

**RIISING SUICIDE RATES IN GILGIT  
BALTISTAN: AN INSIDER’S PERSPECTIVE**



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## **ABSTRACT**

*This study examines the increasing incidence of suicide in Gilgit Baltistan in the last decade. It brings to fore the explanations offered by the family, relatives and the community for this phenomenon. Qualitative research method was employed to investigate fifteen suicide cases with in-depth interviews as the main data collection tool. Our results confirm Durkheim's theory of suicide wherein he suggests that weak integration and strict regulation in society potentially leads to suicides. In Gilgit Baltistan this view holds true as weak integration and strict regulation has led to increase of suicides.*

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## **Chapter No. 1**

### **INTRODUCTION**

This study was an attempt to explore the socio- cultural reasons and factors responsible for the rising rate of suicides. The study focuses on the causes in the socio-cultural content of Gilgit Baltistan.

Suicide is one of the leading causes of death around the world (Ahmad, 2019). Suicide is applied to all cases of death resulting directly or indirectly from a positive or negative act of the victim himself/herself, which he knows will produce this result (Jones, 1986). Moreover, the ideations of suicide are increasing among the youth (K Hawton, 1998).

Suicide is the ultimate action that an individual takes when he/she faces inescapable disappointment in life forcing them to become foe of their own life (Ullah, 2020). Emil Durkheim's Suicide theory presents two variables of social condition on which suicide depends are social Integration and social regulation. When level of integration and regulation increases or decreases in a group, individuals or groups become vulnerable to suicide (Johnson, B. D (1965). There are three significant factors that contribute to suicide among youth: individual factors which include substance abuse, academic failure, psychological problems, sexual orientation, and personality. Family attributes like the history of suicide in the family, violence in the family, separation of parents, and non-supportive family. Socio-economic factors are economic conditions, surrounding social environment, demography, and poverty (Freeman, 1998).

According to previous studies, the reasons behind suicides are economic issues, i.e., economic inferiority, academic evaluation failure, depression, generation gap, i.e., lack of understanding with parents, authoritarian parents, love affairs, domestic violence, lack of support, and competition in society are major causes of rising suicide rates in Gilgit Baltistan (khan, 2017). The common methods used to commit suicide in Gilgit Baltistan are by using a firearm mainly by males, hanging themselves by ceiling fan or tree, jumping into the river or from a high mountain cliff, and taking poisonous substances (Ali, 2018). A report published in Pamir Times found that, according to a local

chemist 70% of his customers used anti-depressant medicine because of depression and anxiety (Ali, 2018). The rising suicide rates cause still need to be unveiled and require research to find out precise causes behind the rising suicide rates, suicidal behaviors, and set trends in society.

The global ratio of suicide annually is 800,000 (WHO,2014). Among them 79% is from the periphery of low and middle-income countries. Globally, every 40 seconds a suicide attempt is made. Despite suicide being a punishable violent act under Pakistan's Islamic laws, the attempted suicide rate is quite high. (Wahab, 2020). This is in addition to the fact that Islam highly condemns suicide, and yet the World Health Organization report that around 15,000 suicides occur.

Gilgit Baltistan is famous for its natural beauty and high peaks, but there is a social issue rising suicide rates among teenagers and people (14 to 32 years aged) from last decades. For the last few decades, the suicide rate in GB have rapidly climbed. A report published in local news agency Pamir times quoted the superintendent of Ghizer police, that from 2010 to 2017, 125 cases of suicide were reported, 67 of which were teenage students, 27 were housewives, and 31 included a range of people from the general population (Shah, 2018). Two of the suicide cases actually turned out to be murder cases upon police investigation. (ALI, 2018). The northern district of Hunza, which is considered highly literate, has also seen a spike in the suicide rates among its young and teenage population.

A government source revealed that thirteen individuals committed suicide between 2013 and 2015, and most of them were young. (Rahnuma, 2017) The rising suicide rates can be controlled if the government and community jointly formulate policies for the welfare of the society and improve the health systems of the region.

### **1.1. Statement of the Problem**

Suicide is one of the key areas of research in sociology, since many studies have been carried out on different aspects of suicide in different contexts across societies (Wray et al (2011)).

Some studies in Pakistan show a rising trend of suicide (Shakil, 2019). The rate of suicide has increased over the period of time in Pakistan in general and Gilgit Baltistan in particular, number of suicides reported in the last decade and the issue has not received due attention. This study aims an attempt to explore the rising rate of suicide from an insider's perspective.

### **1.2. Research objectives**

- To know the socio-economic background of the people committing suicide.
- To explore the underline factors of rising suicide rates.

### **1.3. Research questions**

How do family, relatives, and community explain the rising rates of suicide in the study locale?

### **1.4. Significance of study**

Suicide rates are increasing day by day in Gilgit Baltistan especially in District Gilgit and are becoming a social menace for the community. This research helped us to explore the underline factors of rising suicide rates. Moreover, association between Durkheim's weak integration and strict regulation were checked in this research. Nevertheless, it examined the socio-economic background of suiciders in Gilgit. This study's findings are of great practical and theoretical significance.

## **1.5. Organization of the study**

This study is organized into five chapters. The one is introduction it introduces issues of suicide and reasons of suicide globally then the global ratio of suicide and national ratio. In last section researcher presented strategies to overcome that issue. Second chapter provides empirical literature review of suicides globally. What were the reasons and ratio of suicide from developed nation to developing nations? The last section of chapter is focusing reviewing of theory of suicide by Emil Durkheim and developed a theoretical framework for research. This chapter provided gap and basis for further research on this topic. Third chapter presents conceptualization and operationalization where researcher explains the process of designing the concepts with the help of existing literature. And operationalization explains the design of concepts with the help of research findings. Fourth chapter is research methodology where researcher explains the model blue print of while research. In this chapter researcher described that qualitative data analysis was used for convenience and useful nature of study and explain the facts critically. Additionally, presents the universe of study, target population, sampling techniques, sample size, tools for data collection, and technique for data collection, data analysis, and limitations of study, problems in study and about applied ethical concerns in research. Chapter findings divided into thematic headings and field data of interviews are coded for convenience and better understanding. Through flow chart connections were made between core topics of coded data. Last chapter in discussions researcher focused on the results and association with literature review and research question, and supported it with argument for overall conclusion. In conclusions researcher summarized the whole study and presented gap for future work.

**Chapter No. 2**  
**LITERATURE REVIEW**

This chapter presents the literature review relevant to the topic. This chapter skims empirical data from findings of many different studies across the world. In the end of this chapter presents a theoretical review of Durkheim's theory of suicide and develops a theoretical framework for this research.

WHO, (2001) defined suicide as a self-harm act that finally leads to the death of the individual. World Health Organization predicted that 1.53 million people die every year. Schmidtke et al. (1996) analyzed that Suicide rates and factors depend on socio-culture and geo-economic situations. Suicide attempts and completion vary from region to region depends on location. Baller (2002) Emil Durkheim concluded in his classical work on suicide that high suicide rates concentrate in certain geographic areas because of weak social Integration and regulation also concentrate that specific place.

Moreover, Emil Durkheim (1897-1957) explained that Egoistic suicide is caused by loose social Integration and individualism, because family integration provides shelter to an individual against egoistic suicide, moreover excess in Integration, leads to altruistic suicide, and the second cause of suicide is regulation, Durkheim ([1897] 1951) comments that under regulation and excessive regulation causes anomic suicide and fatalistic suicides respectively (Baller, 2002).

## **2.1. World wide**

Wu et.al, (2020) examined the World Health Organization mortality database and examine sex and age-specific suicide mortality of 58 countries. Between the period of 2000 and 2015 suicides, mortality rates decreased in 37 countries but increased in 8 countries. But in all 58 countries males' suicides are higher than females. Additionally, Milner et.al, (2020) analyzed data of 87 countries from 2006 to 2016 which depicts a

reduction in suicide rates within the country. With the increase in gender equality among males, there was little evidence of reduction of suicide rates.

Moreover, Levi et.al (2003) from 1965-1998, the suicide rates were high in aged males in North America, young males in Japan and severely in Europe, but overall, the rates were little among females in the 1970s and 1980s. In the European Union countries reflect high rate among males with 161.1/ 100,000 in 1995-98, from that period female rates were 4.6/100,000, Similarly, in Eastern European countries Bulgaria, the Czech Republic, Hungary, Poland, Romania, and Slovakia also. In the Russian federation, suicide increased among males 37.7/100,000 in 1985-89 and 1995-98, 58.3 plus 55% and females 8.5 to 9.5 plus 12%, the same figures observed in former the Soviet Union. In the 1990s suicide was a major cause of death among youth age 15-34 in Russia with a figure 66/100,000.

