

ORIGINAL RESEARCH ARTICLE

Psychosocial causes of suicidal attempts among young girls: evidence from Chitral Khyber Pakhtoonkhwa, Pakistan

DOI: 10.29063/ajrh2026/v30i20.11

Rani Gul^{1*}, Shomaila Habib², Sadia Batool³, Sumaira Zakir⁴ and Iqbal Ahmad^{*5}

Department of Education, Fatima Jinnah Women University, Rawalpindi, Pakistan¹; Department of Accounting & Finance, Faculty of Management Sciences. National University of Modern Languages Islamabad²; Department of Educational Development, Karakoram International University, Diamer Campus, Gb, Pakistan³; Department of Mass Communication, BUITEMS, Baluchistan, Pakistan⁴; Department of Education, University of Malakand, Pakistan⁵

***For Correspondence:** Email: ranigul@fjwu.edu.pk ; ikbalchitrali@gmail.com

Abstract

Suicidal attempts are among the major health concern worldwide in general and in rural communities in Pakistan, at particular. This study aimed to explore the psychosocial determinants contribute towards the occurrence of suicidal attempt among young girls in District Chitral, Pakistan. Using qualitative case study approach, data were collected through semi-structured interviews with 15 nurses working in three local hospitals of District Chitral selected through purposive sampling technique. The data were analyzed using the Braun and Clarke (2006) method of thematic analysis. The findings revealed that poor social relations, socioeconomic conditions, domestic violence, early marriages and sexual abuse were the major causes of suicidal attempts among young girls in Chitral. The findings of this study may have significant implications for public policy development about the prevention of suicidal cases among girls. The study highlights the need for counseling services, to create awareness among school girls through teachers, parents and community awareness sessions, and policy interventions to reduce suicidal attempts among vulnerable girls in rural communities. (*Afr J Reprod Health* 2026; 30 [20]: 134-147).

Keywords: Domestic Violence, Health Concerns, Thematic Analysis, Early Marriages, Counselling Services

Résumé

Les tentatives de suicide constituent un problème de santé majeur à l'échelle mondiale, et plus particulièrement au sein des communautés rurales au Pakistan. Cette étude visait à explorer les déterminants psychosociaux contribuant à la survenue de tentatives de suicide chez les jeunes filles dans le district de Chitral, au Pakistan. Dans le cadre d'une approche par étude de cas qualitative, des données ont été recueillies au moyen d'entrevues semi-structurées menées auprès de 15 infirmières travaillant dans trois hôpitaux locaux du district de Chitral, sélectionnées selon une méthode d'échantillonnage raisonné. Les données ont été analysées en utilisant la méthode d'analyse thématique de Braun et Clarke (2006). Les résultats révèlent que des relations sociales dégradées, des conditions socio-économiques précaires, la violence domestique, les mariages précoces et les abus sexuels sont les causes principales des tentatives de suicide chez les jeunes filles à Chitral. Les conclusions de cette étude pourraient avoir des implications significatives pour l'élaboration de politiques publiques axées sur la prévention du suicide chez les jeunes filles. L'étude souligne la nécessité de mettre en place des services de soutien psychologique, de sensibiliser les écolières — par l'intermédiaire des enseignants, des parents et de séances d'information communautaires — et de mener des interventions politiques visant à réduire les tentatives de suicide parmi les jeunes filles vulnérables vivant dans des communautés rurales. (*Afr J Reprod Health* 2026; 30 [20]: 134-147).

Mots-clés: Violences conjugales, préoccupations en matière de santé, analyse thématique, mariages précoces, services de conseil

Introduction

Suicide attempts and its related complications have alarmingly increased in recent years among young people worldwide.²⁴ Every year around 800, 000 people die due to suicide all over the world. For

each person who commits suicide and die, the ratio widely varies in terms of country, region, gender, sex and methods of commission of suicide. Research has indicated that several people who attempted to commit suicide and completed suicide experienced various factors at the time of their

deaths due to suicides.³² In African continent, around more than 50 % of the people who committed suicide had mental health related complications at the time of death like depression, isolation, unpleasant childhood experiences such as physical or sexual abuse, separation, divorce and failed peer relations. People with borderline personality disorder or antisocial personality disorder, aggression in behavior and violent natured people are also prone towards suicidal attempts.³² It is reported that people with chronic health related complications such as cancer, infections, diabetes and head injuries are highly risky to suicide attempts.¹

In Pakistan, suicide attempts among youngsters have been one of the frequently reported phenomena in all districts of Khyber Pakhtunkhwa.¹⁶ For example, studies have referred to the high prevalence of suicidal mental health-related problems among young girls in rural communities of the remote district of Chitral, where cases of suicide attempts have been reported more frequently in the last few years. The problem has grown both in number and severity.¹²

Understanding the phenomenon of suicidal behavior is highly complex due to its multidimensionality in nature. It varies from context to context and culture to culture. Several factors contribute towards its occurrence which may vary in dimension and quantity. Sociological perspectives have highlighted the causes of suicidal attempt among people being both social and material. In view of Emile Durkheim, the ratio of suicidal increases when there is a weak social bond among people.²⁵ According to him there are two strong factors which may prompt people towards suicidal attempts such as integration and regulation. Integration refers to the degree of attachment or association of the person with the society. Whereas, regulation means the social forces in the society which regulate the behavior of the individuals like social ethos, norms and so on.³ these forces continuously affect the behavior of people towards taking different social decisions.

