

Child Suicide

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Child Suicide: A Grim Fact of Today's Life

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Introduction

A growing body of research has shown that children can attempt and succeed in committing suicide. It is uncommon among children during childhood and early adolescence to commit suicide, but with increasing age, such attempts become more frequent.¹ *'Worldwide, suicide is among the top five causes of mortality in the 15- to 19-year old age bracket. In many countries it ranks first or second as a cause of death among both boys and girls in this age group.'*² A 2009 study conducted by WHO shows that suicide is the second largest cause of mortality in the 10-24 age group.³

Pakistan is a country caught in the plague of suicides committed by children as well as adults. Over the years, extreme financial difficulties, leading to depression and desperation have forced a number of adults to not only take their own lives, but also of their entire families. In the case of children, domestic violence has been the leading cause of suicides, followed by the family's financial conditions. It is reasonable to assume that stress and frustration resulting from poverty leads to increasing domestic violence, the brunt of which is usually borne by children.

¹ Pelkonen, M & Marttunen, M 2003, *Child and Adolescent Suicide: Epidemiology, Risk Factors, and Approaches to Prevention*, *Pediatric Drugs*, vol. 5, no. 4, pp. 243-263(21), viewed 22 January 2011, at <http://www.ingentaconnect.com/content/adis/ped/2003/00000005/00000004/art00004>.

² World Health Organization 2000, *Preventing Suicide: A resource for teachers and other school staff*, (Informal Resource Publication), Mental and Behavioural Disorders, Department of Mental Health; World Health Organization, Geneva, www.who.int/mental_health/media/en/62.pdf.

³ WHO Podcast 2009, podcast, 15 September, viewed 8 November 2010, http://www.who.int/mediacentre/multimedia/podcasts/2009/suicide_prevention_20090915/en/index.html.



In 2010, 187 children committed suicide and another 80 attempted suicide. These figures represent only those cases where the age of the persons committing suicide were established. In 61.2% of the cases, the age of people committing suicide was not noted and it can be assumed that the number of child suicide cases may be higher. It also must be added that not all suicide and attempted suicide cases are reported as such due to social and legal implications.

A point to note when discussing the suicide trends among children in Pakistan is the legal implications which follow for an attempt to commit suicide under Section

325 of the Pakistan Penal Code 1860 (PPC) which states that *'Whoever attempts to commit suicide and does any act towards the commission of such offence, shall be punished with simple imprisonment for a term which may extend to one year, or with a fine, or with both.'*

Both suicide and deliberate self harm or DSH (The term includes intentional self poisoning or self injury such as cutting, irrespective of the apparent purpose of the act) are illegal acts and all suicide cases must be referred to the medico legal centre of a government hospital. In DSH cases, people avoid going to these centres for fear of harassment by the police and the stigma attached. Instead, they seek treatment from private hospitals that neither diagnose suicide nor report them to the police. Incidences of suicide and DSH are therefore grossly underestimated in Pakistan.⁴

⁴ Khan, MM 2007, 'Suicide Prevention in Pakistan: An impossible challenge?' *Journal of Pakistan Medical Association*, vol. 57, no. 10, <http://www.jpma.org.pk/PdfDownload/1218.pdf>.

The Mental Health Ordinance (MHO) 2001 provides for a psychiatric assessment of survivors of suicide attempts in Section 49 stating that 'a person who attempts suicide shall be assessed by an approved psychiatrist and if found to be suffering from a mental disorder shall be treated appropriately under the provisions of this Ordinance'.⁵

Interestingly, the Pakistan Medical and Dental Council (PMDC) (2001) Code of Ethics states that 'the physician has a right to and should withhold disclosure of information received in a confidential context, whether this be from a patient ... There is no legal compulsion on a doctor to provide information concerning ... attempted suicide...'.⁶

Also worth mentioning here is the third and fourth consolidated periodic report submitted to the UN Committee on the Rights of the Child (UNCRC) which states that 'there is no formal system of monitoring the incidence of suicide among children however, some NGOs e.g. Lawyers for Human Rights and Legal Aid (LHRLA) and Human Rights Commission of Pakistan (HRCP) are monitoring suicide among children reported in the newspapers'.⁷

Trends in Suicides and Attempted Suicides among Children

This chapter offers an analysis of the contributory factors and trends of suicides among children under 18 years of age in the years 2009 to 2010 in Pakistan. The data for 2009 to 2010 was mostly obtained from the monthly reports⁸ of the Human Rights Commission of Pakistan (HRCP) and news reports.⁹

There is a slight increase in the number of child suicides in 2010, up from 185 in 2009 to 187 in 2010. There is however a much sharper, and alarming increase in the number of attempted suicides by children,

⁵ Ibid. at 479.

