

**EXPLORING THE SOCIAL DETERMINANTS OF FEMALE SUICIDE IN  
DISTRICT CHITRAL, PAKISTAN**

**Rukhsana Bibi**

M-Phil Scholar, Department of Rural Sociology  
Agriculture University Peshawar

**Dr. Mussawar Shah**

Professor & Chairman, Department of Rural Sociology  
Agriculture University Peshawar

&

**Younas Khan**

PhD Scholar, Department of Rural Sociology  
Agriculture University Peshawar

Corresponding author: younassoc@gmail.com

**Abstract**

*The study titled exploring the social determinants of female suicide in district Chitral, Pakistan was conducting with the sole aim of exploring the various social and cultural factors responsible for women suicide. A sample size of 165 out 534 female graduate students' from seven girls degree collages were randomly selected. A conceptual frame work comprising independent variable social determinants was cross tabulated with dependent variable "female suicide" through the application of  $\chi^2$ -test-statistics. The study found that, freedom of choice for male ignorance of parents with regards to children feelings ( $p<0.05$ ); family dispute terming female suicide on accident ( $p<0.05$ ); patriarchal family system leads towards suicide ( $p<0.05$ ); suicide as ancestral familial event with lesser social condemnation was found significantly ( $p<0.05$ ) related to female suicide. The study concluded that, parent's ignorant attitudes regarding committing suicide as an ancestral phenomena to be pure familial in nature. It was found as an outcome of patriarchal norms, and people were reluctant in coaxing it as anti-social norms. Parental education on women needs and rights and exploring the very causes committing suicide by the law enforcing agencies were put forward as possible remedies for the containment of this social/religious and moral taboo.*

**Keywords:** Social Determinants, Patriarchal System, Low socio-economic Status, Suicide

## INTRODUCTION

Suicide is a planned act to kill one own self with a fatal outcome. It is an intended attempt with either harmful or non-fatal harm or it is term to a difficult behavioral act possessing a number of underlying come either social, environmental, mental and even physical respectively (Gulati, 2014; Chehil & Kutcher, 2012). If any aspect focusing explaining the reasons of suicide associated to income variations gender gaps etc falls in the domain of demographic dimension (World Health Organization, 2014). Further, as suicide rate amongst the male is higher than female. Although attempting suicide means killing of one's self of either spouse, however, men have been reported with adopting more fatal methods and which are lash and usually avoiding taking help from other in resolving the emotional problems as an exploit trait of depression (Rich et al., 1988). Similarly, Suicide is the major health problem and one of the main causes of death for people of all ages (Taliaferro, *et al.* 2014) The World Health Organization defines suicide as “the act of intentionally killing oneself” (Shah and Erlangsen, 2014). Suicide is the process of discomfort oneself with the wish to get one's own life (Reyes, et al. 2015).

According to Oxford English Dictionary the term suicide was first used in 1651 and the first suicide case was recorded in Egypt some 4,000 years back it was considered not an act of dishonor rather, an attempt to avoid excessive pain and dishonor. The world statistics revels that almost 30,000 Americans commit suicide every year. Moreover, 15% & the total people attempted suicide have been suffering from depression and this rate may increase, although it is treatable, but still under diagnosed (Saman, 2012).

Suicide is a global health disorder as one million people die each year. Suicide act of the total 10 to 20 attempt of suicide with Asia in leading proportion of 60 % & the total world. Globally, suicide rate has been estimate 14|100000|, with 18|1000 00 for male and 11|100000 for female and has occupied 1.8% & the total world disease chat. Depression is being treated as a psychological disorder however; its biological component could not be overlooked as it is being approached with psychotherapy and medication (Mark, 2007). Pakistan has witnessed Suicide as one of the leading public health problem; however, data pertaining to this suicide act of life at national level is missing in the national statistics, which has led to the non existence of information at the WHO statistics as well (World Health Report, 2000). Irrespective of this non-existence various evidences of social, cultural

and economic indicators are convincing providing evidence to the occurrence increased suicide acts in Pakistani society. Pakistan media is regularly portraying the suicide cases through Taking impute from concerned police stations and various NGOs working an gathering information on suicides. Data pertaining to suicide from Islamic world, representing the most popular countries like Bangladesh, Indonesia and Pakistan could be due to the Islamic concept, which declares suicide as sin, which is a psychiatric disorder (Khan 2005; Chaleby, 1996; Goldsmith et al; 2002; Cavanaugh et al., 2003 and Bartolote and Fleischmann, 2002).

