SUICIDAL TENDENCY AMONG WOMEN

(A Sociological Study of Suicide in Kathmandu Valley)

A Thesis Submitted to the Central Department of Sociology, Faculty of Humanities and Social Science, Tribhuvan University in Partial Fulfillment of the Requirement of Master's Degree of Arts in Sociology

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RECOMMENDATION LETTER

This thesis entitled **"Suicidal Tendency Among Women (A Sociological Study of Suicide in Kathmandu Valley)"** is prepared by **Ms. RAMITA RAJBAHAK** under my supervision and guidance. I have found this thesis is original and qualified for the final evaluation. Therefore, I recommend this for its final evaluation and approval.

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APPROVAL LETTER

This thesis entitled "Suicidal Tendency Among Women (A Sociological Study of Suicide in Kathmandu Valley)" prepared by RAMITA RAJBAHAK, in partial fulfillment of the requirements Master's Degree in Sociology has been evaluated & accepted by the evaluation committee.

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CHAPTER I

INTRODUCTION

1.1 Background

Suicidal behavior is a major public health concern worldwide, and it is estimated that around 800,000 people die by suicide every year, with many more attempting suicides. Although suicide is often associated with males, recent research has shown that suicidal tendencies among women are also a growing concern. Women are at a higher risk of developing suicidal tendencies due to numerous factors such as gender discrimination, gender-based violence, and cultural norms. Studies have also shown that women are more likely to attempt suicide than men (Sharma, 2015).

Everyone at some time in his or her life experiences periods of anxiety, sadness, and despair (Leary, 2015). These are normal reactions to the pain of loss, rejection, or disappointment. There are some people, however, often experience much more extreme reactions, reactions that can leave them mired in hopelessness. And when all hope is lost, some feel that suicide is the only solution, which is not.

The word is from Latin “suicidium”, which means “to kill oneself”. Suicide is the act of intentionally causing one's own death. Suicide, commonly known by several names like completed suicide, attempted suicide, Para-suicide, deliberate self-harm, self- assault, self- insult etc (Chang, 2018). It has been described as the end of a continuum that begins with suicidal ideation, continues with planning and preparing for suicide & ends with threatening, attempting & completing suicide. According to the Nepali Dictionary, “the act of killing yourself deliberately”. In Nepal, suicide is one of the main causes of death. (Thapaliya, Sharma, & Upadhyaya, 2018).

Suicidal rate is alarmingly rising occurs the worldwide and in Nepal, but this has not become the subject of debate in our public sphere. Suicidal crisis is a temporary state that occurs in response to overwhelming stress, and which is associated with seemingly unbearable and unendurable emotional and/or physical pain. This pain is perceived by the suicidal person as being so severe, permanent and all-encompassing that there is no practical solution to resolving it other than suicide.

The definition of suicide by O'Carroll et al. (1996) is "self-inflicted death from injury, poisoning, or suffocation, where the deceased committed the act with the intention to kill himself or herself." Suicide is a self-inflicted death in which a person makes an intentional, direct, and conscious effort to end his or her life. Suicidal behavior encompasses self-inflicted, aggressive or passive activities that are carried out with the goal or expectation of dying (O'Carroll, Berman, Maris, Mosciki, Tanney, & Silverman, 1996).

Suicidal ideation refers to the desire, intention, and means of committing suicide. Suicide ideation, according to O'Carroll et al. (1996), is the self-reported desire to engage in suicidal behavior. Suicidal behaviors are included in suicidal ideas and cognitions. Last but not least, an attempt at suicide is a self-inflicted, self-harming act carried out with some intention to die (O'Carroll, Berman, Maris, Mosciki, Tanney, & Silverman, 1996)

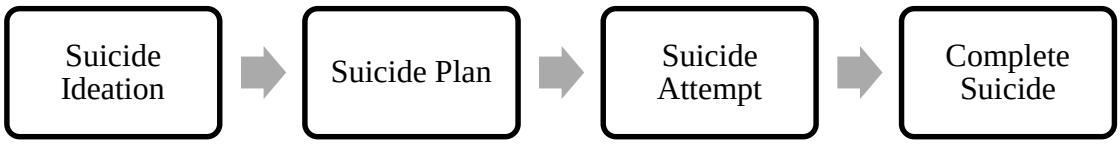

Figure 1: Diagram of the suicide process.

It is important to remember that suicidal thoughts are frequently fleeting and indicative of times of distress. With prolonged periods of distress, suicidal thoughts may become more frequent and elaborate, including not only thoughts of wanting to die or kill oneself but also thoughts of what it would be like to do so and how one would do it (Paladino & Minton, 2008). Suicidal ideation, which comes before suicide attempts and successful suicides, is a crucial step in the suicide process (Harris & Barraclough, 1997). Suicidal ideation, a suicide plan, a suicide attempt, and successful suicide comprise the suicide process. Initial stages of the suicide process, like suicidal ideation, must be recognized so that measures can be made to halt the process before a plan or attempt is completed. Consequently, suicide ideation is crucial for identifying and preventing suicide behavior.

1.2 Statement of the Problem

The World Health Organization ranked Nepal as having the seventh highest suicide rate in the world (24.9 per 100,000) based on police data and forecasts (Bhattarai, 2020). Suicide is only a symptom of the true problem, according to public health specialists, which is poor mental health. Additionally, there is no public health system in Nepal for keeping track of suicides; instead, only police reports are available. Such a police report does not include any information on suicide attempts and does not give statistics on those seeking to end their lives.

The majority of those who commit suicide have depression as well as other mental illnesses including schizophrenia and alcoholism (Bradvik, 2018). Since Nepal has only 0.13 psychiatrists per 100,000 people, and the majority of them are located in metropolitan areas, the situation is made worse by the fact that the majority of these people are unable to obtain the counseling and therapy they require. The sole organization that deals with keeping suicide records is Nepal Police, which is more concerned with the crime of the act than with mental health.

This research will be guided by the following questions:

1.2.1 Why people tend to commit suicide especially female and how they try to commit suicide?

1.2.2 How could be such tendency of female to commit suicide could be controlled?

1.3 Objective of the Study

The main objectives of this study are:

1.3.1 To review the reason and means of suicide in research area.

1.3.2 To explore the measures and means to control suicide.

1.4 Significance of the Study

Suicide is a major public health issue, and women are at higher risk for suicidal behavior than men. Understanding the factors that contribute to suicidal tendencies in women can help identify effective prevention and intervention strategies.

Women's experiences and challenges are unique to their gender, and this can have a significant impact on their mental health and well-being. The study can shed light on gender-specific factors that contribute to suicidal tendencies, such as societal pressures, gender roles, and discrimination.

Suicide is often stigmatized, and many people who experience suicidal ideation or behavior feel ashamed or embarrassed to seek help. By studying the prevalence and causes of suicidal tendencies among women, we can raise awareness and reduce the stigma associated with mental health issues.

The findings of the study can inform policies and programs aimed at preventing suicide and promoting mental health among women. This can include interventions targeted towards high-risk groups, such as women who have experienced trauma or abuse, and the implementation of mental health services that are accessible and culturally appropriate for women.

1.5 Limitations of the Study

The study only includes three respondents, which may not be representative of the broader population of women in Kathmandu Valley. This small sample size may limit the generalizability of the findings and make it difficult to draw conclusions about the wider population.

There may be potential bias in the selection of participants and in the interpretation of the results. For example, the researcher may have unconsciously selected respondents who were more willing to share their experiences or who had experienced suicidal tendencies, which may skew the results.

The study relies on self-reported data, which can be influenced by factors such as social desirability bias, memory recall bias, and the stigma surrounding suicide. Respondents may be reluctant to share their true experiences or may not remember events accurately, which may affect the validity of the findings.

The study does not include a control group, which makes it difficult to compare the experiences of women with suicidal tendencies to those without. A control group would allow researchers to assess whether the factors identified in the study are unique to

women with suicidal tendencies or are present in the broader population.

The study only focuses on women in Kathmandu Valley, which may not be representative of women in other regions or cultures. This limited scope may make it difficult to apply the findings to other populations or contexts.

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CHAPTER II

REVIEW OF LITERATURE

2.1 Theoretical Review

The act of suicide has been a constant factor in human history. Right from the very beginning to this time, the events of suicide have been a distressing phenomenon. Suicide has existed in all human societies with the subject of suicide emerging as one of the storm centers of the intellectual climate. However, understanding and laws concerning it have changed to reflect the values of particular societies. Suicide has always been one of the most important philosophical, moral, ethical, and religious problems throughout history. Debates about the permissibility of suicide have their own history, beginning with the Ancient Greece to our own age. Almost in every age philosopher or thinker have asked the question whether one could present a morally acceptable norm for the decision to end one's life.

2.1.1 Sociological Theory of Suicide

Both positive and negative effects of substantial changes in human society are always dealt with. The intensity of social problems is gradually getting worse as people have become more civilized. The phrase "social problem" describes societal issues that harm society. These societal issues affect people negatively, which is often viewed as an issue that has to be addressed (Doda, 2005). In the contemporary competitive world, there are many social issues that exist, including divorce, crime, drug misuse, teenage pregnancies, suicide, poverty, prostitution, unemployment, and sexual abuse, among others.

Suicide is regarded as one of the major social issues facing society today. With the effect of the socio-political structure of society, it varies between genders, age groups, and geographic growth. Suicide's occurrence and effects pose a danger to society. This suicide has a long history and is not a recent phenomenon (Anders, 2017). Since the early days of the advent of sociology as a distinct field, the existence and growth of suicide has also been a major focus of sociology of social problem.

The well-known French sociologist Emile Durkheim (1951) has identified three types

of suicide, one is egoistic, another 'anomic' and the third one 'altruistic' suicide. Durkheim defined suicide as “death resulting directly or indirectly from a positive or negative act of the victim himself, which he knows will produce this result Anomie and egoism, according to Durkheim, were caused by the dissolution of conventional restrictions, and their prevalence might be used as a gauge for societal disorder (Jones, 1986).

Based on his analysis of the data and conclusions, Durkheim made the case that social forces, as opposed to personal psychological ones, are what lead to suicide. According to Durkheim, Catholics have a lower suicide rate than Protestants because they have more robust systems of social control and coherence. He reasoned that individuals who are more socially integrated are less likely to commit suicide, whereas individuals who are less socially integrated are more likely to do so. According to him, there are two types of social influence on people, including "social integration," which refers to how connected people are, and "social regulation," which refers to how much power society has over people (Jones, 1986).

According to Durkheim's theoretical typology of suicide, social integration and social control drive people to take their own lives. Egoistic suicide, Altruistic suicide, Anomic suicide, and Fatalistic suicide are the four main types of suicide he developed and theorized. In his typology of suicide, Durkheim distinguished between two forms of social integration imbalances: altruistic suicide and egoistic suicide. He also distinguished between two levels of social regulation that an individual had: anomic suicide and fatalistic suicide (Jones, 1986).

