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Suicide among Women in Kashmir: A Question of Social Standing?

Suheel Rasool Mir *
Department of Sociology, University of Kashmir*

ABSTRACT

Suicide at any age is a catastrophe for the individual, his or her family and friends, and the communities of which they are a part. At societal level suicide is a major social and health problem. The factors that impact on an individual that lead to choosing suicide as an alternative are multidimensional. At the same time, the associated fact is that suicides in different societies occur differently. Thus, different suicide rates have been associated with different countries, sub-regions and regions and world at large. In this background, it may be argued that suicides occur in all societies of the world in different contexts due to variety of factors. The society of Kashmir is fast becoming a land of suicides -Suicides and suicidal tendencies among Kashmiri male and female youth have accomplished a dangerous level. In Kashmir women too faced many issues which strengthened the tendency of suicide among them. They too have restored to suicide attempts and most of them have been successful in doing so. The trend of suicide among women in Kashmir brings up the question of what causes it. Unfortunately, suicide among women in Kashmir receives less attention in research, literature and media compared to young adults and adolescents. It appears that the topic is been hampered by issues of visibility. In this context the paper entitled suicide among women in Kashmir: A question of social standing will try to explore the factors responsible for suicide among women in Kashmir.

Keywords*: Suicide, Elderly, Vulnerability, Society, Kashmir*

Background:

The most precious thing to any individual is his/her life. But there are moments when the individual takes a decision and puts an end to his life. The rationale taking of one's own life, can be as simple or as complex as life itself. The person who commits suicide may see his or her actions as some sort of solution to a severe physical or psychological dilemma. The frequency of suicide brings up the question, again and again, of what causes it. The factors that impact on an individual that lead to choosing suicide as an alternative are multidimensional. Sociologists contend the strong influence of social factors and relationships, as well as a complex, impersonal society, leads to self-destruction [1]. The fact stands with a lot of evidence that suicides committed in every society with certainty. At the same time, the associated fact is that suicides in different societies occur differently. Thus different suicide rates have been associated with different countries, sub-regions and regions and world at large. In this background, it may be argued that suicides occur in all societies of the world in different contexts due to variety of factors [2].

Asia accounts for 60% of the world's suicides, so at least 60 million people are affected by suicide or attempted suicide in Asia each year. The burden of female suicidal behaviour, in terms of total burden of morbidity and mortality combined, is more in women than in men. Women's greater vulnerability to suicidal behaviour is likely to be due to gender related vulnerability and psycho-social stress .According to the World Health Organisation, suicide is the seventh top cause of death globally among women aged 20-59 years. Men and women differ in their roles, responsibilities, status and power and these socially constructed differences interact with biological differences to contribute to differences in their suicidal behaviour. By direct contrast to the studies on male only suicide, a specific focus on issues related to women's suicide is almost absent from the recent literature. It appears that the topic is been hampered by issues of visibility [3]. Kashmir too is faced with many issues which strengthened the tendency of suicide among the residents of the valley. Most of those who have committed suicides over the past 18 months are women and men in their mid-20s.Out of the 61 cases of suicide registered by police in (2011-2012), 43 were young and middle-aged women while out of 42 cases this year, 25 belong to this category. Women are far more sensitive and emotionally weaker than men. They have lesser tolerance levels than a man who explains why a higher number of persons who commit suicide belong to the fairer sex, most of the women, who committed suicide, were generally fed up with marital discord in their lives. Hence the present study identifying trend of suicide among women in Kashmir.

Literature Survey

Literature survey is an important prerequisite to actual planning and then execution of any research work. It helps in acquiring information about the studies done in the field; it facilitates in avoiding unnecessary duplication and renders it possible to make a comparative study.