Among the frequently reported outcomes for the occurrence of suicidal behavior and suicidal attempts among youngsters are mood disorders, anxiety and personality disorders.⁵ Research has hinted at the high prevalence of suicide intentions

among school-going girls and young girls in the general rural communities.³⁵ It has been stated that the intention to commit suicide is influenced by social structure of the society, family dynamics, socio-economic status of people and cultural dynamic influence the growth and development of young people. Research has also emphasized that community engagement, social support systems, and responsive educational environments promote socially responsible behavior and psychosocial wellbeing among young people.² Researchers have consistently hinted towards dearth of counseling and mental well-being services due to which the problem has exacerbated over the years.¹⁸

Studies have indicated that individuals lacking psycho-social support could easily succumb to pressure and this may lead to suicide intentions in the later stages if proper treatment or medication was not carried out in time.⁷ The interpersonal-psychosocial theory of suicidal behaviour has made some predictions about the suicidal behaviour of people. In the first place, people who attempt to commit suicide due to the fear of burdening other or social isolation. This fear prompts them towards finishing their lives as a way of escape. Secondly, such individual develops the desire to die due to personal ability to do so. However, in certain cases, it remains unclear how the number of individuals needing such services and the causes of suicidal intent could be determined. Earlier research studies conducted in Pakistan have identified vulnerable communities often face limited access to psychosocial, educational, and institutional support systems, which may increase emotional stress and social isolation.^{10,13} Due to poor mental health, lack of required counselling support from parents and the community, the risk of suffering from depression and stress increases among young people.¹ The interpersonal theory of suicide has posited that suicidal desires emerge when people undergo an experience of extreme situations which are highly complex, having intractable feeling of being worthless, a burden on others or the family. Thus, they develop the extreme behaviour of committing suicide or feeling to be qualified to overcome this burden or issue. Extreme poverty, economic pressures have been said to be the major contributors to this problem.³⁷ Among several reasons for suicide among young people, the

identity crisis, identity exploration and development of the being are reported to be the prime social factors. And the severity of the problem could be judged by exploring possible potential factors associated with students' social life, family backgrounds, schooling, and other issues. However, little is known about the prevalence of cases from the perspective of students facing suicide problems and the perspectives of people, especially in the community who interact with these students in the rural setting of Chitral where the problem exists.²³

It has been observed that lack of support from the parental side regarding decisions about marriage is one of the most frequently reported causes of suicide among young girls.²² It has been suggested that the problem could be controlled by providing increased mental well-being services to young girls at school levels through counseling, support, and creating awareness in the community. In some cases, students' suicide cases have associated with getting low marks in examinations. Students become tense when they get fewer marks in examination and due to the fear of stigma for being targeted as low achievers, they commit suicide.¹⁴ In the remote communities, people do not equally have proper access to quality health care services. Despite the increasing cases of suicidal attempts in rural communities of district Chitral, very limited qualitative literature is available regarding the psychosocial determinants of suicidal attempts from the perspectives of professional health care involved directly dealing the suicidal cases in hospitals. Existing literature in Pakistan mainly focused on stress, education, organizational challenges and psychological well-being in institutions,^{1,6} however very limited research has focused on psychosocial vulnerability associated with suicidal behaviors among young girls in remote areas like Chitral. Therefore, this study aimed to explore the major psychosocial determinants of suicidal attempts among young girls in district Chitral, Khyber Pakhtunkhwa, Pakistan.

Methods

This section describes the study design, population, sampling, data collection tools, and analysis procedures.

A qualitative case study method was adopted to conduct this study. Qualitative case studies are helpful for in depth exploration of cases or social phenomenon and its different aspects.⁴⁰ Similar approach has been effectively applied in previous studies examining emotional experiences and psychosocial stress among vulnerable communities.¹⁵ In this study we explored the perspectives of fifteen (15) Nurses from three different government hospitals in district Chitral (District Head Quarter Hospital Chitral, Tehsil Head Quarter Hospital Drosh and Tehsil Head Quarter Hospitals Mastuj upper Chitral. These hospitals were purposively selected as most of the previous suicidal cases have been reported to have examined suicidal attempts who were brought to these hospitals for medical checkup or treatment.

Participants

Initially 35 nurses of the three hospitals were approached through purposive sampling for data collection on suicidal attempts or suicidal completion cases because of their direct involvement in handling suicidal attempts cases among young girls. However, during the process of data collection, when this selected sample was approached to get their consent to participate in the study, several of them refused to participate to respond due to personal reasons. Only 16 nurses agreed for the interviews. One interview later on could not be completed due to transfer of the respondent and unavailability at the time of interview.

Thus finally, 15 respondents were interviewed individually at different timings based on their consent. The selected participants had professional experience two (2) to fifteen (15) years in healthcare settings and were directly involved in nursing of such patients who were brought to hospitals from time to time. The researchers initially attempted to access the reportedly affected parties (parents and girls who attempted to commit suicide) but due to cultural they refused to participate in the study.

Finally, the researchers decided to access the nurses who were involved in nursing of such patients who were brought to hospitals from time to time.

Data collection

A team based reflective approach was used to collect the data to describing the common, recurring pattern across the interviews of the participants.³² The main goal was to generate themes. The participants were informed about the purpose of the study before conducting the interviews. Each of the interview sessions lasted for 20 to 30 minutes. After each interview, the researchers collected written notes. The respondents did not allow to type record the interviews due to personal reasons. Thus, each interview was recorded through note taking. Two researchers recorded the interviews and one researcher conducted the interview with the participants. During the interview utmost care was taken to safeguard to information loss. For this purpose, the interviews written and immediately after the interviews, the recorded information was put to description. The interview notes were later on shown to the respondents. Upon getting their approval, the interviews were transcribed in the form of comprehensive written notes. Later on, each of the transcribed interview was opened, checked, read and re-read several times looking for codes developing themes based on the codes.

The themes were derived after thoroughly reading the codes several times using the quotations of the participants. For this purpose, first of all the transcribed descriptions were carefully read several times and labelled and named. The labeled codes were then categorized into several categories. From each category, the final themes were extracted.

Data analysis

In this study, a reflexive thematic analysis technique was used for identifying patterned meanings across the collected data which was obtained from in-depth semi-structured interviews from the participants. The famous thematic analysis method of Braun and Clarke (2012) was adopted for the analysis of data.⁹ This method helps in analyzing the qualitative data for answering broad and narrow research questions covering respondents' experiences, perceptions and views about a given phenomenon.⁴² The process of analysis comprised the following main phases. In the first phase, the collected data were read and checked several times for getting familiarity with

the data. Secondly, different codes were generated capturing important concepts in the data. Third, we identified several themes by categorizing and organizing the codes. Fourth, we reviewed the identified themes several times to ensure the relevancy and coherence of the themes with the research questions of the study. Fifth, we defined and named the codes already identified. Finally, we integrated the codes in the form of comprehensive narratives explain the meanings in the comments of the respondents based on the interviews. This method helped in creating and representing essential aspects of the problem of suicide attempt among the young girls in the rural areas.