Society is becoming more individualistic. In this era the one who can support you financially is yourself. Some of the people who are financially weak and want to get education to his/her children in any government or private medical institution, they parents have more expectation from his children that when their children have completed his education they will get good job and support their whole family, when they children are completed their education and they starting search jobs in market and they situation of job market were not matched their expectation if they fails in sometimes they will decided to suicide (Gangte, 2012). Globally more men die by committing suicide each year. Feminine suicide rate are in surplus of male rates merely in China (Swami, 2008). The fore-mentioned conclusion, extracted by a number of scholars, pushed the author to anticipate by devising out the present study through exploring the social determinants of female suicide in district Chitral.

## **MATERIAL AND METHODS**

The present study was conducted in District Chitral to explore social determinants towards female suicide. Tehsil Mastuj was selected as universes while taking into consideration the suicide events took place since 2010 to 2016. All the Graduated college (Female) students were the potential respondents of taking in to consideration the prevalence of suicidal inclinations amongst, this younger segment of the society. The total number of female college, which has graduation program, had their enrolled graduate receiving 13 to 14 years of education constituted population for the present study. A complete information pertaining to the no. of institution and enrolled graduate are shown below, The following table (1) explain the strata wise distribution of the respondents and its relative sample size on the basis of distribution of total sample size 165, (as per criteria of Sekaran, 2003 criteria)

for the total population stood at 534. Table showing the proportional allocation of the sample size.

Name of Institute	No of Graduate students	Sample size
Darband Community Based College	45	22
Dawan Institute of Science & Technology	40	19
Stanford Model College	12	7
Glories College Chunj	32	16
Model Degree College	79	39
Pearl Degree College Booni	43	22
Govt. Degree College for Girls Booni	283	140
<b>Total</b>	<b>534</b>	<b>165</b>

The distribution of sample size on each strata was carried out by Chandhury and kemal,(1996) formula as shown below:

$$n_i = \frac{n \cdot N_i}{N}$$

N

n=the required sample size

n1=total sample size

N1=Relative strata's population

N=total population

Furthermore, a well thought out interview schedule was designed by taking stock of both independent and dependent variable shown below in table (2);

Independent variable	Dependent variable
Social Adjustment	Female suicide

All the attributes were developed by taking input for the review of literature and personal knowledge of the researcher through developing a rapport with the situation on her personal visit. The questionnaire has been designed on likert scale, by putting the choice at the end of each question, where the respondent has to choice any one, deemed appropriate. Furthermore Chi-Square test statistics ( $\chi^2$ ) was used to ascertain the level of association between independent and dependent variable respectively.

$$\chi^2 = \sum_{i=1}^r \sum_{j=1}^c \frac{(O_{ij} - e_{ij})^2}{e_{ij}}$$

$\Sigma$  = Total of “ith” row

J=1

$\Sigma j=1$  Total of “jth” column

## RESULTS AND DISCUSSION

### Respondent's Perception about Social Determinants of Suicide

Table no. 3 show that, majority 84.2% of the respondents reported that, those males are free in the selection of mate while female are restricted about willing to marry. It could be attributed to the prevalence of male dominancy and patriarchy. In most of the patriarchal system women are supposed to occupy a secondary position both at family and community level. Such circumstances provide little opportunity to women to express their well in mate selection which may result in to committing suicide by the female. These findings are similar with the suicide cases reported to police and media are directly or indirectly linked with the local marriage system. Marriage is one of the most essential institutions responsible for reproducing and arguing statuses in a subsequent manner. It needs to be arranged on her wishes not on the wishes of the bridegroom. However, in most part of Pakistan including the study area, women are kept denied of their rights to choose. Rather a centralized decision by the parents are imposes on their sedum involved them to taking their choice. In most part of the south Asia male is free to choice which female is kept restricted in terms of her choice towards mate selection even the parents didn't ask them with regards to their marriage partner. Such circumstances put a women in extreme vulnerability either to accept, reject the decision elope with her paramon and committing suicide (Rehman, 2017).

