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Exploring Socio-Cultural Determinants of Female Suicides: A Qualitative Study of Gahkuch, Gilgit-Baltistan

Nadia Abbas[1], Wazir Barkat Ali[2], Qandeel[3], Sadia Gull[4], Seema Begum[5]

[1, 2, 3, 4, 5] Department of Sociology and Anthropology, Karakorum International University Gilgit, email: nadotariq@gmail.com, wazirbarkatali@gmail.com, qandeel0022@gmail.com, sadiagull535@gmail.com, postbehramkhan2@gmail.com

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Abstract

This qualitative ethnographic study investigates the socio-cultural determinants of female suicides in Gahkuch, District Ghizer, Gilgit-Baltistan, where alarming rates of such incidents have been reported. The research aims to uncover the perceptions of the community, and affected families regarding the underlying causes of female suicides, while exploring the broader socio-cultural and psychological contexts. Data were collected through purposive sampling, employing in-depth interviews with diverse participants, including relatives of victims, community members, land alongside direct observations. Thematic analysis of the data reveals that patriarchal norms, restricted decision-making autonomy for women, domestic violence, forced marriages, and societal rejection of personal choices are pivotal factors driving women toward suicide. Additional determinants include the unavailability of ideal life partners, marital conflicts, societal pressure to conform to traditional roles, and the stigma attached to non-conventional behavior, such as pursuing love marriages or modern lifestyles. The study also identifies cases of honor killings misrepresented as suicides due to societal taboos around disclosing the true causes of death. Psychological stressors, compounded by inadequate acknowledgment of women's contributions to households and society, were found to exacerbate vulnerabilities. Unique local factors, such as the misuse of technology, excessive salt consumption linked to aggressive behavior, and limited mental health support, were also highlighted as contributing elements. The study concludes that Gahkuch's traditional and patriarchal social structure, despite progress in education and empowerment, perpetuates systemic inequalities and cultural restrictions that leave women vulnerable. To address these issues, the research emphasizes the need for societal reforms, enhanced religious and mental health awareness, and initiatives promoting gender equality and female empowerment. It further advocates for targeted interventions, including community-based awareness campaigns, institutional mechanisms for addressing domestic violence, and the inclusion of women in decision-making processes, to mitigate the factors leading to female suicides and create a more inclusive and supportive environment for women in the region.

Keywords: Perspectives, Suicide, Gahkuch, Female Suicide

Perspectives:

Refers to specific points of view and the perceptions of individuals regarding the social, cultural, economic, and psychological factors that contribute to female suicide.

Suicide:
The intentional act of ending one's own life, carried out willingly by an individual.

Gahkuch:
A village in the Ghizer district of Gilgit-Baltistan, located in the westernmost part of the Gilgit region.

Female Suicide:
The act of a female intentionally attempting to end her life.

Introduction

This study investigates the concerning prevalence of female suicides in Gahkuch District Ghizer, Gilgit-Baltistan, which, according to local police reports, has one of the highest rates of female suicides in the region. The research explores the social and cultural factors contributing to this issue while incorporating the perspectives of local residents and stakeholders, including NGOs, police, media, and social work professionals. Suicide, the intentional act of self-harm leading to death, is a complex and multifaceted global issue linked to diverse factors such as mental health disorders (e.g., depression, personality disorders, substance abuse), chronic illnesses, and sociocultural dynamics (Reiss & Dombeck, 2007). Sociologically, suicide rates are influenced by disruptions in social bonds—whether excessively strong or weak—that affect the balance between individual autonomy and community integration (Shaffer, 1999). The growing individualism and isolation in modern societies further exacerbate these dynamics, fostering feelings of despair and hopelessness. Globally, suicide is a major public health issue. The World Health Organization (WHO) estimates that one person dies by suicide every 40 seconds, amounting to nearly 1 million deaths annually. Suicide rates are highest in Eastern Europe, particularly in Lithuania and Russia, and lowest in Latin America (WHO, 2013). China, notably, has one of the highest female suicide rates in the world (WHO, 2010). Among individuals aged 15 to 24, suicide rates have tripled since the 1950s, making it a leading cause of death in this demographic (Suicide.org, 2002). In South Asia, particularly in male-dominated societies such as Pakistan, Afghanistan, Bangladesh, and India, cultural and social norms significantly impact female suicide rates. Women in these societies often face systemic challenges, including domestic violence, limited autonomy, and expectations to conform to traditional roles (Hendin, 2008). Poverty, mental health issues, and societal pressures further exacerbate these challenges, disproportionately affecting women. Cultural expectations surrounding marriage and obedience also contribute to the issue. Societal norms often prioritize conformity over personal autonomy for women. While religious beliefs sometimes act as protective factors by condemning suicide, their influence may be limited in contexts where cultural injustices and systemic inequalities persist. In Pakistan, the Human Rights Commission documented 2,040 suicides in 2007, with 692 involving women. Financial hardships and domestic conflicts were identified as primary triggers, often rooted in broader socio-economic disparities. In Gilgit-Baltistan, a predominantly Muslim region with a population of approximately 2 million, women are granted equal rights under Islamic teachings, including inheritance, marriage choice, and employment. However, societal and familial structures frequently deny these rights, leaving women vulnerable to systemic inequities. District Ghizer, a traditional society within Gilgit-Baltistan, has emerged as a hotspot for female suicides. Women in this district often lack decision-making power, exacerbating feelings of helplessness and despair. Societal preferences for arranged marriages and restrictions on personal autonomy contribute to their marginalization. Women who defy these norms may face verbal or physical violence, sometimes leading to self-harm as a form of escape. Gender-based violence and honor killings further perpetuate this crisis. Even educational institutions, such as universities in the region, are not immune to social prejudices,

