

Family Ethnographic Approach to Explore the Causes of Suicide among Married Women of 20-40 Years in Chitral, Khberpakhtunkhawa, Pakistan

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Abstract.—The study was conducted to discover the factors that contribute to the suicide among married women in Chitral, through exploring the experiences of 24 immediate family members of six women who had committed suicide during the last one year. A qualitative study using the family ethnographic approach was employed. The data was collected between Aprils - July, 2016, largely through semi-structured in depth interviews and observation in the homes of participants. The study was conducted in district Chitral KPK, Pakistan. Participants: 24 immediate family members of 6 women who were dead because of suicide were interviewed and observed. The key findings revealed that poverty and domestic violence were the key themes for committing suicide among married women. The sub themes were: lack in education ; psychological and physical problem (depression) ; lack of parental support; poor spousal relationship; lack of supportive structure; socio-cultural values /gender norms ; high expectations from women; and lack of supportive legislation in the area. Implications for practice: The findings of this study will offer guidelines for planning structured interventional research, poverty alleviation and suicide prevention programs. Moreover, the study findings will be useful to develop structured social and legal support system at individual, community and societal level.

Index Terms --- Domestic violence, Factors of suicide, Family ethnography, Self destructive behaviour, Self harm, Suicide, suicidal act

1 INTRODUCTION

SUICIDE has been defined as purposeful and voluntary taking of one's own life by a person. [1] This self-killing behavior has become a major issue worldwide, with the rate of over 14.5 deaths per 100,000 populations, 15.0 for males and 8.0 for females, with the overall prevalence of suicide of one death every 40 seconds. [2] Moreover, it is estimated that if the current trend of suicide deaths continues, then there will be approximately 1.53 million deaths each year, one death every 20 seconds, and one attempt every one to two seconds will occur by 2020. [2]

Studies have shown that suicide is more prevalent among young married women in developing countries. A study conducted in India indicates that suicide rates amongst young women were 148/100 000, making it one of the highest in the world. In the context of Pakistan, a study conducted in Ghizer, Pakistan, shows that around 15/100,000 women die due to suicide each year. [3]

Reports from the local media of Chitral indicate that every month one woman dies due to suicide in the area, and the trend has been increasing since the last five years. The government of Pakistan has done nothing to research, nor has any NGO tried to find out the magnitude and reasons of this burning issue. They merely count the heads of suicide committers, not the rea-

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sons behind it. Moreover, the lack of a proper death reporting system; minimal access to mental health facilities; lack of availability of trained staff for counseling; lack of awareness programs

regarding mental health issues; and no separate system for the reporting of mental health disorders and incidences are the causes of under-reporting the cases in the area. In addition, due to the close family relations and small population size, the inhabitants of the district avoid stigmatization and they try to conceal suicide incidences. Thus, instead of the massive number of suicide cases, only few cases are reported to local media and police department. The reports in the health department only indicate the number of fatalities in the region, but not the cause of death. [4]

2 AIM OF THE STUDY

Efforts to address suicide in Pakistan, to date, are relatively unsystematic. The present study aim is to explore the core factors of suicide among married women of 20-40 years in Chitral, (KPK), and Pakistan. This study was planned to answer the following questions:

1. To explore the factors contributing to suicide from the perspective of family members experiencing a suicide within their nuclear family
2. To discover the patterns of behavior, beliefs, actions and experiences can be found in the family members related to the women who committed suicide.

3 METHODOLOGY

Ethical approval for the study was sought from the ethics review committee and was granted prior to commencement of the research. The setting was district Chitral Khyber Pakhtunkhawa Pakistan. The population for this study comprised family mem-

bers (parents and in-laws) of married women of age 20 years to 40 years who had committed suicide.

Family ethnography was the particular qualitative design used to explore participant's perceptions and experiences related to the cases. Ethnography is an attempt to understand the culture of a group from the 'inside', through the eyes and ears of the research subjects. It achieves this through graphic and detailed description as the researcher immerses her/himself in the subject's world. It is an attempt to make explicit to those outside what is implicit within the group and contains the dynamic of the interplay between the 'emic' (insider's view) and the 'etic' (outsider's view) perspectives.^[5] This process, known as 'reflexivity', acknowledges that the researcher shapes the distillation of data as she/he collects and analyses it and is a hallmark of qualitative inquiry.

