

Original Research

Gender and Suicide: an Exploration of Suicidality with Reference to Gender in Dir Lower, Khyber Pakhtunkhwa, Pakistan

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Abstract. **Introduction:** Suicide and related issues are one of the under studied social problems in Pakistan (see Daily Times, 2015) despite the fact that it prevails and is on increase with the passage of time in Pakistan (Ebrahim, 2013). Gender is an eminent aspect in relevance to suicide and related behaviors (Samaritans, 2012). This study is an effort to investigate into suicide and related issues with specific reference to gender. **Study Area:** the current study investigates into suicide and related issues with specific reference to gender in District Dir Lower, Khyber Pakhtunkhwa, Pakistan. **Methodology:** this study is cross-sectional and has been framed under qualitative research design. Sampling for the study has been done purposively whereby 35 individuals were sampled with the history of attempting a suicide. Besides, information from area hospitals has been collected regarding suicide and related cases in order to identify the rate of attempting a suicide among men and women. The sampled individuals were interviewed through an interview guide. The collected information from hospitals regarding rates and methods of suicide attempt has been tabulated while the information collected through in-depth interviews has been linked with the available literature to produce authentic findings. **Findings:** findings of the study are theorized into four dimensions according to objectives and themes: first, there is variation in rates of attempted suicide and completion of suicide across gender; second, gender plays a significant role in choosing method of attempting a suicide; third, masculinity has its own specific role in making men suicidal; and fourth, mental illness varies among men and women leading to difference in rates of attempting suicides.

Keywords: gender, suicide, suicide attempt, masculinity, mental illness

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Background of the Study

Suicidal behaviours are one of the preeminent global health worries (Trigrotis et al., 2011). Suicide is considered as an individual act, however; in broader perspective, it is the outcome of societal problems, and concomitantly, affects society (Omigdobun, Adejumo and Babalola, 2008). Suicide is responsible not only for loss of an individual, but also is devastating for family and friends of those

who commit suicide (Samaritans, 2012). In this connection, suicide is an important societal aspect to be considered as it is one of the leading causes of death worldwide in particular among young people.

Gender is an imperative socio-cultural concept. Gender refers to the culturally and socially constructed differences between females and males found in the meanings, beliefs, and practices associated with “femininity” and “masculinity” (for further details see Kendall, 2007). Gender matters

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while studying suicide. Globally, studies indicate that gender is significant while considering suicide i.e. rates wise variation, variation in choice of method of suicide, variation in prevalence of mental illness among male and female are important aspects while considering relationship of gender with suicide and related behaviours (Grunbaum et al., 2004).

Numerous studies indicate that male and female chooses different methods while attempting a suicide. For instance, male choose more lethal means to commit a suicide i.e. fire arms, cutting vein, hanging and jumping from high place. On the contrary, female choose less lethal means of committing a suicide such as use of benzodiazepines. Additionally, means of attempting a suicide also determine the rates of completion of suicide, for example, choosing a lethal mean to attempt a suicide increases the probability of death. In this connection, it evident that rates of completion of suicide is more in men in comparison to women (see for example, WHO, 2010; Victorian Suicide prevention Task Force, 1997; Canetto and Lester, 1995).

Researches show that masculinity plays an imperative role in developing suicidal behaviours among men. In this connection, it is important to mention that masculinity is associated with aggressiveness, perception that men are tough and increase in intentions to fight. Further, the concept of "damaged bodies" is eminent to be mentioned as well. Men are involved in practices which harms them, for example, drug usage and fighting are the common practices which damages men, and are directly or indirectly associated with suicide and related behaviours. In addition, roles and expectations associated with masculinity, for instance, employment and fatherhood are also responsible factors for suicidality among men in particular in case of failure in such roles and expectations. For further explanations, see the studies of Appleby, (1991), Connell, (2000 and 2002), Connell and Messerschmedt (2005), Nixon (2006), Robertson (2006), Lundin&Hemmingsson (2009), Shows and Gerstel (2009), Walter (2010), Braun et al (2011), (Dolan, 2011), Finchamet al (2011), Dolan, 2011 Samaritans (2012) and Cleary et al (2012).