## **2.2 United States of America**

In the USA and other American countries declined females' cases were observed (-25) in Japan also in 1990 (for males -15 and -25 for females). Suicidal determinants and risk factors were Economical, Sociocultural features, and their related determinants deprivation, unemployment, and alcohol abuse. Kolves, (2014) analyzed data of 81 countries of world data obtained from WHO and World Bank data set between 1990 and 2009 age group 15-19. The suicide rate declined among males and females significantly around the globe. But South American countries show peculiar suicide trend figures and a significant rise observed among males and females. Causes of decline rates in western countries were related to improvement in Health and South American countries related to economic issues and improvement in case registrations. Moreover, according to the American Association of Suicidology AAS, (2015) the



suicide rate of whites among males are high and in 2013, 19.7 per 10000 suicides were observed among middle-aged American between age 45-54 Maris, R. W., (2019). Moreover, another study in the USA depicts that suicide among males 3.5 to 4.5 times high as compare to females. Suicide contributes second most leading death cause from age of 13 to 34, and fourth from 35-54. In the USA the suicide among the 45-64 aged females is high. Generally, the males' suicide was high as compare to the female and the common trend is that from 1999-2018 the suicide rates rising among both genders, the rural areas have high suicide trend as compare to urban areas (Hedegaard et al.,2018).

### **2.3 Europe**

In Europe, economic recession caused suicides especially in Greece where economic recession increased 60% rise in suicide rates. With the economic recession and unemployment, suicide rates accelerated each year (Reeves, 2012). Psychiatric disorder contributed 87.3% of suicides; suicide varies among gender and geographical area (Arsenault et al., 2004).

### **2.4 Canada**

The suicide mortality rates each year in Canada is 4000, mostly female teenagers are more associated but generally, the suicide rates declined after 1978 to 2010 with a rate of 12 per 10000 (Spiwak et al.,2012). Suicide trends among young males 25-34 age-old are higher than females 15-24 in Europe, since 1980 become the second cause of death and those attempting suicide had a history of suicide (Hawton, 1998).

## **2.5 Australia**

Among the western nations, Australia was fifth where suicide in 15-24 years of age are highest and generally since, 1980 and until 1988 cases were in peak again trend declined in 1996 but rises again in 1998 (Ruzicka et al., 1999). The events most commonly contribute to suicide are interpersonal problems: bereavement, relationship breakdowns, conflicts with parents, partners, or friends (Ruzicka, 1999). Risk factors for suicidal behavior among youth are mental disorders, affective disorders, using drugs disorders, and antisocial behaviors (Beautrais, 2000). Between 15-24 age suicide is leading cause since 2001 to 2014 average suicides were 319 per 10,000 majorities were males and the risks factor were depression, Alcohol abuse, mental disorder, Antisocial behaviors, sexual abuse, sexual abuse, physical abuse, poor peer relationships and suicidal behaviors by friends, family disorder, living aloof from family, unsupportive parents and social contagion (Kinchin & Doran,2018).

## **2.6 South Africa**

In developing countries, the rate of suicide is more than three-quarters of Global rates (Carleton, 2017). In South Africa suicides among the whites is higher than colored and blacks between 2001 to 2003. Suicide rate on the base of race, sex showed that male suicide rate is 25.3/100,000 and female is 5.6/100,000 then at the same time, in some regions rates exceeded among Asians, blacks and female young age groups (Burrows & Laflamme, 2006).

## **2.7 Japan**

Matsubayashi, (2016) examined data between 1974 and 2014 between age (6-26) of Japan and evaluated that there is no such suicidal trend among the young age (18-26) but among the middle and high school students faced vulnerable situation during the

academic session from July to September and at the end of summer breaks suicides among middle school students become twice and 40% increase among high school students due to hopelessness in academic because of unable to achieve desirable expectation in academics.

## **2.8 Asian Countries**

Continent Asia is the most populated around 60% of the population of the world is in Asia (Ihsan and Wahab 2020). According to World Health Organization, 79% of the global suicides take place in Asia with only two countries, China and India contributing approximately 40% of the global suicides.

## **2.9 China**

The population of china is the highest in the world and the GDP growth of china is growing and urbanizing rapidly this leads to a drop in suicide rates only in 2011 the rate was 9.8 per 100,000 as compared to 1995 and 1999 the suicide rates was 23.2 per 100,000 despite that generally young age suicides did not drop and among aged over 65 the rates from 2009 to 2011 were 44% also high rates among the rural residents by 79% Parry (2014).

## **2.10 India**

Suicide is a major health problem in low-income countries Shahid and Hyder (2008). Moreover, economic recession and there is an association between the economic recession and increased suicide rates Oyesanya et al 2015. Suicide cases become doubled after 19870 and it contributes to one-fifth of global suicide rates, with the rise in temperature the crops damaging caused suicides Carleton (2017). In India, a suicide of a celebrity Sushant Sharma reported in 2020, and the celebrity suicide report caused

copycat acts among the public which also leads to an increase in suicide rates (Niederkrötenhaller et al., 2012). The fear of infection Covid 19 Pandemic and social boycott caused suicides in India, Bangladesh, and Pakistan Goyal et al.2020, (Mamun and Griffiths, 2020a). (Mamun and Griffiths, 2020b).

## **2.11 Pakistan**

The suicide data from Pakistan is unreliable because Pakistan is an Islamic country. The religious and cultural factors influence the reporting and diagnosis because suicide is strongly prohibited in Islam and consider a sin. Khan (1998) In Pakistani study, it is concluded that the ratio of male suicide is higher as compare to female and the age below 30 are more vulnerable possessing suicidal behaviors while the mental illness as a risk factor for suicide observed low Shekhani et al (2018). A study in south Punjab shows causes of suicide by females due to personal problems and males due to failure in love (Ahmad et al, 2019).

Ihsan & Wahab (2020) explains that according to a report of Dawn News only in 2018 round about 222 suicides were reported and according to the World Health organization 15,000 suicides records each year. The social factors which are responsible for suicide among youth in district Swat of Pakistan are; family pressure, strict regulations of family, family structure, and more expectations from family (Ihsan & Wahab, 2020). Shahid & Hyder, (2008) focused on six cities Rawalpindi, Peshawar, Lahore, Karachi, Larkana, Faislabad and explained that suicide as a criminal act in Pakistan leads to stigma then individuals avoid seeking help, suicide not only socio-cultural event but also health concern and government needs to revise its laws. Interpersonal conflicts are the major cause of suicide and other health problems, and the risk factors are young age less than 35 years, male gender, being married, low socio-economic status (Shahid

& Hyder, 2008). Additionally, Ayub et al.,(2013) analyzed a case study at Lahore which depicts that, psychological disorders were found to be very predictable in suicidal ideation. The power to negotiate the conflict between couples come from both directly and indirectly, by reducing psychological distress, protecting them from suicidal thoughts.

The effect of verbal violence on suicidal ideation seems to be greatly enhanced by its impact on mental health. The district Chitral of KPK Pakistan is renowned due to its culture and beauty but there are some hidden social problems or issues which resulted in youth ends life by suicide attempts (Dawn, 2020). The published report of Dawn depicts the causes of suicide that the distance between the parents and children leads to the creation of depression, discontentment, displeasure, and conflicts with family, unable to adopt the changes in society which resulted in confidence loss of individuals then ultimately individual ends own life (Dawn, 2020). From the last two decades in Chitral sudden increasing suicide rates are being observed by a survey which showed that from 2007 to 2011 about 300 individuals committed suicide and from 2013 to 2019 about 176 cases reported which were astonishing as according to population 4 to 5 lacs (Ahmad, 2020). Bibi et al, (2019) explored the association between female suicide and social determinants and found that females are not allowed to express their will in selecting life partner, unawareness of parents about the feelings of children, Family disputes, depression and social pressure, negligence of female emotions and feelings and domestic problems are significantly responsible for suicide among females in Chitral valley. Ahmad et al,(2019) domestic issues are highly responsible for suicide among women of Chitral and KPK province next factor is lack of confidence and tolerance and mental illness.

