

Understanding Suicide in Nepal from Socio-psychological Perspectives

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Abstract

The article explores on the theoretical and empirical evidences of growing suicide trend in Nepal from psychological perspective. Nepal has been witnessing the increasing suicidal attempts since the last two decades. The paper is developed based on the secondary sources of data. The published research papers, government information, suicide recorded information of police headquarter, governmental and non-governmental reports are the major sources of information. The study found that various socio-economic, demographic, cultural, biological factors to mental illness such as anxiety, disorder and hopelessness are critical issues for suicide attempts in Nepal. It is argued that socio-environmental, cross-cultural, demographic factors have contributed to develop mental illness. If mental illness is not addressed timely then suicidal attempt is likely to happen. Government response to prevent suicidal attempt is not sufficient. Based on the second generation, theoretical understanding and prevention measures are crucial for the prevention.

Keywords: Suicide, anxiety, disorder, socio-economic, prevention

Introduction

Suicide mortality is the complex, multifaceted and multidimensional problem of globalized world. Every year, 800,000 people die by suicide (WHO, 2019). Globally, suicidal attempt is one of the causes of mortality among leading top twenty. Socio-environmental, biological and psychological dimensions of suicidal mortality have been explained by the philosophers, researchers and scholars to understand the complexity and manifestation of the problem. As studying the causal explanation of suicidal mortality, there are different theoretical models such as biological model, psychological model, sociological model, psychosocial model, bio-psychosocial model, family model, stress-diathesis model and clinical model (Karthick & Barwa, 2017).

In the social and environmental context of suicide, a range of economic, social, demographic, gender inequality, women's participation in income generating activities, religious affiliation, migratory movement, place of residence, modernization and urbanization, media exposure, family factors (alcohol consumption, relationship status) and access to suicidal means/methods/factors are responsible for the increasing suicides (Milner et al., 2013). Systematic reviews of more than 200 of research papers identified that there is a close relationship between the divorce marital status and lack of income generating works with suicidal incidence. Along with this, there are correlations between the suicidal mortality and socio-demographic and gender related variables such as religion, fertility, women's participation and family factors. Most of the socio-environmental factors are context specific to determine the suicide within time and

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space. The biological dimension of suicidal mortality is also important to understand this issue. It is noted that suicidal behaviour is developed as a biological processes on one hand and other argued as one of the determinants of the suicidal incidence. It is argued that biological model of suicide explained the processes of developing suicidal thoughts and attempts. The factors related biological included as brain serotonergic system (Bach et al., 2013), brain noradrenergic system (Chandley & Ordway, 2012), dopaminergic system (Mann, 2003), HPA axis hyperactivity (Coryell, 2001), brain-derived neurophic factor (Dwivedi, 2012) and Cholesterol levels (1998). The aforementioned scholarships indicate that biological process as explanatory factors for suicidal mortality.

The psychological perspective of suicide is one of the most influential for the suicide knowledge and prevention. It is identified that more than 90 percent of suicide deaths having mental illness (Bertolote & Fleischmann, 2002 cited in Klonsky, 2018). As explaining the mental illness, some of the mental disorder is more crucial that stalwartly envisage to succeeding suicide challenge in developing countries. Posttraumatic stress disorder, and major depression; in developing countries, the most predictive disorders are posttraumatic stress disorder, conduct disorder, and drug abuse (Nock et al. 2009 cited in Klonsky, 2018). The further analysis of data strongly assessed the mental disorder and suicide attempt including development of suicide ideation is translated into attempt is mostly related with the mental disorders.

In the field of suicide research, the psychologist has been responding quickly to add knowledge and ideas of prevention interventions. The second generation theories of suicide such as Joiner (2005), O'Connor (2011) and Klonsky and May (2015) contributed in the area. There have been changes in research approach from traditional to ideation to action framework is the key for second generation theoretical framework and understanding suicide. In Nepal, there are literatures on suicide from different perspectives. However, evidence based studies are only the micro level process. The response to suicide attempt from psychological perspective is relevant in the present context. So, this research paper aims to explore the theoretical as well as empirical evidences for deeper understanding of growing suicide in Nepal from psychological perspectives.

