Gender Differences in Suicide A study of Pakistani Population

Dr. Ruhi Khalid and Naumana Amjad

Abstract

The present study is part of an ongoing research in which total reported cases of suicide during different years are being examined to understand the psychosocial factors of suicide in Pakistan and their relationship to social change. The current paper is based upon a one-year sample i.e. all reported cases during 1999 and focuses on gender differences in completed suicide cases in Punjab. This report examines the gender differences on various dimensions of suicide i.e. reported cause, method used, age group and marital status. Method of content analysis was used. The results showed important gender differences in completed suicide cases on various dimensions. Implications for health professionals, social and community workers, policy makers as well as for parents are discussed.

INTRODUCTION

Although theorists have given diverse explanations of suicidal behavior, there seems to be general agreement that suicide and attempted suicide are behaviors, which reflect very serious degree of personal distress. Durkheim was of the opinion that suicide although apparently a personal act, was explicable only by the state of the society to which the individual belonged (Durkheim, 1897 cf. Maris, 1994). Most psychoanalysts have identified suicide with self-directed aggressive tendencies. For example Freud assumed that from the beginning of life there was, side by side with the sexual drive and life instinct , a tendency for disintegration and destruction at work which he called death instinct or Thanatos. According to Bernfeld since the suicide

involves murderous wishes against an object one also unconsciously identifies with, a tendency to self-punishment is involved. Jung stressed unconscious wishes for a spiritual rebirth in a person who has a strong feeling that life has lost all its meaning, Adler emphasized inferiority feelings and low self-esteem as the characteristics of potential suicide victim. Sullivan regarded suicide as evidence of a failure arising out of unresolved interpersonal conflicts (Weiss,1959). Some theorists have moved away from conjectures about abstract concepts and focused more on motivational factors and suggested that suicide can be seen as a form of problem solving behavior (Maris, 1994). Shneidman describes it " as a conscious act of self induced annihilation ,best understood as a multidimensional malaise in a needful individual who defines an issue for which suicide is perceived as the best solution" (Shneidman ,1985). A suicidal person is not necessarily mentally ill. He/she may be simply seeing things through a very distorted and constricted lens- there seems to be only two choices for this individual: continuation of a powerfulness of pain, or a cessation of that pain. Thus act of suicide can be seen as moving away from something not moving towards something. (Fenton,1941).

Evidence from studies of suicide shows that suicidal behavior occurs as response to a situation that the person views as overwhelming, such as social isolation, death of a loved one, financial problems or unemployment, emotional distress, serious physical illness or threat of severe pain, guilt feelings etc (Comar, 1996, Maris, 1998). It also occurs in cases of drug abuse, alcoholism, depression, schizophrenia and other psychological illness (Sainsbury, 1992). Empirical research on suicide has focused on facts and figures related to suicide and demographic variables such as age, gender, socio-economic class, marital status etc as well as on causes.

No one single cause or group of causes can account for the level of suicide rates in a society. Many are interacting or working at the same time. Suicide rates have been found to be positively correlated with the following factors: male sex, increasing age,

widowhood, single and divorced state, childlessness, high density population, residence in big towns, a high standard of living, alcohol and addictive drugs consumption, a broken home in childhood, mental disorder, and physical illness. Factors inversely related to suicide rates are; female sex, youth, low density of population, rural occupation, religious devoutness, the married state, parenting a number of children, membership of lower socioeconomic classes and war (Stengel, 1975).

These factors or circumstances are universal predictors of suicide for both the sexes but do we have some ground to assume that they operate for men and women in different ways or at different levels of intensity? We already know that there are remarkable differences between the genders in some aspects of suicidal behavior: men commit approximately three times as many suicides as women, while women make about four times as many attempts as men do (Farberow & Schneidman, 1961; Garai,1970; Maris,1994). Similarly women are supposed to choose less aggressive methods such as pills or poison and men use more aggressive methods such as gunshot and hanging (WHO report 1968 ,Kushner,1985). These notions are based on figures from USA or surveys conducted in other western societies. Any assumptions regarding our own society will obviously have to be based on evidence from Pakistan. The Newspaper reports indicate that number of reported suicide cases are on the rise in Pakistan. Is this alarming trend similar for either gender or like USA the increase is gender-specific? The present study is an attempt to answer these questions. First we need to have a look at the suicide figures for both genders and then gender profiling can be attempted. Scientific research in Pakistan is rare and objective records are not maintained at the district or national level hence statistics for the total population are not available in an organized form from one single source.

The present study is part of an ongoing research in which total reported cases of suicide during different years are being examined to understand the psychosocial factors of suicide in Pakistan and their relationship to social change. The current paper

is based upon a one-year sample i.e. 1999 and focuses on gender differences in completed suicide cases. This report examines the gender differences on various dimensions of suicide i.e. reported cause, method used, age group and marital status . We hope that this will help to identify the contributing and precipitating causes of suicide among Pakistani men and women .