creating environments where women face discrimination and isolation. These conditions leave women with few avenues for redress, driving some toward suicide as a tragic response to systemic injustices (Pamir Times, 2010). In an effort to address these challenges, the Government of Gilgit-Baltistan established a Women Police Department in 2011 to tackle issues such as domestic violence and female suicides. While this initiative seeks to investigate root causes and develop preventative strategies, significant efforts are still needed to address the socio-cultural factors that sustain gender-based inequalities in the region. This study aims to contribute to these efforts by examining the underlying causes of female suicides in District Ghizer. By engaging diverse stakeholders and amplifying local voices, it seeks to inform effective interventions and policy recommendations to combat this pressing issue.

Literature Review

The concept of suicide has been analyzed and theorized in sociological literature for over a century. "The term suicide is applied to any death which is a direct or indirect result of a positive or negative act accomplished by the victim himself" (Durkheim, 1952). This foundational definition emphasizes the intentional aspect of suicide and forms the basis for understanding its sociological implications. Suicide remains a pressing global issue, with the World Health Organization (WHO) estimating 797,823 suicides worldwide in 2011, representing 1.5% of total mortality and 16% of injury-related deaths. The global suicide incidence rate was 11.5 per 100,000 inhabitants (WHO, 2013). Projections for 2020 suggested a rise to approximately 1.53 million suicide deaths annually, with 10-20 times more people attempting suicide. These figures underscore the urgent need for continued research and prevention strategies.

Geographic and Gender-Based Variations in Suicide

Global suicide patterns reveal significant geographic disparities, with Europe having particularly high rates. Estonia, Latvia, Lithuania, Finland, and Hungary report some of the highest rates due to robust reporting systems (Jose & Alexandra, 2002). In Asia, countries like Sri Lanka, India, and China also exhibit high suicide rates, accounting for approximately 60% of global suicides (Chen et al., 2011). In China, the annual suicide rate stands at 23 per 100,000, with rural areas exhibiting significantly higher rates than urban areas. Sociocultural and economic stressors rather than mental illness often precipitate these suicides (Zhang, 2010). Gender differences in suicide rates are notable. Men are more likely to complete suicide, while women attempt suicide more frequently. In the United States and Europe, only one in four successful suicides is by a woman (Kushner, 1985). However, women in rural areas of developing countries face unique risk factors, such as unhappy marriages, financial stress, and domestic violence. In India and China, rural suicide rates are three times higher than urban rates, with young women particularly vulnerable (Kumar, 2008).