A plethora of literature demonstrates that mental illness varies across gender, for example, it is evident that women are more prone to mental illness as compared to men. With reference to suicidal behaviours, mental illness is central to the issue. Globally, women suffers from depression and attempts more suicides as compared to men due to increased prevalence of depression among them. For further details, see the studies of

Murphy (1998), Kuposowa (2000), Maskill et al., (2005), Seedat et al (2009), Stack and Wasserman (2009).

Suicide as a Global Social Problem: Evidence from Statistics

Suicide attempt is one of the global social problems, however, its intensity and causes varies across culture, societies and time at macro level. At micro level, the causes of suicide vary within ethnic groups, families and even among individuals. Researches validate suicide and related issues as global problems where globally one million people die by suicide annually throughout the world. It is estimated that approximately 5% of people have suicidal ideation at least once in their life. Suicide is the second biggest cause of death worldwide among 15-19 year olds. 100,000 adolescents die by suicide every year (see also Samaritans, 2013). According to WHO, about 1.53 million people will die of suicide by 2020 which means that 10-20 time more people will attempt suicide, and there will be one death in 20 seconds by suicide, and an attempt in 1-2 seconds. The proper recording of suicide rate was started since 1950s. From 1990 to 1995 there is 49% increase in male suicide rate while 33% in female. Currently, the highest rates of suicide both for men and women are found in Europe particularly in Eastern Europe, and other countries like Srilanka and Cuba which have quite different socio-culture environment then Europe. The lowest rates of suicide are found in Eastern Mediterranean which includes Islamic regions (Bertolote and Fleischmann, 2002). Male suicide rate shows constant dominance over female suicide rates. It was 3:2 in 1950 and 3:6 in 1995 and is project 3:9 in 2020. Only China shows the higher female suicide rates then male especially in rural area (Phillps and Zhang, 2002). From view point of age it is obvious and clear that suicide attempt increases with age. In 1998 for the age group 5-14 years the suicide rate were 1.2 per 100,000 and increased up to 55.7 per 100,000 in age group of 75 and over while the global suicide rate was 26.9 per 100,000. A similar relationship was found in female suicide rate. The overall female suicide rate in 1998 was 8.2 per 100,000. The rate was just 0.5 per 100,000 in age group of 5-14 years while increased to 18.8 in age group of 75 and over. Currently, the highest suicide rates are recorded in Europe while the largest number of suicide in Asia because of the size of population of China and India. 30% of worldwide suicides are recorded only in these two countries. China alone has 30% greater numbers of suicide than Europe while India is second in number which is equal to four European countries

that are Russia, Germany, France and Ukraine. Further, male suicide rates are dominant over female suicide rates. In context of age, the rates of elderly suicide are high but currently more young people are dying due to suicide than elderly. Globally, 55% of people aging 5-14 years are dying due to suicide. 35-44 years age is the higher risk age for completed suicides both for males and females (Bertolote and Fleischmann, 2002).

The Study Rationale: a Regional Approach

Pakistan is included in list of countries where suicide attempt prevails, and is on increase with passage of time (See Daily Times, 2015; Daily Ajj, 6th, June, 2015, Daily Mashriq, 14th March, 2014). Various factors lie behind the increase of incidents of suicide in Pakistan. These factors include domestic, psychological as well as cultural issues. Besides, statistical information indicate that the problem is growing where National Poison Control Centre, at Jinnah Post Graduate Medical Centre, in Karachi, HRCP's annual report for 2011, reported that there were 1,153 attempted suicides across Pakistan and 2,131 suicides in 2011 with five or six teenagers attempting suicide every day in Karachi. Of these, 60 per cent are teenage girls and families are reluctant to register the case as attempted suicide. Additionally, in 2002 World Health Organization estimated that over 15,000 suicides were committed in Pakistan, but Khan estimates it to be "probably about 5,000 to 7,000 suicides" annually. Further, there are approximately 50,000 to 150,000 cases of attempted suicides. The majority of suicides and attempted suicides are in people under the age of 30 years (Ebrahim, 2013). The mentioned newspaper articles and statistics indicate that suicide as a social problem prevails in Pakistan, and is on gradual increase with the passage of time. However, there is no hesitation in claiming that suicide is one the understudied research areas in Pakistan specifically when it is compared with researches on suicide in Europe, America, Japan, India, China etc. In this connection, the current study is an effort to provide an insight to issue of suicide at regional level.