## 2.12 Gilgit Baltistan

Gilgit Baltistan and Chitral valley share common culture also depict the same social issues. From the last two decades, both regions attract the media's attention based on rising suicide rates among youth, especially among females and its rates are high compared to other regions of Pakistan. Khan (2009) during the period 2000-2004 women committed suicide figure was 49 individuals. The majority of them were married between the age of 15 and 24 years and found the high psychiatric morbidity among women as the compelling cause. Moreover, Khan,2009 analyzed the suicide rates rate in Ghizer valley of Gilgit Baltistan between 2000 to 2004 which shows that high suicide rates are observed among youth from 16 to 26 age groups, especially the married females who committed suicides due to high psychiatric morbidity. The common methods used to commit suicide are jumping into the river, jumping from a high cliff, using poison, firearms, and hanging (Khan, 2009).

Another work reveals the causes of suicide in the Gilgit Baltistan region Hunza Gojal valley that domestic issues and financial problems are leading causes among youth and teenagers. Additionally, the exact reason behind suicide and attempt suicide is difficult to unveil (Rahnuma et al, 2017). Additionally, Mehsud and ALI (2018) revealed that suicidal ideations and suicide is not common among married women but common among young females of Hunza valley because of many socio-psychological which cause suicides are due to love failure, low self-esteem, the vulnerability in facing various situations in a growing materialistic age, strict culture background and the behavior of the family. Moreover, Anjum et al., (2020) figured out the social issues in Ghizar valley related to suicide are high expectations of parents to degree holders which develops pressure among the individuals, which develops depression and suicidal ideations, deterioration of family system, lack of resilience among youth after facing

harsh situations, domestic violence, bullying, the social transition of environment factors, media reports on suicide act as a copycat. Depression as a risk factor for suicide is significant in Ghizer valley among women (Saadat, 2018). Bano et al., (2020) also found an association between depression and socio-economic factors among women of northern Pakistan for suicide.

Ahmad et al, (2019) depict the determinants for suicide in mountainous areas the Chitral and Ghizar are due to the high prevalence of anxiety and depression among women. Khan & Ali, (2017) worked on Teenager suicide in Hunza valley, found that suicide in the society of Gilgit Baltistan act as trauma and badly affect the health of those who are facing vulnerability and the major reasons for suicide are; academic pressure, to blackmail parents, generation gap, lack of understanding with parents, modernization, as revenge, domestic violence by physical and verbal, support unavailability and still other hidden social determinants. Those who committed suicide in Hunza valley were closely affiliated with a religion and performs all religious events and rituals (Khan & Ali, 2017).

### **2.13. Theoretical Review**

Emil Durkheim ([1897] 1951) presented a classic Analysis of suicide which is still providing the foundation in any field of suicidology. Durkheim distinguished four types of suicide are; Egoistic, altruistic, anomic, and fatalistic suicide. Egoistic suicide exists in a society where the individual is not well integrated with social units. Lack of Integration and solidarity in society creates a sense of aloofness in an individual because an integrated society provides a sense of purpose, values, and morality. When the inadequacy of Integration in society prevails, individuals become vulnerable to suicide. Second, anomic suicide occurs in society due to under regulation by economic

crises and social change, which creates conflict between past and present, and normlessness prevails. The third is Altruistic suicide when the members of society are firmly integrated and facing excess Integration, which ultimately those members of particular societies, become ready to sacrifice themselves for the community's wellbeing instead of themselves. Fourth is Fatalistic suicide is happening in society when there is overregulation on society (Emil Durkheim, 1897- 1951). Additionally, the suicide incidents in a particular society rely upon the inadequacy or excess level of two major variables, Integration and Regulation.

## **2.14. Theoretical Framework**

The previous section presented a theoretical review of theory where the researcher figures out types of suicides according to Durkheim's theory of suicide and how they exist in a specific society. In this section, the researcher presents a theoretical framework where two main concepts will be discussing on which research-based.

### **2.1.4.1. Integration**

Johnson (1965) reviewed Durkheim's theory of suicide as the social condition of society or a group can be called integrated where individuals possess a "common conscience" of common beliefs and sentiments incorporate with each other and have common goals with a sense of devotion. Durkheim explained that a high level of Integration in society creates Altruism and presented two examples the primitive group and the army. Such altruistic societies have multiple suicides because they stress individual renunciation, even though suicide may not be explicitly recommended. Another is Egoistic suicide occurs in a society where low Integration among the individuals exists, which Durkheim called Egoism. In a society where low integration and common conscience are weak, self-interest becomes before collective interest.



Egoism is witnessed chiefly among unmarried people, Protestants, and Frenchmen. Egoism also shows high suicide rates as like altruism because in such a state individual life become meaningless and individual become vulnerable to suicide.

#### **2.14.2. Regulation**

According to Durkheim both high and low degree of regulation in society are responsible for high suicide rates. When individuals are weak in control by society his passion might be burst forth, may become scattered and obsessed to kill them. When regulation in society becomes low it causes Anomic suicide which can be called anomie which is common among business people, widows, and divorced individuals.

Next is Fatalistic suicide which happens when a high degree of regulation exists in society. When there is intense regulation in society the fatalistic suicide prevails in that society, because of blur future of individuals, which is common among childless married women, teenager husbands, and slaves (Johnson, 1965).

#### **2.14.3. Application of Theory**

Suicide is a social issue of Gilgit Baltistan and arose alarmingly since 2000 which created a frightening environment in the area. The records show that suicide rates are rising in Gilgit Baltistan as compare to other provinces of Pakistan its rate is high among teenagers, youth, and especially among females. Suicide is a new issue that is being observed with modernization and other social changes in society. Major responsible factors are changing in the source of income from Agriculture to capitalist society and Government and private sector jobs, then to merchant society which resulted in a society where every individual limited to his domain and work for oneself or a selfish and isolated self-centered by all these consequences facing an individual

ends up his life. The completion of parents' degree expectations becomes high after supporting by suffering hardship, which creates a sense of hopelessness among individuals when they could provide results by securing a government or well-paid jobs. Additionally, the joint family system turned into the nuclear family system which weakens the social and cultural relations between the communities of Gilgit Baltistan.

All the previous research in Gilgit Baltistan regions depicts the major and common causes of suicide: economical inferiority, lack of understanding between parents, academic evaluation failure, breakup in love affairs, and lack of understanding between parents children are observed. An increase in social anomy and lack of Integration in the society of Gilgit Baltistan prevails still the factors need to unveil which are responsible for suicides and the theory of suicide by Emil Durkheim can be applied for rising suicide rates in study locales. Additionally, this theory's main purpose is to test Durkheim's theory of suicide in Gilgit Baltistan society and to know either rising suicide rates are associated with the level of social Integration and Integration.

## **2.15. CONCEPTUALIZATION AND OPERATIONALIZATION**

This section presents conceptual definitions of what already has been said and what could be possible discussions by others to develop potential definitions.

### **2.15.1 Conceptualization**

#### **2.15.2.Suicide**

According to Durkheim, “suicide is applied to all cases of death resulting directly or indirectly from a positive or negative act of the victim himself, which he knows will produce this result.” (Durkheim 1897).

According to the world health organization “Suicide is the act of deliberately killing oneself.” (WHO, 2001).

According to Merriam-Webster suicide is “the act or an instance of taking one's own life voluntarily and intentionally”.

### **2.15.3. Operationalization**

1. Suicide is taking of his or her life derived by multiple factors such as family conflict and bad marital experience which leads to divorce. in such cases, individual mental health declines often lead to depression and other psychological issues. Such an event leads rising in suicide cases.

2. Suicide is the deliberate killing of oneself forced by factors imposed on an individual by society. Such factors are either enforced on an individual by family or people around the suicider in the form of forced marriage, sectarian conflict, and socio-economic conditions.

3. It is social and group pressures where a suicider invests his or her mental and emotional interest with the hope of positive outcome however, negative outcomes coerce them to take his or her life. Such events are so harsh that they shake the entire world of suicide which leads to an inferiority complex like failing in love. Those weak integrations shatter the life of individual leads to the taking of life.

**Chapter No. 3**

**RESEARCH METHODOLOGY**

### **3.1. Research Design**

This Study was based on qualitative research. By this method, data were analyzed, and the researcher sees the facts and case studies critically. This method was also chosen because it made it possible to examine the main topic broadly.

### **3.2. Universe of the Study**

The study was conducted in the district Gilgit of Gilgit Baltistan. The literacy rate is and the youth bulk is 77 percent.

### **3.3 Target population**

The total population of District Gilgit is 283,234. And the target was suicider families and relatives.

### **3.4 Sampling technique**

The researcher employed the purposive sampling technique for this study. Because of sampling technique nature and it represents the sample from population crosssectional and requires the judgment of the researcher.