National level:

Ponnudurai & Jayaker, [4] pointed out that 12.5% of females have committed suicide due to maladjustment with alcohol and drug abusing husbands. Shukla [5] also found out mental illness in 23.5% of their cases. Sharma (1998) showed psychiatric disorders (46.7%), quarrel with spousal in-laws (13.4%), quarrel with parental siblings (12%) and

failure in love (10.6%) as the most common causes of attempted suicide while no cause could be determined in 14.7% of the cases[6]. In the study by Kumar [7] mental illnesses constituted the commonest reason (22%) followed by family friction (20%) marital friction (20%), financial problems (14%), physical problems (l l %) etc. Latha, Bhat & D'souza [8] conducted an exploratory study of life events in suicide attempters using presumptive stressful life event scale. In this study suicidal patients reported more stressful life events including marital discord, conflicts with in-laws or family, problems in love, illness, death in the family and unemployment. analyzed that in some countries such as India and Uzbekistan there is a close relationship between economic crisis and poverty with suicide. Subhakrishna, Ranjini [9] reported poor problem solving approaches among suicide victims in Indian population.

At national level Systematic, methodologically sound studies regarding life suicidal behaviour among women are very few. Extensive empirical research indicates that life style and social support play an important role in an individual's suicidal ideation and behaviour. Though several studies have looked at suicide and social support but only few studies have been centred on these issues.

International level:

WHO [10] This report is the first WHO publication of its kind and brings together what is known in a convenient form so that immediate actions can be taken. The objective of this report is to prioritize suicide prevention on the global public health and public policy agendas and to raise awareness of suicide as a public health issue .It aims to encourage and support countries to develop or strengthen comprehensive suicide prevention strategies in a multisectoral public health approach. For a national suicide prevention strategy, it is essential that governments assume their role of leadership, as they can bring together a multitude of stakeholders who may not otherwise collaborate. Governments are also in a unique position to develop and strengthen surveillance and to provide and disseminate data that are necessary to inform action. This report proposes practical guidance on strategic actions that governments can take on the basis of their resources and existing suicide prevention activities. In particular, there are evidence-based and low-cost interventions that are effective, even in resource-poor settings. The report was developed through a global consultative process and is based on systematic reviews of data and evidence together with inputs from partners and stakeholders.

An estimated 804 000 suicide deaths occurred worldwide in 2012, representing an annual global age-standardized suicide rate of 11.4 per 100 000 population (15.0 for males and 8.0 for females). In richer countries, three times as many men die of suicide than women do, but in low- and middle-income countries the male-to-female ratio is much lower at 1.5 men to each woman. Globally, suicides account for 50% of all violent deaths in men and 71% in women. With regard to age, suicide rates are highest in persons aged 70 years or over for both men and women in almost all regions of the world.

Durkheim (1951) aimed to explain suicide rates. To back up his findings he proposed, for example, that women were more likely to be mentally ill compare to men respectively, while suicide data showed that men were among the first to commit a suicide. Durkheim explained various social causes and social types of suicide and proposed four main types of suicide. Egoistic suicides, he claimed ,occurred as a result of low social integration, which resulted due to excessive individualization and suggested that individuals with weak social bonds had little social support and guidance, and therefore suicide continued on increased basis. Durkheim compared suicide rates among Protestants, Jews and Catholics and founded that protestant suicide rates were higher compare to other religion representatives. Altruistic suicides occurred in societies with high integration, where individuals needs compare to communities was less important. Durkheim claimed that here collective consciousness was too strong which forced individuals into suicide. Anomic suicides, author claimed, were related to low degree of regulation by society. The fourth type of suicide, fatalistic, was only briefly mentioned by Durkheim, because he considered it as rare. He proposed that such type of suicide resulted in case of excessive regulation, which related to oppressive discipline. Suicide phenomena, as Durkheim noted in his last chapter of the book, is socially constructed, which independent of individual. He claimed that collective tendencies, which determine suicide, have their own social and moral mind, so therefore they were external to the individual. Author argued that for example, murder and suicide, which might seemed to be alike were therefore not related, because murder felt into different type compare to suicide, because it rose from different causes. He argued that social regulation and integration were vital in society, and suggested that if society over regulates or under regulates individuals; suicides would result from such states. Peters & Range [11] examined childhood sexual abuse and current suicidality in college men and women. Women reported similar degrees of suicidality as men, but greater survival and coping beliefs and more fear of suicide. Those whose sexual abuse involved touching genitals were more suicidal and felt less able to cope and less responsibility for their families, than non-abused adults [12].