Objectives of the Study

- To highlight rates and choice of method of suicide attempt across gender in the study area
- To describe the role of masculinity in developing suicidality among men
- To provide an insight to the role of mental illness in suicidality across gender
- To provide preventive measures against increasing rates of suicide attempt with specific reference to gender

Methodology

This study is cross-sectional and is framed under qualitative research design e.g. the utilization of qualitative method of sampling, collection of information and analysis. The study specifically is based on thematic design whereby a highly relevant literature is selected regarding the issue and compared with field information obtained through interviews in order to extract findings.

Sampling: the study has utilized a qualitative method of sampling i.e. non-probability sampling whereby purposive sampling has been made in order to select samples from the population. In this regard, a total of 35 (20 male and 15 female) were identified from hospital records in Batkhela, Chakdara and Timergara, Khyber Pakhtunkhwa, Pakistan. Besides, regarding gender wise attempt of suicide, the records of hospitals have been collected and analysed.

Tool for Data Collection: An interview guide has been used a tool for data collection.

Data Analysis: tabulation has been done for the collected records from area hospitals regarding the rates of suicide attempts and completion. In addition, detailed narratives have been made from the samples being interviewed. The data has been analysed thematically including themes on rate and choice of method of suicide across gender, mental illness across gender, masculinity and suicide with a special focus on linking field data with the already existing credible research on the subject.

Results and Discussions

Relationship between Choice of Method, Completion of Suicide across Gender

Rates and completion of suicide attempts is significantly correlated with choice of method of suicide, for instance, rate of attempts and completion of suicide are dependent on lethality of attempt whereas if people choose more lethal methods the rates will be high for completion. Research clearly indicates that suicide rates have been correlated with gender where women attempt more suicides as compared to men; however, the completion rates of suicide are higher in men. In this regard, a clear explanation is the choice of attempt i.e. women choose mostly non-lethal methods while men choose lethal method to attempt suicide (WHO, 2010). In Australia, for example, a study concludes that 78% of male die by suicide as compared to 22% of women indicating 4:1 of male to female suicide (Victorian Suicide prevention Task Force, 1997). Further, a study carried out in Central Asia show similar rates or ratio of male to female suicide (Canetto and Lester, 1995). In this connection, field

information suggests that men choose more lethal methods of suicide attempt as compared to women. The below table includes the specific respondents interviewed for the study:

Table 1. Method of Attempting a Suicide by the Sampled Individuals

Number of Respondents	Method of Attempt	Gender wise Distribution
05	Fire arm	04 male and 01 female
01	Electric shock	Female
28	Drugs	13 male and 15 female
01	Knife	Male

Source: Interviews from Respondent

Table 2. Method of Attempting a Suicide by Individuals in the Study Area (an Analysis from the Hospitals Records)

Number of Attempters	Method of Attempt	Gender wise Distribution
27	Fire arm	24 male and 03 female
01	Electric shock	Female
117	Drugs	35 male and 82 female
03	Knife	03 Male

Source: patient record list from hospitals of Batkhela, Chakdara and Timergara, KP, Pakistan

The tables clearly indicate that men tend to adopt more lethal methods of attempt such as firearms while the ratio of non-lethal methods, for example, drug as a method of attempt is more common among women. The table also indicates that men are almost equal in number to utilize drug as a method for suicide attempt among the sampled individuals, however, among the hospital records a greater number of female attempted suicide through drugs. Further, among the sampled as well as hospital records, men are significantly dominant while attempting a suicide through firearms.

The rates of completed suicide among men are higher because of fatal and lethal suicidal behaviour. The choice of method of suicide is important regarding fatality and lethality of suicidal behaviour where the use of fire arms is common in men while passive methods such as self-poisoning and taking pills is common in women. These choices and methods also identify the probability of death after attempt. In some attempts the death is certain or there are increased chances of death i.e. firearm while in some methods the probability of dying is less i.e. self-poisoning or taking pills (see Tsirigotiset al., 2011). In a similar context, field information shows that death as a result of suicide attempt is more

common among men. For instance, 29 out of 148 mentioned persons having attempted suicide died as obtained from hospitals records. Among these 29, 22 were male while the method for attempt of 19 was the use of firearms.

