Social Structure and Suicide in Ilam District

(A Sociological Study of Gender Based Suicide)

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KIRTIPUR, KATHMANDU

LETTER OF RECOMMENDATION

This M.A. thesis entitled "**Social Structure and Suicide in Ilam: A Sociological Study of Gender Based Suicide**" has been prepared by Mr. **Pujan Niroula** under my supervision and guidance. This thesis has been prepared in fulfilment of the requirements for the Degree of Master of Arts in Sociology at Tribhuvan University. I believe this is his original work and he has made a decent effort to complete it. I hereby recommend this thesis to the Thesis Committee for its final acceptance and approval.

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LETTER OF APPROVAL

This thesis entitled "**Social Structure and Suicide in Ilam: A Sociological Study of Gender Based Suicide**" has been submitted by **Mr Pujan Niroula** for final examination to the Central Department of Sociology, Tribhuvan University, in fulfilment of the requirements for the Degree of Master of Arts in Sociology. We hereby certify that the Evaluation Committee of the faculty has found this thesis satisfactory in scope and has therefore, accepted it for this degree.

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DECLARATION

I hereby declare that this M.A. thesis entitled "**Social Structure and Suicide in Ilam: A Sociological Study of Gender Based Suicide**" submitted by me to the Dean, Faculty of Humanities and Social Sciences, Tribhuvan University, Nepal is an entirely original work prepared under the supervision and guidance of Dr. Tika Ram Gautam. The results presented in this thesis have never been presented or submitted anywhere else for the award of any degree or for any other purposes. I am solely responsible if any evidence is found against my declaration.

……………………

Pujan Niroula

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TABLE OF CONTENTS

LETTER OF RECOMMENDATION .... **ii**

LETTER OF APPROVAL .... **iii**

DECLARATION .... **iv**

Acknowledgements .... **v**

INTRODUCTION **1**

1.1 Context of the Study 1

1.2 Suicide 2

1.3 Research Problem 4

1.5 Research Questions: 6

1.6 Objectives of the Study 6

1.7 Significance of the Study 7

1.8 Limitations of the Study 7

1.9 Structure of the Thesis 8

rEVIEW OF RELATED LITERATURE **9**

2.1 Review of Theories on Suicide 9

2.1.1 Interpersonal Theory of Suicide 9

2.1.2 Existential Theory of Suicide 10

2.1.3 Durkheim's Theory of Suicide 11

2.1.4 Cultural-Structural Theory of suicide 12

2.1.5 The Gender Paradox in Suicide 13

2.2 Empirical Review 14

2.4 Research Gap 19

2.3 Conceptual Framework 21

METHODOLOGY **22**

3.1 Nature of Research 22

3.2 Rational of the Selection of the Field 23

3.3 Sources and Tools of Data Collection 23
3.3.1 Secondary Sources 23
3.3.2 Primary Sources 24
3.4 Research Design...24
3.5 Universe and Sampling Procedure...24
3.6 Field Work and Methods of Data Collection 25
3.6.1 In-depth Interview...25
3.7 Method of Data Analysis 26
3.8 Profile of Respondents...26
3.9 Ethical Consideration..27
PATTERN OF SUICIDE, GENDER STRUCTURE AND 29
SOCIETAL PERCEPTION IN iLAM...29
4.1 Pattern of Suicide...29
4.1.1 Age Group...31
4.1.2 Ethnicity 33
3.1.2 Religion 36
3.1.3 Marital Status 39
3.1.5 Month of Suicide...41
3.1.6 Suicide Method 43
4.2 Gender Structure and Suicide 46
4.2.1 Change in Traditional Role of Man 46
4.2.2 Masculinity 48
4.2.3 Marriage...49
4.2.4 Traditional Role as a Caregiver and Change in the Role....................................52
4.2.5 Infertility and Motherhood...55
4.3 Perspective of Society towards Male and Female Suicide 57
SUMMARY AND CONCLUSION 63

5.1 Summary 63

5.2 Conclusions 67

Appendix -1 70

REFERENCES 72

CHAPTER - 1

INTRODUCTION

1.1 Context of the Study

Suicide is one of the major concern of the world. Recent data from WHO (2019) indicates that that worldwide more than eight lakhs people die by suicide each year. In Nepal, suicides have been on the rise. In the past decade, suicides in Nepal have increased by 72 percent. In fiscal year 2068/69, around 11 people died by suicide each day, but in the fiscal year 2078/79, around 19 people died by suicide every day (Devkota, 2022). The portion of man in overall suicide figure is almost two-third but different researcher claim that, women are two times more likely to commit suicide than man. WHO's recent report about suicide showed that global age-standardized suicide rate among male is 12.6 per 1,00,000 and rate among female is 5.4 per 1,00,000 (WHO, 2019). Given the alarming rise in suicide rates globally and specifically in Nepal, the gender disparities in suicide patterns highlight the need for a focused investigation into the gender structures contributing to this phenomenon.

A last year incident of a man's attempt to self-immolate raised serious questions over our social structure and on government's priority on mental health as well as on suicide. According to the National Mental Health Survey of 2020 (2020) in Nepal, 6.5% of the adult population expressed current suicidal thoughts. This shows the alarming future picture of suicide in Nepal. Despite the concerning future picture here is a dearth of systematic, reliable, and nationally-representative data on suicide in Nepal (Karki et al., 2017). The Nepal Police is the only responsible body to collect data on suicide, but they lack depth of data

Ilam, an eastern district of Nepal with population of 279,534 (Central Bureau of Statistics, 2022); despite having high literacy rate, comparatively developed than other

districts it is infamous for having high suicide rate (Karki et al., 2017). In fiscal year 2078/79 alone 124 people committed suicide.

1.2 Suicide

The word "suicide" comes from the Latin word "suicidium". It is derived from "sui" meaning "of oneself" and "caedere" meaning "to kill." Therefore, suicide means "to kill oneself." In English language, the term "suicide" was used for first time in 17th century. Nowadays, the word suicide is defined in many ways in different academic disciplines.

According to WHO (2021) suicide is "the act of deliberately killing oneself". Similarly, the sociologist Emile Durkheim (1897) used the term suicide to any instance where one knowingly carries out any positive or negative action that directly or indirectly results in their own death. However, Thomas Jonier (2005) argues that this definition cannot be applied to all suicides such as terrorist assassination attempts, as it associates their deaths with martyrdom or holy war casualties. He further argued that the suicide attempt survivors reveal that in the middle of the suicide process some of them regret their decsion of committing suicide. So, it can be argued that although there is variance in the definition and limitations of definition of suicide, there is a general consensus over the definition of WHO among researchers of different academic disciplines.

Aforementioned definitions just focused on suicide as just an act. These definitions fail to provide the holistic picture of suicide. There is ongoing debate on study of suicide as some researchers analyze it as a personal phenomenon and some consider it as a social phenomenon. Traditionally, it was studied just as personal phenomenon, thus traditional researches ignored the contextual factors of suicide.

However, beginning from Durkheim's book 'Suicide: A Study in Sociology', suicide is viewed as social phenomenon rather than personal one. In his book Durkheim (1897) argued "Suicide is not the individual act that people often suppose it to be; it is rather a social phenomenon in which individual acts are merely symptoms" (p. 103). He further suggested that suggests that suicide rates are not solely influenced by individual psychological factors but are also affected by societal factors. The level of social integration and organization within a society can play a role in determining suicide rates.

Suicide rates aren't the same everywhere; they vary based on social structures and the cultural environment. When we look at suicide only from a psychological or medical standpoint, we focus on individual reasons and miss out on the bigger picture. This approach doesn't consider how social factors play a role in shaping suicide patterns. To truly understand suicide, we need to see it as something connected to the society it happens in. By studying it in this broader context, we can figure out the influence of social structures on suicide rates. This way of looking at things helps us see how social expectations and gender norms impact mental health, giving us a more complete understanding (WHO, 2019; Canetto & Sakinofsky, 1998).

Data from 2019 shows a noteworthy gender bias, with men constituting approximately three-quarters of suicide fatalities worldwide (WHO, 2019). This gendered phenomenon is complexly linked to prevailing socio cultural constructs, perpetuating distinct suicidal behavioral patterns among men and women.

Traditional gender roles and societal expectations play a pivotal role in shaping the gender structure of suicide. Men, influenced by expectations of strength, stoicism, and self-reliance, may encounter barriers in seeking mental health assistance, contributing to a heightened susceptibility to completed suicides (Canetto & Sakinofsky, 1998). The reluctance

to seek help, a manifestation of entrenched gender norms, emphasizes the need for targeted interventions addressing the unique challenges faced by men in mental health contexts.

Conversely, women's experiences with suicide are entangled with gender-based violence, discrimination, and disparate access to resources. Although women manifest higher rates of suicide attempts, it is men who are more likely to die by suicide (Canetto & Sakinofsky, 1998). A comprehensive understanding of the gender structure of suicide necessitates an exploration of the complex interplay between social expectations, stereotypes, and mental health outcomes.

1.3 Research Problem

It is estimated that more than 800,000 people die by suicide annually. There are numerous suicide attempts for each death. Globally, suicide ranks as the 4th leading cause of death among young people(15–29 years). It ranks just below road accidents, tuberculosis, and interpersonal-violence (WHO, 2021). The World Health Organization's recent report on suicide shows a significant disparity in global age-standardized suicide rates between male and female. Suicide rate among men is 12.6 per 100,000 and among women is 5.4 per 100,000. Furthermore, suicide rates vary among different regions of the world. African region have the highest rate (11.2 per 100,000) and the Eastern Medoteranean region have the lowest suicide rate (6.4 per 100,000) (World Health Organization, 2019). Notably, 77 percent of global suicides occurs in low income and middle income countries where suicide is a more prevalent and less-understood cause of death (WHO, 2021). Nepal, being a low-income country, also faces a significant issue with suicide.

Different studies on different scenario shows different picture of suicide in Nepal. Research conducted in 2018 reported a suicide rate of 8.33 per 100,000 people in Nepal (Neupane et al., 2018). However, subsequent research, especially after the COVID-19

pandemic, paints a different picture. Number of suicide cases were already on the rise in Nepal before the corona pandemic, with 5,509 cases in 2018 and 5,898 in 2019. The numbers increased to reach 6,968 during the first year of the COVID-19 pandemic in 2020. Which pushed the suicide rate to 23.9 per 100,000 population (Awale, 2022). Despite the widespread prevalence of suicide in Nepal, the issue is often viewed from a sanitized distance, with the belief of "it couldn't possibly happen to us."

Ilam, an eastern district of Nepal, is infamous for its high suicide rate. A research report published by Nepal Research Health Council documented 230 suicides in Ilam district between 2068 and 2071 (Karki et al., 2017). This report shows suicide rate was 39.62 per 100,000 people, nearly double than the average suicide rate of Nepal. According to record of District Police Office, there were 129 suicide cases reported in fiscal year 2078/79 and 116 in fiscal year 2079/80. Among these suicide, around two-thirds suicide cases are of male, and the remaining cases are of female. These reports from district police office and other research conducted in Ilam shows that average suicide rate in Ilam is constantly around 40. So, suicide rate in Ilam is almost five times more than the global average suicide rate of 9 per 100,000.

Despite the alarmingly pandemic nature of suicide in Ilam, the sociological dimensions of this critical issue remain largely overlooked. Beyond the absence of essential mental health professionals, the sociological aspects of suicide in Ilam have been inadequately studied and understood. There is a noticeable lack of sociological studies that explore the complex network of societal influences contrbuting to the high suicide rates in Ilam distict.

Furthermore, the lack of targeted sociological interventions neglets the gravity of the situation. Ilam's higher suicide rate demands urgent attention, not only from a medical standpoint but also through a sociological lens that prioritize the socio cultural fabric influencing individuals' mental well-being. The collective belief of the community,

traditional norms, and modern dynamics are all important in shaping the discourse surrounding suicide in Ilam. A sociological perspective is vital for exploring the relationship of contributing factors.

In the absence of sociologically informed interventions, the broader community's perception of suicide remains mired in misconceptions and stigmatization. Efforts to reduce the suicide rates are hampered by a lack of targeted initiatives that address the root causes embedded in the sociocultural context of Ilam. Therefore, a comprehensive sociological exploration is required to not only comprehend the sociological dimensions of suicide but also to pave the way for effective, socio centric solutions that could help to mitigate the alarming suicide rate and foster a more supportive and resilient environment in Ilam.

1.5 Research Questions:

This study rises following research questions:

a) What are the noticeable patterns in suicide rate between males and females?
b) How does the gender structure in Ilam influence suicide?
c) How does societal perception of suicide differ between suicide by males and females?

1.6 Objectives of the Study

The main objective of this study is to explore the socio-structural causes of suicide. The specific objectives of the study are:

- To identify and analyze the patterns of suicide rate between males and females.
- To investigate the influence of gender structure on suicide in Ilam.
- To understand and compare societal perceptions of suicide between males and females.

Overall, the research objective is to gain a better understanding of the gender dynamics that contribute to suicide in Ilam and to identify patterns and social perception.

