anger and ego, domestic violence of women and honor of the family and cast. Therefore, they become victim of inferiority complex, sleeping disorder and depression, these issues directly affect their mental health. To overcome this problem their final decision would be suicide. (R-6, Female,30-40, Social activist)

Most commonly, many participants suggested that depression is major contributing risk factor that is play a significant role in creating suicidal thought which leads to contemplate suicide. The fierce competition among the students has also become a major factor for increasing number of suicides among the youth population.

Furthermore, some participant stated that environment, location, and geography of Chitral is also responsible for the increasing rate of suicide. Geographically, Chitral has a harsh topography where there are mountains and rivers. There are no recreational facilities for the

people due to which if someone is suffering from mental illness, there is no place where he or she could interact with the people. As one respondent mentioned this in following words,

If we look at the environment and geography of Chitral, it is all surrounded by mountains and rivers. If someone has mental health issue or suffering from depression, there no parks and playground, markets, nor well-constructed roads and neither Internet facilities in many of the are in Chitral, there are not any suitable activities for them which will be helpful for the people to change their minds. (R-7, Male, 33)

Most of the young people have focused on acquiring education, but despite education there is no opportunity of job and other employment for them, that is the reason this thought of failure makes them distressed to commit suicide. As one respondent mentioned that,

My brother was very brilliant in studies, he used to get good grades in every examination. However, when he completed his graduation and started to search for jobs there was no job for him due to which he started to become depressed and finally he took his own life. (R-8, Male, 29)

The respondent also believes that alcohol and drug addiction in young male and excessive anger in both male and female, these plays a vital role in raising mental health illness like anxiety, depression, and stress. As many participants said that, in Chitral *Chars* (Hashish) is easily accessible to the youth and unfortunately there is no proper treatment and rehabilitation center for these types of peoples.

Likewise, Research findings contribute to a thoughtful of the major role of excessive anger in the etiology of Suicidal thoughts, when their family members bound them to follow the cultural and societal norm or did not allow them to go outside of home and also did not give

them money to buy unnecessary thing, (including Hashish and alcohol) thus these type individuals become suicidal. As one respondent mentioned this in the following words,

The use of drugs is becoming more common in our society, previously the drugs were considered as a bad thing, but now those people who are suffering from mental illness they usually start consuming charas (Hashish), due to which they become more mentally ill than before. When the people are intoxicated their mind do not work properly due to which they take their own life. (R-5, Female, 20-30)

While, most participants of the study point out modernity as major determining factor of creating anxiety which leads to depression, like smart phone, social media and adopting western culture, because of it, children both male and female become isolated from their parents and did not get proper guidance and care from their parents. Abrupt modernity with limited resources is difficult thing, especially in case of women and girl.

Using mobile phone, engaged in relation or affair with other and getting blackmailed leads to create tension and depression and then individual become suicidal. Children are expecting from their parent to provide facilities to them whatever they want and give them free will, when their parent can't do that, then they feel depressed.

Some of the participants believe that quick social change bringing a noticeable shift in Chitrالي society and culture, which transforming the society from rural to urban and then, from government to non-government jobs and opportunities. During this transformation social values and norms are changing from joint family to individualism, thus this thing leaving the individuals lonely in their problems with diminishing their social support. Thus, leading to isolation and frustration which are the major risk factors of self-destruction.

Overall, participants believe that many women are affected by depression and trauma. As explained by participants, in traditional settings conservative society and, even modern, settings, women are also likely to be under more stress and depression than men in both families and in societies. Due to different societal and cultural expectations, obligations and boundaries, people in society and families always talk and warn about the 'character', 'honor' and '*Chaddar*' or '*Chardiwari*' of women and girls, expecting from them to be more careful about being right, compared to men. Women are also expected to pass through the pains of social pressure 'honorably', even if they are experiencing humiliation and indignation, or disrespect every day. These determinants are the reason for suffering anxiety which leads to depression and finally she decides to suicide.