However, 12.7% respondents have different views regarding the same statement and 3.0% respondents had no idea about the said statement. Moreover, 78.8% respondents stated that, unawareness of parents about their children feelings and their harsh attitude compel female end their lives, 13.9% respondents disagreed with the statement and 7.3% had no idea. Parent's role is important however their dynamic approach has made it more controversial. It could be the direct outcome of illiteracy, patriarchal system, lack of awareness with regards

their roles to perform due to patternized ways of behaving. It is obvious from these findings that a broken family ineffective role performed on part of both parents and imposing division on offspring's pertaining to some basic divisions of life could lead to deviance, especially by kids to revolt (Rehman, 2017).

Furthermore, 70.9% of the respondents were agreed that low socio-economic status and high stress is reason of suicidal tendencies among youth especially female, 18.2% respondents disagreed with the statement and 10.9% respondents had no idea. Non-compliance of the parents, social order either buy its member on the system to deliver usually lead its member to an absolute state of uncertainty and unpredictability in behavioral patterns. These findings are similar with Kimet *al*, (2010), who disclosed that social and economic order is often characteristic on the basis of clan, cast and rank system. Low working position may result into insomnia use of drugs and adoption of other deviant ways from the prevalent several orders due to lake of financial strength.

Likewise, 83.6% respondents described that family disputes, depression and social presser are the factors behind female suicide, the result are in line with whereas 7.9% had disagreed with the statement and 8.5% had no idea. Alyabbas argued that suicide was the resultant factors of family dispute, poor socio-economic condition unemployment, aggression loose of jobs and other social determinants not in compliance to the individuals' preference. Besides 72.7% of the respondents reported that mostly female emotions, needs are not valued by family which leads to disappointment consequently causing of suicides while 15.8% respondents were disagreed with the statement and the only 11.5% had no concept.

The study further revealed that, 76.4% of the respondents responded that, domestic problems are the main reason of female suicide. Whereas, 17.6% respondents were disagreed with the statement and 6.1% had not familiar with the said statement. Domestic unrest either due to improper socialization on poverty often lead to infighting amongst family members. These results indicate that In the Northern Areas mainly Gilgit-Baltistan and Chitral high level of incident of suicide take place by the virtue of domestic valance (Khan, et al. 2009)

In addition 49.1% respondents stated that most of female suicide cases are termed as accidental death to save family honor, 32.1% were disagreed and only 18.8% had no

knowledge about the mentioned question. In most of the cases suicide is not report rather shown as accident. Homicide and suicide comes are displayed as accident just to avoid legal complication and societal stigma. These misleading or classification is the result of intentional tendencies of the concerned families' (Oxford English Dictionary, 1978).

The study also revealed that 52.7% of the respondents reported that Chitral society is predominantly patriarchal that's why the ratio of female suicide are high. Followed by 17% who shown disagreement and 30% had no idea. Patriarchal is the worst system of inequalities on the basis of gender. Male enjoy a superior position and the women are treated with striker sense of subordinate. These findings are similar with the Rehman disclosed that, female are kept in 2<sup>nd</sup> leg in connection to consultations over family affairs. Their social, personal and emotional characteristics are not taken into consideration, which marginalized them to extreme distress leading to committing suicide (Rehman, 2017).

Furthermore, almost majority 53.3% respondents were disagreed with the statement that committing suicide is an ancestral phenomenon. However of 35.8% respondents showed agreement with the statement and 10.9% had no concept. These findings indicated that in this era, committing suicide is not a new phenomenon. It is found in every society, with different forms and manifestation with variation for either gender. The reason and factor of suicide are dependents on the socio-culture and geo-economic circumstances of different society's accusers the global and even to individual to individual and accordingly to the regional in the review of contextual meanings. In addition below 53.9% respondents stated that less social condemnation is a reason for committing suicide by female, 18.8% were disagreed with the statement and 27.3% had no idea. In addition 53.3% of the respondents described that committing suicide is familial event. While 31.5% were disagreed with the statement and 15.2% had no idea. These findings were in support to Williams et al., who explore that psychological state of an individual to enhance the threat of suicide as well as depression, failure of joy inside existence sadness and anxiousness were some of the resultant factors of committing suicide (William et al., 2011).