1.7 Significance of the Study

This first systematic sociological study of suicide in Ilam can help to understand the suicides in Ilam sociologically. It sheds light on the underlying gender structure associated with suicide. It also helps in the development of interventions that address the root causes of suicide.

Furthermore, this study provides valuable insights for governmental authorities and local governments, aiding in the formulation of more knowledgeable and empathetic strategies for addressing suicide cases. Additionally, researchers can use the findings to deepen their understanding of the complex gender structure that contribute to suicide rates in the region.

Finally, welfare organizations can use the findings of this study to develop more effective strategies to prevent suicide in Ilam, targeting the underlying causes identified in the study.

1.8 Limitations of the Study

Research limitations are constraints that affect the study's scope, applicability, and generalizability, and can arise from various factors such as research design, sample size, data collection methods, researcher bias, time, and funding.

Following are the limitations of this study:

- The research field is limited to Ilam District.
- This research is mostly based on secondary data maintained by District Police Office, Ilam.

- As just few interviews will be conducted research findings may be biased and it may not be accurately representing the entire suicides.
- The study's categorization of gender into male and female oversimplifies the complex spectrum of gender identities.

1.9 Structure of the Thesis

This thesis is structured into five chapters, each has a unique purpose. Chapter one contains the introduction to the study, with topics such as the background of the study, statement of the problem, research questions, major objectives, significance, and importance of the study. Additionally, it shows the limitations of the study and outlines the organization of the entire thesis.

Chapter two is focused on the literature review and analytical approach employed in this thesis. It covers review of both theoretical and empirical literatures, providing a comprehensive understanding of the existing body of knowledge related to the thesis.

Third chapter mainly focuses in the research methodology, examining the research design, rationale for site selection, considerations regarding the universe and sampling, nature and sources of data, as well as the methods employed for data collection and analysis.

Chapter four is dedicated to the analysis and presentation of the collected data. This section employs various techniques to interpret the collected data effectively.

Final chapter contains summary and conclusion of this thesis. This section synthesizes the key findings, reaffirms the study's objectives, and provides concluding remarks that contribute to the broader understanding of the gender structure of suicide.

CHAPTER II

REVIEW OF RELATED LITERATURE

In this chapter, the related theoretical and empirical literatures are discussed. The primary method for reviewing related literature is to identify any research gaps and develop a conceptual framework. The chapter covers a review of various related theories and literature. The purpose of the literature review is to avoid any duplication of previous work and to integrate the findings from previous research.

2.1 Review of Theories on Suicide

Suicide can be analysed from different perspectives. Among thme Interpersonal theory of suicide, social theory of suicide, cultural theory of suicide, socioemotional theory of suicide et cetera are popular perspectives. Traditionally, suicide was considered just as a personal phenomenon and it was analysed only from the viewpoint of psychiatrists and psychologists. However, after rise of Emile Durkheim the study of suicide expanded beyond the area of individual psychology and began to be viewed as a sociological issue.

2.1.1 Interpersonal Theory of Suicide

Thomas Joiner (2005) analysed suicide on personal level. He argued that people who commit suicide have common two major characteristics. First is acquired ability to enact lethal self-injury and another is thwarted belongingness and perceived burdensomeness. The acquired capability for suicide refers to the ability to overcome natural fear of death and physical pain asociated with self-injury. This capability is developed through repeated exposure to painful or provocative events. Over time it can desensitize individual to the fear of death and increase their tolerance for physical pain. In other words, individuals who have developed the capability for suicide have a greater capacity to tolerate the physical pain and

psychological distress. The capacity to tolerate is associated with suicidal behavior, making them more likely to attempt suicide.

Perceived burdensomeness is when someone believes they're a burden to others and that their death would be better for those around them. This belief can crop up from various sources like dealing with chronic illness, financial hardships, or feeling socially isolated. These circumstances often evoke a deep sense of hopelessness, helplessness, and worthlessness. When combined with a feeling of disconnection from others, these emotions can significantly increase vulnerability to engaging in suicidal behavior.

2.1.2 Existential Theory of Suicide

Viktor Frankl's existential perspective on suicide offers humanistic understanding of the struggles individuals experiences when facing the desire to end one's own life. According to Frankl (2018), suicidal thoughts may emerge as a manifestation of an existential crisis. Existential crisis a intense sense of despair arising from the perceived lack of purpose and meaning in one's life. In Nazi concentration camps during World War II, Viktor survived the unimaginable suffering. He also emerged with a unique psychological framework named logotherapy. That gives primary priority to the pursuit of meaning.

Frankl's theory argues that individuals possess an inherent freedom to choose their responses to life's challenges, regardless of external circumstances. In the context of suicide, this means that even in the darkest moments, individuals have agency to shape their attitudes and find meaning in their suffering. His existential philosophy gives importance to transcending adversity by seeking purpose and significance in one's existence.

Utilizing Frankl's theory for suicide prevention implies that interventions need to go beyond addressing immediate risk factors. Instead, they should dive into the existential dimensions of an individual's struggle. Assisting individuals in recognizing and nurturing

meaning in their lives becomes a therapeutic pathway to alleviate the despair that might contribute to suicidal thoughts.

Furthermore, Frankl's perspective prioritizes recognizing the subjective nature of meaning. What gives life purpose is deeply personal and varies from person to person. He acknowledges the diversity of human experiences. Therefore, argues that suicide prevention efforts may benefit from individualized approaches that help people explore and define their own sources of meaning.

2.1.3 Durkheim's Theory of Suicide

Sociologist Emile Durkheim (1897) was the first researcher who claimed that suicide is a social phenomenon rather than a personal one; so the cause of suicide resides on societal factors. He argued people commit suicide because of an imbalance of social integration and social control. His study showed that suicide, believed to be a private and personal act, can best be explained from a sociological viewpoint.

Durkheim categorized four types of suicide: altruistic, egoistic, fatalistic, and anomic, based on the level of social integration and regulation. Altruistic suicide occurs when an individual is highly integrated into a society, and feels that their life is expendable for the good of the group. On contrary, egoistic suicide occurs when an individual is not sufficiently integrated into society. Results in lacking a sense of social belonging or support. Fatalistic suicide occurs when an individual feels trapped and become hopeless as a result of excessively regulated by society. Finally, anomic suicide occurs when an individual experiences a sudden breakdown of social norms and regulation. The breakdown leads to a sense of confusion, disorientation, and loss of purpose, which might provoke suicide.

Durkheim believed that understanding these different types of suicide could help us identify the social factors that contribute to suicidal behavior and ultimately help prevent it.

Suicidal behaviors are shaped by the structure of social relation that one possesses and the structure of social relation is different among social categories. To be more specific, social categories such as gender, class, race, education et cetera play a huge role in shaping the life chances of people and the life chances determine suicidal behavior. Therefore, the rate of suicide is different among different social categories as Durkheim observed.

Durkheim also views social change as a linear process of development towards a more advanced and modern society. Suicide has been explained by modernization theorists as aconsequence of rapid social change and the breakdown of traditional social structures. Which further results in a sense of dislocation and anomie among individuals. According to this theory, modernization leads to breakdown of traditional values and norms. This breakdown creates a sense of alienation and disillusionment among individuals, leading to higher rates of suicide (Durkheim, 1897).

2.1.4 Cultural-Structural Theory of suicide

The cultural-structural theory of suicide (Abrutyn and Mueller 2018), is a significant advancement over Durkheim's largely structural approach to suicide. It emphasizes the role of culture in suicide, arguing that cultural regulation is influenced by several factors. These include the degree of integration of a social unit or milieu, the coherence and homogeneity of culture for these actors or places, the types of directives related to prescribing or proscribing suicide present in this coherent culture, and the degree to which these directives translate into internalized meanings about identity and status performance. Violations of these internalized meanings give intense psychological pain and negative social emotions such as shame.

According to Abrutyn and Muller (2018) the theory suggests that phenomena such as suicide clusters in high schools, the high rate of military suicides, and the recent spike in white male suicides could be better explained by incorporating cultural mechanisms into empirical research. By focusing on how culture regulates both externally (through its coherence) and internally (through identity meanings), the theory opens up new strategies for prevention that rely on sociological tools. They also suggestd that this new approach could shed new light on other mental health issues including depression and anxiety, stress and coping, and self-harm behaviors. The cultural-structural theory of suicide presents a way forward that shifts focus away from testng and retesting Durkheim's nineteenth-century hypotheses and towards bringing the full methodological and empirical toolbox that sociology has to bear on a classic and still serious social problem like suicide.

2.1.5 The Gender Paradox in Suicide

The gender paradox in suicide is like a puzzle because, even though more men complete suicide, women tend to think about it or attempt it more. A study by Canetto and Sakinofsky (1998) showed that the methods people choose to end their lives play a big role. Men often pick more deadly ways, like using guns, but women choose less lethal methods such as poisoning. It makes man's suicide attempts more likely to be fatal.

Social expectations about how men and women should act duirng different situations play an important role. For men, there is pressure to be tough and not show emotions. This expectations might make harder for them to ask for help when they are feeling low. So, when they do reach out, it could be at a point where things are more severe (Canetto and Sakinofsky, 1998).

They further argue that the social and cultural factors significantly influence the perception and reporting of suicides among different genders. Women's suicides are often hidden and underreported due to the social view that attributes these suicides to family

problems, thereby casting a judgment on their husbands. This bias extends to the professionals responsible for determining the cause of death, such as physicians, leading to potential inaccuracies in official statistics.

Furthermore, the societal taboo against female suicide might discourage women from committing suicide, thereby creating gender gap in suicide rates. On the other hand, the belief that suicide is a masculine act could serve as a facilitating factor for men. It may lead them to structure any suicidal act in such a way as to reduce the likelihood of surviving it. Thus, social and cultural attitudes towards gender and suicide can significantly influence both the actual occurrence and the reporting of suicides.

Taking a sociological perspective, one can observe how cultural and social ideas about gender influence these patterns. The way society expects men and women to behave differently impacts their mental health conditions. It also affects how they cope with struggles. By understanding all these factors, we can work on creating suicide prevention strategies that consider both individual and societal influences.

2.2 Empirical Review

Many literatures from all around the world suggested the link between different social structures and suicide.

Researcher Vijayakumar (2015) explored the complex relationship between social structures and suicide in India. He emphasized the importance of understanding the relationship between social structures and suicide. He discussed the role of social structures such as religion, caste, age group, and gender in suicide rates in India. According to his research, Hindus have a higher suicide rate compared to Muslims in India. He also found that suicide rates are also higher among 'lower castes' and those who are economically

disadvantaged. This shows social and economic factors play significant role in suicide rates in India.

The study also highlighted the higher suicide rates among young people between the ages of 15 and 29. Vijayakumar attributes high suicide rate among young to the pressures of modernization and urbanization, and lack of social support. In addition, the research article found that men have a higher suicide rate than women. Which has been attributed to the higher prevalence of risk factors such as substance abuse and access to lethal means among men. The article address social and economic inequality, cultural norms, and access to healthcare and education as the root causes of suicide in India.

Canetto (2010) explores the global phenomenon of higher rates of suicidal ideation and behavior in girls and women compared to boys and men, despite lower rates of completed suicide in females. The analysis emphasizes cultural variability in gender patterns and interpretations of suicidal behavior, challenging essentialist perspectives on gender and suicide. The belief that suicide is a masculine behavior, historically rooted in notions of women's passivity and incapacity for deliberate suicide, is discussed.

In Western countries, she explores into the perception that relationship losses are more significant in women's suicidal behavior, linked to assumptions about her presumed weak self and relationship-centered identity. Suicide attempts are viewed as more feminine but less potent than completed suicide, reinforcing gender stereotypes. The societal belief that suicide is more inappropriate for her is supported by research indicating judgments of wrongness, foolishness, weakness, and impermissibility associated with female suicide. Additionally, gender stereotypical beliefs about the reasons for her suicidal behavior exist, with female suicide often attributed to trivial interpersonal problems.

Very few systematic research on suicide had conducted in context of Nepal. Among those research psychiatrist perspective dominated the field. A community-based matched-pair case-control study was conducted in Ilam (Niraula et al., 2021). According to it, among people who die by suicide 87.50% die by hanging, 9.38% by poisoning, 1.56% for burning and 1.56% from falling from height. The study identifies two significant stressors of suicide, which are a history of depression and substance dependency. The research also found that mental disorders were present in 80-100% of suicide cases. Heroin and alcohol dependence were also found to be linked to suicide risk. The study recommends an integrated community-based public awareness program through trained primary care health professionals to decrease substance abuse/dependence and depression. It emphasizes that government of Nepal should pay attention to the core and deeper issues on social/gender inequality, poverty, access to reasonable healthcare, and education, et cetera.

A study (Acharya et al., 2022) conducted between July 2017 to June 2021 in Nepal found that 24350 people committed suicide during this period, with approximately 58% being male and 42% female. The annual average suicide rate during the four years of the study period was 21.3 per 1,00,000. The annual rates during the period were 19.6, 20.6, and 23.9 in 2018, 2019, and 2020, respectively. Females had a lower suicide rate of 16.5 compared to suicide rate males (26.9).

