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Prevalence of Suicide Risk Factors among University Students in Gilgit Baltistan

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Abstract

The research explores the prevalence of suicide and underlying factors among university students in Gilgit Baltistan, Pakistan. This study explores how psychological, social, family, and economic factors shape suicidal ideation in an area where young adults are subjected to increasing social and professional pressures. Although the intended sample size was 300 respondents, data were collected from 400 respondents selected through a random sampling technique. A quantitative research design was employed and data were collected through questionnaires administered to students enrolled in public sector universities of Gilgit-Baltistan, Pakistan. The results show that the most significant factors of suicidal thoughts are psychological ones. High levels of anxiety (37.3%), loneliness (38.1%), and mood swings (54.2%) were reported among respondents. On the other hand, economic issues like financial stress had a relatively smaller impact (only 22.3% agreement). The study also found that that students residing in hostels (13.5%) were at greater risk of suicidal ideation than those living with their families (86.5%). Among the respondents, 56.7% were female and 43.3% were male. The findings further suggest that suicidal ideation can be prevented by supportive relationships and close familial ties. Overall, the study concludes that psychological distress and social isolation, rather than financial difficulty, are the main factors associated with suicidal ideation among university students in Gilgit-Baltistan. In order to reduce psychological stress, it is important to build a social support network for the students, such as mental health services, awareness campaigns, and institutional counseling facilities.

Keywords: economic factors, Gilgit-Baltistan, psychological factors, suicide, suicidal ideation, social factors, university students

Introduction

Suicide, the voluntary intention to end life, is one of the most anti-social yet

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very intimate acts. It has been present throughout all of human history and has been reflected in numerous cultural, religious, and philosophical contexts. Suicide is not only about the individual and is normally a product of, and a response to, hindrances much greater than an individual, namely, economic dislocation, culture, societal relations, and the inequality that exists within the system. It is, therefore, not a mental or psychological problem alone, but it is also an all-important topic within the context of sociology. The sociologists of the present day do not focus only on suicide as a personal episode of hopelessness but as an indicator of social processes and correlations that determine the evaluation of human beings (Maloku & Maloku, 2020).

In 2012, over 800,000 people died by suicide worldwide, making it the second leading cause of death for ages 15-29 and the 15th leading cause overall. Most suicides (76%) happened in low and middle-income countries, and in recent years, the highest rates have shifted from Western Europe to Asia. Asian countries now have some of the highest suicide rates. Many factors influence suicide, including personal, social, cultural, and environmental issues, but depression is the most common mental health problem in people who die by suicide. In high-income countries, about half of suicide victims had major depression, and a past suicide attempt greatly increases the risk.

In Guyana, youth are defined as people aged 14-35, while the OECD defines them as 15-29. This study considered people aged 15-29 years as youth and 10-14 years as children. Suicide was the third leading cause of death among youth worldwide in 2021. In 2019, Guyana had the highest youth suicide rate globally, with male rates 2.5 times higher than female rates. Self-harm was also the leading cause of death for children and young people aged 10-24 in 2021. Though there is little data on child suicide, past research shows Guyana had one of the highest rates of female child suicide between 2000 and 2009. Despite these high numbers, there is still very little research about child and youth suicide in Guyana. The country, located in South America, recently became wealthier due to oil, but it still has weak systems. Most of its people live near the coast, and about 38% are aged 10-29. Guyana has a diverse population because of its history of slavery and indentured labor, with the largest groups being Indo-Guyanese and Afro-Guyanese. This history has also led to ethnic divisions and politics being split between the two groups. Studies show that difficult life events and

relationship problems increase suicide risk, and the causes can differ between ethnic groups. This study uses life chart analysis to track factors across a person's life to understand why Guyanese children and youth take their own lives and to find ways to prevent it (Shaw et al., 2025).

A 12-month content analysis was conducted using *The Nation*, a daily newspaper in Pakistan. The study examined suicide-related news published between March 1, 2021, and February 28, 2022. Although their five editions of the newspaper are published in various Pakistani cities: Karachi, Islamabad, Quetta, Lahore, and Gwadar —this study analyzed only the Karachi edition. Age, gender, marital status, occupation, and localities of the victims of suicide are the demographic variables in this study. However, other variables of this study are the methods and risk factors of suicide deaths. In the course of 12 months from March 1, 2021, to February 28, 2022, the total number of news articles about suicide cases reported by the newspaper was 51. However, 84.31 % of the news (43) mentioned that the age of the victims was up to 50 years old; the age range was reported from 15 to 50 years. All 100 % of the news (51) were found to have mentioned the sex of the victims; males were more frequently reported to have died by suicide (males 65 % and females 35 %). It was found that 29.41 % of the news (Mahesar, 2023).

In 2016, the estimate was 2.9 per 100,000, i.e., over 5,500 ended their lives. Experts say the number of people dying is likely somewhere between the two figures, but the truth remains hidden (Rehman & Haque, 2020).

The social perspective on suicide is elaborated in this work. Suicide is a universal social phenomenon that exists across all societies and cultures. It is widely recognized as one of the most pressing challenges facing contemporary society, with far-reaching consequences for individuals, families, and communities. As the fundamental social unit, the family plays a crucial role in understanding, preventing, and responding to this complex issue, while individuals also share responsibility in addressing the factors that contribute to suicidal behavior. his study examines sociological approaches to suicide and the impact of sociological characteristics like age, education, unemployment, marriage and family, and gender. This study aims to examine the impact of various factors associated with suicidal behavior. The findings further indicate that, from a sociological perspective, suicide has been understood as a complex social phenomenon whose interpretation has evolved across different historical periods. Each social

epoch has offered distinct perspectives, reflecting the changing social, cultural, and intellectual contexts in which suicide has been studied. This study's objective is to assess, examined assess the impact of suicidal factors on suicide. The research results also show that the sociological aspect of suicide, viewed from the historical context, has been seen as a single phenomenon from different perspectives of social epochs. Taking into consideration the available data, the sociological point of view has been clarified as one of the most important approaches in the analysis of suicide as a social phenomenon. From the available literature, different views have been seen on the phenomenon of suicide and the difficulties in determining it, namely, the determination of the causes and consequences, and effective methods of suicide prevention. This paper contributes to the existing scientific literature, especially in the fields of Sociology, Psychology, Criminology, and Victimology. Moreover, this study is likely to contribute to the work of NGOs, but also to the work of state bodies to prevent suicide, which is and remains a universal challenge (Maloku & Maloku, 2020).