Suicide in Pakistan and South Asia

In Pakistan, suicide remains underreported due to religious, social, and legal stigmas. Official statistics are absent, but studies indicate alarmingly high rates in specific regions. For instance, the Ghizer district of Gilgit-Baltistan recorded a female suicide rate of 14.9 per 100,000 between 2000 and 2004 (Health Net TPO, 2013). The Aurat Foundation (2011) reported 402 cases of female suicide across Pakistan in 2011, with Punjab having the highest numbers. These suicides often result from domestic violence, honor-based conflicts, and patriarchal norms that restrict women's autonomy and decision-making power. Gilgit-Baltistan, particularly the Ghizer district, has emerged as a hotspot for female suicides. Reports suggest that 369 women committed suicide in this region between 2005 and 2011 due to family conflicts and domestic violence (Dawn News, 2011). Factors such as rigid family structures, economic dependence, and limited third-party

support exacerbate the problem. The patriarchal setup deprives women of basic rights, often pushing them toward suicide as an escape from oppressive circumstances (Manning, 2012).

Sociocultural and Psychological Factors

Sociocultural factors play a pivotal role in shaping suicide rates. In South Asia, marital status significantly influences suicide risk, with widowed and single women being more vulnerable than married women (Vigderhous & Fishman, 1997). Arranged marriages and dowry-related harassment further heighten this risk. For instance, unmet dowry expectations can lead to extreme abuse, driving young brides to suicide (Kumar, 2004). Women also face societal pressures to conform, limiting their autonomy and increasing their susceptibility to emotional distress from domestic troubles, love disappointments, and societal disapproval (Kushner, 1985). Psychological factors such as mental illness, hopelessness, and a lack of connectedness contribute significantly to suicide risk. Blumenthal (1992) identified six key risk factors: mental health issues, personality traits (e.g., aggressiveness and hopelessness), social and environmental stressors (e.g., abuse and negative life events), family history of suicide, biological factors (e.g., serotonin deficiencies), and demographic factors (e.g., being single or divorced). A study in the Netherlands found that lack of autonomy, strategic life clashes, and limited affection are critical risk factors for female suicide (Sawitri et al., 2011).

Durkheim's Theoretical Contributions

Durkheim's (1952) seminal work on suicide highlights the role of social integration and regulation in determining suicide rates. Altruistic suicides occur in highly integrated societies that demand extreme moral conformity, such as traditional or militaristic settings. Conversely, egoistic suicides arise in societies with low integration, where individuals feel isolated and disconnected. Similarly, anomic suicides result from weak social regulation, creating a sense of worthlessness and disorientation, while fatalistic suicides occur in highly regulated societies where individuals face oppressive rules. These theoretical frameworks remain relevant in analyzing contemporary suicide trends. Religiosity also influences suicide rates. Durkheim (1952) posited that spiritual commitment provides a sense of purpose and reduces suicide risk. Religious doctrines often discourage suicide. For example, Islam explicitly forbids suicide, considering it a sin punishable in the afterlife (Quran, Surah 4:29-30). Christianity and Judaism also view suicide as morally and socially unacceptable, linking it to murder and denying religious rituals to suicide victims (Gearing & Lizardi, 2009). Hinduism's stance is less explicit, viewing life as cyclical and emphasizing karma (Hassan, 1983; Ineichen, 1998).

Suicide Prevention Strategies

Effective suicide prevention requires addressing sociocultural, psychological, and systemic factors. The Strategies to Prevent Suicide (STOPS) project, launched in 2006, focuses on suicide prevention in Asia by evaluating current initiatives and promoting new strategies (Hendin, 2008). Measures include restricting access to lethal means (e.g., pesticides, firearms), implementing physical barriers (e.g., on bridges and train platforms), and introducing legislative controls (Phillips et al., 2008). Mental health interventions, such as counseling, self-esteem workshops, and community support programs, are crucial for addressing underlying psychological issues (Khan et al., 2008). South Asia faces unique challenges in suicide prevention due to limited resources, cultural stigmas, and inadequate reporting systems. The region accounts for 10% of global suicides, with interpersonal conflicts, marital issues, and socioeconomic stressors being prominent causes (Khan, 2002). In Pakistan, suicide is criminalized, deterring families from reporting cases. Medico-legal procedures often fail to capture the true magnitude of the problem, necessitating systemic reforms to improve data collection and support mechanisms (Khan & Prince, 2003).