### **3.5 Sample size**

The total sample size of this research was 15 case studies. This includes 9 males and 6 females.

### **3.6 Tools of data collection**

The tool of data collection was an interview guide. The tool was in the English language but the researcher asked questions either in Urdu or Shina language.

### **3.7 Technique for Data Collection**

The data were collected in face-to-face in-depth interviews with respondents. Each interview took almost 10-15 minutes. With the permission of the respondents, interviews were recorded.

### **3.8 Data Analysis**

Data were analyzed in line with the qualitative research technique. The field data was organized by dividing the gathered information of the field into 15 case studies. Additionally, in the next step case studies are divided into two thematic headings weak integration and strict regulation.

### **3.9. Limitations of the Study**

One thing was extremely significant to keep in mind that was the ethical concern of the researcher, where the moral values of the respondents were kept in mind, and they were assured that all the response which they have given would not be used against them. So, the responses were kept confidential in the sense the names of the respondents did not mention in the public, and all the responsive issues were dealt with great techniques so that the respondents may not rebel from giving the answers.

### **3.10 Problem faced in data collection**

The researcher cannot easily identify the respondents as the target population was quite rare. The affected families afraid to give the interview on security reasons and mostly angered on doing researcher over such sensitive topic as the suicide of near one had badly suffered and they want to remain it hidden from society.

## **Chapter No .4**

### **RISING RATE OF SUICIDES IN GILGIT BALTISTAN: FEW CASE STUDIES**

## **Introduction**

This chapter discusses the causative factors, taking into account fifteen case studies, behind the actions of people that committed suicide in the socio-cultural context of Gilgit Baltistan. These case studies are first-hand narrations consensually acquired from Families of the people that committed suicide. This research has taken great care in ensuring the ethical aspect, especially in terms of the sensitivity of the information provided. The families were ensured that any provided information would be kept confidential and would not be used against them.

Case study no: 1

Name: Alam

Age: 34

Gender: Male

Qualification: 8th

Marital status: Married

Income: Bad

Profession: Business

Key informant: Nephew of Suicider

Potential causes of suicide: Depression, financial issues, conflict with in-laws, and divorce.

The suicider, belonging to the Yashkun cast and Shiite sect, hailed from District Gilgit; his education, matriculation. The deceased (person that committed suicide) had a good family background and was associated with a business of goods distribution. Despite his marriage being one of love, conflict pertaining to the marriage existed between him and his in-laws. He had three sons, all physically and mentally healthy. Amidst the aforementioned, the subject's business faced increased losses due to unknown factors.



Resultantly, the subject started engaging in substance abuse (i.e. valium tablets and hashish etc.) which made him completely vulnerable, and he, along with his family, became dependent on his brothers. The drugs affected his cognitive functioning, culminating into the development of mental health issues such as depression and anxiety. The subject kept his grief as well as the losses faced in business to himself whilst his family remained, largely, unaware. In these impoverished circumstances, he went bankrupt with no way to revive his business. His household came to depend on his in-laws. His in-laws stepped forward and started to take care of the subject's house; however, things got worse. His in-laws took away the subject's children and wife, claiming that he had become wholly dysfunctional and thus could not care for his wife and children (their daughter and grandsons).

According to the suicider's nephew that the separation from his family coupled with substance abuse and his mental health issues took a toll on the suicider, to the point that he began to avoid and then boycott all social and religious gatherings (in which he had previously consensually taken part). Within six months of separation from his wife and children, the subject found himself unable to go on. He jumped off a high cliff, resulting in his death.

**Recommendations to address the issue:**

The family complained that there is a lack of mental health care and the unavailability of rehabilitation centers in District Gilgit. Governments should ensure the development of mental health centers and rehabilitation centers in Gilgit Baltistan to save other precious lives and the same fate, prevented. In such a situation, family members and relatives should also care for the person suffering from (any) mental health (or otherwise) crisis keeping all biases and prejudices aside; as families play pivotal roles in our lives and counseling on their end can make some semblance of difference. If the

suicider was helped in his initial stage of business bankruptcy, his wife would never have filed for the divorce, and this incident could have been prevented.

**Case study no: 2**

Age: 19

Gender: Male

Qualification: 8th

Marital status: Married

Income: Low

Profession: Taxi Driver

Key informant: First cousin.

Potential Causes: Domestic issues, financial issues.

Babar Hussain had a history of suicide in his family as his father committed suicide five years ago. Babar was accustomed to living in his maternal grandfather's house (with his grandfather's two brothers). When he turned 19, he had to move houses as he simultaneously began working as a taxi driver, with his income being fifteen thousand rupees monthly. His cousins and uncles also supported him financially. Babar wanted to buy a personal car to use as a cab or taxi to support his brother financially. So, he demanded his father's inheritance land from his uncles, but his uncles refused to give them land because he would sell the land to buy a car.

According to one of his uncles and cousins, they were ready to give him land, but at a certain age when Babar was more mature (at the age of 24) as they were not confident that he wouldn't sell the property. But unfortunately, the conflict for land worsened gradually, affecting Babar. One day he stayed home from work and ended up shooting himself in the head. Before committing suicide, he never expressed his grief to anyone and left no suicide note for the family.

**Recommendations to address the issue:**

Hardworking individuals within the society should be cared for and supported; if need be, financial care and stability, as well as moral support, should be provided to them too. Government should come forward to help those with financial needs. Financial policymakers should ease bank loans. In the pursuit of financial stability, many commit illegal acts in this rigid system. So, the government should facilitate such people to save their lives.

**Case study no: 3**

Name: Imran

Age: 24

Gender: Male

Qualification: 8th

Marital status: unmarried

Income: Good

Profession: Jobless

Key informant: Younger Brother

Potential Causes: failure in love and conflict with parents.

The suicider belonged to the Sheen cast and Sunni sect; his education was intermediary, and he remained jobless. By societal standards, the subject was handsome. He fell in love with a girl who also felt the same way. Imran requested his parents to send a marriage proposal because "the two of them could not live separately and wanted to marry."

Imran's parents denied his wish and said to him things along the lines of, "We belong to the Sheen caste, and it would be an embarrassment for our family to build a relation with lower caste; what would we say to our clan members". Imran insisted regularly, but his parents rejected his wish every time and instructed him to look for a girl in his own family. He refused his parent's proposal, then abandoned his home and went to Karachi. His parents somehow managed to take him back home with the promise of sending a marriage proposal, but when he returned to the home, they started making lame excuses.

Imran then started to pressurize his parents by saying that he'd changed his sect from Sunni to Shia. According to the subject's brother, "Imran regularly used to go to Imam Bargah during the month of Muharram and also partook in noha- khuwani during Muharram processions". All these acts of his also went in vain as his love interest ended up marrying somebody else. This affected him a lot. A day on his amplifier, while listening to the song "had se bhi ziada Tum Kisi Se Pyar Nahi Karna," he shot himself in the chest directly with a 30 bore gun. A couple of days before, in his neighborhood, a boy committed a failed suicide attempt. Imran was heard asking the survivor how he'd shot himself and survived.

**Recommendation to address the issue:**

Individuals must be given freedom in selecting life partners, and marriages based on the caste system should be denounced on a societal level.

**Case study no: 4**

Age: 25

Gender: Male

Qualification: BA

Marital status: Unmarried

Income: Good

Profession: Business

Key informant: Brother

Potential causes of suicide: Rejection of marriage proposal and conflict with sister-in-law or brother's wife.

The suicider's sister-in-law had a significant role in the rejection of the marriage proposal, as she did not want the marriage of the subject with his desired girl; all the family members were also unable to convince the subject's sister-in-law.

Finally, to get rid of all-day quarreling and arguing with the family, he shot himself in the stomach with his firearm. He luckily survived with severely damaged intestines, but he became addicted to drugs after the incident. He was heard saying things along the lines of "I am never going to get married in life."

**Recommendations to address the issue:**

The freedom for selection of life partner must be given to son or daughter because they have the right to live life, especially as this is a right granted to them by Islam. Family structure is important in such cases. In Gilgit-Baltistan, families usually live in the joint family system. For those who try to disrupt the cultural family systems, conflicts arise. To avoid the aforementioned, the family system should be kept according to cultural norms, and house members should be treated accordingly.

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**Case study no: 5**

Age: 18

Gender: Male

Qualification: 9th

Marital status: Unmarried

Income: Good

Profession: Student

Key informant: Younger Brother

Potential cause of Suicide: Parents' strict behavior, Domestic violence.