⁶ Pakistan Medical and Dental Council 2001, *Code of Ethics – 2001*, The Pakistan Medical and Dental Council, <http://www.pmdc.org.pk/Ethics/tabid/101/Default.aspx#12>.

⁷ UN Committee on the Rights of the Child (CRC) 2009, *Pakistan*, CRC/C/PAK/CO/3-4, Pakistan's Third and Fourth Periodic Report for the CRC, <http://www2.ohchr.org/english/bodies/crc/docs/AdvanceVersions/CRC.C.PAK.3-4.pdf> at 35.

⁸ Human Rights Commission of Pakistan 2009, *Jehd-e-Haq*, vol. 16, no. 1-12, and vol. 17, no. 1-12.

⁹ News reports covered by the following newspapers: The News International, The Daily Times, Dawn and the Express Tribune.

up from 42 in 2009 to 80 in 2010. The sharpest increase in attempted suicide cases among children, both boys and girls, was in Sindh.

The foremost methods used by the youth to commit suicide or attempt suicide have been identified as poison, firearms, hanging, fire and suicide bombing.

Factors Leading a Child to Suicide

The major reasons for committing or attempting suicide include domestic disputes and dismal financial conditions. It has also been noted that a number of female children are murdered but their cases are shown as suicide cases. Furthermore, due to poor forensic investigations by the police, it is difficult to gauge whether the death of the child was by suicide or murder.

An analysis of the HRCP monthly reports from 2009 and 2010 shows that the most common reasons for children committing suicide are scolding, punishment by a parent or parental figure, domestic disputes varying from strained relationships between spouses to disputes within the household.

Other factors include a child being disheartened due to financial conditions, including poverty and unemployment, and forced marriage. A failure to perform well in school, scolding by teachers and fear of exams are also identified as factors leading to suicide.

For adolescent boys, an inability in acquiring drugs or alcohol is a factor leading to such behaviour. Young girls who get married may be disheartened at their inability to conceive, while a death of a loved one and starvation have also been identified as factors leading to suicide.



Geographical/ Provincial Analysis

An analysis of the geographical location of the children that attempted or committed suicide shows that a greater number of male children attempted or committed suicide in Punjab in 2009 and 2010 as compared to females. In Sindh, more females committed suicide and an equal number of boys and girls attempted suicide in 2009, whereas more males committed suicide in 2010. In Khyber Pakhtunkhwa, more boys committed suicide and more girls attempted suicide in 2009 whereas a greater number of boys committed as well as attempted suicide in 2010.

In Balochistan, cases that are reported show that a greater number of boys committed suicide in 2009 whereas a greater number of girls did so in 2010.

Age Groups

The data of the children that committed suicides during 2009 and 2010 was analysed for children 10 years and below, 11 to 15 year olds and 16 to 18 year olds.

The analysis indicates that in 2009, the number of children that committed suicide for the 10 years and below age group were a total of 5 (3 male and 2 female) which decreased to 4 (all male) in 2010. For the 11 to 15 year olds, a total of 64 (37 male and 27 female) children committed suicide in 2009 which decreased to 57 (40 male and 17 female) children in 2010. Between the age group of 16 to 18 year olds, 116 (66 male and 50 female) children committed suicide in 2009 which increased to 126 (80 male and 46 female) children in 2010.

At least one boy, under the age of 10 attempted suicide in 2009 and a boy and a girl in the same age group attempted suicide in 2010. An increasing trend in attempted suicide in the age group 11 to 15 years has been noted. In 2009, eight children attempted suicide in 2009 which increased to 25 in 2010. In the age group 16 to 18 years of age, 33 children attempted suicide in 2009 which also increased drastically to 53 in 2010.