5.8.4 Poor Parenting and Egoistic in nature

The respondent also mentions, the people who attempt suicide due to their ego or egoistic behavior. In Egoistic Suicide, the bonds of the society are slack. Moreover, both young female and male are egoistic in nature. Because of this behavior, the lack of tolerance may increase. They can't bear little issues or tussles within the family and even their parents force them to avoid or to do anything. I would like to mention here, the theory of Emile Durkheim on suicide. He presented a theory (Kushne & Sterk, 2005). In which he discussed egoistic nature of suicide and the reasons behind this act. Looking at the scenario of Chitral, his theory applies to youth suicide, that Chitral is observing. In this case, an individual leaves his/her social group in which he/she grew up and socialized. He distances himself from the social group and from family norms and values and does not take part in group behavior. He remains isolated and unaffected by major events like deaths and new births in the lives of his relatives, neighbors, and society. Most participants discuss and highlight the traditional and generational gap between children and parents, according to some participants.

Our parents trying to bound the children, especially girls, to follow their cultural norms, but the new generation want to follow the modern world. This generation gap between the older and the younger generation have caused a sense of isolation among the youth population in Chitral. Now the young population want to distance themselves from their parents and live an individual life on their own will. (R-6, Female,30-40, Social activist)

Many findings and case studies show that many young people have lack of tolerance and become suicidal. It was clear that the children in communities are scared to express their feelings and the problem they face outside home like Harassment, abuse and bullying to their parents. Due to the fear of receiving violent reaction or having their own thoughts disregarded. This forces young children to turn to their close friends and other people for personal support. which further strengthens the separation between them and their parents. While, some participant highlighted that, young people in this area are status sensitive, this leads to depression. Furthermore, the participant said that due to their ego and anger behavior many people lost their lives in Chitral. As one respondent mentioned a story of the boy who committed suicide in the following words,

There was a boy who lost his life because of his relationship. Just reason was behind of this. She did not talk to him. He told to her girlfriend that I am going to committed suicide, but she did not take it seriously. The young boy decided that if she don't talk to with me, the life is useless without her. The boy took poison but as soon as possible he was admitted to near local hospital, but he was belonging to poor family. They have not much money for better treatment. The result lack of facilities in hospital on the spot he lost his last breath and precious life. (R-9, male,30)

These kinds of issues are happening in the Chitral among the people which are too dangerous for next coming generation. This is also the negative sign for economic and development in the Chitral. It may be more effect economic and development of Chitral.

As per finding, there is paternal issues, there is no proper guidance of children. They are unaware of their young children problem, their mental health, psychological and social issues. The poor parenting style has been highlighted by participants. Wherein children are receiving insignificant nurturing, assistance, guidance and limited attention. One explained how in certain situations children are ignored and that leads to social segregation and depression. Some of the participant believe that gender discrimination is the reason of suicide, because boy in the family get more priority, support and attention than girls, daughters and women tend to live inside private sphere but boy are free in all way and gets more support and attention from parent particularly from mother. As articulated by participant

“Our family environment is unfriendly, our children’s feels fear to discuss their issues, wither it issue of harassment, physical health or mental health”

(R-10, Female,24)

5.8.5 Education and suicide

Some participants during Focus group discussion highlighted education as a risk factor of suicide, in case of women who are belong to conservative families who follow the norm of society, and these cultural norm and values are more important than the bright future and career of girls. For this type of family’s women needs to live inside of the home and must obey and follow their family instruction and imposed decision and choice.

These imposed conventional decision leads to depression, being educated and uneducated, they seem them self-useless and hopeless. In this way they become victim of force marriages, early age marriages and mismatch marriages. there are few suicidal cases of as articulated by

participants, because of force, early and mismatch marriages. Some participants highlighted high expectation from children in the field of studies and high marks as prevailing risk factors of suicide incidences. As participant said that:

Instead of proper education, we force our children to get high marks, so if they cannot get high marks, we start blaming them” this means pressuring children and expecting high marks lead to suicides. (R-11, Female,20-30)

Despite being highly educated but due to lack of opportunities people become suicidal, one participant told

There are friend of mine, MPhil and master graduate peoples without proper government job, there parent think they have wasted their money on them and blame them, because they are unable to achieve, what their family and society expected so these family blame and societal shame leads to depression, and they become suicidal. (R-12, male,30)

As per finding majority of participant were emphasized generation gap, which leads to effect the mental health, generating tension, pressure, and stress between parent and their young children. In the current circumstances, these two generations have opposing beliefs. One female participant narrates the case of suicide