3.1 Data collection

Data collection was done by individual in-depth interviews with women, undertaken in their homes, observation, and comparing various relevant documents and other physical evidence called artifacts.^{[6], [7], [8]} The tape-recorded interviews were transcribed and analyzed to distil the shared meanings of the women.

3.2 Sample Nature and Size

Researcher employed purposive sampling to recruit family members (father, mother, brother, sister, sister in-law, husband, mother in-law, father in-law, or brother in-law) of women who had committed suicide. In purposeful sampling the participants were selected based on their required characteristics and investigator recruited participants based on personal judgments to include participants who would be more informative in answering the study questions.^{[9],[10],[11]}

The number of participants depended on the saturation of data because qualitative researchers do not always seek generalizability. Their focus remains towards the purpose of gaining insight about the phenomena under study.^[12] The sample of this study described in terms of family members. The total of 6 families with the cases of women suicide and 24 family members who met the inclusion criteria were included. The rationale for the sample composition was as follows:

- Family Members of woman who were around during last one week when the women committed suicide.
- Participants who were willing to participate and sign the written informed consent
- Participants who could understand and speak Chitrali language (Khowar).

Four data -collection strategies were employed in this study such as: Semi Structured Interviews, participant observation, and review of institutional documents relevant to the suicide, and field notes. Researchers indicate that ethnographic approach allows multiple data sources when the purpose is for making themes and patterns, getting meanings, and understanding of the phenomenon that the information obtained from one source supports, information gathered through another source.^{[13],[14],[15]}

3.3 Data analysis

All interviews were transcribed in full and coded for individual ideas. These codes were then imploded to categories on the basis of linked ideas. This process occurs simultaneously with data collection and is described as 'constant comparison', where new data are compared with previous data.^[16]

Categories are then grouped into broad themes to give coherence and shape to the written analysis. The development of categories was made more robust by obtaining feedback from the research participants on whether the categories 'fit' their experience.^[17] Moreover, data obtained through field notes and observation was also analysed by reading and highlighting the important points while mentioning them in participants' response to confirm their congruency with the interviews

4 FINDINGS

The recorded participants' data was transcribed verbatim. According to the nature of the obtained information, the data has been organized in theme, categories, and sub categories after coding the transcripts. For the purpose of clarity, it is important to mention that the words 'case' refers to a woman who had committed suicide and 'participants' or 'informants' refers to the immediate family members of the cases who were identified for this study. Demographic Characteristics of Cases. The data analysis shows that the cases had ranged from none to three children. Three cases were illiterate, whereas two had primary level of education and one had a bachelor's degree. All six cases were Muslims and belonged to families that were permanent inhabitants of Chitral. In addition, all cases were living in an extended family system, with an average of 8 family members at home. Five cases were not working women but had household responsibilities, such as cooking, rearing children, working in the field, and taking care of in-laws. The majority (four cases) were living in the families with a monthly income below Rs. 20000.

After analysing the data through the process of coding, the two main themes derived for suicide among married women; were poverty and domestic violence.

4.1 Poverty

Poverty was one of the two highly significant for a number of participants. Almost all women who committed suicide were house wives, and were not engaged in direct income generation. That was the main reason of their poverty and financial dependency on others.

A mother shared the feelings of her died daughter:

"How unlucky I am, that I am uneducated and jobless. I am dependent on my husband and in-laws for a penny."

"She was powerless and helpless in her husband's home as she had not the right to make a cup of tea for herself. Her mother in-law would say that she was not earning money; it was her son who worked in the army and brought money."

4.2 Domestic Violence:

A four- level social-ecological model to understand the factors of violence has been used which categorized the factors at four levels such as individual; family/ relationship, community, and

society. These four categories then further sub categorized that caused violence.