The study also revealed a substantial seasonal variation in the number of suicides, with monthly suicide rates fluctuating. The Province Number 1 in Nepal had the highest suicide rate (29.21) among all the provinces. The research further explored the association between the COVID-19 pandemic and suicide rates in Nepal, aiming to identify the impacts of the pandemic on suicides by gender and province. After controlling for long-term trends and seasonality itt revealed a strong association between the pandemic and suicides in Nepal.

The suicide rates started to increase in the third month of the pandemic and were significantly higher in June, July, and August of 2020. This correspond s to a period when there was a steep and rising trend of COVID-19 cases in Nepal. The study concluded that the pandemic's impact on suicide could be country-specific and could depend on various factors ranging from the socio economic setting to nature of the public health measures imposed by government.

In a research paper Hughes (2012) argued that Suicidal behavior always involves a multitude of predisposing (internal determinants) and precipitating factors (external/environmental influences). The article discusses four broad categories of risk factors for suicide in Nepali women: modernization, poverty, patriarchy, and traditional/cultural practices. According to the paper, rapid modernization in Nepal has led to increased exposure to alcohol, competition for jobs and status, and a breakdown of the joint family structure. Poverty is widespread in Nepal. It is an indirect cause of suicide, leading to stress, illness, and hopelessness. Patriarchy is pervasive in Nepal and affects all aspects of society, leading to discrimination against women from birth and reinforced by social hierarchy. Traditional and cultural practices, which are harmful to women, create a reality in which women must tolerate numerous hardships and tragedies, leading to suppression of female voices and self-silencing. These factors combine to create a high incidence of suicidal behavior among Nepali women, particularly married women facing the greatest risk.

A recent research (Kasaju et al., 2021) reviewed the issue of suicide and self-harm among women in Nepal based on existing literature. It found that compared to older women younger women between 15 and 35 are at higher risk of attempting suicide. This may be due to social, economic, and environmental factors such as women's dependency on men, a subordinate position, high levels of stress, and a lack of awareness of women's rights.

Furthermore, the majority of the suicide and self-harm victims were found to be married. Which is attributed to a cultural environment that restricts divorce and normalizes marital abuse. Marital status does not appear to be a protective factor, instead it can increase a woman's exposure to abuse and thus the risk of suicide.

Furthermore, the research paper also claimed that the most common method of suicide and self-harm among Nepalese women is poisoning, particularly the consumption of pesticides. Poisoning may be seen as a means of expressing the need for attention and assistance, and it offers the possibility of dosing intake. However, there is often a lack of understanding about the lethality of a given method, which can result in lifelong irreversible impairment. The paper suggests that future research should examine the conditions and circumstances that make younger women more vulnerable to suicide and self-harm and explore preventive measures and interventions.

In a study conducted by researcher Nawa Raj Subba (2015), revealed a notable gender disparity in Ilam. Findings indicated that men were twice as likely as women to commit suicide in Ilam. Subba explored further into the demographic aspect of ethnicity, finding that the prevalence of suicides was highest among the Janajatis community at 53.7%, followed by Brahmin at 29.5%.

Regarding the means employed for suicide, the study highlighted that hanging accounted for the majority at 71.43%, followed by organophosphate poisoning at 12.5%, and the use of weapons at 1.79%. Additionally, incidents involving fire, falls, and drowning constituted smaller percentages at 1.79%, 1.79%, and 0.89%, respectively. Notably, the age group with the highest incidence of suicides was between 20 and 29 years old. These findings provide valuable insights into the demographic and methodological aspects of suicides in the

Ilam District, shedding light on the gender and ethnic variations as well as the prevalent means associated with such tragic events.

Another study was also conducted in the Ilam district of Nepal in 2017, which was aimed to estimate the prevalence of suicidal ideation, plan, and attempt (Karki et al., 2017). The study was conducted using mixed methods, and 1440 respondents were selected for interviews. The study reported on the prevalence of suicidal ideation, planning, and attempts among different demographic groups based on a survey. It notes that about 4.5% of respondents are suicidal ideators, and 18% of those have made a plan to commit suicide in the past year. Suicidal plan and attempt are more common among females and those with severe depression or alcohol dependence. Other factors associated with increased risk of suicidal ideation include being Janajatis, divorced or widowed, and having a family history of disability or suicide. The study also identified several risk factors for suicidal ideation. It identified family disputes, academic failure, financial hardship, alcohol use, physical illness, mental disorders, family history of suicide, anger issues, and low coping skills as major risk factor for suicidal ideation in Ilam.

2.4 Research Gap

When examining the situation in Nepal, it becomes evident that limited research has been undertaken to establish and explore the connections between the social structure and suicide. This inadequacy is not solely attributed to the absence of comprehensive research but also to the dearth of reliable data on suicide in Nepal (Karki et al., 2017, p. 1). The Nepal Police stands as the sole governmntal authority responsible for maintaining records of suicide cases in the country. However, their records only encompass basic information about individuals who have died by suicide, including name, age, sex, marital status, permanent

address, mode of suicide, date and time of suicide, and religion. Notably, they overlook crucial background information and other socio-economic factors related to suicide.

Presently, the prevailing issue in the study of suicide is its predominantly medical and psychological focus. Instead of delving into the socio cultural environment of suicide in Nepal, most studies concentrate solely on the psychological and imediate causes of suicide. For example, a cross-sectional study conducted in the Ilam district of Nepal aimed to estimate the prevalence of suicidal ideation, plan, and attempt, identifying various risk factors (Karki et al., 2017). However, this study failed to address the role of social structure in influencing suicide rates.

One notable research gap in the study of suicide in the Ilam district is the limited sample size of previous investigations. For instance, a study exploring the stressors of suicide among Ilam residents used a sample of only 64 cases spanning a five-year period (Niraula et al., 2021). The small sample size raises questions about the representativeness of the findings, underscoring the necessity for larger, more comprehensive studies in this field.

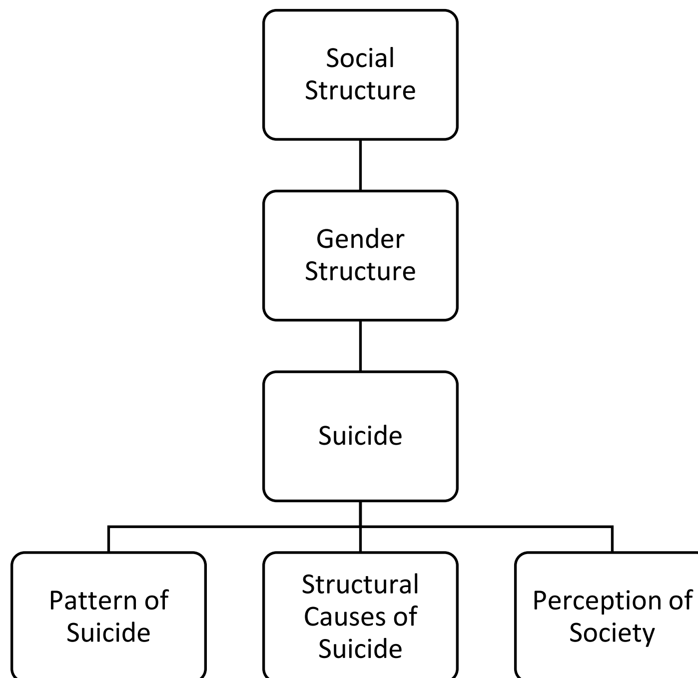
As the majority of existing studies have failed to establish a connection between social structure and suicide rates, this research aims to address this gap by conducting a thorough analysis of gender structure and suicide committed during the fiscal year 2079/80 through selective case studies. This represents one of the early studies in Nepal intended to explore the role of both traditional and modern gender structures in society concerning suicide. It examined how these structures may either serve as protective factors against suicide or contribute to an increased risk.

2.3 Conceptual Framework

The conceptual framework for this thesis on gender structure and suicide is structured around the interconnected elements of gender dynamics, socio demographic features of suicide, and societal perceptions towards suicide based on gender.

Figure 2.1

Conceptual Framework



CHAPTER - 3

METHODOLOGY

3.1 Nature of Research

This thesis aims to comprehensively explore the complex links between gender structure and suicide in the context of Ilam, Nepal. It focuses into the interplay of social structures and social perceptions regarding suicide by both male and female individuals. This study recognize that suicide is influenced by external forces beyond the individual. The study asserted that it is better observed at the individual level, allowing for generalization back to the societal level. Therefore, the primary unit of analysis of this research is the individual.

To explore the role of gender in suicide, the study incorporates a case study approach involving selected cases. In-depth interviews with the close relatives, and friends individuals who had committed suicide were conducted to explore the conection between gender structure and suicide. Additionally, data from published secondary literature complemented the case study, enriching the qualitative analysis. As these data sources were qualitative in nature, the research primarily employed qualitative research methods.

Detailed demographic informations such as age, sex, marital status, ethnicity, religion, location, method of suicide, time/date of suicide, and education level were collected from District Police Office,Ilam. These variables, measurable quantitatively, enabled the identification of patterns in suicide rates among both male and female populations. In adopting a mixed-method research design, this approach ensured a comprehensive exploration of the multifaceted factors contributing to suicide in Ilam, providing a more clear understanding of the phenomenon.

3.2 Rational of the Selection of the Field

The process of selecting the suitable location or settings for a research study is known as research site selection. The choice of the research site plays a crucial role in success of the study. It influences the validity and generalizability of the results. In my selection of research site, I considered several key factors such as access to participants, the existing research gap, resource availability, geohgraphic location, and overall feasibility.

Given the urgent public health concerns arising from the high suicide rate in Ilam, conducting research on this topic becomes imperative. Ilam, a district in Nepal, stands out for its higher suicide rate, yet there has been a lack of comprehensive studies addressing this issue.

According to a report from the Nepal Research Health Council, there were 230 reported suicides between 2068-2071 (Karki et al., 2017), having suicide rate of 39.62 per 100,000 people; nearly three times higher than the neighboring district- Panchthar. Ilam presents an advantageous research site due to easy access to participants, availability of resources, and overall feasibility in terms of time, cost, and logistics. Consequently, Ilam emerges as fitting location to conduct this study.

3.3 Sources and Tools of Data Collection

Two data collection sources will be used in this research.

3.3.1 Secondary Sources

I collected data to explore the pattern of suicide in Ilam from secondary source. The data required to explore the links of suicide pattern can be collected by District Police Office, as they are only governmental authority responsible for collecting data on people who die by suicide. Data such as date and time of suicide, location of suicide, age, sex, religion, ethnicity et cetera were collected from District Police Office, Ilam.

3.3.2 Primary Sources

As secondary source will not be sufficient to explore the gender structure of suicide and societal perception of suicide by male and female series of in depth interviews were conducted.

3.4 Research Design

A research design functions as a structured strategy for gathering and analyzing data, serving as a framework designed to address research questions effectively (Creswell, 2003). Its primary role is to elucidate the methodology through which the researcher can find solutions to the research question.

In this study, which adopts an exploratory as well as explanatory research approachs, the focus is on delving into the interplay of gender structures with suicide. Employing a gender lens, the research aims to unearth variations in suicide. The research examined various gender structures, attitudes, roles and their contribution to suicide.

3.5 Universe and Sampling Procedure

The universe of this study encompasses all individuals living in Ilam district. Recent census report showed a total population of 279,534 in the Ilam district (Central Bureau of Statistics, 2022). However, this study focuses specifically on individuals who have ended their lives through suicide in Ilam. For the purpose of this research, data from individuals who died by suicide during the last 3 years were used as a population.

To examine the overall pattern of suicide, data of people who died by suicide in fiscal year 2079/80 as per data maintained by District Police Office Ilam is used as a sample.

In order to explore gender structure, seven suicide cases were selected based on convenience sampling. Cases were chosen based on the location of suicide, prioritizing areas where transportation is easy and people are ready to discuss it. Furthermore, the cases were selected in a way that they actually represent the overall population of Ilam district. While

selecting suicide cases, ethnicity, location, economic background, and age were also considered.

In selecting respondents for those seven cases, a purposive sampling method was employed, targeting individuals with sufficient information about the selected cases and aiming to minimize bias when sharing details about the case. One individual per case is selected for in-depth interview. Among them, five are close relatives of individuals who have experienced suicide, offering an intimate perspective on suicide within families. Additionally, two respondents are neighbours, providing insights into the community dynamics and perceptions surrounding suicide. This decision was influenced by the inherent limitations of the study, including potential difficulties in obtaining consent and cooperation from respondents. The choice of convenience sampling was deemed practical given the sensitive nature of the topic and the potential challenges associated with alternative sampling methods.

The process of convenience sampling involved identifying individuals who met the criteria within the specified timeframe and who were accessible for data collection. This approach ensured the feasibility of the study within the constraints of its scope and available resources, allowing for a pragmatic yet ethical exploration of the complex factors contributing to suicide in the Ilam District.

3.6 Field Work and Methods of Data Collection

3.6.1 In-depth Interview

To explore societal perceptions of suicide with a focus on gender differences and the interplay between gender structure and suicide, a series of in-depth interviews were conducted. In-depth unstructured interviews took place face-to-face in Ilam, involving key groups such as Neighbours, friends, and family of individuals who have experienced suicide. Three female and four male respondents were selected based on their availability and their knowledge about the selected cases.

