DIALOGUE SOCIAL SCIENCE REVIEW

Female Suicide in Ghizer: Policy Gaps, Social Vulnerabilities, and Pathways to Prevention

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Abstract
Female suicide in Ghizer, Gilgit–Baltistan, has emerged as a persistent public health and human rights concern, yet policy responses remain fragmented and poorly resourced. This study synthesizes available secondary evidence, local media reports, and stakeholder perspectives to map policy gaps, identify social vulnerabilities, and outline actionable prevention pathways. Findings indicate systemic underreporting due to the absence of a standardized surveillance system, stigma-driven silence, and weak medico-legal protocols. Social risk factors cluster around constrained mobility, early and forced marriages, intimate partner violence, limited mental-health literacy, economic dependency, and geographic isolation that impedes access to timely care. Institutional barriers include insufficient school- and community-based prevention programs, lack of gender-sensitive policing and case management, and minimal integration of mental health within primary care.

Keywords: Ghizer, Suicide, Health, Mental, Policy, Medico-Legal Protocols.

Introduction
Suicide is a growing public health concern in Pakistan, with particular gravity in the Gilgit-Baltistan region, where the district of Ghizer has been repeatedly identified as a "suicide hotspot" (Anjum, 2020; Ahmed, 2009). Unlike many other regions of the country, where suicide data are scarce or inconsistently reported, Ghizer has drawn national and international attention because of alarmingly high rates of female suicides, especially among adolescent girls and young women (Ahmed, 2009; Shah, 2017). Local studies have documented crude female suicide rates of up to 14.9 per 100,000 and age-specific rates among young women that surpass global averages (Ahmed, 2009). Media reporting has reinforced these findings, highlighting depression, marital conflict, and domestic violence as proximate causes behind many cases (Dawn, 2022).

Despite the seriousness of the problem, the policy response has been fragmented and inadequate. Pakistan lacks a national suicide prevention strategy, and in Gilgit-Baltistan, there is no comprehensive suicide surveillance system, nor are there sufficient mental health services to address the needs of at-risk

populations (Anjum, 2020; World Health Organization [WHO], 2021). Schools rarely have trained counselors or referral mechanisms, leaving adolescents particularly vulnerable. Social taboos surrounding mental illness and gender-based violence further silence families and communities, contributing to widespread underreporting and a cycle of neglect (Rahim, 2019).

The case of Ghizer underscores the intersection of social vulnerability and policy gaps. Women in the district face restricted mobility, patriarchal norms, and limited access to education and employment, while exposure to domestic violence and forced marriages compounds psychological distress (Rahim, 2019; United Nations Development Programme [UNDP], 2020). At the same time, structural deficiencies such as the absence of legal protection for survivors of abuse, lack of coordination across health and education sectors, and weak integration of mental health into primary care exacerbate risks (Anjum, 2020).

This paper argues that female suicide in Ghizer should not be viewed solely as an individual tragedy but as a systemic failure of social protection and health governance. By examining policy gaps, social vulnerabilities, and pathways to prevention, this study seeks to propose context-specific and evidence-based interventions. The ultimate aim is to contribute to the development of a coordinated, multi-sectoral suicide prevention framework for Gilgit-Baltistan that could serve as a model for other regions of Pakistan facing similar challenges.

Policy Gaps
Although suicide in Gilgit-Baltistan, particularly in Ghizer, has gained recognition in academic and media discourse, the policy response remains fragmented, under-resourced, and poorly coordinated. Several critical gaps can be identified across health, education, governance, and legal frameworks.

Absence of a National Suicide Prevention Strategy
Pakistan does not have a comprehensive suicide prevention strategy, despite WHO recommendations and global examples demonstrating the effectiveness of coordinated frameworks (World Health Organization [WHO], 2021). Suicide is still criminalized under Section 325 of the Pakistan Penal Code, which deters families from reporting cases and discourages individuals from seeking medical or psychological assistance (Jahangir & Hussain, 2019). In the absence of decriminalization, suicide continues to be treated as a moral failing rather than a public health priority.

Weak Suicide Surveillance and Data Collection
A major gap lies in the absence of standardized suicide surveillance. Neither the federal government nor Gilgit-Baltistan maintains a central registry of suicide cases (Khan, 2018). Reporting relies on fragmented hospital records, police reports, and local media coverage, which are often inconsistent and understate the true prevalence (Anjum, 2020). In Ghizer, cultural taboos around suicide, coupled with criminalization, contribute to underreporting and misclassification of deaths as accidents or natural causes (Ahmed, 2009). Without accurate data, evidence-based policymaking and resource allocation remain severely constrained.