4.2.1 Individual Factors

Category of individual factors is divided into two sub categories; psychological health and physical health like depression, goitre, and infertility. For the number of participants, being isolated; having experience of previous abuse, lack of trust, staying sad and silent most of the time, and being fearful of others' presence were also the factors of suicide;

My kai (elder sister) had mental problems, like being ghamgeen, udas, khafa, (depressed), for a long time. According to the history given by my parents, she had attempted suicide 2-3 times. Moreover, she had experienced of these feelings after the delivery of her second baby but later on, she recovered because she was taking antidepressants. (Brother)

Bing infertile was also a factor for violent behavior for women that lead to suicide further:

I am worried that I will never have a child and my husband will marry again because he has told me that if I will not conceive during this one year, he will go for another marriage. My mother in-law also threatens me with bringing another daughter in-law. I am trying to get treatment from here and there, but all are useless. While crying she said that now she has no choice, so she will have to die to get rid of this hell like life. (Brother)

"Her husband will divorce her or will get married with another woman because she is not having a child and he has already warned her about it." (Mother in-law)

4.2.2 Family/ Relationship

The lack in parental support, in-laws' interference, miss matched marriage, spousal relationship-intimate partner violence; extra marital affair was family /relationship factors that contributed to the suicide among women:

I have the bad luck that my mum is divorced and I cannot see her. I wish she had been at home, so that I would go to her to share my sad feelings of being beaten by my husband. I understood that no one other than your real parents keep you happy. If your parents are not supportive, then everyone else gets a chance to hurt you." (Sister In-law)

The mother in-law of my daughter was not happy with her. She abused her for being ugly and used harsh words such as Badshakal(ugly), mukul(monkey like girl), padurut(lazy), etc...her mother in-law was searching for another pretty girl which resulted her to suffer inferiority complex and she killed herself. (Mother)

"She was feeling inferior to her husband because her husband is handsome and she was not pretty, illiterate, and jobless, while her husband is educated and a government servant" (Father In-law)

He was interested in another girl and had a relationship with her and my sister did not tolerate this; because just as a male does not like his wife to be involved with another man, so a woman also cannot tolerate her husband

to be involved with another woman. Therefore, she reacted and her reaction was not acceptable to her husband and he beat her with a bat and a rough stick. During this fight, she cried with a loud voice, which was heard by a neighbor crossing their home. He came inside and stopped the husband from hitting her and she escaped, and ran and jumped into the river. (Brother)

4.2.3 Community Level Factors

The significance of the supportive structure at the community level was hugely relevant to the cases when the participants reflected on it during their interviews. The informants recognized that the lack of supportive structure such as no one to hear the voice of the women who were with physical as well as psychological pain. Their parents were reluctant to support in getting divorce because of poverty and community norms and values. Moreover, when women shared with community and asked for help, community members also did not show interest because they thought it was family couples personal matter, so they will not interfere:

She was pregnant and had required care but she had never seen a doctor because her laws did not like her going outside of the house. She was tired of the treatment of her husband because he was abusing her every day. She shared it with parents and they suggested her to go to the council and appeal for justice. She went there but nothing was done. After this situation husband increased his frequency of doing violence towards her. (Sister)

4.2.4 Society Level Factors

All of the participants identified some of the social and society level factors, such as high expectations from women, socio-cultural norms and values, lack of health facilities, poor punishment policy for abusers, in accessibility to women police station in the area, and gender that contributed to the violence and led to the suicidal decisions among women:

Completing all these tasks was not possible for one person, so her daughter wanted to live in a separate house to decrease her burden of work. But her husband did not agree to leave his parents. Thus, due to the tiredness and frustration of the work and being abused for not completing the tasks, she committed suicide. (Mother)

It was his sister's routine that in the morning she had to go for teaching and thereafter she was busy in completing her household activities. She was also helping her husband in agricultural work and her mother in-law in grazing the cows and goats. She had a very tough life which caused frustration and anxiety that led to her suicide. (Brother)

