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Dissertation Title Page

A RENEWED COMMITMENT TO LIFE: A GROUNDED THEORY
STUDY OF SUICIDE ATTEMPTS IN BADAKHSHAN

BY

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DISSERTATION

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Dedication

This dissertation is dedicated to the people of Badakhshan whose faith and resilience have kept me going.

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Abstract Title Page

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Abstract

Suicide is a serious and complex problem facing the world. About 1.5 million people die by suicide each year and one billion people are affected by it. Most suicides occur in Asia, yet research has predominately studied suicide in the West. Suicide in Central Asia (comprised of Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan) is under researched. Little is known about prevalence data, risk and protective factors, and effective treatments in this region. This is a qualitative exploratory study on the phenomenon of suicide in Badakhshan, Tajikistan. It seeks to understand the perspectives on the experience of suicide among individuals who have attempted suicide in Badakhshan within their socio-cultural context. It also attempts to generate a middle-range, substantive theory about the perspectives on the experience of suicide and factors contributing to the suicide attempts in Badakhshan. The objectives of the study were to describe the lived experiences of individuals who had made a suicide attempt in Badakhshan and identify factors that contributed to the attempt using grounded theory methodology. Field work was conducted over a period of three months in Badakhshan, Tajikistan. Three core categories—experiencing extreme hardship, getting help and factors associated with suicide—formed the bedrock of the emerging theory. *A renewed commitment to life* is a grounded theory of struggle, survival, experiencing a suicide attempt and emerging stronger by making a renewed commitment to life.

Keywords: Suicide; Central Asia; Tajikistan; Badakhshan.

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Chapter I

Introduction

The human cost of suicide is significant. Approximately 1.5 million people die by suicide each year (WHO, 2015). In addition, each year 10-20 million individuals attempt suicide, and over 50-120 million are affected by the suicide of a relative or friend (Beautrais, 2006). Suicide and self-harm comprise 1.5% of the Global Burden of Disease (GBD) and contribute to 22.5 million Years of Life Lost (YLL) to premature mortality (Patel, Chisholm, Parikh, Charlson, Degenhardt, Dua et al., 2016).

Suicide can be understood as a multidimensional issue; with no single factor or reason fully explaining the cause and rationale of suicide. Suicide is generally considered to be a complex outcome of biological, psychological, social, environmental, and cultural factors (Alonzo & Gearing, 2018). Across the world suicide is perceived to have different epidemiology, with causes ranging from biology, genetics, mental health, religious, spiritual, familial, social, economic, and/or physical. In many Asian countries suicide is perceived as a social problem rather than relating to an individual, mental health issue (Goldsmith, Pellmar, Kleinman, et al., 2002). Societal and familial issues, lack of economic and educational opportunity, low socio-economic status, unemployment, religious and cultural factors are all associated with suicide in developing countries (Vijayakumar, 2005).

Tajikistan, a small country in Central Asia, was born out of the dissolution of the former USSR in 1991. The reported rate of suicide in Tajikistan is estimated to be 7.2 deaths per 100,000 people (WHO, 2015). Islam is the predominant religion in Tajikistan and explicitly forbids suicide (Gearing & Alonzo, 2009), and there are serious considerations that the reported rate may be an under representation of the actual deaths by suicide in the county. Suicide and

attempted suicide are often concealed as accidents, and suicide statistics are highly controlled by the government. Research on suicide in Tajikistan is, for the most part, non-existent (Haarr, 2010) making this a particularly ripe area for inquiry. In fact, although globally, 78% of suicides occur in low and middle income countries (WHO, 2018), suicides are largely studied in the West (Vijayakumar, 2010).

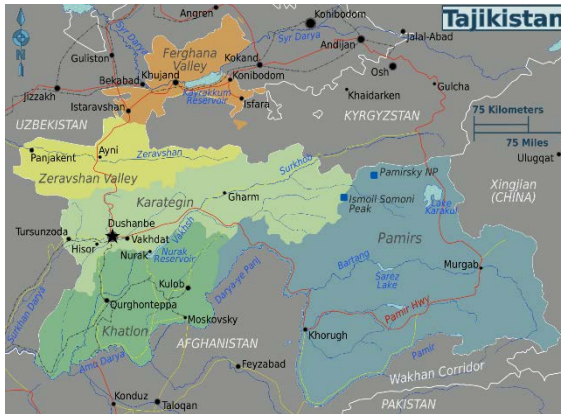
The Tajikistan Global School-based Student Health Survey country report (2007) found that 20% of children and adolescents in Tajikistan suffer from a serious mental illness including a range of anxiety disorders, depression and other mood and cognitive disorders. These data also indicated that 12.6% of students aged 12-17 years reported having seriously considered a suicide attempt and 12% had made a plan for suicide (UNICEF, 2007). According to UNICEF's Transformative Monitoring for Enhanced Equity (TransMonEE) data (2012), the national suicide rate in Tajikistan among the youth aged 15 to 19 years increased 63% from 2.8 to 4.5 per 100,000 between 2008 and 2010. Also, female suicide rates for the same age group increased 176% from 1.9 to 5.2 per 100,000 over the same period (UNICEF, 2013). In Tajikistan, the reported adolescent male to female suicide ratio in 2010 was 1:1.3 (UNICEF, 2013). In the past few years, the adolescent suicide has increased significantly with more adolescent females' than males completing suicide (UNICEF, 2013).

Background

Context

Tajikistan is the smallest and poorest country in Central Asia (Khodjamurodov et al., 2016). It was part of the former Soviet Union until 1991, when it gained independence. It is

bordered by China to the east, Afghanistan to the south, Kyrgyzstan to the north, and Uzbekistan to the west. Tajikistan has an estimated population of approximately 9,000,000 people with 75% residing in rural areas (Khodjamurodov et al., 2016). Tajikistan is divided into four administrative regions: the provinces of Sughd and Khaldon in western Tajikistan, the autonomous province of Gorno-Badakhshan in eastern Tajikistan and the Central Districts which



include the capital Dushanbe and its surrounding areas. (Country Reports, 2018). The mountainous province of Gorno-Badakhshan – the largest province in Tajikistan covering the eastern half of the country – is isolated from the rest of Tajikistan by virtue of its geography and polity. Officially called

Gorno-Badakhshan Autonomous Oblast (GBAO), it is the only autonomous province in Tajikistan and is home to an estimated 218,000 inhabitants (Mastibekov, 2014). All visitors to the province are required to secure an additional visa, specific for travel to GBAO (Remtilla, 2012). Access to Badakhshan from mainland Tajikistan is challenging with only the Pamir Highway providing passage through the province. One regional airport in the capital Khorog services one flight a day from Dushanbe. During the winter months, access to the province is even harder, making the province geographically quite detached from the rest of the country.

Whereas most Tajiks are Sunni Muslims, the majority of Badakhshanis (residents of Tajik Badakhshan) are Ismaili Muslims (Mastibekov, 2014). They follow the Shia tradition of Islam and believe in an *Imam* (spiritual leader) descended from the Prophet's cousin and son-in-law, Ali. Ismaili Muslims believe that the *Imam* holds both spiritual and political authority over his followers (Daftary 1998). The people of Badakhshan have distinct religious and cultural

traditions, mostly speak the Shughni language (as opposed to Tajik or Persian that is common in the rest of Tajikistan) and are ethnically distinct (Mastibekov, 2014) from the rest of the Tajiks. Thus, research studying suicide in Tajikistan should consider the distinct cultural, linguistic and religious traditions seen among the population in Badakhshan.