The analysis of the existing literature on this subject and the studies conducted indicate diverse reasons of suicide among women.

- Family conflict
- Marital discord
- Physical and sexual abuse

- Stressful life events and gender related vulnerability

Emerging questions out of literature survey

- ✓ Why do women go for self destructive behaviour and commit suicide?
- ✓ What are the material, psychological as well as sociological causes that drive women to commit suicide?

Very few systematic studies have been conducted in India to seek answers to the questions posed above

Conceptual approach of Suicide

Suicide is a multifactorial problem [13], impacted by psychological, cultural and Socio-economic factors. In the theoretical writings of social scientists, suicide viewed fundamentally as a product of nature of social relationship between the individual and the society [13]. A review of the studies done on suicide indicate that there is an association between suicide and socio-economic factors including economic cycles , occupation , age , gender , marital status , social cohesion , urbanization and modernization. In this post- enlightenment era suicide is no longer regarded as an absolute moral crime it has come to be regarded as a serious social concern requiring justification, social scientists are equally interested in the said area . Suicide carries a social and moral meaning in all societies. At both the individual and population levels, the suicide rate has long been understood to correlate with cultural, social, political, and economic forces [14].The complexity of suicide makes it difficult to be defined, and as Silverman points out, it can refer to a great variation of behaviour such as "suicidal thoughts, intentions, ideation, gestures, attempts, completions, equivalents" [15]. Shneidman highlights how the meaning of suicide has changed over time from being seen as a sin and a crime to "is being a mental health issue meriting the therapeutic and sympathetic response of others" [16]. Although suicide is an individual act, it always happens in a cultural context, thus it should also be seen as a collective phenomenon [17]. French sociologist Emile Durkheim (On Suicide, 1897) at the end of the 19th century first attempted to explain suicide patterns. He viewed suicide as the result of too loose or too much social integration and social regulation. The fact that countries with comparable cultural features have similar suicide rates, and that these levels are relatively constant over time indicates that culture and environment affects the act of suicide [18]. Much has been written about suicide motivation and the nature of act by philosophers and theologians through ages. .On the deeper level many thinkers have tried to find the unique universal cause behind suicide; different theories are proposed; but not a single theory is sufficient enough to explain all the variants of suicides ranging from traditional suicide, martyrdom, ritual suicide, euthanasia etc bombing is a brief account of suicide[19] . As a social problem it has raised many important theoretical questions about the nature of the relationships between the individual, society, and social conditions. At macro level suicide is a major social concern. The factors that impact on an individual that lead to choosing suicide as an alternative are multidimensional .Apparently, suicide can be viewed as an escape from an intolerable life situation. Suicide is a "Cataclysm" for the individual, his or her family and friends, and the communities of which they are a part. While we often hear that most suicides are associated with mental disorders, but majority are also associated with ''social disorders,'' embedded in social structures of society. Suicide is a complex phenomenon that calls for a multivariate explanation [20].By looking at suicide in relation to the cultural and social context in which it happens we can gain a deeper understanding of the local meaning and implications of suicidal act rather than just looking at the psychopathology [21]. Asia accounts for 60% of the world's suicides, at least 60 million people are affected by suicide or attempted suicide in Asia each year. According to the World Health Organisation, suicide is the seventh top cause of death globally among women aged 20-59 years. Men and women differ in their roles, responsibilities, status and power and these socially constructed differences interact with biological differences to contribute to differences in their suicidal behaviour [22].

Suicide: A multifactorial phenomenon

Suicide is a subject of multidisciplinary scientific study, with sociology, anthropology, psychology, and psychiatry each providing important insights into suicide [23]. Many of the most controversial questions surrounding suicide are sociological in nature. For sociologists, suicide raises a host of theoretical and methodological questions. The field of sociology grew upon the realization that suicide rates vary with sociological components, that suicide is not simply a psychological occurrence. British sociologist Anthony Giddens, who is known for his theory of structuration and his holistic view of modern societies, argued that adhoc combination of sociology and psychological concepts is not sufficient for systematic theory of suicide. He also argued that it is necessary to form a generalized understanding of relationships between social structure and personality [24].

