

## ETHNOGRAPHY OF SUICIDE: A TALE OF FEMALE SUICIDES IN DISTRICT GHIZER, GILGIT-BALTISTAN

Samina Sher, Humera Dinar

Anthropologist, Department of Anthropology, PMAS-Arid Agriculture University, Rawalpindi

### Corresponding Author:

Samina Sher

PMAS Arid Agriculture University Rawalpindi

[sem.sher@gmail.com](mailto:sem.sher@gmail.com)

**Abstract:** Suicide is a rapidly growing social and psychological problem around the world especially in developing countries. Various studies show that the ratio of suicide in young females is high especially in Muslim countries. The current study was conducted in district Ghizer in Gilgit-Baltistan where an unexpected rise in suicide rate has been reported during recent years. The findings of the research are based on a close and careful study of the registered cases of female suicides in the district. In order to have a meticulous analysis of these cases the data was collected through formal and informal interviews and key informant method. The purpose of the research was to study suicide as a consequence of social and cultural issues beyond the conventional approach to look at it as a psychological illness.

**Key Words:** Suicide, Female suicide, Ghizer, Depression, Socio-cultural factors of suicide.

### INTRODUCTION

Suicide is the act of hurting oneself with the desire to take one's own life (Reyes, et al. 2015). It is a serious health issue and one of the major factor of death for people of all ages (Taliaferro, et al. 2012) The World Health Organization defines suicide as "the act of intentionally killing oneself" (Shah and Erlangsen 2014). A similar, but simpler, clinical definition of suicide is whereby someone intentionally kills oneself. Psychological problems are major factors that work together to motivate a person to engage in suicidal behavior. Joiner (2009) proposed the interpersonal psychological theory of attempted and completed suicide (also called the "crescendo" model of suicide behavior), which claims that to die by suicide a person must have both the desire and the potential.

In Pakistan married women under 35 years have more occurrence of psychiatric problems than older married women (Ali, et al. 1993). Marital friction, mental and physical abuse from husband, helplessness, low self-esteem, economic issues imposed by the spouse, and in-law issues are prominent psychosocial stressors for female (Fikree and Bhatti 1999). Married women are also more likely to attempt suicide (Khan 2002). In the Northern Areas mostly, high levels of incidents of domestic violence against women are observed (Khan, et al. 2009). The facts from Australian studies also shows that (relational) issues (sorrow, familial problems, shame and guilt), instrumental

issues (economic influx and joblessness and disappointments in life) and "health" issues are some of the major situations preceding suicide. Among young women the major reason appears to be associated to "relational" problems; among middle-aged women the issues influential followed by health problems are majorly instrumental (Hassan 1996).

Cultural limitations of women's role in marriage may also be a cause of high ratio of female suicides than male suicides specially in Asian countries as compared to Europe and the United States of America. In countries like India, Pakistan, and Sri Lanka where arranged marriages are common, the society and family insists on a woman to stay married even in offensive relationships appears to be one of the factors that laid to suicide in women. In some cases young couples, who marry by family opposition and face unresolvable clash either live apart by severing ties or choose suicide either together or alone.

Depression, anxiety, psychological distress, domestic violence and increased rates of substance abuse are influencing women to a greater extent than men across different countries and different settings. Pressures created by their multiple roles, gender discrimination and related factors of poverty, hunger, starvation, overwork and domestic violence combine to account for women's poor mental health. There is a positive association between the frequency and severity of such social

factors and the frequency and severity of mental health problems in women (Batool, et al. 2008). Suicide is a raising issue in Gilgit-Baltistan of Pakistan. Youth of the area especially between age of 14-28 is highly affected in Gilgit-Baltistan. Ghizer Times shared that from 1996 to 2010, it has been observed that more than 300 cases of suicide were registered in different Police Stations of Ghizer only. But the figure may be higher as some cases are hidden, and not report to the Police Department due to some internal issues and family threats (Times 2014).

Particularly in the context of Gilgit, “modernity has empowered the mind, but could not provide space to celebrate freedom”. Modernity in Gilgit-Baltistan has not taken root in a pure form rather it has taken a hybrid shape. It is this hybrid nature of modernity in the local setting that gives birth to a paradoxical situation where increasing modernization led to the disappearance of all the spaces. The situation is further aggravated by the fading of old spaces for women. Now the situation is such that the mind is free of old clutches and fetters, but it cannot carve out new spaces to express and manifest itself (Dad 2014).