**Table No-3 Frequency and Percentage Distribution of Respondent Perception Regarding Social Determinants of Suicide**

1	Statement	Yes	No	Don't know	Total
1	Male are free in the selection of mate while female are restricted about willing	139(84.2)	21(12.7)	5(3.0)	165(100)
2	Unawareness of parents about their children feelings and their harsh attitude compel female end their lives	130(78.8)	23(13.9)	12(7.3)	165(100)
3	Low Socio-economic status and high stress is reason of suicidal tendencies among youth especially female	117(70.9)	30(18.2)	18(10.9)	165(100)
4	Family disputes, depression and social presser are the factor behind female suicide	138(83.6)	13(7.9)	14(8.5)	165(100)
5	Mostly female emotions, needs, and needs are not valued by family which leads disappointed consequently the cause of suicide commitment	120(72.7)	26(15.8)	19(11.5)	165(100)
6	Domestic problems are the main reason of female suicide.	126(76.4)	29(17.6)	10(6.1)	165(100)
7	Most of female suicide cases are termed as accidental death to save family honor.	81(49.1)	53(32.1)	31(18.8)	165(100)
8	Chitral society is predominantly patriarchal that's why the ratio of female suicide are high.	87(52.7)	28(17.0)	50(30.3)	165(100)
9	Committing suicide is an ancestral phenomenon.	59(35.8)	88(53.3)	18(10.9)	165(100)
10	Less social condemnation is purulent for committing suicide by female.	89(53.9)	31(18.8)	45(27.3)	165(100)
11	Committing suicide is a familial event.	88(53.3)	52(31.5)	25(15.2)	165(100)
<b>Source: field survey, 2017</b>					

\* Numbers in table represents frequencies and number in parenthesis represents percentage proportion of the respondents



**Association between Social Determinants and Female Suicide**

Social dynamics explain the gender based division of work and essential in playing their role towards greater stability and consistency in attitude on the basis of rights or wrong through the process of socialization.

Table no (4) explains that male are free in the selection of mate while female are restricted about willing was found highly significant ( $P=0.000$ ) with female suicide. Women restriction not to express their rights about mate selection, rather parents have the mandate to decide over the fate of the female kids could the attributive facts to commuting suicide in the study area. These findings were similar with the suicide cases reported to police and media, which are directly or indirectly linked with the local marriage system. Marriage is a vital event in an individual's life and the decision should be according to the willingness of the male and female (bride and groom, rather than imposing the decision of parents and families. Regrettably, like other tribal area of Pakistan, including chitral, the females still are depressed from their basic rights due to the static and rigid cultural norms and values. Even in this so called modern and civilized world, the females are not included in the decision making process. For instance, a male is free to choose his life partner openly and firmly, whereas the female even can't express their willingness and unwillingness about marriage or even the parents didn't ask them for their willingness. They just impose their decision on them. The parents put them in such circumstance that the girl rather accepts the imposed decision, elopes with another boy whom she likes or wants, reject the decision or commit suicide (Rehman, 2017).

Moreover, unawareness of parents about their children feelings and their harsh attitude compel female end their lives was found significant ( $P=0.040$ ) with female suicide. These findings are synonymous with so it can be obvious that less awareness and emotional feelings of children leads to suicide. It can be concluded on the basis of data findings that, lack of awareness are the main factor behind female suicide generally while in chitral specifically. In the case of suicide parents play a vital role. Specifically talking about chitral; the parents show tyrannical and strict attitude towards their children especially to their daughters the reason may be lack of illiteracy, lack of awareness about their socialization of their children or may be because of the pattern of the society (Rehman, 2017) on relation to above (khan 2000).

Furthermore, low socio-economic status and high stress is reason of suicidal tendencies among youth especially female was found non-significant ( $P= 0.190$ ) with female suicide. Although poverty could link human disrespect to the young female about their mate selection mans the stability as emotional glimpses always. Threaten the familial fabrics. These findings were similar to Kimet *al*, (2010) who argued that Socio-economic rank is quantified via a population's level of knowledge, degree of culture deficiency of the house. Small socioeconomic rank, high pressure, insufficient sleep, alcohol use, and smoking are reason for in the depths of despair tendency between youths especially female. The financial need issue is well-known as the most often referred reason for over again suicides.