Ethical consideration

For keeping in view, the rules and ethics of research, permission and consent of the individual participants were obtained from participants before conducting interviews for data collection process. The respondents were approached through letters of consent to ensure their willingness to participate in the study. however, the institutional ethical reviews give approval for thesis data collection if it involves human beings as participants. Our paper was personal research paper therefore we only take prior consents from participants for their willingness to share their views on the questions under study and from hospital superintendent to approach nurses of their hospital for data collection purpose. The participants were ensured that the data collected from them shall not be leaked or shared with anybody without their prior permission.

Results

Based on analysis of the interview data five important themes emerged. These factors were social relations, socioeconomic condition, domestic violence, early marriages, and sexual abuse.

Social relations

In this study, social relations are operationally defined as the relationship among youngsters based on love affair or peer groups that youngsters become a member in school, community or elsewhere. Majority of the respondents described that suicide cases are common among girls due to

failures to adjust in social relations. They referred to negative groups' influence as the major cause of suicide among the youngsters. It was discovered that youngsters do not have prior knowledge of the group dynamics of the social groups and hence, become excited to join and work in groups.

Narrating his own experience one of the participants described

"I remember some years ago one of the girls in my village went missing for many days and after few days her dead body was found in the local river. Upon investigation, the parents told that she left home saying that I am going to see my friends and we are going to prepare an assignment"

These narratives shows that restrictive social environments and less emotional support significantly contribute to psychosocial distress among young girls. According to respondents' cases of suicide are very common in the local area where there is lack of counseling and guidance in schools and homes.

Another respondent stated:

"I have come across such cases of suicide in different remote localities and when the cases are brought to health centers for medical investigation, no one provide the correct information due to fear of local police or further investigation. The local community members also do not show any interest in finding the truth behind the incident. Although, the event is reported in the local and national media, but the media does not further probe into the real causes of the problem"

These statements indicates that lack of counseling and guidance services also trigger suicidal behaviors among girls. In view of most of the respondents, lack of awareness in the rural communities about the role of community in mobilization of resources for guidance and creation of awareness amongst the youngsters was one major reason for suicide attempt. The respondents believed that parents did not like that their children should be exposed to outside community without their permission. Mixing with outside of family is considered a social stigma in many families. Many young girls were even not allowed to make friends and visit others houses due to cultural restrictions. This type of control, they reiterated compelled the youngsters to undergo stress mentally and sometimes they decide to flee from their homes to

make themselves free from the narrowly structured social environment. Explaining this situation, one of the respondents said,

"I know that in many villages, girls committed suicides due to pressure from parental side and later it was found that the girl was forced to stay at home and not allowed to join many social gatherings like, marriage parties and other social gatherings by their parents. They took the negative step of suicide because they did not find any other alternative for socialization or social freedom"

It was also discovered during the interviews that lack of healthy social pursuits for youngsters such as sports, games and social gathering channelize their growing energies in the wrong directions that may motivate them to engage in antisocial activities such as theft, crimes, and delinquencies. Most of the respondents also believed that lack of social development opportunities caused stress and anxiety among the youngsters which ultimately has a negative influence upon the health of such individuals or youngsters because they do not easily find other available options for socialization and subsequently find a chance for engaging themselves in unhealthy and antisocial pursuits in the locality due to lack of resources for entertainment or social development. Most of the participants believed that the causes of social isolation of vulnerable youngsters could be reduced by creating awareness campaigns in which experts could be invited to talk to them. One of the respondents narrated,

"Such initiatives would help in curtailing the trends of social stigmatization of such youngsters who have survived the situation. Social stigmatization has been declared as a major cause of low self-esteem among children"

According to most of the participants the youngsters needed to be identified and provided with social therapy before they decide to depart from the community, family and peers and start seeing them as the source of trouble for them. Such youngsters when they don't find an immediate remedy, they find commitment of suicide as the way to deliverance from the temporary stress that they are going through. These findings suggest that limited emotional support, poor interpersonal relations social restrictions, and contribute significantly to psychological distress and feelings of helplessness among young girls. Previous studies

have also revealed that poor psychosocial support systems can have adverse effects on emotional wellness and coping ability of vulnerable people.⁴¹

Socioeconomic conditions

In this study, socio-economic condition is operationally defined as the financial position of a family to support the study or other expenses of the children. Many of the respondents unanimously described that many youngsters commit suicide due to financial problems. However, these are not reported by parents to the school administration or health experts. A respondent narrated her experience in the following words:

"I think parents should guide their young growing daughters about the issues and challenges of life at home. However, it has been noticed that many parents put pressure on schoolteachers to be responsible for this. They say that it is the responsibility of teachers to guide and protect their children from such incidents."

Another participant while describing this situation said that:

"Most of the cases are happening in low socioeconomic class of the society. There is an increasing competition in the society, and this has affected the personalities of students too. Many parents cannot meet the increasing needs of the children and thus such children ultimately become disheartened and commit suicide."

Studies have also reported that poor socioeconomic status of parents may affect the educational growth of children. Youngsters during schooling do not show confidence and remain passive during the process of education. They think that they cannot do better as compared to the children who come from the socially affluent families. During the interviews it was found that the rural communities live in remote parts of the districts and do not have access to many amenities of life and hence do not have proper resources to help families who have lesser incomes and cannot meet the expenses of the education of their children.

Despite the efforts of the government to improve the conditions of the people in the remote areas, many areas are still deprived from basic facilities of life like roads, electricity and good schools. Another respondent shares his experience:

"I have seen that many students who come from poor socioeconomic background performing low in academic. They show a hesitant behavior to participate in academic competitions as compared to those students who come from high socioeconomic background. Such students become hopeless and suffer from mental problems which may compel them to towards suicide intent".

Many of the health therapist respondents during the interviews revealed similar experiences that since the cases of suicides have been mostly reported from the remote and socially backward areas communities of the district. They were of the view that the cases of suicides were common among those where the basic standard facilities of life were not easily available to most of the remote village families. Most of the interview respondents stated that the government or local authorities did not show any serious attitude to reduce the maladies of the local people and did not provide them with support to overcome the issues of poverty through sustainable plans. In view of most of the respondents there has been an alarming increase in the number of suicidal cases in the last few years. One of the respondents reported:

"Many suicidal cases are not reported upon the requests of the families of the victims due to social and cultural reasons for being stigmatized in the society and for being exposed in the community."

