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RESEARCH PAPER

Exploring the Patterns and Factors influencing Suicide Rates in Ghizer, Gilgit-Baltistan, Pakistan

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ABSTRACT

Suicide is considered one of the leading causes of premature death worldwide, and it is still an understudied subject in Pakistan. There are no national statistics on suicide; however, local and regional studies showed a higher inclination in some areas of Sindh, KP, and Gilgit-Baltistan. The data was extracted from my PhD research work which aimed to cross-investigate the suicide statistics, and document the trends of suicide and its linkages with socio-demographic information of suicide victims to explore the influence of later on. Qualitative data were analyzed using SPSS; case studies were included to support the description. The result showed that the female suicide rate is higher than male; students and housewives categorically on the top. Gunshots, hanging, and jumping into rivers were the mostly used tools to commit suicide. A comprehensive, policy-based study is necessary to curb the issue.

KEYWORDS: Ghizer, Suicide, Suicide Rate, Student Suicide, Women Suicide

Introduction

Suicide is considered one of the leading causes of premature death worldwide. Globally, almost one million people are victimized by suicidal deaths annually (Bertolote & Fleischmann, 2002). Despite serious public health problems, it is still an understudied subject in Pakistan. Data on suicide from highly populated Islamic countries like Pakistan, Bangladesh, and Indonesia is lacking. There is no data reported to the World Health Organization (WHO) on the national suicide rate (Murad M. Khan, 2005). Various socio-cultural, political, legal, and religious dynamics are responsible for making reporting and diagnosis of suicide much more difficult (Naveed, Qadir, Afzaal, & Waqas, 2017).

Newspaper reports on suicide from 35 cities of Pakistan was reviewed in a study, which shows that 306 cases in two years were reported in print media, in which men outnumbered women by 2:1. It was also revealed that suicide incidents are more prevalent in unmarried men and married women (Murad Moosa Khan & Reza, 2000). Hanging, use of firearms and insecticides are the most common method of suicide in Pakistan. Moreover, the majority of victims are under 30 years of age and the most frequent reasons for suicide are domestic problems and mental illness (Murad Moosa Khan & Reza, 2000; Omar & Merrick, 2013).

In Pakistan, suicide and intentional self-harm are considered illegal acts and are punishable by law (Mahmood, 1989). Moreover, in Islam, it is considered a sin, and there are strict religious sanctions against suicidal attempts (Mahmood, 1989). This leads to social stigma against suicide, which prevents individuals from approaching the public sector health system and also causes underreporting of suicide statistics. A study shows

that among 90% of suicide cases, depression is the leading cause, and 34% of the Pakistani population is suffering from mental health issues (Al Ansari, Hamadeh, Ali, & El Offi, 2007). Due to the lack of resources and minimal access to mental health services, suicides appear to be a perplexing situation in Pakistan (Omar & Merrick, 2013). The suicide rate, although at a slower rate, is constantly on the rise in various cities in Pakistan (Murad Moosa Khan, 1998).

A project was conducted by the British Council (Ahmad & Khan, 2007), to find out the root causes of women's suicide in Ghizer during the period 2000–2004 and calculate the female suicide rates (average 9.8% per year). However, that study completely ignored the suicide rates in men and also did not include some important socio-demographic variables. The present study is also carried out in Ghizer, Gilgit-Baltistan, Pakistan. This study particularly focused on the overall suicide trend, keeping in view the important socio-demographic variables in both genders over twelve years (2006–2017). This study provides a comprehensive picture of suicide-related facts by analyzing the already-registered data scientifically to add a crucial proportion to the body of knowledge regarding suicide.