Hassan's father had been rigorous and usually scolded them for minor mistakes. His father was also addicted to alcohol and usually beat his mother and other siblings. A tense environment at the house disturbed him a lot, and to escape from the situation, he usually lived in his maternal uncle's house. In 9<sup>th</sup> grade, Hassan started to bunk classes at school. He used to walk around markets or would bike around with his heavy bike most of the time. His father usually scolded him because relatives and family friends observed and complained about Hassan roaming in markets and of his company with other bad boys. Hassan failed to get good marks in 9<sup>th</sup> grade. On that issue, his father was furious and beat him. He did not utter a single word to his parents and remain isolated in the house for a couple of days. A few days later, without saying a single word to anybody, he went to his maternal uncle's house, took his uncle's 9mm pistol, and shot himself in the head. One of Hassan's friends recounted Hassan saying once, that "One day, either I will kill myself or I will kill my uncles and father."

**Recommendations to address the issue:**

A democratic environment must exist at home. A supportive environment and harmony with a family member would be helpful for the bright future of the family. Domestic violence must be addressed, and issues between spouses must remain hidden from children.

**Case study no: 6**

Age: 17

Gender: Female

Qualification: 8th

Marital status: Engaged

Income: Good

Profession: Student

Key informant: Brother

Potential cause of Suicide: Strict behavior of the father.

Potential causes of suicide: Father's strict behavior

Father had strict behavior and usually scolded family members for minor mistakes. The victim failed in her pre-board exams of the 9<sup>th</sup> class. She was successful in hiding her result from her father, but the school management informed her father that she would not appear for board exams because she failed her pre-board papers held at college. On that issue, the father scolded her as to why she hid her result and said there was no problem with failing in exams. The victim felt that she had embarrassed her father in their family and society. She shot herself in the stomach, which damaged her organs and seven days later, she passed away.

Her last words in the ICU, to her aunty, were "Please pray for me. Ask Abba (father) never to get furious with Amma (mother) and brothers."

**Recommendations to address the issue:**

Parents must treat children in a disciplined way because they are in the learning stage, and being inexperienced, are fragile by nature. Strict behavior could suppress the abilities of the child, and they could be vulnerable to odd situations. Thus, benign behavior on the parents' side is crucial.

**Case study no: 7**

Age: 18

Gender: Female

Qualification: 8th

Marital status: Married

Income: Good

Profession: Student

Key informant: Elder Brother

Potential causes of suicide: Fear of getting pregnant, Depression.

The subject had an arranged marriage, and as a teenager got pregnant (at 18 years of age). Initially, she was not happy in her marriage and with her husband. She'd told her mother, before nikah, that she wanted to continue her studies further and that it would be impossible for her with marriage.

She was depressed at that time of pregnancy. Her mother looked after her, but her mother was illiterate and was unaware of the complex situation faced by her daughter at the time of pregnancy. The victim did not share anything with anybody; otherwise, she could have been helped and treated for her depression.

Her depression and fear of pregnancy resulted in her shooting herself in the chest. Her final words before death were, "Please, save me."

**Recommendations to address the issue:**

In Gilgit-Baltistan, the family structure does not allow the individual to choose a spouse independently. This scenario is relatively worse for females. So, before selecting a spouse, families should also take into account their children's opinions. Additionally, daughters should also be provided freedom in selecting life partners, selecting professions, and proper counseling to face the challenges in life.

Case study no: 8



Age: 25

Gender: Male

Qualification: Intermediate.

Marital status: Unmarried

Income: Relied on Family

Profession: Jobless

Key informant: First cousin

Suicide factors: Inferiority complex, substance abuse, mental depression, loss in Business, conflict with family.

The subject set up a business of Garments in Rawalpindi, which failed, and he returned home. Family income was good because all the elder brothers are well settled, having good jobs and Business. He was usually taunted that "all his brothers have their own business and money and you have nothing of your own." He was depressed and started using drugs; over time, drugs became intense, which made him physically vulnerable. Parents and siblings were unable to recover him because of his aggressive behavior like becoming rude on minor matters. Nobody at home had the confidence to advise him to shift to a rehabilitation center or a hospital for treatment.

Last night before committing suicide subject started arguing with his father to give him his share in inheritance, which he would sell and set up a business. His father at once refused. His mother boiled milk for him, he took the milk, and when all the family members went to sleep, he hanged himself in the Garden with the mulberry tree.

"Give me land which I would sell and set up a business."

**Recommendations to address the issue:**

Due to the unavailability of jobs in Pakistan, many commit suicide. Especially, in regions like Gilgit-Baltistan where private investment is zero. To encourage young

people government of Pakistan should permit private investments. So that the disparity found among youth mitigates. Besides, the family keeps strict views about the job market. Family should support financially and emotionally until a person finds a job and becomes financially stable.

**Case study no: 9**

Age: 60

Gender: Male

Qualification: Middle

Marital status: Married

Income: Good

Profession: Job and Business

Key informant: Nephew

Suicide factor: Psychological upset, conflict in the family.

The subject had a religious background and served almost 30 years with various religious clerics. His income was good because of inherited land and markets which were located in commercial areas. The individual was involved in politics and was affected by sectarian violence issues in Gilgit, which had little impact on his mind. He was present with the religious scholar's vehicle when some people attacked them. He was targeted during the 8<sup>th</sup> January 2005 incident. He witnessed a mass corpse at the hospital, which affected his nervous system, and made him slightly upset. To overcome this depressing phase, he moved towards drugs. After that, suddenly he left his job and remained limited to his house.

The same year when he left his job, his brother sold a plot located in a commercial area to pay the outstanding dues because of bankruptcy. He also spent the sum of money to

assist his brother and get rid of his default. He became mentally unstable after selling his brother's plot; her sister also demanded her share in inheritance, which he refused to give. a series of conflicts between siblings started. He remained isolated in his home and gave up all the social, religious, and political gatherings.

According to the family sources, it is said that within a year, he tried two attempts of suicide but failed in both, first with an ax, by hitting his head, and then next time tried to cut his vein. He was psychologically upset, and there was no conversation with a family member on any issue. Drug addiction culminated before committing suicide. He once visited a relative's village where he hanged himself with a tree.

**Recommendations to address the issue:**

There are few competent doctors in the region to treat mental health-related issues. The unavailability of psychiatric disease treatment in Gilgit-Baltistan is responsible for the risk factor of suicide. Thus, the government should include psychiatric departments at all hospitals in the region.

**Case study: 10 (failed attempt)**

Age: 22

Gender: Female

Qualification: 8th

Marital status: Engaged

Income: Good

Profession: MBBS student

Key informant: Sister.

Suicide factors: The pressure of studies, Sectarian violence-affected nervous system, and brother's sudden death created unrest among Family members.

The subject was good in studies from the beginning and was always conscious about her future. There was pressure from her family that she has to become a doctor. Her parents usually told her that "we are sacrificing for you, so you need to show some efficiency by becoming the first and only female doctor in the family. She never compromised on her studies. And she used to study daily for 7 to 8 hours. When she cleared matric, she was admitted to one of the prestigious colleges in the area, where she started her FSC first year. The studies became challenging for her because there was unrest in the Family by the Death of her young brother, a police officer. At that time sectarian violence was at its peak, and her brother was targeted. The whole region was affected; the family was also suffering from the tense environment of the region. When the first-year education year started she took it very seriously, she made every possible attempt to cover the syllabus. Still, she couldn't cover it because of the ongoing critical situations and social crisis in society. She suffered from depression, and ultimately she did not find a way to live. According to her, "the aim of life became blur for her and found no meaning of life." she took rat-killing poison at home.

**Recommendations to address the issues:**

Our society has turned into a brutal community where everyone is an enemy of the other. We need to think as human beings, not as Shia or Sunni. Islamic teachings are the actual manifestation of humanity, and these teachings should be prevailing in our society. There should be an understanding among parents and children. So, children can share every matter with their parents.

**Case study: 11**

Age: 13

Gender: Female

Qualification: 7th

Marital status: Married

Income: Good

Profession: Student

Key informant: Brother

Suicide factors: Domestic violence, strict behavior of Father.

The suicide's father was very strict beating her mother's siblings usually. There was a conflict between the parents on the issue of staying home and not going outside. And neither allowed anyone to enter their house because he never liked his relatives, even his parents. Children were also suffering because they witnessed their parents' conflicts, and their father's behavior was ruthless with the family. Suicider father also demanded the share of her wife in inheritance, which was also a bone of contention between the families. An endless series of conflicts between father and mother affected the mental health of children.