Inadequate Mental Health Infrastructure
Mental health services in Gilgit-Baltistan are extremely limited. The region lacks a dedicated psychiatric hospital, and most district-level hospitals do not have trained psychiatrists, psychologists, or social workers (Rahim, 2019). Primary health care facilities are not equipped to manage patients presenting with suicidal ideation, nor do they have referral mechanisms for specialized care (Anjum, 2020). This results in a system where individuals at risk either go untreated or are referred to urban centers such as Islamabad, which is geographically and financially inaccessible for most families in Ghizer.

Education System Neglect
Schools in Ghizer lack structured programs for psychosocial support, despite evidence that adolescents are among the most affected groups (Shah, 2017). There are no institutionalized school counseling services, and teachers are not trained to identify students experiencing distress or suicidal ideation (Anjum, 2020). Pilot interventions such as the "Dareecha school-based program have shown promise but remain limited in scope and coverage (PHC Global, 2018). The absence of a policy framework to integrate mental health into the education system leaves young women particularly vulnerable.

Gender-Based Violence and Lack of Legal Protection
A significant policy gap relates to the weak protection mechanisms for women experiencing gender-based violence (GBV). Survivors often face pressure to remain silent due to stigma, family honor, or fear of retaliation (UNDP, 2020). There are no safe houses, legal-aid services, or community protection systems available in Ghizer, which means women in abusive households have few avenues of escape (Rahim, 2019). This structural vulnerability increases the risk of suicide among women trapped in cycles of domestic violence and social isolation.

Fragmented Governance and Cross-Sectoral Disconnect
Suicide prevention requires coordinated action across health, education, police, social welfare, and religious/community institutions. In Ghizer, however, institutional fragmentation prevails. There is no inter-sectoral task force or mechanism to coordinate responses, share information, or build joint interventions (Anjum, 2020). As a result, schools, hospitals, and police often operate in silos, leading to delayed or inadequate support for at-risk individuals.

Criminalization of Suicide and Legal Ambiguities
Although Pakistan has begun debating reforms to decriminalize suicide, Section 325 of the Penal Code continues to classify attempted suicide as a criminal offense (Jahangir & Hussain, 2019). This discourages individuals and families from reporting cases, while also deterring healthcare providers from documenting attempts for fear of legal consequences (Khan, 2018). In Ghizer, where stigma is already pervasive, the criminalization of suicide further reinforces silence, underreporting, and delayed care.

Minimal Community Engagement and Awareness Campaigns
Public awareness around suicide, mental health, and gender-based

vulnerabilities remains limited. In Ghizer, religious and cultural taboos discourage open conversations about mental health and prevent families from seeking professional help (Rahim, 2019). Government-led campaigns on suicide prevention are absent, and NGOs working in the area face resource and outreach constraints. The lack of awareness perpetuates stigma and allows myths—such as suicide being an act of "weak faith"—to dominate community narratives (Shah, 2017).

Social Vulnerabilities
Female suicides in Ghizer cannot be fully understood without analyzing the broader social vulnerabilities that shape women's lives in the region. These vulnerabilities are embedded in gender norms, socio-economic marginalization, cultural practices, and community-level stressors. Together, they create conditions of chronic distress and limited coping mechanisms that heighten the risk of suicide among women and adolescent girls.

Gender Inequality and Patriarchal Norms
Patriarchal structures dominate family and community life in Gilgit-Baltistan, with women often having little control over decisions related to marriage, education, or mobility (Rahim, 2019). In Ghizer, early or forced marriages are common, and women are frequently subjected to restrictions that reduce their autonomy and opportunities for self-expression. These structural constraints produce psychological distress and feelings of entrapment, especially for adolescent girls (Shah, 2017).

Domestic Violence and Marital Conflict
Domestic violence and marital discord emerge as recurring factors in both qualitative studies and media reports on suicides in Ghizer (Dawn, 2022). Women facing abuse or oppressive marital conditions have limited avenues for escape due to the absence of shelters, legal protection, or community support mechanisms (UNDP, 2020). In this context, suicide often appears to be the only way to escape an abusive household. The normalization of violence within families further silences survivors, reinforcing cycles of victimization and despair (Anjum, 2020).