I know to girls personally in village who committed suicide, because the family and parent tried to impose the old traditional and conventional cultural values and norms as their women in the society used to follow but being highly educated, they were unable to adopt and follow the old tradition of the culture and family, finally they both commit suicide. (R-13, Female, 30-40)

The education provides a person with enlightenment due to which they start to challenge those societal norms which are discriminatory in nature. For instance, when a women get education, she would oppose the domestic violence that is perpetrated against her. While it could be seen that the uneducated women used to submit to the male authority, and they do not challenge the discriminatory societal norms. Hence, when the women are left with no option, they mostly consider the option of suicide. The educational pressure sometimes also become reason for suicide. One participant articulated the case of suicide attempt of his female class fellow by jumping into river from bridge due to educational pressure (I was also eyewitness of this attempt)

5.8.6 Domestic Violence and Family Conflict

Domestic violence and family conflict are prevailing risk factor which makes both women and men mentally ill, not in all case but domestic violence have enormous impact on the mental health. Within the period of 2016 to 2020, twenty-one individual's end their life because of these sorts of issues.

Women continue to be treated as commodities or property. Having zero role in decision of the family, always financially unstable, no property ownership. Too often, in certain region of Chitral in most families they are not permitted to study and work due to family honor and somehow due to financial constraints. Which builds up depression and effects mental health. While in in some case, shared by respondent. On little issues and scolding by parent the children threating their parent and taking about attempt to suicide is become trend in Chitral. Which creates suicidal ideation and thoughts within siblings. Domestic violence, suppression, oppression become norm and not the exception.

Personal issues and conflicts (with family members or friends) are the main role causes of suicide among youth. They leave major emotional and psychological consequences within

the children which effect their mental health. Within the family issue, there is lack in parental guidance and support, in-laws' interference between husband and wife, miss matched marriage, force marriages, child marriages, out of district marriages, spousal relationship intimate partner violence, extra marital affair was family /relationship factors that contributed to the suicide among women.

During the interview with DPO Chitral Sonia Shamroz and MS of District Hospital Chitral, mention force marriages and child marriages responsible for increasing suicide in young married and unmarried females, when their families decided their marriages without their will, then these female individuals become more vulnerable to suicide. According to Sonia Shamroz,

Domestic violence and out of district marriages are high when I took charge of DPO in Chitral. This is the major reason for the increasing rate of suicide among females in Chitral. (DPO, Lower Chitral, female)

Especially aged people from diffident district came to Chitral for the purpose of marriage with teen age girls. For the sack of money, many families, particularly who are financially poor, decide to get married their teen-age daughter with them but their daughter can't deny their decision. Due to patriarchy, male dominancy or due to so called obedience of their parent. Consequently, issue of this marriage leads to affect their mental health negatively, they have no option left, finally which leads to end their own life. Fear behind out of district marriages, there are many cases of murder of girls who were married out of district, by their husband, in-laws, first wife and send the body back to Chitral.

Secondly, *domestic violence, interpersonal violence, in laws interference* is one of the major issue effecting women mental health. Similarly, there are many cases of suicide reported in different local and national newspapers. Due to domestic violence on women, in-laws' interference, force and child marriages were the major determinant of increasing suicide.

Despite of this, murdering women and making it suicide case, to save the culprit and honor of the family.

To tackle these issues of suicide, violence against women, child, force marriages and district police station Chitral has started women complaint cell in four different area. According to her, because of this initiative, more than 150 cases of violence were registered and many case were sent to family court. Furthermore, she added, since these cells start working, the number of women suicides is decreases from previous year 2020.

Most of the participants responses were clear in their views that enforced decisions regarding women is common in Chitral. Which diminishes the opinions and decisions of women and creates reliance on their parents at an early age. But after marriage, this dependency is transferred onto the husband. Even in fathers-in-law hand, which strengthens the lower status of women. Young women are compelled to suppress urges and actions. Which can harm the reputation and honor of their families.

5.9 Role of Relevant Department to Prevent Suicide

Data analysis revealed that, there are many challenges faced to prevent suicide in district Chitral.

In 2018 the health department of Khyber Pakhtunkhwa government has decided to tackle down the rising suicide forming committee. When forty-five individual commit suicide, twenty three in lower Chitral and twenty two in Upper Chitral. There are twenty which happened within three months. Despite of it nothing has happened.