Situating Suicide in Nepal

There are suicide studies in Nepal from different theoretical perspectives. The major perspectives are socio-environmental, biological and psychological. A comprehensive review of suicide literatures and qualitative studies on suicide in Nepal by government of Nepal has identified key issues of suicide among women in Nepal. The report explores the demographic, socio-economic, family factors, cultural, mental health, poverty, social exclusion and inequalities are factors for influencing the suicide attempts in Nepal (Pradhan et al., 2011). Beside these, gender based violence (GBV), legal provisions, access to control over resources, girls trafficking, modernization, urbanization and rapid social change, bereavement, academic failure and interacting with multiple social, clinical and environmental factors are key issues for increasing suicide in Nepal.

Due to changing dynamics of the society, numerous issues are also emerged and affecting the suicidal attempts. The psychological autopsy investigation method has used to suicide case analysis among people of urban and rural settings in Nepal. Hagaman et al. (2018) explained the issues of suicide that lack of education is the prominent factor for the suicidal attempt. Beside this, poverty, violence, family disputes, suicidal behaviour in family, gender differences and personality character such as stubbornness and egoism. The findings of the study also suggested that importance of psychological cross-cultural research approach such as autopsy methods for cultural narratives induced while completing the suicide attempts. In reality, reorganization of cultural signs and dig out the probable obstruction to revelation including in search of fairness are also major issues of the suicidal attempts. It is argued that multifaceted cross cultural, psychological, politico-economic features are the critical issues for suicidal attempt (Hagaman et al., 2018). The study also explained that the migratory movement of people, substance use, alcohol consumption and history and complexity of family background also contributed to suicide thoughts and attempts in Nepal (Hagaman et al., 2016).

Findings of a cross-sectional study conducted by Pandey and colleagues (2019) on school students comprise of grade seven to eleven. The sample size was 6,531 which were nationally represented from all three ecological regions. The sample was taken from all the seven provinces by two stage cluster sampling to represent different social and cultural context. The findings of the study revealed that 14 percent of students having development of suicide ideation while 10 percent attempt it whether it is not successful. Scarcity of food, anxiety, loneliness and gender factor considered as risk dynamic of suicidal ideation development whereas apprehension/anxiety, truancy, cigarette use and gender differences are recognized as risk factors of suicidal attempt (Pandey et al., 2019). The aforementioned issues indicates that socio-psychological factors have been affected the suicidal ideation to attempt.

According to Mishra and colleagues (2013), out of total suicide completed cases, only one fourth cases ascertained the causes of suicide attempt. The major reasons described in the paper were domestic violence (35%), followed by mental illness (24%), academic failure (15.8%) and break up in romantic relationship (8.7%). The aforementioned facts based on the a retrospective study report which studied all completed suicide of children and young adults under the age of 21 years extracted data from Nepal Police Headquarter in January 2005 to December, 2009. The total numbers of completed suicide cases were 2172 in those periods. The same study also indicates that 87 cases attempted suicide due to the academic failure. Among the 87 cases, almost half of the students were from grade ten (Mishra et al., 2013).

A multi-centered retrospective study conducted in Southern region of Nepal among suicide attempt survivors by Thapaliya and colleagues. There were 116 suicide attempt recorded over the six months period from January to July, 2017 at three different centres of Sourthern Nepal. The study revealed that 68 percent were female and 90 percent of the survivors were belongs to young age group. Of the total survivors, one

third was adolescent whereas 32 percent were homemakers and 31 percent were students by their profession. The findings of the study reveal that majority of the victims were female (68%), belonging to younger age group (90%) with one third in adolescent age group and homemakers (32%) or students (31%) by occupation. Of the total cases, 83 percent of suicide attempt were spontaneous in character. Among the 116 cases, 60 percent were identified as mental illness included depression and adjustment disorder. Psychosocial and interpersonal conflicts were the diagnosed before the suicide attempt were the major causes of attempting suicide (Thapaliya et al., 2018).

The aforementioned studies of suicide in Nepal have been identified various socio-psychological, economic, environmental, cultural, gender differences, interpersonal conflict, modernization etc. as suicidal factors in the society. There are both individual and socio-cultural factors those have been affecting the suicidal mortality in Nepal. Most of the study based on the micro level processes which are constructed the knowledge on suicidal morality. This study has used the police reported data for the suicidal situational analysis and empirical arguments from the past studies to assess the causal explanation of suicidal mortality in Nepal.