Suicide in Gilgit-Baltistan

In Gilgit-Baltistan, modernization and globalization have disrupted traditional cultural norms, creating identity crises among the youth. Social media exposure and unmet aspirations contribute to a sense of alienation, particularly among women. The hybrid cultural model fails to accommodate the younger generation's needs, leaving suicide as a perceived escape from societal pressures (Dad, 2014). In Ghizer, academic pressure, marital conflicts, and patriarchal norms are significant suicide triggers. Parents' high expectations often clash with children's capabilities, creating feelings of hopelessness. Forced marriages, domestic violence, and limited decision-making power further exacerbate women's vulnerability. Psychological factors like depression and mental illness are frequently reported in suicide cases, underscoring the need for targeted mental health interventions (Sher & Dinar, 2015).

Problem Statement

Suicide is a deeply rooted issue with a historical presence across societies and varying factors. In Pakistan, the situation in Gilgit-Baltistan, particularly in District Ghizer, is alarming. According to the report titled "prevention of suicides in Gilgit Baltistan: An integrated Multisectoral Strategy and Roadmap for Implementation," from January 2005 to June 2022, 573 suicidal deaths were reported in GB. —more young men in Hunza and more young women in Ghizer are affected. Ghizer, despite being the most fertile region with high literacy rates in Gilgit-Baltistan and Pakistan, faces a troubling rise in suicides, particularly among women. This research aimed to explore the socio-cultural, economic, and psychological determinants of female suicide in Ghizer, focusing specifically on the community of Gahkuch.

Objectives

1. To explore community perceptions of factors causing female suicides.
2. To identify socio-cultural determinants of female suicides.

Methods

This qualitative research explored community and family perspectives on female suicide in Gahkuch. Data collection involved in-depth interviews.

Data Collection Tools

- **Key Informants**: Informants from four villages provided insights into local demographics, education, economy, and health conditions.
- **Interviews**: Unstructured and in-depth interviews were conducted in Urdu with community members, key informants, victims' relatives, SHOs, media personnel, and social workers.

Sampling

Purposive sampling included 5-7 respondents from each of four village clusters, covering direct and indirect affectees and community members. Respondents were aged 15-40 and represented diverse marital, educational, and social statuses.

Universe

The study was conducted in Gahkuch, the capital of District Ghizer in Gilgit-Baltistan,

Ethical Considerations

Consent was obtained from all participants, ensuring confidentiality and sensitivity. Ethical principles such as respect and voluntary participation were strictly followed.

Data Analysis

Thematic analysis was used to analyze perceptions and categorize insights from interviews and observations. Findings were cross-checked with multiple data sources for reliability.

Discussion and Analysis

Household Structure

The household structure in Gahkuch remains traditional, as confirmed through interviews. Most families live in joint setups, with only a few adopting nuclear family systems. Joint families typically consist of a family head, his wife, sons, daughters-in-law, daughters, and grandchildren. The living patterns are customary, and as a patriarchal society, male members hold decision-making authority within households. Decisions about family affairs are predominantly made by the family head and other male members, while women are expected to comply. A common sentiment is that "men are decision-makers, and women are supposed to obey." Society perpetuates stereotypical roles for boys and girls. Girls are confined to domestic roles within the home, whereas boys have the freedom to engage in activities outside its boundaries. Families socialize children with these norms and values, discriminating against girls under the belief that boys may stray from cultural values, whereas girls are held to strict societal expectations. In Puniyal, as in other parts of Gilgit, customary values associate girls with family honor, leading to restrictions on their autonomy. Such teachings reinforce male superiority and female subordination within families.

Love Marriages and Marriage Practices

Most participants noted that love affairs are increasingly present in contemporary culture, but society largely discourages them, often leading to conflict. According to one respondent, "Our society admires arranged marriages over love marriages. Girls choose alternatives like court marriages or elopement, which sometimes result in honor killings." While love marriages contribute to some suicides, other factors also play a role. When children express their preferences for marriage, parents often refuse, particularly in the case of girls. Families frequently impose arranged marriages, which sometimes result in female suicides. Boys, on the other hand, face fewer repercussions and have more alternatives, such as leaving their homes. As one respondent explained, "If a boy loves someone and his family disapproves, he can leave. But for girls, the only perceived escape is suicide." A few participants had differing views, suggesting that love marriages are no longer considered taboo. Educated families, in particular, are more open to the idea, recognizing that choosing a spouse is a right granted by both Islam and society. One respondent noted, "In our culture, uneducated parents often oppose love marriages, but educated families support them. Our area is developed, and love marriages are no longer an issue." Marriage practices in Gahkuch remain predominantly arranged, with love marriages being rare. Engagements, however, allow couples some interaction, as fiancés are permitted to visit each other’s homes.