The local media is not allowed to publish the news about the suicide cases. Such cases are kept hidden from police probes and further judicial investigations because of fear of social stigmatization in the society. Studies have highlighted that increased cases of suicide among students from poor families who cannot support their studies and other social needs. Hence, the respondents suggested that there should be proper initiatives undertaken by the government agencies or local bodies to help create opportunities and financial support to children and youngsters to enable them pay for their studies and health expenses. As this study revealed that many parents in the far remote areas could not send their children specially girls for education because they could not afford the expenses, children belonging from such families feel underestimated, neglected when they see other children going up in the social ladder. The respondents during the interview suggested that

there should be proper social mechanisms to identify such families and provide them support so that the cases of youngsters committing suicide could be reduced if not eliminated. They further stated that there was a need to remove barriers to the growth of positive behaviour and confidence among the youngsters in the locality. This could be done by creating a social environment where people living in poverty condition are helped and their social status improved. The results also reveal that economic deprivation has a direct impact on the living conditions, and can aggravate emotional stress, social insecurity and hopelessness of young girls. Past studies have also pointed out that barriers in the structures and institutions can have a negative impact on the psychosocial wellbeing of vulnerable communities.¹¹

Domestic violence

In this study, domestic violence is operationally defined as the physical torture to female members of the family by the male members like father, brother and husband. It was reported by the respondents that girls faced major issues in many remote rural families due to lack of education among the parents. They believed that girls were used in the houses for doing the domestic responsibilities such as washing, cooking, cleaning and so on. Whereas the parents do not ask the boy child is to do such jobs. This situation, according to majority of the respondents has caused hopelessness among the young girls and they look for alternatives to be free from such responsibilities. Such girl cannot directly ask for amnesty from anywhere rather silently does the required jobs at home for all the members of the house.⁸

A therapist narrated a story and spoke

"I saw that a girl was brought to health unit for treatment. Her head was bleeding. Upon inquiry it was found that she had been beaten by her father not pressing the clothes of his son."

In view of the many respondents the majority of the cases of family violence against girls were very common in the rural communities. But they were highlighted or reported openly in media due to cultural restrictions. In some cases, the girls who faced such conditions committed suicide as the last alternative to be free from the violence. Researchers have found that in many rural families, the girl child

is not given proper freedom and is used like a house maid until she is married off to other families.⁴ There too they are used to do all the household responsibilities. Most of the respondents during the interview replied that the communities did not have proper awareness about the social rights of female to have their say in matters related to her own life like education, freedom of choice and so on as citizens and their roles; hence, they do not apply them in the social context in which they live.

A participant narrated her experience,

"I happen to see a patient when she was brought to the hospital. She was in a bad psychological condition as she was screaming and asking for help though all her family members were with her at that time. When I intervened and asked one of the family members, I was told that she fell down from the roof of her house. Actually, she did fell down from the roof. She was beaten by her elder brother for being late from school".

The respondents described that the case of domestic violence against woman were very common but these cases were not reported due to socio-cultural reasons and their families hide such cases and are dealt with at home. Most of the nurses narrated that there were many cases related to girls who committed suicides due to consistent physical torture in the hands of close relatives after death of their parents when they came to their hands as responsibility. The respondents narrated that girls were also reprimanded by teachers in schools and many other places or inside family circles. Such girls are victimized and targeted for being renegades to the norms of the society. One of the respondents narrated her experience in the following words:

"In my nearby village I had seen one schoolgirl she was reading in class 9th was beaten so badly by the family members that she went into coma for going to the house of another relative without prior permission from the father or elder brother of the family. The girl underwent medical treatment for many months before she recovered to go to school again".

Studies have already reported that cases of domestic violence against woman are common worldwide. However, the nature of the cases is different from region to region. Most of the respondents also shared similar views and stated

that the reason behind the phenomenon of increasing suicide cases among youngsters is mainly power distribution in the families and the struggle for power among gender. In the context of third world, the numbers of such cases are more and increasing every year. The respondents suggested that the cases of suicide could be reduced by reducing the cases of violence among children. The respondents suggested that there should be proper mechanism for distribution of resources and power evenly among all family members irrespective of gender. However, this is a challenging task which be materialized by introducing better educational facilities for the youngsters of the broken families. The findings reveal that domestic violence and limited family environments have a great impact on a girl's emotional strength and mental health. The same psychosocial attitudes and psychological distress were found in another qualitative research conducted in Pakistan.

Early marriages

In this study, early marriage is operationally defined as the oppressive decisions of the family of a girl to marry her off in an early age below 16 years when the girl child is still in school. Most of the research respondents replied that in the rural communities' early marriages was one of the reasons for the young girls to commit suicides. They further narrated that during the interviews that there is a practice of early marriages of girls in the rural communities. The girls are not asked their choice or consent; hence the marriage takes place without their tacit consent in many cases. Studies have also highlighted that many suicidal incidents have occurred due to the marriage against the will of the girl in the rural communities where there is lack of proper awareness and education. Girls have not choices in their marriages, and everything is pre-decided by the family elders and communicated to the girl afterwards. Many youngsters react to it and go the extreme of committing suicide in a state of emotions.

One of the participants said that:

"The practice of early marriages is very common among the remote rural communities. Still, they believe there is no need to ask for the consent or choice of the girl for marriage. This practice is one

of the major reasons due to which they face problem of adjustment"

Most of the respondents were of the view that there were many cases when young women were brought for medical treatment who had received injuries in the hands of their husbands. In many cases the age of the girl is very less than the male counterpart. The girls are advised to remain calm and silent whatever happens to them in the house of the husbands.

Highlighting this situation a nurse said,

"The girls are married off in a very young age this has a very bad effect on their physical condition when they become pregnant in an early age. They cannot understand the issues and complications associated with this and thus suffer mentally. In many cases they commit suicide as it seems to them to be the best way to get freedom from the agonies of life".