2.1.1.1 Egoistic Suicide:

Suicide that is motivated by ego reveals a long-standing sense of exclusion from society. It stems from the suicide victim's perception that they are helpless. This absence can lead to unhappiness, apathy, meaninglessness, and melancholy (Durkheim, 1897).

Such detachment is described by Durkheim as "excessive individuation." People who did not have strong social ties or established values, traditions, conventions, or aspirations were left without much social support or direction and were therefore more

prone to harm themselves. In particular, unmarried males, whom Durkheim considered to have less to tie and connect them to stable societal norms and aspirations, were more likely to commit suicide.

2.1.1.2 Altruistic suicide:

Altruistic suicide is the act of sacrificing one's life for the sake of another person, a group, or the preservation of a society's customs and honor. It is always done on purpose. The act of sacrificing one's own life for the benefit of a greater cause is referred to as benevolent suicide. Such a sacrifice might be made in order to carry out a particular action or to maintain a social equilibrium. It is a motif or notion of a ritual of sacrifice that is frequently present in specific categories of science fiction literature. However, it has been documented that some indigenous people, including several Inuit groups, indeed practice these traditions. Émile Durkheim viewed this in his research Suicide as the result of an excessive amount of social integration (Sethi, 2021).

In contrast, a "sacrifice" carried out through governmental coercion is known as eugenics or mass murder, however it may also be called "enforced population limits" or "population control." Examples of the idea in literature may advocate for it as a strategy for resolving persistent forms of societal strife or may mock it as an illustration of a dystopian future society.

2.1.1.3 Anomic suicide

An individual's moral ambiguity and loss of social direction, which are associated with severe social and economic turmoil, are reflected in tragic suicide. It is a result of moral desegregation and the absence of a societal morality that could impose meaning and order on the human conscience and define reasonable desires. This is a sign that economic growth and the division of labor have not produced the organic solidarity predicted by Durkheim. People are unsure of their place in their civilizations. According to Durkheim, this is a moral disease where people are perpetually disappointed because they are unaware of the boundaries of their wishes. This can happen when they experience abrupt changes in wealth, which can include both economic ruin and windfall gains. In either case, previous expectations from life must

be set aside in favor of new ones before they can assess their current circumstances in light of the new boundaries.

2.1.1.4 Fatalistic suicide

When a person is overly controlled, their futures are ruthlessly obstructed, and their passions are forcibly stifled by repressive discipline, fatalistic suicide occurs. It is the reverse of anomie suicide and happens in authoritarian civilizations when people would sooner die than continue to live. For instance, some inmates might rather pass away than endure repeated mistreatment and onerous regulations. Durkheim thought that fatalistic suicide was hypothetical and presumably did not occur in reality, in contrast to the other ideas he formulated (Lee, 2021).

Many women—possibly the majority of women in the world today—have psychological and social conditions that fit Durkheim's description of fatalism. Despite the fact that most women's lives actually more closely resemble his definition of fatalism, which is an excessively regulated existence "with futures pitilessly blocked and passions violently choked by oppressive discipline," he instead chose to define women in traditional families as socially integrated. Suicide and integrative (women's) behavior, or what Durkheim called fatalism, were at odds in this paradigm. There was no way for Durkheim to conceive of suicide as a female behavior because social integration was thought to be the cure for suicidal ideation. Durkheim could never seriously consider the possibility that social integration could lead to suicide because it would undercut his central claims about the role of modern urban life as increasing the incidence of suicide. The category of fatalistic suicide was created primarily for purposes of symmetry (as opposed to egoistic suicide) (Kushner, 2005).

2.1.1.5 Analysis of the Sociological Theory

One way to understand Durkheim's study on suicide is as a real-world illustration and analysis of society. Durkheim did not confine his views to idle speculation because he was seriously interested in researching suicide. Based on the examination of a bigger amount of statistical data that was gathered from many European countries, Durkheim offered his analysis, results, and conclusion concerning the societal conditions that led to suicide (Jones, 1986).

The data on the suicide rate were not originally gathered and analyzed by Durkheim. Numerous statisticians and criminologists began gathering and analyzing demographic data on suicide in the middle of the 19th century, and they were astounded by the consistency of suicide rates. But no one offered any explanations for the causes of suicide. The one who went beyond to consider suicide from a sociological standpoint was Durkheim. He made an effort to clarify that the suicide rate has nothing to do with mental illness or environmental changes and explained it using sociological facts about social integration and social regulation (Sethi, 2021).

Using hypotheses that could be empirically evaluated, Durkheim conducted his study on suicide. The results were presented in a fair discussion with records and reports, which is one of the traits of a scientific investigation. This suicide research offered various justifications for a soldier's death, the death of an aged parent, the death of a prisoner, or the death of a young guy. The suicide rate in one nation was not used in this study to draw a conclusion. Numerous countries also collected substantial amounts of data and tested them with hypotheses. For instance, studies on suicide rates were conducted in Germany and France to support new theories that would benefit the world (Jones, 1986).

It is appropriate to start with Durkheim's study on suicide as a basic source of inspiration. Humans are born within a natural environment, but they develop in a cultural one. Individuals are shaped by society's culture, traditions, and values. Due to its traits following Industrialization, Durkheim condemned the current social structure. Older organizational ties have become less common. People experienced difficulties as a result of the shift from traditional societies that were characterized by "mechanical solidarity" to industrial societies that were characterized by "organic solidarity," where strict rules and regulations compelled people to find their own means of taking their precious lives (Lee, 2021).

The broad categories created by Durkheim—egoistic, anomic, altruistic, and fatalistic suicide—reflect the then-dominant conceptions of human conduct. He regarded egoistic suicide as a result of the breakdown of social and familial ties and dismissed altruistic and fatalistic suicide as irrelevant, and he connected anomic suicide to disappointment and disillusionment. His allegations regarding female suicide and suicide in the military serve as a powerful illustration of his contention that increasing

modernity and urbanization caused social cohesion to break down. He saw social cohesion as a defense mechanism against these pressures of modernization. However, as other studies have demonstrated, Durkheim's conception of suicide and the analysis of the data were constrained by his own prejudices as well as those of his colleagues in the early 20th century (Kushner, 2005).

The definition and typology of suicide offered by Durkheim supported his contention that the decline in traditional social order was to blame for the rise in suicide. The low reported suicide rates among women, which Durkheim attributed to their stronger social integration, were mentioned.

Based on his conviction that women were more resistant to suicide than males due to their roles in the family and the community, Durkheim claimed that social breakdown increased suicide, particularly among women. However, Durkheim's claim that women are immune to suicide was based less on fact and more on his presumptions about the socially destructive effects of modernity and urban living. Insanity was more prevalent "in towns than the countryside, and in large rather than small towns," according to Durkheim, who also said that "mental illnesses go hand in hand with civilization."

If an individual's behaviors were what led to suicide, then why might various civilizations have differing suicide rates that would persist over time? As people did not have complete control over their actions, Durkheim's concept was difficult at the time, but he overcame it (Crosman, 2020). One can forecast and explain the rise in suicide rates by looking at actual data on the subject. Durkheim promoted learning more about suicide and developed his masterwork in a scientific manner to support his widely known theory on suicide, which is still having an impact on current beliefs.

2.1.2 Suicide in the context of specific group and conditions

2.1.2.1 Adolescents, young, adults and suicide:

In the age between 15 and 45 years, suicide is the third frequent cause of death. The incidence of suicide is sharp increase in adolescents. Adolescence is an intense and turbulent development phase, characterized by insecurity, transition and change. It is often regarded as an age of frustration and suffering a span of intensified conflicts and crisis of adjustment. The existing social structure is often perceived by the adolescent

as being hostile, unsympathetic and unstable, which results in frustration and anger while on the one hand, the adolescent may seek to establish his/her independence and identity, and on the other, he/she may also be thwarted at his/her realization of dependence on the significant adults in his/her life. Education also adds to the stress of the adolescent, unemployment as a cause of suicide is a well-known factor; disappointment in life or failure of a love affair often leads to feelings of inadequacy and worthlessness. So, all these causative factors may lead suicide within adolescent (Bilsen, 2018).

2.1.2.2 Women and Suicide:

There is a fundamental distinction between suicide attempts & suicide completions while successful suicide is usually the result of strongly held intent to end one's life. Most suicide attempts are probably not, instead many suicide actions on the part of youths are to resolve conflicts within themselves, with parents, or with others. Many factors suggest that the bulk of suicide attempts are strategic. E.g., women attempt suicide 50% more often than men but complete suicide six times less frequently (Klonsky, Luinenburg, & May, 2021).

The plight of the unmarried women in the rigid and intolerant social system has largely remained overlooked. An unmarried woman today is likely to feel a sense of alienation, devaluation and social rejection. As she struggles for her basic rights which are constantly denied to her in the male dominated society, in which she lives. Her right to remain unmarried is also questioned and challenge. Thus, she has to put up a stiff flight to establish herself, almost in any sphere be It education, employment or domestic. In doing so, she is likely to experience a tremendous amount of stress (Limbu & Shrestha, 2022). A woman today is likely to experiences a high degree of stress in her day to life because of the several roles that she is expected to play, which may very often be conflicting. These inter-role-conflicts may result in the collapse of her coping mechanisms. Another major source of stress for a woman may be discrimination at work. Feeling frustrated and demoralization drive her to attempt suicide.

2.1.5 Symptoms of Suicide

It is useful to split the symptoms of depression in to two groups.

2.1.5.1 Group 1 (Most typical symptoms)

- Depressed mood
- Loss of interest and enjoyment
- Increased fatigue ability

2.1.5.2 Group 2 (other common symptoms)

- Reduced concentration and attention
- Reduced self-esteem and self confidence
- Ideas of guilt and unworthiness
- Black and pessimistic views of the future hopelessness
- Ideas or acts of self-harm or suicide.
- Disturbed sleep
- Diminished appetite (Dennis & Morton, 1984)

2.2 Policy review

Nepal decriminalized suicide in 2018 and began treating it as a mental health issue. This was a significant step towards reducing the stigma surrounding suicide and encouraging individuals to seek help when they are struggling with mental health issues (Rai, Gurung, & Gautam, 2021).

The new policy also emphasizes the importance of suicide prevention and support for those at risk of suicide. The Nepalese government has launched several initiatives to support mental health, including the establishment of a national suicide prevention hotline, training for healthcare professionals on suicide prevention, and awareness campaigns to reduce the stigma around mental health issues.

Furthermore, the government has made efforts to increase access to mental health services in Nepal. This is particularly important as Nepal has a high prevalence of mental health disorders, with an estimated 20% of the population suffering from mental health issues.