Material and Methods

The data was extracted from PhD research work and supplemented by the data collected from the police department in Ghizer, Gilgit Baltistan. Suicide cases are reported in local police stations in all the selected valleys; hence, police first information reports (FIRs) were the only reliable source in this regard. For the current study, important details of suicide victims, i.e., name, sex, age, area, and employment, along with the reason for suicide, mode, date, month, and year of the suicide incident, were extracted from registered FIRs. The data also contains information on socio-demographic data, post-mortem reports, autopsy reporting, and scene examinations performed by police officials. A quantitative study design was used to carry out a time trend analysis of suicidal cases during 2006–2017 in five selected valleys of district Ghizer, i.e., Puniyal, Ishkomen, Gupis, Yasin, and Phander, supported by case studies. The data was analyzed using SPSS software version 20.0. Descriptive analysis was used to describe the ground-level situations. The results were interpreted in graphs and tables.

Demographic Information on Suicide Victims

Data in Figure 1 shows that the female suicide rate is higher (53%), compared to male suicide (47%). Thus, the suicide trend is higher among women in Ghizer.

According to the Table 1, it was found that 17.3% of victims of suicide were married males, and 29.5 percent of victims of suicide were unmarried males. On the other hand, 22.5% of married females and 30.6% of unmarried females were suicide victims.

Table 1
Marital status and suicide trends (Source: Field Data)

			Marital Status of Suicide Victims		Total
			Married	Unmarried	
Gender of Suicide Victims	Male	M	30	51	81
		%	17.3%	29.5%	46.8%
	Female	F	39	53	92
		%	22.5%	30.6%	53.2%
Total		Tot	69	104	173
		%	39.9%	60.1%	100.0%

Unmarried suicides are more common for both genders in the area. 60% of total suicides were committed by unmarried people, and for both males and females, the percentage is almost the same as 29.5% and 30.6%, respectively. On the other hand, suicide committed by married women is more common than that of married men, indicating the problem of domestic problems or violence.

The data regarding the age of the victim was grouped into seven sets, each having a 10-year count. The data was then analyzed, and the result is shown in the graph (Figure 2), which shows that the highest rate (24.86%) of suicide among females is in the age bracket of 20–30 years. Second to it is again female (19.08%) in the 10–19-year age bracket.

After that, males have the highest percentage (16.18%) of suicide in the 10–19-year age bracket and the second highest (15.03%) in the 20–30-year age group. In other groups, 31–40 females have a higher suicide rate (6.94%) than male victims (4.62%). Contrary to this, in the age group 41–50, males have a higher percentage (5.20%) than females (1.73%) of the same age group. In the 51–60 age group, males have a 2.89 percent suicide rate, while females have a 0.58% suicide rate. In age groups 61–70 and 71+, no female committed suicide; however, males committed 1.73% and 1.16% of suicide, respectively. It can be concluded that over the past twelve years, the female suicide rate and the male suicide rate in terms of age show clear differences. Adolescents and young individuals have higher suicide trends; young females (20–30 years old) suicide is higher, while teenage males (10–19 years old) suicide is higher in their respective genders.

Suicide trends concerning profession

Working to earn enough money to survive, or maintain a lifestyle, however luxurious or not, is a source of daily struggle for everyone. Occupational activities are usually considered a source of personal development and economic growth for the general population, yet it has been observed that certain occupations are associated with a fairly high rate of mortality due to emotional and psychological stressors leading to suicide. In graph (Figure 3) suicide victims are distributed based on the profession of suicide victim.

The highest rate of suicide is among students (50.59%) among them females constitute (25.88%) while males (24.71). The second highest percentage of suicide is among (24.12%), while the second highest among males are laborers (8.24%). 4.3% of males and 2.94% of female suicide victims are unemployed. Farmers constitute (4.5%) of males and (2.8%) of females, while (1.76 %) of government servants committed suicide over the period 2006-2017.

The study showed that suicide indeed is a little more common in females in the locale. As for females, the professions in which they were most at risk were being students or housewives. Not even a single case of working women is registered and only 3 % of male suicides were caused by unemployment. Overall, 50% of suicides were committed by students of both genders with a slight difference of 2% high ratio among female students. For males, students at different levels of school and college are the most vulnerable group. Other leading causes are people related to low-earning jobs like daily wage labor or farmers who have small lands. Only 6.47% of suicides are committed by unemployed people.