During the interviews the respondents also shared that in the rural communities there is lack of proper education among the people and they continue to do many social practices among which the early marriage is a prominent one. Parents consider it a matter of pride and honor whose daughters are married off early in life. They fail to realize the burden of it on the impressionable mind of the young girl. Rather such practices are encouraged. One of the participants stated:

"Parents and community people consider early marriages of girls as lessening of burden from the shoulders of the parents. They believe that when their daughters are married off in early ages, they would feel lighten as they consider them as a big social responsibility and in many cases a kind of burden on them".

The respondents shared that young girls committed suicide because of continuous skirmishes in the house and they referred to commit suicide as the easiest option. Some of the respondents stated that in many cases girls could not go back to their parents' house as it is considered as bad practice in the community. They further stated that many girls were married off during early ages before schooling and this blocked them to complete their education. Narrating this situation one of the participants stated:

"In many cases marriages of girls in early age is considered better than giving them education. The

parents believe that when the girls grown in age then nobody will marry them. Thus, they will remain in the home which is not considered as a good gesture in the society”.

Majority of the participants reported that most of the cases reported to them were from such families where children were not asked about their choices in marriages. To overcome this problem, they believed that parents could be educated about the importance of asking from the children about their choices in life. They reported that the cases of suicide among girls were alarmingly higher due to lack of family support in marriages and fear of losing dignity among the young girls who always wanted their choices to be respected but they did not see this dream getting materialized in the prevailing circumstances and preferred death to life. They respondents stated that there was a need for a paradigm shifts in the society among the people so that the female was also included in the processes of decision-making in various matters including marriages. Although, in some matters the opinion of elder female in the family is taken into consideration, however, it is not given a proper attention or importance.¹⁴ Hence, the gap remains unfulfilled. They further recommended that in the religious scripts too, female right highly emphasized and the rights of male and female members of a family have been equalized, but it is not seen in practice. During the interview they suggested that the charter of human rights of United Nations also provides full rights to all human being irrespective of gender. These concepts could be properly inculcated by the political system in the minds of people through education and training. The respondents further discussed that the issues of suicidal attempts among the young girls in the rural communities and community resources were difficult to overcome easily. They narrated that the rural communities lacked proper training and awareness about counseling for such girls who either committed suicides or attempted to commit suicides.

One of the respondents replied:

“I found cases of girls committing suicide because of sexual assault. Although such cases very negligible, however, this is another important cause as such girls cannot survive in the society due to bad name and stigmatization”.

During the interviews most of the nurses stated that many girls who happened to flee from home were targeted, and they committed suicide due to fear of punishments in the hands of the family members. The parents trust their relatives and due to which many abnormal or sexual addicts get access to them and abuse them at the early age. Such girls find it very difficult to live the bad memory and sometimes commit suicide as they cannot reconcile with it. According to the respondents, there were suicidal cases which were not reported in the media due to the fear of dishonor or threat to fame and name of the family in the community. One of the participants narrated her experience in the following word:

“I think such cases should be reported properly and proper counseling and guidance be provided to the victims to restore their confidence and normal life. This will have a very positive effect upon the lives of such young individual, and this will enable them to live a normal life in future”.

The respondents further stated that incidence of sexual abuse are common cases in the world and are reported daily in the media. However, in the rural communities such cases are not given proper coverage in the media due to which the menace remains intact. Most of the respondents described that many girls commit suicide due to lack of proper support and security in the community. They stated that it was against the social norms and cultural ethos of the community and a matter of shame and dishonor for their families. A nurse narrated sharing her views in the following words:

“Many girls committed suicide because they could not live with the social stigma after being sexually abused. There is no support for cases and in many rural communities the only solution to such cases is death”.

Studies have consistently indicated in other contexts that sexual abuse was a social stigma for girls, and they preferred to commit suicide rate rather than living with it throughout their lives. In many parts of the country such cases are death with stringent local traditions and the girls are punished to death along with the male. Most of the respondents replied that there were no alternative solutions to such cases in the remote rural communities. The communities deal with sexual abuse cases based on their long-standing

community mores and norms where punishment to death is the first option. There are no other additional facilities such as counseling and guidance, psychosocial therapy and so on to deal with such cases and hence the practice and cycle of suicidal attempts exist as they existed in the past.

During the interview the respondents suggested that the cases of suicides could be easily overcome by proper implementation of rules related to sexual abuse of children and youngsters in the society. They further narrated that many children committed suicide after suffering a sexual abuse case because they could not face the consequences of defame in the society. They withdrew from society due to the fear of social stigmatization in the society. The nurses recommended that if the issue of sexual abuse was reduced, it could help in reducing the increasing cases of suicides among the youngsters. It has been reported that most cases of sexual abuse take place within families among the relatives. The parents don't have time for their children and thus it provides an easy opportunity to the negatives characters in the families to exploit the situation and do sexual abuse of children. Though these types of cases are rarely reported in the study area, however, in view of the teachers and therapist as experts, such types of cases may happen but not reported due to problems of social stigmatization in the society.¹⁹ Therefore, the cases are less, but in many situations, the chances of sexual abuses cannot be ruled out in the local rural areas too which have a poor social fabric. To conclude, early marriage is not only a cultural phenomenon but is also a psychosocial challenge which restricts the autonomy, education and mental health of young girls. The importance of supportive educational and social context in fostering healthy psychosocial development of youth has been highlighted.¹⁷

Discussion

This current study revealed five important social determinants of suicidal attempts among young females in the rural communities. These factors were social relations, socio-economic conditions, domestic violence, sexual abuse, and early marriages. The study found that many cases of suicidal attempts occurred due to soaring social

relations in families, among siblings and among young females in social groups. The female joined such social groups who misguided them or involved them in social disapproved practices like remaining outside of homes instead of going to schools or going with the group members without permission of parents. These practices are not allowed due to cultural and social reasons. As a result, they received physical torture and punishments from elders at home which they cannot assimilate and committed suicides or attempted to commit suicide.