Tajikistan is a relatively young country and rapidly striving to develop as it continues to adjust to reality in a post-Soviet era. The rapid shift in economic, governmental and social philosophy and the resulting civil wars, have created stark gaps in the country's ability to see to the basic needs of its people, such as primary health care, satisfactory education, sufficient jobs and adequate income (Hegland, 2010). The government is perceived as weak and corrupt, unable to evenly implement any structural reforms and burdened with external debt. Moreover, unemployment in the country is particularly high at 12% (Country Watch Incorporated, 2018), and the only feasible means of providing for many is in the Russian labor market (Hegland, 2010).

The socio-economic prospect for young people in Tajikistan is discouraging. Tajikistan is one of the poorest countries in the world with a per capita income of US\$2,300 in 2017 (United States Central Intelligence Agency, 2017). The average monthly salary in Tajikistan is \$93 with almost 40% of its gross domestic product coming from remittances sent home by migrant workers (Country Watch, 2018). With large numbers of male family members out of the country looking for work, women and children are often left behind to fend for themselves (Hegland, 2010). Extreme poverty, shortages of food, water and supplies, economic crisis, and severe restrictions on political and religious freedoms and freedom of speech are common experiences (World Bank, 2017). Research in other low income countries also find domestic problems,

unemployment, parental refusal to marry person of choice, financial reasons and mental illness to be among the most common reasons for suicide. (Vijayakumar, 2005; Khan, 2000; Cook, 1980).

Tajikistan is home to an extensive market of drug consumption and trafficking, particularly opiates (Paoli et al., 2007). About 30% of the country's gross domestic product comes from the drug industry. According to some researchers, the drug trade in the country is economically inevitable and has corrupted the political system within Tajikistan (Paoli et al., 2007).

The situation for women in Tajikistan is particularly difficult. In Tajikistan, there is evidence for an increase in suicidal behaviors associated with family abuse (Haarr, 2010). Within this cultural context, although nearly 50% of women in Tajikistan experience abuse, violence against women has not received much public attention. The abuse inflicted on women in Tajikistan is mostly by husbands and in-laws (Amnesty International, 2009). Tajik men typically have a lot of support from family and society for their use of violence, but Tajik women have no support for speaking against violence (Haarr 2010). Therefore, women who are able to share their experiences of abuse may not find support, rather may be more likely to be isolated and ostracized. Women who tell someone about their abuse are more likely to have suicidal thoughts than women who did not tell anyone about their abuse (Haarr 2010).

Furthermore, human rights concerns remain about discrimination and violence against women which include issues of forced and early marriage of young women and girls, increased rates of suicide among women, abandonment, loss of property rights, limited participation in public life, trafficking of girls and women and a falling education rate amongst girls (Bassiuoni, 2011). Some women may find themselves in situations where they perceive no escape from oppression, no help available, and no prospect or hope for a better life. In such a case, suicide

may become an option available to end the pain and suffering. Tajikistan is also a source country for trafficking of women and girls. (Bassiuoni, 2011).

Female suicide rates in Tajikistan for 15 to 19 year olds increased 176% from 1.9 to 5.2 per 100,000 (UNICEF, 2013). This finding may reflect that stressors experienced by females may be greater than on males. Haarr (2005) finds violence and exploitation to be the common experiences of children in Tajikistan. The study finds widespread violence towards children in public and private settings with no legal or social protections. A range of physical, sexual, psychological violence acts are suffered by children in Tajikistan. (Haarr, 2005). Exploitation of children for organized crime, drug-related activities, human trafficking and economic and sexual activity is commonplace. The collapse of the Soviet Union and the ensuing civil war has left a large number of children in Tajikistan homeless, orphaned, with no family support or safety net (Haarr, 2005).

Significance

A 30-year review of peer-reviewed literature on suicide in Central Asia finds only 15 studies, out of which merely six investigate suicide in Tajikistan (Savani & Gearing, 2020). None of the six studies on suicide in Tajikistan research any aspect of suicide in any population in Badakhshan. Of the six studies that examine suicide in Tajikistan, (Haarr, 2010; Khushkhudamova 2010; Varnik & Wasserman, 1998; Wasserman & Varnik, 1998; Wasserman et al. 1998a and Wasserman et al. 1998b), Haarr (2010) examines the relationship between marital violence and suicide among women and finds that women who experience marital violence are at significantly higher risk of suicide. Khushkhudamova (2010) explores the factors associated with self-immolation among women and finds that political conflict, interpersonal conflict, forced marriage, mental illness, poverty and unemployment are associated with suicide

by self-immolation. Varnik and Wasserman (1998) and Wasserman et al. (1998) investigate suicide prevalence, regional and gender distribution, cultural factors associated with suicide, reliability of suicide statistics, and the association with alcohol abuse. The authors find significant variance in suicide deaths among the different regions of the former USSR and also find suicide statistics to be reliable only in certain countries of this region. Another finding is an increase in suicide deaths in areas that have high alcohol consumption.

Suicide prevention and intervention work has been initiated in the western provinces of Tajikistan in Sughd and Khaltan (UNICEF, 2013; Haarr, 2010). However, Badakhshan remains relatively obscure, un-attended, and lacking in mental health treatment. Prevalence data on suicide and suicide attempts remain unavailable for Badakhshan. The only data available are newspaper reports on suicides and anecdotal information from the local communities (Zokirova, 2003). No study was identified that researched any communities or sub-populations in the province of Badakhshan. The current proposed study seeks to address this gap in the literature on suicide in Badakhshan, Tajikistan.

Innovation

The proposed study is innovative for two reasons. First, it will explore the factors associated with suicide in Badakhshan; a population that has not been studied for this issue, in a region of world where suicide is severely under-investigated. The phenomenon of suicide can be well understood as a multi-dimensional issue rooted in an individual's socio-cultural context (Bazrafshan et al., 2016). This study will explore the phenomenon of suicide within the socio-cultural context of Badakhshan. The geographical region for this study is innovative. Suicide is also a social phenomenon which is heavily influenced by the context and cannot be understood solely at the individual level (Denny, et al., 2012). This study will identify factors contributing to suicide in Badakhshan.

Between 2005 and 2007, less than 3% of the studies found in the top three international suicide research journals had used qualitative methods (Hjelmeland & Knizek 2010) suggesting a general paucity of qualitative research published in academic journals. Quantitative methodology is often focused on causal explanations for suicide (Hjelmeland & Knizek 2010). Abundant information about risk factors for suicide is available, but little is known about how these factors are related to suicidal behavior. Some risk factors are universal but many are culture-specific (Vijayakumar, John, Pirkis, & Whiteford, 2005), prompting the consideration for contextual understanding of these factors. Qualitative methods are suited to exploring *understanding* of the experiences of a phenomenon, in this case suicide; providing for explanatory frameworks and conceptual understandings of the studied phenomenon (Charmaz, 2006). This type of inquiry is particularly relevant in the context of Badakhshan, as it has the potential to generate concepts and relationships between them to understand the phenomenon of suicide within its socio-cultural context (Charmaz, 2006).

The grounded theory approach used in this study is also an innovation. Quantitative research on suicide frequently focuses on risk factors using cause and effect thinking. These approaches attempt to identify objective indicators of risk for suicide. Broad generalizations of risk factors have been found to be counterproductive to suicide intervention (WHO, 2014). Quantitative studies exclusively do not account sufficiently for the role of context in suicide. In suicide research, there are numerous risk factors found to be associated with suicide. *How* the risk factors are actually connected with why individuals take their own life is still not clear. Why is it that some people who have multiple risk factors do not attempt suicide and others who have relatively fewer risk factors die by suicide? A greater focus on *understanding* the phenomenon

from the perspective of those who have experienced it will likely move the field forward (Hjelmeland & Knizek 2010).