A variety of trends in the 19th and early 20th centuries changed the actions. Suicide has a very strong social component. In general, social factors associated with suicide may be defined as those that are the result of the interaction between the individual and external situations. French Sociologist Emile Durkheim was the first scholars to view suicide because of social factors, examining the role of these factors using data from several European countries and, following Durkheim's perspective of the arguments about suicide. Rather than arguing about a person's will versus God's, suicide came to be viewed because of the suffering society placed upon an individual. People that took their own lives were not viewed as weak but as victims who were almost justified in their ground-breaking study; social relationships were

included in suicidology. Many subsequent studies have explored suicide as a social phenomenon, especially as a form of social pathology. Individuals live in society and, therefore, it is natural that their behaviours are affected by their social situations or circumstances. Suicidal behaviour creates anxiety in the society, as well as seriously affecting families and communities. As the number of suicides increase in a society, members of the society are influenced by those who kill themselves, resulting in chain reactions of suicide, suicide contagion, imitation and clusters of suicidal acts [25].

Throughout history, suicide has evoked an astonishingly wide range of reactions—bafflement, dismissal, heroic glorification, sympathy, anger, moral or religious condemnation but it is never undeniable. Suicides in different societies occur differently. Thus, different suicide rates have been associated with different countries, sub-regions and regions and world at large [26]. Suicide is a complex, multifactorial phenomenon, and that the ''road to suicide'' differs across cultural groups as well as across individuals within the diverse cultural groups. Culture has indeed been sorely neglected in suicidology. Suicide enters the mind through culture, that it is a cultural phenomenon, a cultural syndrome or idiom, and at its core a social problem. Suicide is becoming the second common cause of unnatural death. According to *WHO* estimates for the year 2020, approximately 1.53 million people will die from suicide and 10-20 times more people will attempt suicide worldwide. This represents that on an average one suicidal death takes place every 20 seconds and one suicide attempt every 1-2 seconds worldwide [27].

Suicide in Kashmir: an overview

In the state of Jammu and Kashmir, particularly of Kashmir region, suicide and suicidal tendencies are growing steadily over last few decades Suicides and suicidal ideation among Kashmiri male and female youth have reached a dangerous level. The National Crime Bureau Records (NCBR) of India states that Kashmir has a higher suicide rate at 2.1 percent than the Indian states of Uttar Pradesh (1.7) and Bihar (0.7). Various problems are contributing to the increasing suicide rate in Kashmir with 31.75 percent suicides having taken place due to the domestic problems during the last decade. Most of those who have committed suicides over the past 2-3 years are women and men in their mid-20s (*Crime Branch Kashmir*). Women too faced many issues which bolster the inclination of suicide among them. They too have restored to suicide attempts and most of them have been successful in doing so. The reason for suicide among women might be common across but the root causes may vary but the root causes of suicide among women are different. A study conducted by the Department of Psychiatry, GMC Srinagar reveals that on an average 3.5 persons report daily to SMHS causality with suicide, Para- suicide and deliberate self-harm (DSH) from last 3 years. Most of the people who complete suicide are males of the age group *25 – 34* years. However, most of the attempts are made by female *(SMHS, Department of psychiatry).* Women in Kashmir who have suicidal tendencies or ideation don't want to die but they want their problems to end, they want to control their life and it is constantly out of reach. These reasons make suicide an important and major object of social inquiry.