Community’s Educational Level and Children’s Choices

Overall, literacy levels in Gilgit-Baltistan are high, with many areas being developed and educated. In Ghizer, most respondents claimed their community to be highly educated. One participant stated, "In Gahkuch, 90% of people are educated." However, some interviews challenged this perception, distinguishing between literacy and higher education. As one respondent argued, "People here are literate but not highly educated. Higher education means completing graduation, a master’s, or a PhD, not just matriculation." Households generally allow children to choose their careers. With increased exposure through media, children are more aware of diverse career options. Parents respect their choices, often motivated by fear of losing their children to the area’s rising suicide trend. One respondent shared, "When my son said he wanted to pursue business

instead of further studies, we supported him. I avoid scolding my children for fear of losing them." Despite this freedom, parents often indirectly influence career decisions through expectations. However, respondents emphasized that these expectations rarely lead to conflict, as children are allowed autonomy in career choices.

Women's Economic Participation and Decision-Making

Historically, gender roles in Gahkuch were strictly defined, with women confined to domestic work and men as breadwinners. However, women are now participating in various professions, including healthcare, education, and law enforcement, and some work as entrepreneurs. While this reflects significant empowerment, women often face a "double burden," balancing professional responsibilities with household chores. This dual responsibility can lead to depression, which respondents linked to suicide risk, as noted by Blumenthal (1992). Male respondents acknowledged their dominant role in decision-making, encompassing education, business, career, and marriage. However, women expressed that while they have autonomy in areas like education and career, decisions regarding marriage are still controlled by male family members. One respondent stated, "We need permission from male members even to leave the house. Defying these restrictions can result in verbal violence, which contributes to female suicides."

Registered Cases and Age Bracket

Participants explained that, in the past, families often concealed suicides as natural deaths to protect their honor. However, recent regulations require police to investigate all suspected suicides and conduct postmortem examinations at government hospitals. The age group most affected by suicide in Gahkuch is 16 to 25 years, accounting for 70% of cases. While youth dominate the statistics, suicides also occur among married individuals over 30 and, surprisingly, among those above 50.

Types of cases; single, married or divorced:

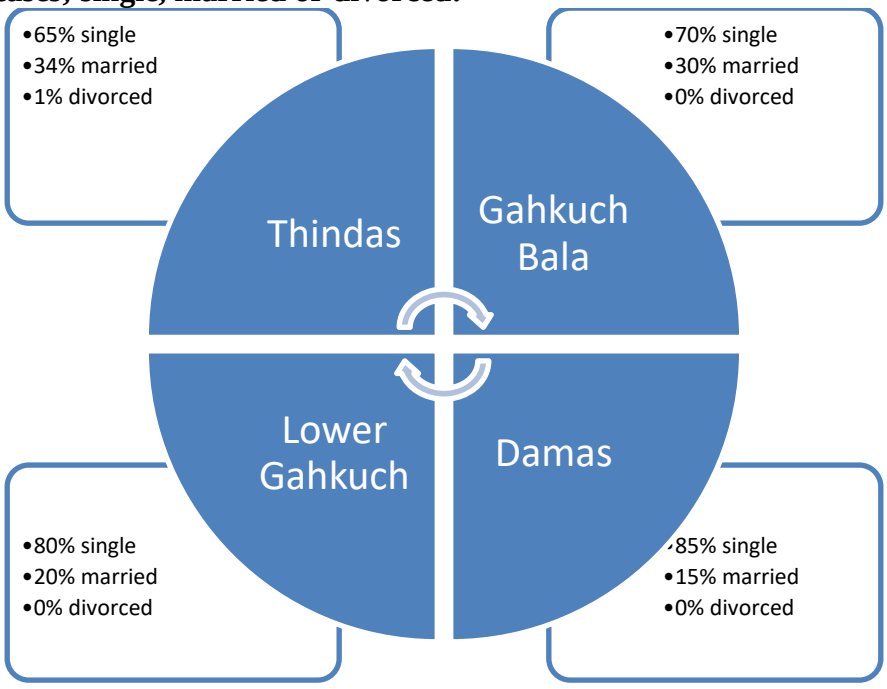

Figure: 1

Unavailability of Ideal Partner

Respondents identified the unavailability of a suitable spouse as a significant factor contributing to female suicides in Gahkuch. Participants argued that women often seek partners of equal or higher educational status, but this is challenging due to the higher literacy rate among females compared to males. Family pressure to marry unsuitable partners often leads to strained relationships, which can result in suicide when conflicts remain unresolved.