Social investigations on suicide consistently highlight the significance of social structures. Marital status is one of the most investigated variables. When a person is married, particularly when they have children, the risk is lower since it means greater social integration and care. On the other hand, being widowed or never married may increase the risk of suicide. In one study, it was observed that divorced people were almost two times more likely to commit suicide than married people. The study was conducted as a longitudinal study with data collected in the U.S. National Longitudinal Mortality Study. The risk also increased (by 52%) in separated people. That implies that marital disruption weakens social connections, and it can worsen psychological distress, supporting Durkheim's theory of egoistic suicide (Kposowa et al., 2020).

Suicide prevention should therefore extend beyond clinical interventions to include education, community empowerment, political advocacy, and fair and equal policy change. Cultural reinstitution programs, social unity programs, and economic programs have demonstrated the potential to minimize suicide risk. Evidence-based media guidelines on how to report responsibly should also be embraced by governments and organizations, and better access to mental health services in underserved communities should be achieved to increase services in these communities. Equally, gender is of the essence in the trends of suicide. Men are at a higher

risk of dying by suicide than women, whereas women generally report higher rates of suicide attempts than men. Men are more at risk of dying by suicide than women are; women commit suicide at a higher rate than men. The difference is commonly explained by variability of socialization, coping styles, and techniques. Men are socialized to store pain and are unwilling to be emotionally open and self-sufficient when it comes to solving problems. These demands may result in emotional bottlenecks in patriarchal societies since they may be accompanied by unemployment, relationship failures, or failure to deliver as per the roles expected of them (Stack, 2021). Women, in contrast, can have a better social support system, yet they are susceptible to suicide due to various sociocultural factors like violence based on gender or the pressure of their families being oppressive. The economic circumstances at the macro level affect suicide greatly, though people usually link suicide with personal financial difficulties. It has been studied that cases of suicide are boosted when there are economic downturns, unemployment, and debt crises. Losing a job not only results in financial hardships, but also deprives individual of identity, routine, and social status, which are essential to social integration. The feeling of failure and despair may be fostered through a society that highly appreciates material success and may further frustrate unsuccessful people who are poorer (Stack, 2021).

The framework remains influential in contemporary sociological study, especially when examining how social change, isolation, and disruption relate to suicide rates (Khan, 2005). Suicide is hence both an individual and a societal dilemma and a gauge of societal development, social cohesiveness, and quality of social institutions. The sociological nature of suicide became even more evident during the COVID-19 pandemic. As communities were struggling with lockdowns, loss of jobs, social isolation, and health concerns, suicide rates even shot up in certain regions. According to a review of newspaper reports about suicide made in the first months of 2020, several instances were directly involved in pandemic-related disruptions behind them. The Durkheimian framework helps explain these findings: lack of collective integration (e.g., in the workplace, community, religious congregations) and quick alternations in norms (economic and social uncertainty) led to the development of anomic and egoistic variants of suicides (Khan, 2005).

Culture has an enormous impact on the aspects of acceptability,

comprehension, and manifestation of suicide. Suicide is regarded as something disgraceful in certain societies, whereas it has romantic elements in others or may symbolize the idea of a protest or even martyrdom. Depending on the circumstances, the socially constructed narratives called cultural scripts can render suicide as a normal experience. The crucial factor in this respect is media representation. The imitation hypothesis assumes possible replication of suicide in the media to result in copycat actions, especially among those who are more prone to committing suicide, such as adolescents. Sensational celebrity suicides are usually linked with a rise in suicide incidences among others in the community (Abrutyn et al., 2020).

Although social media platforms provide an avenue of connection, they can also provide a platform for practicing negative behaviors by celebrating the acts of suicide, bullying, and spreading related content on self-harm. Researchers have also observed that in communities where suicide clusters have occurred, young people are affected by the suicides of others in their communities and are likely to start considering suicide as an option or even a rational reaction to social and emotional problems. Abrutyn et al. (2020) outline how suicide could become a thinkable option to others in the same social position as the suicide was rekeyed by people in powerful government institutions; promoted by well-publicized suicide among youth, it is referred to but normatively bridled by the cultural scripts (Abrutyn et al., 2020).

In a sociological sense, youth suicide reveals the deteriorated anchors of the traditional support systems, i.e., family and community, and pressures of modernity. When young people live in the absence of adult guidance or have no community, whether it is a school or a religious community, they can feel anomie or normlessness and despair. Besides, cultural norms related to masculinity, honor, and obedience in some cultures may complicate the process of getting assistance to young people or discussing their mental suffering. According to sociologists, there is a rising call that suicide should be viewed using a social justice perspective. Suicide is more than a mental health consequence; in many cases, it is the outcome of inequalities within a system, such as racism, poverty, homophobia, colonization, and gender discrimination. Researchers assume that successful suicide prevention should imply challenging and breaking these structures. The roots of such high rates in Indigenous communities, LGBTQ+ youth, and migrants often relate to historical abuse and

continuing prejudice in the form of marginalization (Hochhauser et al, 2020).