An unstructured in-depth interview is conducted to gather insights from key informants. This method aims to extract comprehensive information, including details about the social and economic conditions, the socio-demographic features of those who committed suicide, and the perspectives of mental health professionals. By engaging with a diverse range of stakeholders, this approach seeks to illuminate the complex connections between social perceptions, gender structure, and the multifaceted factors contributing to suicide.

The interview was conducted using a checklist (refer to Annex 1). Given the unstructured format of the interviews, there was flexibility to make amendments as needed. After establishing rapport with the respondents, the focus shifted to the interview. During this phase, verbal consent was obtained from the participants to document and publish their views. To uphold research ethics and ensure the privacy and confidentiality of the respondents, real names were concealed.

3.7 Method of Data Analysis

As all data from the secondary source were quantitative in nature, statistical methods is used to describe the data. Computer software named Statistical Package for the Social Sciences (SPSS) is used to analyse the different variables. Cross-tabulation, bi-variate analysis is used to explore the suicide pattern of Ilam district.

For data collected from in depth interview, data are analysed thematically. Memos, notes, recordings are analysed, which have taken during the data collection. The data are analysed and interpret by making triangulation and linking different theories described in literature review section.

3.8 Profile of Respondents

Respondents for this study comprises total seven individuals, consisting of four male respondents and three female respondents. Among them, five are close relatives of

individuals who have experienced suicide, offering an intimate perspective on the impact of suicide within families. Additionally, two respondents are neighbours, providing insights into the community dynamics and perceptions surrounding suicide. The inclusion of both close relatives and neighbours ensures a diverse range of perspectives that can contribute to a more comprehensive understanding of the societal dynamics surrounding suicide in Ilam, including societal perceptions towards suicide by male and female.

This gender-diverse composition aimed to capture a range of perspectives and experiences. It recognises the importance of considering both male and female viewpoints in the research analysis.

To enhance the accessibility and cultural relevance of the study, the checklist used for interview was translated into Nepali. The age range of the respondents in this group falls between 22 and 55 years, reflecting a varied and representative sample that encompasses different life stages and experiences. This diversity in age, combined with the varied relationships to individuals who have experienced suicide, enriches the data collection process and contributes to a more clear understanding of the complexities involved in the social perceptions of suicide in Ilam.

The data gathered from this group of respondents, with its gender distribution, diverse relationships to suicide victims, and age range, will be instrumental in analyzing the complexx relationship between gender structure and suicide in Ilam. Through the analysis of data, it was possible to discern patterns, commonalities, and distinctions in the ways gender structures influence and are influenced by perceptions of suicide in the local context.

3.9 Ethical Consideration

In-depth interviews were conducted with commitment to ethical principles. Before each interview session, participants were informed about the study and their informed

consent was obtained. This approach ensures that participants fully understood the nature of the research and ready to take part.

During interview process, participants were assured of their freedom to choose whether they want to elaborate on specific topics or withhold information. This ethical stance aimed to create environment of trust and respect. It also acknowledge the sensitivity of the subject discussed and prioritizing the freedom of the participants. Those who declined to participate in research were respectfully excluded from the study.

CHAPTER 4

PATTERN OF SUICIDE, GENDER STRUCTURE AND SOCIETAL PERCEPTION IN ILAM

This chapter presents the pattern of suicide in Ilam district during the fiscal year 2079/80. The analysis relies on available records maintained by the District Police Office, Ilam. Additionally, this chapter aims to explore the tangled relationship between gender structure and suicide in Ilam through a case study involving 4 men and 4 women who took their own lives. The pattern of suicide is examined through the examination of socio demographic features which include age, ethnicity, religion, and mode, all considered in conjunction with gender. The case study aims to shed light on how gender roles, expectations, and perspectives are connected to and contribute to the complex phenomenon of suicide. Furthermore, it also explores how society perceive suicide by man and women differently.

This chapter is divided into three sections. The first section looks into the pattern of suicide providing insights into key aspects such as age, ethnicity, religion, months, and mode. The second section explores the connection between gender structure and suicide, aiming to figure out the relationships and interactions that exist. The third section is dedicated to understanding society's perspectives on suicide, with a specific focus on how these perspectives differ for males and females.

4.1 Pattern of Suicide

This section explores the distribution of suicide across various sociodemographic features like gender, ethnicity, religion, age group, and marital status in the Ilam district. The primary objective is to analyze the patterns of suicide in this specific area. Additionally, the chapter investigates the predominant modes of suicide, aiming to understand the factors that

contribute to this complex phenomenon. Furthermore, a detailed examination of the temporal aspect is undertaken, scrutinizing the variations in suicide rates on a monthly basis. The overarching goal is to figure out and comprehend the complex patterns associated with suicide.

4.1.1 Gender

One of the most striking disparities in global statistics relates to gender differences in suicide rates. Men are four times more likely to commit suicide than women (Yamamura, 2010), despite females being three times more likely to attempt it (ASFP, 2011). There is no official data of attempted suicide in Ilam district but the case of completed suicide is similar to global trend in Ilam. A research conducted in Ilam illustrated that male are more than 2 times likely to commit suicide than women in Ilam (Niraula et al., 2021). This study also found similar results.

Table 4.1

Number of Suicide and Suicide Rate According to Gender

	Gender		**Total**
	Male	**Female**	
Number of People	82 (70.59)	34 (29.31)	116 (100)
Suicide rate (Per 100,000)	**58.81**	**24.27**	**41.50**

Source: District Police Office, Ilam and CBS(2022)

The Table 4.1 provides a detailed breakdown of suicide cases in Ilam district, categorizing them by gender and presenting corresponding suicide rates. The data indicates that 82 males and 34 females have committed suicide. The suicide rates per 100,000 population reveal that among males, the rate is 58.81, while among females, it is 24.27. Overall, Ilam district recorded 116 suicides, with the grand total representing 41.50 per

100,000. These figures emphasize a higher prevalence of suicides among males, with a notable difference in the rates compared to females.

The suicide rate in Ilam is nearly five times higher than the global average, reflecting a concerning trend that extends to both males and females. The higher suicide rate among males is attributed to social expectations, particularly the role of being the primary breadwinner. In contrast, female suicides in Ilam are marked by factors such as evolving gender roles, experiences of domestic violence, and societal pressures to fulfill the traditional role of a caregiver.

4.1.1 Age Group

One thing commonly noticed about suicide is that it often happens more among older people, and the chances of it happening tend to go up as people get older. For instance, a US based study (Cheong, 2012) revealed both man and women less than 20 years of age have lowest suicide rate than any other age group. They also found out the suicide rate is highest in 65+ age group.

The table below displays the distribution of suicides across various age groups in Ilam district during the fiscal year 2079/80. The general pattern indicates that males in all age groups tend to commit more suicides than their female counterparts.

Table 4.2

Intersection of Age Group and Gender and Suicide Rate

Age Group	Gender		Total	Suicide Rate (per 100,000)
	Male	Female		
10-19	9 (7.76%)	6 (5.17%)	15 (12.93%)	31.81
20-29	12 (10.34%)	8 (6.90%)	20 (17.24%)	40.28

30-39	8 (6.90%)	4 (3.45%)	12 (10.34%)	27.71
40-49	15 (12.93%)	3 (2.59%)	18 (15.52%)	53.03
50-59	14 (12.07%)	7 (6.03%)	21 (18.10%)	69.42
60-69	16 (13.79%)	2 (1.72%)	18 (15.52%)	82.83
70-79	6 (5.17%)	3 (2.59%)	9 (7.76%)	84.02
80-89	2 (1.72%)	1 (0.86%)	3 (2.59%)	99.04
Total	**82 (70.69%)**	**34 (29.31%)**	**116 (100.00%)**	**41.50**

Source: District Police Office, Ilam and CBS (2022)

Table 4.2 shows a detailed breakdown of suicide statistics in Ilam district for the fiscal year 2079/80, unveiling age and gender specific patterns. In 10-19 age group, there were 15 suicides, with males contributing 9 (7.76%) and females 6 (5.17%), yielding a suicide rate of 31.81 per 100,000. In the 20-29 age group, the total suicides were 20, with 12 males (10.34%) and 8 females (6.90%) with a rate of 40.28. As we progress through age categories, the rates increases steadly, reaching to a peak of 99.04 in the 80-89 age group.

Across all age groups, males consistently have higher suicide cases than female. The total male suicides were 82 (70.69%), compared to 34 (29.31%) for females. The data strongly suggests that older age groups, particularly those beyond 60, face higher suicide risks.

Similar to global trends, the suicide rate in Ilam tends to rise with advancing age. According to police records, a notable increase in suicide rates is observed, particularly beyond the age of 50. A key factor contributing to this shift is the changing dynamics within families. Many men in this age group experience a transition in their roles as their sons take over their breadwinner responsibility. Simultaneously, women may feel constrained as their roles are taken over by daughters or daughters-in-law. Widows and widowers in this age group often struggle with a sense of isolation, resulting in a high suicide rate. Bock and Webber (1972) argue that widowers have greater difficulty than widows in making effective substitutions for the loss of a spouse. Therefore, the alarming disparities in the number of suicides between males and females in the 50-60 age group can be explained by this.

4.1.2 Ethnicity

A recent study in Ilam (Niraula et al., 2021) on suicide patterns based on ethnic affiliations indicate varied percentages within the studied population. The Janajati hill ethnic group accounted for 45.3% of suicides, the Brahmin/Chhetry group represented 40.6%, and the Dalit ethnic group contributed 12.5%. The "Others" category, likely including unmentioned ethnic backgrounds, constituted 1.6% of the total suicides. Analysis of data from District Police Office, Ilam also show similar pattern.

Table 4.3

Dispersion of Suicide across ethnicity

Ethnicity	Suicide (Percentage)
Brahmin/Kshetri	37 (31.9%)
Rai	25 (21.6%)
Limbu	17 (14.7%)
Magar	5 (4.3%)
Dalit	8 (6.9%)
Newar	2 (1.7%)
Tamang	7 (6%)
Bhujel	1 (0.9%)
Gurung	5 (4.3%)
Others	9 (7.8%)
Total	**116 (100%)**

Source: District Police office, Ilam

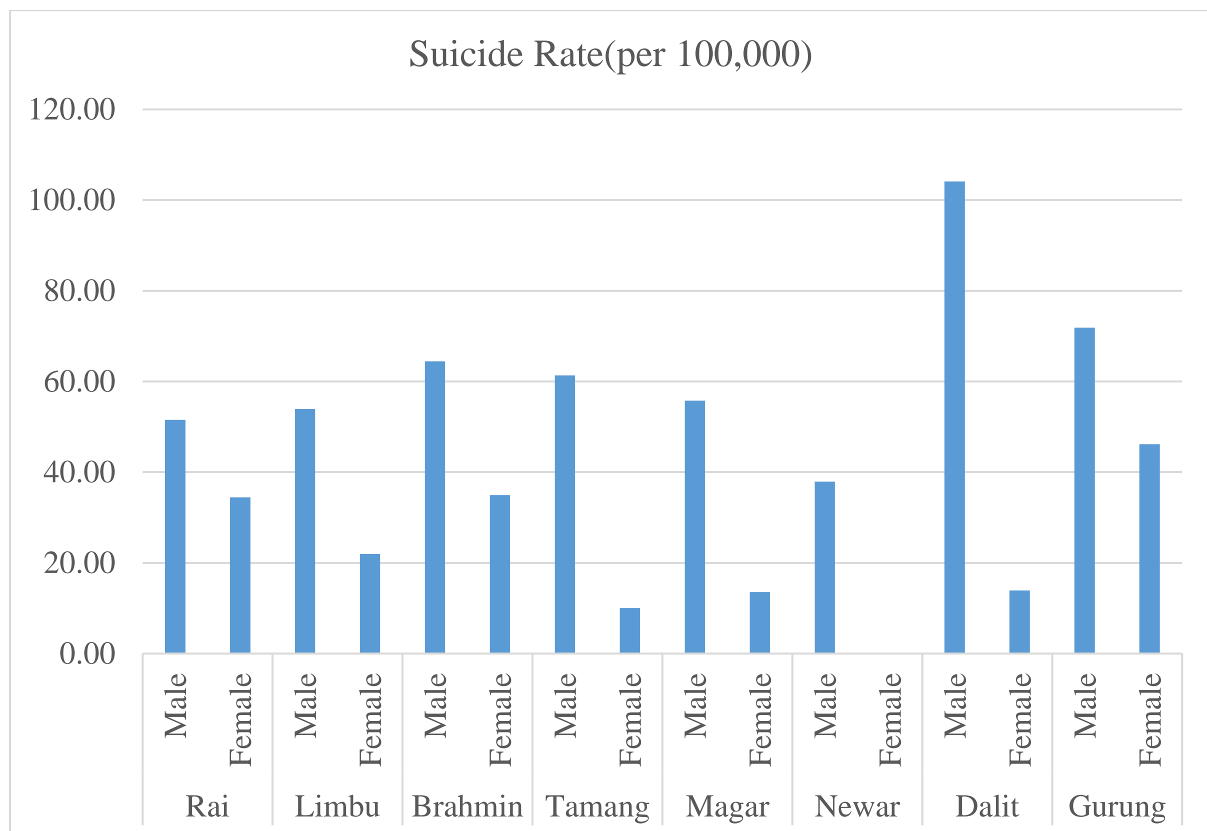
The Table 4.3 presents an overview of suicides categorized by ethnicity, providing counts and corresponding percentage in Ilam district. Among the ethnic groups, Brahmin/Kshetri had the highest number of suicides. This group reported 37 suicide cases, constituting 31.9% of the total. The Rai ethnic group followed closely, with 25 suicides, representing 21.6% of the total. Other significant contributors include the Limbu group with 17 suicides (14.7%), Dalit with 8 suicides (6.9%), and Tamang with 7 suicides (6.0%). The Magar, Newar, Gurung, Bhujel, and Others categories each contributed to varying extents. The "Others" category, which contains other ethnic backgrounds, had 9 suicides, making up 7.8% of the total. This detailed breakdown sheds light on the distribution of suicides across

different ethnicities, gives importance of considering ethnic factors in understanding the patterns and prevalence of suicides.