Theoretical Framework

Emile Durkheim, a sociologist in the 20th century, pioneered the notion that suicide is a social problem and not an individual issue (Durkheim, 1951). Before Durkheim, suicide was more commonly considered a result from personal weakness or mental illness. Durkheim explained suicide as a dynamic between the *self* and *society*. According to him, the core elements of suicide are *social integration* and *social regulation*. Social integration refers to the degree to which people are connected with each other through shared beliefs and common goals. Social regulation refers to the amount of control that society has on individual autonomy and freedom. For Durkheim, an imbalance between social integration and social regulation can lead to suicide (Acevedo, 2005). He postulated that *fatalistic suicide* occurs when there is excessive regulation of individual behavior by society. Here, the individual feels completely subdued by society, with no personal power or freedom to determine their own life course. As explained by Durkheim, “futures are pitilessly blocked and passions violently choked by oppressive discipline” (Durkheim, 1951 p. 276). The cynicism attached to such situations compel individuals to take their own life often as an outcry against the oppression of society (Aliverdinia & Pridemore, 2009). Durkheim refers about this type of suicide briefly in his work, suggesting that the suicides of slaves and childless wives fall in this category.

Suicide is commonly considered to be an individual act within western societies. However, the idea that social factors play a prominent role in suicide is more widely accepted by researchers who study suicide in low and middle-income countries (Aliverdinia & Pridemoore, 2009; Vijayakumar, 2005; Patel et al., 2016). According to these researchers, the decision to take

one’s own life, the act of suicide, the method chosen, the meanings assigned to the act are all rooted in one’s cultural, religious and social context.

Durkheim’s framework has been used by researchers investigating suicide in societies

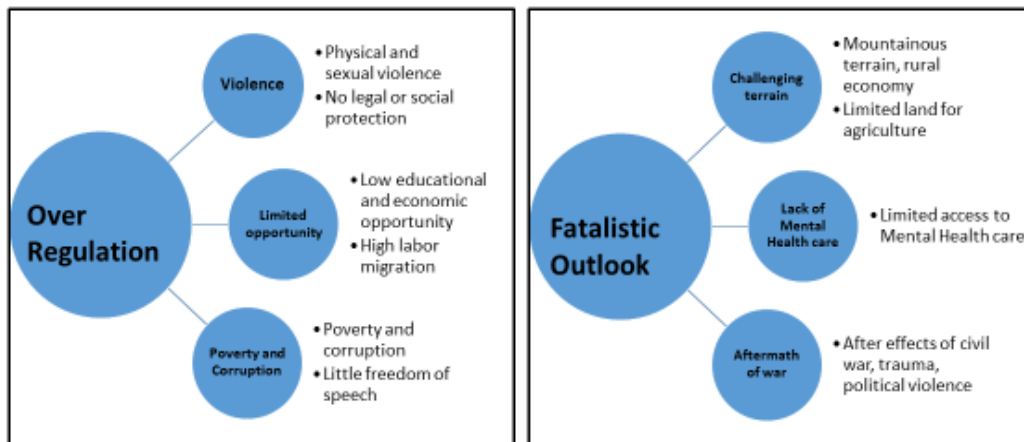


Figure 1: Conceptual framework: Durkheim’s fatalistic suicide

that severely restrict self-determination and agency of women (Aliverdina & Pridemoore, 2009; van Bergen et al., 2009; Canetto, 2015). These studies investigate suicide among women in similar cultural, religious and political environments and contexts as Tajikistan. Other studies in low and middle income countries find gender oppression, forced marriage, low education, unemployment, and family problems to be closely associated with suicide (Vijayakumar, 2005). An initial systematic review of literature on suicide in Central Asia finds that familial oppression, lack of economic opportunity and low educational attainment are associated with suicide in Central Asia (Savani & Gearing, 2020).

Durkheim’s concept of fatalistic suicide appears to have relevance in the context of suicides in Badakhshan due to the low opportunity for economic advancement, culturally accepted norms of oppression and serious restriction on personal rights and freedoms, especially

on women. According to Durkheim (1951), fatalistic suicides occur when human beings have little control of their social environment, and are over regulated by the familial, social, cultural and economic forces with little agency or autonomy to live life. The social and political context of Tajikistan reflects the circumstances that contribute to the notion of over regulation described by Durkheim. Figure 1 displays Durkheim's framework of fatalistic suicides in the context of Tajikistan.

Urie Bronfenbrenner developed the ecological theory which purports that the ecological environment or the context in which a social phenomenon occurs, is a set of 'nested structures' that interact with each other to create processes and conditions that govern the course of human development (Eamon, 2001). The ecological framework as applied to suicide is based on evidence that no single factor can explain why some individuals or groups are at a higher risk for suicide than others. This framework views suicide risk as the outcome of interaction among many factors at the following four levels – the individuals, the relationship, the community, and the societal. Derived from the ecological systems theory, the ecological framework attempts to understand the interconnections of micro, meso, exo and macro system level factors as they relate to a particular phenomenon, in this case, suicide.

An ecological framework examination of suicide would highlight how settings influence each other and people, thus, allowing suicide risk to be placed in context. The interrelationships of social systems in which people live and work within the micro, meso, exo and macro system contexts, and how they affect a particular phenomenon would be the focus of such examination. (Kelly, Ryan, Altman, & Stelzner, 2000).

Micro-systems are explained as a pattern of activities, social roles, and interpersonal relations experienced by an individual in a given setting. Each setting could have unique

physical, social, and symbolic features that would encourage or inhibit engagement of the individual with the immediate environment. Micro-systems level interactions and settings constantly influence the person and their behavior. Relevant micro-systems level factors within the ecological framework would include personal characteristics, family support, interpersonal relationships, work, family and the social environment (Hong, Espelage, Kral, 2011).

Meso-systems are composed of interrelationships between two or more micro-system level interactions in which the individual is situated (e.g., family and school). Examples of meso-systems level interactions or settings include relations between the person’s peer group, and the home environment. Another meso-system is the mental health care system, which would be the predominant system that would work with the suicidal individual (Morrison & L’Heureux, 2001).

The exo-systems level consists of interactions between two or more settings, one of



Figure 2: Ecological framework

which does not contain the individual. The indirect interactions can influence the processes within the immediate setting where the individual is embedded (Bronfenbrenner, 1994).

For example, indirect interactions (i.e., lack of social support for families by government) might influence the immediate interactions (i.e., spousal relationship) (Eamon, 2001). In the research community,

there has been widespread interest in examining social support as a protective factor for stressful events (Green & Rodgers, 2001).

The macro-systems level determines the social structures and activities in the immediate micro-systems levels (Bronfenbrenner, 1994). This level includes organizational, social, cultural, and political contexts, which influences the interactions within other systems. Macro-systems may include cultural belief systems, religious practice, material and emotional resources, opportunity structures, and alternatives available throughout the life course (Bronfenbrenner, 1994). In the context of Badakhshan, individuals who experience suicide can be studied across home, community and societal contexts and how each setting and the interactions between the settings can affect their sense of well-being.

Using Durkheim's concept of fatalistic suicides and the Ecological framework, this study examines suicide in Badakhshan, Tajikistan. The objectives of the study are to describe the lived experiences of individuals who have made a suicide attempt in Badakhshan and identify factors that contributed to the attempt. As there are no studies examining this issue in Badakhshan, this study will use a qualitative grounded theory approach to explore and build an in-depth understanding of this phenomenon.

This study seeks to gain insight into the unique experiences of the people who have attempted suicide and is guided by the following research questions: How do individuals in Badakhshan experience a suicide attempt? What are the factors that contribute to the attempt? This study strives to understand the phenomenon of suicide in Badakhshan within its socio-cultural-religious context from those who have experienced it. Further, the study aims at building a theoretical understanding of the phenomenon of suicide through analyzing the data collected about the phenomenon and creating a theory that is grounded in the data. This study will use the

grounded theory methodology within qualitative research to develop theory around the factors associated with suicide in Badakhshan. The objective of this research is to explore what leads individuals to consider, attempt and die by suicide. In doing the above, the aim is to generate a substantive theory by collecting rich data and generating theory that is grounded in those data.