Choice of method of suicide attempt has another explanation where method of suicide attempt is dependent on the availability of means. Availability of means and methods is also linked with masculinity and femininity. For example, men usually have guns and know how to fire with the gun as well. On the contrary, women have more access to insecticides and drugs at home. Due to the mentioned explanation, literature indicates that majority of men attempts suicide with firearms while majority of women attempt suicide through drugs and insecticides (Maskill et al., 2005; Finchamet al., 2011). In this connection, field information indicates that availability of means matter while considering nature of suicide attempt. And means of attempting suicide are linked with masculinity and femininity as well. Men among the sampled individuals argued that they had guns, and were habitual to the use of firearms. A respondent argued that:

"...keeping pistol is important for boys in our family as it is linked with machismo. I had my own gun and shoot myself in the abdomen like a man...."(R-K-22-M)

Further, majority of females among the sampled females attempted suicide through drugs e.g. self-poisoning. A girl replied that: *"...there are few guns in our home but I don't know how to use them. I attempted suicide by eating 15 sedative tablets...."* (R-Z-15-F)

Further, suicide throughout the world is attempted through various methods including through drugs, firearms, hanging, jumping from high places and lying under a moving car. Among these methods the most common throughout the globe is self-poisoning through drugs i.e. 42.31 % of suicides are attempted through drugs while second most common methods is exsanguinations i.e. 25.64% of suicide attempts are through exsanguinations. Further, an important concept related to gender and suicide is the shooting of head or face awkwardly. Women do not choose firearm for attempting suicide because they are conscious about facial appearance and aesthetics even after death which clearly indicates that suicide is not only psycho-pathological but also psychological (Tsirigotiset al., 2011). Field information shows mixed results regarding the role of gender in method of suicide attempt. In this regard, field information and observation indicates a high number of respondents attempting suicide through

benzodiazepines and insecticides. Further, only one of the respondents attempted suicide by putting her hand in electric plug which is the most lethal of the attempt. Furthermore, lethality of attempt matters where there was increased damage to body of respondent (complete removal of right hand). However, data from area hospitals showed variation in suicide attempt i.e. there were individuals in list who used gun to attempt suicide however majority of them died whereas the few who survived were not accessible. Moreover, gun was used as a method of attempt both male and female enlisted which again indicates that choice of attempt method is not significantly associated with gender.

Masculinity and Suicidal Behaviour among Men

Primary information obtained through interviews indicate that masculinity play a key role in developing suicidal behaviour. Financial success and employment are important indicators for masculinity. In this context, refer to the following extracts which highlight the role of economic aspects in masculinity and the role of financial failure and unemployment in damaging masculine identity of individuals leading to suicidality:

"...Economic success has an extreme importance in our family and relatives such as I cannot think about marriage until financial success. Besides, no one gives respect in our family if someone is jobless or don't have any other means to earn money. Thus, disrespect and desire of getting married made me extremely tensed and I started tranquilizers to get relaxed. Probably, I can say that my comparative low economic position as well as drug use made me suicidal..." (R-G-24-M).

"My parents taunted because I was unable to get financial success even I he hated me. On the other side my two brothers were successful financially and my father had maintained good relations with them. Further, on few occasions I was ignored in decision making in family and being a male member I really got frustrated. Due to these issues, I spent most of time away from home and remained in companies who used drugs such marijuana. When I started use drug I found relaxation and satisfaction in it..." (R-G-24-M).

"...being a married person unemployment is a sort of abuse for men in our culture. I suffered from the same situation where I was unable to provide my family with happiness (which in his opinion included providing basic needs, education, better housing and health care).

Concomitantly, I suffered from depression and started using minor and later on heavy drugs which I think was the cause of my suicidality..." (R-I-12-M).

"...Firstly, I started sleeping pills which relaxed me quite a bit. Later on I started to smoke and then about four months later I turned to use Marijuana. Yes, indeed I used drugs to forget about tensions and problems in my life due economic hardships..." (R-A-14-M).