Also, Family disputes, depression and social presser are the factors behind female suicide was found highly significant ( $P= 0.000$ ) with female suicide. These results are in line with (OED, 1978) that some depression leads society to commit suicide. Family issues are mostly affected children even aged people. So these family issues have the factor behind female suicide in Chitral. In this regard (Alyabbas, n.d) argued that in general of suicide luggage, the sufferers were openly influenced by family dispute, socio-economic factor and ecological factor such like increasing incident of offense and aggression, job loss, societal discrimination and post-traumatic tension disorder. Moreover, mostly female emotions, needs, and needs are not valued by family which leads to disappointment consequently the cause of suicide commitment was found significant ( $P= 0.009$ ) with female suicide.

However, Domestic problems are the main reasons of female suicide was found non-significant with ( $P= 0.071$ ) female suicide. These results indicated that In the Northern Areas mainly Gilgit-Baltistan, and Chitral was high level of incident of domestic fighting against women (Khan et al., 2009). Besides, most of female suicide cases are termed as accidental death to save family honor was found highly significant ( $P= 0.000$ ) with female suicide. It could be due to prevalence of a strong patriarchy that most of the family affairs are directed or redirected towards male specified goals. Killing of a woman is often lubed with some other reasons of killing murder to avoided social stigma and legal complication. It is usually reported like suicides are reported as such. Deaths might be real misclassified as homicide or accident anywhere those have planned suicide through put them into harm's method as well as lack of confirmation do not permit used for classify the decease as suicide.

Additional suicides might be misclassified as unintentional or undecided deaths in suggestion to society or family unit (Oxford English Dictionary, 1978).

However, Chitral society is predominantly patriarchal that's why the ratio of female suicide were high by found significant ( $P=0.000$ ) with female suicide. It could be disclosed from the results that, female suicide and patriarchal dominance has close association with one another. These findings were similar within a male dominant society. The decision of females are not considered worthy, rather they are subjugated, oppressed and demoralized. Their social and emotional needs are not valued due to which the females face grave challenges from their family as well as from their relatives and tent to end their lives (Rehman, 2017) on relation to above (Qadir, et al., 2005).

Furthermore, committing suicide is an ancestral phenomenon was found significant ( $P=0.018$ ) with female suicide. Both ancestral leading round and female suicide in Chitral were close to each other in fielding results. These findings indicated that committing suicide is not a new phenomenon. It is found in every society, with different forms and manifestation ratio among different age groups in the society. The reason and factor of suicide dependents on the socio-culture and geo-economic circumstances of different country to country, society to society, area to area and even to individual to individual and accordingly to the regional and local context. Moreover, less social condemnation is purulent for committing suicide by female was found significant ( $P=0.000$ ) with female suicide. In yet committing suicide is a familial event was found significant ( $P=0.000$ ) with female suicide. These findings were in accordance to Williams et al (2011), who has also focused on the psychological state of an individual to enhance the threat of suicide as well as depression, failure of joy inside existence, sadness and anxiousness respectively.

Table 4.3.2 Association between the social determinants with Female suicide

S.#	Statement	Attitude	Female suicide			Total	Chi square $\chi^2$ & P value
			Yes	No	Don't know		
	Male are free in the selection of mate while female are restricted about willing	Yes	46(27.9%)	75(45.5%)	18(10.9%)	139(84.2%)	$\chi^2=15.758$ (p=0.000)
		No	13(7.9%)	8(4.8%)	0(0.0%)	21(12.7%)	
		Don't know	5(3.0%)	0(0.0%)	0(0.0%)	5(3.0%)	
2	Unawareness of parents about their children feelings and their harsh attitude compel female end their lives.	Yes	50(30.3%)	69(41.8%)	11(6.9%)	130(78.8%)	$\chi^2=31.953$ (p=0.040)
		No	11(6.7%)	12(7.3%)	0(0.0%)	23(13.9%)	
		Don't know	3(1.8%)	2(1.2%)	7(4.2%)	12(7.3%)	
3	Low Socio-economic status and high stress is reason of suicidal tendencies among youth especially female	Yes	52(31.5%)	49(29.7%)	16(9.7%)	117(70.9%)	$\chi^2=18.268$ (p=0.190)
		No	11(6.7%)	17(10.3%)	2(1.2%)	30(18.2%)	
		Don't know	1(0.6%)	17(10.3%)	0(0.0%)	18(10.9%)	
4	Family disputes, depression and social presser are the factor behind female suicide	Yes	57(34.5%)	70(42.4%)	11(6.7%)	138(83.6%)	$\chi^2=28.586$ (P=.000)
		No	7(4.2%)	6(3.6%)	0(0.0%)	13(7.9%)	
		Don't know	0(0.0%)	7(4.2%)	7(4.2%)	14(8.5%)	
5	Mostly female emotions, needs, and needs are not valued by family which leads disappointed consequently the cause of suicide commitment.	Yes	54(32.7%)	56(33.9%)	10(6.1%)	120(72.7%)	$\chi^2=28.064$ (P=.009)
		No	9(5.5%)	9(5.5%)	8(4.8%)	26(15.8%)	
		Don't know	1(0.6%)	18(10.9%)	0(0.0%)	19(11.5%)	
6	Domestic problems are the main reason of female suicide.	Yes	49(29.7%)	66(40.0%)	11(6.7%)	126(76.4%)	$\chi^2=17.118$ (P=.071)
		No	13(7.9%)	14(8.5%)	2(1.2%)	29(17.6%)	
		Don't know	2(1.2%)	3(1.8%)	5(3.0%)	10(6.1%)	