Table 2
Suicide trends concerning the profession

Profession	Males	Females	Total
Unemployment	3.53 %	2.94%	6.47%

Student	24.71%	25.88%	50.59%
Laborer	8.24%	0.59%	8.83%
Farmer	4.5%	2.8%	5%
House Wife	0%	24.12%	24.12%
Govt. Servant	1.76%	0%	1.76%

Suicide Trends in Selected Area

Administratively, Ghizer district is divided into five different tehsils, namely Puniyal, Ishkoman, Gupis, Yaseen, and Phander. Puniyal is the larger one, having all administrative setups and other governmental infrastructure, and this tehsil shares its border with Gilgit, the capital city of the region.

Table 3
Suicide trends with respect to area

Area	Female	Male	Total
Poniyal	20.8 %	23.7 %	44.5 %
Ishkomen	6.9 %	6.4 %	13.3 %
Gupis	10.4 %	4.6 %	15 %
Phander	3.5%	0.6 %	4 %
Yasin	11.6 %	11.6 %	23.1 %

According to graph (table 3), in the area of Puniyal, the majority (23.7%) of suicides were committed among males, and (20.8%) of females committed suicide, half of the total suicides happened in this Tehsils alone which is a prosperous area concerning other Tehsils. Including both male and female (44.51%) suicides committed by the individuals in this Tehsil only from the year 2006 to 2017. The second highest ratio i.e., a total of (23.12%), came from Yaseen, (11.6% for each gender) which is comparatively a remote tehsil having its borders with the Tajikistan belt. In Ishkoman (6.4%) male and (6.9%) female committed suicide. In the area of Gupis males (4.6%) and females (10.4%) were the suicide victims. Tehsil Ishkoman and Gupis show almost similar rates of suicide over the past eleven years, which are 13% and 15% respectively. In Phandar among males (0.6%) individuals committed suicide and in this way among female folk (3.5%) were suicide victims. Tehsil Phander shows the lowest rate of suicide which is 4% only.

There are differences based on gender; a higher ratio of suicide victims in Poniyal is male than females, while the female ratio is higher than males in Tehsil Gupis. This difference is also seen in Phander, where a higher trend of suicide is among females, while in Ishkomen and Yaseen, trends are almost similar for both genders.

Documented Reason of Suicide

When the data was analyzed to reveal the reasons for suicide, multiple reasons with different interpretations were shown. There were eight reasons for suicide, and three are considered major ones.

Table 4
Suicide trends with respect to reason of suicide

Reason of Suicide	Male	Female	Total
Failure in Love	3.5 %	2.9 %	6.4 %
Failure in Exam	1.2 %	2.3 %	3.5 %
Mental Illness	13.9 %	5.8 %	19.7 %
Depression	16.8 %	13.9 %	30.6 %

Domestic Problem	5.2 %	19.1 %	24.3 %
Unemployment/Poverty	3.5 %	0 %	3.5 %
Medical Problem	1.2 %	1.7 %	2.9 %
Accidental	1.2 %	0.6 %	1.7 %
Domestic Violence	0.6 %	6.9 %	7.5 %

According to data (Table 4.), 6.4% of suicides were committed due to failure in love, of which 3.5% belonged to males and 2.9% were females. Due to failure in the exam, 3.5% committed suicide, of which 1.2% belonged to males and 2.3% were female. According to the data, 19.7% were suffering from mental illness and so committed suicide, of which male victims were 13.9% and female victims were 5.8%. Depression is also a main cause of suicide in the study area. Depression is also a kind of mental illness, but it was differently presented in the data everywhere. Thus, both genders (30.6%) committed suicide due to depression; among them, 16.8% and 13.9% were female.