Keeping in view the above discussion it was hypothesized that :

1. More men than women commit suicide in Pakistan
2. There are gender differences in the reported cause of suicide
3. The Females use more passive methods for committing suicide than males.
4. Single individuals are more likely to commit suicide.
5. Older people are more likely to commit suicide.

Other issues that will be looked into keeping in view the available information on world wide suicide trends are; the time of the year, urban –rural prevalence and occupation of the suicide cases.

METHODOLOGY

Sample

Method of archival data analysis was used. The sampling frame was all reported cases of completed suicide during 1999 in one Daily Newspaper. Daily Jung, the most popular Urdu newspaper of Pakistan was selected. Reported complete suicide cases were examined dated Ist January 1999 to 31st December 1999. Content analysis of the report of cases was carried out.

Following variables were recorded.

Month in which case was reported ;*Gender* ; *Age* ; Since age in years was given for only 30 % of cases age group was used instead of actual age ; *Marital status* ; *Occupation* ;*Area* ;*Method used for committing suicide* ; *Reported cause* ; All reported causes were taken into account and classified in broader categories.

Classification was based on Inter-researcher agreement to ensure reliability of data.

Sometimes the news item reported the contributory factors as well as the precipitating cause for example ongoing financial problems or poverty and a domestic dispute which triggered the suicide act. The precipitating factors were separately recorded in such cases but separate treatment of these two type of factors demands a qualitative analysis which is beyond the scope of this paper and will be undertaken at a later stage in this ongoing research. For the purpose of this study only the reported cause was taken into account.

Some convenient categories had been devised for sake of facilitation in analysis like all types of failure and goal blocking as reported cause were labeled under failure. This may result in some simplification but does not hopefully distort the true picture. Similarly unemployment was coded with financial problems because the occupation variable does present a clear view of the ratio of unemployed among our male sample. "Insult" includes severe reprimand by family as well as abuse by outsiders and isolated cases of injustice inflicted by society.

RESULTS AND DISCUSSION

The content analysis of data showed important trends and an interesting pattern emerged in the reported cases of completed suicide in the year 1999 which would help us to understand the frequency, nature and causes of the growing number of reported cases of completed suicide in our society.

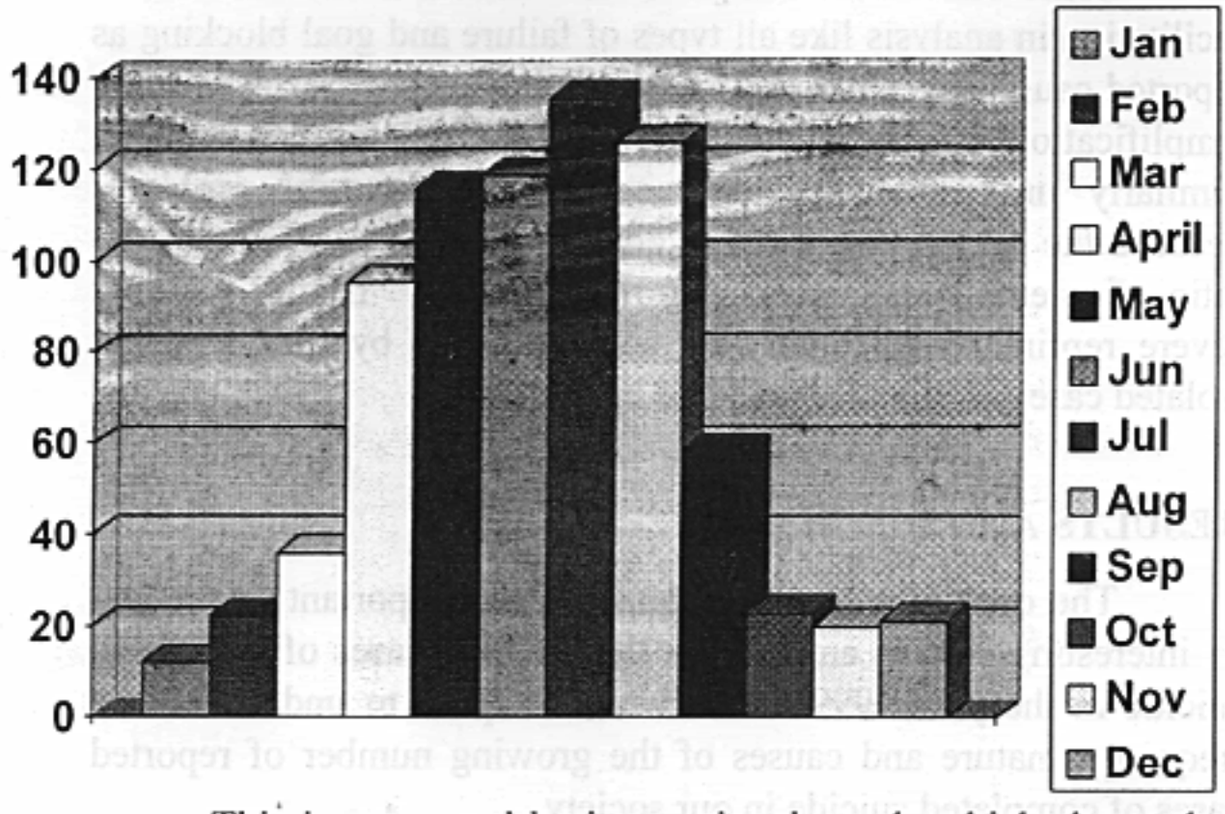
Time of the year as available

The frequencies for each month were computed and it was found that there is a striking seasonal trend. Fewer cases occur during winter e.g.; only 12 (1.66 % of total) cases were reported in January . The number of reported cases begin to rise around March and reaches a peak in August (16 % of total cases) then starts