Result of combining aforementioned data with population data from recent census (Central Bureau of Statistics, 2022).

Figure 4.1

Suicide Rate According to Ethnicity and Gender



Source: District Police Office, Ilam and CBS (2022)

Figure 4.1 provides a detailed examination of suicide rates in Ilam district, categorized by ethnicity, gender, and the corresponding suicide rates per 100,000 individuals. The data demonstrates distinctive patterns within various ethnic groups, emphasizing the importance of understanding both cultural and gender specific factors influencing suicide rates. Among the Rai community, males exhibited a rate of 48.10, and females had a rate of 31.03.

In the Brahmin community, males reported a rate of 64.43 and females had a rate of 34.97. Tamang males experienced a rate of 61.37, contrasting with Tamang females who had a rate of 10.03. Magar males reported a rate of 55.76, and Magar females had a rate of 13.56. Among Newar males, there was a rate of 37.92, but no suicides was reported among Newar females. In the Dalit community, males had an elevated rate of 104.12, compared to females with a rate of 13.91. Gurung males recorded a rate of 71.89 and females had a rate of 46.14.

The suicide rate among Dalit males is more than 100. This is more than two times the average suicide rate in Ilam. According to research conducted in India, the primary cause of suicide among Dalits is social humiliation (Patel & Kumar, 2021). Therefore, the high rate of suicide in Ilam among Dalit males can be explained by their exposure to social discrimination. As men are traditionally considered breadwinners and must engage with society to fulfill this role, they experience increased exposure to discrimination. Other castes have a similar suicide rate as they do not face caste based discrimination.

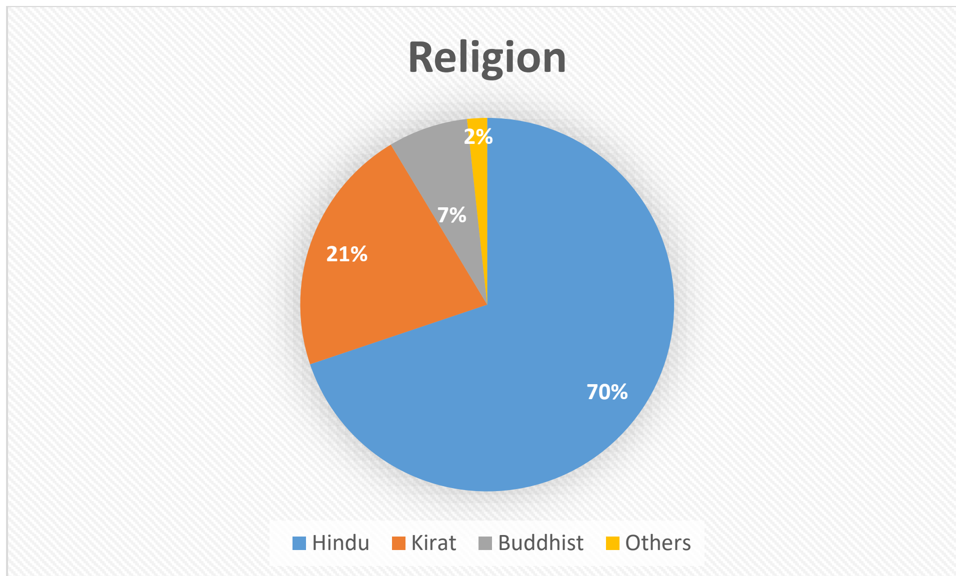
3.1.2 Religion

The findings of a study conducted in Ilam (Niraula et al., 2021) reveal a detail picture of suicide rates based on religious affiliations. According to the study, suicides were categorized into three main religious groups: Hindu, Buddhist, and Others. Among the reported suicides, 75.0% were identified as Hindu, with 48 individuals belonging to this religious group. The Buddhist community accounted for 17.2% of suicides, with 11 reported cases. The "Others" category, which likely includes individuals without a specific religious affiliation or those from unmentioned religious backgrounds, comprised 7.8% of the total suicides, with 5 cases. These percentages provide insights into the proportional distribution of suicides within each religious category, shedding light on potential associations between religious affiliation and suicide rates in Ilam.

Similar Picture is captured in current research as the largest protion of people who commit suicide follows Hindu religion. The following pie charts shows percentage of people who committed suicide in Ilam district in fiscal year 2079/80 according to religion.

Figure 2.2

Suicide by people of different religion



Source: District Police office,Ilam

Not only the number of people but also suicide rate is highest among Hindu. Following table provide more detail on suicide rate of different religions and gender.

Table 4

Suicide Rate Across Religion and Gender

Religion	**Suicide rate (Per 100,000)**		**Average Suicide rate**
	Male	**Female**	
Hindu	94.07	37.17	65.57
Kirat	33.53	15.85	24.71

Buddhist	27.33	8.82	17.93
Others	19.56	19.72	19.64
Total	**58.81**	**24.27**	**41.50**

Source: District Police Office, Ilam and CBS (2022)

This dataset offers a comprehensive examination of suicide rates in Ilam district based on religion and gender, complemented by the average suicide rate across all religious groups. Within the Hindu community, males present a significantly higher suicide rate of 94.07 compared to females with 37.17, contributing to an overall average of 65.57. Similarly, in the Kirat group, males exhibit a higher rate of 33.53 compared to females with 15.85, resulting in an average rate of 24.71. Buddhist males show a higher suicide rate of 27.33 compared to females with 8.82, contributing to an average rate of 17.93. In the "Others" category, both genders demonstrate comparable suicide rates (19.56 for males and 19.72 for females), resulting in an average rate of 19.64.

The total average suicide rate across all religions is 41.50, with males contributing a higher rate of 58.81 compared to females with 24.27. These findings highlight the multifaceted nature of suicide rates, indicating notable gender disparities within certain religious communities.

The high rate of suicide among individuals affiliated with the Hindu religion in Ilam supports the claim that Hinduism is somewhat less protective against suicide, as it has historically been more tolerant of religious suicides (Arya et al., 2017). Conversely, the low rate observed in other religions indicates their communal unity and collectiveness. For instance, Christians regularly gather at church every Sunday, a practice uncommon in other religions.

3.1.3 Marital Status

Commonly held beliefs suggest that unmarried men face a higher risk of suicide. However, findings from Ilam challenge this notion, as 78% of total suicide is committed by married people. Portion of married people is huge in both sexes.

Table 4.5

Number of Suicide and Suicide Rate

Marital Status	Gender		Total
	Male	Female	
Unmarried	17 (14.7%)	8 (6.9%)	25 (21.6%)
Married	65 (56.0%)	26 (22.4%)	91 (78.4%)
Total	**82** **(70.7%)**	**34** **(29.3%)**	**116** **(100.0%)**

Source: District Police Office, Ilam

The Table 4.5 delineates the landscape of suicides in Ilam based on both gender and marital status. Among unmarried individuals, 25 suicides were reported, with 17 being male (14.7% of the total suicides) and 8 being female (6.9%). In the married category, a total of 91 suicides were documented, with 65 being male (56.0% of the total suicides) and 26 being female (22.4%).

The overall distribution shows that males accounted for 70.7% of the total suicides, while females constituted 29.3%. This breakdown not only highlights the gender disparity in suicide rates but also shows variations based on marital status.

Table 4.6

Suicide Rate Across Marital Status and Gender

Marital Status	Suicide Rate (per 100,000)		
	Male	Female	Total
Unmarried	40.61	24.44	33.51
Married	66.62	24.22	44.40
Total	**58.81**	**24.27**	**41.50**

Source: District Police Office, Ilam and CBS (2022)

The Table 4.6 provides a comprehensive view of suicide rates in Ilam district, organized by marital status and gender, with a total average suicide rate among marital status. Among unmarried individuals, males exhibit a suicide rate of 40.61, surpassing females with 24.44, contributing to an overall average of 33.51. In the married category, males present a higher suicide rate of 66.62 compared to females with 24.22, resulting in an average rate of 44.40.

The average suicide rate across all marital statuses is 41.50, with males contributing a higher rate of 58.81 compared to females with 24.27. This data sheds light on the significant impact of marital status on suicide rates, indicating notable gender disparities within both unmarried and married categories.

According to this data, married males have a higher suicide rate than unmarried males; however, data from other research studies show the opposite picture. This result could be due to the police's categorization, as they categorize widowers and separated individuals as married, arguing that they are considered part of the married group, which leads to a higher suicide rate than that of unmarried men.

3.1.5 Month of Suicide

Understanding the influence of the month of the year on suicide rates is crucial for developing context specific preventive measures. Factors such as weather conditions, cultural events, or economic pressures during certain months may contribute to the observed patterns.

A study examined the monthly and weekly distribution of suicides, focusing on mortality figures in Lower Saxony from 1968 to 1977. It found out for all suicides, there is a peak in spring and early summer, with a minimum in winter (Massing & Angermeyer, 1985).

Table 4.7

Suicide According to Months

Month	Gender		Total
	Male	Female	
Baisakh	9	4	13
(April-May)	11.0%	11.8%	11.2%
Jestha	7	4	11
(May-June)	8.5%	11.8%	9.5%
Asad	10	6	16
(June-July)	12.2%	17.6%	13.8%
Shawan	13	1	14
(July-August)	15.9%	2.9%	12.1%
Bhadra	5	1	6
(August-September)	6.1%	2.9%	5.2%
Asoj	6	2	8
(September-Oct)	7.3%	5.9%	6.9%
Kartik	10	3	13
(Oct-Nov)	12.2%	8.8%	11.2%

Mangsir	5	1	6
(Nov-Dec)	6.1%	2.9%	5.2%
Poush	2	2	4
(Dec-Jan)	2.4%	5.9%	3.4%
Magh	8	3	11
(Jan-Feb)	9.8%	8.8%	9.5%
Falgun	3	2	5
(Feb-March)	3.7%	5.9%	4.3%
Chaitra	4	5	9
(March-April)	4.9%	14.7%	7.8%
Total	**82**	**34**	**116**
	100.0%	**100.0%**	**100.0%**

Source: District Police Office, Ilam

The data on suicide cases in Ilam during the fiscal year 2079/80 shows varying patterns across different Nepali months. In Baisakh (April-May), there were 13 suicides, comprising 9 males and 4 females, constituting approximately 11.21% of the total 116 cases. Jestha (May-June) witnessed 11 suicides, with 7 males and 4 females, accounting for about 9.48% of the total. Asad (June-July) recorded the highest number, with 16 suicides (10 males, 6 females), making up around 13.79% of the total cases. Shawan (July-August) had 14 suicides (13 males, 1 female), representing approximately 12.07% of the total. Bhadra (August-September) saw 6 suicides (5 males, 1 female), contributing to approximately 5.17% of the total cases. Asoj (September-October) had 8 suicides (6 males, 2 females), constituting around 6.90% of the total.

Kartik (October-November) recorded 13 suicides (10 males, 3 females), making up approximately 11.21% of the total cases. Mangsir (November-December) had 6 suicides (5

males, 1 female), contributing to about 5.17% of the total. Poush (December-January) and Magh (January-February) each had 4 suicides (2 males, 2 females), representing approximately 3.45% each of the total cases. Falgun (February-March) witnessed 5 suicides (3 males, 2 females), making up around 4.31% of the total. Chaitra (March-April) had 9 suicides (4 males, 5 females), contributing to approximately 7.76% of the total cases. In total, there were 116 suicides, with 82 males and 34 females.

The monthly data on suicide shows that the number of suicides is high during festival seasons (Kartik) and on long days (Baisakh, Jesth, and Asar). The lowest number of suicides occurs on short days such as Mangsir and Poush. In every month, the number of male suicides is higher or equal to that of females, but in Chaitra, the number of women who committed suicide is higher than that of men.

It is commonly observed that numbers of suicide are lowest in December and highest in April–May–June. This pattern has been known since the second half of the 19th century (Roehern, 2015). The data from Ilam also follows similar pattern.