For the purpose of treatment of mental health issue, Chitrali people have to travel to Peshawar if they can manage the expenses of treatment and traveling. Otherwise, no treatment is possible in within district. During the interview the Medical Superintendent of DHQ Chitral. He said that we do not have any mental hospital in the district. No psychiatrist available in

DHQ and the post is still vacant. Neither any rehabilitation centers nor any mental health unit in district Headquarter Hospital in Chitral.

Furthermore, he also stated that in DHQ Chitral. There is still sixty-four vacant positions of both male and female doctors. Because no one is ready to come here in this mountainous area and also, we cannot facilitate them due to lack of funds, infrastructure and equipment. He suggested that we need mental health specialist and Psychiatrist to deal with this issue. During the interview with first female DPO Sonia Shamroz (DPO, Chitral) it was found out that the mental health conditions of women are in bad conditions in Chitral due to which the women are committing suicide, to quote her,

Suicide is one the major public health issue. Particularly women are more vulnerable to suicide and more sensitive to due to domestic violence and out of district force marriages / down district marriages (DPO, Lower Chitral, female).

To tackle these issues of suicide, violence against women, child and force marriages should be controlled through governmental actions. To overcome this issue police station Chitral has started women complaint cell in four different area. As DPO of Chitral Police Sonia said that

The establishment of the complaint cell in Chitral has brought significant improvement. For instance, more than 150 cases of violence were registered and many case were sent to family court. Furthermore, she added since these cells start working. The number of women suicides is decreases from previous year 2020 (DPO, Lower Chitral, female).

Even though, attempt to suicide also hiding from people, police investigation team and even from doctors. Thus, it cannot get reported and registered. Due to fear of FIR and police investigation. Therefore, the reason behind this act cannot identified.

5.10 Challenges to Prevent Suicide in Chitral

5.10.1 Lack of awareness

There are many warning signs as listed in National Suicide prevention lifeline which may(can) lead individuals to believe someone is thinking about to end their life.

Speaking or threatening about to kill themselves, feeling hopeless. These are very common in every family in Chitral. Due to each little dispute, breakup in relationship young individual will starts talking and thinking about suicide. Feeling hopeless due to lack of job opportunities, being victim of domestic violence and mental illness. This social problem may be the reason of etiology of suicide ideation.

Excessive uses of alcohol or drugs, like hashish (*chras*), opium other drugs effect the mental health. This issue is increasing in youth in Chitral. While on the other side there is no treatment and rehabilitation centers are available in Chitral.

People feels very alone when they are battling with anxiety and depression. In Chitral, there is huge unawareness about preventing suicide in the society and family. People ignore the person when some is taking about suicide and mental ill person. Peoples are unaware of the warning sign of suicide despite growing suicide. The government of KP is not taking it as seriously. Most of the participants emphasized a lack of awareness about mental health issues in the Chitral. They further explained that,

“People did not believe in mental health disorder as diseases in Chitral. In Chitral, there is no proper system of making people conscious about it. Other

issues which people avoid telling such as disorder or disease. Which they have, as they feel this might increase social pressure on them and they would not be accepted. Because it is too dangerous in the society”.

Social stigma and social shame associated to poor mental health conditions lead to suicide. There are large number of attempted and committed cases of suicide that remain unreported, because there is social stigma attached to it. The people who are suffering from mental illness also do not disclose it because they think that people might discriminate them. During interview with police official, he said that:

“There is one major challenge prevention or investigating suicide. Which is unpredictable suicide behavior, mentally and physical fit without any reason person kill itself. When someone attempt suicide their family and relative hide the reason behind of this act”. (Police, male, 40-50)

Even though most people did not mention suicide attempt in hospital. Due to honor of family and fear of police investigation. If the family disclose the reason behind of suicidal act, then it will be easy for us to identify the contributing factors. Furthermore, many participants and officials suggest that there is need of research on the mental health and psychological health of youth in Chitral.