Children that Committed Suicide in 2010

Age Group	Punjab		Sindh		Khyber Pakhtunkhwa		Balochistan		Total		Grand Total
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
10 and Below	1	0	2	0	1	0	0	0	4	0	4
11 to 15	20	7	11	5	9	4	0	1	40	17	57
16 to 18	40	35	23	5	17	4	0	2	80	46	126
Total	61	42	36	10	27	8	0	3	124	63	187

Source: Jehd-e-Haq, HRCRP, from January to December 2010

Children that Attempted Suicide in 2010

Age Group	Punjab		Sindh		Khyber Pakhtunkhwa		Balochistan		Total		Grand Total
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
10 and Below	1	0	0	1	0	0	0	0	1	1	2
11 to 15	8	7	2	7	0	1	0	0	10	15	25
16 to 18	17	13	11	7	5	0	0	0	33	20	53
Total	26	20	13	15	5	1	0	0	44	36	80

Source: Jehd-e-Haq, HRCRP, from January to December 2010

Children that Committed Suicide in 2009

Age Group	Punjab		Sindh		Khyber Pakhtunkhwa		Balochistan		Total Male	Total Female	Grand Total
	Male	Female	Male	Female	Male	Female	Male	Female			
10 and Below	3	1	0	0	0	1	0	0	3	2	5
11 to 15	26	21	5	4	5	2	1	0	37	27	64
16 to 18	47	31	7	16	11	3	1	0	66	50	116
Total	76	53	12	20	16	6	2	0	106	79	185

Source: Jehd-e-Haq, HRCF, from January to December 2009

Children that Attempted Suicide in 2009

Age Group	Punjab		Sindh		Khyber Pakhtunkhwa		Balochistan		Total Male	Total Female	Grand Total
	Male	Female	Male	Female	Male	Female	Male	Female			
10 and Below	1	0	0	0	0	0	0	0	1	0	1
11 to 15	4	4	0	0	0	0	0	0	4	4	8
16 to 18	13	13	2	2	0	3	0	0	15	18	33
Total	18	17	2	2	0	3	0	0	20	22	42

Source: Jehd-e-Haq, HRCF, from January to December 2009

Reasons for Self Harm

The most common reason for committing or attempting suicide during 2009 was related to parental scolding or punishment. Less common reasons ranged from domestic disputes or worries and children being upset with parents or siblings etc. or being disheartened over financial, domestic or overall conditions. Other reasons included not being able to marry someone of choice, unemployment, poor performance in school, fear of examination and/or penurious circumstances. Even less common reasons appeared to be failure in love, being forcibly sent to school, inability to have children of one's own, economic hardship, scolding by a teacher, being fed up of starvation, delay in the receiving of one's wife from her parents' home and an inability to acquire drugs or alcohol. The number of cases where the reasons for committing or attempting suicide was unknown was 14.5% out of a total of 227 reported cases in 2009.

In 2010, domestic problems were the leading cause of suicide followed by financial problems.

Other reasons bear similarity to those reported in the cases in 2009. The number of cases where the reasons for committing or attempting suicide were unknown was 18.4% out of a total of 267 reported cases in 2010.

Reasons for Suicide Committed/ Attempted by Children in 2009

Types of Reasons	Total
Domestic disputes/ worries	56
Parental scolding/ punishment	82
Not married off to someone of their choice	12
Mental disability/ disease	3
Disheartened about one's financial state/ overall conditions/ domestic situation	14
Upset with parents/ siblings	3
Disheartened over failing/ low marks in exams/ fear of exams	5
Disheartened from unemployment	7
Fed up of disease	2
Disheartened due to poverty	3
Failure in love	4
Delay in receiving of wife from her parents	1
Scolding of a teacher	1

Disheartened by a parent's/ friend's death	1
Unknown	33
Total	227
Source: Jehd-e-Haq, HRCP, from January to December 2009	