I think they (my brother and father) did not do anything wrong (that they hit her) because running the home properly, cooking, washing, cleaning, child rearing, harvesting crops, and respecting husband and in-laws are the duties of females. If they are not fulfilling their role, they should be punished by their fathers and husbands. (Brother in-law)

During the observation the researcher noticed the following scenario:

The second wife of a case's husband, wearing torn clothes and torn shoes, came from outside, with a bundle of sticks on her head and dried cow dung in her dupata (chadar) for fuel purposes. She had just entered the house when her husband shouted at her and asked for an explanation for being late from grazing the animals. While listening to these comments she started working on household responsibilities. First of all, she prepared tea for her husband and mother-in-law. Then she cooked meal for the whole family. After having lunch, she washed the dishes and the clothes of the school going children. Later on she went to collect grass from the field and I followed her there. I sat in the field, talking to her, while she collected grass. I asked her about the other activities that she had to do further. She replied that she had to again graze the animals, prepare dinner for the family, iron the clothes, and polish the shoes. Upon asking the reason for her being overburdened, she verbalized, "You are aware that in our culture a daughter-in-law is required to complete all the work for the in-laws and so I have to accept all these as a part of married life", In reply to another question, about her satisfaction with life, she said that she had not enjoyed life because when she was with her parents, she had the same responsibilities and after marriage she was living the same life. She considered the suicide of the previous wife as a right act to get freedom from these difficulties of life, and said that she was also thinking the same for herself. I asked her if she meant that she was also thinking of suicide, she nodded her head and said yes she has made a plan to kill herself because she was tired of a stressful and tearful life and wanted to rest forever. When she finished her work, we came back home. She again prepared tea for the whole family, including me. Then she left for grazing the animals and I left for my home. (Researcher's observation)

All of the participants agreed to the concept of women being the personal belongings of men and being kept under the control. Some of them shared a proverb, which, according to them, all men in Chitral use for their women; "awrat o che ban wa" (women and stick live together) meaning women should be beaten every day otherwise they will be out of control of men. Men beat and hit their mothers also because it is considered the role of a man to control females, and no one takes them to the court. In addition, while verbalizing their dissatisfaction with the weak punishment system in Pakistan, including Chitral, the participants expressed that law does not help in violence against women:

First of all, no one goes to the police for being abused because, in our culture, we do not consider it a crime that a husband beat his wife. We have been observing and following the customs that before marriage parents and

other relatives keep daughters under control and if they show any disobedience or disrespect, any one from the parents can punish them because women are considered the honor of the family and society and we do not want to be stigmatized due to our women. The same is expected in the in-laws' home and we teach our daughters to obey and respect their husbands and in-laws... Otherwise, in-laws also can punish women and parents cannot interfere. In addition, if suppose any of the abuser is taken to the court, then what happens? Some influential and political people will get him released and then he will act more aggressively towards the victim, which will make life more difficult for the women in the same house. (Father)

The observations and field notes revealed that there is a lack of female police stations in the district. Moreover, the violence starts from the home of women, where they are discouraged to report any type of crime; and the men get the courage to do so because of the gender biases; members of opposite gender in the police force often persuade the women against reporting a crime: "We discourage women to go to as police station for any reason, because the male atmosphere of a police station in Chitral puts the women in risk of harassment and stigmatization." (Brother)

5 DISCUSSION

In this research, the factors of suicide among married women were explored by exploring the experiences and perceptions of the immediate family members of the women who had committed suicide. This research identified poverty and domestic violence as the major contributing factors to suicide among the married women in Chitral.