7	Most of female suicide cases are termed as accidental death to save family honor.	Yes	46(27.9%)	32(19.4 %)	3(1.8%)	81(49.1 %)	$\chi^2=35.09$ 3 (p=.000)
		No	17(10.3%)	25(15.2 %)	11(6.5%)	53(32.1 %)	
		Don't know	1(0.6%)	26(15.8 %)	4(2.4%)	31(18.8 %)	
8	Chitral society is predominantly patriarchal that's why the ratio of female suicide are high.	Yes	39(23.6%)	43(26.1 %)	5(3.0%)	87(52.7 %)	$\chi^2=18.95$ 2 (P=0.000 )
		No	15(9.1%)	12(7.3 %)	1(0.6%)	28(17.0 %)	
		Don't know	10(1.6%)	28(17.0 %)	12(7.3%)	50(30.3 %)	
9	Committing suicide is an ancestral phenomenon	Yes	23(13.9%)	34(20.6 %)	2(1.2%)	59(35.8 %)	$\chi^2=15.12$ 2 (P=.018)
		No	38(23.0%)	40(24.4 %)	10(6.1%)	88(53.8 %)	
		Don't know	3(1.8%)	9(5.5%)	6(3.6%)	18(10.9 %)	
10	Less social condemnation is purulent for committing suicide by female	Yes	40(24.2%)	48(29.1 %)	1(0.6%)	89(53.9 %)	$\chi^2=53.43$ 1 (p=.000)
		No	21(12.7%)	8(4.8%)	2(1.2%)	31(18.8 %)	
		Don't know	3(1.8%)	27(16.4 %)	15(9.1%)	45(27.3 %)	
11	Committing suicide is a familial event.	Yes	40(24.2%)	44(26.7 %)	4(2.4%)	88(53.3 %)	$\chi^2=17.65$ 2 (P=.000)
		No	22(13.3%)	22(13.3 %)	8(4.8%)	52(31.5 %)	
		Don't know	2(1.2%)	17(10.3 %)	6(3.6%)	25(15.2 %)	

Source: Field survey, 2017

## CONCLUSIONS & RECOMMENDATIONS

The current study titled an analysis of social determinants pushing women to commit suicide in District Chitral was carried out by analyzing the social determinants of female suicide. The study dispositional the various factors such as male were enjoying a complete freedom in the mate selection. However, this prerogative was comprehensively derived to females; rather parents were exercising this very authority. The sole reason for not giving liberty to women was traced as hidden in the unawareness in part of parents alluding towards the prevalence of a cultural norms based on patriarchy. Females' emotion and needs

were found to be spared by the parents, which usually led to the prevalence of mental disorder like depression and anxiety. It was further divulged from the findings that committing suicide by female had ancestral roots, they committed were receiving through general in the process of socialization, however, it was often deliberated as accidental and no any severe condemnations like social taboo in existence, rather was taken it as a familial disorder. Parental education on women needs and rights and exploring the very causes committing suicide by the law enforcing agencies were put forward as possible remedies for the containment of this social/religious and moral taboo.

## References

Appleby L, Cooper J, Amos T, Faragher B. Psychological autopsy study of suicides by people aged under 35. *Br J Psychiatry*. 1999;175:168–174.