Data and Methods

This research paper is based on the secondary sources of information. The suicidal mortality cases presented in quantitative analysis from police data and micro level studies in Nepal by different research scholars. Beside these, scholarly publications database such as Google scholar, Z-library, research papers from Nepal Health Research Council (NHRC) database research papers. Key words were used for searching suicide in Nepal, theories of suicide and suicide studies in Nepal. In suicidal cases, the data recorded police are most reliable. Every reported suicidal case has been handled by police administration for further investigation. The crime branch of police head quarter publishes suicidal cases every year in their websites at the end of fiscal year. The facts are also used for the trends of suicidal incidence in Nepal. The micro level studies and some of survey studies have also been conducted to identify the causes of suicides in Nepal from different perspectives. Most of micro level studies and surveys are published in national and international research journals for the deeper understanding of suicide in Nepal. The use of facts from the police records and research publication are useful regarding the questions of reliability and validity of the findings.

Findings

The findings of the study has been presented in two folds. The first part of the paper is theoretical underpinnings of second generation theory suicide from ideation to attempt framework whereas second part of the study present the suicide facts from the reported data in the police crime branch. The theories and evidences on suicide can better explain the increasing suicidal incidences in Nepal. The scientific understanding of the suicide attempt, Klonsky (2018) has developed a framework of analysis from suicide development to attempt. According to the framework of Klonsky, individuals' level of depression, hopelessness, mental illness and impulsivity are the most predictable

factors which have been best conceptualized in the study. The similar types of factors also affected to those who attempted suicide from experienced suicidal ideation without making an attempt of suicide. The framework of ideation to attempt lay down the development of suicidal thoughts: factors those contribute to progress of thoughts from ideation to attempt are distinct processes and explanatory narratives viewed as distinct processes predictors and explanation of next generation research processes in suicide, theory and preventive measures.

The new generation theories of the suicide have been explained about the capacity to attempt the suicide. The capacity is included the capacity of tolerance the fear of pain and death have influenced the succession from ideation to attempt. There are also factors those influenced the means of restriction is the practical way to diminish the ability and dominant way to chunk development from ideation to attempt. In this line of knowledge generating processes, the interpersonal theory of suicide-IPTS (Joiner, 2005), integrated motivational-volitional (IMV) by O'Connor, 2011 and three step theory of suicide (Klonsky & May, 2015) are the major theoretical understandings to explain the ideation to action framework of suicide.

According to Klonsky & May (2015), step 1 of three step theory explained the psychological issues like pain and hopelessness as causal factors for suicidal thoughts. The fears of pain including diverse form are sufficient to discourage the suicide attempt and controlled the behavioural experiments such as electric shock, loud noise and social exclusion or day to day life such as interpersonal clash including defeat and persistent medical pain. The theory further explained that whether life is miserable/aversive/painful; one is basically being punished for engaging with life, which in turn begins a want to keep away from life. It is also argued that if one expects that further pain can be reduced with continued endeavor, one's center of attention could be brightness of future life and can avoid suicide. Therefore, pain and hopelessness are required to develop and sustain suicidal ideation in the context of one's psychological positioning.

The positioning of three step theory included the blend of pain and hopelessness go ahead to suicidal ideation whereas suicide ideation rises while pain surpasses connectedness and finally, temperament and acquired as well as practical contributors' to suicide make possible the transition from ideation to attempt (Klonsky, 2016). The theoretical progress in explaining the suicide ideation to attempt framework, the contributions of Klonsky and May are the second generation ideas of suicide knowledge and line of inquiry. The theoretical model in the psychological understanding of suicide is as presented the figure 1.