Domestic problems are also the main causes of suicide. Domestic problems may be in relation to the husband and wife or they may be in the form of domestic violence. In the study area, including both genders, 24.3 percent committed suicide due to domestic problems, of which 5.2% were male and 19.1% were female. Due to domestic violence, including both genders, 7.5% committed suicide, of which 0.6% were male and 6.9% were female. Due to unemployment, only 3.5% of males committed suicide, and there were 0% of females. Due to any medical problem, a total of (2.9%) individuals committed suicide, of which (1.2%) were male and (1.7%) were female. In the data of reported cases, the reason for suicide as "accidental" was mentioned, and when analyzed, its percentage for both genders was 1.7%, of which 1.2% were male and 0.6% were female.

According to the data, the highest rate (30.6%) of suicide based on reason was due to depression; second was domestic problems (24.3%); after that, mental illness (19.7%); other reasons behind suicide were (7.51%) domestic problems, (6.36%) failure in love, failure in exams, and poverty, which have the same percentage of (3.47%) each. While 2.89 percent of suicides are due to medical illness, the reason for 1.73% of cases is unknown.

Trends in Post-mortem of Suicide victims

A post-mortem is a surgical technique carried out to find the actual cause of death. Legally, a post-mortem is compulsory for every suicide case, but various social reasons hinder it. However, in recent years, the government has made it compulsory to carry out a post-mortem after every accidental death. This step enhances the reporting of suicide incidents; before this post-mortem bill, many suicide cases were said to remain unreported.

The present study revealed that, among males (34.7%), the post-mortem of suicide victims was carried out; on the other hand, in 12.1% of suicide incidents, the post-mortem process was not done. Among female suicide victims (44.5%), the post-mortem process was carried out, and in 8.7%, the post-mortem process was not carried out after the commission of suicide. On the whole, including both males and females, in 79.2% of cases, the post-mortem process was carried out, while in 20.8%, no post-mortem was done. Surprisingly, in males, the percentage of post-mortem examination is significant, i.e., 10% lower than in females.

Table 5
Suicide trend concerning postmortem status (Source: Field Data).

	Post-Mortem Status		**Total**
	Carried	**Not Carried**	

Gender of Suicide Victims	**Male**	Count	60	21	81
		% of Total	34.7%	12.1%	46.8%
	Female	Count	77	15	92
		% of Total	44.5%	8.7%	53.2%
Total		Count	137	36	173
		% of Total	79.2%	20.8%	100.0%

Tools used to commit suicide

The tools and methods used by people to commit suicide are significant from the perspective of policy-making and devising approaches to suicide prevention. A suicide prevention strategy may include restricting access to a particular tool or method. For instance, restrictions on access and strict policies regarding the licensing of weapons have been suggested, which could cause a significant reduction in suicide rates in the United States (Brent, 2001; Lambert & Silva, 1998).

The frequency distribution for suicide tools used in Ghizer (Figure 6) depicts that using firearms is the most prevalent (24.3%) tool among men. Contrary to this, jumping into the river is the most frequently used method of taking life among women. Hanging is the other significant tool among both genders, and taking poison is only used by females. According to the data, suicide by gunshot among males was 24.3% and in females was 7.5%. By hanging (15.6%), males committed suicide, and using this method (15%), females ended their lives. By jumping into the river (6.4%), males ended their lives, and using the same method (24.3%), females committed suicide. The use of poison is also a common method of suicide among suicide victims.

Table 6
Suicide trends with respect to tool of suicide (Source: Field Data)

	Male	**Female**	**Total Trend**
Gunshot	24.3 %	7.5 %	31.8 %
River	6.4 %	24.3 %	30.6 %
Hanging	15.6 %	15.6 %	31.2 %
Poision	0 %	5.8 %	5.8 %
Unknown	0.6 %	0 %	0.6 %

According to the data (Table 6.), there was not a single male who used poison as a tool to commit suicide. On the other hand, among females, the use of poison was 5.8%. Data show only (0.6%) suicide tools were unknown among males, and females (0.0%) were unknown. According to the data, the majority (24.3%) of males used gunshots as a tool to commit suicide. Among females, the most common method (24.3%) to commit suicide was jumping into the river. The reason behind the use of gunshots as a tool to commit suicide might be the availability of weapons for males; on the other hand, weapons are not available for females. In this way, most females adopt the method of jumping into the river. On the whole, both males and females (31.8%) used gunshots as a tool to commit suicide, which is the most commonly used tool by victims.