Peltzer and Pengpid²⁸ have stated that individual with positive mental health do not venture into extreme steps of suicidal intent. It was identified through this study that the local communities did not have proper resources and facilities to channelize the energies of the youngsters in schools, at home or in localities to guide them or engage them in healthy pursuits like games and other healthy competitions due to lack of resources. This also prompted them to indulge in complex social activities which ultimately culminated in the intent to suicidal attempts as the youngsters cannot find it acceptable to their families. Out of the fear of disapproval or punishment at their homes they choose to commit suicide. This finding supports the results of previous studies where cases of suicides have happened among the youngsters in many communities in the rural communities because of social disapproval from families or receiving severe physical punishment.³⁰ Studies in other context have revealed that youngsters commit suicide due to failure in personal affair of love relationships. In some societies around the world, personal affairs are not liked or accepted at the community and youngster found involved in such affairs are punished severely. Hence, any youngsters either run away from their homes to escape the fear of punishment or even take the extreme step of commit suicide.³⁸ Few studies have stated that social relations provide strength to youngsters, however, in some situations, they develop negative dimensions and culminate in soared relations which leads to socially unacceptable actions. Individuals who meet such situations develop reactive behaviour and thus either kill others or commit suicide. These conditions are rarely observed by people in the society due to lack of proper

knowledge and poor societal monitoring mechanisms.²¹

The findings suggest that suicidal behavior among young girls is deeply connected with sociocultural and gender-based inequalities exist in rural communities. The limited autonomy of girls, combined with male dominating family structures and the connected social stigma, intensify emotional distress and vulnerability of these communities.²⁰ The respondents stated that many students committed suicide because they failed to meet the expenses of their education. They came from economically lower social strata of the society and could not get admission due to poverty. This study further revealed that some of the families though sent their children to schools, but such children mostly remained passive in the academic environment. They performed low as compared to those who came from economically affluent socioeconomic background.³¹ These students faced many hardships during the academic journey and decided to commit suicide when they failed to cope with the pressures and demands of study. They could not compete with the other students, and this led to stress, social isolation among such youngsters which in many cases culminated in suicide attempts. Baik C, Larcombe W, Brooker⁷ indicated towards low socio-economic status as being one of the major causes among youngsters' cases of suicides. This study confirmed that the trend of suicidal attempts was more among students coming poor socioeconomic backgrounds from the rural communities especially those who wanted to get further education but were unable to cope with educational expenditures and in a state of hopelessness they committed suicidal attempts. Other studies have alarmingly found that in some families around the world especially in the economically poor zones of the underdeveloped countries, children do not get proper education and health facilities. They become disheartened and sometimes commit extreme act of finishing their lives.²⁹ Some researchers have reasoned that though socio-economic factors may be a strong motivation for suicidal attempt among youngsters, however, in certain extremely poor regions of the world, youngsters have been observed to be involved either in stealing, supply and use of drugs or other criminal acts that led to their deteriorated

social conditions. Such youngsters become outlawed and to escape the fear of being caught and punished, commit either suicide or flee the scene towards safer places. They ultimately lay in the hands of criminal groups who use them or even kill them after using them.

This study further discovered that domestic violence was another major cause of suicidal attempts among youngsters in the rural communities. The respondents stated that youngsters who suffered from physical torture tend to seek a safe sanctuary and, in many cases, if they fail to find a respite or safe exit they go to the extreme of committing suicide attempts. It is a normal practice in the rural communities that female youngsters do different duties at home such as pressing clothes, cooking, and cleaning the house. It is considered a socially approved practice and if any youngster is found to deny the assigned duty, they receive physical punishment. Such children suffer mentally due to the fear of social disapproval in the family circle or wrath of elders. Such youngsters become reactionary and, in some cases commit suicidal attempts.²⁷ This study confirmed that domestic violence as one of the major determinants of suicidal behavior among youngsters in the rural communities. Strandheim et. al., indicated that domestic violence was one of the major suicidal factors among many families in the rural communities.³³ The respondents in the context of this study reported that many young girls attempted to commit suicides due to the fact they faced domestic violence in the hands of family members for not following their orders and for not doing the household tasks. To explain this situation further, Chitrani, *et al.* discovered that in many rural communities the young girls are assigned only the domestic works instead of giving them opportunities for education. These youngsters deeply feel it a kind of disgrace for them in front of other girls of their age going to schools and out of feeling of deprivation for education they attempt suicides.²⁶

Early marriages were found another critical factor causing suicidal attempt among youngsters in the rural communities. It was discovered that many families believed strongly in the usefulness of early marriages for children as compared to late marriages. They argued that if young girls do not

get marry in early age, they might become a burden on the family which is considered a social stigma in the society. Hence, out of fear of losing opportunity for getting suitable person for their daughters they marry them off in a tender age. Research studies have explained that many cases of suicidal attempts occur among married below age married girls.^{34,36} They further elaborated that when these below age girls become mothers at an early age, they face numerous problems like, acute health issues, home management, child rearing and other responsibilities. They cannot easily cope with the situation and suffer depression and acute stress which in many cases eventually ends in taking an extreme decision of suicide attempts to get freedom from such pressures and issues. Wang G, Wu L. further elaborated that due to the problem of early marriages many girls could not complete their education and become disheartened.³⁶ They considered their lives to be useless and decide to take extreme steps of committing suicidal attempts in many situations. This study confirmed that although the cases of suicidal attempts on the part of young girls due to early marriages are not very common, however, it was one of the major contributing factors to suicidal behavior among youngsters in the rural community.⁴² Based on these findings it can be argued that early marriages have a bad and negative effect upon their mental health and can become a potential cause for suicidal attempts among youngsters. These findings demonstrate that early marriage is not only a cultural practice but also a psychosocial stressor that limits educational opportunities, personal autonomy, and emotional wellbeing among young girls.

It was discovered through this study found that sexual abuse of youngsters was another major cause of suicidal behavior among young girls in the rural communities. The study found that many girls become victims to sexual abuse in the hands of close relatives. Such youngsters cannot face the society as they are considered bad and socially stigmatized.³⁹ Families associated with such youngsters consider this as a stigma on their family name and prefer to wash it by giving extreme punishment to the youngsters. In many cases, to safeguard themselves from this situation, the youngsters decide to commit suicidal attempts to be

the most suitable way for them. Harding, S., et.al., stated that children who face sexual abuse deeply suffer both mentally and socially. In many cases they go to extreme position of acute depression and anxiety.¹⁸ If such children were given proper guidance and treatment in an early stage, they would be socially isolated and, in many cases commit suicidal attempts. Pandey, *et al.* argued that children who are sexually abused remain passive, cannot perform as well as others and live in a continuous state of perplexity and flex.⁴⁰ They do not find safety and security and hence develop a suicidal behavior. This study confirmed that sexual abuse was one of the major causes of suicidal attempts among young girls in the rural communities. It can be argued based on the findings of this study that who suffer from sexual abuse may become egoistic and develop a dangerous attitude which may culminate in developing suicidal behaviors and even ends in other mental health complications such as maladjustments, social isolation, and depression.