Suicide is currently one of the major causes of death in modern society, which occurs mostly among the youth and middle-aged groups. The World Health Organization (WHO) ranks suicide as one of the leading causes of death, with over 700,000 people dying by suicide per year, and the number of people attempting it is even higher (World Health Organization [WHO], 2025). High-income countries are not immune to the suicide burden, even though this is not reflected in the proportion of suicide burden in resource-poor and middle-income nations. In the US, suicide is listed in the top ten leading causes of death, especially among the 15-29 age group (Glenn et al., 2020). These figures identify more of the failures of the entire society, both economically (as in lack of stability) and up to social alienation.

The sociological approach to suicide displays it as a multi-spectral phenomenon that is contingent on an abundance of social, cultural, and economic, as well as structural forces. Although it is to some degree a matter of individual psychology, the risk of suicide, to a significant extent, is determined by the context within which people operate, their personal relationships, communities, available opportunities, and even the structure of prevention barriers. The initial theories of Durkheim, up to current empirical studies, show that suicide reflects the well-being of society. To manage suicide, thus, it is not the only factor, but the medical part that should be supplemented with sociological analysis, cultural approach, economic policy change, and social justice. Thanks to an interdisciplinary combination that puts more emphasis on prevention, compassion, and social fairness, societies could start to turn around the tide of suicide and create such environments in which people feel needed, appreciated, and hopeful. Work–home interference is bidirectional in theory, but not every group experiences both directions in practice. (Shaukat, 2025).

Significance of the Study

The research will provide valuable insights into the factors and causes that lead to suicide. The research on the rising suicide cases, especially among the youth in Pakistan, cannot only be important to the young generation, but also to parents, families, educators, and mental health professionals, and policymakers. The study can assist policymakers in coming up with preventive measures and effective interventions to prevent

suicide cases. The parents and communities should also be aware of early signs and help their children emotionally and psychologically. One should realize that young people are among the greatest and most vulnerable populations in our society. Their psychological, social, and economic well-being is threatened because of several psychological, social, and economic pressures. The present study provides evidence of how different factors like psychological problems, family problems, economic crises, and social pressures are causing suicide among the young generation in Pakistan. This study assists in comprehending some of the hurdles that the young generation is going through, such as emotional distress, unemployment, pressure in studies, and social expectations. The results of the research will be of great assistance to various organizations, including mental health organizations, policymakers, and the government. The research can be used to develop good policies and the actualization of mental health programs. This study is capable of giving specific details about the effects of societal stigma, inadequate mental health support, and financial instability on the mounting suicide rates. Past studies have mainly investigated broad reasons behind suicide in the world, but no research has investigated the lived experiences of youth in Pakistan because they are exposed to different cultural and social issues. Having read this research, we will be able to comprehend the factors and reasons that lead to suicide and learn important information on the mental health crisis. The role of economic, social, and psychological crises the country is experiencing, and their direct impact on the mental well-being of citizens, can also be highlighted in this study. We can understand the causes of suicide, whether caused by depression, hopelessness, unemployment, family conflicts, societal pressure, or inability to access the correct mental health facilities.

Research Objectives

- To identify the psychological and economic factors contributing to suicide among the youth of Gilgit-Baltistan.
- To measure the social factors that affect the suicide rate among the university students of Gilgit-Baltistan.

Research Questions

- How do the psychological and economic factors influence the suicidal rate among the university students of Gilgit-Baltistan?

- How do the social factors influence the suicidal tendencies among the university students in Gilgit-Baltistan?

Literature Review

The issue of suicide is one of the most multidimensional and intricate in the history of knowledge that has been the topic of interest of scholars, psychologists, sociologists, and philosophers. Literature on suicide does not only concern itself with the psychological aspects but also the sociocultural, economic, and existential factors that lead to suicidal thoughts and actions. The late 19th century saw early pioneering work by Émile Durkheim, who categorized suicide into four categories, namely egoistic, altruistic, anomic, and fatalistic.

Understanding Suicide

Suicide remains a pressing global public health concern, claiming more than 700,000 lives annually (WHO, 2025). It is a multifaceted issue influenced by psychological, sociocultural, biological, and environmental factors. Researchers and clinicians emphasize the importance of a comprehensive understanding of suicide to inform effective prevention strategies

Psychological Factors

Psychological theories often center on mental health disorders as core risk factors. Depression, bipolar disorder, schizophrenia, and personality disorders have strong associations with suicidal ideation and attempts (Hawton et al., 2012). The Interpersonal Theory of Suicide by Joiner (2005) posits that perceived burdensomeness, thwarted belongingness, and acquired capability for suicide are critical predictors of suicidal behavior. People die by suicide because they can and because they want to (Joiner, 2005).

Sociological and Cultural Influence

From a sociological perspective, Émile Durkheim's classical work categorized suicide into four types: egoistic, altruistic, anomic, and fatalistic, based on levels of social integration and regulation (Durkheim, 1897). In modern times, social isolation, cyberbullying, and family conflict are strongly linked to youth suicide, particularly in collectivist societies under pressure from modernization (Wasserman et al., 2005).

Gender and Age Dynamic

Suicidal behavior varies by gender and age. Since the beginning of the Industrial Revolution, there has been a noticeable increase in the number of women in the labor force where they are consistently making significant economic contributions. (Shaukat, 2025). While women are more likely to attempt suicide, men are more likely to die by suicide due to using more lethal means (Canetto, 1998). Suicide among adolescents and older adults is also growing due to factors like identity crises, social disconnection, or chronic illness (Nock et al., 2008).

Public Health and Prevention

Public health approaches stress early detection, mental health literacy, limiting access to means, and crisis intervention (Mann et al., 2005). Community-based programs and school counseling have shown success, particularly when combined with media guidelines and national suicide prevention strategies (WHO, 2025).

Suicide in Developing Countries

In low- and middle-income countries, underreporting and stigma hinder accurate suicide data collection. Cultural taboos, religious prohibitions, and a lack of mental health services contribute to hidden burdens of suicide (Vijayakumar, 2007). Pakistan, for example, lacks a national suicide database, and cultural stigma prevents many families from reporting cases (Khan, 2005).