The government has also implemented several policies and programs aimed at reducing the risk factors for suicide in Nepal. For example, they have worked to address poverty

and inequality, which are known risk factors for mental health issues and suicide. Additionally, the government has focused on reducing the availability of pesticides, which are a common method of suicide in rural areas.

Overall, the policy regarding suicide in Nepal has shifted towards a more compassionate and supportive approach focused on prevention and mental health treatment. While there is still more work to be done, these efforts represent considerable progress in addressing the complex issue of suicide in Nepal.

2.2 Empirical Review Related to Suicide

He et al. (2021) aimed to evaluate historical suicide mortality patterns for adults aged 70 and older by sex, age, and region from 1990 to 2017 and provide projections up to 2030. According to the report, which analyzed data from the 2017 Global Burden of Disease survey, older suicide mortality is a significant global public health issue that has not received the attention it merits. According to the survey, 118,813 persons aged 70 and over committed themselves in 2017, representing a mortality rate of 27.5 per 100,000. The study also discovered that, globally, the suicide death rate for people aged 70 and older fell by 29.1% between 1990 and 2017, with the biggest drops occurring in East Asia, Southern Latin America, and Western Europe. Chile recorded the biggest national decline, followed by the Czech Republic, Hungary, Turkey, and the Philippines. Although the old death rate was generally greater than the age-standardized rate, the highest percentage discrepancies were found in China and Sub-Saharan African nations. According to the study's findings, variations in suicide mortality rates for seniors aged 70 and older by sex, age, location, country, and SDI can help inform preventive efforts, but the causes of the variations still need to be further investigated. According to the study, comprehensive solutions should be implemented in order to lower suicide rates and get closer to the 2030 SDGs.

Raj et al. (2020) focused on identifying these risk factors, but a deeper understanding of their underlying causes is needed to develop effective prevention strategies. This review examines the risk factors associated with COVID-19-related suicides through the lens of three theoretical models: the interpersonal model, stress diathesis model, and cognitive model. The analysis reveals that perceived burdensomeness, thwarted belongingness, stress sensitivity, and cognitive errors such as magnification,

catastrophic thinking, arbitrary inference, and mind-reading are potential contributors to suicidal behavior. The review suggests that community-based approaches like gatekeeper training, and online psychotherapy using techniques such as mindfulness, interpersonal psychotherapy, and cognitive behavior therapy, may be effective in reducing suicide risk during the COVID-19 pandemic.

Zygo et al. (2019) identified significant factors and evaluated the prevalence of suicidal thoughts, impulses, and suicide attempts in young people. 5,685 people between the ages of 13 and 19 were polled for the study using a questionnaire created by the study's authors. The findings indicated that adolescent suicide conduct was associated with female gender, use of psychoactive substances, running away from home, upbringing in a single-parent household, alcohol dependence in family members, and exposure to violence. The study finds that a considerable proportion of the adolescents studied reported having suicidal thoughts and attempts, with girls being more likely to do so because of feelings of hopelessness, loneliness, rejection, and guilt, while boys were more likely to do so because of peer pressure or online acquaintances. According to the study, young people who live in metropolitan regions are more likely to attempt suicide than those who do not. Girls were also found to attempt suicide more frequently than boys. And lastly, young people who reported suicide thoughts and attempts were more likely to be from single-parent households, to have experienced family violence and alcohol misuse, and to have reported such thoughts and attempts themselves.

Gaur et al. (2019) stated that Depression is a major risk factor for suicide ideation, behaviors, and attempts. Despite various initiatives for suicide prevention, social stigma around mental disorders makes it difficult for patients to seek help. This is especially true for young adults, where suicide is the second leading cause of death in the US. Existing survey and questionnaire-based methods for predicting suicide risk have limitations. This interdisciplinary study proposes using Reddit as an unobtrusive data source for understanding suicidal tendencies and related mental health conditions in depressed individuals. A lexicon based on medical knowledge bases and suicide ontology is used to detect cues relevant to suicidal thoughts and actions. Language modeling, medical entity recognition, normalization, and negation detection techniques are applied to create a dataset of 2181 redditors discussing suicidal ideation, behavior, or attempt. A gold standard dataset of 500 redditors was developed using Columbia

Suicide Severity Rating Scale guidelines by practicing psychiatrists. The proposed C-SSRS-based 5-label classification scheme outperforms existing schemes by improving the graded recall and reducing perceived risk. A convolutional neural network (CNN) provides the best performance, utilizing domain-specific knowledge resources and discriminative features.

2.4 Summary and Research Gap

He et al. (2021) conducted a study on suicide mortality rates among people aged 70 years and over globally from 1990 to 2017 and found that it is a significant global public health problem. Zygo et al. (2019) researched the prevalence of suicidal thoughts and attempts in adolescents and identified contributing factors such as family structure, violence, and substance abuse. Raj et al. (2020) focused on identifying risk factors associated with COVID-19-related suicides and recommended community-based approaches to reduce suicide risk during the pandemic. Gaur et al. (2019) proposed using Reddit as an unobtrusive data source to understand suicidal tendencies and related mental health conditions in depressed individuals.

There is a research gap in exploring the means of suicide and available evidence in the specific research area. While He et al. (2021) studied suicide mortality rates among people aged 70 years and over, they did not focus on the means of suicide or provide a detailed analysis of available evidence in the specific research area. Additionally, while Zygo et al. (2019) identified contributing factors to suicidal tendencies in adolescents, they did not specifically focus on the factors related to women in Nepal. Therefore, further research is needed to explore the underlying reasons for suicidal tendencies among women in Nepal, taking into account the interaction of multiple factors, such as family structure, violence, substance abuse, and cultural factors. Additionally, research is needed to examine the means of suicide in the specific research area and provide a comprehensive review of available evidence on this topic.

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CHAPTER III

RESEARCH METHOD

3.1 Research Design

Research design refers to the overall plan or strategy for conducting a research study. It outlines the approach and methods that will be used to collect and analyze data, as well as the steps that will be taken to ensure the validity and reliability of the study results. A well-designed research plan typically includes a clear research question, a thorough review of relevant literature, a well-defined research population or sample, a specific research methodology, and a plan for data collection and analysis.

The present study is specially designed to find out suicidal tendency among women in Kathmandu valley. The analysis is mainly based on primary data basically and also the secondary sources of information used to describe to find the reasons and ways to mitigate the suicidal tendency among the women.

Besides, descriptive methods are used for the systematic collection and presentation of data that helps to gives the clear picture of suicidal tendency. In addition, exploratory research methods are used for defining the nature of the problems. In similar way, the research dug out the situation, what is happening new, searched for new insight and clarified the understanding of the problem.

3.2 Rational for Selection of the Study area

A study area refers to the geographical location or region where a research study or investigation is conducted. It is the specific site or location where data collection, analysis, and interpretation take place. The study area is selected as per the convenience of the researcher. As the study area is the hometown of the researcher, data collection through the co-ordination of local population is much easier. Similarly, it is easy for the researcher to contact the relatives and friends of the deceased person to know more about the reason and method of suicide.

3.3 Sources and Nature of Data

Sources of data refer to the places or means from which data is collected for a research

study. Data can be obtained from various sources, such as primary sources, which involve collecting new data directly from the research population through surveys, interviews, and observation; and secondary sources, which involve using existing data sources, such as published reports, databases, and archives.

For the purpose of this study primary data and secondary sources of data were collected.

3.4.1 Primary Data

Primary data have been gathered from the field work by means of interview and questionnaire to collect qualitative data. The interview was conducted among the close relatives, friends or family members of the deceased person. A total of 7 cases of suicide were identified in the study area and hence an interview regarding the causes of the suicide method were analyzed. Further interview was also conducted among the Key Informant Interview i.e., Police Officer, clinical psychologist and mental health counselor to understand the reasons, and ways to mitigate the suicidal tendency among the women.

3.4.2 Secondary data

Secondary data refers to information that has been collected by someone else for a different purpose but is utilized by researchers for their own studies. In the context of your question, the secondary data is gathered from available literature sources, including published books, articles, dissertations, and reports from various institutions such as the Nepal Police.

3.4 Universe and Sampling

During the process of data collection researchers contacted the local police office to gather the amount of data regarding the suicide cases in the study area. It was found that around 72 cases had occurred. The details of the 72 cases were taken and among the 72 cases only 10% i.e., 7 cases were taken for the study based on purposive sampling method. The 7 cases were taken based on familiarity with the relatives of the deceased person.

3.5 Data Collection Tools and Techniques

Data collection tools and techniques refer to the methods and instruments used to gather data for a research study. These tools and techniques may vary depending on the nature of the research question, the study population, and the type of data being collected. For this research the method of interview was adopted which is further discussed in below:

3.5.1 Interview

From suicide cases in the area, the authors purposively selected 7 cases to contact female decedents were represented. Participants had to be 18 years of age or older, know the deceased well (be a family member or close friend who interacted with the deceased on a regular basis), and feel comfortable talking about the circumstances surrounding the suicide in order to meet the inclusion criteria. The suicide had to have occurred between six months and two years earlier. The study team should get in touch with another member of the family if the informant prefers in order to request study participation from them. The lead author completed the survey protocol personally after receiving informed consent.

3.6 Ethical Consideration

During the research the research does not manipulate the result of the data collected and present it as it is, and analysis are done based on it. Further the information of the respondents is kept confidential.

CHAPTER IV

DATA ANALYSIS AND PRESENTATION

4.1 Reason for Committing Suicide

Suicide is a complex and multifaceted phenomenon, and there is no single answer as to why people attempt it. However, there are several risk factors that may contribute to suicidal thoughts and behaviors, such as mental illness, substance abuse, trauma, chronic pain, and social isolation. Additionally, societal and cultural factors may play a role, such as gender norms, stigma around mental health, and access to healthcare.

In terms of gender, studies have found that women are more likely to attempt suicide, while men are more likely to die by suicide. This may be due to a variety of factors, including differences in mental health symptoms, coping mechanisms, and help-seeking behaviors. Women may also experience more social pressure and discrimination, such as gender-based violence and limited access to education and employment opportunities, which can contribute to feelings of hopelessness and despair. Causes of suicide is attributed to mental disorders, depression, neurological disorder, poverty, lack of employment opportunities, social discrimination, gender violence, alcohol and drug abuse, cancer and HIV infection.

Table 1

Reason for Suicide

Reason for Suicide	Frequency	Percentage
Mental illness	34	46.58%
Relationship issues	14	19.18%
Trauma or abuse	9	12.33%
Substance abuse	7	9.59%
Financial stress	5	6.85%
Academic/work stress	2	2.74%
Other	2	2.74%

Source: Field Survey, 2023

This table presents the frequency and percentage of responses to the question "What do

you think are the most common reasons why people consider suicide?" based on a total of 73 survey responses. The most common reason cited was mental illness, which was mentioned by 34 respondents (46.58% of the total). Relationship issues were the second most common reason cited, mentioned by 14 respondents (19.18%), followed by trauma or abuse (9 respondents, 12.33%), substance abuse (7 respondents, 9.59%), financial stress (5 respondents, 6.85%), academic/work stress (2 respondents, 2.74%), and other reasons (2 respondents, 2.74%).