3.1.6 Suicide Method

Different research showed that the men use more lethal means to commit suicide and women use less lethal means (Subba, 2015). A research paper (Callanan & Davis, 2011) showed stark gender differences in suicide methods, with men often choosing more immediately lethal means such as firearms (51.8%) and hanging or strangulation (23.1%). These methods contribute significantly to the higher suicide mortality rate among men. In contrast, women tend to favor less lethal means, as seen in the 22.0% prevalence of poisoning.

A previous study conducted in Ilam presented a comparable scenario. Given the limited availability of firearms in Nepal, hanging emerges as the prevalent method among

men, as detailed in a community-based matched-pair case-control study carried out in Ilam (Niraula et al., 2021). According to this study, 87.50% of individuals who die by suicide employ hanging, 9.38% die by poisoning, 1.56% opt for burning, and 1.56% succumb to falling from height.

Following table shows data from District Police Office, Ilam about method of suicide.

Table 4.8

Suicide Methods Across Gender

Gender	**Suicide Method**	
	Hanging	**Poisoning**
Male	82	0
	100.0%	0.0%
Female	30	4
	88.2%	11.8%
Total	**112**	**4**
	96.6%	**3.4%**

Source: District Police Office, Ilam

The Table 4.8 presents a overview of the relationship between gender and suicide method in Ilam. It shows the fiscal year 2079/80 people died by suicide using just two methods: hanging and poisoning. Among the 116 individuals in the study, 82 males (70.7% of the total) used hanging as their suicide method, constituting 100% of male suicides. Among females, 30 (25.9%) chose hanging, accounting for 88.2% of female suicides, where 4 females (3.4%) opted for poisoning, representing the remaining 11.8%. The overall distribution shows that hanging was the predominant method, accounting for 96.6% of all suicides, with poisoning representing 3.4%. This breakdown not only shows the total count of

suicides for each method but also highlights gender specific preferences in the chosen methods.

The data from various studies consistently reveal pronounced gender differences in suicide methods. Subba's (2015) findings indicate that men tend to resort to more lethal means but women often opt for less lethal methods. The specific context of Ilam, Nepal, provides additional insights. A community based matched-pair case control study in Ilam, conducted by Niraula et al. (2021), emphasizes the prevalence of hanging as the primary method among men, accounting for 87.50% of male suicides. The data obtained from the District Police Office, Ilam aligns with these findings, indicating that men predominantly opt for hanging due to its higher lethality. Notably, women in Ilam also exhibit a tendency to use poisoning alongside hanging.

Similar to previous studies, data obtained from the District Police Office, Ilam reflects a parallel trend. Men predominantly resort to hanging, selecting this method for its higher lethality compared to other options. Notably, women also exhibit a tendency to employ poisoning alongside hanging. In the fiscal year 2079/80, people died by suicide using just two methods: hanging and poisoning. However, in previous fiscal years people opted for other means of suicide such as firearm, drowning and jumping off the cliff too.

Overall, the examination of suicide patterns in Ilam district brings to light notable disparities in the suicide rates between males and females across various sociodemographic factors. In the analysis of age groups, a consistent trend emerges where males exhibit higher suicide rates across all age categories. For instance, in the 10-19 age group, the suicide rate is 31.81 per 100,000 for males compared to 24.27 for females. This pattern persists through different age brackets, reaching a peak in the 80-89 age group, where the male suicide rate is 99.04, significantly higher than the female rate of 2.59. The distinct age related patterns

emphasize the gender specific nature of suicide vulnerability, emphasizing the need for targeted interventions tailored to different age groups.

Similarly, when exploring suicide rates by ethnicity, the data shows variations between males and females within each ethnic group. Among Brahmin/Kshetri, males have a higher suicide rate of 64.43 compared to females with 34.97. The gender disparities are also evident in ethnicities like Rai, where males exhibit a rate of 48.10, while females have a rate of 31.03. This pattern reach to peak in suicide by Dalit, Dalit men have suicide rate of 104.12, compared to females with a rate of 13.91

Religious affiliation introduces another layer of gender specific patterns, with the analysis revealing distinctive suicide rates for males and females within each religious category. For instance, within the Hindu community, males have a significantly higher suicide rate of 94.07 compared to females with 37.17. A similar trend is observed in other religious groups, highlighting the complex interplay between religious beliefs and gender specific suicide vulnerabilities.

Monthly patterns of suicide rates also reveal gender disparities, with variations in the number of suicides between males and females across different months. The data shows that during festival seasons like Kartik, the number of suicides is high, with males consistently exhibiting higher or equal rates to females in every month except Chaitra. The peak in suicides during specific months aligns with the broader seasonal trends observed globally.

4.2 Gender Structure and Suicide

4.2.1 Change in Traditional Role of Man

Different research has explored change in traditional role of man increases man's suicide rate. For example, Möller-Leimkühler's (2003) research demonstrates that adhering to traditional masculinity serves as a significant risk factor for male suicide. This adherence fosters maladaptive coping mechanisms such as emotional suppression, reluctance to seek

help, and alcohol abuse among men. His findings suggest that the gender disparity in suicide rates and premature deaths can be primarily attributed to a perceived reduction in social role opportunities, leading to social exclusion. Similar role change can be seen in Ram's (Named Changed) case.

Ram, a 55-year old man belonging to a Kshetri community in Ilam, had committed suicide recently. He primarily engaged in agriculture, adhering to the historical patterns prevalent in his community. A significant turning point emerged when his son assumed the family's economic reins, transitioning from traditional agriculture to trade. Ram's role within the household underwent a transformation, reflective of evolving socioeconomic landscapes in the district. A respondent says:

> I think it was uncomfortable for him (Ram) to see the changes in the family, as he did not manage it well; now, his son has managed it effectively, and he might feel that his role is shrinking as he could not contribute in trade. (A Respondent, 2023)

Furthermore, Ram had committed suicide when he was young, and that suicide attempt during his youth left him labeled as 'pase' (trap) in Nepali. The stigma attached to Ram's prior suicide attempt persisted throughout his life, contributing to a sense of marginalization. This stigmatic label, in addition to his son's takeover of family matters and the limited social network within the community, likely intensified feelings of isolation. Respondent further added "Pepople used to call him 'pase' when he was young, nodays no one use that directly but its still well known".

The events culminating in Ram's tragic suicide unfolded intense cultural shifts that reshaped the dynamics of his familial and personal life. The pivotal moment arrived with his son assuming financial responsibilities, bringing about a transformative alteration in the family's economic landscape. As his son navigated the transition from traditional agriculture to trade, this shift not only signified an economic evolution but also impacted Ram's

established role within the household. The changing familial dynamics introduced complexities, and the strained connections within the family.

4.2.2 Masculinity

In the traditional Nepali social framework, men bear the responsibility of managing family affairs and exercising control over family members, including their wives. If a man falls short in fulfilling these responsibilities and his wife is discovered engaging in infidelity, he is stigmatized with the label 'Namard,' meaning coward in Nepali.

A study by Sanjeev Uprety (2016) highlights the persistence of certain ideologies regarding masculinities and sexuality. According to his study significant portion of people still have belief that men are inherently sexually polygamous, with a majority endorsing the idea that men can have multiple sexual partners simultaneously. His findings also indicate contrasting social expectations for men and women in terms of sexual behavior. A majority of respondents agreed that men can pay for sex or visit sex workers, a similarly large majority believed that women should not engage in such activities. This notion of perceived masculinities contribute to suicide if it breached.

Shyam, a 52-year old man, took his own life recently. He was living with his wife, son, and daughter-in-law. His primary sources of income, derived from his work as a driver and involvement in agriculture, provided a stable economic foundation for the family. Despite his societal role and financial success, Shyam faced an underlying family dispute that eventually became public knowledge. Allegedly, his wife's extramarital affair and financial improprieties intensified the conflict, casting a shadow over the outward stability.The private challenges, exacerbated by the public exposure of the family matter, likely played a significant role in Shyam's decision to leave home one night. His body was found next day hanging near to his field. A respondent recalls,

> He seemed happy with his wife, but rumors spread like wildfire. His hard earned money was gone, and finding his own wife cheating with someone is considered a matter of shame for both. People started to say he should have handled the economic matters of the family. (A Respondent, 2023)

Shyam's gendered perspective in this narrative presents the weight of societal expectations. As the traditional breadwinner, Shyam bore the responsibility of providing for his family, a role that often comes with ingrained societal pressures. The revelation of his wife's infidelity could have challenged Shyam's sense of masculinity, as cultural norms may dictate that a man should exert control over his household. The exposure of his personal challenges to the public eye may have intensified his internal struggles, leading to his decision commit suicide.

Shyam's untimely demise, viewed through a gendered lens, sheds light on the pressures and expectations placed on men within traditional family structures.

4.2.3 Marriage

It is widely considered that marriage is more positive experience for man than women. The protective role of marriage for men is explained by factors like reduced risky behaviors tied to masculinity, such as alcohol and substance misuse. Men also receive stability and support within marriage, especially considering they often have fewer alternative close relationships. Traditional caregiver roles, where women care for men, further contribute to this dynamic. Despite evolving expectations, many men still expect to be taken care of in intimate relationships, and the withdrawal of this care can lead to suicide (Sourfield and Evans, 2015).

Furthermore, they argued when men face the end of a close relationship, like a marriage, their wider social connections become important. Studies show that men often experience loneliness, even if they have many social contacts. However, during tough times,

like a breakup, they may suddenly feel the lack of meaningful support. During tough times such as (threat) divorce, breakup men are vulnerable to suicide as they don't have protective support. Case of Hari also falls under similar situation.

Hari, a 27 year old belonging to the Dalit community, tragically ended his life on April 1, 2022. He was married to his second wife for four years, and together they had a daughter. The complexities of Hari's life were compounded by the challenges in his marital relationship, which was characterized by constant turmoil. Having originally married his first wife, who subsequently went abroad for employment, Hari entered into a second marriage with a 20-year old woman. They lived in a cheese factory near his wife's home, where both were employed as laborers. The couple had a daughter from the first marriage, residing with them. Interviewee recalls:

> They were... especially Hari, who was living in isolation as there were no residential homes nearby, and he was living far from his native place. He was residing near his wife's father's home. Mostly, he had contact with his wife's parents and coworkers. As his previous marriage had ended, his only reliance was on his second wife, who was now seeking a divorce. (A respondent, 2023)

Hari's existence unfolded within the confines of a cheese factory situated in isolation, devoid of nearby residences. His life was further complicated by his unfamiliarity with the local community, as he resided in the village of his second wife's home. Hari's social circle was restricted to the confines of the cheese factory, comprising fellow workers and his wife's relatives. The isolation inherent in his circumstances likely played a role in shaping the limited scope of his social interactions.

Hari's life was tough with challenges stemming from his occupational and residential circumstances. The constant troubles with his second wife, occurring within the shared workplace and living arrangements, created a persistent source of distress. The absence of a

familiar community and the isolation in their living situation likely heightened the impact of marital discord. His wife's consistent desire for separation, and perceived lack of a support system, may have been pivotal factors contributing to his decision to end his life.

These marital complexities, extending from a first marriage where his wife went abroad for employment to a subsequent second marriage marked by continuous turmoil, resonate with the notion that the protective role of marriage for men can be compromised in certain situations. The isolation within the cheese factory and limited interaction with the local community, aligns with the idea that men may feel loneliness when their social circle is constrained. Furthermore, the confinement to the factory, mainly interacting with fellow workers and his wife's relatives, reinforces the perspective that men's social network becomes weak after marriage. In Hari's case, the interplay of repeated marriages, marital challenges, and few social network highlights the multifaceted nature of his struggles.The circumstances are quite similar in Ramesh's case too.

Ramesh was a 33 year-old man residing in Ilam municipality who committed suicide recently. Seven years prior, he experienced the loss of his first wife and children. Remarrying within the past six months, Ramesh grapples with the destabilizing impact of alcoholism. Despite returning from foreign employment, his economic standing remains modest, relying primarily on agriculture. Co-residing with his parents and two siblings, both employed abroad. Respondent further added:

> He started drinking alcohol after his wife died, and he remarried six months ago, but the second wife left him, returning to her parents' home. He did not earn much when he was in a foreign country, and everything started to fail. Even more, his brothers were not here to support him. (Respondent, 2023)

Ramesh's life unfolds against a backdrop of serious losses. The irrevocable loss of his first wife and children precipitates enduring emotional trauma. Seeking solace in a

subsequent marriage proves futile as his struggles with alcoholism instigate the demise of this union. The rejection from his second wife, who shares his ethnic identity and is engaged in her second marital commitment, constitutes a terminal blow to Ramesh's already precarious emotional state.

Analyzing Ramesh's case shows that marriage tends to be a more positive experience for men than women, we observe the complexities of Ramesh's life within the Rai community in Ilam municipality. Ramesh's experience aligns with the perspective in certain aspects but also diverges in others.

On the one hand, Ramesh's struggles with alcoholism align with the notion that men may engage in risky behaviors tied to masculinity within the context of marriage. The destabilizing impact of alcoholism has likely contributed to the challenges in his recent marriage and may have played a role in the rejection from his second wife.