5.10.2 Lack of proper investigation

One of the most important challenge and barriers to suicide prevention in Chitral. As data revealed that there is lack of proper investigation by police. When there is attempt or committed to suicide. Firstly, family try to not disclose the cause in society due to fear of loss of honor and fear of police investigation. If it has been reported to police, the family did not disclose the actual reason of this act and in some time did not allow to postmortem. As well as some social pressure and honor does not allow the police authorities to take suicide cases to their

reasonable conclusions. Thus, the factor cannot identify. Even though the data on suicide provided by police is not properly documented.

There were two cases as one participant shared, husband killed his wife and reported as suicide but after legal action from the father of the victim, the case of suicide is identified as murder. While many participants have different reflections and perceptions about increasing suicide, one respondent mentioned the difficulties in finding out the reason for suicide in the following words,

“These days suicide has become a trend because of lack of proper investigation, postmortem, forensic checking, but these may be not suicide but could be honor killing and murders, instead of direct murder or killing, situations will be created that compel individuals to end their life”.

According to participants, if police investigate each and every case properly and easily accessible to every woman without any fear of family, then it will be very easy to reduce and prevent suicide. To sort out family conflict and domestic violence, DPO of Chitral took positive initiative by introducing women complaint cells but these are insufficient and very few in large areas. There is a lack of trained officers to investigate these types of issues.

5.10.3 Unpredictable suicidal behavior

Many participants and officials stated that, some time it was hard to predict suicide and to detect the suicidal signs. Because they had come across such cases where persons were fine and fit, a day after they committed suicide without any reason. This is a great challenge in the prevention of suicide in Chitral. As one participant articulated,

We found our close relative hanged himself in room, but he was perfectly fine day before, it is possible he was facing some issues and unable to discuss with their family due to unfriendly behavior of family and society. (R-13, male, 25)

5.10.4 Lack of Mental Health Services in Chitral

Analysis of the data showed that almost all participants including health official reported that there is lack of mental health facilities, mental health unit, specialist and psychiatrist in the Chitral. Prevailing health services, either private or were not effective in suicide prevention due to a shortage of resource, infrastructure and mental health specialist.

5.10.5 Financial issues

During the interview, the MS of District hospital highlighted financial needs for the health system in terms of Mental health issues. They reported that financial restraints and political will are very crucial and need attention of the health department of Chitral.

There is absolutely no budget for MH issues in Chitral due to lack of political will. Even the mental health specialists and the psychiatrist are not ready to give services until they receive a good facility.

5.10.6 Lack of collaboration across sectors and relevant stakeholders

Participant of the study clear on their opinion that communities may play a significant role in the prevention of suicide. Many participants are similar on their point that

The community member is unaware of mental health issues and suicidal sign, if there will be suicide prevention campaign, including early identification of suicide through seminar, social media, banners, billboards, posters, engaging local communities to create awareness about mental health issues, suicide, its prevention. Then it is possible to reduce or early identified.

That why Community participation and engagement is an active and inclusive bottom-up process through which communities can influence and may shape policy and strategies. This Issue of increasing suicide and mental health is shrouded in social shame, stigma and family integrity and dignity. Thus, the cases and causes of suicide and mental health issue is misunderstood and ignored, due to this it cannot identified early nor treated. In the interview with MS, He highlighted that

Government of KP did not take the issue of mental health and suicide serious and getting low priority for policy maker because of their less political interest. Although if it would get priority then possibly it will help to prevent and treat these issues. Similarly, these problems need prioritized on the public policy and serious public health programs.

(MS District Hospital Lower Chitral, male, above 50).

In Chitral few private sectors and public sectors are working to create awareness about suicide and working on its prevention in Chitral which is a positive step, but these organizations are separately working, without any coordination. This is leading to uselessness of suicide prevention strategies and programs.

Chapter: 6

Conclusion and Policy Recommendation

This chapter represents the final remarks as well as the potential policy recommendations and Strategies to reduce and prevent suicide for relevant department.

6.1 Conclusion

Suicide is a one of the rising public health problems in Chitral. Despite of religious sanctions and legal prohibitions. This problem is increasing, which gathers the attention of researcher. However, there is no national statistics on suicide in Pakistan. As well as no proper data is available about suicide incident in Chitral. This research is attempted to summarize the available data and to identify the major determinant which lead to this lethal act.

After going through the different cases, reports and studying them deeply through interviews few major factors were identified in Chitral. Which are contributing to the causes for the increasingly suicides and suicide attempts. After analyzing reported cases and interviews, family conflict and mental illness including depression, tension and inferiority complex are the major risk factor behind this act. But majority of the participant blamed domestic violence, unawareness of mental health issue and patriarchal and male dominance society.