In Pakistan, suicide is a topic that receives little attention. It is a subject of several legal, social, and religious consequences; suicide rates by country are unknown. In the northern region of Pakistan, in the district of Ghizer, we computed the suicide rate among women. Between 2000 and 2004, 49 women took their own lives. Pressures originating in the work domain demands, long hours, organizational culture, and role overload more reliably predict conflict in family, whereas pressures emanating from the family domain, childcare, eldercare, and spousal expectations more often produce conflict in work. (Noreen et al., 2024). This distinction underpins much of the subsequent evidence. Based on a five-year average population of 65,783 women, we computed the annual average suicide rate for women to be 14.89 per year. The rate of women in 15 was 33.22 years, whereas the rate for women aged 15-24 was 61.07 years. These numbers may be linked to the Pakistani women's high psychiatric morbidity and are significantly

higher than suicide rates in other regions of the country. This study underscores the need for a standardized system of registration of suicide in Pakistan. There is also an urgent need to address high psychological distress in women in Pakistan (Khan, 1998).

Suicide and attempted suicide are understudied subjects in Pakistan, an Islamic country where they are considered criminal offenses. National suicide statistics are not compiled, nor are suicide mortality statistics reported to the World Health Organization (WHO). Although there are strong religious sanctions against suicide, there are no clear principles against attempted suicide in Islam.

In recent years, suicide has become a major public health issue in Pakistan. Despite this, there are no official statistics on suicide, and national rates are unknown. To determine rates, we carried out an analysis of suicide reports from six cities in Pakistan. Rates vary from 0.43/100,000 in Peshawar to 2.86/100,000 in Rawalpindi. Rates for men are consistently higher than those for women; the highest rates for men were 7.06/100,000 between the ages of 20-40 years in Larkana, Sindh province. Given the legal, socio-cultural, and religious stigma of suicide in Pakistan, we believe these figures to be an underestimate. There is an urgent need for a standard system of recording suicide in Pakistan, so that true rates can be determined. This will help in informing policy and monitoring the effectiveness of suicide prevention programs (Khan, 2005)

Research on impulsive suicide attempts is extensive, but the term "impulsive" is used inconsistently, creating confusion. To clarify this, researchers reviewed 179 studies from major databases, identifying four key ways to define impulsivity: timing of the attempt, absence of immediate planning, past suicide plans, and other criteria. While studies agree on some general traits of impulsive attempts, no single risk factor applies across all definitions.

A recent review of several studies showed that extreme heat and air pollution make suicidal risks more likely, especially among men, and long-term degradation of the environment could actually reduce suicidal thoughts in some circumstances, which is strange. The results indicate the pressing. The necessity of mental health strategies for the consideration of climate change and gender differences in the context of providing support to the most vulnerable people before it is too late

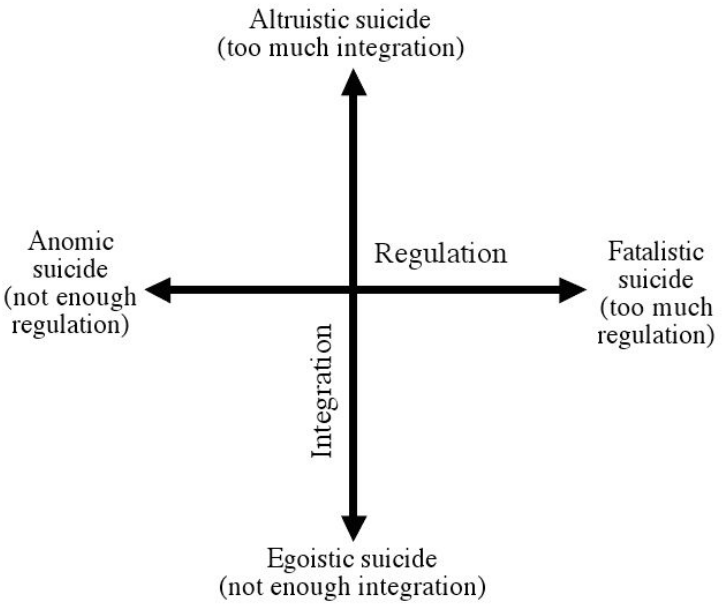
Theoretical Framework

Emile Durkheim's Theory of Suicide

One of the earliest scientists to approach suicide as a social phenomenon systematically was the father of sociology, Émile Durkheim. He suggested that suicide is any death which results directly or indirectly from a positive or negative act by the victim and which the victim should know will produce such a result in his innovative work. Durkheim (1897) provided a taxonomy of suicides: egoistic, altruistic, anomic, and fatalistic, each one related to the extent to which society was either integrated and regulated.

Figure 1

Theory of Suicide by Emile Durkheim



According to Emile Durkheim, suicide is a societal issue that is shaped by how people are related to and handled by society. He defined four categories of suicide, which include fatalistic, anomic, altruistic, and egoistic. Students who feel alone or disconnected from society, such as those living in hostels without any social interaction or away from families, are more likely to commit egoistic suicide. However, altruistic suicide happens when a student feels restricted by their social and cultural norms. Due to which their well-being might not be as important to them as their

family's worth and their society's responsibilities to them. Both of the examples highlight that either too little or too much connection to society can also create harmful pressure on a person. On the other hand, anomic suicide happens if a student experiences a sudden change that leaves them feeling confused and disconnected from life. Such as academic failure, unstable finances, or anxiety about unemployment. Students who feel bonded to strict rules or poor circumstances. Strong societal boundaries and overpowering conditions that restrict personal freedom are more likely to lead to fatalistic suicide. Overall, all four categories indicate that the possibility of suicide among Gilgit Baltistan students has been affected by social factors. Alongside personal ones, creating networks of support, decreasing cultural pressure, and providing direction throughout changes can help to minimize these risk factors.