Hegemonic masculinity is another important aspect of suicidal behaviour among men. It includes many components which make men suicidal such as articulations, roles, deeds, behaviour and activities attached with men in a given social structure. For instance, getting a good job and taking a good care of family (e.g. wife and children) is an important aspect of hegemonic masculinity. On the other hand, unemployment and failing to take good care of family damages hegemonic masculinity which in many cases leads to suicidal behaviour among men. In this context, an extract from an interview is:

"...my brothers are economically settled and take care of their family. They provide good education and food to their children whereas I am unable to do so. I tried my best to provide my wife and children with good facilities but was unable to do so due nature of my job. As a consequence, I got depressed and started to think about killing myself..."

Identity is another important component of hegemonic masculinity e.g. men always want to be known for their job, economic success, bravery etc. In this regard, field information enumerates that men who are low skilled and are poorly educated are unable to make their identity that increases the risk of suicide among men. For validation, an extract from an interview is:

"...I am working in an oil providing agency since 2008. I am not happy as oil providing agencies are stigmatized and are not considered as a prestigious job. I have no other skills and not enough income to invest in other business or to do another job. My family members stigmatized and blamed me for doing this job which made me stressed and depressed. As a result I started to take sleeping pills, however, I was unable to cope with its side effects resulting in suicidal behaviour..." (R-Z-17-M).

Independence and self-sufficiency contributes to hegemonic masculinity across cultures. Men

always want to be independent and self-sufficient whereby dependence results in stress and stigmatization which are linked with development of suicidal behaviours. Two of the male respondents' e.g. R-D-29-M and R-U-06-M supported the argument. R-U-06-M stated that:

"...all of my brothers are earning a good amount of money and live happily with their families. However, I am unable to develop business or get a good job, and still I am dependent on lands and market earning of my father. Whenever I had an argument with my brother (s) they stigmatized me for my inability to get economic success. Once I had fight with my brother he abused me for my poor economic condition and as a result I shoot myself..." (R-U-06-M).

An Exploration of the role of Bodily Expressions in Suicidality

Toughness, drug use/abuse, fighting and strong physical body are the key characteristics of masculinity. Globally, men are considered tough, fighting and strong which is linked with many damaging behaviours among them. With reference to the current study, men in the locality considered themselves as tough, perceived that they are strong and can fight and therefore were involved in many damaging behaviours. For validation, few extracts from interviews are:

"...yes, I am tough and I do not want anybody to ignore me. Attempting a suicide wasn't a difficult act for me..." (R-Z-1-M)

"...I am a man and a man should fight and not be afraid of anything..." (R-U-31-M).

"...I can deal with any situation..." (R-C-13-M).

"...I am tough;chase (marijuana) can't damage my health. I had plenty of chase before attempting a suicide..." (R-B-20-M).

"...I am strong and not fighting for my cause will be a sort of shame for me. Thus, whenever I faced problems from my parents and siblings I fought..." (R-D-29-M).

Depression, Gender and Suicide

Studies show that major depression is present in majority of suicide cases. Globally, women are more prone to depression as compared to men. Women are more reported to suffer from persistent sadness which is a key indicator for minor as well as major depression. Field information obtained through interviews reveal that sadness and depression prevailed among all the female respondents. The respondents agreed

that they are more prone to suffer from sadness, tension and depression in case of confronting familial problems which led to suicidal behaviours among them. For explanation and validation, few of the extracts from interviews are:

"Actually I attempted suicide to get rid of tensions and sadness. I lost my interest in daily life activities due to persistent sadness..." (R-U-2-F).

"...I felt sad more as compared to my brothers even on minor familial issues..." (R-A-9-F)

"...due to familial problems I wasn't interest in familial life; remain said and responded aggressively to familial matters; therefore, I am sure that act of suicide attempt was a response to familial tensions..." (R-N-5-F).

"...I didn't eat for long periods due to being not happy with engagement. I was sad and suffered from lack of appetite (anorexia)..." (R-N-7-F).

Further, all of the respondents supported that they suffered from depressive states persistently or occasionally; however, female respondents showed more intensive sad feelings as compared to male respondents. Thus, the discussion on mental illness or symptoms of depression concludes that mental illness prevails among both genders; however, female are more prone to mental illness; and, therefore, are more prone to suicidality.