declining again in September resulting in a curvilinear graph. According to our computation more than 70 % of all the completed suicides occurred during the months from April to September.

The decline continues till November but in December there is a slight increase due to Eid-ul-fitr. It is ironical that the festival which is supposed to bring gaiety, add a number of suicides . These occur due to inability of the husband to buy new clothes for family.

Number of cases month wise



This is supported by international trends which show that seasons and weather patterns affect suicide rates although there can be variations according to geographical and climatic conditions in various parts of globe. Adult suicidal cases in USA occur in spring with a peak in May (Stengal, 1975, Coleman, 1987) but the clusters of adolescent suicides is reported by most investigators to take place in autumn and winter (Golombek and Garfinkle, 1983; Coleman, 1987). This might be related to a more stressful academic time. There is now also research on seasonal affective

disorder which can provide explanation for seasonal fluctuation depression as well as suicides (Davis, 1996).

It is relevant to mention that not only suicide but all types of violent crime and conflicts show an increase during the summer A review of the other reported crimes in the same Newspaper revealed that conflicts over minor issues involving physical violence and murders were more frequent during the summer months. The explanation comes from research literature which shows a positive correlation between hot temperature and lower tolerance of frustration. (Comar, 1996). Especially in an extremely hot and humid temperature, like Punjab people are more prone to provocation when they experience frustrating circumstances or goal blocking. Considering the fact that 'emotional brain' or amygdala is far quicker than rational brain-springing into action without pausing for deliberation- in threatening situations emotional reaction will occur before rational problem solving function of the brain can start operating(Goleman,1995).Hence the greater number of impulse suicides during these months .

Gender Devide

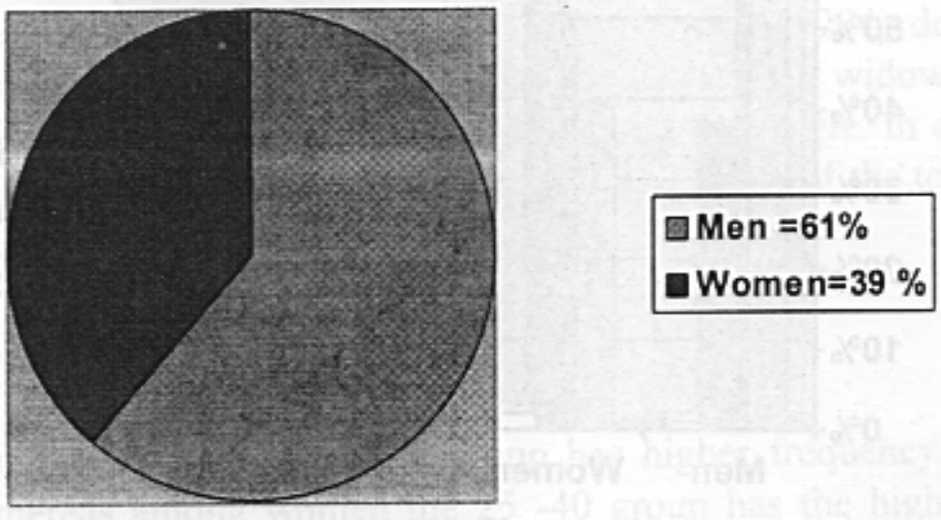
The first hypothesis of the study was that more men than women commit suicide which is confirmed. As shown in the pie chart the male female ratio is 61%/ 39%. These results are in line with the universal tendency for the male to commit suicide more often than female. However the reported western Female/Male ratio is 1/3 whereas our data has come out with a F/M ratio of 2/3 which is high considering the fact that in our culture although suicide is a taboo for both men and women there is a much greater reluctance on the part of families to admit or report female suicide especially of the young unmarried girls. Despite this we come

across 120 reported cases of suicide among young girls during the year1999 and needs to be taken seriously.

The total reported cases of suicide for Punjab are alarming. Durkhiem had postulated referring to European society that the individual act of suicide is best explained by the state of the society in which the individual lives. According to him serious faults in the social structure leads to an increase in the suicide rates(Durkhiem,1951) The rising trend of suicide in our society point to the faults of our system and demonstrate how societal factors affect individual lives. First of all we are confronted with the frustrations created by an unjust system .Secondly economic insecurity and poverty are very potent contributory factors. Thirdly the family system which was supposed to be a support has become abusive. There is evidence in our findings as well in previous research that the stressors generated by conditions of society affect the genders differentially according to their respective roles.