Research Methodology

Research Design

A quantitative research design has been employed in the study to examine the suicide rate among university-going students. The research was conducted in Gilgit Baltistan (GB), a region in the north of Pakistan. Gilgit Baltistan is home to several universities where students from different districts are enrolled.

Sample Size

The population of this study consists of university-going students from Gilgit Baltistan. The target sample of this study is 300 respondents, including males and females from the 17 to 32 age group.

Data Collection

The researcher gathered the data for this study through surveys using a structured questionnaire. The researcher completed the data collection from 26 August 2025 to 1 September 2025 through multiple visits.

Data Collection Instrument

The questionnaire was developed by the researcher with 34 items in total. The questionnaire consisted of 5 sections. The demographics, psychological factors, social factors, family factors, and economic factors.

Ethical Considerations

The consent was verbally informed to the respondents before handing over the questionnaire to them. The researcher affirmed that the information of the respondents would be kept confidential. The anonymity of the respondents would be maintained. While collecting the data, the researcher tried to provide complete privacy to the respondents when they were filling out the questionnaire. For this purpose, a suitable time was given to them to do the task.

Results

Table 1

Demographic Information

Variables	Frequency(*f*)	Percentage (%)
Age		
21-24	190	68.3%
29-32	3	1.1%
Gender		
Male	130	43.3
Female	170	56.7
Family System		
Joint Family	120	42.0
Nuclear Family	166	58.0
Living status		
With family	257	86.5
Hostel	40	13.5
Background		
Urban	110	38.3
Rural	177	61.1
Family Income		
1-200000	223	91.8
20000-400000	13	5.35
400001-600000	6	2.5
600001-800000	1	0.4

68.3% of respondents were aged between 21 and 24 years, and 1.1% of respondents were between 29 and 32 years old. Data revealed that 43.3 % are male, while 56.7% of the respondents were female. The majority of the

respondents are 99%, who identify as followers of Islam, while only a small proportion belong to other religions. 58% of respondents belong to a nuclear family system. While a small proportion, 42%, reported living in a joint family system. The overall system suggests that the nuclear family system is more common among the respondents as compared to the joint family system. 86.5% of the respondents live with their families, while 13.5% of the respondents live in a hostel. 61.1% of the respondents live in rural areas, while 38.3% live in urban settlements. This table reveals that 91.8% of respondents have family incomes ranging from 1 to 200,000, 5.35 of respondents have 200001 to 400000, 2.5% of respondents have 400001 to 600000, and only 0.4% of respondents have family incomes ranging from 600001 to 800000.

Table 2

Psychological Factors

Variables	Frequency(*f*)	Percentage (%)
Hopeless		
Strongly Agree	34	11.3
Agree	89	29.7
Neutral	79	26.3
Disagree	71	23.7
Strongly Disagree	27	9
Depressed		
Strongly Agree	20	6.7
Agree	47	15.8
Neutral	52	17.5
Disagree	143	48.1
Strongly Disagree	35	11.8
Mood Swings		
Strongly Agree	51	17.3
Agree	109	36.9
Neutral	59	20
Disagree	54	18.3
Strongly Disagree	22	7.5
Anxious		
Strongly Agree	42	14.1
Agree	69	23.2
Neutral	67	22.5

Variables	Frequency(*f*)	Percentage (%)
Disagree	100	33.6
Strongly Disagree	20	6.7
Miserable		
Strongly Agree	27	9.2
Agree	52	17.7
Neutral	56	19.1
Disagree	116	39.6
Strongly Disagree	42	14.3
Useless		
Strongly Agree	22	7.6
Agree	29	10
Neutral	45	15.5
Disagree	110	37.9
Strongly Disagree	84	29
Kill Myself		
Strongly Agree	24	8.1
Agree	32	10.8
Neutral	22	7.4
Disagree	109	36.7
Strongly Disagree	110	37
Plan to Kill		
Strongly Agree	14	4.9
Agree	14	4.9
Neutral	30	10.5
Disagree	106	37.1
Strongly Disagree	122	42.7
Fear of Academic Failure		
Strongly Agree	26	8.7
Agree	53	17.7
Neutral	39	13
Disagree	110	36.8
Strongly Disagree	71	23.7

A significant percentage of respondents reported feeling hopeless, with 29.7% and 11.3% strongly agree. On the other hand, not as many people felt this way, as seen by the 23.7% who disagree and the 9% who strongly disagree. Furthermore, 26.3% expressed no opinion, which could indicate that participants were unsure or had moderate levels of despondency.

A small percentage of respondents suffered from depression, with 15.8% agreeing and 6.7% strongly agreeing; however, the majority did not report a similar viewpoint, as seen by the 48.1% who disagreed and the 11.8% who strongly disagreed. Additionally, 17.5% of participants expressed no opinion, suggesting that some people may have low or uncertain levels of depression**.**

The findings show that more than half of respondents had a change in mood, with 36.2% agreeing and 17.3% strongly agreeing. A lesser percentage did not share this experience, as seen by the 18.3% who disagree and 7.5% who strongly disagree. Furthermore, 20% stayed neutral, indicating a moderate or unclear mood swing.

The results indicate that a significant number of respondents suffered from anxiety, with 23,2% agree and 14.1% strongly agreeing. On the other hand, 33.6% disagree, and 6.7 strongly disagree, which suggests that a large percentage of respondent did not express their opinion. Furthermore, 22.5% of the respondents expressed no opinion, which could indicate low interest or confusion.

According to the outcomes, 9.2% strongly agree, and 17.7% agree. This indicates that fewer respondents said they feel miserable. In contrast, the majority did not share this perception, as shown by the 39.6% who disagreed and the 14.3% who strongly disagreed. 19.1%, on the other hand, were indifferent, indicating uncertainty or rarely encountered such emotions.