These results suggest that mental illness is widely recognized as a significant factor in suicide risk, and that relationship issues and trauma or abuse are also commonly cited reasons for suicidal thoughts. It is important for mental health professionals and suicide prevention advocates to address these issues and provide support and resources for individuals experiencing mental health challenges, relationship difficulties, or traumatic experiences.

Table 2

Importance of Mental Health

Importance of Mental Health	Frequency	Percentage
Extremely important	46	63.01%
Moderately important	19	26.03%
Slightly important	4	5.48%
Not important	4	5.48%

Source: Field Survey, 2023

This table presents the frequency and percentage of responses to the question "How important do you think mental health is in contributing to suicide risk?" based on a total of 73 survey responses. The majority of respondents (46, or 63.01% of the total) believed that mental health is extremely important in contributing to suicide risk. 19 respondents (26.03%) believed that mental health is moderately important, while 4 respondents (5.48%) each believed that it is slightly important or not important at all.

These results suggest that the overwhelming majority of respondents believe that mental health is a crucial factor in suicide risk. This highlights the importance of addressing mental health concerns and providing access to mental health resources and support, as well as reducing stigma surrounding mental illness. Mental health professionals and suicide prevention advocates can use these results to emphasize the

importance of prioritizing mental health in suicide prevention efforts.

Table 3:

Reasons for Considering/Attempting Suicide

Reasons for Considering/Attempting Suicide	Frequency	Percentage
Mental illness	25	34.25%
Relationship issues	15	20.55%
Trauma or abuse	11	15.07%
Substance abuse	8	10.96%
Other	8	10.96%
Financial stress	4	5.48%
Academic/work stress	2	2.74%

Source: Field Survey, 2023

This table presents the frequency and percentage of responses to the question "Have you or anyone you know ever considered or attempted suicide? If so, what were the reasons?" based on a total of 73 survey responses. Mental illness was the most common reason cited for considering or attempting suicide, with 25 respondents (34.25% of the total) reporting this as a reason. Relationship issues were the second most common reason, cited by 15 respondents (20.55%), followed by trauma or abuse (11 respondents, 15.07%), substance abuse (8 respondents, 10.96%), and other reasons (8 respondents, 10.96%). Financial stress and academic/work stress were the least commonly cited reasons.

These results suggest that mental illness and relationship issues are significant factors in suicide risk, as they were the two most commonly cited reasons for considering or attempting suicide. It is important for mental health professionals and suicide prevention advocates to address these issues and provide support and resources for individuals experiencing mental health challenges or relationship difficulties. Trauma or abuse and substance abuse were also commonly cited reasons, highlighting the need for trauma-informed care and substance abuse treatment in suicide prevention efforts. Overall, these results provide valuable insight into the reasons why people may consider or attempt suicide and can inform targeted suicide prevention strategies.

Table 4

Role of Societal and Cultural Factors

Role of Societal and Cultural Factors	Frequency	Percentage
Significant role	44	60.27%
Moderate role	19	26.03%
Minimal role	6	8.22%
No role	4	5.48%

Source: Field Survey, 2023

This table presents the frequency and percentage of responses to the question "What role do you think societal and cultural factors play in suicide rates?" based on a total of 73 survey responses. The majority of respondents (44, or 60.27% of the total) believed that societal and cultural factors play a significant role in suicide rates. 19 respondents (26.03%) believed that these factors play a moderate role, while 6 respondents (8.22%) believed they play a minimal role. Only 4 respondents (5.48%) believed that societal and cultural factors play no role at all.

These results suggest that the majority of respondents believe that societal and cultural factors have a significant impact on suicide rates. This highlights the need for addressing social and cultural factors that contribute to suicide risk, such as stigma surrounding mental illness and seeking help, access to mental health resources, and socioeconomic factors such as poverty and inequality. Suicide prevention efforts should include strategies that address these social and cultural factors in addition to individual-level interventions. By recognizing the importance of societal and cultural factors, suicide prevention advocates can work to promote systemic change and reduce suicide rates at a population level.

Table 5

Influence of Socioeconomic Status on Suicide Rates

Influence of Socioeconomic Status on Suicide Rates	Frequency	Percentage
Significant influence	51	69.86%
Moderate influence	16	21.92%
Minimal influence	3	4.11%
No influence	3	4.11%

Source: Field Survey, 2023

This table presents the frequency and percentage of responses to the question "How do you think socioeconomic status influences suicide rates?" based on a total of 73 survey responses. The majority of respondents (51, or 69.86% of the total) believed that socioeconomic status has a significant influence on suicide rates. 16 respondents (21.92%) believed that it has a moderate influence, while 3 respondents (4.11%) believed it has a minimal influence. Only 3 respondents (4.11%) believed that socioeconomic status has no influence on suicide rates.

These results suggest that the majority of respondents believe that socioeconomic status plays a significant role in suicide rates. This highlights the need for addressing socioeconomic factors that contribute to suicide risk, such as poverty, unemployment, and lack of access to healthcare and mental health resources. Suicide prevention efforts should include strategies that address these socioeconomic factors in addition to individual-level interventions. By recognizing the importance of socioeconomic status, suicide prevention advocates can work to promote systemic change and reduce suicide rates at a population level.

Table 6

Media Portrayal of Suicide and Impact on Suicide Rates

Media Portrayal of Suicide and Impact on Suicide Rates	Frequency	Percentage
Negative portrayal	37	50.68%
Mixed portrayal	25	34.25%
Positive portrayal	4	5.48%
No impact	7	9.59%

Source: Field Survey, 2023

This table presents the frequency and percentage of responses to the question "How do you think the media portrays suicide, and how might that impact suicide rates?" based on a total of 73 survey responses. 37 respondents (50.68%) believed that the media portrays suicide in a negative light, while 25 respondents (34.25%) believed that the media's portrayal of suicide is mixed (both positive and negative). Only 4 respondents (5.48%) believed that the media's portrayal of suicide is predominantly positive. Additionally, 7 respondents (9.59%) believed that the media's portrayal of suicide has no impact on suicide rates.

These results suggest that the majority of respondents believe that the media's portrayal of suicide is negative or mixed, which could have an impact on suicide rates. Negative media portrayals may contribute to stigma surrounding mental health and seeking help, while positive portrayals could potentially romanticize suicide and lead to copycat behavior. It is important for media outlets to follow responsible reporting guidelines when covering suicide, which include avoiding sensationalizing or normalizing suicide and providing resources for help-seeking. By being aware of the impact that media portrayals can have on suicide rates, suicide prevention advocates can work to promote responsible reporting and media coverage of suicide.

Table 7

Effective Ways to Prevent Suicide in High-Risk Populations

Effective Ways to Prevent Suicide in High-Risk Populations	Frequency	Percentage
Access to mental health resources	60	82.19%
Suicide prevention education/training	46	63.01%
Social support/networks	40	54.79%
Addressing socioeconomic factors	34	46.58%
Crisis intervention services	28	38.36%
Access to healthcare resources	27	36.99%
Reducing stigma and discrimination	26	35.62%
Addressing substance abuse issues	20	27.40%
Engaging faith-based organizations	5	6.85%

Source: Field Survey, 2023

This table presents the frequency and percentage of responses to the question "What do you think are some effective ways to prevent suicide in high-risk populations?" based on a total of 73 survey responses. The majority of respondents (60, or 82.19% of the total) believed that access to mental health resources is an effective way to prevent suicide in high-risk populations. 46 respondents (63.01%) believed that suicide prevention education/training is effective, while 40 respondents (54.79%) believed that social support/networks are effective.

Other effective ways to prevent suicide in high-risk populations, according to respondents, include addressing socioeconomic factors (34 respondents, or 46.58%),

crisis intervention services (28 respondents, or 38.36%), and access to healthcare resources (27 respondents, or 36.99%). Additionally, respondents highlighted the importance of reducing stigma and discrimination (26 respondents, or 35.62%) and addressing substance abuse issues (20 respondents, or 27.40%). Only 5 respondents (6.85%) believed that engaging faith-based organizations is an effective way to prevent suicide in high-risk populations.

These results suggest that respondents recognize the importance of addressing multiple factors in preventing suicide in high-risk populations. Suicide prevention efforts should prioritize providing access to mental health resources and suicide prevention education/training, as well as addressing social and economic factors that contribute to suicide risk. Additionally, reducing stigma and discrimination and addressing substance abuse issues can be effective in preventing suicide. By implementing a multi-faceted approach to suicide prevention that addresses the several factors that contribute to suicide risk, suicide prevention advocates can work to reduce suicide rates in high-risk populations.

Table 8

Common Myths/Misconceptions About Suicide

Common Myths/Misconceptions About Suicide	Frequency	Percentage
People who talk about suicide won't actually do it	52	71.23%
Suicide is always an impulsive act	37	50.68%
Only people with a mental illness attempt suicide	29	39.73%
Suicide happens without warning	26	35.62%
Suicide only affects certain types of people	18	24.66%
Suicidal people want to die	15	20.55%
Suicide is always related to a recent event or problem	13	17.81%
Suicide is a selfish act	10	13.70%

Source: Field Survey, 2023

This table presents the frequency and percentage of responses to the question "What are some common myths or misconceptions about suicide that you think need to be addressed?" based on a total of 73 survey responses. The most common myth or misconception identified by respondents was the belief that people who talk about suicide won't actually do it, with 52 respondents (71.23% of the total) citing this as a concern.

Other myths or misconceptions identified by respondents included the belief that suicide is always an impulsive act (37 respondents, or 50.68%), the belief that only people with a mental illness attempt suicide (29 respondents, or 39.73%), and the belief that suicide happens without warning (26 respondents, or 35.62%). Respondents also identified the myth that suicide only affects certain types of people (18 respondents, or 24.66%), the belief that suicidal people want to die (15 respondents, or 20.55%), and the myth that suicide is always related to a recent event or problem (13 respondents, or 17.81%).

Finally, 10 respondents (13.70%) identified the myth that suicide is a selfish act as a concern.

These results suggest that there are many myths and misconceptions about suicide that persist in the general population, including beliefs that people who talk about suicide won't actually do it, that suicide is always impulsive, and that only people with a mental illness attempt suicide. Suicide prevention efforts should work to address these myths and educate the public about the complex nature of suicide and the several factors that can contribute to suicide risk. By addressing these misconceptions and promoting accurate information about suicide, we can work to reduce the stigma surrounding suicide and improve suicide prevention efforts.