Reasons for Suicide Attempted/ Committed by Children in 2010

Types of Reasons	Total
Domestic disputes/ worries	130
Parental scolding/ punishment	9
Not married off to someone of their choice	10
Mental disability/ disease	3
Disheartened about one's financial state/ overall conditions/ domestic situation	39
Upset with parents/ siblings	3
Disheartened over failing/ low marks in exams/ fear of exams	1
Disheartened from unemployment	6
Forced to marry against their wishes	2
Disheartened over the breaking of engagement	3
Fed up of disease	3
Disheartened due to poverty	5
Failure in love	1
Scolding of a teacher	1
Fight with friends	1
Disheartened by a parent's/ friend's death	1
Unknown	49
Total	267
Source: Jehd-e-Haq, HRCP, from January to December 2010	

Means of Suicide

The leading means of suicide was poison, used by 55.5% of children committing or attempting suicide in 2009, followed by the use of firearms at 16.3% and hanging themselves in 15% cases. Around 3.1% committed or attempted suicide by setting themselves on fire, 2.6% by drowning or suicide bombing, 1.3% by jumping in front of a train and

there was an isolated case of electrocution. The number of cases where the means of suicide or attempted suicide were unknown was 3.1% from a total of 227 reported cases.

In 2010 trends show that the most common means of suicide was again poison as 51.7% of children committed or attempted suicide by this means. This was followed by suicide or attempted suicide with the use of firearms in 17.2% cases, 16.8% children committed or attempted suicide by hanging themselves, 2.2% used fire, 1.9% drowned, 1.5% were suicide bombers and 1.1% did so by jumping before a train. There were two rare cases in 2010, one of electrocution and one by a sharp edged tool. The number of cases where the means of suicide or attempting suicide were unknown was 6.7% of a total of 267 reported cases.

Means used for suicide attempted/ committed by children in 2010

Types of Means	Total
Hanging	45
Suicide bombing	4
Gun	46
Fire	6
Poison/ Poisonous Medicine	138
Drowning	5
Electrocution	1
Jumping in front of a train	3
Sharp edged tool	1
Unknown	18
Total	267
Source: Jehd-e-Haq, HRCF, from January to December 2010	

Under-Reporting or Under-Estimation

The prevalence of suicide in children is likely to be under-estimated due to under-reporting and/ or misclassification of suicide deaths as accidental or undetermined. Some of the cases classified as suicide can safely be considered as murder. For instance, 14 year old Shamila, resident of Khairpur district, had shot herself in the stomach with a 30 bore pistol. The local human rights activists suspected that she was killed on the pretext of honour whereas the police could not ascertain the real

reasons for her death.¹⁰ Similarly, there is the case of 15 year old Mohsin Baloch, an under-trial prisoner who allegedly committed suicide by hanging himself using his waistband in the mosque of Central Jail Karachi. Mohsin was remanded to judicial custody in November 2009 and soon after his mother was told that he was ill and was shifted to the jail hospital. Then the police informed her that her son had committed suicide.¹¹ Mohsin's mother filed a constitutional petition in the Sindh High Court demanding a medical board to determine the cause of death and conduct and inquiry, which was ordered by the Court in March 2010.¹²



As for under-reporting, research indicates that it might be due to the fact that suicidal behaviour is a sensitive issue in Pakistan. The HRCP (2007) reported an incident which highlights the sensitivity of this issue. The report stated that *'in an aftermath of reporting on a suicide case during April, journalist Javed Sheikh, from Wari town of Upper Dir district faced the wrath of local tribesmen. He was receiving threats for having reported the suicide by a young girl in the remote valley of Osorai Darra.'*¹³

There are several reasons for the unreliability of the data, including the difficulties that society and institutions, especially the family, have in dealing with the issue, and therefore tend to avoid it. There are also pressing technical and professional shortcomings in law enforcement agencies and forensic medical facilities in diagnosing and reporting this cause of death. Furthermore, Pakistan, like many other Islamic countries,

¹⁰ Dawn 2010, 'Girl commits suicide', 25 December

¹¹ The Nation 2010, 'Superintendent submits comments before SHC', 24 February

¹² Daily Times 2010, 'SHC orders inquiry into death of juvenile UTP', 12 March

¹³ Human Rights Commission of Pakistan, 2007, *State of Human Rights in Pakistan in 2007*, HRCP Annual Report, Human Rights Commission of Pakistan, Lahore, Pakistan, p. 122

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has punitive laws against attempted suicide which can be a factor leading to under reporting of suicide and attempted suicide cases.¹⁴

The 2009 data shows that on average, in 59.3% of the 2566 total cases, the age was not reported.