The majority of individuals have a positive view, as seen by the 37.9% who disagreed and the 29% who strongly disagreed. While only a tiny percentage reported having poor self-perception, with 10% agreeing and 7.6% strongly agreeing. Meanwhile, 15.5%of respondents had no opinion, indicating random or unclear concerns.

The analysis shows that an average percentage of respondents reported having suicidal thoughts, with 10.8% agreeing and 8.1% strongly agreeing. However, the majority did not show such tendencies, as evidenced by the 36.7% who disagreed and 37% who strongly disagreed. Additionally, 7.4% of individuals did not have an opinion, which could be an indication of hesitancy and rare suicidal ideation.

The findings suggest that the vast majority of respondents have a negative opinion, with 42.7% strongly disagreeing and 37.1% disagreeing.

Only a small minority of respondents agree, with 4.9%, and another 4.9% strongly agree; however, 10.5% of participants choose to stay neutral overall. The findings show significant resistance among the respondents.

Education transmits knowledge, skills, and dispositions across generations through formal institutions (from preschool to university) and informal learning. It is widely recognized as a driver of social change and development: when existing arrangements fail to meet emerging needs, education can catalyse new aspirations, competencies, and social relations. Universities, as apex institutions in this system, demand substantial cognitive and emotional labour from faculty teaching, mentoring, assessment, administration, and research, making them critical sites for studying WFC and FWC. Taken together, these domains underscore why examining work-family dynamics among female university teachers is sociologically significant. (Shaukat, 2025). The result indicates that 8.7% of respondents strongly agree and 17.7% of respondents agree, which shows that some participants were afraid of failing academically. While 23.7% strongly opposed and 36.8% disapproved, the majority did not express these worries.13% additionally had no opinion, indicating an average or unclear opinion of academic failure.

Table 3

Social Factors

Variables	Frequency(*f*)	Percentage (%)
Disconnect from other people		
Strongly Agree	20	6.8
Agree	57	19.3
Neutral	55	18.6
Disagree	115	39
Strongly Disagree	48	16.3
Social Gathering		
Strongly Agree	25	8.4
Agree	75	25.3
Neutral	65	22
Disagree	91	30.7
Strongly Disagree	40	13.5
People who care about me		
Strongly Agree	58	19.5

Variables	Frequency(*f*)	Percentage (%)
Agree	106	35.7
Neutral	43	14.5
Disagree	64	21.5
Strongly Disagree	26	8.8
Lonely		
Strongly Agree	38	12.8
Agree	75	25.3
Neutral	63	21.2
Disagree	87	29.3
Strongly Disagree	34	11.4
Times of Trouble		
Strongly Agree	13	4.5
Agree	55	18.8
Neutral	64	21.9
Disagree	105	36
Strongly Disagree	55	18.8
Belong to nowhere		
Strongly Agree	19	6.5
Agree	40	13.7
Neutral	41	14
Disagree	123	42
Strongly Disagree	70	23.9
Not close to my Family		
Strongly Agree	15	5.2
Agree	36	12.5
Neutral	31	10.8
Disagree	104	36.2
Strongly Disagree	101	35.2
In times of need		
Strongly Agree	35	11.9
Agree	73	24.8
Neutral	61	20.7
Disagree	82	27.9
Strongly Disagree	43	14.6
Close Friends		
Strongly Agree	16	5.3
Agree	31	10.3

Variables	Frequency(*f*)	Percentage (%)
Neutral	26	8.7
Disagree	121	40.3
Strongly Disagree	103	34.3
Satisfied Interaction		
Strongly Agree	17	5.7
Agree	44	14.9
Neutral	68	23
Disagree	106	35.8
Strongly Disagree	61	20.6
Harassment		
Strongly Agree	23	7.8
Agree	31	10.5
Neutral	34	11.5
Disagree	116	39.2
Strongly Disagree	92	31.1

The results indicate that most respondents do not feel this way, with 39% disagreeing and 16.3% strongly disagreeing. Meanwhile, 19.3% of the respondents agree, and 6.8% strongly agree, which indicates that around one-quarter of the people felt this way to some level. Additionally, 18.6% were neutral; overall, the majority of participants don't have this experience.

The responses indicate mixed opinions, with the majority of individuals disagreeing 30.7% and 13.5% strongly disagreeing on this, whereas 25.3% agreed, and 8.4% strongly agreed. Additionally, 22% of respondents were neutral. Overall attitudes are mixed, although more respondents tend towards a negative perspective.

The majority of respondents had a good opinion, with 35.7% agreeing and 19.5% strongly agreeing, while on the other hand, 21.5% disagreed and 8.8% strongly disagreed. Moreover, 14.5% were neutral. Overall, more than half of the participants reacted positively, indicating a generally positive attitude.

The results show that about 12.8% strongly agree, 25.3% agree, and 21.2% were uncertain about feeling lonely, while on the other hand, more respondents tended toward disagreement than agreement, with 29.3% disagreeing and 11.4% strongly disagreeing.

The majority of respondents held an unfavorable opinion, with 36% disagreeing and 18.8% strongly disagreeing; in comparison, 18.8% agreed, with 4.5% strongly agree. Furthermore, 21.9% were neutral; over half of the participants were not related to the concept.

Most of the respondents disagreed, with 42% and 23.9% strongly disagreeing. On the other hand, 13.7% agree, and 6.5% strongly agree, whereas 14% were neutral. The majority of respondents did not identify with the notion, indicating a strong sense of dislike.

The tables indicate that the respondents had a positive emotion about their family's relationships, with 36.2% disagreeing and 35.2% strongly disagreeing; meanwhile, 12.5% agreed, 5.2% strongly agreed, and 10.8% were neutral. Overall, the majority have a strong bond with their family.