Table 9

How Suicide Research Can Improve Mental Health Care and Prevention

How Suicide Research Can Improve Mental Health Care and Prevention	Frequency	Percentage
Identifying risk factors for suicide	62	84.93%
Developing and improving suicide prevention interventions	56	76.71%
Improving mental health assessment and treatment	49	67.12%
Informing public policy and resource allocation	42	57.53%
Addressing cultural and societal factors influencing suicide rates	38	52.05%
Promoting education and awareness about suicide and mental health	35	47.95%

Source: Field Survey, 2023

This table presents the frequency and percentage of responses to the question "How do you think research on suicide can be used to improve mental health care and suicide prevention efforts?" based on a total of 73 survey responses. The most commonly identified way that suicide research can be used to improve mental health care and prevention efforts was by identifying risk factors for suicide, with 62 respondents (84.93% of the total) citing this as an important use for suicide research.

Other ways that respondents identified for using suicide research to improve mental health care and prevention efforts included developing and improving suicide prevention interventions (56 respondents, or 76.71%), improving mental health assessment and treatment (49 respondents, or 67.12%), and informing public policy and resource allocation (42 respondents, or 57.53%). Respondents also identified the need to address cultural and societal factors influencing suicide rates (38 respondents, or 52.05%), and to promote education and awareness about suicide and mental health (35 respondents, or 47.95%).

These results suggest that suicide research can be a valuable tool for improving mental health care and suicide prevention efforts. By identifying risk factors for suicide and developing effective prevention interventions, we can work to reduce suicide rates and improve mental health outcomes. Additionally, suicide research can inform public policy and resource allocation, and help to address the cultural and societal factors that contribute to suicide risk. Finally, promoting education and awareness about suicide and mental health can help to reduce stigma and increase access to resources and support for individuals at risk of suicide.

4.1.2 Case Analysis

4.1.2.1 Misuse of Social Media

It is an influencing factor was found in 8.7% of cases. Fake details are exposed only after marriage causing family conflict.

Case 1: After the phony Facebook details committed suicide in 2019, Goma Karki also took her own life. The profile picture on the in-question Facebook account, Sabaiko Budhi Ma (Everybody's wife), was of Goma. Goma's brother sent a message after learning about that account, asking who was behind it and why he was doing it and

threatening to seek legal counsel in order to learn more. The account user said, "Do whatever you like, it's none of your concern." A few days later, at roughly six o'clock in the evening, Goma had killed himself. Her mother was gone getting cattle feed while her father was busy sharpening his sickle. Her parents were both working on domestic chores. Goma had been requested to make the meal. But when they arrived back at the house, they were horrified to discover Goma's body hanging in a chamber. As soon as word got out, the villagers called the police. In the room, there was a message that said, "My soul will only rest in peace if the one who opened a fake account in my name is punished." The police examined it and determined it was written by Goma. The grieving family reported the incident to the recently established Cyber Crime Bureau in Bhotahity, Kathmandu. The office discovered the mobile number used to operate the fictitious account.

The incident of Goma Karki's suicide in 2019 after a fake Facebook account using her photo was created is a tragic example of how online harassment and cyberbullying can have severe consequences in real life. The fact that Goma's brother tried to confront the account user and even threatened legal action shows that the family was aware of the potential harm that the account could cause. However, the account user's response, "Do whatever you like, it's none of your concern," indicates a callous disregard for the impact of their actions on others.

Goma's suicide note, in which she wrote that her soul would only rest in peace if the person responsible was punished, highlights the depth of her anguish and pain. It is clear that the harassment and humiliation she suffered online were significant factors in her decision to take her own life. The fact that her parents found her body while carrying out their daily tasks underscores the suddenness and unpredictability of suicide.

The investigation by the Cyber Crime Bureau to identify the cell number used to create the fake account is a positive step towards holding the perpetrator accountable. It is crucial that those who engage in online harassment and cyberbullying are held responsible for their actions, and that victims are provided with support and protection. This incident serves as a reminder of the importance of online safety and the need to address the negative impact of social media on mental health.

4.1.2.2 Social Inequality

In our society women get punishment in the name of Boksi, and also for not giving birth to son and giving birth to many daughters. Gender violence and social discrimination come to be the major cause of suicide.

Case 2: Durpati, an 18-year-old lower caste woman who left school in Year 8, was a dropout. She was unhappy in her arranged marriage because her husband was older than she was. She had an extramarital relationship with a boy from an upper caste not long after she got married. She wed the boy after divorcing her first spouse. Her mother was required to pay her first husband a fine of 10,000 rupees. Out of fear, she kept her low caste a secret from her future husband and her husband's family before they got married. After some time, her mother-in-law learned that she was from a lower caste and began to insult her, and other family members also shunned her. At first, she was living happily with her husband and his family. Even her husband did not stand by her and occasionally used violence. She was isolated and by herself. Her mother-in-law sent her son to work abroad because she wanted her and her husband to divorce. She shared a home with her mother-in-law, who frequently reprimanded her. She had little authority over the family's assets and an extremely terrible financial situation. She used to complain about it to her neighbors, saying, "My house is in terrible shape. I shall therefore pass away. Her mother-in-law discovered her hanging in the goat shed one month after her husband left the country.

The incident of Durpati's suicide is a tragic reflection of the deep-rooted caste-based discrimination and oppression that still exists in many parts of India. Durpati's life was marked by several factors that contributed to her vulnerability to suicide. First, she was from a lower caste and faced discrimination and humiliation from her mother-in-law after her caste was revealed. This kind of discrimination can lead to a sense of shame, social exclusion, and hopelessness, which are all known risk factors for suicide.

Secondly, Durpati was in a difficult marital situation. She had an arranged marriage but was not happy with her first husband and left him for a boy from an upper caste. While this decision may have provided her with some relief from the oppression she faced in

her previous marriage, it also exposed her to the risk of social stigma and further discrimination, especially when her caste was revealed.

Thirdly, Durpati's economic condition was poor, and she did not have control over the family assets. This kind of financial dependence can lead to a sense of powerlessness, which can exacerbate feelings of despair and hopelessness.

It is also important to note that Durpati's suicide was likely influenced by the lack of social support and the absence of a supportive and understanding spouse. Her husband's absence may have contributed to her feelings of loneliness and isolation, while his violence towards her may have further eroded her sense of self-worth.

4.1.2.3 Love Affair and Early Marriage

One of the key issues that are found to be early marriage and love marriage: these two factors have direct impact on suicide. It is found that most of the suicide victims are youths and teenagers. When Love affairs and sexual relationship between boy and girl doesn’t turn into marriage or sustained marital relationship, it creates devastating problem and leads to suicide. One of such examples had been shown in the text box below:

Case 3: Maya (real name withheld) worked as a housekeeper while she attended school. She shared a small home with close to 20 additional family members. She belonged to the caste of Dalits, which was stigmatized as "untouchable." Her mother had to handle both field labor and household because her father was physically incapable of doing either. A married man and Maya had a relationship. When her brother learned of this, he attacked the man. When the police were summoned, Maya remained silent the entire conversation. She had to remain in a separate room because she was menstruating at the time. She brought her younger sister to a store after she got home, bought rat poison, and ate it. After being treated in the hospital, she passed away a few days later. Six years before, Maya's older sister had similarly perished after swallowing rat poison. Her mother said, "My youngest daughter, my only remaining daughter, she knows everything," and went on to explain that it was fate that both of her daughters died. Perhaps she will also pass away in such manner by fate. I'm terrified to death.

The incident involving Maya is a tragic one, with a number of intersecting factors that

likely contributed to her decision to take her own life. Maya faced a number of challenges in her life, including being from a marginalized Dalit caste, living in poverty, and being a domestic worker. These factors likely contributed to her vulnerability and may have made it difficult for her to access resources and support when she needed them.

The affair with a married man was likely a source of significant stress for Maya, particularly given the reaction of her brother and the involvement of the police. The shame and stigma associated with being involved in such a relationship may have compounded her distress and feelings of isolation.

The fact that Maya was menstruating and had to stay in a separate room during the police discussion is also significant. In many cultures, menstruation is considered impure or shameful, and women may face discrimination or exclusion during this time. This may have contributed to Maya's sense of isolation and may have made it more difficult for her to speak up or seek help.

The fact that Maya's elder sister also died by consuming rat poison six years prior is a particularly tragic aspect of this story. It suggests that there may be underlying family or community issues that are contributing to these deaths. Maya's mother's fatalistic attitude, suggesting that it is in her daughter's fate to die in this way, is also concerning and may reflect a lack of access to resources or support.

4.1.2.4 Marriage

Most of the Interviewees opined that boy and girl do not think properly before their marriage. They just imagine a beautiful world after their marriage. But after marriage, just the opposite happens. Diverse types of family problems, relationship problems, money problems etc. start to arrive after marriage. These problems create fraction among family members of groom. Finally, the one who is marginalized finds his/her way to death.

Case 4: Anjali committed herself after earning her bachelor's degree, getting married, and being pregnant at eight months. She was still in love with the lad from a different caste with whom she had an affair before getting married. She threatened suicide soon after getting married and made an attempt before; she wanted a divorce. It was rumored

that she had met her previous boyfriend in her maternal village the week before she killed herself, though it was unclear if they were still together.

It is tragic and concerning that Anjali felt so overwhelmed and distressed that she felt suicide was her only option. Her history of attempting suicide and threatening suicide after marriage indicates that she was struggling with significant mental health issues, such as depression, anxiety, or possibly a personality disorder. Her continued love for her previous boyfriend and desire for a divorce suggest that she may have been in a challenging and unhappy marriage. The fact that she was pregnant at the time of her suicide highlights the urgency of identifying and treating mental health issues during pregnancy, as they can have profound consequences for both the mother and the child.

The incident also highlights the impact of societal and cultural factors on mental health and well-being. Anjali's affair with a boy from a different caste may have led to stigma, discrimination, and pressure to conform to social norms, which could have contributed to her distress. Additionally, the lack of support or resources for individuals experiencing mental health issues in her community or family may have prevented her from getting the help she needed.

It is important to address the underlying mental health issues and social factors that contribute to suicide, as well as to provide accessible and effective support and resources for those in need. It is crucial to raise awareness and reduce stigma around mental health, so that individuals like Anjali feel empowered to seek help and receive appropriate care.

4.1.2.5 Polygamy and gender based violence

In case of early marriage, husband marriages another wife, first wife thinks that she couldn’t fulfill all needs and demands of her husband; she feels she is incomplete women, so she thinks better to die.

Case 5: Ganga was her husband’s second wife. He had three kids from his previous marriage, but she left him and went to live with another man, so he married Ganga. However, Ganga's husband used to torture her mentally by asking why she couldn't conceive after three years of marriage.