There was an increase in suicide cases of women in USA after World War II indicating that women roles were more stressful during that time (Kessler& McRae, 1983) "The differential rates of completed suicides by men and women have led to the historical treatment of suicide as gender-specific, that is as reflective of male behavior" (Williams, 1987). This was further supported in USA by evidence for higher rate of suicide among working women than housewives. One interpretation or argument emerging from this evidence suggests that women who choose to give up the traditional female role and take up male challenges are more at risk for suicide. This has been challenged by feminist and revisionist views (Kushner, 1985). This revisionist view argues that the differences in suicidal rates between women and men are not a result of their gender , but reflect the methods available to women. It has also been pointed out that during the years when women's role became more stressful there was an increase in suicide attempts by women (Kessler and McRae,1983).

It is worth noting that there is almost no incidence of suicide among working women in Pakistan during our year of study. 84 % 0f women who commit suicide are housewives , 9 % are students and a negligible 5 % are working women or self employed., so it can be inferred that stressors leading to suicide are mostly related to home and the societal factors which we mentioned above. There is no evidence to support the assumption that womens' role outside home is more stressful than their traditional role at home. On the contrary our findings present a picture of domestic life which is quite bleak and tragic. This will be further discussed when we look at the reported cause. In interpreting these figures we must remember that majority of reported cases belong to the lower socioeconomic strata and educated working class might not be equally represented. One way of looking at this could be that working women are more assertive or have other constructive channels available hence their frustration does not turn into aggression against self.



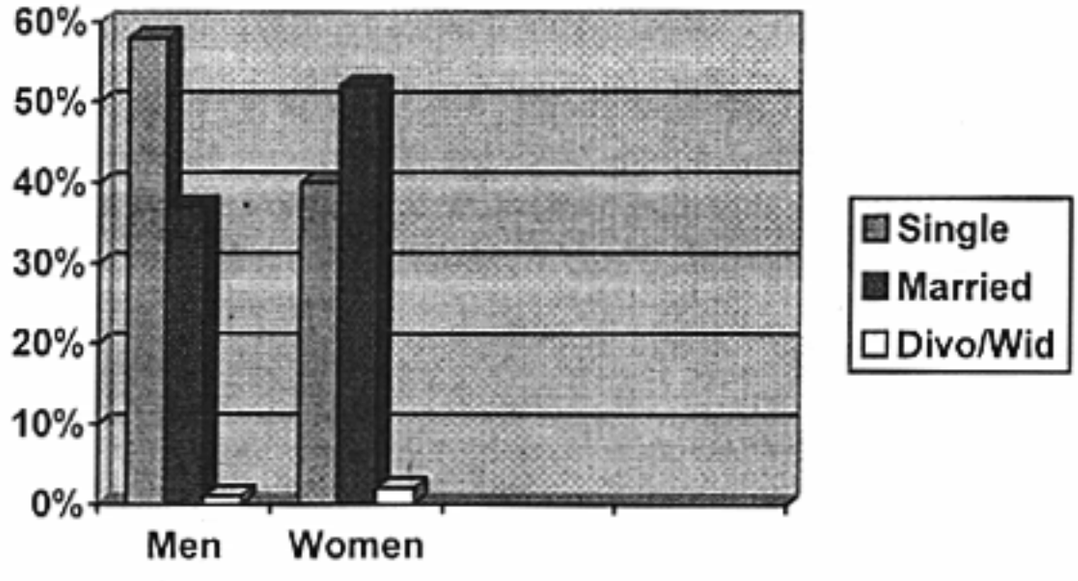
Male Female Suicide Ratio

Marital Status

The second hypothesis was that single individuals are more likely to commit suicide rather than married individuals. The division of cases according to marital status revealed that the percentage for married women is higher (52 %) than single women but this is reversed for men. More single than married men commit suicide. The percentages are presented in Table below.

MARITAL STATUS AND GENDER.

Marital Status	Single	Married	Divorced/Widowed
Men	58%	37%	1%
Women	40%	52%	2%



The percentages in the above table do not add upto 100 as for the missing cases (both males and females) marital status was not reported.

The division of cases according to marital status revealed that the percentage of suicide for married is higher (52 % among women and 48 % among men) than for single persons (38 % among women and 42 % among men). Apparently married

women have a higher suicide rate than married men but this difference was not statistically significant . The age wise analysis shows that almost 90 % of suicide cases among both men and women occur upto the age of 45 and incidence for married women is higher than for single women. This reflects the stress experienced by married women. The stress emerges from financial problems as well as domestic disputes. The analysis of reported cause in the news item reveal that many of these marital rifts are triggered by economic reasons like wife demanding money for groceries or other basic necessities which the husband can not provide. Prolonged living below poverty level and continuous struggle to make both ends meet, breeds a sense of helplessness which is very evident in these suicide cases.