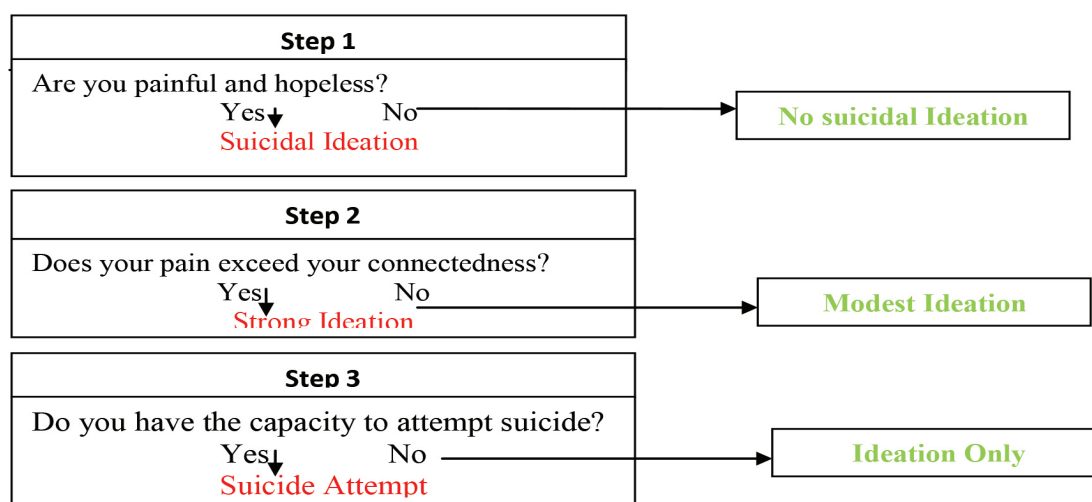
Figure 1: The three-step theory (3ST) of suicide

Figure adapted from Klonsky & May (2015).

While discussing the second step of three step theory, suicidal ideation rises when pain goes above and overcome connectedness. Connectedness whether to appreciate one's esteemed roles and responsibilities, or any sagacity of meaning or purpose can make life worth living despite pain? However, “if pain rises connectedness, or if pain is so huge as to prevent the experience of connectedness, suicidal ideation increases from self-effacing/ passive (e.g. ‘Sometimes I wonder if I would be better off dead’) to strong/ active (e.g. ‘I would kill myself if I could’)”.

Process and succession from suicide ideation to attempt is explained by the third step of three step theory. If one has higher level of suicidal ideation, it can be translated into action when one has ability to attempt suicide. The theoretical understanding of the step, there are three major influential factors to capability to attempt suicide such as dispositional contributor which have hereditarily high entry for pain or low alarm of death, acquired contributors for instances those intricate in the interpersonal theory of suicide (IPTS) and finally, practical contributors such as knowledge of, expertise in, and access to lethal means of suicide. It can be noted that the ideation to attempt suicide mostly relate with the rising practical capability for suicide such as ways of knowing the means of lethality from different sources, lethality of over the-counter medications, or a job that comes with knowledge in and access to lethal means. The final step of theory is the progression of ideation to attempt of suicide.

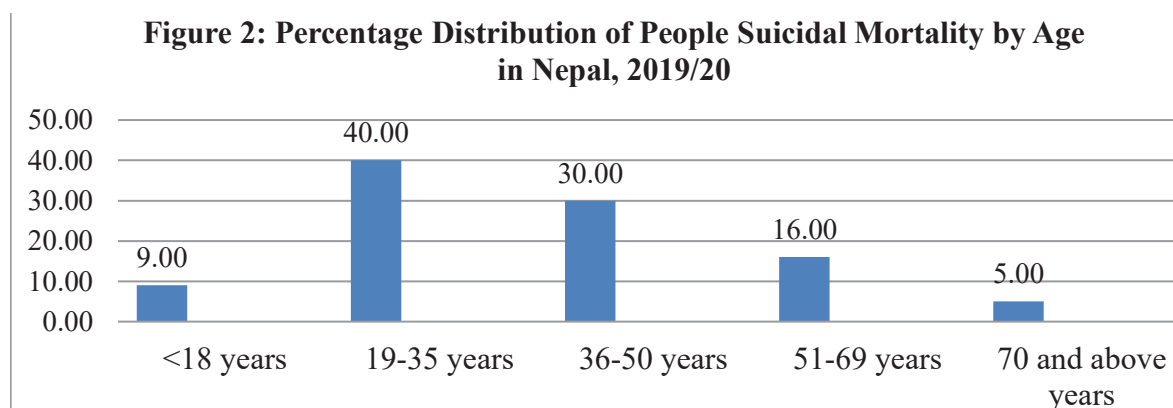
In order to identify the risk factors related suicide mortality in Nepal, the increasing trends of suicide in every shed light the gravity of the issues. The changing socio-psychological, economic, cultural, environmental and sudden global viral infections such as Covid-19 (SARS-2) virus have been contributed to the increased suicidal cases in Nepal. The situation of suicide mortality in Nepal is as presented in Table 1.