Conclusion

Suicide continues to be a major problem globally, and more so in the developing countries of the world. Suicide has been poorly examined in Central Asia, particularly Tajikistan despite the high rates of suicide. Recent independence and rapid transitions in social and political philosophy have left the country struggling with extreme poverty, corruption, bleak economic prospects, restrictions on freedom of speech and high level human rights abuses. Suicide rates are high, with little attention to the issue in terms of research, policy, or practice. Badakhshan is the largest province in Tajikistan whose population is ethnically and culturally distinct from the rest of Tajikistan. Official numbers for suicide in Badakhshan are largely unavailable and to our knowledge, no known study has investigated suicide in Badakhshan.

This research fills an important gap in the literature on suicide in Tajikistan. It seeks to research lived experiences of suicide in Tajikistan and develop theory on the factors associated with suicide in this part of the world. The study will use data from a variety of sources including in-depth interviews with individuals in Badakhshan. Using grounded theory methodology to identify the major factors associated with suicide in Badakhshan, this study seeks to develop substantive theory grounded in data on the major factors associated with suicide in Badakhshan, Tajikistan.

Chapter II

Literature review

Suicide in the Global context

Suicide is a serious and urgent public health concern in the world today. Despite the evidence that many suicides are preventable, it is a low priority for governments and policy makers (WHO, 2014). This literature review is comprised of four interconnected sections. The first section reviews the relevant literature on extent of the problem of suicide in the world and in Asia. The second section reviews the relevant literature on the common factors associated with suicide around the world and particularly in Asia. The third section reviews the literature on suicide in Muslim countries, particularly in Central Asia, and the last section explores the need for qualitative research in suicidology particularly in the context of Central Asia.

Extent of the problem. Although there are many definitions of suicide in the literature, suicide is broadly defined as “the act of deliberately killing oneself” (WHO, 2014, p. 12). The global burden of suicide is significant. About 1.5 million people die by suicide each year (WHO, 2015). In 2015, suicide was the 17th leading cause of death worldwide and accounted for 1.4% of all deaths (WHO, 2017). It is projected that by the year 2020, 1.53 million people will die by suicide each year (Bertolote & Fleischmann, 2002). A new study by the Centers for Disease Control and Prevention reports that suicide rates in the US have steadily increased since 1999, the current rate being 13.0 per 100,000 people (Centers for Disease Control and Prevention, 2018).

The economic and human cost of suicide is a significant global burden. In the US alone, the economic burden of suicide is estimated to be 1.6 billion dollars a year (Center for Suicide Prevention, 2010). According to the Global Burden of Disease Study (GBD 2013), across the world, suicide and self-harm contribute to 22.5 million Years of Life Lost (YLL) to premature

mortality and comprise 1.5% of the GBD (Patel, Chisholm, Parikh, Charlson, Degenhardt, Dua et al., 2016). Globally, Asian and eastern European countries have the highest rates of suicide, and the countries in Central and South America and the eastern Mediterranean region have the lowest rates (Windfuhr et al. 2016).

Suicides by Age and Gender. Suicides vary greatly by age and gender. For many years it was assumed that many more men die by suicide than women. This high male-to-female ratio is mainly a phenomenon of the developed countries around the world. In richer countries, three times more men die by suicide than women (WHO, 2016). However, a new study by the Centers for Disease Control and Prevention reports a significant increase in the rate of suicide among females in all age groups in the US (Centers for Disease Control and Prevention, 2018).

In the low and middle income countries the male-to-female suicide ratio is much lower compared to the US; it is 1.5 men to one woman (WHO, 2014). In several Asian countries, the gap between male and female suicide rates is very small. In India the male female ratio is 1.4:1 (Vijayakumar, 2015) and in China the ratio is reversed – more women than men die by suicide (Chen et al., 2012). Across the world, suicides account for 71% of violent deaths among women and 50% of violent deaths among men (Windfuhr et al. 2016). It is noteworthy that female suicides are far more prevalent in the poorer countries of the world. This becomes significant in the context of gender specific risk factors for women in these countries.

Historically suicide among young people has been less frequent than among the elderly (UNICEF, 2013). More recently this trend is being reversed in most countries (UNICEF, 2013). globally the rate of suicide among those aged five years to 44 years has surpassed the rate of suicide among those 45 years and older (UNICEF, 2013). Although the numbers vary by region and

country, in the age group of 15-24 years, suicide is one of the three leading causes of death in most countries (WHO, 2014).

Suicide in Low and Middle Income Countries. Seventy-eight percent of all suicides in the world occur in the low and middle income countries of the world where resources and services for identification and intervention are very scarce (WHO, 2017). Over 60% of the world's suicides happen in Asia (Chen et al., 2012). This number is striking given that suicide data are not available for about 20% of Asia's population (Vijayakumar, 2008) due to several social, cultural and religious factors. When the substantial underreporting of suicides is taken into account, the overall suicide rate in Asia is about 30% higher than the global average (Chen et al. 2012). Even within the poorer nations, suicides are more prevalent among the already marginalized and discriminated groups of society like refugees and migrants, indigenous peoples, and women (WHO, 2017). While most suicides occur in the developing countries of the world (Vijayakumar, 2004), suicides are largely studied in the West. The social scientific study of suicide in the Global South is sorely lacking and crucial to understanding the scope, scale, and cultural nuances of suicide among populations where it is most prevalent.

Common Risks of Suicide

Simplistic explanations for suicide often attribute it to a single event such as major financial loss, relationship breakup or diagnosis of a serious illness. Suicide is better understood as a multidimensional issue; no single factor, cause, or reason can explain sufficiently why suicide happens. It is an outcome of the interplay of a set of personal, social, cultural, biological and environmental factors (Alonzo & Gearing, 2018).

Causes for suicide are generally studied and quantified under the broad framework of objective indicators of risk and protective factors. Risk factors include characteristics of a person or their environment that increase the chances that he/she will die by suicide and protective factors are personal or environmental characteristics that help protect people from suicide (Suicide Prevention Resource Center, 2018).

Some risk factors are universal, such as mental disorders, alcohol-related disorders and previous history of suicide attempt (Chen et al., 2012). However, other risk factors are uniquely contextual (Vijayakumar, 2012). The incidence and prevalence of suicide, and the risk and protective factors in low and middle income countries, particularly in Asia are distinct from those in the western countries (Hendin, Vijayakumar, Bertolote et al., 2008). For example, there are striking differences in suicide risk patterns and factors between Asia and the US (Phillips, Li, & Zhang, 2002; Wong, 2004).

In the United States and other developed countries around the world, mental health issues have a critical role in suicide. In low and middle income countries around the world and particularly in Asia, socio-economic issues, family problems, gender based oppression, and cultural factors have an overwhelming role (Savani & Gearing, 2020).

Detailed below are the most often studied risk and protective factors globally, and distinctive aspects of these factors in Asian countries. Within existing literature on suicide in Asia and Central Asia, there is much evidence to support that socio-economic issues, familial issues, oppression and gender based violence, and other cultural factors appear to have a greater role in suicide in Asia (Vijayakumar, 2015).