Conclusion

The study has shown that in the rural communities of Chitral, there is strong link between the psychosocial factors such as domestic violence, poor social relations, socioeconomic deprivation, sexual abuse, and early marriages with suicidal attempt among young girls. All of these have a negative impact on young girls' mental health and contribute to their susceptibility for emotional and suicidal reactions. The study highlights the need to implement counselling services, awareness building campaigns, positive parenting practices and more effective policy measures to minimize suicidal attempts and enhance psychosocial support mechanisms for vulnerable rural girls.

Future research

Future studies may explore how students perceive the occurrence of suicidal intent and mental health issues can be addressed. In this regard, the closet relatives of the victims of suicide attempts and mental health issues may be interviewed. The impact of cultural and social factors and their interplay on students' suicidal behavior may also be investigated.

Authors contributions

Dr Rani Gul has conceptualized and wrote the paper. Dr Shomaila Habib has helped in analysis of data. Dr Iqbal Ahmad has helped in data collection and preparing discussion section. Dr. Sadia Batool has conducted literature review, Sumaira Zakir has collaborated in writing the paper, review and proof reading.

Funding

There was no funding source for this research study.

Availability of data and materials

The interviews were transcribed and shared with the respondents again. The authors have all the data which can be shared only upon special permission from the respondents.

Conflict of interests

The authors declare no competing interests.

References

- Ahmad I, Gul R, Kashif M. A qualitative study of workplace factors causing stress among university teachers and coping strategies. *Hum Arenas*. 2024;7(4):812-34. doi:10.1007/s42087-022-00302-w.
- Ahmad I, Gul R, Zeb M. A qualitative inquiry of university students' experiences of exam stress and its effect on their academic performance. *Hum Arenas*. 2024;7(4):778-88. doi:10.1007/s42087-022-00285-8.
- Ahmad I, Gul R. Impact of online service-learning on civic and social justice behaviour of undergraduate laboratory-based graduates. *Hum Arenas*. 2021. doi:10.1007/s42087-021-00244-9.
- Almeida OP, Draper B, Snowdon J, Lautenschlager NT, Pirkis J, Byrne G, et al. Factors associated with suicidal thoughts in a large community study of older adults. *Br J Psychiatry*. 2012;201(6):466-72. doi:10.1192/bjp.bp.112.110130.
- Anderson KN. Adverse childhood experiences during the COVID-19 pandemic and associations with poor mental health and suicidal behaviors among high school students—Adolescent Behaviors and Experiences Survey, United States, January-June 2021. *MMWR Morb Mortal Wkly Rep*. 2022;71. Available from: <https://www.cdc.gov/mmwr/volumes/71/wr/mm711a2.htm>
- Ayub A, Gul R, Ali A, Rauf BM. Cultural and educational stress: A case study of Brahui speaking ESL and EMI periphery students. *Asian EFL J*. 2021;28(2.3). Available from: <https://www.elejournals.com/asian-efl-monthly-editions/aej-monthly-edition-2021/volume-28-issue-2-3-april-2021/>
- Baik C, Larcombe W, Brooker A. How universities can enhance student mental wellbeing: The student perspective. *High Educ Res Dev*. 2019;38(4):674-87. doi:10.1080/07294360.2019.1576596.
- Borges G, Nock MK, Haro Abad JM, Hwang I, Sampson NA, Alonso J, et al. Twelve-month prevalence of and risk factors for suicide attempts in the World Health Organization World Mental Health Surveys. *J Clin Psychiatry*. 2010;71(12):1617-28. doi:10.4088/JCP.08m04967blu.
- Braun V, Clarke V, Terry G. Chapter 4: thematic analysis. *APA handbook of research methods in psychology*. 2012;2(2):57-71.
- Bukhari SKUS, Gul R, Bashir T, Zakir S, Javed T. Exploring managerial skills of Pakistan public universities' middle managers for campus sustainability. *J Sustain Finance Invest*. 2021;1-19. doi:10.1080/20430795.2021.1883985.
- Bukhari SKUS, Said H, Gul R, Seraj PMI. Barriers to sustainability at Pakistan public universities and the way forward. *Int J Sustain High Educ*. 2022;23(4):865-86. doi:10.1108/IJSHE-09-2020-0352.
- Chitrani JA, Anwar M, Anwar A, Manan A. Suicidal Ideation: Warning Signs for Suicidal Risk among the Survivors of Suicide Attempt-A Study of Selected Cases in Khyber Pakhtunkhwa. *JL & Soc'y*. 2011; 41:19.
- Gul R, Ahmad I, Tahir T, Ishfaq U. Development and factor analysis of an instrument to measure service-learning management. *Heliyon*. 2022;8(4):e09205. doi: 10.1016/j.heliyon. 2022.e09205.
- Gul R, Ahmad I, Tufail M. Understanding the pedagogical role of service-learning for preparing citizen leaders in higher education. *Afr Educ Rev*. 2023;19(2):25-39. doi:10.1080/18146627.2023.2225751.
- Gul R, Khilji G. Exploring the need for a responsive school curriculum to cope with the COVID-19 pandemic in Pakistan. *Prospects*. 2021. doi:10.1007/s11125-020-09540-8.
- Gul R, Tahir T, Ishfaq U. Perspectives of teachers on challenges and possibilities to online system of education amid COVID-19 outbreak in Balochistan, Pakistan. *SAGE Open*. 2023;13(1). doi:10.1177/21582440231155063.
- Gul R, Zakir S, Ali I, Karim H, Hussain R. The impact of education on business opportunities for women entrepreneurs in public and private television advertisements in Pakistan. *Ind Eng Manag Syst*. 2021;20(2):140-7. doi:10.7232/iems.2021.20.2.140.
- Harding S, Morris R, Gunnell D, Ford T, Hollingworth W, Tilling K, Evans R, Bell S, Grey J, Brockman R, Campbell R. Is teachers' mental health and wellbeing associated with students' mental health and