Family conflict leads to suicide clearly indicate that the family member does not prevent suicide despite knowing the fact that there were many incidences happened. Due to this issue, from the period of 2016 to 2020, there were 21 complete suicides reported. These issues are linked with each other. The endless domestic issues and violence against women create mental health problem. Like: anxiety, depression and endless tensions: that lead to create suicidal thoughts. Twenty seven reported as of poor mental health, the reason of eleven are unknown, five students due to high expectation and low marks in exams and There is only

one case of suicide due to unemployment was reported but financial difficulty and constrain appear might have direct association with suicide or attempted suicide. Furthermore, both male and female are status sensitive which may leads to unpredictable suicide behavior.

To sum up, the conventional and traditional culture and society of Chitral under drastic social change and cultural transformation is weakening in regulating and integrating the developing motivations and ambitions of the youths. The result is breaking down norms, hybrid abrupt modernity compelling youths making them prone to end own lives.

The people, of society and community are unaware of suicidal warning signs, there is a lack of social support for the people who are suffering from mental health issues. For this purpose, government did not take precautionary action to prevent it. like, creating awareness within people about mental health about warning sign and hint of suicidal behavior. Lack of proper investigation and lack of mental health unit, mental health specialist, psychologist and psychiatrist are identified. There is a lack of proper funding to district hospital and unviability of doctors due to the lack of political interest and unrest.

6.2 Recommendation

Based on the findings of this research study, the recommendations to address the issue of suicide and its prevention.

Firstly, the KP government and health department should prioritize suicides and mental health illness as a serious public health problem, despite increasing suicidal incidence The hospitals in this region currently have no mental health unit, psychiatrists and psychologists to treat depressed patients who ultimately commit suicide. Hospitals and other health organizations need to provide proper clinical, psychiatric, and psychological treatment and therapies to those individuals who are suffering from mental disorder, depression tension and suicidal

ideation. Hospitals should provide mentally ill people medical treatment, whereas psychiatrists and psychologists should treat depressed and emotionally disordered patients.

Secondly, as per finding there is no proper investigation of suicide cases to find out the causes, the role police investigation is unsatisfactory, the suicide case should be investigated properly with proper postmortem and even forensic testing of death body, to know either it is suicide case or murder case. Importantly the family of victim should reveal the actual reason of suicide, then it will be easy to know the main factor behind suicide.

Thirdly, there should be maximum police station with women complaint cell. Because of the large area, police complaint cells are not easily accessible to the people especially to the women. Because women are more prone and vulnerable to suicide, due to domestic violence, extortion, deceptions, frauds, threats, rape.

Fourthly, there should be proper trail of suicide cases, as the study shows that, the case of suicide did not prosecute and inspected and examined properly, such incidence are seeming to be a big issue of humiliation, honor and disgrace to the family and other relatives, so the family members tries their best to attempt to dispose such cases as quietly and quickly and quietly as much as possible. Therefore, the local government should take these case seriously and should present it in court of law to identify the risk factors even to identify, either it is suicide or murder. The government need to play their role in preventing those type of social problem that's are forcing to suicide.

Fifth, there should proper public health and mental health facilities in district, because there no mental health unit in lower Chitral even the position of psychiatrists and psychologist still vacant, therefore there is no treatment is available for people who have mental health issue or suffering from depression.

Sixth, the government should engage local communities and religious centers like Mosque and *Jamaat khana* to create awareness about mental health issues, suicide, suicidal signs. Because local communities and religious centers can play significant role in managing widespread social problem related to mental health, domestic issue and violence. there should be proper suicide awareness campaign by engaging local communities especially youth, in schools, colleges and universities. Poor parenting, androcentrism were highlighted major issues, for this purpose there should be proper training of both parent and children, especially about mental health issue.

6.3 Limitation of the study and future research

This research study contains certain limitations, firstly this research study is confined in one Chitral, on the bases of seventy-three reported cases. Most of the suicide cases and attempt to suicide are not reported. For better understanding and to know deep root factors of suicide there should be proper psychiatric research is needed. Which is also suggested by official and participant

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