The total number of reported adults was 818 which comprise 32% of the total 2566 cases and the total numbers of reported children were 227 which constitute 8.8% of the total cases. It is not clear how much the proportion of children may be in the number of cases where the age is not mentioned. It can be assumed that out of those cases a similar proportion, 8.8% of cases may be of child suicide.

The total number of child suicide cases throughout the year 2009 which had unreported or an undetermined reason for completed or attempted suicide was 14.5%. The total number of child suicide cases throughout the year 2009 which have unreported or undetermined means of completed or attempted suicide was 3.1%.

	Committed & Attempted Suicides in 2009	From the total cases of suicides attempted & committed: total reported cases of children up to 18 years of age and its percentage		From the total cases of suicides attempted & committed: the under-reported age cases & its percentage	
Total	2566	227	8.846%	1521	59.3%

Data analysis from 2010 shows that on average of 61.2% of 3042 total cases had an unreported age. The total number of reported adults was 914 which are 30% of the total 3042 cases and the total numbers of reported children were 267 which are 8.78% of the total 3042 cases. Therefore, it can be estimated from these figures that out of the total unreported cases, an average of 8.78% could have been cases of children that committed or attempted suicide.

The total number of child suicide cases throughout the year 2010 which had unreported or undetermined reasons for suicide or attempted suicide were 18.4% whereas the numbers of cases for unreported or

¹⁴ Khan, MM 1998, 'Suicide and attempted suicide in Pakistan', *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, vol.19, no. 4, <http://www.ncbi.nlm.nih.gov/pubmed/10331315>.

undetermined means were 6.7%. Since the year 2009 to 2010, it can be seen that the number of unreported cases have increased by 1.9%.

	Suicide and Attempted Suicides in 2010	Total reported cases of children up to 18 years of age and its percentage	
Total	3042	267	8.777%

Child Suicide Bombers

The number of suicide attacks in the settled and tribal areas of Pakistan in 2010 have reconfirmed that militants have been using children as the best suicide bomber weapon to kill innocent civilians in Pakistan. Children are hypnotized and prepared for suicide bombing.¹⁵

Upon analysis of the data extracted from the monthly reports of the HRCP of the years 2009 and 2010, it can be observed that each year there were a total of at least 4 reported suicide bombings by children.

During 2009, there were 47 suicide bombings reported in total, out of which 4 were reported as child suicide bombings where the children were between the ages of 13 to 18 years.

During 2010, there were 62 reported cases of suicide bombings out of which 4 were reported as child suicide bombings. The children were between the ages of 12 to 18 years.

The HRCP (2008) reported that in Peshawar, at least 12 people were killed and another 20, including two women constables, were injured when a teenage suicide bomber detonated explosives at an Imambargah in January.¹⁶

In July 2010, the Khyber Pakhtunkhwa government stated that it had around 40 juvenile offenders who were prepared by militants to carry out suicide bombings.¹⁷ In 2009, the Pakistan Army had arrested 20 boys from the Swat Valley and nearby areas who were trained by the Taliban

¹⁵ *Daily Times* 2010, 'Suicide bombers could replace explosive vests with school bags', 8 April.

¹⁶ Human Rights Commission of Pakistan, 2008, *State of Human Rights in 2008*, Human Rights Commission of Pakistan, Lahore, Pakistan, p. 89.