Year and Month distribution of Suicide incidents

The frequency of suicide incidents per year is not fixed; it changes per year. Data shows (Table 7.) the number of suicide attempts per year. According to the results, 1.7% of males committed suicide in 2006; on the other side, 1.7% of females committed suicide in the same year. Data shows that 1.2 percent of males committed suicide in 2007, and in this way, in the same year, 4.0 percent of females were victims of suicide. In the year 2008,

6.4% of males committed suicide, and in the same year, 5.8% of females were suicide victims. In the study area in 2009, (5.2%) of males and (2.3%) of females were suicide victims. The victims of suicide among males were (5.2%) in 2010 and (4.6%) were female. The suicide victims among males in 2011 the male and female percentage of suicide victim was the same (4.6%). In 2012, the suicide rates among males and females were (4.6%) and (4.0%), respectively. While in the year 2013, the male victims were (4.0%) and female victims were (6.9%), in 2014 the male suicide victims were (2.3%) and females (4.6%), in 2015 the male was (2.9%) and the female victims were (4.6%), in 2016 the male victim was (2.3%) and female were (4.6%), in 2017 the female victims of suicide were (6.4%) and in the same year the victims of suicide among males were also (6.4%). On the whole, including both males and females, the frequency of suicide among victims was highest in 2008 (12.1%), in 2013 (11.0%), and in 2017 (12.7%) as compared to other years.

In the early years, the number of cases was very low, with a higher ratio of male suicides. In 2008, the rate suddenly increased to 21 subjects, which was a very alarming situation for the area. From 2009 to 2016, there was a slight difference in several cases, although subjects committed suicide, and no year is left where subjects didn't commit suicide. In 2017, the rate of suicidal cases suddenly increased to twenty-two individuals, with an equal number of suicides among both genders. In simpler words, twenty-two males and females committed suicide in the year 2017.

Table 7
Yearly trends in suicide

YEAR	Male	Female	Total
2006	1.7 %	1.7 %	3.5 %
2007	1.2 %	4 %	5.2 %
2008	6.4 %	5.8 %	12.1 %
2009	5.2 %	2.3 %	7.5 %
2010	5.2 %	4.6 %	9.8 %
2011	4.6 %	4.6 %	9.2 %
2012	4.6 %	4 %	8.7 %
2013	4 %	6.9 %	11 %
2014	2.3 %	4.6 %	6.9 %
2015	2.9 %	4.6 %	7.5 %
2016	2.3 %	3.5 %	5.8 %
2017	6.4 %	6.4 %	12.7 %

The table 8 shows the frequency distribution of registered suicide cases in different police stations each month. A significant variation can be noticed, as the numbers of suicides are unevenly distributed throughout the year. Furthermore, gender-specific suicides become even more interesting throughout the year.

Table 8
Monthly Trends in Suicide

Months	Male	Female	Total
January	4 %	2.3 %	6.4 %
February	8.7 %	2.3 %	11 %
March	2.9 %	5.2 %	8.1 %
April	6.4 %	5.2 %	11.6 %
May	4.6 %	6.4 %	11 %
June	2.9 %	10.4 %	13.3 %

July	5.2 %	4 %	9.2 %
August	4.6 %	9.2 %	13.9 %
September	1.7 %	3.5 %	5.2 %
October	0.6 %	2.3 %	2.9 %
November	4 %	2.3 %	6.4 %
December	1.2 %	0 %	1.2 %

The data shows that (4.0%) of males committed suicide in January, (8.7%) in February, (2.9%) in March, (6.4%) in May, (2.9%) in June, (5.2%) in July, (4.6%) in August, (1.7%) in September, (0.6%) in October, (4.0%) in November, and (1.2%) in December. Based on the month, the majority of male victims (8.7%) committed suicide.