The problem of suicides is also witnessed in other district of Gilgit-Baltistan which again signifies the fact that this is yet another repercussion the area is facing as a result of abrupt diffusuion of moderisation and agents of globilzation (Dad 2014). Idolizing material and economic success as the ultimate means of social uplift levies huge pressure on young adults. Thus the society has become “competition-obsessed” and under achivers are radiculed and humiliated. Such over expectations leave no choice for them. Females are likley to be more vulnareble as socio-cultral taboos limits their life options.

## MATERIALS AND METHODS

The current research was conducted at district Ghizer which is situated in Gilgit-Baltistan. The nature of the study was ethnographic which employed anthropological research methods and techniques such as rapport establishment, observation, case study method, key informant method, formal and informal interviews to explore the various factors of female suicide in the area.

## RESULTS AND DISCUSSION

The current study is a descriptive and qualitative analysis of female suicides in district Ghizer. Using ethnography mode of research the problem was studied from multifaceted avenues to dig out various reasons responsible for this act. The study was narrowed down to the registered cases of

casualties. However, the exact number of suicide exceeds the registered numbers.

**Table.1: Responses on Socio-cultural and Psychological Factor of Suicide among Females**

Factors	Sub factors	Percentage
Social factors	Academic Pressure	6%
	Relational Problems	22%
	Divorce	15%
	Financial constraints	3%
Cultural factors	Personal Freedom	11%
	Demand of male child	10%
	Decision making power	14%
Psychological factors	Mental Illness	4%
	Depression	15%
Total		100%

The table depicts numerous causal factors for female suicides in the area. These factors have been divided in to three broader categories; social, cultural and psychological factors. The most frequently cited social factors proceeding to suicide included academic pressure, divorce, financial constraints, and relational problems. The cultural factors included limited personal freedom, demand for male child and lack of decision making power while the psychological factors included mental illness and depression.

The findings of the research show that the reasons behind female suicides are more embedded in socio-cultural fabric of the area. As a result of modernization and economic pressure the locals are more inclined towards upward social mobility through education and temporary or permanent out migration. Parents educate their children and view them as a ladder for social mobility. This academic pressure sometimes lead to suicides in the area. 6% cases which were studied were because of this reason. Some of the suicides accoured as they were scold by their parents due to poor academic performance and others felts shame among friend circle. In many developing countries young people are pressured to do well in exams and failure to do so is asociated with shame and humiliation (Vijayakumar, et al. 2008) Similarly, educational pressure, over expectations of parents and hopelessness are among the main factors of suicide in Ghizer.

Additionally, strained relational problems become reason for suicide among females. These problems may include disagreements with their parents, disputes with husband or in-laws, lack of compatiability with spouse, loss of a relation ship, forced marriages, divorce or sepration. This is evident from the research findings which show that 22% casualities were resultant of relational

problems while 15% women committed suicide for being divorced. A difficulty in interpersonal relationship leads to separations and divorces and is associated with depression in both the genders. Most of the people who commit or attempt suicides have experienced failure or rejection in love which leads to suicide (Lalani, et al. 2013).

Economic limitation is another factor that leads to conflicts, depression and ultimately to suicide. Problems like unemployment of husband, drug addiction of husband, physical assault leave no choice for women but suicide. Deprivations, unfulfilled desires, and being unable to meet the basic necessities of life make women dissatisfied with their life. 3% of the cases were reported for committing suicide as a result of these issues.

Certain cultural mores and ideals delineate a particular dress code and mode of behavior for each gender which is assumed to be 'appropriate' in the society. Failure to conform to these expectations is discouraged by the community. Such issues arise in a society that under goes transition. The society of Ghizer is likely to suffer from such a conflict of preferences that leads to frustration and depression among individuals which ends in suicide. Females are more vulnerable to these cultural restrictions and social expectations. 11% of the victims are reported to have been suffered from these issues.

The patriarchal social setup of Ghizer limits the decision making power of females especially in terms of their mobility and choosing partner for their marriage. The conventional approach to marriages opposes personal choice and the emphasis is laid on parental choice. 14% of the victims are reported to have committed suicide due to similar issues. Preference towards a male child is yet another pressing issue for females. 10% suicide cases are allegedly resulting of these social pressures on females. Sons are highly valued because only they can perpetuate the family line and they represent an economic asset to the family and a source of security for parents in their old age (Heise and Lori 1993).