¹⁷ *The News International* 2010, 'Un-childlike acts', 17 July.

to become informants, fighters or suicide bombers. Eleven among them were as young 7 years old.¹⁸

In January 2010, CNN reported that Pakistan's military had revealed that the former Taliban stronghold of Nawaz Kot was used to train Pakistani children between the ages of 12 and 18 years to become suicide bombers. Nawaz Kot could accommodate more than 200 children at a time. The report stated that although the parents of the children sent their children to school for better education and free food, the written material available in the school contained details on how to prepare suicide jackets, handle weapons and perform ambushes. To indoctrinate them further, the walls of the school were painted with artwork of a glorious afterlife for suicide bombers.¹⁹

The first suicide attack of the year 2010 was reported in January in the main market of the Headquarters of Bajaur Agency. An attempt to stop an 18 year old suspect at a check post resulted in him blowing himself up as a result of which 19 people including three Levies Officials died and 40 were injured.²⁰

Another boy who was around 18 years old rammed an explosive packed tractor trolley into the walls of the Al-Zohra Trust Hospital in Hangu which killed 15 and injured 16 people.

In October 2010, attacks on the shrines of Abdullah Shah Ghazi in Karachi were reportedly carried out by two teenagers. The witnesses said that the first attack was carried out by a boy around 12 or 13 years old²¹ and the second boy was around 19 or 20 years old. Initial investigations revealed that both the boys hailed from Waziristan.²² In October, the police in Karachi arrested a would-be suicide bomber, 16 year old Mohammad Salaam. In an interview to the media, Salaam said, *"They warned me that if I deny carrying out the attack or tell anybody about it,*

¹⁸ USATODAY.com 2009, 'Pakistan army: Taliban training boys to fight', 8 April, http://www.usatoday.com/news/world/2009-08-04-pakistan-taliban_N.htm.

¹⁹ Young, S 2010, 'Terrorism training camp for children discovered in Pakistan', *The Underground*, 12 January, <http://theundergroundsite.com/index.php/2010/01/terrorism-training-camp-for-children-discovered-in-pakistan-10847/>

²⁰ Human Rights Commission of Pakistan, 2010, *Jehd-e-Haq: Khud Kash Bam Dhamaka [Suicide Bombing]*, Monthly Magazine March Issue, Human Rights Commission of Pakistan, Lahore, Pakistan, p. 37.

²¹ Hassan, S. R 2010, 'Nadra record confirms bomber's identity', *Dawn*, 13 October.

²² *The News International* 2010, 'Suicide bombers were teenagers', 8 October.

they would slit my throat." It was the fear of being slaughtered that made him agree to the suicide bombing.²³

In the Kohat area of Orakzai Agency, a deadly suicide attack at a bus stand claimed the lives of 18 people and was carried out by a boy around 16 or 17 years old.²⁴

16 year old Khalid Khan²⁵, who is currently detained at the YOIS Karachi, believes that the Taliban are good people and are the dispensers of justice. Khalid was the only survivor of the Saeedabad blast on 8th January 2010 that took the lives of six people. He was wounded and kept in solitary confinement separate from other minors.



A student at Thura Madrasa (seminary) in Saeedabad, Karachi, Khalid received extensive training in North Waziristan. It was revealed to him later on that suicide is *haram* and therefore, on the day when his inmates told him that they would bomb the Saeedabad Police Training School, he tried to escape. One of the persons in the house pulled the trigger of the bomb in which all six militants were killed on the spot. Over the period of his confinement, Khalid never received psychological counselling and was still adhering to

the rigid ways of the Taliban for obtaining justice. Khalid believed that the Taliban government in his home town Miranshah in North Waziristan was fair in its actions because those who were killed were thieves and murderers.

²³ Daily Times 2010, 'Two TTP militants, would be suicide bombers arrested', 26 October

²⁴ Express Tribune 2010, 'Police released sketch of suicide bomber', 10 December.

²⁵ The News International 2010, 'Imprisoned teenage would-be suicide bomber remains supportive of Taliban', 6 March.

It is reported that the Taliban are also trying to recruit young women in the Tribal Areas. In December, a young burqa-clad lady carried out a suicide attack at the World Food Programme's food distribution centre in Bajaur Agency, killing 43 people. It is suspected that she was under 18 years of age.²⁶ In Swat, the Taliban, using radio sermons, have targeted young women and girls, who are socially marginalized, encouraging them to join their movement and volunteer to become suicide bombers.