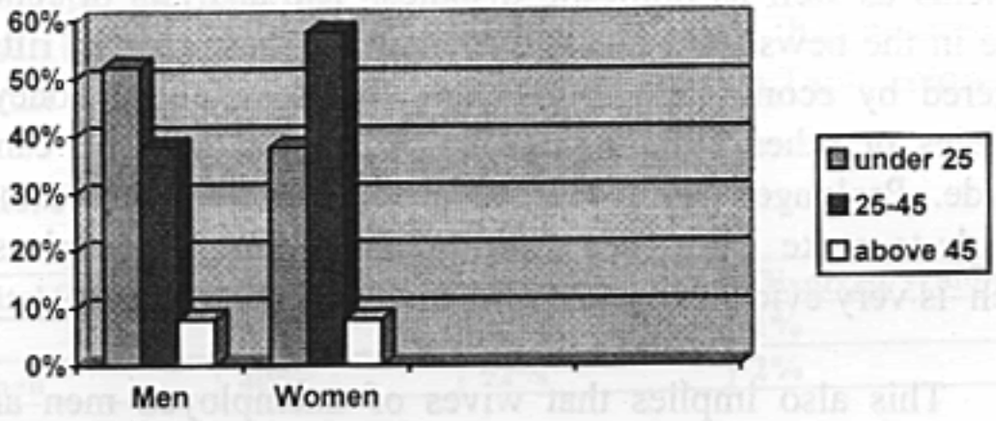
This also implies that wives of unemployed men are at greater risk. The tormenting burden of financial deprivation is shared by the women who has to see her children suffering as well as go through the domestic disputes which result from financial pressures. The observation of the western researchers that marriage and having children protects against suicide, (Maris,1994) does not seem to hold for our population. The suicide rates for widowed are higher in the west followed by divorced and the single. In our data widowed and divorced cases were a negligible 2% of the total cases.

Age group

Among men the under 25 group has higher frequency of suicide whereas among women the 25 -40 group has the highest rate of suicide. The frequency of suicide among above 45 group is very low among female sample and moderately low among male sample (8%). Age wise frequency of various causes is presented in table below.

FREQUENCY AMONG THREE AGE GROUPS.

AGE GROUP	Under 25	25-45	Above 45
MEN	50%	42%	8%
WOMEN	38%	54%	8%



Our hypothesis regarding age was that older people are more likely to commit suicide. However this hypothesis is not supported and our findings are in complete contrast with western trend in suicide where age is positively correlated with suicide. The peak age for white females in USA is between 45 -54 years and for white males 75-84 years. The low percentage of suicide among older people (above 45) in Pakistan is understandable in view of the prestige elderly persons and specially older women are given in the family and the status they enjoy as decision makers. The cultural norms strongly advocate care of older family members and supporting them economically . There is also an increase in power with the advanced age in our country hence elderly are neither helpless nor lonely which seems to be the factor in old age suicides in USA.

On the other hand the greater number of young male suicides points to the misery and stress youth is going through. The reported cause indicate that young boys are undergoing financial stress because they are forced to find work and support the family at an early age. The under 25 age group has a great proportion of impulse suicides specially during summer and the increase in impulse suicides seems to be moderated through modeling as well

as availability of domestic poisons like pesticides and insecticides. The overall rate of suicide for adolescents in USA has also been on the increase since last many years (Davis,1996) and it is reported that among all the national health objectives this has not responded to control efforts (Davis, 1996). The cause for young suicides in our country may be somewhat different from USA but the fact remains that the adolescence is a major transition phase in life and individual is very vulnerable emotionally. Sexuality, loss of a relationship and pressure to achieve have been found to be major factors which increase the suicide related stress in American adolescents (Rubenstein, 1989) . The researchers argue that these aspects involve the adolescent directly, and are found to be more salient for suicidal behavior than are family problems such as family emotional disorder or family conflict. Although family conflict has emerged as a major precipitating cause for youth in our country, the problems related to sexuality also might have a contributory role. Such contributory factors are difficult to assess through news reports and almost impossible in the completed suicide cases. However there are certain causes which are specific to younger age group in our data like disappointment in love, failure in studies or examination, disagreement over choice of prospective spouse, broken engagements, insult from parents etc which point to age related contributory factors. Age wise frequency of various causes is presented in table.

It can be assumed that completed suicides of young girls is less reported than young boys primarily due to social taboos but also due to the reason that boys more often may choose public, outdoor or aggressive methods like gunshot or train.