Table 1: Crude Suicidal Mortality Trends in Nepal

Year	Number	Rate (per 1,00,000)
2012	3977	8.90
2013	3974	8.70
2014	4504	8.50
2015	4332	8.50
2016	4680	8.50
2017	5124	8.50
2018	5317	8.80
2019	5754	9.00
2020	6249	9.20
2021	7117	9.40

Source: Nepal Police, 2021 and Macrotrends, 2021

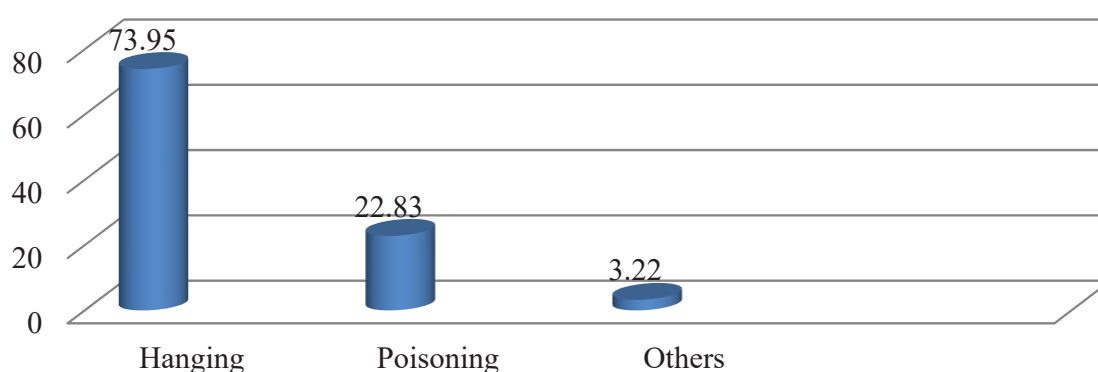
Table 1 reveals that the number of suicidal mortality has been increased from 3977 in 2012 to 7117 in 2021 over past 10 years. The suicidal rate has increased over the period, however, the difference is not big due to the growth of population is the determining facts. The facts indicate that the suicidal mortality has increased over the period. The global data of suicide indicates that suicidal attempt was the second major cause of the death among young people for both ranging from 15 to 29 years old whereas road injury is the first leading cause of death in the same age group (WHO, 2019). Psychological factors like depression, disorder and anxiety known as suicide cause rather than interpersonal conflict. By sex ratio, young male seem to attempt suicide more than young female.



Source: Nepal Police, 2020

In case of Nepal, among the total suicidal cases reported to police investigation, 40 percent of people aged 19-35 years were found to attempt the suicide in fiscal year 2019/20. Only 5 percent of elderly people died due to suicidal incidence. There is also significant proportion of adolescent people committing suicide. The police investigation also identified means of suicide.

Figure 3: Percentage Distribution of Suiciders by Used Suicidal Methods, 2019/2020



Source: Nepal Police, 2020

The publication of police headquarters based on the suicide reports indicates that hanging is the mostly used means of suicide in the recent years. Almost three fourth of the suicide attempts were made possible hanging. In Nepal, poisoning was the leading method of suicide in the past (Pradhan et al., 2011). It is considered that pesticide ingestion known as major methods of suicide in Nepal as well as South Asia. As supported by the data from the 2008/09 study, there is a general perception that pesticide ingestion is fast becoming the world's leading suicide method. The growing use of pesticides as a means of suicide in Nepal and wider Asia is sometimes attributed to imitation. Similar types findings also documented about suicide behaviour in the literatures (Kim & Singh, 2004) and such type of methods were widely used (Kanchan et al., 2009). The micro level study conducted in Sourthern Nepal is also different from the police data. The study shows that 74 percent of the suicide attempt is by poisoning followed by overdose of medicine (9%) and hanging (8%). Some of the means of suicide attempt are as jumping to water, provocation by others, burning, used weapons and instrument, electricity current and explosions are the other methods of suicide (Thapaliya et al., 2018). It is argued that poisoning and hanging are the major means of suicide which are contextual.