Apart from socio-cultural factors there are also psychological factors counted responsible for these suicide cases. 4% of the victims are reported to suffer from mental illness while 15% were declared to have severe depression. Further probing into such cases revealed that these psychological disorders are outcome of socio-cultural constraints driven by strict cultural mores. Depression can be linked with several causes such as breakdown in family, personal relationships,

family ignorance and low self-esteem which lead females to attempt suicide. Another alarming issue revealed by the study is that most of the young females in Ghizer suffer from or are showing symptoms of depression and do not receive any medical treatment. The reason for the sudden increase in such cases is that in most of the cases it go unrecognized and if it is diagnosed it is not revealed lest it should bring a bad name for the family. Research has shown that depressive disorders can effect up to 10% of young adults including both males and females. The range of severity disorders varies among individuals but definitely these ailments can go in to complex social and psychological problems (Ezzati, et al. 2002).

## CONCLUSION

The current study illuminated the main factors of female suicide in the district Ghizer of Gilgit-baltistan. The study also highlighted the main causes of female suicide which is an alarming situation in the area. The study covered a wide range of factors that stirrup the issue. The problem has been viewed and analyzed in the socio-cultural context of the area. Burdens of modernization, growing materialism, sense of comparison and social competition seem to agonize the situation moreover, the widening gap between age old tradition and galloping transition leave the community ambivalent which is again responsible for rising of these issues.

## REFERENCES

- Ali, B., Anwar M. Saud, S. N. Mohammad, M. Lobo, F. Midhet, S. A. Ali, and M. Saud  
1993 Psychiatric Morbidity: Prevalence, Associated Factors and Significance. The Journal of the Pakistan Medical Association 43 (4): 69-70.
- Batool, Z., S. R. S. Abbasi, M. I. Zafar, and S. Hameed  
2008 Evaluation of Risk Factors and Prevalence of Depressive Disorders among Rural Females in District Faisalabad. Journal of Animal and Plant Sciences 18 (2-3).
- Dad, Aziz Ali  
2014 Self, Society and Suicide in Gilgit. International the News.
- Ezzati, Majid, Alan D., Anthony Rodgers, Stephen Vander Hoorn and Christopher JL Murray.  
2002 Selected Major Risk Factors and Global and Regional Burden of Disease. The Lancet 360(9343):1347-1360.

- Fikree, Faryal F, and Lubna I Bhatti  
1999 Domestic Violence and Health of Pakistani Women. *International Journal of Gynecology & Obstetrics* 65(2):195-201.
- Hassan, Riaz  
1996 Social Factors in Suicide in Australia. *Australian Institute of Criminology*.
- Heise, and Lori  
1993 Violence against Women: The Missing Agenda. *The Health of Women: A Global Perspective* 123.
- Joiner, Thomas  
2009 *Why People Die by Suicide*. Harvard University Press.
- Khan, Murad M  
2002 Suicide on the Indian Subcontinent. *Crisis: The Journal of Crisis Intervention and Suicide Prevention* 23(3):104.
- Khan, Murad M., Aziz Ahmed, and Sultan R. Khan  
2009 Female Suicide Rates in Ghizer, Pakistan. *Suicide and Life-Threatening Behavior* 39(2):P. 227-230
- Lalani, Sunita, Zainish Zafarullah Hajiani, and Sajid Khan, Ina Abdul Majeed and Jasmin Zahid  
2013 Suicide among Young Adults. *ChitralTimes.com*  
<http://www.chitraltimes.com/english13/newseng40b.html>
- Reyes, Marc S., Ryan FrancisO Cayubit, Mara H. Angala, Sherwin C. Bries, Jann T. Capalungan, Jessica Docdoc, Bernadette C. Nolasco, Kathleen M. Reyes, and Lynn E. McCutcheon.  
2015 Exploring the Link between Adolescent Anger Expression and Tendencies for Suicide: A Brief Report. *North American Journal of Psychology* 17(1): 113.
- Taliaferro, Lindsay A., Joel V. Oberstar, and Iris Wagman Borowsky  
2012 Prevention of Youth Suicide: The Role of the Primary Care Physician. *Journal of Clinical Outcomes Management* 19(6): 270.
- Times, Ghizer  
2014 Number of Suicide in Ghizer District of Gilgit Baltistan from 2007 to 2012. <https://www.linkedin.com/pulse/20141022054825-323217835-number-of-suicide-in-ghizer-district-of-gilgit-baltistan-from-2007-to-2012>
- Vijayakumar, Lakshmi, Jane Pirkis, Tran Thanh Huong, Paul Yip, Rohini De A. Seneviratne, and Herbert Hendin  
2008 Socio-economic, Cultural and Religious Factors Affecting Suicide Prevention in Asia. *Suicide and Suicide Prevention in Asia*. Geneva: World Health Organization.