Suicide among women in Kashmir

The society of Kashmir is fast becoming a land of suicides- Suicides and suicidal tendencies among Kashmiri male and female youth have accomplished a dangerous level. Suicide has become a common phenomenon among females in Kashmir valley, they too have restored to suicide attempts and most of them have been successful in doing so. The National Crime Bureau Records (NCBR) of India states that Kashmir has a higher suicide rate at 2.1 percent than the Indian states of Uttar Pradesh (1.7) and Bihar (0.7). 62 percent of all suicide cases involve females. Various problems were contributing to the increasing suicide rate in Kashmir with 31.75 percent suicides having taken place due to the domestic problems during the last decade. Suicide rates in Kashmir were negligible before insurgency hit in 1989. The past 21 years of conflict have seen a sudden surge in suicides. According to Survey conducted by Dr Murthy of Nations Premier Institute Bangalore there has been an increase from 0.5 deaths per 100000 people in 1989 to 15-20 deaths per 100,000 in 2010[28].

Two decades ago Jammu Kashmir had the lowest suicide rate in the sub-continent. However, twenty-five years of turmoil has changed the picture drastically. As per the statistics provided by the National Crime Records Bureau (NCRB) there was 44.3% increase in suicides in 2012. A study conducted by the Department of Psychiatry, GMC Srinagar reveals that on an average 3.5 persons report daily to SMHS causality with suicide, Para- suicide and deliberate self harm (DSH) from last 3 years. Most of the people who complete suicide are males of the age group 25 – 34. However, most of the attempts are made by female, 4 times Para-suicides and 7 times more deliberate self harm [29]. The conflict definitely has had a toll on mental health in Kashmir but the reasons for recent suicides, especially by women reflect disorganization of both the individual and society in Kashmir. The conflict has been very difficult for women, in these conflict years, many women have been molested, raped, interrogated and have been harassed in various ways. Majority of the women of women became half-widows, whose husbands disappeared in these years. Many of these female victims overreact and commit suicide besides conflict Social causes are mostly linked to family pressure, marital status, career, strained relationships and the inability to compete at social levels. A recently published report reveals that "29.50 percent" suicides in Kashmir "took place due to the marital discord". And it's a safe assumption that One third of the total suicides committed here are due to the marital discord". Suicide experts agree that there is rarely one single reason

to explain why a person committed suicide. Suicide is usually the result of a complex set of factors that all contribute in one way or another to a person's decision to commit suicide. In preceding decade 40 percent of suicides have taken place in Srinagar and Anantnag districts due to the reasons of domestic problems. Therefore it's impossible to escape the question that, why and how, all these women are pushed to commit suicide. The trend of suicide among women brings up the question of what causes it. The prevalence of family discord is on the increase resulting in break-up or suicide. Women are the main victims of the family discord.

Context of Suicide among women in Kashmir

Suicide is a "Cataclysm" for the individual, his or her family and friends, and the communities of which they are a part. It's not a chemical imbalance. It's not a disease. At Macro level suicide is a major social concern. The factors that impact on an individual that lead to choosing suicide as an alternative are multidimensional. While we often hear that most suicides are associated with mental disorders, but majority are also associated with ''social disorders,'' embedded in social structures of society. Our society has some important ingredients for a very happy life. Everything is decided by society. Some people take decisions of their own and later failed and that becomes the cause of stress and strain among people. On the other side our society is fastly moving from joint system to broken families which and has come down to instable in relationships between the parents which in turn has caused instable parent child relationship for example in such conditions if a child want to ask help who would the child approach help to approach?

Suicides in different societies occur differently. Thus, different suicide rates have been associated with different countries, sub-regions and regions and world at large. We must never lose sight of the fact that suicidality is a complex, multifactorial phenomenon, and that the "road to suicide" differs across cultural groups as well as across individuals within the diverse cultural groups. Culture has indeed been sorely neglected in suicidology. Suicide enters the mind through culture, that it is a cultural phenomenon, a cultural syndrome or idiom, and at its core a social problem. In Kashmir region Kupwara District of North Kashmir province remains the suicide capital in the state with *132* deaths including Handwara with *88* deaths followed by Baramulla with *64* suicide deaths. In *2016*, Baramulla witnessed *23* suicide deaths which increased to *41* in *2017*. Handwara reported a jump from *31* cases in *2016* to *57* in *2017*.Anantnag reported 31 such deaths in *2016* which jumped to *33* in *2017*.in district Baramulla massive increase in suicides was witnessed in Tehsil Sopore where the numbers jumped from *06* cases in 2016 to *16* in *2017*. Numbers fell from *8* to *6* in Bandipora, *9* to *4* in Shopian, *30* to *14* in Kupwara, *18* to *5* in Kulgam, and *8* to *1* in Pulwama.Districts witnessing increase included *7* in *2016* to *8* in *2017* in police district Awantipore, and *20* to *21* in Budgam. Kargil is the only district that is free from suicides where not a single case was reported. Even Leh reports two cases each in last two years, the details suggest. In this background, it may be argued that suicides occur in all societies in different socio-cultural contexts due to variety of factors. Even the Cultures influence the method of suicide and underlying attitudes to self-harm and suicide. The largest number of suicides occurs in younger and middle-aged adults and suicide deaths in youth and young adults capture the bulk of media attention. Every person once in a lifetime has thought of ending his own life due to bewildered situations [28].