Area

The suicide cases were equally distributed in the province of Punjab and within the district. Also no significant difference was found on this variable among the genders; equal number of male and female cases are .reported from big cities, small towns and villages. Some early researches provide evidence for more

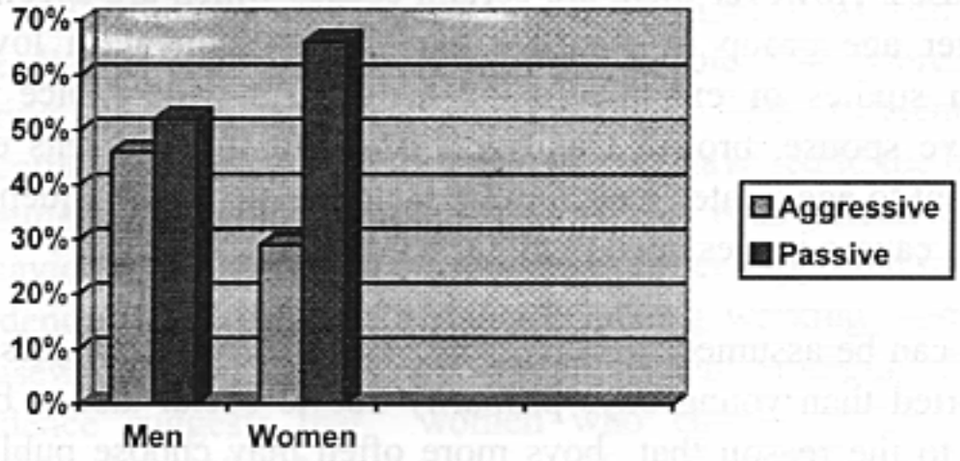
completed suicides among urban black American young men than their counterparts in rural areas and it would be useful to draw an urban rural comparison for different age groups in our population.

Method used

A number of methods are used for putting an end to one's life but the availability and lethality of method is sometimes decisive between attempted and completed suicide. The methods used by our sample are shown in table below.

CHOICE OF METHOD

	AGGRESSIVE				PASSIVE	
	Hang	Gunshot	Self-immolation	Train	Poison	Drown
Men	14%	15%	9%	8%	50%	2%
Women	10%	8%	9%	2%	60%	6%



As the figure shows the most commonly chosen method for both men and women is poison and these are mostly the insecticides or preservative pesticides easily available in the households. The availability of a lethal method can be suggestive during a phase of extreme stress and frustration. Choice of similar method by other reported cases also act as a suggestion or model.

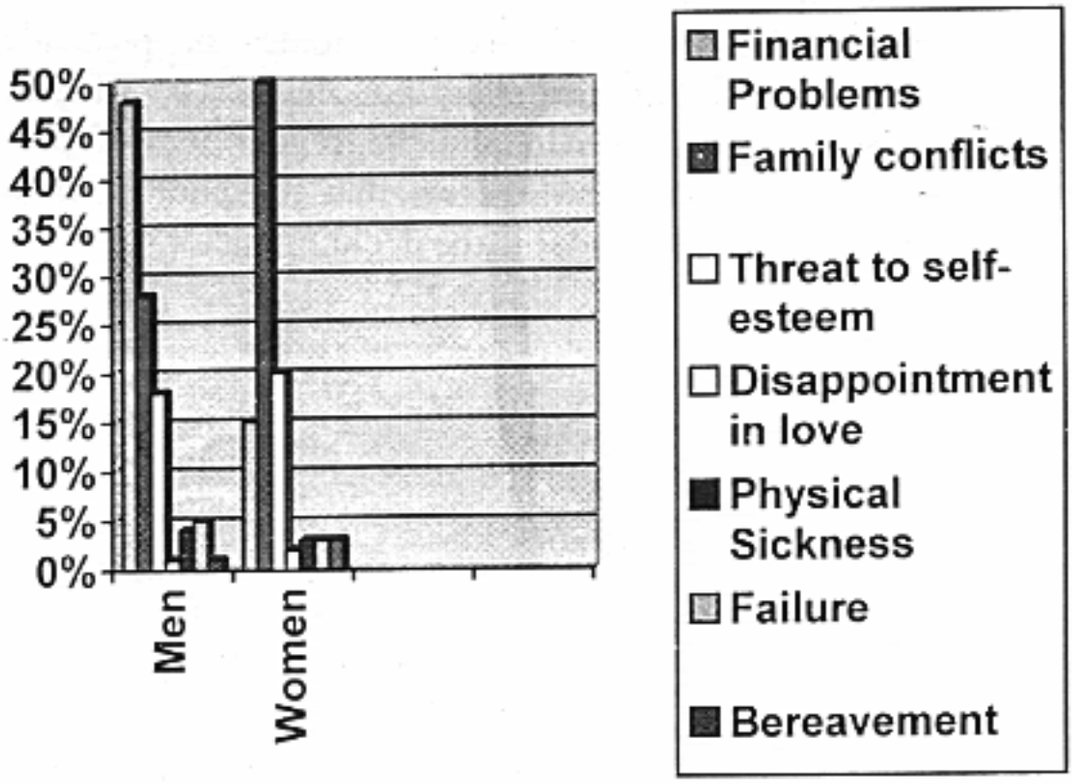
The validity of Self immolation among females has been questioned by the female activists and human right agencies . They have raised doubts whether they were dowry deaths inflicted by in-laws. Gunshot has a higher percentage among men. Our hypothesis about method stated that women choose less violent methods. Chi square analysis was performed and it was found that the difference between men and women on aggressiveness of method is statistically significant $\chi = 8.14(0.05\sim 1 = 3.84$).The results support the hypothesis but as Kushner points out this should be seen in context of the methods available to women (Kessler,R.C,& McRae, J.A., Jr 1983). The most frequent method used by our female sample is insecticides or pesticides, the domestic poison available in every household. Use of gunshot is not unknown among women and the higher use of poison by younger boys support the theory that in choice of method availability rather than gender is the deciding factor.