The result shows that almost 11.9% strongly agree and 24.8% agree, whereas 27.9% disagree and 14.6% strongly disagree. Additionally, 20.7% were neutral; however, the opinions are mixed with a minor tendency to disagree.

The result shows 5.3% strongly agree,10.3% agree, and 8.7% were neutral. Even though a greater percentage of the respondents, 40.3%, agree, disagree, and 34.3% strongly disagree, they believe that they are not that close to their friends.

Approximately 14.9% of the respondents agree, and 5.7% strongly agree, that they were satisfied with their encounters, indicating that just a small number of participants had positive experiences. In addition, 23% of the respondents are neutral. Yet the majority strongly disagree with20.6%, and 35.8% disagree. More respondents expressed dissatisfaction than satisfaction, which suggests that overall levels of satisfaction with friends are generally low.

Most of the responses indicated that a minor percentage of respondents reported being abused, with 7.8% strongly agreeing and 10.5% agreeing. Approximately 11.5% remained neutral. In contrast, the majority rejected it, with 39.2% disagreeing, and 31.1% strongly disagreeing. Overall, the findings indicate that the majority of respondents do not report experiencing harassment.

Table 4

Economic Factors

Variables	Frequency(*f*)	Percentage (%)
Financial problems		
Strongly Agree	21	7
Agree	60	20
Neutral	51	17
Disagree	98	32.7
Strongly Disagree	70	23.3
Repeated Failure		
Strongly Agree	18	6
Agree	73	24.5
Neutral	45	15.1
Disagree	107	35.9
Strongly Disagree	55	18.5
Financial Stress		
Strongly Agree	16	5.4
Agree	50	16.9
Neutral	40	13.6
Disagree	100	33.9
Strongly Disagree	89	30.2

Findings show that only a tiny number of people reported financial issues, with 7% strongly agreeing and 20% agreeing, and about 17% were neutral. The majority, on the other hand, with 32.7% disagreeing and 23.3% strongly disagreeing, overall, the findings indicate that financial issues are not the main concern of the majority of respondents.

Only 20% of the respondents agreed, and 7% strongly agreed, that they were having financial trouble. While 17% of the respondents had a neutral response. However, the majority of the respondents disagree, with 32.7% and 23.3% strongly disagree. Overall, the findings imply that most respondents do not have financial issues as their top worry.

A small portion, 5.4% of the respondents, strongly agree, and 16.9% agree that they have experienced financial hardship. 13.6% of the respondents said that they were neutral. However, the majority disagree, with 33.9%and 30.2% strongly disagree. In general, the results show that while some respondents admit financial hardship, the majority do not view

it as a significant worry.

Table 5

Familial Dynamics

Variables	Frequency(*f*)	Percentage (%)
Conflict		
Strongly Agree	26	8.7
Agree	27	9.1
Neutral	30	10.1
Disagree	121	40.6
Strongly Disagree	94	31.5
Violence		
Strongly Agree	14	4.7
Agree	33	11
Neutral	46	15.4
Disagree	103	34.4
Strongly Disagree	103	34.4
Social isolation		
Strongly Agree	20	6.8
Agree	37	12.7
Neutral	54	18.5
Disagree	118	40.4
Strongly Disagree	63	21.6
Burden		
Strongly Agree	16	5.4
Agree	40	13.6
Neutral	36	12.2
Disagree	96	32.5
Strongly Disagree	107	36.3
Death		
Strongly Agree	27	9.1
Agree	33	11.1
Neutral	34	11.4
Disagree	102	34.3
Strongly Disagree	101	34

A large percentage of respondents thought negatively, with 40.6% disagree and 31.5% strongly disagree, and 9.1% agree and 8.7% strongly

agree. Additionally, 10.1% stayed neutral. In all, the majority of respondents did not identify with the problem at hand.

Several respondents, 34.4%, disagreed, and another 34.4% strongly disagreed. Instead, 11% agree, and 4.7% strongly agree, and15.4% stayed neutral. All of the findings show that a lot of respondents did not identify or support the stated issue.

Most of the respondents, 40.4%, disagree, and 21.6% strongly disagree. Instead, 12.7% agree, and 6.8% strongly agree, and 18.5% were neutral. All respondents reported feeling connected rather than isolated.

The findings show that a huge majority of respondents, 36.3%, strongly disagree, and 32.5% disagree. A smaller percentage, 13%, do feel burdened in some way, including those who agree or 5.4 strongly agree. Approximately 12% stay neutral.

Almost 68% of respondents do not identify their circumstance with death, whereas 34.3% disagree, and 34% strongly disagree. Around 11.1% agree, and 9.1 strongly agree, while 11.4% stay neutral.

Discussion

The results of the current study provide insight into the complex relationship among psychological, economic, social, and family issues and how they affect the young people's suicidal thoughts in Gilgit Baltistan. The study's findings revealed that psychological factors like anxiety, mood swings, and hopelessness are the most common and serious symptoms of depression, as well as suicidal ideation. Although the fact that many respondents recognized that they had emotional difficulties, most of them refused to have frequent suicidal thoughts, which shows that psychological suffering does not always progress to serious results. These results are in line with Shneidman's hypothesis of psychache, which highlights that not all people who feel extreme psychological pain go on to commit suicide; it is a key component of suicidal conduct (Shneidman, as cited in Beghi, 2013). According to Joiner's social theory of suicide, perceived burdensomeness and a lack of belonging are major factors that lead to suicide (Joiner, 2005). Although the majority of our respondents did not report feelings of anxiety and hopelessness indicates hidden risks that may increase if ignored.