Discussion

There is variation between rates of suicide across gender in the study area. This variation is can be explained from two dimensions; first, there is variation in rate of attempts. In this regard, it is evident that rate of attempting suicide is higher for female in the study area as compare to men. Second, rate of completed suicide is higher for men as compare to female. There is a gendered related dimension to it that is female uses less lethal means of attempting a suicide (e.g. self-poisoning) while men use lethal methods of suicide such as the use of firearms. The choice of method of suicide is linked with femininity such as female across the world use less lethal means of suicide, and masculinity, for example, men uses lethal means of suicide. These findings are in line with the studies of WHO (2010), Victorian Suicide prevention Task Force (1997), Canetto and Lester (1995) and Maskill et al (2005).

Masculinity is a broadly used term in social sciences (Connell and Messerschmidt, 2005). Research explains that masculinity and femininity

are not based primarily on biological differences between men and women (see for example, Birke, 2000); rather, masculinity and femininity is in relation that how a given society is organized around the outlook that men and women are different and have different roles and occupations. Similarly, men and women acts according to their roles and expectations (Walter, 2010). In this context, masculinity and femininity are something different from sex. Additionally, the notion of masculinity and femininity means the collection of articulations, behaviours, roles, deeds, activities, expression and practices that are associated with male and female i.e. masculinity is associated with aggressiveness, strength, strong physique while femininity with delicate physique, passiveness and weakness (for further details see Connell, 2002). Findings of the current study in conjunction with literature indicate that masculinity is associated with suicidality among men. In this regard, economic success is an important factor which every man desire while on the other hand economic failure damages the manliness (see also Braun et al 2011). Economic failure is a source of stress among men, and therefore in many cases it leads to suicidal behaviour. Economic failure is also associated with drug use and abuse (e.g. the use of benzodiazepines, Marijuana etc.) Drug use and abuse has its own connection suicidal behaviour. These findings are in line with the studies of Samaritans(2012), Lundin&Hemmingsson (2009). Besides, men consider themselves as tough, and as a consequence they are involved in many damaging behaviours e.g. they smoke, drink and abuses other drugs; they fight; and, get highly aggressive in response to problems. These findings are similar to the findings of the studies conducted by Cleary et al (2012), Samaritans(2012) and Shows and Gerstel (2009).

While discussing masculinity in context of suicide, globally, economic aspects are linked with masculinity e.g. earning and job are particularly associated with men. In this regard, unemployment is a word which fears each and every man around the world. Thus, unemployment is directly and indirectly associated with suicidality among men. In addition, unemployment is particularly linked with hegemonic masculinity. Hegemonic masculinity refers to type of masculinity which is rated highest regard in a given social structure (Connell and Messerschmedt, 2005). It includes components like articulations, roles, deeds, behaviour and activities attached with men in a given social structure. For instance, every man wants to be physically strong and have good job. Thus, hegemonic masculinity is the most valued type of masculinity is any culture

(Samaritans, 2012). Hegemonic masculinity is associated with independence, self-sufficiency and with the role of 'provider' for men (Braun et al., 2011). At this instant, unemployment is the aspect which does not allow a man to achieve such valuable level of masculinity (Dolan, 2011). Unemployment damages hegemonic masculinity and makes men vulnerable to suicide in many, for instance, men being dependent, failing in role of being provider and overall not achieving the sufficient level of hegemonic masculinity expose them to tension, depression, social isolation and drug use leading to suicide related behaviours (see Cleary et al., 2012; Lundin&Hemmingsson, 2009 as well). Besides, not only unemployment rather nature of employment is also imperative to be considered, for example, according to Nixon (2006), for men the concept of 'any job' is not sufficient rather they need good job in order to achieve masculine expression. Men who are low skilled and are poorly educated are unable to make their identity that increases the risk of suicide among men. Unemployment and financial problems in relation to masculinity leads to drug use and abuse among men, for example, men start abusing drugs due to unemployment to get rid of tension and anxiety.