Mental Illness. Psychological autopsies, used for investigating completed suicides, conducted worldwide demonstrate mental illness to be a major contributing factor for suicide (Arsenault-Lapierre, Kim, Turecki, 2004). It involves collecting information on the deceased via interviews of family members, friends and health care professionals to ascertain the cause of the death (Isometsa, 2017). Psychological autopsy studies from developed countries report mental illness to be a major contributing factor to 70% of all suicides (Vijayakumar, 2004). However, in the context of low and middle income countries, the influence of this factor is less pronounced (Patel, Chisholm, Parikh, Charlson, Degenhardt, Dua et al., 2016). In India and China, mental illness accounts for only 35-40% of suicides (Vijayakumar, 2004).

From psychological autopsy studies conducted in India and China, mental disorders appear to have a low prevalence among suicide victims (Chen et al. 2012). In the United States and other developed nations around the world, societies are typically more individualistic and individual interests supersede family or community interests. In many Asian countries, societies are less individualistic and tend to be more collectivist. The influence of family norms and traditions, societal expectations, socio-economic pressures and culturally specific meanings of suicide are crucial. (Lester 2011). Therefore, in many Asian countries, suicide is often considered to be more of a social phenomenon rather than an individual act (Goldsmith, Pellmar, Kleinman, et al., 2002). In Central Asia, suicides are more often associated with broader familial, social and environmental issues, rather than issues related to a particular individual (Savani & Gearing, 2020).

In attempting to understand suicide in low and middle income countries, including the countries in Central Asia, it is vitally important to consider the host of factors associated with suicide, beyond the mental health issues.

Economic Issues. Globally, there is a significant and consistent relationship between unemployment and suicide (Cook 1980, Platt 1984). Yet, the interplay of economic and social forces cannot be understated. Increases in social vulnerabilities like divorce and mental health issues may also result in both unemployment and suicide (Mishara, 2008). Additionally, Bhat and Rather (2004) find that socio-economic phenomena related to globalization such as migration, poverty, employment pressures, culture and social change may also be risk factors for suicide.

In Asia, suicide is a phenomenon influenced by gender in which acute life stresses affecting men seem to be more devastating to men in Asia than to men in the West. This is more evident in men who do not have diagnosed psychiatric disorders (Chen et al. 2012). Among Asian men, unemployment or job-related stress is found to be a more common trigger of suicide compared to men in the developed nations of the world (Amagasa, 2005; Phillips, 2002). Circumstances like losses in gambling, job loss, and work related factors become acute stressors in the lives of Asian men followed by suicide (Amagasa, 2005; Phillips et al. 2002; Wong et al. 2010). Among Asian men, financial problems are more commonly associated with suicides than among men the West (Liu et al. 2009). Interestingly, economic issues and poverty are significant issues found in suicides in Central Asia (Savani & Gearing, 2020).

Marriage. In the developed countries of the world, it is commonly identified that being married is a protective factor against suicide for both men and women (Stack 1992). In western liberal societies, there are laws against domestic abuse and sexual violence within a marriage. Individual freedoms and rights within a marriage are protected by law of the land. Individuals mostly stay in marriages if they are loved and supported and mechanisms to end a difficult marital relationship such as separation and divorce are socially and culturally accepted and

protected by the law. Thus, research has often found that being single, unmarried, separated, divorced, and widowed is a risk factor for suicide (Stack 1992); however, most of this research comes from developed countries.

For women in developing countries, there is less evidence that marital status is a risk factor for suicide (Aliverdinia & Pridemore, 2009). Rather, studies have found that marriage is not necessarily a protective factor against suicide in low and middle income Asian countries. (Alonzo & Gearing, 2018; Phillips et al. 2002, Rao, 1991, Ponnudurai & Jeyakar, 1980). This may be partially explained by the characteristics of family relationships in Asia. Extended family systems are a dominant feature of traditional Asian societies. Individual interests in such contexts are secondary to those of kinship or family. In such a family system, young married women have the lowest social status in the hierarchy within the family.

A crucial precipitating factor for suicide among women in many Asian countries are family disputes. For example, it has been reported that an estimated 98% of suicides among women in India involve dowry disputes (Vijayakumar, 2008). Young brides are harassed and abused by their in-laws for dowry related matters and many die from self-immolation (Vijayakumar, 2008). Furthermore, studies have identified that young women are particularly burdened with issues and vulnerabilities that come with being very young at the time of marriage, having an arranged marriage, bearing children at a young age, financial and social dependence on the husband and the in laws, coupled with physical and sexual violence. These stresses make women more impressionable to suicidal behavior (Vijayakumar, 2015). This phenomenon has also been found among immigrant women in the more developed countries. Family and societal pressures for the woman to demonstrate chastity, marry due to family pressure and be forced to stay within an unhappy marriage were among the factors associated

with suicidal behavior among immigrant women (Montesinos et al., 2013; van Bergan et al., 2009). Consistent with the broader research on marital status and suicide, in Central Asia, marital abuse and family issues are found to be major risk factors for suicide (Savani & Gearing, 2020).

Violence Against Women. Gender-based oppression in general, and violence against women in particular, are strongly associated with suicide (Canetto, 2015; Devries et al., 2011; Khan & Reza, 1998; Khan 2005, Vijayakumar et al., 2005). A meta-analysis looking at thirty-seven papers found a consistently strong relationship between intimate partner violence and suicidality (McLaughlin et al., 2012). The association between violence against women and suicide is also found among immigrant women in more-developed countries (Montesinos et al., 2013; van Bergan et al., 2009).

Within the literature on suicide in contexts where women have little agency and suffer intolerable abuse with no recourse, suicide appears to be a form of culturally adopted behavior (Counts, 1988). In such cultural contexts, suicide of women is seen as a way to punish the surviving family members responsible for the oppression against these women (Counts, 1988). The suicidal act thus has certain socio-political and legal implications. Increasingly, after the work of Counts (1988), research on women's suicides carried out in a particular way is studied as signifying objection and rebellion toward the system of oppression—social and political that continues to keep them repressed (Aliverdina & Pridemoore, 2009; Canetto, 2015). Much work has been produced concerning women's suicides by self-immolation in rural India, Iran, Iraq, and Central Asia. The symbolism of self-immolation as a sensational, agonizing and lethal method of taking one's life; usually carried out as a demonstration of outcry against oppression, appears to have special meaning in these socio-cultural contexts, demanding attention to women's issues of oppression (Aliverdina & Pridemoore, 2009; Canetto, 2015). Such a suicide is

has special cultural significance, it is used within the community as a metaphor, personifying something much more than death by suicide (Counts, 1988).

Self-immolation as a method of suicide is common in rural parts of Iran, Iraq and India and among lower class and less educated women. In Iran, It is the third leading cause of death for women (Rezaie et. al, 2011) and is also seen in western Tajikistan (Khushkadamova, K. (2010). The cultural symbolism of self-immolation coupled with the ease of access to materials that are flammable and the disproportionate exposure to this method of suicide compels women to use it impulsively (Rezaie et al, 2011).

Suicide in Central Asia

In 2015, the WHO data on the rates of suicide per 100,000 people across Central Asia was: Kazakhstan 48.1; Turkmenistan 15.8; Uzbekistan 13.6; Kyrgyzstan 13.4; and Tajikistan 7.2 (WHO, 2015). Despite high suicide rates, in the last thirty years, only 15 peer-reviewed articles in academic journals were identified that examined suicide in Central Asia (Savani & Gearing, 2020). From this systematic review, risk factors for suicide in Central Asia were categorized across five major domains: 1) Mental Health; 2) Family and Community System; 3) Socio-economic Issues; 4) Services; and 5) Environmental. Interestingly, the majority of the risk factors from this review did not relate to the individual, but were predominantly focused on family, social and environmental context confirming prior research on suicide being contextualized as a larger social phenomenon rather than an individual act (Goldsmith, Pellmar, Kleinman et al., 2002). Consistent with the larger literature on suicides in low and middle income countries, this review has found suicide to be associated with familial, social and economic factors in addition to mental health issues (Patel, Chisholm, Parikh, Charlson, Degenhardt, Dua, et al. 2016).