According to her mother, she used to say to her, why is Baba so ruthless? I cannot live with Baba. She took the rat-killing poison and unfortunately could not be rescued on time.

**Recommendations to address the issue:**

The matters that create conflict should remain hidden from the family, and behavior towards children should be smooth, caring and proper attention needs to be provided by the parents.

**Case study: 12**

Age: 19

Gender: Male

Qualification: 9th

Marital status: Unmarried

Income: Good

Profession: Student

Key informant: Brother

Key informant: Elder Brother

Suicider was a social and religious person, who regularly participated in community events. He was also good in studies and was the topper of Math in his class. He fell in love with a girl, and their relationship remained for about two months, and during their relationship, they became close to each other. The girl was engaged to another boy in the family. The lover's engagement depressed him, and he was not confident enough to send his marriage proposal. After that incident, the individual's habits completely changed, and his performance as a student declined. He also got failed in pre board papers. There was no pressure regarding studies from his family. He did not express his wish for marriage because, as a teenager, it is not suitable to demand early marriage in Gilgit Baltistan's society.

A day before committing suicide he said to his cousin, who was also his best friend that "Ah, brother, I have lived this life enough, and I feel like living further is meaningless." His cousin tried to take him into confidence, but he did not pay attention to anyone. And on the next day shot himself on the chest with a 12 bore at his house. Suicider had left a suicide note in which he wrote that "It is meaningless for me to live this life without my lover."

**Recommendations to address the issue:**

There exists a communication gap between parents and children. Parents should take care of children and consider their opinion. This will help to reduce the communication gap barrier.

**Case study: 13**

Age: 21

Gender: Male

Qualification: Intermediate

Marital status: Unmarried

Income: Good

Profession: Student

Key informant: Younger brother

Suicider was a hardworking social worker and religious person who actively participated in academics and community events. According to the family, he usually recited the holy Quran after every Namaz. He was diagnosed with Hepatitis C during his second year of college, which made him depressed and hopeless when he knew about the unavailability of treatment. The vulnerability of the illness created fear and mental pressures confusing him about life.

Last night, he offered prayers on the rooftop, recited the Holy Quran, and then contacted his younger brother, who was out of the city, asking him to take care of his parents and carry on his studies. Suicider left a suicidal note in which he wrote that "I have a disease in my mind which cannot be cured, please manage to complete those Faraz namaz and Roza which I may have left" and hanged himself in his garden with a tree.

**Recommendations to address the issue:**

Understanding parents provide shelter and help to cope with odd situations faced by young ones in life. So, parents must break the distance and create a harmonious environment at home where children could express their hidden worries, wishes, and queries.

**Case study: 14**

Age: 17

Gender: Male

Qualification: 9th

Marital status: unmarried

Income: Good

Profession: Student

Key informant: Maternal Uncle

Suicide factors: Disappointment, lack of attention.

Suicider consisted of some attributes like hyper-minded, rigid mind, stubbornness, enthusiasm, and usually fought with peer groups while playing. The family ignored that issue and considered it to be normal, thinking, time will make him realize these mistakes and he will give up these when he gets mature. One day parents had to visit their relative's home, which was located in the city. He insisted on accompanying them rather than going to school. Parents denied him and asked him gently to go to school because education must be his priority and visiting relatives comes after that. Suicider felt and considered it his failure before his parents. Instead of going to school, he went to the riverside and jumped into the river.

**Recommendations to address the issue:**

The communication gap and socialization of children should never be ignored. Whenever the mindset of children goes out of the control of parents' hands. Such cases are needed to be handled based on the mentality of that person. Only parents can control this through their affection.

**Case study: 15**

Age: 17

Gender: Female



Qualification: 8th

Marital status: Unmarried

Income: Good

Profession: Student

Key informant: First cousin.

Suicider had a love story, and her love story became unveiled in the family after some time. The boy whom she loved had a bad reputation. That's why Suicider's parents disliked him. So, the chance of marriage was negligible. Her engagement was fixed with her first cousin but she denied the marriage proposal. Suicider's mother was rigorous and pressurized her, but she consecutively refused every family member. The boy was not so confident to demand marriage at an early age because his father was rigorous, and he was successful in hiding the love story. They both went to the extreme regarding their relation. Every single day both bunked the school to hang out with each other. Ultimately, Suicider's mother fixed the date of her engagement, which created conflict between mother and daughter. Mother tortured her after that, after that her thoughts and actions changed drastically sounding a bit bizarre of life she usually talked to her friends and told them "let me talk I don't know we would be together or not tomorrow" she reiterated all the best memories with her friends.

Her last words before an hour of suicide to her close friend was that "If I could not be able to live with Hasnain, then I would prefer to die," she hanged herself in her room after returning from the academy.

**Recommendations to address the issue:** Parents need to understand their children. Society and social norms are changing from generation to generation, and human being is a social animal with desires, and we need to respect the legal wishes of everyone.

**Table 4.1.1 Reported suicide cases of District Gilgit**

<b>YEAR</b>	<b>MALE</b>	<b>FEMALE</b>	<b>TOTAL</b>
<b>2016</b>	<b>3</b>	<b>4</b>	<b>7</b>
<b>2017</b>	<b>3</b>	<b>7</b>	<b>10</b>
<b>2018</b>	<b>6</b>	<b>0</b>	<b>6</b>
<b>2019</b>	<b>5</b>	<b>3</b>	<b>8</b>
<b>2020</b>	<b>4</b>	<b>0</b>	<b>4</b>
	<b>21</b>	<b>14</b>	<b>35</b>

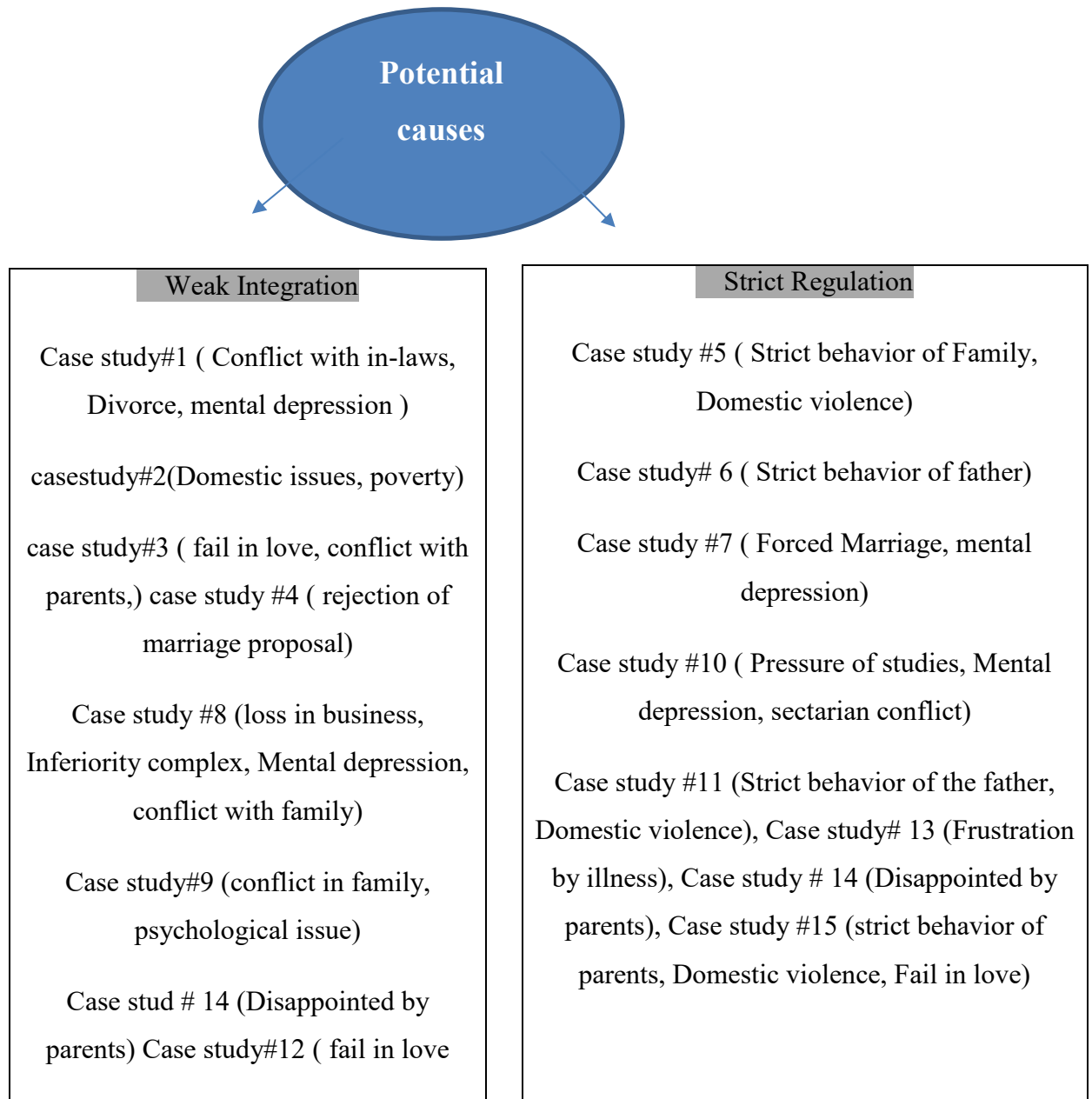
This table illustrates that total reported suicide cases in various police stations of District Gilgit from the year 2016 to 2020. This data was provided by the SSP office of district Gilgit, which shows that 35 cases are reported between the years 2016 to 2020. The majority of cases went unreported in the area due to the social stigma of suicide. Additionally, the data of few police stations in the district are missing because they have no proper official record system.