Bodily expression is an important indicator for masculinity in most of societies. In this regard, physical body plays a vital role in social life as proved by social research (Crossley, 2006). Physical body plays a prime role in gender identity such as muscular body, dressing and walking style are symbols of hegemonic masculinity (Robertson, 2006). A vital factor associated with bodily expression and masculinity is the concept of 'damaged bodies' (Connell, 2000). The concept of 'damaged bodies' can be explained through various indicators including self-perception of toughness, aggressiveness, fighting as well as drug usage. These aspects are further correlated with increase in risk taking behaviours leading to damaging bodies. In addition, the mentioned indicators are in close association with suicidality (Dolan, 2011). The extracts in linkage with literature indicates that hegemonic masculinity is associated with bodily expressions including self-perception of toughness, aggressiveness, fighting as well as drug usage. Further, the respondents agreed that perception that they are tough and showing aggressiveness contributed to development of suicidal behaviours among them. These findings are in line with the studies of Robertson (2006), Samaritans (2012), Walter (2010) and Boenischet al (2010).

Findings of the current study and literature show that major depression is present in majority of

suicide cases. Globally, women are more prone to depression as compared to men. A comprehensive study including Africa, the Americas, Asia, Europe, the Middle East, and the Pacific with the sample size of 72,933 reveals that mental illness or disorders are common among women as compared to men (Seedat et al., 2009). In this connection, it is evident that mental illness and disorders contribute significantly to making an individual suicidal whereby women are more prone to suicidality than men due to increased vulnerability to mental illness. It is evident from many studies that women frequently show symptoms of depression such as persistent sadness, lack of interest in daily life activities, aggressive response to situations and certain other symptoms exist among women intensely as compared to men (see Stack and Wasserman, 2009; Kopusowa, 2000; Murphy, 1998).

Conclusion

Field information in light of literature indicates that rates and choice of suicide attempt varies across gender. In this regard, for example, rates of suicide attempts are higher among women; however, the rates of completion are higher among men. The best possible explanation for such variation in accordance to literature and field information is the choice of method of suicide attempt, for instance, men choose more lethal method of suicide attempt as compared to women depending up on availability of means of attempt.

Literary as well as field information enumerate masculinity as an imperative indicator for suicide attempt. For instance, men consider themselves as tough, aggressive and fights which makes them vulnerable to suicidality. Further, role and characteristics attached to masculinity such as bodily expression and value of employment (devaluing employment) are responsible for anxiety, depression and drug use among men which are also indicators of suicidality. However, the notion of failure in role of being father is unclear as only one respondent fit the criteria whereby further research is needed for it.

Literature in connection with field information reveals that mental illness/depression varies across gender leading to variation in rates. As mentioned earlier that rates of suicide attempt is higher among women; it is again here evident that women are more prone to depression which is an indicator of higher rates of suicide attempt among women.

Gender, Suicide and Preventive Measures

The preventive measures regarding suicide varies due to variation in causes of suicide attempt in both genders i.e. boys should be advised to share their tension and problems until it get them to suicide while girls should be advised to solve their interpersonal problems by other means rather than harming themselves. In this context, Gilligan gender based model is quite helpful in preventing psychological distress in boys and girls. According to Gilligan, girls are prone to suicidal behaviour as a language that commands attention, respect and as an expression of a desire for relationship while boys turn to violence as an alternative to feeling helpless as well as powerless. Thus, shifting the interpretation of the suicidal behaviour to the relational communication of the violent intention might enable adolescent girls to verbally express their psychological distress (Gilligan, 2004). Relevantly, field information indicates various preventive measures regarding suicidal behaviour where, first, suicide can be prevented through problem sharing with parents, family members as well as peer group. Field information shows that relaxation is the most powerful method to reduce chances of suicide attempt. Relaxation according to respondents can be brought through various means, for example, interviews explain that providing space to share opinion is the core factor. Besides, time spending with family members, familial or parental support, problem discussion, increased religious attendance as well as marriage is the aspects which releases stress and provides relaxation to an individual. Lastly, boys should be dealt in soft and gentle manners in particular regarding intimate relationships in order to prevent them from expressing aggressiveness. With reference to girls, parents and family are advised to provide them space to share their personal matters.

Suggestions for Future Research

- Research is required on analysing masculinity as an independent source of suicidality among men in the locality.
- Similarly, femininity can be studied as an independent cause of suicidality among women in the study area.
- A socio-psychological study can be carried out in order to measure the levels of depression across gender and its role in determining the rates of suicide attempts.

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