Among the identified risk factors for suicide in Central Asia, several specific factors center on marital and family violence and gender based oppression. The most researched risk factor identified for women suicides was marital violence which included physical and sexual abuse by husband, and physical abuse by mother-in-law. Other significant risk factors for women in this category were family conflict and forced marriage (Savani & Gearing, 2020).

Under the Socio-Economic category, risk factors included low educational attainment, work related conflicts, husband's migration for economic reasons and poverty. Risk factors in other categories related to the unavailability of help or support for women and generally inadequate medical care and limited psychosocial support for men and women. This review also found higher temperatures in the summer months, exposure to radio-active materials and exposure to civil war trauma as identified risk factors for suicide in Central Asia (Savani & Gearing, 2020). Overall, the protective factors identified include the absence of mental health issues, the absence of violence and the presence of family support, and improved socio-economic conditions to protect against suicide (Savani & Gearing, 2020). Existing data on suicide in Central Asia lacks nuanced attention to sub-populations and geographical regions and gendered experiences.

Suicide in Muslim countries globally and in Central Asia. A large majority of the population across the five Central Asian republics follow Islam, which forbids suicide (Alonzo & Gearing, 2018). Hence, suicide in general is highly stigmatized in this region and there may be a desire to conceal it under the category of accidents. Below is a detailed review of relevant literature on suicide in Muslim countries to contextualize the Central Asian case.

Muslim countries report the lowest national rates of suicide globally, fewer than 6.5 in 100,000 people. (Bertolote & Fleischmann, 2002; Mann et al., 2005). Within the Muslim context

the act of suicide is viewed as a sin. The Holy Qur'an states "...and kill not your (own) selves. Verily God is merciful unto you." (Qur'an 4:29). Many more verses in the Qur'an echo the sentiment that it is God who gives life and only He can take it away and that human beings must fulfill their appointed term on the earth (Qur'an 3:145; 7:34). Within this broad context, laws, policies and protocols that have evolved in majority Muslim states towards dealing with suicides do not view suicides compassionately nor is there an acknowledgement that the suicidal person is suffering and must be helped.

In many majority Muslim countries, where the laws of the country are based on the *Sharia* (Islamic canonical law), suicide and attempted suicide are considered to be criminal offences (Khan, 1998). In many such countries, suicide investigation is done through the police and there is a likelihood of prosecution, harassment and extortion by the authorities (Khan, 1998; UNICEF, 2013). To avoid this, cases of suicide attempts are kept private, not reported and registered nowhere (Khan, 1998). Also, in Muslim societies, because suicide is considered to be a sin, any suicidal behavior is considered to be a shameful act within the family and is generally concealed (Khan, 1998).

In Muslim countries, the rates of suicide are reported to be lower than in countries that subscribe to Hinduism, Christianity, and Buddhism or are Atheist (Raleigh, 1990). Even in non-Muslim countries, suicide rates among Muslims are lower than the rest of the population (Raleigh, 1990). Records of suicide and suicidal behavior in Muslim majority countries and communities are generally assumed to be unreliable because of the enormous constrain on accurate reporting due to the religious and legal prohibition of suicide. In addition to the explicit condemnation of suicide as a sin and a criminal offense, the societal stigma surrounding the behavior makes it increasingly susceptible to misrepresentation and disguise (Khan, Naqvi,

Thaver, & Prince, 2008). There is increasing concern that in these countries the actual incidents of suicides and attempts are widely under-reported (Khan, 1998; Khan and Reza 2000; Lester, 2006). Being Muslim is associated with less acceptance of suicide which may affect the accuracy and reliability of the reported data on suicides and attempts (Stack & Kposowa, 2011) further exacerbating the problem of suicide in these countries.

The suicidal act is considered to be a criminal offence in some majority Muslim countries. Beyond this, pushing or compelling someone else to kill themselves it also an offense. For example, article 109 of the Criminal Code of the Republic of Tajikistan states,

- (1) Driving an individual to suicide or attempt upon suicide by threat, cruel treatment, or systematic degrading the dignity of a victim is punishable by imprisonment for a period of 3 to 5 years.
- (2) The same actions committed in regard to a person, who was in financial or other dependence of the guilty person, or committed in regard to a minor is punishable by imprisonment for a period of 5 to 8 years.

(Tajikistan criminal code, 2016)

Thus, in Tajikistan, although attempted suicide per say is not a crime, the fact that someone attempted suicide with the intent of dying implicates someone else (most commonly a family member) of “driving them to suicide” because of cruel treatment (UNICEF, 2013). The investigation of suicide or suicide attempt is often harsh and prosecutorial making it very tricky to understand the suicide attempter and provide help (Haarr, 2010; UNICEF, 2013). This possibly explains why the rate of completed suicides in Tajikistan is higher than the rate of attempts (UNICEF, 2013). Also, within this context, suicide of women who are victims of inescapable violence is highly symbolic; it provides an opportunity for the women to express the

deep and intolerable extent of her abuse and it potentially implicates the “abuser” in some way making them responsible for the death (Haarr, 2010; Aliverdina and Pridemoore, 2009).

Suicide among Muslim women globally and in Central Asia. Suicidal ideation is reported to be higher among women in Muslim-majority countries (Karam et al., 2008; Lester, 2006). Rates of suicidal ideation, however, vary significantly across Muslim-majority countries. However, there is a huge amount of variation in the rates of suicidal ideation across countries that are majority Muslim. Significantly higher rates of suicidal behavior are reported among young women in community studies (Ahmadi, 2007; Altindag et al., 2005; Coskun, Zoroglu, & Ghaziuddin, 2012; Goren et al., 2004; Hadi, 2005; Khan et al., 2009; Maghsoudi et al., 2004; Othman, 2011). Women who are poor, live in rural areas and are less educated reportedly have higher rates of non-fatal suicidal behavior and ideation (Canetto, 2015).

A number of studies find suicidal ideation and nonfatal suicidal behavior among Muslim women to be a response to family problems (Canetto, 2015). Family problems are not uncommon to women living in highly patriarchal societies with strict gender roles. However, researchers investigating suicide among Muslim women document that the problems faced by Muslim women within their families are severe (Canetto, 2015). These problems include forced marriages, being taken out of school; not allowed to go out of the home; polygamy; not allowed to work outside of the home; close monitoring of their behavior; expected to bear and raise a large number of children; having to cater to the husband’s extended family; harassment and insults for giving birth to girls only; addiction of the husband; difficulties in obtaining a divorce; difficulties after a divorce; emotional, physical, and/or sexual abuse by family members) and no recourse to any help, support or escape whatsoever (Canetto, 2015).

The methods of suicide among Muslim women vary, self-immolation being a very common method (Canetto, 2015). This method (burning oneself in fire) is lethal and very painful but is used because of its cultural significance conveying the intensity of abuse suffered by the attempter. Serious psycho-social problems are experienced by women in these contexts, and these psycho-social issues are predominantly cited as reasons for suicidal behavior. Mental illness has a lesser role to play in these situations (Aliverdina & Pridemoore, 2009). Women's suicide in these communities is seen as a protest against the unbearable abuse and a violation of their rights in the absence of a socially accepted path for self-determination (Canetto, 2015).