## **Chapter No. 5**

### **KEY FINDINGS, DISCUSSIONS AND CONCLUSION.**

In this chapter, I am going, to sum up, the study. The study's findings are summarized under the headings of weak integration and strict regulation (see figure 5.1)

**Figure 5.1**



### Connections

- Domestic issues are common potential cause of suicide in all case studies except in case study no 10, 12 and 13.
- Mental health is common potential cause of suicide in case study no 1, 8, 9, 7, and 10.
- Fail in love is common potential cause of suicide in case study no 3, 12 and 15.
- Economic issue is common potential cause of case study no 2 and 8. and case study 4 show that rejection reason was social status and social status also show economic status.

This chapter presents the causes and factors told by the families of suiciders in a summarized form and connects it with the existing argument around the issue. I have put these into two major areas as identified by Emil Durkheim these are.

### **5.1.1 Weak integration**

The previous chapter presented a framework that guided the researcher for the collection and interpretation of field data in research. And this chapter presents the interpretation of field data interviews in two themes.

The study findings generally that integration creates a sense of collective consciousness responsible for binding individuals of society together and creates social cohesion. According to one of the key informers, financial issues lead to suicider suffers from mental depression and conflict with in-laws, and divorce made him more vulnerable. Consequently, he gave up all the social and religious gatherings and isolated himself from society and he never shared his grief with anyone.

The above interview depicts lack of social Integration, conflict with in-laws, and divorce, loneliness, and separation of children are potential causes of suicide. Suicider was facing many problems in life, but the separation of life was unbearable for him then he preferred to end his life. The next case shows similar causes which result due to weak integration the Conflicts in Family. According to the key informer, the family has a suicide history of suicide and also Suicider usually quarrels with uncles for his father's inheritance property but uncles denied him every time. The interview of the above informer shows weak Integration and uncles did not believe on Suicider which created conflict among family members. In the next case, the key informer explained that how the parents denied the Suicider's wish to marry his lover.

Look son it will be an act of embarrassment to marriage our son with that lower caste's daughter. Then Suicider tried to force parents by leaving home and change of Sect and quarrels usually. Parents denied him by saying that we could not sacrifice family honor on your wish.

The above interview shows the non-serious behavior of parents and the lower caste shows the low economic and social status in society. Parents who love their children are always ready to sacrifice everything for children but the parents mentioned above made lame just excuses and did not pay attention to the wish of their son. All the actions of son to pressurize his parents by changing his sect and leaving home turned into vain. He regularly quarrels with his parents and unable to marriage with his lover he preferred to kill himself. Human being has certain aims and desires and when these desires were unachievable for him then he became disappointed and killed himself.

The above case study showed similar causes of suicide as in case study 4

There was a conflict in family on the marriage of suicide with a girl whom he loves because both families did not agree on it. Suicider's rejection of the marriage proposal and conflict in the family on a rejection of the marriage proposal hurt his ego and he attempted to commit suicide.

The above interview shows that rejection of marriage proposal and conflicts of a family damaged his ego/ self-importance which obsessed him to attempt to end his life. The rejection of the marriage proposal is related to the economic condition and social status of suicider in society. In the next case study key, informers explained that:

Suicider had a conflict with parents and siblings on the issue of land distribution. Suicider said to his parents to give his inheritance land and by selling that land he wants to establish a business. But his parents denied it because he was suffering from mental depression and drug abuse was on peak. The family had not believed in him because of already a loss in business.

The above interview shows the conflict and lack of understanding among family members and loss in business mentally disturbs and attracted him toward drugs to decrease the pain of inferiority complex which was related to economic status. Moreover, the mental depression and drug abuse made him more vulnerable to commit suicide. Additionally, in the next case key informer explained that.

First, the suicider left his job then he supports his brother who was suffering from bankruptcy on which he had to sell a commercial plot. Then her sisters also demand a share in the inheritance land of the family, he refused to give land, and conflict between siblings took intensity which resulted in psychological problems of suicider.

The above interview depicts the economic issues along with domestic issues. First, he somehow managed to pay a loan of a brother then demand of sisters for distribution of land among siblings created conflict in the family which made him psychologically upset. In another case, study key informer informed that the suicidal note of suicider that he left for the family

“I have lived this life enough. It would be meaningless for me to live life without my lover.”

The above description of suicide note depicts the extreme in the love affair. Being unable to become life partners disappointed him and considered his existence aimless.

### **5.1.2 Strict Regulation**

The level of regulation in society affects suicide rates. When high regulation in society exists the high rates of suicides occur in society and low regulation is also associated with high rates of suicide. In a case, study key informer informed that;

Suicider was fed up with the tense environment of home because whole members suffered from the harsh behavior of their father who usually beats them. A day Suicider expressed that one day either I will myself or I will kill my father.

The above interview shows the strict behavior father at home. The harsh behavior of the father and domestic violence was unbearable for the suicider because it has crossed the limits and disturbed the whole environment of the home. In another case, study key informers informed that;

Father's behavior was very strict and usually scolded the sibling for a little mistake at home. Last night suicider was scolded by her father on an issue of keeping the hidden result of the academic evaluation test result from him and she couldn't sleep the whole night by memorizing the harsh word and behavior of the father.

The above interview shows the strict regulation of the father at home. The suicider tried to hide results from her father because of her father's fear of strict behavior. but her father scolded her for hiding the result, she felt so embarrassed and confused which she couldn't bear and commit suicide after all that. In a case, study a key informer informed the potential cause of suicide that:

Suicider was forced into marriage and she was not agreed with that rather she wanted to carry on her studies instead. But by force parents fixed her marriage in her teenage and she was not happy. Then she got pregnant and was not confident to face pregnancy.

The above interview shows the strict behavior of parents who prefer their priority rather than children's wishes and the daughter was forced for marriage and at the teenage when she got pregnant parents did not guide her or mentally prepare her to face the pregnancy period. The fear of pregnancy along with her forced marriage made her vulnerable and to get rid of the situation she committed suicide. In a case study the key informers informed that Suicider was already suffered from sectarian conflict by which they lose her brother. And when she was in intermediates the first year she got the pressure of studies by looking at the syllabus. And she was not confident enough to cover the entire syllabus in a short period which leads her to suffer from mental depression. The above interview shows that suicider was suffering from sectarian conflicts consequently, she loosed her brother. The pressure of studies during FSC and being unable to cover



the syllabus made her vulnerable ultimately she attempts to commit suicide. In the next case study key, informers informed that:

Suicider's father was very strict and her behavior with family especially with her mother was very harsh. Father beats mother on lame excuses and the behavior of father was ruthless. Suicider was the eldest daughter and in her teenage, she suffered violence at home. The above interview shows that teenage suicider suffers from violence at home. Ruthless behavior of father with family members affected the environment of the home. She was fed up with the ongoing situation of the strict and rude behavior of her father and domestic violence resulted in committing suicide. In the next case, the study informer informed that:

Suicider was suffering from the incurable disease hepatitis C and he was hopeless to live further. The fear of facing pain in incurable disease made him hopeless to live further life. Suicider left a suicidal note in which he wrote that:

I have such a disease in my mind which cannot be cured, please manage to complete those faraz namaz and Roza which I might unconsciously leave.