Poverty is defined as unmet human needs due to the unavailability of money to purchase services and goods needed to sustain life.^[18] In rural areas of Pakistan including Chitral, people have suffered with poverty which effects population in different ways. Due to the lack of money people especially women have lack of access to health care, food, and other basic needs and according to this study: unemployment, illiteracy, and lack of women empowerment were the main reasons of poverty that led to suicide among women.^[19] An international literature indicates that there is an association between unemployment and suicidal behavior. Other researchers have found that uneducated women are at a high risk of intimate partner violence and education has proven to be a protective role against physical violence for women, because they can stand for their rights.^[20] Moreover, the spouses of all women were also uneducated, which, most probably, increased the chance of violence towards women because, according to Deyassa, women who marry illiterate men face more intimate partner violence because their husbands follow embedded norms and traditional values, such as men being dominant in their partnership with women.^[21]

Some of the restrictive norms of the Chitrali culture have restricted women to their homes, because they are considered as the honour of the family and going outside and meeting un-

known people might destroy this honour. Education for women in this culture is not preferred because they will have to go outside their homes, sit with the opposite sex, and interact with others who are Namuhrim (not blood relatives) for them, from the Islamic point of view. Due to this lack of autonomy, their decisions were effected; like timely access to health care; health maintenance things like proper hygiene and grooming; having a social life to share feelings; visiting or calling parents and friends; and going out when invited, all these were compromised that caused to suicide.

Another health issue this study identified was that the women who were infertile, were been abused physically, psychologically, and through threatens of divorce. Thus, the fear of being divorced, and of violence, had different negative effects on the victims, like stress, anxiety, depression, hopelessness, helplessness, fear of rejection by parents, and physical injury, such as suicide. An international perspective has similar indications that women with infertility have more fear of being rejected and divorced. [22]

Findings of this study that suicide due to the psychological issues such as depression and personality problems are similar to the findings that people with depression impulsivity, being fearful, anxious, aggressive, dissatisfied with their lives and relationships are at high risk for suicide. [23] Women who committed suicide were also victims of violence which could be the most probable reason for their depression because being abused is associated not only with a high risk for suicide but also with harmful and violence-related outcomes, such as physical fighting, violence towards others, depression, and aggression. This results in maladaptive behavior and low resilience and suicide. [24], [25], [26], [27], [28], [29]

Different relationship issues such as lack in parental support, in-laws' interference, mis matched marriage, and extra-marital affairs were the relationship factors of violence towards women that contributed to their suicide. This study revealed that poor parental support, being rejected and neglected by parents in childhood or young age, death or divorce of mother in early age, and authoritative parenting style were related factors with higher rates of distant behaviour, anxiety, depression, actual violence and fear of violence were relationship problems among women who committed suicide. These findings are not evident in research studies in Pakistani context but are consistent with the findings of other researchers that women who face lack of bonding with parents due to any reason show avoidant, dismissive, emotionally distant, anxious, and preoccupied behaviour, and fear of being rejected by others. [30]

Another factor that contributed to suicide among women was the interference of in-laws in the couples' life, which resulted in an unsatisfactory marriage life, gap in the relationships among couples, and husbands' failure to fulfill the basic needs of their wives. Moreover, there are some stereo type cultural values and beliefs, such as showing affection towards and caring for wives is considered as a weakness of the husbands and it is called *zammured* in Chitrali proverb which means (being servants of wives). Due to the fear of this stigmatization, in spite of having love and respect, husbands cannot show it to their wives. More-

ver, husbands cannot buy anything for their wives as individuals; they have to buy the same thing for everyone in the house. In short, this culture follows equality rather than equity. The participants stated that interference increases in a situation where the daughters' in-law are not accepted by everyone in the family. These findings were similar to the findings that interference in the married life of couples led to lack of access to physical, psychological, social, and sexual needs, which further added to the women's the feelings of being rejection, inferiority, worthlessness, hopelessness, loneliness, dependency, fear of being abused and divorced, depression, and stress which are strong predictors for suicide. [22], [31]

This study also identified that lack of support from family, community, and society were also led to suicide among women. Participants expressed that almost all women who committed were victims of violence. Majority of the victims had tried to raise their voice against the abusers. First of all they informed their parents, family members, community and some local organizations such local council, but instead of helping them, they blamed the women for being the reasons of issues. Findings of the international research studies indicate that women who are with lack of support and socially isolated are at high risk for self-harm compared to the women with greater support, which are more successful, have quality and happy life. [32], [33], [34]