Appleby.L. 2004. *Suicide in women*: Lancet 2000. 355 9211. 1203-4.

Bertolote, J.M. & Fleischmann. A. October 2002. *Suicide and psychiatric diagnosis a worldwide perspective*. *World Psychiatry*.1 181–5. [PMC 1489848](#). [PMID 16946849](#).

Cavanagh J, Carson A, Sharpe M, Lawrie SM. (2003).Psychological autopsy studies of suicide: a systematic review. *Psychol Med* 33:395–405

Chaleby, K. S., & Racy, J. (1999). Psychotherapy with the Arab patient.

Chehil, S & Kutcher S. 2012. Suicide risk management. A manual for health professionals 2nd Ed. Sussex. John Wiley & Sons. Ltd

Farmer, R.D.T. 1989 assessing the epidemiology of suicide and parasuicide.Br. J. Psychiatry. 15316-20.

Fleischmann, A., Bertolote, J. M., Wasserman, D., De Leo, D., Bolhari, J., Botega, N. J. &

Thanh, H. T. (2008). Effectiveness of a brief intervention and contact for suicide attempters: a randomized controlled trial in five countries. *Bulletin of the World Health Organization*, 86, 703-709.

WHO.2014.Preventing suicide a global imperative.ISBN 978 92 4 156477 9.

- Gulati, G. Lyn all. M. E.& Saunders, K. E. 2014. Lecture Notes Psychiatry 11th Ed. Sussex John Wiley & SonsWorld Health Organization 2014. preventing suicide A global imperative. World Health Organization.
- Khan, M.M. 1998. Suicide and attempted suicide in Pakistan *Crisis*. Vol **19** (4) pp. 172-176.
- Khan, M.M. Aziz A. and Sultan R.K. 2009. *Female Suicide Rates in Ghizer, Pakistan. Suicide and Life-Threatening Behaviour* 39 2P. 227-230
- Khan. 2000. The pattern of suicide in Pakistan. *Crisis*. **21** 1 31–5. [Doi:10.1027/0227-5910.21.1.31](https://doi.org/10.1027/0227-5910.21.1.31). [PMID 10793469](https://pubmed.ncbi.nlm.nih.gov/10793469/).
- Kim, M.H. Kyunghee, J. C., Hee J. J and Ichiro K. (2010). Socioeconomic Inequalities in Suicidal Ideation Para-suicides and Completed Suicides in South Korea. *Social Science & Medicine* 70 no. 8 1254-261.
- Qadir, F. Silva P. Pricne M. & Khan M.M. (2005). Marital satisfaction in Pakistan A pilot investigation. *Sexual and Relationship Therapy*, 20 195-209.
- Reyes, Marc S., Ryan FrancisO Cayubit, Mara H. Angala, Sherwin C. Bries, Jann T. Capalungan, Jessica Docdoc, Bernadette C. Nolasco, Kathleen M. Reyos, and Lynn E. McCutcheon. 2015 Exploring the Link between Adolescent Anger Expression and Tendencies for Suicide: A Brief Report. *North American Journal of Psychology* 17(1): 113.
- Saman, D. M., Walsh, S., & Borówko, A. (2012). Does place of residence affect risk of suicide? a spatial epidemiologic investigation in Kentucky from 1999 to 2008. *BMC Public Health*, 12(1), 108.
- Swami, V., Stanistreet, D., & Payne, S. (2008). Masculinities and suicide. *The Psychologist*, 21(4), 308-311.
- Taliaferro, L. A., & Muehlenkamp, J. J. (2014). Risk and protective factors that distinguish adolescents who attempt suicide from those who only consider suicide in the past year. *Suicide and Life-Threatening Behavior*, 44(1), 6-22.
- The Oxford English Dictionary. 1978. Suicide. Volume-X Oxford University Press.
- Times. 2014. *Rising suicide cases worry Ghizer residents*. <http://mountaintv.net/suicidal-tendencies-in-gilgit-baltistan-and-pakistan/>
- Vijayakumar, L. (2015). Suicide in women doi 10.4103/0019-5545.161484. *indian journal of psychiatry*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4539867/>
- Watve, V., & Raju, N.(2015). Women Mental Health: Reflections from India. *Indian journal of psychiatry*, 57, 197.