- wellbeing. *Journal of affective disorders*. 2019 Jan 1; 242:180-7.
19. Hawton K, Saunders KEA, O'Connor RC. Self-harm and suicide in adolescents. *Lancet*. 2012;379(9834):2373-82. doi:10.1016/S0140-6736(12)60322-5.
 20. Juan W, Xiao-Juan D, Jia-Ji W, Xin-Wang W, Liang X. The associations between health risk behaviors and suicidal ideation and attempts in an urban Chinese sample of adolescents. *J Affect Disord*. 2010;126(1-2):180-7. doi:10.1016/j.jad.2010.02.121.
 21. Kassa MA, Srahbzu M, Nenko G, Nakie G, Mekuria K, Feleke SF, et al. Suicidal ideation and attempts among high school students of war-affected area at Woldia town, Northeast Ethiopia, 2022. *BMC Psychiatry*. 2023;23(1):1-12. doi:10.1186/s12888-023-04567-0.
 22. Lister K. Barriers and enablers to mental wellbeing in distance learning: staff and student perspectives. *EURODL (European Journal of Open, Distance and E-Learning)*. 2021.
 23. Nock MK, Borges G, Bromet EJ, Alonso J, Angermeyer M, Beautrais A, et al. Cross-national prevalence and risk factors for suicidal ideation, plans and attempts. *Br J Psychiatry*. 2008;192(2):98-105. doi:10.1192/bjp.bp.107.040113.
 24. Oates J, Topping A, Arias T, Charles P, Hunter C, Watts K. The mental health and wellbeing of midwifery students: an integrative review. *Midwifery*. 2019;72:80-9. doi: 10.1016/j.midw.2019.02.007.
 25. O'Connor RC, Smyth R, Ferguson E, Ryan C, Williams JMG. Psychological processes and repeat suicidal behavior: a four-year prospective study. *J Consult Clin Psychol*. 2013;81(6):1137-43. doi:10.1037/a0033751.
 26. Pandey AR, Bista B, Dhungana RR, Aryal KK, Chalise B, Dhimal M. Factors associated with suicidal ideation and suicidal attempts among adolescent students in Nepal: findings from Global School-Based Student Health Survey. *PLoS One*. 2019;14(4):e0210383. doi: 10.1371/journal.pone.0210383.
 27. Patton MQ. *Qualitative research and evaluation methods*. 3rd ed. Thousand Oaks (CA): Sage Publications; 2002.
 28. Peltzer K, Pengpid S. Suicidal ideation and associated factors among school-going adolescents in Thailand. *Int J Environ Res Public Health*. 2012;9(2):462-73. doi:10.3390/ijerph9020462.
 29. Poots A, Cassidy T. Academic expectation, self-compassion, psychological capital, social support and student wellbeing. *Int J Educ Res*. 2020; 99:101506. doi: 10.1016/j.ijer.2019.101506.
 30. Salameh AA, Akhtar H, Gul R, Omar AB, Hanif S. Personality traits and entrepreneurial intentions: financial risk-taking as mediator. *Front Psychol*. 2022; 13:927718. doi:10.3389/fpsyg.2022.927718.
 31. Sharma B, Nam EW, Kim HY, Kim JK. Factors associated with suicidal ideation and suicide attempt among school-going urban adolescents in Peru. *Int J Environ Res Public Health*. 2015;12(11):14842-56. doi:10.3390/ijerph121114842.
 32. Stake RE. *The Sage handbook of qualitative research*. 3rd ed. Thousand Oaks (CA): Sage Publications; 2005.
 33. Strandheim A, Bjerkeset O, Gunnell D, Bjørnely S, Holmen TL, Bentzen N. Risk factors for suicidal thoughts in adolescence: a prospective cohort study: the Young-HUNT study. *BMJ Open*. 2014;4(8):e005867. doi:10.1136/bmjopen-2014-005867.
 34. Vancampfort D, Hallgren M, Firth J, Rosenbaum S, Schuch FB, Mugisha J, et al. Physical activity and suicidal ideation: a systematic review and meta-analysis. *J Affect Disord*. 2018;225:438-48. doi:10.1016/j.jad.2017.08.070.
 35. Yao Q, Zhang X, Fan S, Wu Y, Liu C. Changes in health-related quality of life and inequality in China: evidence from a nationwide repeated cross-sectional survey (2021–2023). *Quality of Life Research*. 2025 Oct;34(10):2975-93.
 36. Wang G, Wu L. Social determinants on suicidal thoughts among young adults. *Int J Environ Res Public Health*. 2021;18(16):8788. doi:10.3390/ijerph18168788.
 37. Wang X, Yan C, Tong Y, Gao J, Zhou W, Lan Z, Deng F. Comparison of psycho-social factors associated with suicidal ideation and suicide attempts among people living with HIV in central West China. *Front Public Health*. 2022;10:832624. doi:10.3389/fpubh.2022.832624.
 38. World Health Organization. *Global Health Observatory: suicide rates* [Internet]. Geneva: World Health Organization; 2016 [cited 2026 Jul 23]. Available from: <https://apps.who.int/gho/data/view.main.MHSUICIDEREgv>
 39. World Health Organization. *Preventing suicide: a global imperative* [Internet]. Geneva: World Health Organization; 2014 [cited 2026 Jul 23]. Available from: <https://www.who.int/publications/i/item/9789241564779>
 40. Yin RK. *Case study research: design and methods*. 5th ed. Thousand Oaks (CA): Sage Publications; 2014.
 41. Zhang Y, Wildemuth BM. Unstructured interviews. In: Wildemuth BM, editor. *Applications of social research methods to questions in information and library science*. 2nd ed. Santa Barbara (CA): Libraries Unlimited; 2017. p. 237-47.
 42. Zhou G, Gul R, Tufail M. Does servant leadership stimulate work engagement? The moderating role of trust in the leader. *Front Psychol*. 2022; 13:925732. doi:10.3389/fpsyg.2022.925732