Reported cause

The data identified several major causes of suicide. These were coded in twelve categories; Financial problems including unemployment, domestic or family conflict, insult from significant other (often a precipitating cause), physical sickness, mental sickness (including depression) disappointment in love, abuse and injustice, failure or goal blocking, bereavement and infertility. A problem like infertility is sometimes not the direct reason but contributes to suicidal mind set meditated through conflict and social stigma, hence it was recorded as a reported cause where no other cause like family dispute etc. was given. The description and percentages for total sample and for both genders are presented in table IV.

TABLE IV
REPORTED CAUSE GENDER WISE.

Reported Cause	Women	Men
Financial Problems	15%	48%
Family Conflicts / Disputes	50%	28%
Threat To Self-esteem	20%	18%
Disappointment In Love	2%	1%
Physical Sickness	3%	4%
Failure	3%	5%
Bereavement	3%	1%



The results show that 50% of women commit suicide due to some kind of domestic dispute or clash with family. As mentioned previously underlying issues of these disputes are different for married and unmarried and younger and older age groups. The age wise cause is presented in the table V . It is nevertheless evident that families with unresolved conflicts are at greater risk of suicide. The second highest percentage among women is insult (20 %) followed by financial worries (12 %). A humiliating precipitating life event has been identified by the

theorists as a strong factor in suicidal behavior (Blumenthal and Kupfer,1988) and our results provide support for this observation.

The most frequent cause (48 %) among men is ongoing poverty and extreme or sudden financial stress often resulting from unemployment. According to our results 56% of suicides during 1999 were committed by unemployed men and a news report has come up with the figure of 376 suicides by unemployed persons during the same year (Daily Jang, 31st December 1999).Since man is seen as the provider and bread earner he is in the frontline of financial stress. Often the extended family depend upon a single man to support them which may well be beyond his means. Undoubtedly financial problems are the most frequent cause of suicide for Pakistani men.

When we looked at the two age groups the percentages change; among the under 25 girls 30% of reported cause is insult from family or parents, 67% is domestic dispute and 15 % is disappointment in love. For men of younger age group domestic dispute and financial problems come closer to being the two major factors whereas for 25- 45 group financial reasons are significantly higher than any other reason. A similar difference in percentage for various reported causes is evident between married and unmarried women. The comparison of reported cause between genders, age group and marital status is presented in table VI.

Further analysis of reported cause among married and unmarried women shows that majority of domestic disputes which lead to suicide among married women stem from financial problems whereas the domestic disputes among young unmarried girls emerge out of disagreement over choice of marriage, housework duties and responsibilities. Although loneliness and social isolation has found to be positively correlated to suicidal behavior, researchers point out that social involvement can increase suicidal potential if one's social relations are negative and disruptive (Maris,1994).

As mentioned above among the young age group there is a high ratio of impulsive suicides following insult by the parents or reprimand over minor issues. This trend is extremely tragic and availability of domestic poison has increased the risk of impulsive suicides among young girls and boys. An illustrative example is the case of young girl who swallowed the fatal insecticide pills because her sister was given something she wanted to have for herself or the teenager who killed herself after father reprimanded her for not saying her prayers. The available research on adolescent suicides in USA provide evidence that these suicides are not planned and forethought is not extensive (Davis, 1996). It has also been found out that the suicidal adolescents have a diminished problem solving ability and are less likely to generate active cognitive coping strategies (Guthrie, 1987).

Modeling is playing a definite role in such cases and evidence for this comes from the rising number of similar suicides. As theorists have stressed exposure to suicide can increase vulnerability.

There is also the possibility of concealing or underreporting by the family and parents. There seems to be a tendency to report a trivial incident as precipitating cause of the suicidal act by a young female hence making it appear unreasonable or childish overreaction to a minor unpleasantness rather than a serious rift with the family. There are also minor incidents like refusal of husband to allow the wife to go to her parental home reported as causes among married women If we look at the reported causes these suicides seem to be what Bechlor classified as appeal or blackmail; the desire being either to put pressure on a person or a cry for help (Bechlor,1979). In many cases intent might be emotional blackmail of parents but lethality of method turns an attempted suicide into a complete one. As Maris points out the revenge or aggressive suicides have a strong interpersonal component and include motivations of anger, retribution, or manipulation.(Maris,1994).

The role of negative life event like loss of a loved one, shame, major financial disaster and painful physical illness can not be ignored and is evident from our results but what comes across strongly is the element of helplessness bred by system of our society. These suicides are witness to a social system based on injustice where only way for a suffering person to draw attention to his situation is to kill himself publicly.