Apart from social deprivation and a lack of proper religious education, illiteracy has been reported as a major factor that has contributed in the growing numbers of women and children becoming easy prey to the Taliban's ideological preaching.²⁷

Conclusion

There is a disturbing trend in the number of attempted suicide cases reported among children, especially boys. Attempted suicide cases in the age groups 11 to 15 years almost tripled in one year and in the age group 16 to 18 years of age, the figure went up from 33 in 2009 to 53 in 2010.

There is plenty of evidence linking domestic violence, poverty and insecurity about future employment prospects to depression, hopelessness and suicide/ attempted suicide. In the case of suicide bombers, the profile of young militants show that poor quality of education, indoctrination which is carried out in schools as well as religious institutions, a weak family support system and poverty make young children more susceptible to the influences of militants.

The issues that this generation faces are overwhelming and are ominous signs for the socio economic future of the country considering that a vast proportion of the population, 22% (over 40 million) fall in the age group 10 to 19 years. Poor educational achievement, low job prospects and increasing domestic burdens are problems that cannot be addressed without active and effective interventions by the society and the government.

²⁶ *The News International* 2010, 'Female bomber kills 43 in Bajaur', 20 December

²⁷ *Express Tribune* 2010, 'For men fighting the war, women were 'easy targets'', 14 November

Recommendations

A lack of resources, poorly established primary and mental health care services and weak political processes make suicide prevention a difficult challenge in Pakistan for which public and mental health professionals need to work with the government and the civil society. The following are a few recommendations of steps that the State and society should take towards suicide prevention:

- Start low cost community mental health programmes involving mental health care workers and lay counsellors with suicide prevention as part of the programme
- Along with medical management of DSH which can lead to future suicide, underlying psychological issues should be addressed and every DSH subject should receive a psychiatric assessment. Emergency room personnel should also be trained to recognize and address cases of DSH
- The law regarding attempted suicide in Pakistan should be reviewed and repealed so that individuals who require psychological help can do so without the fear of being persecuted by the police
- The three most common means of suicide in Pakistan are poison or poisonous substances, firearms and hanging. Restricting access to poisonous substances and firearms could potentially prevent more than 50% of suicides
- Crisis intervention centres and toll free telephone hotlines need to be established
- Mortality statistics on suicides should be collected through a standard system of registration and diagnosis of suicides at all town/ city, district and provincial level so as to be used for studies and programs to help with suicide prevention
- School based interventions and programmes such as crisis management, counselling services, self-esteem boosting courses, development of social skills and healthy decision making should be established
- Awareness-raising amongst the parents as to the reasons and preventative measures that can be taken by them, such as counselling by the parents and creation of healthy communication between them and their children

Suicidal Behaviour in Children: Risk and Protective Factors²⁸

Certain environmental and genetic conditions predispose certain families to suicidal behaviour. The cultural and socio-demographic factors include low socioeconomic status, poor education and unemployment in the family. Among psychiatric disorders suicidal behaviour is more common in children and adolescents with depression, anxiety disorders alcohol and drug abuse and psychotic disorders

Risk Factors and Risk Situations

Risk situations and events that may trigger suicide attempts or suicide are:

- family disturbances
- separation from friends, girl-/boyfriends, classmates, etc.
- death of a loved one or other significant person
- termination of a love relationship
- interpersonal conflicts or losses
- legal or disciplinary problems
- peer-group pressure or self-destructive peer acceptance
- bullying and victimization
- disappointment with school results and failure in studies
- high demands at school during examination periods
- unemployment and poor finances
- unwanted pregnancy, abortion
- infection with HIV or other sexually transmitted diseases
- serious physical illness
- natural disasters

Protective Factors

Major factors that afford protection against suicidal behaviour are:

Family patterns

- good relationships with family members
- support from family

Cognitive style and personality

- good social skills
- confidence in oneself and one's own situation and achievements
- seeking help when difficulties arise, e.g. in school work
- seeking advice when important choices must be made
- openness to other people's experiences and solutions
- openness to new knowledge

Cultural and socio demographic factors

- social integration, e.g. through participation in sport, clubs and other activities
- good relationships with schoolmates
- good relationships with teachers and other adults
- support from relevant people