Additionally, the case emphasizes the significance of social connections during tough times, such as a breakup or divorce. Ramesh, despite having family members abroad, encounters constraints in his immediate support network, possibly contributing to feelings of loneliness and vulnerability. This resonates with the perspective that men may experience a lack of meaningful support during challenging periods, potentially heightening the risk of suicide.

4.2.4 Traditional Role as a Caregiver and Change in the Role

Historically, women have been designated the role of managing household responsibilities. This belief still persists in society, emphasizing that women are responsible for caring for the family, including children, while men are expected to be the primary earners (Creighton, 1999). Going against the traditional expectations that dictate women should primarily manage household responsibilities and men should be the main providers for the family can have intense and distressing outcomes. The societal pressure to conform to

these gender roles is so intense that individuals who deviate from them may face severe emotional distress and, in extreme cases, might even contemplate or resort to suicide as a tragic consequence of not fulfilling these expected roles.

Gita (real name withheld), a 35 year old housewife, took her own life on September 2022 at her home in Rong Municipality. Gita belonged to the Brahmin community and lived with her husband and two children, aged 5 and 9, in a nuclear family setup. Her husband was primarily engaged in agriculture and also owned a small shop. According to respondent:

> Gita's health had been a persistent concern, leading to numerous surgeries and regular medical treatment. The financial strain caused by her health issues significantly impacted the family, as most portion of her husband's earnings went towards her medical expenses.
>
> Their family is small but they were part of a close-knit community. Both had good social networks, contributing to the overall cohesion of their community.
>
> (Respondent, 2023)

In a suicide note left behind, she expressed a desire not to be a burden anymore, signaling the immense internal struggle she faced. Gita's suicide highlights the substantial impact of societal gender structures on her struggles and decision to take her own life. As housewife, Gita was expected to shoulder caregiving responsibilities, both for her children and herself during her prolonged health issues. Disproportionate burden of caregiving, compounded by societal expectations, likely intensified her sense of being a burden to her family.

The intersection of gender and economic factor further shaped Gita's experience. Financial hardship resulting from her medical expenses stressed the intersectionality of

gender and economic disparities in healthcare access. In similar theme suicide of Rita can be explained.

Rita, a 48 yearold mother of three, belonging to the Dalit community, took her own life in August 2023 by hanging herself in the bathroom.

> She resided with her husband and daughter, where she assumed the role of the household head, managing all aspects, including the family's finances as her husband, is alcoholic, She worked as a laborer in Kanyam tea garden. (Respondent, 2023)

Financial struggles loomed large in Rita's life. Despite working tirelessly, she faced the constant pressure of managing a household with limited resources. To make ends meet, she had taken loans from various cooperatives and microfinances. The increasing burden of these financial obligations and the inability to generate sufficient funds to repay the loans, emerged as a significant stressor in Rita's life.

Living in a mixed community with moderate social ties, Rita's network primarily comprised fellow laborers from the same sector. The Dalit community in the area was dispersed, reflecting the broader socioeconomic challenges faced by individuals in similar circumstances. Rita's suicide brings attention to the intersectionality of economic hardship, social ties, and the unique struggles experienced by women in marginalized communities.

Rita's suicide unfolds within the complex framework of gender structures, illuminating the pervasive impact of societal expectations on the lives of women, particularly those from marginalized communities. As the head of her household, Rita assumed a role traditionally assigned to men, managing everything from finances to family affairs. This inversion of gender roles was necessitated by her husband's struggles with alcoholism, reflecting the disruption of conventional gender norms within her familial context.

The economic challenges Rita faced were exacerbated by her gendered position as the primary breadwinner. Her role as a laborer in the tea garden placed her in a vulnerable economic class, where women often confront additional hurdles in accessing resources and opportunities. Unable to fulfil the both of her role: traditional role as caregiver and current role as a breadwinner for her family put her at complexity.

The cases of Rita and Gita serve as examples highlighting the vulnerability of women to suicide when they encounter challenges in conforming to the predefined gender roles assigned by society. The added layer of complexity arises not only from the pressure to adhere to traditional roles but also from the introduction of additional roles, and the subsequent failure to fulfil these roles compounds the challenges faced by women, exacerbating their risk of suicidal tendencies.

4.2.5 Infertility and Motherhood

Society perceive women as mother before having a child. A proverb says "Bhauju ama Saman" meaning Sister-in-law is like mother. It slowly become a perceived identity by women. A research (Jayasankhar, 2017), indicated that women often begin to imagine themselves as mothers long before actually trying to have children, and this is certainly influenced by implicit cultural and society messages that idealize motherhood. When this imagined self of a mother, however tentative, is withdrawn, it may result in feeling a loss of control, threaten her imagined future, cause her to doubt her womanhood, and feel like an assault on her ability leading to depression and suicidal thoughts, in some cases landing up in suicidal deaths.

Several literatures are available which link infertility to suicide. A explorative study conducted in UK found that up to 25% of the infertile in their cohort sufferd from suicidal risk/ suicidal ideation which is statistically significant in comparison to the control group

(Dastidar, 2023). This shows how societal expectation is internalized by women and how failure to meet the expectation is contributing to suicide. There is a similar case in Ilam.

Sita, a 30 year old cooperative employee, was discovered deceased on December 25, 2022. Having completed her education up to class 12, she had been employed in a local loan and savings cooperative for the past three years. Married at the age of 25, Sita lived in a joint family with her spouse, father-in-law, and mother-in-law.

> The major stressor in her life leading to her demise was the challenge of infertility. They didn’t have children, and she was seeking medical intervention to solve her infertility, but she was unsuccessful. This gave her tension, and she used to frequently mention her struggles with infertility in informal conversations with others. (Respondent, 2023)

The weight of infertility, a deeply personal and often stigmatized concern, cast a shadow over her daily existence. In her conversations with others, Sita frequently conveyed the emotional burden she carried due to her inability to conceive, introducing an undercurrent of societal expectations and personal aspirations are left.

The gender structure prevailing in Sita's context played a pivotal role in shaping the narrative of her life and influencing her tragic decision. Living within a joint family setup, Sita grappled not only with societal expectations surrounding motherhood but also with the complex dynamics of familial relationships. The joint family structure, providing a support system, also imposed societal norms and expectations.

The gendered expectations and traditional roles associated with women in her community likely influenced the nature of Sita's struggles. The inability to conceive may have been perceived as a deviation from conventional expectations, intensifying the social pressure she felt. The intersectionality of gender, family dynamics, and societal norms created a complex web of challenges, amplifying the emotional pain on Sita. The interplay of

gendered societal expectations, demise of internalized identity of mother and the stigma surrounding infertility helped to shape the circumstances that led to suicide.

Analysis of suicide cases within the framework of gender structures shows deep rooted social expectation that significantly influence individuals. The traditional masculinity emerges as a critical risk factor for male suicide formalsti. With the reluctance to shift from established roles leading to maladaptive coping mechanisms. This is showen in cases like Ram, whose inability to adapt to changing socioeconomic environment, intensified feelings of social exclusion. Societal expectations surrounding masculinity, control over family affairs, and reactions to marital challenges contribute to the vulnerability of men. For example, in Shyam's case, where revelation of his wife's infidelity increased his internal struggles. Analysis of cases highlights that marriage is generally perceived positively for men. However, during tough times such as complexities of marital relationships, social isolation, and lack of support can increase the risk of suicide.

The change in traditional gender roles poses challenges. Especially women playing the role of the primary breadwinner, poses challenges and contributes to distress and suicide. Which is observed in Gita and Rita's cases. The cases also highlights the substantial impact of societal expectations surrounding motherhood, with infertility becoming a personal and stigmatized concern leading to depression and suicidal thoughts, as found in Sita's case. These findings emphasize complex interplay of societal norms, gender expectations, and individual vulnerabilities in shaping the risk of suicide.

4.3 Perspective of Society towards Male and Female Suicide

The majority of respondents, both male and female, acknowledged a perceived difference in societal attitudes towards male and female suicide. They believed in this distinction, citing societal expectations, cultural norms, and historical gender roles as influencing factors. One interviewee, Bal (50 years old) said,

> Society perceive suicide by male and female differently because it expects different role by male and female. Men are expected to be strong and stable whereas, women are expected to be caring and fragile… So, It's normal that society have negative attitude towards suicide by male as he is expected to be strong.

They also believe that society tends to be more understanding towards females when it comes to suicide. The rationale behind this perception, as articulated by the participants, included notions of women being viewed as inherently vulnerable or sympathetic figures in times of distress.

The topic prompted participants to explore the multifaceted nature of male suicide. The participants identified social expectations as a contributing factor, emphasizing the pressure on men to conform to traditional roles. Mental health stigma, lack of emotional support and economic pressure was chosen highlighting the challenges men face in seeking help due to societal attitudes. A female respondent said:

> Being emotional and sharing emotional problems is perceived as weakness for men so they avoid seeking help for emotional problems, which also contributes to suicide. This is easy in terms of us (females), we can be emotional and we can share our feelings with other without hesitation

When talking about mental health and need for awarenesss programme, they gave importance of raising awareness about suicide, with primary focus on male suicide. Most of them mentioned that men face specific challenges, citing societal expectations and the stigma associated with male vulnerability.

The detailed analysis of participants' responses revealed a rich perspectives, with women and men expressing complex views on societal attitudes towards suicide. Among both genders, there was a noteworthy acceptance of societal differences in the treatment of male and female suicide. The examination of factors contributing to the higher rate of male

suicide showcased a consensus on the impact of social expectations, mental health stigma, and a lack of emotional support, emphasizing the interconnected nature of these challenges.

Both genders recognize challenges in men discussing mental health, highlighting societal expectations and stigma surrounding male vulnerability. This shared awareness indicates a potential foundation for collective efforts in challenging these norms and fostering a more open discourse surrounding mental health in Nepal.

In exploring the intersection of societal expectations, cultural factors, and gender related narratives concerning suicide, the respondent's insights bring forth several key themes.

a) Shame and Stigma Surrounding Male Suicide Attempts:

The emphasis of Nepali respondents highlighted a prevalent and deeply ingrained sense of shame and stigma surrounding male suicide attempts. The cultural expectation for men to embody strength and resilience was consistently emphasized, resulting in a barrier to open discussions about mental health. As one respondent articulated,

> In this society, men are supposed to be strong and resilient. Admitting vulnerability is seen as weakness, and that shame keeps us (men) silent about our struggles. We become topic of fun if we talked about our problem... not just mental one but other kinds of problem too (A Respondent, 2023).

This entrenched stigma around male vulnerability emphasizes the need for a deep understanding of how cultural norms contribute to the perpetuation of silence surrounding men's mental health challenges.

b) Recommitment to Suicide by Men:

A notable theme emerging from the responses pointed to a perceived pattern among Nepali men – a recommitment to suicide after a failed attempt. Participants expressed

concern about the cycle of shame and stigma intensifying after an unsuccessful attempt, propelling men further into despair. A respondent shared,

> It's like they feel they've failed not just in life but even in death. The shame becomes overwhelming, pushing them further into despair. If you looked at the case of Ram[1] you will find the tag `pase` remained with him but if he were female this stigma would not be persistent. (A respondent, 2023)

This identified cycle raises significant questions about the lack of effective support structures for men and the need for interventions that not only prevent initial attempts but also break the cycle of shame to discourage further distress.

c) Societal Sympathy towards Women's Suicide Attempts:

In contrast to the perceived shame associated with male suicide attempts, respondents frequently noted societal sympathy towards women who attempt suicide. Participants remarked that society often views women's challenges as tragic, attributing them to external factors rather than personal weakness. A participant explained,

> There's this casual view of women's suffering. It's almost like society expects women to struggle and readily accepts any suicidal activity. People see it as tragic, but not necessarily as a sign of personal weakness. If a women with a small child commits suicide then society would definitely blame husband and his family. (A respondent, 2023)

This raises critical considerations about the potential implications of sympathetic narratives on women's mental health. Striking a balance between empathy and support without romanticizing women's struggles becomes pivotal.

d) Criticism and 'Cowardice' Attribution to Men:

[1] The case of Ram is discussed in the previous section of this chapter, in which he was labeled 'Pase,' meaning trap in Nepali, after his first suicide attempt by hanging at a young age.

Criticism towards men contemplating suicide emerged as a prevalent theme in the responses. The labeling of men as 'cowards' for expressing vulnerability was highlighted as a damaging societal attitude. A respondent said, "When a man opens up about feeling overwhelmed, he is often labeled a coward and childish. It is discouraging and that criticism becomes an additional burden."

The identified criticism reflects entrenched toxic masculinity norms, creating a hostile environment for men struggling with mental health. Addressing this stigma is crucial for creating an atmosphere where men feel comfortable expressing vulnerability and seeking assistance without fear of judgment.

d) Societal Expectations and Gender Norms:

The impact of societal expectations and rigid gender norms on attitudes towards suicide was a recurrent theme. Participants acknowledged the pressure on men to conform to traditional notions of strength and resilience. A respondent explained, "Men are expected to be the providers, the strong ones. The pressure to conform to these traditional roles makes it hard for them to express vulnerability."