Misuse of Technology

The misuse of technology, particularly mobile phones, has contributed to suicides in the conservative society of Gahkuch. Texting and love affairs are frowned upon, particularly for girls, leading to societal rejection or even fear of honor-based violence. In such cases, girls may see suicide as their only escape.

Excessive Salt Consumption

Respondents linked aggressiveness—a personality trait associated with suicides—to excessive salt consumption. They claimed that consuming large amounts of salt, such as adding it to tea, leads to high blood pressure and heightened aggression. This aggression, combined with minor conflicts, can drive individuals to suicide. Women were described as more aggressive than men and, therefore, more likely to commit suicide.

Patriarchy

Gahkuch, like many traditional societies, is patriarchal. Women lack autonomy and decision-making power, often being confined to domestic roles. Respondents argued that this lack of recognition and value leads to stress and depression, pushing women toward suicide. Kumar (2008) supports the notion that stressful experiences disproportionately impact women in such societies.

Lack of Islamic Teachings

The growing materialism and declining emphasis on Islamic teachings were highlighted as factors contributing to suicides. Participants noted that schools and families do little to instill religious values, leading to a moral and spiritual vacuum. Durkheim (1942) argued that religiosity can reduce suicide rates, a view echoed by respondents.

Modernity vs. Social Rejection

Highly educated girls returning from urban centers often adopt modern lifestyles, which clash with the conservative values of Gahkuch. This leads to societal rejection and familial restrictions. As Dad (2014) noted, traditional cultures struggle to accommodate the aspirations of modern generations, sometimes leaving suicide as the only perceived path to freedom.

Marital Conflicts

Marital conflicts were cited as a common cause of suicide among married women. Unresolved disputes often escalate into domestic violence, which, if ignored by families and communities, can drive women to suicide.

Superstitions

Superstitious beliefs are prevalent in Ghizer, with abnormal behavior often attributed to supernatural forces like jinn or fairies instead of psychological disorders. Families often turn to spiritual healers rather than medical professionals, delaying proper treatment and sometimes exacerbating the problem.

Tools for Suicide

The Ghizer River is frequently used as a means of suicide due to its accessibility. Hanging, poisoning (using pesticides or rat killers), and, in rare cases, firearms or electrocution were also identified as methods. Respondents noted that tools such as the river are readily available, making suicide a seemingly easy option.

Gender Disparities in Suicide Rates

Respondents attributed higher suicide rates among women to societal restrictions and lack of decision-making power. Girls in Gahkuch are often controlled by their families and denied autonomy, leading to depression. Media influence and unmet materialistic aspirations also contribute to their sense of despair.

Psychological Problems

Blumenthal (1992) identified psychological disorders as a primary cause of suicide. While some respondents acknowledged this, others believed societal and personal factors played a greater role in female suicides. Families often conceal suicides by attributing them to mental illness, which prevents proper identification of underlying causes.

Education and Suicide

Respondents argued that although education is prevalent in Gahkuch, its quality is insufficient to instill critical life skills and resilience. Social media and mass media have a greater influence, promoting fantasies that clash with the harsh realities of life, leading some individuals to suicide.

Societal and Cultural Discrimination

The traditional and culture-oriented nature of Gahkuch often marginalizes individuals who do not conform, contributing to feelings of alienation and hopelessness.