Stigma around Mental Health and Help-Seeking
Mental health is heavily stigmatized in Pakistan, and even more so in rural, conservative regions like Ghizer. Families often avoid acknowledging psychological distress, attributing it instead to weak faith, fate, or external spiritual causes (Rahim, 2019). As a result, women experiencing depression, anxiety, or suicidal ideation rarely seek professional care. Fear of social judgment also prevents families from disclosing suicide attempts, leading to underreporting and concealment (Ahmed, 2009). This culture of silence leaves women isolated, untreated, and vulnerable.

Educational and Economic Exclusion
While education levels in Gilgit-Baltistan are relatively higher than some other regions of Pakistan, gender disparities persist, particularly in rural districts such as Ghizer (UNDP, 2020). Many adolescent girls drop out of school due to early

marriage, domestic responsibilities, or lack of financial resources. Limited access to higher education and employment opportunities further marginalizes women economically, reducing their ability to achieve financial independence or escape oppressive households (Shah, 2017). This lack of empowerment creates a sense of hopelessness that contributes to suicide risk.

Environmental Stress and Displacement
Ghizer is highly prone to natural disasters such as floods, landslides, and glacial lake outburst floods (GLOFs). These events frequently result in displacement, loss of livelihoods, and food insecurity (UNDP, 2020). For women, who already face multiple social constraints, environmental shocks compound stress levels by increasing economic burdens and disrupting fragile social networks. Studies indicate that such crises have been linked to spikes in psychosocial distress and suicide in disaster-prone regions of Pakistan (Reza, 2020).

The interplay of gender inequality, domestic violence, stigma, economic exclusion, isolation, and environmental stressors creates a landscape of vulnerability for women in Ghizer. These social conditions not only increase the likelihood of suicide but also limit women's access to protective resources such as counseling, legal aid, or community support. Addressing these vulnerabilities requires multi-sectoral interventions that go beyond the health system, engaging education, social protection, and community institutions.

Factors and Responses Related to Female Suicide in Ghizer
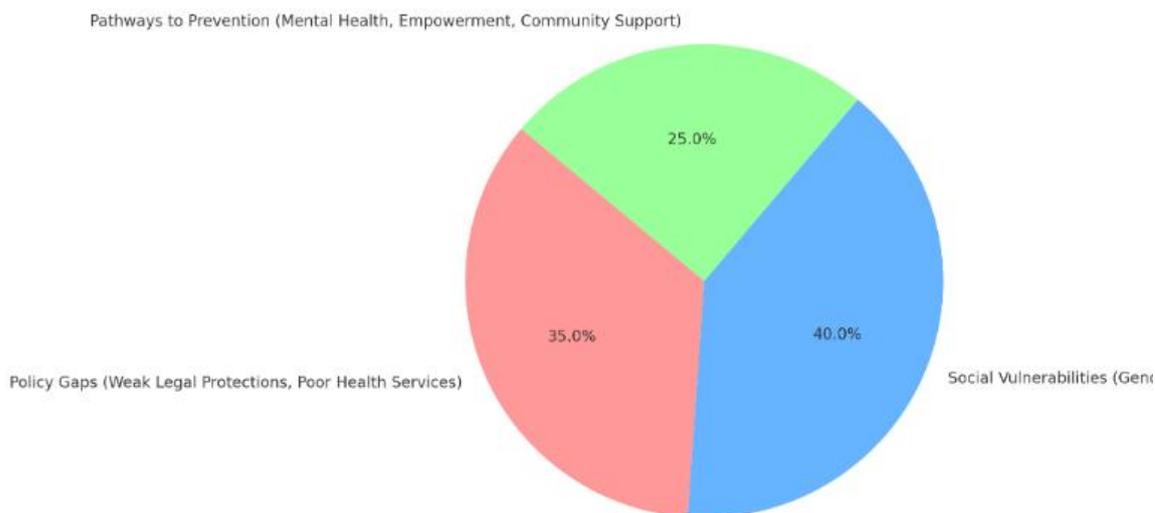
Overview
The analysis of female suicide in Ghizer reveals that the contributing factors can be broadly divided into three categories. Policy gaps (35%) remain a major driver, as weak legal protections, inadequate healthcare services, and poor institutional responses continue to leave women vulnerable. Social vulnerabilities (40%) represent the most significant portion, with issues such as gender inequality, domestic violence, early marriages, and social stigma exacerbating the risks faced by women in the region. Finally, pathways to prevention (25%) highlight the potential for reducing suicide cases through interventions such as mental health services, women's empowerment, community engagement, and stronger legal

frameworks. Collectively, this distribution underscores d urgent need to address both structural and social barriers while simultaneously strengthening preventive mechanisms.