The incident described highlights a disturbing example of gender-based violence and discrimination against women, particularly in the context of marriage and childbearing. Ganga's husband's behavior towards her is unacceptable and reflects a deep-seated patriarchal mindset that places the burden of fertility and reproduction solely on women.

It is alarming to see how Ganga's husband uses mental torture to blame her for their inability to conceive. This not only undermines Ganga's mental health and self-worth but also reinforces the belief that women are solely responsible for childbirth and their worth is defined by their ability to have children. Furthermore, Ganga's husband's actions also reveal a lack of empathy and understanding of the complex biological and environmental factors that contribute to infertility.

This incident also highlights the vulnerability of women who are second wives or in polygamous marriages. Such women are often subjected to discrimination, abuse, and neglect, and their voices and needs are often overlooked or ignored. This underscores the need for greater awareness, education, and advocacy around women's rights and gender equality, particularly in the context of marriage and family planning.

4.1.2.6 Major Psychiatric Illness

In particular, mood disorders (e.g., depression, bipolar disorder, schizophrenia)

Case 6: Umakali killed herself at the age of 48; she had a history of depression and had been treated in India by her husband. She had an older daughter who was likewise mentally sick. Umakali was hitched when she was only twelve. Because his first wife was unable to bear children, her husband married her as his second wife. When we were little, our father used to drink and beat my mother, according to her daughter. My mother struggled with numerous issues and led a miserable life. I've heard that she once left the house with a rope to hang herself. She would frequently remark, "I am fat, can't work, and everyone didn't get a happy life because of me." Her husband handed her Rs. 3,000 the day before she passed away, but she gave it to her daughter right away. She killed herself by hanging from the roof after her kids left for school.

The incident of Umakali's suicide is a tragic example of how complex social, economic, and cultural factors can contribute to mental health issues and suicidal behavior.

Umakali's history of depression, her husband's abusive behavior, and her daughter's mental illness likely had a significant impact on her well-being and sense of self-worth. Additionally, her early marriage, status as a second wife, and inability to bear children likely contributed to her feelings of isolation, shame, and despair.

It is also noteworthy that Umakali's husband gave her money on the day of her death, which she immediately gave to her daughter. This suggests that Umakali may have been struggling with financial difficulties and may have been sacrificing her own needs and well-being to support her family.

The fact that Umakali attempted suicide before, by taking a rope, suggests that her suicidal thoughts and behaviors were not sudden or impulsive, but rather were ongoing and possibly escalating. Her statement that "all did not get a happy life because of me" suggests that she may have been experiencing feelings of guilt or responsibility for her family's struggles and suffering.

Overall, this incident highlights the importance of addressing the complex social and cultural factors that contribute to mental health issues and suicidal behavior, and providing support and resources to individuals and families who are struggling with these challenges.

4.1.2.7 Extramarital Affairs

One of the major reasons for the suicide had been related to extramarital affairs. In many of the cases the female are the major victims. Female conduct suicide if they have extra marital affairs due to the pressure of being shamed. Similarly, if her husband has an extramarital affair, she might conduct a suicide due to the constant abuse and violence she had to face in the family. One of such examples had been shown in the case below:

Case 7: A married woman named Pragya had a son who attended boarding school. Pragya put forth a lot of effort early on in her marriage to help her husband finish his education. Her spouse started torturing her physically and psychologically once he became wealthy. He had an affair with a different woman and never made an effort to keep it from Pragya. In order to wed his mistress, he demanded a divorce. Additionally, Pragya's in-laws tortured her, criticizing her and holding her responsible for her failing

marriage. Pragya was admitted to the hospital, where she was given treatment for her depression and given a diagnosis one week before her passing. The most agonizing part for her was being unable to see her son. In her home, she hanged herself to death. In her suicide letter, she described the cruelty she had experienced, her husband's extramarital relationship, and her inability to see her son. She wrote, "I choose to die for these reasons." Our informant, her brother, said, "I could have done something if she had written that she is not the type of person to commit suicide and that she did it because she was tortured and abused. However, according to a police guideline, if the suicide note contains a statement of the victim's desire to die, no criminal charges may be brought.

The incident described is a tragic example of how domestic abuse and societal pressures can lead to suicidal thoughts and behaviors. Pragya's story highlights the devastating impact of emotional and physical abuse on mental health and well-being. Pragya's husband's infidelity and demand for a divorce likely added to her feelings of hopelessness and despair. The fact that she was diagnosed with depression and prescribed medication suggests that she was struggling with mental health issues before her death. The fact that she was forbidden from seeing her son, whom she loved and likely wanted to protect from the abusive environment, would have compounded her distress.

The suicide note left by Pragya provides insight into the reasons behind her decision to take her own life. It is a clear indication that she was experiencing intense emotional pain and suffering due to the abuse and the separation from her son. Her brother's comments suggest that there may be cultural and legal barriers that prevent victims of domestic violence from seeking help and justice. The fact that the police cannot pursue criminal charges in cases where the suicide note states the victim's own will to die is concerning, as it may discourage victims from speaking out and seeking help.

4.1.2.8 Summary of the Cause of the Suicide

Table 10: Summary of the Cause of the Suicide

Case No.	Reasons
1	Fake Facebook account using her photo and identity
2	Discrimination due to lower caste, isolation and poor economic condition
3	Family pressure and fear of fate after affair with married man
4	Love for another man and possibly not happy in current marriage
5	Infertility and mental torture by husband
6	Domestic violence, depression, and feeling like a burden
7	Mental Wellbeing and gender-based violence

The reason behind this case no. 1 is a fake Facebook account using the woman's photo and identity. It is a form of identity theft and can lead to various problems for the woman, including harassment, defamation, and misuse of personal information.

Case no. 2 involves discrimination based on caste, isolation, and poor economic conditions. Discrimination based on caste is a genuine issue in many parts of the world, including India. It can lead to social exclusion, limited opportunities, and unequal treatment. Isolation and poor economic condition can further exacerbate the situation and make it harder for the person to access resources and support.

In the 3rd Case the woman was pressured by her family and feared the consequences of having an affair with a married man. Family pressure can be a significant source of stress and can cause emotional distress. The fear of fate after having an affair with a married man can also lead to anxiety and uncertainty about the future.

In 4th Case involves a woman who is possibly not happy in her current marriage and has developed feelings for another man. Unhappiness in a marriage can led to various emotional and psychological issues, including stress, anxiety, and depression. Developing feelings for someone else can add further complications and may lead to guilt, shame, and confusion.

In case no. 5 Infertility and mental torture by a husband is an incredibly challenging situation for any woman. Infertility can be a source of stress, anxiety, and emotional distress, and it can put a significant strain on a relationship. Mental torture by a husband

can lead to emotional and psychological trauma, which can be challenging to overcome.

The 6th Case involves domestic violence, depression, and feeling like a burden. Domestic violence is a genuine issue that can lead to physical, emotional, and psychological harm. Depression and feeling like a burden can further exacerbate the situation and make it harder for the person to seek help and support.

In case no. 7, Mental well-being and gender-based violence are important issues that affect many women worldwide. Mental health issues can be caused by numerous factors, including trauma, stress, and social isolation. Gender-based violence is a significant issue that can lead to physical, emotional, and psychological harm and can cause long-term damage to a person's mental health and well-being.

4.2 Ways to Prevent Suicide

Suicide is a serious public health problem that can have long-lasting effects on individuals, families, and communities, but is preventable. Preventing suicide requires strategies at all levels of society. This includes prevention and protective strategies for individuals, families, and communities. Everyone can help prevent suicide by learning the warning signs, promoting prevention and resilience, and committing to social change.

Table 11

Effectiveness of Current Suicide Prevention Strategies

Effectiveness of Current Suicide Prevention Strategies	Frequency	Percentage
Moderately effective	32	43.84%
Ineffective	24	32.88%
Very effective	10	13.70%
Not sure/Don't know	7	9.59%

Source: Field Survey, 2023

This table presents the frequency and percentage of responses to the question "How effective do you think current suicide prevention strategies are, and why?" based on a total of 73 survey responses. The most common response was that current suicide prevention strategies are moderately effective, with 32 respondents (43.84% of the total) indicating this level of effectiveness.

However, a significant number of respondents felt that current suicide prevention strategies were ineffective, with 24 respondents (32.88%) indicating this. Only 10 respondents (13.70%) felt that current suicide prevention strategies were very effective. A small number of respondents (7, or 9.59%) were not sure or did not know how effective current suicide prevention strategies were.

These results suggest that there is room for improvement in current suicide prevention strategies. Respondents who felt that current strategies were ineffective may believe that more needs to be done to identify and address the root causes of suicide, or that current prevention efforts are not reaching those most at risk. Respondents who felt that current strategies were moderately effective may believe that while progress has been made, there is still much work to be done.

Overall, these results highlight the importance of continued research and innovation in suicide prevention efforts, as well as the need for ongoing evaluation and assessment of the effectiveness of these strategies.

Table 12

Role of Mental Health Professionals in Suicide Prevention

Role of Mental Health Professionals in Suicide Prevention	Frequency	Percentage
Providing counseling and therapy services	50	68.49%
Educating the public about suicide risk factors and warning signs	40	54.79%
Conducting suicide risk assessments and interventions	37	50.68%
Advocating for better mental health resources and support	33	45.21%
Providing support and resources to families and loved ones of those at risk	27	36.99%
Developing and implementing suicide prevention programs and policies	23	31.51%
Other	3	4.11%

Source: Field Survey, 2023

This table presents the frequency and percentage of responses to the question "What role do you think mental health professionals can play in suicide prevention?" based on

a total of 73 survey responses. The most common response was that mental health professionals can play a role in providing counseling and therapy services, with 50 respondents (68.49% of the total) indicating this.

Other common responses included educating the public about suicide risk factors and warning signs (40 respondents, or 54.79%), conducting suicide risk assessments and interventions (37 respondents, or 50.68%), and advocating for better mental health resources and support (33 respondents, or 45.21%). Less common responses included providing support and resources to families and loved ones of those at risk (27 respondents, or 36.99%), developing and implementing suicide prevention programs and policies (23 respondents, or 31.51%), and other (3 respondents, or 4.11%).

These results suggest that mental health professionals can play a critical role in suicide prevention efforts, from providing direct services such as counseling and therapy, to educating the public and advocating for better resources and support. By taking a multifaceted approach to suicide prevention and working collaboratively with other professionals and community members, mental health professionals can help to reduce suicide rates and promote better mental health outcomes for individuals and communities.

Table 13

Importance of Early Intervention in Suicide Prevention

Importance of Early Intervention in Suicide Prevention	Frequency	Percentage
Very important	63	86.30%
Somewhat important	8	10.96%
Not very important	2	2.74%
Not important at all	0	0%

Source: Field Survey, 2023

This table presents the frequency and percentage of responses to the question "How important is early intervention in suicide prevention, and what can be done to identify at-risk individuals sooner?" based on a total of 73 survey responses. The vast majority of respondents, 63 out of 73 (86.30% of the total), indicated that early intervention is very important in suicide prevention.