On the other hand, among female victims, (2.3%) committed suicide in January, (2.3%) in February, (5.2%) in March, (5.2%) in April, (6.4%) in May, (10.4%) in June, (4.0%) in July, (9.2%) in August, (3.5%) in September, (2.3%) in October, and (0.0%) in December. Including both males and females, the highest suicide rate is seen in August, which is 13.5 percent, while the second highest is in April (11.6%). Also, February (11.0%) and May (11.0%) have high suicide rates, including both males and females. Overall, female suicide victims' percentage (53.5%) is high as compared to male suicide victims (46.5%).

In the months when the temperature is relatively high, comparatively more individuals commit suicide, except for February, when the percentage is high. Moreover, most females committed suicide in comparatively hotter months, while for males, the monthly variation is not very significant.

Discussion

Suicide incidents have been abysmally rising in Ghizer over the past couple of decades, which has drawn the attention of the media, research scholars, policymakers, and welfare organizations. However, the problem of suicide, especially among youth, could not be resolved. The socio-cultural fabric of Ghizer society presents a challenge in exploring the underlying causes and cures of suicide. Under-reporting of suicide incidents, unwillingness for a post-mortem, hiding of facts, rapid social change, and stigmatization of mental health issues are some major factors hindering access to the actual suicide scenario in the Ghizer.

Researchers are aware that socio-demographic variables like socio-economic status, profession, nationality, ethnicity, age, marital status, gender, ethnicity, and religion are important factors to be taken into consideration while analyzing suicide rates, as these variables contribute towards suicidal behaviors. In this regard, elderly individuals, unemployed individuals, single individuals, and adolescents are more susceptible to suicidal behavior (Brunoni, Nunes, Lotufo, & Benseñor, 2015; Hawton & van Heeringen, 2009). The present study also analyzes the data according to important socio-demographic variables, including marital status, gender, age, profession, and area of suicide victims.

A study on women's suicide in Ghizer during 2000–2004 showed that a total of 49 women committed suicide, and the highest number is among the age group of 16–25, which has 29 cases, while 26–35 had 17 cases of suicide (Ahmad & Khan, 2007). A similar trend is seen in our findings that young age groups have higher suicide rates. Age group 10–19 has 33 (19.08%), age group 20–30 has 43 (24.86%), and age group 31–40 has 12 (6.94%) cases out of 92 total female suicide victims over the past twelve years (2006–2017).

According to Brunoni et al. (2015), 73% of married and 18% of unmarried females committed suicide during the years 2000–2004 in Ghizer. However, our finding shows a reverse trend: 30.64% of unmarried women and 22.54% of married females committed suicide from 2006 to 2017.

Comparing different variables of this data, like profession, demographic information, age, and reason for suicide, creates abysmal questioning, as the highest suicidal percentage is among students (50.59%) and young age groups (10–19) and (20–30), while the most common reasons were depression and domestic problems. Then the questions arise: why do students commit suicide and have depression, mental illness, and domestic problems as reasons for suicide? Does the youth of Ghizer, mostly students, face a high risk of suicide and face socio-psychological problems?

Pakistani law considers suicide and self-harm as illegal and punishable acts. Every suicide case must be taken to a designated government hospital's medico-legal centre, where a medical legal officer (MLO) receives a case of suspected suicide or self-harm, informs the police, and does a post-mortem (subjected to the will of the victim's family). The police then register the case and start an inquiry into the circumstances of suicide or self-harm (Mahmood, 1989). In the case of Ghizer, the Government of Gilgit-Baltitan (in recent years) made it compulsory to carry out postmortem of every unnatural death. This might be the reason behind the higher '*carried postmortem*' rate (79.2%) compared to (20%) of the *un-carried postmortem* rate of suicide cases in Ghizer over the past twelve years (2006-2017).