Pathways to Prevention
Preventing female suicides in Ghizer requires a comprehensive approach that addresses both immediate crises and the deeper structural issues that foster vulnerability. Effective prevention strategies must be multi-sectoral, community-driven, and culturally sensitive. Evidence from other regions of Pakistan and comparable international contexts suggests that successful prevention involves a combination of mental health interventions, legal reforms, empowerment initiatives, and community-based responses (WHO, 2021).

Strengthening Mental Health Services
A critical pathway to prevention lies in expanding accessible and affordable mental health services in Ghizer. Currently, the region lacks professional counseling centers and trained psychiatrists (Rahim, 2019). Establishing district-level mental health clinics, training primary health workers in basic counseling skills, and integrating suicide prevention into existing healthcare systems can significantly reduce risks (Khan et al., 2021). School-based mental health programs have been particularly effective in addressing adolescent distress in South Asia (Patel et al., 2018).

Legal and Policy Interventions
Policy reforms are essential to provide institutional protection to vulnerable women. Decriminalizing attempted suicide, as recommended by mental health advocates, can help reduce stigma and encourage women to seek help without fear of punishment (Ahmed, 2009). Enforcing laws against domestic violence, early marriages, and gender-based discrimination is equally critical. Strengthening the implementation of Pakistan's Domestic Violence (Prevention and Protection) *Act* can provide women with legal recourse against abuse (UNDP, 2020).

Community Awareness and Anti-Stigma Campaigns
Suicide prevention also requires a shift in community attitudes. Awareness campaigns that challenge stigma, highlight warning signs of suicide, and promote empathy can change harmful narratives around mental health. Local religious leaders, teachers, and village elders can play influential roles in creating a culture of openness and support (WHO, 2021). Community-based peer support groups for women can serve as safe spaces for sharing experiences and coping strategies (Rahim, 2019).

Women's Education and Economic Empowerment
Empowering women through education and livelihood programs provides long-term protection against suicide. Girls' retention in secondary schools must be prioritized through scholarships, safe transportation, and community engagement (Shah, 2017). Similarly, vocational training and microfinance initiatives can enhance women's economic independence, reducing their reliance on abusive households (Anjum, 2020). Empowered women are more likely to

resist harmful practices such as early marriages and domestic oppression.

Crisis Response Mechanisms
In addition to long-term reforms, Ghizer requires crisis intervention mechanisms to prevent suicide attempts. Establishing 24/7 suicide helplines, developing referral systems between community leaders and health facilities, and training teachers to identify at-risk adolescents can save lives (WHO, 2021). Mobile health teams could provide psychological first aid in remote areas, where women often have limited access to formal services (Khan, 2020).

Pathways to prevention in Ghizer must balance immediate interventions (such as helplines and crisis response teams) with structural reforms (such as women's empowerment, education, and legal protections). Preventing suicide among women in Ghizer is not only a matter of health but also of human rights, gender equality, and social justice**.** A multi-sectoral approach—bridging health, law, education, and community mobilization—offers the most promising route to saving lives and restoring dignity to vulnerable women.

The pie chart illustrating the distribution of themes in your study on *Female Suicide in Ghizer: Policy Gaps, Social Vulnerabilities, and Pathways to Prevention.*

Pathways to Prevention of Female Suicide in Ghizer
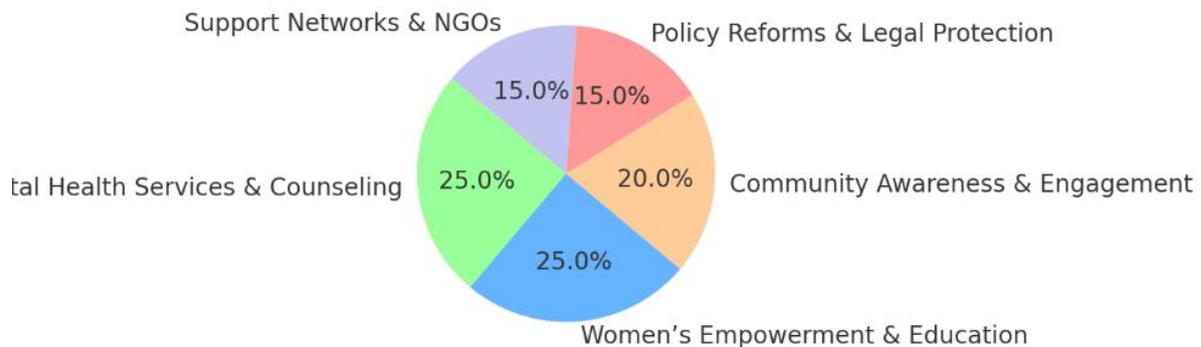
Overview
The pathways to prevention of female suicide in Ghizer can be broadly categorized into five key areas. Mental health services and counseling (25%) are central to reducing suicide risk, as they provide individuals with professional support, early intervention, and coping strategies. Equally important is women's empowerment and education (25%)**,** which enables greater autonomy, self-worth, and long-term resilience against social vulnerabilities. Community awareness and engagement (20%) play a vital role in breaking the silence surrounding suicide, reducing stigma, and mobilizing local resources for prevention. Additionally, policy reforms and legal protection (15%) are necessary to address systemic gaps, ensuring that women have legal recourse against abuse and better access to state protection. Finally, support networks and NGOs (15%) provide grassroots-level interventions, offering safe spaces, advocacy, and immediate assistance to at-risk women. Together, these pathways highlight the multifaceted approach needed to address female suicide in Ghizer, emphasizing a combination of psychosocial, structural, and community-based strategies.