Only a small percentage of respondents (8 out of 73, or 10.96%) indicated that early

intervention is somewhat important, while an even smaller number (2 out of 73, or 2.74%) indicated that it is not very important. No respondents indicated that early intervention is not important at all.

These results highlight the importance of early intervention in suicide prevention efforts. To identify at-risk individuals sooner, some of the strategies that were suggested by the respondents include increasing mental health resources and support, improving education and awareness about suicide risk factors and warning signs, and increasing access to screening and assessment tools.

Other strategies that were mentioned include improving communication and collaboration among healthcare professionals, educators, and community members, as well as reducing stigma and promoting a culture of openness and support around mental health issues. By taking a comprehensive and collaborative approach to suicide prevention, including early identification and intervention, it is possible to reduce suicide rates and improve outcomes for individuals and communities.

Table 14

Ways Schools and Workplaces Can Support Suicide Prevention Efforts

Ways Schools and Workplaces Can Support Suicide Prevention Efforts	**Frequency**	**Percentage**
Providing mental health resources and support	52	71.23%
Increasing education and awareness about suicide prevention	48	65.75%
Reducing stigma and promoting a culture of openness	40	54.79%
Encouraging early identification and intervention	37	50.68%
Providing training for staff and employees	31	42.47%
Improving communication and collaboration among stakeholders	28	38.36%
Creating supportive environments and policies	25	34.25%
Offering flexible work and school accommodations	20	27.40%
Increasing access to mental health services and treatment	19	26.03%
Addressing socioeconomic and other systemic factors	17	23.29%

Source: Field Survey, 2023

This table presents the frequency and percentage of responses to the question "How can schools and workplaces support suicide prevention efforts?" based on a total of 73 survey responses. The most commonly cited strategies for supporting suicide prevention efforts were providing mental health resources and support (71.23% of respondents), increasing education and awareness about suicide prevention (65.75%), and reducing stigma and promoting a culture of openness (54.79%).

Other strategies that were frequently mentioned include encouraging early identification and intervention (50.68%), providing training for staff and employees (42.47%), and improving communication and collaboration among stakeholders (38.36%). Creating supportive environments and policies (34.25%), offering flexible work and school accommodations (27.40%), increasing access to mental health services and treatment (26.03%), and addressing socioeconomic and other systemic factors (23.29%) were also mentioned by a significant proportion of respondents.

These results suggest that there are a variety of ways that schools and workplaces can support suicide prevention efforts, ranging from providing resources and support to promoting a culture of openness and addressing systemic factors. By implementing these strategies, schools and workplaces can help create supportive environments and reduce suicide risk among their staff and students.

Table 15

Impact of Access to Mental Health Care on Suicide Rates

Impact of Access to Mental Health Care on Suicide Rates	Frequency	Percentage
Lack of access contributes to higher suicide rates	65	89.04%
Improved access can help reduce suicide rates	62	84.93%
Access to care alone may not be sufficient to prevent suicide	34	46.58%
Other factors (e.g., cultural stigma) can also impact access to care	22	30.14%
Not sure/No opinion	3	4.11%

Source: Field Survey, 2023

This table summarizes the responses of 73 survey participants to the question "How do you think access to mental health care impacts suicide rates?" A majority of

respondents (89.04%) believed that a lack of access to mental health care contributes to higher suicide rates, while 84.93% thought that improving access to mental health care can help reduce suicide rates.

Respondents also recognized that access to care alone may not be sufficient to prevent suicide, with 46.58% of respondents indicating that other factors may also play a role. For example, cultural stigma surrounding mental health care can prevent people from seeking help even if it is available. A smaller proportion of respondents (30.14%) cited this as a factor impacting access to care.

Only a small number of respondents (4.11%) indicated that they were not sure or had no opinion on the issue. Overall, the results suggest that access to mental health care is an important factor in suicide prevention, but additional efforts may be needed to address barriers to access and improve the effectiveness of care.

Table 16

Effective Ways to Destigmatize Mental Illness and Seeking Help

Effective Ways to Destigmatize Mental Illness and Seeking Help	Frequency	Percentage
Increasing public education and awareness about mental health	68	93.15%
Encouraging more open conversations about mental health	65	89.04%
Providing more accessible and affordable mental health services	58	79.45%
Highlighting success stories and positive portrayals of mental health	47	64.38%
Addressing cultural and societal attitudes towards mental health	41	56.16%
Involving mental health professionals in destigmatization efforts	30	41.10%
Other (specify):	7	9.59%

Source: Field Survey, 2023

This table summarizes the responses of 73 survey participants to the question "What do you think are some effective ways to destigmatize mental illness and seeking help for

mental health issues?" The majority of respondents (93.15%) believed that increasing public education and awareness about mental health is an effective way to reduce stigma. Encouraging more open conversations about mental health was also cited as a helpful strategy by 89.04% of respondents.

Other effective strategies include providing more accessible and affordable mental health services (79.45%), highlighting success stories and positive portrayals of mental health (64.38%), and addressing cultural and societal attitudes towards mental health (56.16%). Some respondents (41.10%) also suggested involving mental health professionals in destigmatization efforts. A small number of respondents (9.59%) listed other strategies that they believe to be effective. These could include initiatives such as using social media to raise awareness, promoting self-care and wellness practices, or partnering with community organizations to increase access to mental health resources.

Overall, the results suggest that there are a variety of effective strategies for reducing stigma surrounding mental health and seeking help for mental health issues. These strategies may need to be tailored to specific cultural and societal contexts in order to be most effective.

Table 17

Most common way that community can work together.

Response	Frequency	Percentage
Increase awareness through education programs	35	47.9%
Provide resources and support for those at risk	28	38.4%
Foster a sense of community and belonging	20	27.4%
Encourage open communication and dialogue	18	24.7%
Address root causes of suicide (e.g. poverty)	15	20.5%

Source: Field Survey, 2023

According to the responses of the 73 participants, increasing awareness through education programs was the most common way communities can work together to support suicide prevention, with 47.9% of participants selecting this response. This suggests that many individuals believe that knowledge and understanding of suicide risk factors and warning signs is an important first step in prevention.

The second most common response was to provide resources and support for those at

risk, with 38.4% of participants selecting this option. This indicates that participants recognize the importance of offering tangible assistance to individuals who may be struggling with suicidal thoughts or behaviors.

Fostering a sense of community and belonging was selected by 27.4% of participants. This response highlights the importance of creating an inclusive and supportive environment that can help to reduce feelings of isolation and despair.

Encouraging open communication and dialogue was selected by 24.7% of participants. This suggests that individuals recognize the importance of talking openly and honestly about suicide and believe that creating a safe space for discussion can help to reduce stigma and encourage help-seeking.

Finally, addressing root causes of suicide (e.g., poverty, trauma) was selected by 20.5% of participants. This response suggests that individuals believe that suicide prevention efforts must go beyond simply addressing individual risk factors, and instead focus on addressing the broader societal and systemic factors that contribute to suicide risk.

Table 18

Way to prevent suicide

Response Options	Frequency	Percentage
Provide online counseling or therapy	29	39.7%
Increase awareness and education about suicide prevention through social media	25	34.2%
Use technology to identify and intervene with at-risk individuals	14	19.2%
Use social media to promote positive mental health and self-care practices	11	15.1%
Create online support groups and communities for those at risk for suicide	10	13.7%
Monitor social media for suicidal ideation and intervene as needed	9	12.3%
Provide suicide prevention resources and hotlines via technology and social media	8	11.0%

Source: Field Survey, 2023

A majority of the respondents (39.7%) believed that providing online counseling or therapy can be an effective way to prevent suicide through technology and social media. This suggests that digital platforms can provide a confidential and accessible way for individuals to seek help for mental health issues, especially for those who are hesitant to seek traditional in-person therapy.

Another popular response (34.2%) was using social media to increase awareness and education about suicide prevention. This can be achieved through public service announcements, social media campaigns, and sharing resources related to suicide prevention.

About 19.2% of the respondents suggested that technology can be used to identify and intervene with at-risk individuals. For instance, digital tools such as predictive modeling and machine learning algorithms can be used to identify individuals who are at high risk of suicide and alert mental health professionals to intervene.

A smaller proportion of respondents (15.1%) believed that social media can be used to promote positive mental health and self-care practices. This can involve creating positive messaging and content that encourages healthy lifestyle choices and coping mechanisms.

Some respondents (13.7%) suggested that creating online support groups and communities for those at risk for suicide can be helpful in reducing feelings of isolation and providing a safe space for individuals to discuss their experiences.

Finally, a smaller proportion of respondents (11.0%) suggested using technology and social media to provide suicide prevention resources and hotlines. This can involve creating easily accessible resources such as crisis helplines, mental health apps, and self-help guides.

Overall, the responses suggest that technology and social media can be effective tools in suicide prevention efforts, and there is potential to use these platforms to increase awareness, provide resources, and identify at-risk individuals. However, it is important to ensure that any digital interventions are evidence-based, culturally sensitive, and privacy-conscious to avoid causing harm to vulnerable populations.

Table 19

Warning Signs of Suicide

Warning Signs of Suicide	Frequency	Percentage
Talking about suicide or having a plan	56	76.7%
Expressing hopelessness or feeling trapped	51	69.9%
Withdrawing from social activities	46	63.0%
Increased use of drugs or alcohol	35	47.9%
Mood swings or sudden behavior changes	32	43.8%
Giving away possessions	21	28.8%
Sleeping too much or too little	17	23.3%
Reckless behavior	14	19.2%
Extreme mood swings or emotional instability	12	16.4%
Self-harm behaviors	11	15.1%

Source: Field Survey, 2023

The most common warning signs mentioned by respondents were talking about suicide or having a plan (76.7%), expressing hopelessness or feeling trapped (69.9%), and withdrawing from social activities (63.0%). These warning signs indicate that a person may be struggling with feelings of hopelessness, isolation, or desperation, and may need immediate help and support.

Respondents also mentioned other warning signs such as increased use of drugs or alcohol (47.9%), mood swings or sudden behavior changes (43.8%), and giving away possessions (28.8%). These behaviors may indicate that a person is experiencing intense emotional distress and may be at risk of self-harm or suicide.

It is important for individuals and communities to be aware of these warning signs and to take action to prevent suicide. This can include reaching out to the person, offering emotional support, and connecting them with mental health resources. If a person is in immediate danger, it is important to contact emergency services or a crisis hotline for help.