Discussion

Suicide is the multifaceted and multi dimensions in nature with complexity of interaction. Different disciplines of academia have been claimed differently about the suicide in Nepal. It is argued that socio-environmental, biological, socio-cultural and socio-psychological factors have been found to be risk of suicide. The evidences of suicide in Nepal indicate that there is increasing trends of suicidal attempts in every fiscal year. Different scholar viewed differently to understand the risk factors of suicide. The overall social and political change of Nepal in the past two decades has also contributed to the suicidal attempts. In this discussion, the major risk factors affecting suicide in Nepal have been discussed for deeper understanding. In demographic context of Nepal, young age groups have been emerged as high risk group of suicide in Nepal. It is increased

risk of suicide (Pradhan et al., 2011; Sapkota et al., 2011 and Hagaman et al., 2017 and WHO, 2019). The findings of study assessed that almost all suicide attempters have been found suffering from some form of mental disorders. The facts of the police report cases also highlight the young and adult groups as risk of suicide.

In suicidology, it is commonly understood that being single such as unmarried, separated, divorced and widowed viewed as risk of suicide (Hagaman et al., 2018). The depressive symptoms and mental illness is common in single person evidences mostly from the global South (WHO, 2019). The cross-sectional and case-control studies on single people have been assessed the risk of suicide attempts. However the studies of Nepal suggested that marital status not only predict as risk factor of suicide but integrated family and social system are more important to understand suicide attempt (Thapalaya et al., 2018). It is argued that there is less likely to risk of suicide due to low level of mental disorder in integrated social system than the individual social system. Some of the socio-economic factors of suicide have been stated as substitute procedures.

As focusing the unemployment as risk factor, studies examined the relationship between suicide rates and unemployment in different context and over time period (WHO, 2019; Hagaman et al, 2018; Hagaman et al, 2017). It can be argued that such type of studies only assessed the relationships between the suicide rates and employment but cannot be reach conclusion that unemployment is the major trigger for the suicide attempt. Critical reviews of the studies in Nepal by Thapaliya et al., 2018 has been found that the studies provided ambiguous as establishing the relationship between the factors in broader sense whereas the individual-level studies presented more constant maintain for unemployment as a risk factor for accomplished suicidal mortality (Thapalaya et al. 2018). It is understood that the individual level of analysis as a case control designs are more realistic rather than household and institutional level of analysis for the deeper understanding of suicide.

Socio-environmental contexts of suicide attempt have been presented varied arrays of risk factors affecting the suicidal mortality. Review studies assessed the numerous factors influencing the suicide attempt such as women's labour force participation, social inclusion, family relationship and integration (Milner et al., 2013). Beside these, poverty, inequality, gender based violence (GBV observance that it is generally acknowledged), fragmented relationship between young boys and girls, academic failure of young people, excessive substance abuse, bereavement and interaction with multiple factors viewed as risk factors for suicide attempt (Pradhan et al., 2011; Thapaliya et al., 2017; Hagamen et al., 2018; WHO, 2019; Pandey et al., 2019). It is commonly understood that only one single factor can't explain the incidence. Suicide attempt is only possible when one can't find out the alternative solution or coping means at their removal that he/she has been facing the problem. It is also argued that any socio-environmental factor further supported to develop suicidal ideation to attempt if there is absence of psychological responses to the mental illness.

As understanding the suicide from socio-psychological perspectives of suicidal mortality, mental illness is common for the suicide attempt. The micro level studies in Nepal showed that most of the suicide completed cases having history of mental illness (Thapaliya et al., 2017; Hagaman et al., 2018; Pandey et al. 2019). The studies documented that almost all completed suicide cases having any form of depressive symptoms. It is also identified that those depressive condition of people have very quickly growing ideation to attempt suicide over a very short time period. From the aforementioned evidences, it is argued that socio-psychological factors are the risk factors of suicide in Nepal. During the Covid-19 lockdown in Nepal, most of the suicidal deaths are also psychological disorder such as anxiety, loneliness and depression.

Conclusion

This study based on the secondary sources of information explores the prevailing social, cultural, environmental and socio-psychological factors as major risk factors for the suicide mortality in Nepal. From the official data of Nepal police and empirical studies on suicide in Nepal, it is found that various socio-economic, demographic, cultural, biological factors created condition of mental illness such as anxiety, disorder and depression which are leading causes of suicide attempts in Nepal. The governmental initiatives to mental illness and social wellbeing are the critical issues for the prevention of suicide.

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