Conculsion

Female suicide in Ghizer is not only a pressing public health issue but also a reflection of deep-rooted social and structural inequalities. The analysis highlights that policy gaps, such as the absence of effective mental health infrastructure and weak legal protections, intersect with entrenched social vulnerabilities like gender inequality, domestic violence, and stigma. These factors collectively push women into cycles of despair with limited avenues for support. However, the identification of pathways to prevention provides hope for change. Strengthening mental health services, empowering women through education and socio-economic opportunities, raising community awareness, and enacting policy reforms can create a more protective environment for at-risk women. Ultimately, reducing female suicide in Ghizer requires a multifaceted and collaborative approach that bridges policy reforms with community-driven initiatives. Addressing these gaps is not only a matter of social justice but also essential for safeguarding the dignity, well-being, and future of women in the region.

The phenomenon of female suicide in Ghizer represents a multifaceted crisis that lies at the intersection of structural neglect, cultural norms, and individual despair. The study demonstrates that policy gaps—including inadequate mental health facilities, weak implementation of women's rights, and the absence of region-specific interventions—have left vulnerable groups without systemic safeguards. At the same time, social vulnerabilities, such as entrenched patriarchy, domestic violence, early marriages, and the stigma surrounding mental health, further compound the risks faced by women, making suicide appear to some as the only escape from oppression.

Despite the severity of the problem, the research also identifies pathways to prevention, which highlight both hope and responsibility. Expanding access to mental health services and counseling can provide early intervention, while empowerment through education and economic opportunities can enhance women's autonomy and resilience. Similarly, community awareness programs are essential to break the culture of silence and reduce stigma, while policy reforms and legal protections are necessary to ensure women's rights and safety. The role of support networks and NGOs further strengthens local responses by offering safe spaces and advocacy platforms.

Taken together, these findings suggest that female suicide in Ghizer is not simply an individual act of despair but a socially embedded phenomenon that requires urgent and holistic interventions. Tackling this crisis demands an integrated strategy where government, civil society, healthcare providers, and local communities work collaboratively to bridge policy gaps, address vulnerabilities, and strengthen preventive mechanisms. Only through such coordinated efforts can Ghizer move towards a future where women are not forced into silence and despair, but instead find safety, dignity, and hope.

Policy Recommendations

Based on the analysis of policy gaps, social vulnerabilities, and pathways to prevention, the following recommendations are proposed to address female suicide in Ghizer:

1. **Strengthen Mental Health Infrastructure:** Establish accessible and affordable mental health facilities at district and tehsil levels, with trained psychologists, counselors, and crisis intervention teams.
2. **Promote Women's Empowerment and Education:** Develop policies that expand educational opportunities for girls, provide vocational training, and create employment schemes to enhance economic independence (UN Women, 2020).
3. **Implement Legal and Policy Reforms:** Enforce existing laws against domestic violence, underage marriage, and harassment, while introducing region-specific legislation to protect vulnerable women (Human Rights Commission of Pakistan.
4. **Raise Community Awareness:** Launch culturally sensitive campaigns through schools, religious institutions, and media platforms to reduce stigma around suicide and mental health.
5. **Strengthen the Role of NGOs and Civil Society:** Support local NGOs to provide safe houses, counseling, and advocacy services, ensuring grassroots-level engagement and trust building.
6. **Promote Multi-Sectoral Collaboration:** Establish partnerships between government, health professionals, educators, and community leaders to create a comprehensive suicide prevention framework.

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