Challenges in Identifying Suicide Causes

Families often attempt to cover up the reasons behind suicides to protect their honor. Despite police investigations and postmortem procedures, the lack of forensic facilities in Ghizer limits accurate cause identification. Cultural stigma and fast communication make it increasingly difficult to hide suicide cases, but the underlying factors often remain concealed

Conclusion

The discussion reveals that Gahkuch remains deeply rooted in traditional family structures and cultural norms despite visible signs of modernization and development. Joint family systems dominate, with patriarchal values assigning decision-making power to male members while relegating women to subordinate roles. Stereotypical gender roles and restrictions on women's mobility and choices persist, with girls confined to domestic spaces and boys enjoying greater freedom. Marriage practices highlight societal preference for arranged marriages over love marriages, often leading to forced unions, particularly for women. Resistance to love marriages can result in severe consequences, including suicide, especially for young women who lack alternative options when faced with family opposition. Although some respondents acknowledge progress in granting girls limited autonomy in choosing life partners, cultural restrictions remain significant. Education levels in Gahkuch are debated, with some respondents emphasizing high literacy rates, while others differentiate between literacy and higher education. Career choices for children are increasingly influenced by their own preferences, a shift attributed to greater exposure to the world through media. However, indirect parental influence remains, often rooted in expectations and fear of losing children due to the alarming trend of youth suicides. Women's

participation in economic activities is increasing, with many entering professions or working as entrepreneurs. Yet, this progress is accompanied by a "double burden," as women must balance professional responsibilities with traditional household roles. This dual pressure contributes to stress and depression, which may lead to suicide in extreme cases. Despite progress in certain areas, decision-making power at key levels—such as marriage—remains largely male-dominated, perpetuating gender inequalities. Suicide is a significant concern in Gahkuch, with youth aged 16 to 25 most affected. Cases are now formally registered and investigated by authorities, highlighting increased institutional attention. However, societal pressures, rigid cultural norms, and restricted autonomy for women and girls continue to be major factors contributing to the alarming suicide rates. The findings reveal that the majority of suicide cases in the Gahkuch region are associated with single individuals, with married cases being less frequent and divorced cases nearly nonexistent. The causes of female suicides are deeply rooted in societal, cultural, and familial dynamics, including the lack of ideal partners, patriarchal norms, misuse of technology, marital conflicts, and psychological stressors. Other factors like excessive salt consumption leading to aggression, lack of Islamic teachings, and societal rejection of modernity further contribute to this alarming issue. The unavailability of quality education, limited female empowerment, and societal pressures exacerbate the situation, leaving women particularly vulnerable. Additionally, the cultural emphasis on honor often leads families to conceal the true reasons behind suicides, making it challenging to address the underlying issues effectively. This multifaceted problem requires a holistic approach to reduce the prevalence of suicides in the region. Recommendations include establishing community-based mental health programs that offer counseling and psycho-social interventions, providing safe spaces for women to discuss issues openly. NGOs and government agencies should conduct regular seminars, conferences, and rallies to raise awareness about female suicide and its root causes while emphasizing the value of women in society. Schools should integrate extracurricular activities like dramas and mimes to promote mental health awareness and suicide prevention. Efforts must also focus on dismantling patriarchal attitudes and promoting gender equality through cultural sensitization initiatives, including highlighting women’s rights in marriage and decision-making. The media should play a constructive role by ensuring positive portrayals of solutions and avoiding the glamorization of suicide. Legal and law enforcement measures must be strengthened, equipping police with training on gender sensitivity and investigating cases effectively to uncover underlying causes. Promoting religious and ethical education is essential, as schools and community centers can include modules on Islamic teachings about the sanctity of life and problem-solving strategies aligned with faith principles. Enhancing the quality of education to bridge the gap between literacy and higher education is also critical. Encouraging women’s entrepreneurship through skill development programs, financial support, and market access can empower them economically. Support groups and helplines should be established for women facing societal restrictions, offering constructive outlets for their concerns. Families should be encouraged to adopt balanced cultural values that respect traditions while accommodating modern aspirations. Addressing root societal causes, such as aggressive behaviors linked to diet or the misuse of technology, can further help mitigate these issues. Finally, accessible crisis support services, such as 24/7 helplines staffed with trained professionals, can offer immediate support and guidance to individuals in distress. In summary, while education and women’s empowerment are progressing in Gahkuch, the region remains constrained by entrenched patriarchal norms and cultural restrictions, particularly regarding gender roles, marriage practices, and decision-making. These challenges underline the need for targeted interventions to address issues of inequality, mental health, and societal attitudes to create a more inclusive and supportive environment for women. By implementing these recommendations, it is possible to alleviate the

socio-cultural and psychological pressures contributing to female suicides and pave the way for a healthier, more equitable society.

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