The study also identified that there is no completed investigation process for any suicide incident, and the cases are often closed due to a lack of evidence. A general reported reason is insufficient to find out the actual factors behind suicide; however, the trend calculated for reported reasons found that the highest reported reason for suicide is depression among males (16.8%) and domestic problems (19.1%) among females. Somehow similar result was shown by the study by Sher and Dinar (2015) that the highest casual factor among females in Ghizer is relational problems (domestic problems), which constitutes 22%.

Other studies also suggested that married women in Pakistan are prone to psychiatric issues due to domestic problems posed by husbands or in-laws, which may include physical violence, low self-esteem, financial constraints, and hopelessness (Ali et al., 1993; Fikree & Bhatti, 1999; Mumford, Nazir, & Baig, 1996; Rabbani & Raja, 2000). Thus, married women are vulnerable to suicide. These findings also supported the fact that married women face the second highest rate of depression (15%) and, overall (3%) suicide cases due to unemployment (Sher & Dinar, 2015). Similar results are shown by the present study: unemployment is the reason for suicide in 3.5% of cases.

Findings revealed that, for both genders, the most prevalent reason behind suicide is depression (30.6%) and mental illness (19.7%) in Ghizer. This is also supported by a study that stated that possible reasons behind suicide in Pakistan are common mental disorders in females (29–66%) compared to males (10–33%) (Mirza & Jenkins, 2004).

According to Lambert and Silva (1998), 40% of females committed suicide by jumping into the river, 33% by taking poison, 11% by hanging, and 5% by gunshot. Similar to this trend, the present study also shows the highest trend of jumping into rivers is the most prevalent method (24.3%), followed by hanging (11%), and gunshot (7.5%) among females. The previously mentioned study has no information about taking poison, which is shown in 5.8% of the female findings.

Unfortunately, due to the complex socio-cultural fabric and avoidance of police and law, people often do not report such cases, which causes the under-reporting of suicide cases, influencing the validity of analyzed figures for the overall suicide rate of that area. In Ghizer, the police record shows no registered cases of self-harm or attempted suicide. This unrecording might be the reason for the fluctuating yearly suicide trend (2006–2019) in Ghizer, with an exceptionally high (12.1%) in 2008, which is replicated as (12.7%) in 2017, and also a high (11.0%) in 2013, while the lowest (3.5%) was in 2006, and an average similar trend was noted between 2007 and 2016, with 2009 and 2015 having the same suicide rate. A study also supported this view that even though there are strict social sanctions against suicidal behavior and strict legal implications, which made this subject under-reported, still compelling shreds of evidence prove that the suicide rate is rising in Pakistan, as in 2006, 5800 individuals committed suicide (Brunoni et al., 2015).

Conclusion

The findings of this study demonstrate a rise in suicidal incidents in Ghizer, Gilgit-Baltistan. The study also indicates the necessity for more reliable and consistent data to comprehend suicidal behavior, the reasons behind suicide, and the establishment of suicide prevention strategies in Ghizer. The reporting of death and cause of death incidents in general and suicide in particular should be emphasized. It is also possible that the rise in suicide trends over the years, with an exceptionally high rate in 2008, may include several factors and relate to some broader societal change that is not taken into account in this analysis. This analysis may have been deficient in adequate influence to detect the exact causal factors behind suicide, as this study depends on secondary data. However, it would improve understanding of the role of basic socio-demographic variables concerning suicide, which may help in devising strategies to mitigate suicidal risks. However, keeping in view the need for more detailed, explanatory, and qualitative research to understand the underlying causal and triggering factors of suicide in Ghizer, my comprehensive PhD research work is a holistic attempt to document the suicide puzzle in Ghizer, Gilgit-Baltistan.

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