The above interview extreme regulation of pain by incurable diseases and fear of facing the vulnerability attracted suicider to commit suicide. And living further life became meaningless for him because of the hopeless conditions of the future which he had to face. He did not have enough coverage to face the further vulnerable situation of life and ended his own life. In the next case study, the key informer describes that:

The suicider was hyper-minded, rigid mind, stubborn, enthusiastic and usually quarrel with peer groups while playing. Once his parents were going to the city, he also insisted to go with his parents. But his parents denied him and said you are supposed to come with us and just go to school.

The above interview shows that strict behavior of parents and the stubborn nature of suicider is a potential cause of suicide. When suicider became unable to convince parents he considers it as a failure. He always wants to remain dominant among everyone but by founding his failure by his parents obsessed him to end his and he committed suicide. In the next case study key, the informer informed that:

Suicider ad love affair with a boy of her muhallah and they also date usually after school time. The story of love affair and date unveiled among both families. But, the girl's parents started strict regulations on her. And her mother tortured her many times on the issue of a love affair because in our society love affairs are unaccepted and consider as sin. It is also not accepted in our society's culture and considers it a shame for families. Suicider's parents by force fix her marriage with her first cousin but she denied the decision of her parents. Then her mother physically and verbally abused her by saying that you have ruined our honor in society. The above interview depicts the matter of honor and shame in our society. When the love story of boys and girls spreads in society it is considered a shame for families. Culturally in our society male honor does not get hurt but female honor is very crucial. When Suicider's family came to know about her love story they started to impose sanctions on her and they fixed her marriage without her consent which was unacceptable for her because she loves another boy. Without her lover, she was not ready to spend her life and commit suicide when the pressure of her parents unbearable to her.

## **5.2 Discussions**

The study findings suggested that most of the suicides were done by young individuals aged 13-25 in the Gilgit district. The main causes of the suicides were strict regulation and authoritarian behavior of parents, mental health issues and failure in love, academic pressure, and financial stresses. Fifteen suicide cases that occurred between 2017 and 2020 were chosen for in-depth study. Among the 15 case studies selected, there was geographical distribution between urban and

suburban areas. The case studies were also gender distributed with nine being male and six female. Astonishingly, the majority of those who committed suicide were teenaged youth between the ages of 13 and 34. The only outlier was a 60-year-old individual who suffered from mental diseases.

Suicide is one of the leading causes of death around the world (Ahmad, 2019). In Europe, economic recession caused suicides, especially in Greece, where economic recession increased suicides by 60%. With the economic downturn and unemployment, suicide rates accelerated each year. Reeves, (2012). Psychiatric disorders contributed 87.3% of suicides with suicides varying among gender and geographical area. Arsenault et al. (2004). And in Canada, the average annual suicide mortality is 4000, with a rate of 12 per 10000 people, mostly among female teenagers. Spiwak et al., (2012). And those who committed suicide had a history of suicide by a near one. Hawton, (1998).

The results indicate that:

According to one family member of a suicide victim, the suicide was unique in the area because very few old and mentally upset people committed suicide. Suicide is mainly committed by youth and mostly females, which is an alarming situation. In one case, a history of suicide was found in the family, and the victim had property disputes with his uncles. He wanted to buy a car to use as a cab and support his brother economically by selling the plot, but his uncles blocked him every time. The victim was already suffering from sectarian conflicts and the loss of her brother. In the next case, a female 11<sup>th</sup>-grade student was overwhelmed by the syllabus and lack of time triggering psychological depression which eventually led to suicide.

The above literature review and findings show that society has changed and converted into an individualist and egoistic society, and the level of social integration has gone down. The association of Durkheim's low level of social integration and regulation in the above literature

review and findings is positive. Contrary to the level literature review, suicide rates among females were low in the study locale.

The events that most commonly contribute to suicide are interpersonal problems: bereavement, relationship breakdowns, conflicts with parents, partners, or friends (Ruzicka, (1999). Suicides among individuals between the ages of 15-24 are increased from 2001 to 2014. The average number of suicides was 319 per 10,000 and the majority were male. The risks factor were depression, alcohol abuse, mental disorder, antisocial behaviors, sexual abuse, physical abuse, poor peer relationships, suicidal behaviors by friends, family disorder, living away from family, unsupportive parents, and social contagion (Kinchin& Doran,(2018). Moreover, females' suicides in South Punjab are due to personal problems and males due to failure in love (Ahmad et al., 2019). And the factors responsible for suicide among youth in district Swat of Pakistan are family pressure, strict regulations of family, family structure, and more expectations from family (Ihsan & Wahab, 2020). Additionally, an association between the economic recession and increased suicide rates exists as well. Oyesanya et al., 2015. And suicide is a major health problem in low-income countries (Shahid and Hyder, 2008).

Findings indicate that:

The victims suffered from mental Depression, loss in business, poverty, conflict with in-laws, divorce, and conflict in the family, love failure among males and females, strict behavior of parents, lack of counseling among youth made them more vulnerable to commit suicides in Gilgit. On contrary, in south Punjab potential causes of suicide only exist among males but in Gilgit potential causes are witnessed among both males and females. As in the literature review, more expectations from the family in Gilgit competition for professional life is at peak among students and parents somehow manage to fulfill their wishes to see son or daughter as doctor or engineer.

But when the individual unable to fulfill the expectation of family disappointment overcomes them and becomes indulged in suicide. A suicide note of one of the suicider

“I have lived this life enough. It would be meaningless for me to live life without my lover.”

Findings show that rising suicide cases are due to change in family values and norms. The combined family system is turned into a nuclear family, which created a lack of understanding between parents and children. Globalization, urbanization, and competition in society can be wetness for rising suicide rates in district Gilgit; mental health is associated with increased suicide. Additionally, conflict in Family and economic issues lead individuals to suffer from mental health issues and dilute social structures, i.e., Family and religion. The above findings and literature review both depict the low level of social integration, the existence of anomie in society, and strict regulation by families in society created anomie among individuals responsible for rising suicide rates in District Gilgit of Gilgit Baltistan, as presented in Durkheim's theory of suicide.

### **5.3 Conclusions**

The main focus of this research was to explore underline factors of the rising suicide rate in district Gilgit of Gilgit Baltistan and to know the socio-economic background of suiciders. The researcher conducted in-depth and detailed interviews with the families of suiciders and found that the major factors responsible for suicides are parents' strict behavior with children, mental health issues, economic issues, academic issues, and failure in love affairs. District Gilgit, like other parts of Gilgit Baltistan, faces social change, which is a consequence of acquiring higher education among youth. Lack of resources and social transition affected the minds of the youth and leave them without guidance. Rapid urbanization and modernization are changing the priorities of the new generation, which are unacceptable to old age. Conservative cultures still prevail in society; love marriage and love affair are strongly denounced by elders and considered a stigma for family. The young generation is misunderstood by parents and dictates them to carry on as the say which loses

the enthusiasm of young for living life and choose future life as they want. The young generation wants the freedom to choose a future and professional life, choose a life partner and become financially independent. The misunderstanding between parents and children and parents' strict behavior leads individuals to suffer children from anomie. Social anomie is considered a major risk for rising suicides in society.

This research, especially strict regulation and weak integration in society are responsible for rising suicide rates in Study local. Additionally, the strict regulation and weak integration resulting in the prevalence of anomie can provide a base for further research in the future. Furthermore, strict regulation and weak integration are responsible for high suicide rates. Which implies that by studying weak integration and strict regulation, other risk factors would be discovered? Therefore, it is highly recommended that suicides in Gilgit must be further explored. Consequently, it will provide some basic literature for various dynamics of this social risk.

#### **5.4 Recommendations**

- I. As the topic of study, “Rising suicide rates in Gilgit Baltistan”. Depicts that there are several factors that need to unveil and require further research.
- II. Some of the suggested recommendations to address the issue is the creation of a friendly environment at home which helps to the creation of understanding between parents and children.
- III. The inter-religion harmony creates a peaceful environment in the region which would be helpful to find new sources and opportunities of income in the region.
- IV. Empowering the youth by involving them in economic and physical activities as well create awareness among parents to understand the wishes of the new generation would be beneficial to overcome the issue.

## **APPENDIX**

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## Interview Guide

1. Age of the suicide committed person?
2. Education of the Suicide committed person?
3. Profession/Occupation of the Suicide committed person?
4. Marital Status of the Suicide committed person?
5. Family Income of the Suicide committed person?
6. In your views what were the factors that compel your son/daughter/brother/sister or relative to commit suicide or attempt suicide?  
Explain in details
7. How suicide tendencies by should addressed in in the area?