There are some isolated cases with rarely reported reasons. These are in order of frequency, addiction , sexual abuse, dissatisfaction with job or intimidation by the employer, ideological protest in support of a cause and police torture.

The factors such as infertility is reported more often in females than in males The childlessness can be disturbing for both men and women(Amjad& Kausar, 1993;Kausar & Ambreen 1997) but women have a higher cost to pay in terms of social stigma and threat of second marriage by husband.

Finally one must be aware of the fact that there are multiple causes for a behavior like suicide. Most suicides exhibit co-morbidity or polymorbidity (Maris,1994). A combination of many factors and stressors sometimes trigger a desperate act like suicide and effect of modeling, history of suicidal behavior, personality characteristics and current circumstances all play a role in the final tragic event of self murder.

There are some clear recommendations of this study which must be pointed out in terms of intervention. First of all, immediate practical measure must be taken to forbid sale of pesticides across counter. The Government should take strict measures to implement this ban. In fact we are surprised that no official agency has taken notice of the rising suicides by grain-preservatives reported daily by the newspapers. Secondly, parents should be instructed to keep domestic poisons as well as firearms in safe custody. A suicide helpline should be established in all big towns ; there is one working in Karachi . Assistance of local social activists and community workers can be enlisted in small towns for

this service as well as of the religious leaders i.e. the maulvis and the Imams in the mosques. The fear of retribution in afterlife can be a strong deterrent against suicidal behaviour. As a long term intervention plan counselors should be trained in assessment, prevention and prediction of suicidal behavior and they should work through all possible avenues, media, out reach programs and community visits so that they can reach the population at risk.

To end on a hopeful note. Although this has been a dismaying research it was carried with a sense of accomplishment at being able to play our role as social psychologists in society where we live.

References:

1. Amjad,N. & Kausar,R. (1992). "Childlessness: A Study Of The Adjustment Pattern Of Pakistani Females". Bangladesh Journal Of Psychology. Vol.13, Pp.91-98. Dhaka.

2. Bechlor.(1979). In Maris, R.W. (1998). Suicide in "Encyclopedia Of Mental Health". (H.S. Friedman Ed) Vol. 3, Pp.621-634. Academic press. California. U.S.A.

2. Blumenthal & Kupfer. (1988). In Davis, J. M. & Sandoval, J. (1996). "Suicidal Youth-School Based Intervention And Prevention". Pp.30 Jossy-Bass Inc. Publishers. Carlifornia. U.S.A.

3. Comar,R.J.(1996). "Fundamentals of Abnormal Psychology". Freeman and Company. Newyork. U.S.A.

4. Davis,J.M. & Sandoval,J.(1996). "Suicidal Youth- School Based `Intervention And Prevention". Pp.1-35. Jossy-Bass Inc. Publishers. California. U.S.A

5. Durkhiem,E.(1951). In Farberow, N.L. (1980). "Many Faces of Suicide".Pp.6. McgrawHill publishers. U.S.A.

7. http://www.pbs.org/egi-bin/weblab/living/discuss.

8. http://www.rochford.org/suicide/resources/stats/us

9. Goleman,D. (1995)."Emotional Intelligence". Newyork, Bantam Books.p.334.

10. Guthrie.(1987). In Davis,J.M. & Sandoval,J. (1996). "Suicidal Youth- School Based Intervention And Prevention". Pp.27. Jossy-Bass Inc. Publishers. Carlifornia. U.S.A.

11. Kausar,R. & Iqbal A. (1997). "Psychological Implications Of Infertility: Gender Differences In Psychological Health and Mental Relationship". Unpublished Dissertation. Department Of Applied Psychology. Lahore, Pakistan.

12. Kushner,H.I.(1985). In Williams,J.H. (1987). "Psychology Of Women- Behavior In A Biosocial Context." (3rd edition). Pp.451. W.W. Norton & Company. Newyork. U.S.A.

13. Maris,R.W.(1998). Suicide in "Encyclopedia Of Mental Health".(H.S. Friedman Ed.) Vol. 3, Pp.621-634. Academic Press. California.U.S.A

14. Rubenstein.(1989). In Davis,J.M. & Sandoval,J. (1996). "Suicidal Youth- School Based Intervention And Prevention". Pp.30 Jossy-Bass Inc. Publishers. Carlifornia. U.S.A.

15. Sainsbury.(1992). In Weiss,C. John. (1959). The suicidal patient in "American Handbook Of Psychiatry". (S.Arieti Ed.) Vol.3. Basic Books, Newyork. U.S.A.

16. Schneidman.(1985). In Maris, Roland.W. (1998). Suicide in "Encyclopedia Of Mental Health". (H.S. Friedman Ed) Vol. 3, Pp.621-634. Academic press. California. U.S.A.

17. Stengal, E. (1975). "Suicide and attempted suicide". Pp. 20-53. Penguin Books. London.