Another important aspect identified in this study, and that was consistent with reports found in the study that women will be considered good if: they are not selfish, tolerate criticism, are empathetic with all, reliable, able to organize everything's or tasks, always compromise in difficult situations, and respect and keep good relationships with everyone in the family. [35] Not only this, women are considered passive, hesitant, and weak in making decisions. Thus, they have been delegated with the household and agricultural roles and responsibilities. Women are expected to plough and furrow like a farmer, graze animals as a shapered, harvest crops like a tractor, rear children as they are mothers, and care for husbands and in-laws as they are daughter's in-law. These findings are similar to other findings that rural women are overburdened with the work and a greater proportion of woman's total work hours are spent on unpaid activities. [36], [37]

A research study identified divorce as a major risk factor for suicide among women. [38] This study also revealed that fear of being stigmatized after divorce was the main reason. Participants of this study shared a famous prayer, which all Chitrali parents recite before and after their daughters' marriage "Khudaixurmodiar, kidoyan e nasibo sum diar", 'May God not give one a daughter, if He does, she should have only one marriage.' The background is that, in Chitral, divorce is considered a big dishonor for women as well as for the family. Therefore, parents are more conscious about their honor rather than the lives of their daughters. This behavior of parents makes women more prone to violence and suicide. Moreover, daughters also witness when their mothers compromise for every challenge and they adopt the same. These findings are similar to the results of the study that from early childhood, girls learn the customs running in the socie-

ty and they take these with them when they get married. [38] The current study reveals that all married women face some kind of violence in their lives. This again raises question in the mind of the researcher that if the majority of the women are victims of violence, then why do a few commit suicide? The answer might be that the circumstances and intensity of violence may be different or women try their best to apply the learned set norms to cope with the difficulties of life and a majority of them succeed in coping with them. While a few feel exhausted and start to find other means to escape; such as they commit suicide. A study conducted on factors effecting resilience states, that culturally specified values and beliefs are associated with strong or weak resilience of the individuals. [26]

Another factor identified by this study was the unsatisfactory role of the policy in women related issues. Although, article 25 of Pakistan's constitution says: "all citizens are equal before the law and are entitled to equal protection of law" but, unfortunately, the women who are victims of violence have no access to report to the police, since there is no women police station in the district. Moreover, the majority of the women are not aware of their rights to complain. A few of them know about but they do not consider going to the police because of the fear of being stigmatized for going to a male police station. The findings revealed that the victims who try to access the police station are ignored, because of the male dominant society and political interferences. Moreover, if women want to go to inform the police about the bad treatment by in-laws, the parents do not allow them, and if they insist, the parents also abuse them, because the parents fear the abusive behaviors of the police in the police stations. The findings of a study revealed that, sometimes, women are victimized and raped even in police custody. [39]

6 CONCLUSION

The current study, most probably the first ethnographic research in the context of Pakistan, conducted with the aim of exploring the root causes of suicide among women in the Chitrali culture. The results of the study found poverty and violence against women as two main themes for suicide among married women. This research has provided basic information for researchers, policy makers, and health care providers for use in planning interventional research and suicide prevention programs in the future. Since the context of this study was developing country, the results of this study may not be transferable in the context of developed countries.

However, the study can be replicated in other settings of Pakistan, though in many aspects the rural areas are different from the urban areas in the country but the context is similar in other aspects. The findings of the study revealed that women in Chitral face a number of issues in their life, such as lack of autonomy, burden of work, financial dependency, lack of husbands' support due to the interference of in-laws, and lack of parental support, which has caught the women in a web and escape has become difficult for them. Thus, they lose heart, suffer from depression, feel helpless and hopeless, and end their lives.

Moreover, neither the government health department nor the other health care organizations in Chitral have provided the people the facility of counseling or opportunity to verbalize their feelings at times when they have feelings of depression, helplessness, hopelessness, and inferiority. The findings of the study affirmed that women who had committed suicide wanted to share their feelings but there was no one to hear and provide support to them. This study provides an opportunity to the health department of KPK and the NGOs to offer poverty alleviation and suicide prevention programs in order to manage the burden of high-rising suicide in Chitral.

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