For example, in Iran, self-burning is the culturally meaningful and “unconsciously encouraged” way for a woman to prove herself “sinless” when she “has been exposed to harassment,” with self-poisoning via pills being perceived as just making “a scene” (Rezaie et al., 2014, p. 323). “I will burn myself” is said to be a statement that women often state when faced with stress (Othman, 2011, for Iraq; Rezaie et al., 2011, p. 162, for Iran). Because of this, people are encouraged not to report female suicidal behavior; intending to prevent the social shaming of male family members due to the demonstration of discontent by women via a suicidal act (Billaud, 2012, covering Afghanistan; Rasool & Payton, 2014, covering the Kurdistan region of Iraq).

Self-immolation as a method of suicide, although very rare in the western context, is highly prevalent in rural parts of Iran, Iraq, and India among lower class, married, uneducated and rural women (Aliverdina & Pridemoore, 2009; Canetto, 2015; Vijayakumar, 2015). Consistent with the patterns of suicide among Muslim women, suicide by self-immolation is a gendered form of self-harm and is common in the Middle East and in South and Central Asia (Suhrabi et al., 2012). Most suicides by self-immolation across the world are carried out by

women. In the Kurdistan region of Iraq, more females die by suicide than males (Rasool and Payton 2014) mostly by self-immolation. Researchers studying suicides in these contexts, are beginning to see these suicides as normalized means of challenging the existing patriarchy and used as “weapons of the weak” rather than relegating them to fatalism (Canetto, 2015; Counts, 1988; Rasool and Payton 2014; Aliverdina and Pridemoore, 2009). It is within this context of unbearable suffering that suicide among women in Tajikistan needs to be examined.

Laptev (2009) suggests that suicide in its various forms existed in Central Asia long before the current epidemic. Although, suicide by self-immolation is far less prevalent in Tajikistan than in Iran, a strong public opinion represented in the Tajik media and public discourse about this terrible way of taking one’s life has led researchers to investigate self-immolation in Tajikistan as a social phenomenon - a personal and social protest arising from the control of every aspect of their life (Khushkadamova, 2010). While exact numbers of Tajik women completing suicides through this practice is unknown, there are distinct risk factors for women who adopt this practice – these women are young, uneducated and married. According to this study, the circumstances driving women to self-immolation rest on the social condition of women’s lives, their everyday concerns and attitudes towards them and their problems by the relevant social and political powers that be (Khushkadamova, 2010).

According to one of the only three studies found on suicide in Tajikistan (Haarr, 2010; Khushkadamova, 2010; Varnik & Wasserman, 1992), a striking feature of suicidal behavior among women in Tajikistan is that women who seek help are more vulnerable to suicidal behavior (Haarr, 2010). In this context help seeking behavior on the part of the women seems to incur more isolation and persecution. Within the cultural context of Tajikistan, men have the support from family and community for abusing their women folk, but women have no support

for their objection of abuse. (Haarr, 2010). In this particular study, 400 women were sampled and the results demonstrated almost 60% of women had experienced physical or sexual violence. Women were at the greatest risk of suicidal thoughts and attempts if they were currently being abused compared to non-abused women. Also women who shared their stories of abuse were more likely to have suicidal thoughts than women who did not tell anyone about the abuse (Haarr, 2010).

It is interesting to note the stark differences in suicide presentation and meaning in western societies versus Muslim societies. Also, the significant differences between the factors that are associated with suicide among women in traditional Muslim societies versus women in western liberal societies are indicative of the fact that suicide as a phenomenon has to be studied in its own cultural context for it to be meaningful.

Need for Qualitative Research on Suicide in Central Asia

Suicidal behavior is embedded within a cultural context and is usually carried out within the prevailing standards and belief systems of a cultural community (Salander Renberg & Jacobsson, 2003). “Suicide is by definition a conscious, intentional, purposeful *act* that is the end result of a complex *process*, which is unique for each individual” (Hjelmeland, 2016, p 5). The prevalence and risk factors for suicidal behavior vary across cultures, suggesting that that in order to understand the suicidal person or behavior, it is vital to take into account the cultural, social, religious context of the individuals being studied (Hjemeland, 2010). As an intentional, meaningful act, suicide could have different meanings for different people in different contexts (Hjemeland, 2010).

Given that a general paucity of qualitative research is found in suicidology and that purely quantitative studies using cause and effect thinking do not account sufficiently for the role of context in suicide (Hjelmeland & Knizek 2010), there is a need to examine the phenomenon

of suicide in contextually rich and nuanced ways that provide an appreciation of *why* individuals engage in suicidal behavior, what motivates them to do so, how people arrive at the decision to end their life and what are the lived experiences of people who attempt suicide.

The study of risk factors for suicide is definitely a step on the way of understanding suicidal behavior (Van Orden et al., 2010). Qualitative methodology can offer tools to take this understanding much further. Qualitative methodology provides ways of studying dynamic, contextual phenomenon such as suicide in greater depth by taking into consideration the socio-cultural, economic, religious and political context and offering a more complex understanding than what is possible through quantitative research (Hjemeland, 2010). Qualitative methods are thus more suited to exploring contextually deep rooted and subtle *understandings* of the phenomenon of suicide. They are also designed to allow the researcher to learn from the participants (for example in grounded theory or phenomenology) how to understand a process or a phenomenon (Creswell, 2013; Charmaz, 2017)

Qualitative research attempts to study the world of lived experience, in a contextual, holistic way, from the perspective of those living it (Miles & Huberman, 1994). Studies focused on *understanding* of a phenomenon particularly within their socio-cultural context concern themselves with the *meanings* that suicidal behavior has for the participant, how they interpret their actions, their surroundings, and themselves in their cultural context (Hjelmeland & Knizek, 2010). A greater focus on *understanding* the suicidal person and their behavior will likely move the field forward (Hjelmeland & Knizek 2010), especially in parts of the world where there is little or no research conducted on the issue (Hjelmeland & Knizek 2016).

In the context of Badakhshan, where little prior research exists on the topic of suicide, employing qualitative methods are necessary to contextually understand the unique characteristics, challenges, meanings and lived experiences of the phenomenon of suicide.

Conclusion

The incidence and prevalence of suicide, the common factors associated with suicide and experiences of suicide across the world are varied. There are striking differences in the factors associated with suicide in the richer countries of the world versus the low and middle income countries. More men in the richer countries die by suicide than women. In the poorer countries of the world this is not so. Far more women in the poorer nations exhibit suicidal behavior. Mental health issues are significantly more prevalent among suicides in the developed countries. In the developing countries, particularly in Asia, a host of factors including a combination of socio-cultural, religious, familial and political factors have a greater role. Economic issues, family issues, abuse and oppression seem to play a predominant role in suicide. Particularly among women, gender based oppression and martial violence are dominant factors in suicide.

In Muslim societies, suicide acceptability is very low and there are serious concerns about under-reporting of suicide and suicidal behavior in such contexts. Also, far more women than men exhibit suicidal behavior. Self-immolation is a common method employed by women and women who attempt self-immolation are usually poor, uneducated and married. In contexts where suicide is considered to be a criminal offense by law, and driving someone to suicide is also an offense, self-immolation as a practice has symbolic meaning. It signifies extreme cruelty and discontent on the part of women, and implicates the abuser (usually the husband or another family member) for the act of suicide.

Suicide by definition is a unique and purposeful act, deeply embedded in a particular cultural and religious context. In order to provide interventions for suicide that are effective, suicide needs to be studied contextually. A rich and nuanced understanding of why people engage in suicidal behavior, what meaning does such an act have for individuals and how people experience suicide are much needed aspects of a study on suicide. A review of the literature was undertaken to: a) provide context to the extent of the problem of suicide across the world, b) understand the most common causes associated with suicide in the developed countries and low and middle income countries, c) provide a context for the problem of suicide in Muslim countries and d) understand the need to examine suicide using qualitative methods in the context of Badakhshan.