This societal pressure contributes significantly to the identified shame associated with male suicide attempts. A reevaluation of these expectations is vital for fostering open conversations about mental health and challenging traditional gender norms.

The in-depth exploration of gendered perceptions of suicide unravels a narrative complexly woven with cultural expectations, societal norms, and deeply ingrained attitudes. At the heart of this is the pervasive shame attached to male suicide attempts, a phenomenon rooted in traditional notions of masculinity. The societal construct dictating that men should embody strength and resilience unintentionally fosters a culture of silence around men's mental health struggles. This raises significant concerns about the well being of men who may be struggling with internal conflicts but find it challenging to voice their vulnerabilities.

The identified trend of recommitment to suicide after a failed attempt among men adds a poignant layer. It suggests that the shame associated with an unsuccessful suicide attempt can intensify, potentially contributing to a vicious cycle of despair. This finding emphasizes the inadequacy of existing support systems and the urgent need for comprehensive interventions that address the psychological toll on individuals who survive suicide attempts.

Conversely, societal sympathy towards women who attempt suicide, while seemingly compassionate, introduces a dilemma. The potential romanticization of women's struggles raises questions about the authenticity of support provided. Striking a balance between acknowledging women's challenges and providing appropriate mental health support without romanticizing their distress becomes imperative for fostering a more genuine and effective support system.

The criticism and labelling of men as 'cowards' for expressing vulnerability highlight deeply ingrained toxic masculinity norms in Nepali society. These societal attitudes discourage open conversations about men's mental health. It also contribute to an environment where men may feel compelled to conceal their struggles. Recognizing the detrimental impact of these labels on men's mental health is essential for fostering a more inclusive and empathetic discourse.

The interview around societal expectations and gender norms sheds light on the pressure placed on men to conform to traditional roles. The expectation that men should be providers and exhibit strength perpetuates harmful stereotypes and inhibits open discussions about mental health. This poses a challenge to dismantling the stigma associated with male vulnerability and calls for a reevaluation of societal expectations.

CHAPTER 5

SUMMARY AND CONCLUSION

5.1 Summary

Suicide is a growing global concern. More than 800,000 people are dying by suicide each year (WHO, 2019). In the past decade, suicide rates have surged in Nepal with a 72 percent increase, reaching 19 suicides per day in the fiscal year 2078/79 (Devkota, 2022). Despite high literacy rate Ilam district has become infamous for its high suicide rate. Suicide rate in Ilam is almost five times higher than global average (Karki et al., 2017). The gendered nature of suicide is evident, with men constituting two-thirds of overall suicides, but women being two times more likely to attempt suicide. Traditional gender roles and societal expectations contribute to distinct suicidal patterns among men and women (Canetto & Sakinofsky, 1998).

There is need for a comprehensive understanding of suicide, especially in low income and middle-income countries where 77% of global suicides occur (WHO, 2021). Despite alarming increase of suicide cases in Nepal, particularly in Ilam, there is a lack of sociological research about societal factors that are contributing to high suicide rates (Karki et al., 2017). This thesis explored patterns in suicide rates, the influence of gender structure on suicide, and societal perceptions of suicide by male and female.

In this study, two sources of data were included, primary and secondary. Primary data involving seven participants from diverse backgrounds in Ilam, comprising 3 women and 4 men whose ages ranged from 22 to 55 years, and varying educational backgrounds. These participants were selected for case study on seven individuals who had committed suicide in the Ilam district. Cases were purposefully sampled to ensure a mix of urban and rural perspectives and diverse socioeconomic backgrounds. The views of these same seven

participants were used to explore society's attitudes towards suicide by both men and women. Additionally, data from the district police office was analyzed to understand the sociodemographic features of suicide in the Ilam district. The research focused to view the difference of patterns in suicide rates between males and females in Ilam district.

In analysis of patterns of suicide in Ilam, factors such as gender, age, ethnicity, religious affiliation, month of suicide, mode of suicide, and marital status were explored. The gender disparity in suicide rates is high. Similar to global statistics, men in Ilam being two times more likely to commit suicide than women. The sociodemographic breakdown further revealed that out of 116 recorded suicides, 82 were males (70.59%), and 34 were females (29.31%). The suicide rates per 100,000 population indicated a considerable gap, with the rate for males at 58.81 and for females at 24.27, resulting in an overall rate of 41.50.

Age specific patterns highlighted an upward trajectory in suicide rates with advancing age, peaking in the 80-89 age group. Males consistently shows higher suicide rates across all age categories, emphasizing heightened vulnerability in older populations, particularly those beyond 60. Ethnic variations in suicide rates were evident, with the Janajati hill ethnic group contributing to 45.3% of suicides, the Brahmin/Chhetri group at 40.6%, and the Dalit ethnic group at 12.5%. The breakdown across different ethnicities shed light on the distribution of suicides, emphasizing the role of cultural factors.

Religious affiliation played a role, with Hindu has the highest suicide rates. The data further detailed suicide rates across different religions and genders, revealing notable gender disparities in all religious communities. Married individuals constituted a substantial portion (78%) of suicide cases, challenging conventional beliefs about the risk associated with marital status. Suicide rate among unmarried and married women is found to be not aligned with Durkheim's assumption(Durkheim, 1897). According to him, married women have a lower suicide rate than unmarried women. However, in case of Ilam unmarried women have

higher suicide rate than married and unmarried women displayed similar suicide rates. The detailed examination of suicide rates across marital status and gender indicated that married men had more than 1.5 times the suicide rate of unmarried men.

Monthly and seasonal patterns are similar to global patterns, showing a peak in suicides during the spring and early summer months. It indicated variations in suicide rates across different months, suggesting potential influences of environmental and cultural factors. The most used suicide method in Ilam is hanging, chosen by the majority of both males and females. Men tended to use more immediately lethal methods but women often choose for less lethal means, such as poisoning.

Thematic exploration of seven cases highlights the complex interplay between societal expectations, cultural norms, and individual experiences in shaping vulnerability to suicide. Evolving traditional roles of men, exemplified by Ram's case, highlight the transformative impact of economic shifts within families and the resulting feelings of marginalization. The examination of masculinity, as seen in Shyam's story, highlights the serious consequences of perceived loss of control triggered by familial disputes, emphasizing the delicate balance between societal expectations and mental well being.

Protective role of marriage for men, exemplified by Hari and Ramesh, faces complexities influenced by social expectations and limited support structures. Gita and Rita's cases illustrate the challenges women face in adhering to traditional gender roles, emphasizing the detrimental impact of societal expectations on mental health. The intersection of infertility and motherhood, embodied in Sita's story, reveals the complex web of challenges faced by women. It highlights the need for a complete understanding of social pressure, familial dynamics, and gendered expectations.

In examining the impact of changing traditional roles of men, the case of Ram illustrates the transformative effects of economic shifts within a family. As his son assumed

financial responsibilities, altering the family's economic landscape, Ram faced challenges in adapting to his new role. Which contributed to feelings of marginalization and isolation.

The exploration of masculinity shows societal expectations that associate a man's control over family affairs with his perceived masculinity. The case of Shyam shows the impact of a perceived loss of control, triggered by familial disputes and revelations of his wife's infidelity, ultimately leading to suicide. Marriage's protective role for men is challenged by the cases of Hari and Ramesh. The complexities of marital relationships, societal expectations, and limited social networks contribute to the vulnerability of men during tough times. This emphasizes the need for meaningful support structures.

Traditional role of women as caregivers is examined through the cases of Gita and Rita. Both women faced challenges adhering to traditional gender roles, with Gita's health struggles and Rita's financial burdens illustrating the detrimental impact of social expectations on women, exacerbating their risk of suicidal tendencies. The intersection of infertility and motherhood is highlighted in the case of Sita. The societal pressure and stigma surrounding infertility, gendered expectations and familial dynamics, converge to create a complex web of challenges, amplifying the emotional strain on Sita and ultimately leading to decision to end her life.

In this extensive exploration of Nepali perspectives on gendered perceptions of suicide, several key themes emerge. The pervasive shame surrounding male suicide attempts is deeply rooted in traditional notions of masculinity, where men are expected to embody strength and resilience. This cultural expectation fosters a silence around men's mental health struggles, raising concerns about the wellbeing of Nepali men struggling with internal conflicts but finding it challenging to voice their vulnerabilities.

Another aspect of the in-depth interviews is the identified trend of recommitment to suicide after a failed attempt among men. The shame associated with an unsuccessful suicide

attempt intensifies, potentially contributing to a vicious cycle of despair. This showss the inadequacy of existing support systems and the urgent need for comprehensive interventions addressing the psychological toll on individuals who survive suicide attempts.

Conversely, social sympathy towards women who attempt suicide, while seemingly compassionate, introduces a complex dilemma. The potential romanticization of women's struggles raises questions about the authenticity of support provided, emphasizing the need to strike a balance between acknowledging women's challenges and providing appropriate mental health support without romanticizing their distress.

It also highlights the criticism and labelling of men as 'cowards' for expressing vulnerability, reflecting deeply ingrained toxic masculinity norms in Nepali society. These attitude discourage open conversations about men's mental health. It also contribute to an environment where men may feel compelled to conceal their struggles. Recognizing the detrimental effect of these labels on men's mental health is essential for fostering a more inclusive and empathetic discourse. Additionally, the examination of societal expectations and gender norms sheds light on the pressure placed on men to conform to traditional roles. It is calling for a reevaluation of these expectations to dismantle the stigma associated with male vulnerability.

5.2 Conclusions

Suicide is a complex and multifaceted phenomenon. It is deeply interwoven with various societal and individual aspects. This study conducted in the Ilam district sheds light on a distinct gender disparity in suicide patterns, revealing men to be twice as likely to commit suicide. Variations across ethnicities, especially among the Dalits, emphasize the influence of cultural factors. Gender disparities persist across age groups, with men consistently exhibiting higher suicide rates.

Examination of suicide methods reveals social perceptions of masculinity and shame, with men often opting for more lethal methods like hanging. The surprising revelation about the protective role of marriage for men challenges assumptions, hinting at categorization issue in police records. Contrary to Durkheim's assumption, there is a notable similarity in the suicide rates between married and unmarried women.

Analysis of gender structures and suicide shows the impact of social expectations on individual vulnerabilities. Traditional roles assigned to men and women play a important role in shaping suicide, with evolving expectation for men reflecting shifting economic dynamics and familial responsibilities. The examination of masculinity and its association with control and societal norms highlights the delicate balance between adhering to expectations and maintaining resilience.

Integrating the cultural theory of suicide shows a broad perspective that considers a connection between suicide, culture and social structure. This theory describes how individuals internalize cultural norms, meaning, identity. People seek meaning in their suicidal thoughts in relation to broader social structures. It adds a crucial layer to our understanding by emphasizing the importance of cultural factors in shaping attitudes towards suicide. As there are many limitations of relying on psychological theories such as the interpersonal and existential theories. These psychological perspectives provide valuable insights into individual aspects of suicide but overlook the complex social factors. Durkheim's structural perspective is helpful in understanding suicide rates at a regional level but it has limitation when analysing suicide at the meso or individual levels. The framework of Durkheim may not capture the interplay of cultural and societal dynamics shaping individual experiences of suicide.

The protective role of marriage, often considered positive for men. But, it reflects the complexities of social expectations and limited support structures. Challenges faced by

women in conforming to traditional gender roles highlight the detrimental impact of social norms on suicidal thoughts. The intersectionality of infertility and motherhood shows the need for understanding of social pressure, familial dynamics, and gendered expectations.

Exploring societal perceptions of male and female suicide in Nepal indicates a complex set of attitudes shaped by cultural expectations and gender norms. Identified themes include the pervasive shame surrounding male suicide attempts, the concerning trend of recommitment to suicide after a failed attempt among men, and the contrasting societal sympathy towards women's suicide attempts. The criticism and labelling of men as 'cowards' for expressing vulnerability reflect toxic masculinity norms, hindering open conversations about men's problems.

These analyses emphasize the need for a comprehensive approach to understanding and addressing suicide. The approach must recognize the complex nature of gender structures and consider the significant impact of cultural factors on how individuals experience and perceive suicide.

APPENDIX -1

Interview Checklist

Age:………. Gender: ……………….

Education Level:………………. Employment Status:…………………….

I think it would be good to prepare check list rather than questionnaire. Since it is qualitative nature of study focus on the following things:

Male Suicide: Who? When? Where?

1. Personal background: age, education, occupation, marital status, hobby, personal nature, religion, and so on.
2. Family background: type of family, household member, parents' background, etc.
3. Neighbourhood background: nature of tole/settlement, network, interaction,
4. Peer/Friendship background: who were? How many? From when? Etc.

Female Suicide: Who? When? Where?

1. Personal background: age, education, occupation, religion, marital status, hobby, personal nature, and so on.
2. Family background: type of family, household member, parents' background, Husband's background, Gender based violence etc.
3. Neighbourhood background: nature of tole/settlement, network, interaction,
4. Her background before marriage
5. Peer/Friendship background: who were? How many? From when? Etc.

Perception on Suicide:

1. Challenges faced by men and women
2. Reasons behind suicide by male/female
3. Societal perception

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