The significance of relationships is further shown by the study's use of

social factors. Respondents had different opinions about their closeness to peers and satisfaction with social activities, even though the majority expressed greater bonds with their families than with friends. This supports Durkheim (1897) hypothesis of egoistic suicide, which linked low social integration to risks. However, unlike many Western researchers who highlight peer interactions as protecting against psychological distress (Nock et al., 2008), the present study indicates that in collectivist societies like Pakistan, family support may play a more significant protective function. Our findings support Wasserman et al. (2015), who found that modernity and cultural change promote social isolation among teenagers, although strong familial relationships can decrease this risk. While some respondents' disapproval towards social gatherings suggests the significance of promoting greater social bonds beyond the family, the study's findings of weaker peer connections might reflect a cultural context where family networks continue to be the primary source of emotional support.

In this study, economic factors were not found to be important indicators of suicidal ideation. In contrast to much of the worldwide and South Asian literature that links poverty to an increased risk of suicide, the majority of respondents had not experienced serious financial problems or repeated failures related to financial concerns (Khan, 2005; Vijakumar, 2007). While in the Gilgit-Baltistan regional environment, when the basic requirements are satisfied and social support networks are still in place, lower salaries do not always translate into a sense of deprivation. Furthermore, the respondents' demographic profile revealed that the majority of the households earn less than 200000 PKR a year; however, financial stress was not mentioned as a major issue. This change from earlier research highlights the importance of performing region-specific studies to learn more about how local people perceive and absorb financial trends. The current study indicates that for many respondents, psychological and social factors may have a greater influence on suicide ideation than financial concerns, although international research (Mann et al., 2005) emphasizes the connection between economic difficulties and mental stress.

The study's findings regarding families strongly supported the protective role of familial bonds. Most respondents said they were connected to their families more than ever, there was minimal violence or disagreement, and they didn't feel like a burden. These findings are

consistent with those of Khan (2005), who noted that while familial conflict and a lack of support are major factors in female suicides in Pakistan, strong family networks can also act as a protective barrier against mental illness. It's interesting to note that family violence and conflict were not common concerns among respondents in this survey, indicating that family structures in Gilgit Baltistan remain fundamental components of resilience. Simultaneously, the statistical evaluation revealed that living status had a positive correlation with family features, as hostel residents were more likely than community-dwelling residents to have psychological and family-related problems. The importance of being practically related to family as a risk associated with suicide is reinforced by this research.

The demographic research showed a number of notable patterns. According to well-established research showing that women attempt suicide more frequently than men do, Ender did not accurately predict psychological, social, economic, or family outcomes (Canetto, 1998). The difference may be explained by Pakistan's legal and cultural stigmas, which discourage women from publicly reporting suicidal thoughts and actions because suicide and attempted suicide are still illegal (Khan, 1998). However, because hostel residents were more easily affected by family and psychological pressures than those who lived with families, living status turned out to be a significant factor. Because physical separations from family networks can increase feelings of isolation, this study supports Joiner's (2005) emphasis on frustrated belongingness as a major element in suicidal intent. Family closeness can go beyond structural differences, as seen by the lack of constant relevance across variables for background (Rural vs. Urban) and family system (nuclear vs. joint), with nuclear families having strong emotional support systems, similar to joint families.

Recommendation

- Counseling facilities should be set up at universities so that professional psychologists can help students manage stress, anxiety, and depression. Workshops and awareness seminars should also be held to reduce the stigma associated with talking about mental health issues. Students should feel free to ask for help from the professionals without any hesitation.
- Universities should host orientation sessions at the start of each academic year to help students at the start of each academic year to help

students to get ready for the social pressure, emotional problems, and academic demands. Advice on time management, stress reduction, and the significance of creating a balance between one's personal and academic lives should all be covered in these sessions.

- Universities should encourage the establishment of peer groups, cultural societies, and students' clubs that seek to reduce the feeling of loneliness and isolation. Students also feel free to share their issues with their peers and provide support to one another.
- It is important to set up training programs where experts can instruct students in useful strategies for coping with stress issues, problem-solving solving and thinking positively. Students will get courage and trust from these workshops, which will help them to improve their ability to deal with personal issues or challenges, any sort of social pressure, or an educational obstacle.
- Families are one of the important components of helping students while they are facing any sort of problems. In order to inform families about the emotional and psychological difficulties students might face at the university level, universities must arrange parent-teacher conferences and awareness campaigns.

Conclusion

This study examined the factors associated with suicidal ideation among students at the University of Gilgit-Baltistan using a quantitative research design. Data were collected from 300 students through a structured questionnaire to explore the psychological, economic, and familial factors related to suicidal ideation. The findings revealed that psychological factors, particularly depression, anxiety, and mood swings, were the most significant challenges experienced by students and were strongly associated with suicidal ideation. In contrast, economic factors did not demonstrate a statistically significant influence on suicidal thoughts within the study population. The results also highlighted the protective role of family support, as most participants reported strong family relationships that appeared to reduce their vulnerability to suicidal ideation. Conversely, students residing in university hostels were found to be more vulnerable than those living with their families. These findings underscore the need for universities to strengthen mental health services, provide accessible psychological counseling, and develop targeted support programs for

students who are at greater risk, particularly those living away from their families.

The main objective of this research was to study the factors that affect suicidal ideation among Gilgit Baltistan University students. 300 students filled in the questionnaire were collected using a method known as quantitative research. The findings showed that students' most frequent problems were psychological ones, including depression, anxiety, and mood swings. Suicidal ideation was not, however, found to be significantly influenced by economic considerations. Since the majority of students reported having close family ties, the results further showed the protective importance of family support. However, compared to students living with families, those living in dorms were more vulnerable.

Author Contribution

Maryam Shaukat: formal Analysis, writing – original draft, writing – review & editing. **Dil Sultana: f**ormal Analysis, writing – original draft. **Arooj Nazir:** methodology.

Conflict of Interest

The authors of the manuscript have no financial or non-financial conflict of interest in the subject matter or materials discussed in this manuscript.

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Data availability is not applicable as no new data was created.

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