Table 20

Necessity of supporting the one who had attempted Suicide

Response	Frequency	Percentage
Very important	35	47.9%
Somewhat important	28	38.4%
Not very important	7	9.6%
Not at all important	3	4.1%

Source: Field Survey, 2023

Out of the 73 respondents, 47.9% (35) believed that supporting those who have attempted suicide or lost loved ones to suicide is very important. 38.4% (28) said it is somewhat important, while 9.6% (7) said it is not very important. Only 4.1% (3) of the respondents said it is not at all important.

It is essential to provide support and resources to those who have attempted suicide or lost loved ones to suicide. Such individuals often struggling with intense emotions and may feel isolated, ashamed, or hopeless. Supporting them can help alleviate their pain and promote healing. Some effective ways to provide support include offering counseling services, connecting them with support groups or peer networks, and providing information on resources such as crisis hotlines or suicide prevention programs.

Additionally, it is crucial to be sensitive and compassionate when interacting with individuals who have attempted suicide or lost loved ones to suicide. Avoid stigmatizing language or blaming, and instead, offer a listening ear and a non-judgmental attitude. With the right support, those who have been impacted by suicide can find hope and healing.

CHAPTER V

FINDINGS AND CONCLUSION

5.1 Findings

In Nepal, suicide is a significant unreported public health issue. However, despite being acknowledged as a concern, it has received little attention, and not only did it continue to be the main factor in fatalities, but it actually went up. In Nepal, the two most common methods of suicide are hanging and poisoning. According to police data, hanging is increasingly common. Given that victims of hanging may be less likely to be sent to medical institutions, there may be a bias in police data regarding deaths since some techniques may be more likely to be reported to police than others.

The position of women and gender-based violence are variables in many family, marital, and relationship issues. The social context in Nepal that raises women's risk of suicide behavior is significantly influenced by gender norms. Girls and women are subjected to such great social pressure in this setting that any refusal or inability to conform, such as an unmarried pregnancy, results in further pressure. They are more likely to act suicidally as a result of this, which frequently occurs in the absence of any support from family or friends.

Violence against women is more likely when there is gender disparity. According to traditional gender norms and role expectations, self-silencing behavior is seen as a sign of the "good woman" in nations like Nepal, and GBV is frequently ignored. Similar to caste rank, poverty does not seem to have a direct correlation with suicide risk. A smaller percentage of deaths are caused by suicide. Suicide socioeconomic determinants can have both causes and effects, including poor mental health.

5.2 Conclusion

Without trustworthy data and thorough, standardized reporting procedures, national suicide prevention plans cannot be established or put into action. The situation in Nepal illustrates the necessity for joint reporting and responsibility across the administrative, health, and law enforcement sectors. To improve mental health services and reporting

standards, it is essential that health professionals are aware of legal requirements, especially when it comes to dispelling misunderstandings about suicide's legality.

The result of this study has suggested that there is an increasing trend in suicide with each year. In national wise data, a high-risk person is a male, but female is more vulnerable in the study area. Early marriage and domestic violence are found to be major causes besides foreign employment and poverty. An individual who is at teen age and having love affair is found to be at high risk of suicide. This study shows that there is significant difference between male and female suicide ratio.

This study demonstrated several social economic factors linked to suicide. For example, unemployment, domestic violence, poverty, illiteracy, male dominance, oppression etc. All these factors help to bring social change leading to moral instability and loss of familiar norms. It is found that the relationship between on individual and society is broken by social and economic diversity. On the other hand, family conflicts result in a lack of integration, relationship in the family, social and cultural life. All these stronger forces throw the individual in suicidal behavior in the society, which is similar to that as, classified by Durkhim.

As in many developing countries, in Nepal there is preference given to physical health over mental health. It is also clear from the data that most patients who had symptoms before committing suicide didn’t use modern health services. Clearly, the mental health system in Nepal alone does not have the resources to address the suicide crisis.

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Annex II

Respondent I

Profession: licensed clinical psychologist

Q: What are the main factors that contribute to suicidal tendencies among women in Kathmandu Valley?

A: There are several factors that contribute to suicidal tendencies among women in Kathmandu Valley, including societal pressure, cultural expectations, economic instability, domestic violence, lack of access to mental health services, and gender discrimination.

Q: How does societal pressure, cultural expectations, and gender roles impact suicidal tendencies among women?

A: Societal pressure, cultural expectations, and gender roles can impact suicidal tendencies among women by creating unrealistic expectations and placing undue pressure on women to conform to certain standards or roles. When women are unable to meet these expectations, they may feel shame or guilt, which can contribute to feelings of hopelessness and despair.

Q: In your opinion, how effective are the current mental health services and resources available in Kathmandu Valley for women at risk of suicide?

A: While there are mental health services available in Kathmandu Valley, they are often inadequate and underfunded. Additionally, there is a stigma associated with mental health issues that can prevent women from seeking help. More resources and education are needed to effectively address the issue of suicide among women in Kathmandu Valley.

Q: How does poverty and economic instability impact suicidal tendencies among women in Kathmandu Valley?

A: Poverty and economic instability can contribute to suicidal tendencies among women by creating stress and financial strain. Women who are unable to support

themselves or their families may feel overwhelmed and hopeless, which can lead to suicidal thoughts and behaviors.

Q: How can social support networks and community resources be utilized to prevent suicidal tendencies among women?

A: Social support networks and community resources can be utilized to prevent suicidal tendencies among women by providing emotional support, practical assistance, and access to resources such as mental health services. Building strong support networks and fostering community involvement can help women feel connected and valued, which can reduce feelings of isolation and hopelessness.

Q: What role do you think education and awareness programs can play in reducing suicidal tendencies among women?

A: Education and awareness programs can play a crucial role in reducing suicidal tendencies among women by providing information about risk factors, warning signs, and available resources. These programs can also help to reduce stigma and promote a culture of openness and support around mental health issues.

Q: How can government policies and programs be developed to address the issue of suicide among women in Kathmandu Valley?

A: Government policies and programs can be developed to address the issue of suicide among women in Kathmandu Valley by increasing funding for mental health services, improving access to education and resources, and implementing policies that promote gender equality and reduce discrimination.

Q: What are some of the challenges and limitations faced in conducting research on suicide and suicidal tendencies among women?

A: Some of the challenges and limitations faced in conducting research on suicide and suicidal tendencies among women include limited funding, difficulties in accessing participants, and ethical considerations around studying sensitive and potentially triggering topics.

Q: In your opinion, what are some of the most effective strategies or interventions for preventing suicide among women in Kathmandu Valley?

A: Some of the most effective strategies or interventions for preventing suicide among women in Kathmandu Valley include increasing access to mental health services, promoting gender equality and women's empowerment, building strong social support networks, and implementing community-based prevention programs.

Annex II

Respondent 2

Profession: Licensed mental health counselor

Q: What are the main factors that contribute to suicidal tendencies among women in Kathmandu Valley?

A: Based on my experience, some of the main factors that contribute to suicidal tendencies among women in Kathmandu Valley include social isolation, lack of support networks, poverty and economic instability, cultural expectations and gender roles, and mental health issues such as depression and anxiety.

Q: How does societal pressure, cultural expectations, and gender roles impact suicidal tendencies among women?

A: Societal pressure, cultural expectations, and gender roles can have a significant impact on suicidal tendencies among women. These factors can create unrealistic expectations and contribute to feelings of shame, guilt, and hopelessness. Women may feel trapped in their roles and unable to seek help or support.

Q: In your opinion, how effective are the current mental health services and resources available in Kathmandu Valley for women at risk of suicide?

A: From my understanding, there is a need for more mental health services and resources in Kathmandu Valley. While there are some services available, they may not be easily accessible or affordable for many women who need them.

Q: How does poverty and economic instability impact suicidal tendencies among women in Kathmandu Valley?

A: Poverty and economic instability can contribute to a sense of hopelessness and despair among women, which can increase the risk of suicidal tendencies. Women who are struggling financially may feel like they have no way out of their situation and may lack access to resources that could help them.

Q: How can social support networks and community resources be utilized to

prevent suicidal tendencies among women?

A: Social support networks and community resources can be instrumental in preventing suicidal tendencies among women. These resources can provide a sense of belonging, connection, and support, which can reduce feelings of isolation and hopelessness. Community members can also work to create a culture of openness and acceptance around mental health issues.

Q: What role do you think education and awareness programs can play in reducing suicidal tendencies among women?

A: Education and awareness programs can play a critical role in reducing suicidal tendencies among women. These programs can help to reduce the stigma surrounding mental health issues and provide information about available resources and support. Education and awareness can also help to increase knowledge about warning signs and risk factors for suicide.

Q: How can government policies and programs be developed to address the issue of suicide among women in Kathmandu Valley?

A: Government policies and programs can be developed to address the issue of suicide among women in Kathmandu Valley by increasing funding for mental health services and resources, creating public awareness campaigns, and implementing policies that support women's rights and access to education and economic opportunities.

Q: What are some of the challenges and limitations faced in conducting research on suicide and suicidal tendencies among women?

A: Some of the challenges and limitations in conducting research on suicide and suicidal tendencies among women include issues of confidentiality, cultural and linguistic barriers, and difficulty accessing populations that are most at risk.

Q: In your opinion, what are some of the most effective strategies or interventions for preventing suicide among women in Kathmandu Valley?

A: Some of the most effective strategies or interventions for preventing suicide among women in Kathmandu Valley include increasing access to mental health services and

resources, creating social support networks, reducing stigma surrounding mental health issues, and addressing systemic issues such as poverty and gender inequality.

Appendix III

Respondent 3

Profession: Police Officer

Q: What is your perspective on the issue of suicide among women in Kathmandu Valley?

A: As a police officer, I have seen firsthand the devastating impact of suicide on individuals, families, and communities. Suicide among women is a complex issue that requires a multi-pronged approach to prevention and intervention.

Q: In your experience, what are some of the common risk factors for suicidal tendencies among women in Kathmandu Valley?

A: Some of the common risk factors include mental health issues, domestic violence, financial stress, and social isolation.

Q: How can law enforcement agencies work with mental health professionals and community organizations to prevent suicide among women in Kathmandu Valley?

A: It is important for law enforcement agencies to collaborate with mental health professionals and community organizations to identify at-risk individuals and provide them with the necessary resources and support. This can include training for police officers on suicide prevention, establishing partnerships with mental health providers and community organizations, and promoting awareness campaigns.

Q: What are some of the challenges that law enforcement agencies face in addressing suicide among women in Kathmandu Valley?

A: One of the challenges is the lack of resources and funding for mental health services and support networks. Additionally, there is often a stigma associated with mental health issues and suicide that can prevent individuals from seeking help.

Q: How can law enforcement agencies work with government officials and policymakers to develop policies and programs to address the issue of suicide

among women in Kathmandu Valley?

A: Law enforcement agencies can provide input and feedback on policies and programs related to suicide prevention and mental health services. This can include advocating for increased funding for mental health resources, promoting community-based programs and services, and working with policymakers to develop comprehensive strategies for suicide prevention.