In our state particularly of Kashmir region, suicide and suicidal tendencies are growing steadily over last few decades Suicides and suicidal ideation among Kashmiri male and female youth have reached a dangerous level. For example, let us take the case of children, the pressure put by parents and society to study get good marks, get into engineering and medical jobs most of the children's are unable to take this stress. Women too faced many issues which bolster the inclination of suicide among them. They too have restored to suicide attempts and most of them have been successful in doing so. The reason for suicide among women might be common across the root causes of suicide among women are different.

In Kashmir the phenomenon happens regularly, with a higher suicide rate on Friday. The average rate of suicide among women in Kashmir is more on Fridays. The pattern of Friday suicides persisted across age groups. Also, it was observed that Suicide in winter is less in Kashmir and highest in spring. The reason is that during winters most people are surrounded by friends and family. However, in spring this socialization may end. It was observed that in Kashmir Women with social disorder are more prominent helplessness to self-destructive conduct (suicidal ideation/Behaviour) because of vulnerability and psycho-social pressure. Women in Kashmir who have suicidal tendencies or ideation don't want to die but they want their problems to end, they want control of their life and it is constantly out of reach. But it is also fact that the trickiest thing in the life is to realize who you are and then to accept what you find. Life is full of choices and when life becomes a choice chooses living. It was found that suicide attempt was more commonly associated with Family conflict, marital discord, Physical and sexual abuse, Stressful life events and gender related vulnerability. But unfortunately, suicide among women in Kashmir receives less attention in research, literature as compared to young adults and adolescents. It appears that the topic is been hampered by issues of visibility. Suicide in Kashmir remains a taboo subject topic that has been neglected.

Conclusion:

Suicide among women in Kashmir receives less attention in research and literature. It appears that the topic is been hampered by issues of visibility. Suicide in Kashmir remains a taboo topic that has been neglected. Kashmir region is witnessing an emerging trend with respect to the problem of suicide; the data available with the officials reveals that Kashmir has a higher suicide rate than the Indian states of Uttar Pradesh and Bihar. Since 1989, the rate of suicide in Kashmir has increased. Before 1989, the rate of suicide in Kashmir was 0.5 per 100,000 people. And, after 1989 it reached 20 per 100,000. Most of them, around 60 per cent are the females. According to a data available with the concerned officials at least a dozen suicide bids are reported from valley almost every fortnight which conveys an alarming rise in the trend. It is clear that suicide in Kashmir have increased steadily over last few [30]. In the above mentioned context, it may be argued that suicides occur in all societies in different socio-cultural contexts due to variety of factors. Even the Cultures influence the method of suicide and underlying attitudes to self-harm and suicide. Suicide has social causes which are subject to discernible sociological laws which can only be identified and analyzed scientifically and rationally. It has fascinated social scientists first because of its universality and secondly because of its very nature and definition, both reasons make suicide an important and major object of social enquiry. Women in Kashmir are at increasing risk, while men still account for most of suicides overall. Therefore, more research is needed to determine which factors are putting Kashmiris at greater risk, more people die from suicide, yet we know little about the prevalence of suicide in Kashmir. For that reason, more research is necessary to understand emerging trend of suicide among women in Kashmir

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