Chapter III

Research Methodology

This research is an exploratory qualitative study on the phenomenon of suicide in Badakhshan, Tajikistan. It seeks to understand the perspectives on the experience of suicide among individuals who have attempted suicide in Badakhshan within their socio-cultural context. It also attempts to generate a middle-range, substantive theory about the perspectives on the experience of suicide and factors contributing to the suicide attempts in Badakhshan. A middle-range substantive theory is a theoretical interpretation or explanation of a particular problem (suicide) in a particular area (Badakhshan, Tajikistan) (Charmaz, 2006). Middle range theories identify key abstract concepts of specific social phenomena that are grounded in empirical data (Glaser & Strauss, 1967; Glaser, 1978; Charmaz, 2006). (Glaser and Strauss, 1967). This study uses the constructivist grounded theory methodology as expounded by Kathy Charmaz (2008). This study is guided by the following research questions: How do individuals in Badakhshan experience a suicide attempt? What are the factors that have contributed to that attempt? How do individuals cope after the attempt?

This chapter outlines the methodology of constructivist grounded theory as guided by Charmaz (2008). The first section outlines the research design and method of investigation. This section includes the philosophical underpinnings, research methodology and the rationale for the use of the specific method selected—constructivist grounded theory. The next section elaborates the sampling plan which includes the role of research assistants, research setting, recruitment and selection, criteria for participant selection, the plan of collection of data and participant incentives. Following is the data analysis plan which includes the procedures for data transcription and translation, data analysis, procedures for ensuring trustworthiness and

positionality. The final two sections addresses protection of human subjects and limitations of the study.

Research Design and Method of Investigation

Qualitative methodology offers tools to study dynamic, contextual phenomenon such as suicide in greater depth by taking into consideration the sociocultural context and by offering a more complex understanding than what is possible through quantitative research (Hjemeland, 2010). Qualitative research focuses on studying the world of lived experience, in a contextual, holistic way, from the perspective of those living it (Miles & Huberman, 1994). Studies focused on *understanding* a phenomenon particularly within their sociocultural context concern themselves with the *meanings* that suicidal behavior has for the participant, how they interpret their actions, their surroundings, and themselves in their cultural context (Hjemeland & Knizek, 2010). In this study I am interested in examining and describing the experiences of suicide attempts among individuals in Badakhshan. An exploratory, qualitative research design offers the best fit to investigate these constructs.

Grounded Theory: Philosophical Underpinnings

Barney Glaser and Anselm Strauss were the two sociologists who originally developed grounded theory in the 1960s. Strauss came from the interactionist and pragmatist philosophical traditions and Glaser was trained in empirical quantitative methods. Together, they posited that theories should be developed inductively from lived experience; theories should be “grounded” in data from the field; and theories must focus on the actions, interactions and social processes of the participants (Glaser & Strauss, 1967; Creswell, 1998). Grounded theory starts with a series of research questions that guide the direction of the research. Grounded theorists ordinarily focus on ‘what is happening’ and what are the actions undertaken by various actors within that particular context. The purpose of grounded theory is to create an emergent theory

that is grounded in the data by utilizing systematic, theoretical data collection and inductive data analysis procedures (Glaser & Strauss, 1967; Charmaz, 2006). Hence, grounded theory is a systematic method of collecting and analyzing data to develop theory through inductive inquiry (Charmaz, 2012). It is a comparative and iterative method that stresses analysis of data and studying processes. According to Glaser and Strauss, the purpose of grounded theory is to create a conceptual framework that is grounded in data by utilizing systematic, theoretical data collection and inductive data analysis procedures (Glaser & Strauss, 1967; Charmaz, 2006).

Strauss was particularly influenced by symbolic interactionism, is a sociological theory based on the assumptions that human beings construct meaning through the process of communication and interaction. (Charmaz, 2006). Symbolic interactionism has its basis in pragmatist philosophy which views reality as undetermined, fluid and open to multiple interpretations (Charon, 2007). According to symbolic interactionism, human beings are constantly engaged in a process of active interpretation; they and create meanings through practical action to solve their problems (Charmaz, 2006). Therefore, to understand human beings we have to study human action, the processes and outcomes of those actions as well as their perception of the action (Charmaz, 2006). According to symbolic interactionism, human beings have agency, they think about meaning and action in their lives and that human behavior is meaningful through social interaction. Social contexts are shaped by human behavior through words, language, communication, actions, and interactions (Blumer, 1969; Charon, 2007). For both Glaser and Strauss, the purpose of grounded theory was to create an emergent theory that is grounded in data through systematic data collection and analysis.

While Glaser stuck to his original classical version of grounded theory, Strauss departed from the original grounded theory approach to state that grounded theory concepts can be

discovered by elaborating on and expanding existing theories that are relevant to the area of investigation (Strauss & Corbin, 1998). Kathy Charmaz (2006) then advanced “constructivist grounded theory” which maintains that theory is “constructed” by the participants and the researcher and not just “discovered.”

Since the initial introduction of grounded theory methodology by Glaser and Strauss (1967), there have been various developments within the grounded theory movement leading to several versions of the grounded theory method (Willig, 2013). Currently, there are three main versions of grounded theory that dominate the field (McCallin, 2004). These include the classical version (Glaser and Strauss, 1967); Strauss and Corbin’s (1990, 1998) more structured approach which details step by step guides to the method; and Kathy Charmaz’s (2006) constructivist approach. The major philosophical difference in the earlier versions of grounded theory and Charmaz’s constructivist approach is the idea of ‘discovery’ versus ‘construction.’ Some researchers consider social reality to be the result of social construction. In their view, reality is ‘constructed’ because of the interaction of human beings within the social environments. These researchers focus on understanding how that reality is constructed, what meanings are assigned to that reality and how social actors relate to that reality (Sandu, 2018).

According to Charmaz, neither data nor theories are discovered; neither data nor theories are “sitting there” waiting to be discovered. Rather, they are actively constructed by participants, researchers and the context. Charmaz argues that categories and theories do not *emerge* from the data, they are *constructed* by the researcher through active interaction with the data. Here the researcher’s decisions, the questions that the researcher asks of the data, as well as her background shape the research process and the findings (Willig, 2013).

Constructivist Grounded Theory

Constructivist grounded theory examines how social, historical and cultural contexts of the phenomenon affects people's actions, meanings and experiences, and how power, inequality and oppression shape people's actions, meanings and experiences (Charmaz, 2012). According to Charmaz "we construct our grounded theories through our past and present involvements and interactions with people, perspectives and research practices" (2006). The constructivist approach to grounded theory moves the field of grounded theory methodology towards questions of oppression, power, social structures relevant to the discourse, which is more social justice oriented than the earlier versions. Earlier versions of grounded theory do not allow for a review of literature prior to the field work. Constructivist grounded theory has evolved since then to allow a broad framework of literature as a starting point for further research and develop broad research questions based on existing literature.

Social constructivism as a philosophical paradigm considers reality to be the consequence of a process of interaction between the individual and the social environment in which the interaction occurs. Researchers subscribing to this paradigm focus on understanding how reality has been built in its social-cultural context, the meanings assigned to it by the context, and how social actors relate to that reality (Sandu, 2016). The social-constructionist perspective assumes that there are multiple social realities depending on the context of the investigation and the process of the interaction between the social environment and the researcher. Thus, social reality cannot be comprehended in its totality, it can only be understood contextually (Sandu, 2016).

Constructivist grounded theory assumes that social realities are adjusted by human actors and that research participants' interpretations of events shape their outcomes (Willig, 2013). Therefore, the phenomena studied by grounded theorists is a product of human participation and interaction. These phenomena are dynamic because human action and interaction is dynamic.

This particular type of grounded theory (i.e., constructivist grounded theory) subscribes to a symbolic interactionist perspective.

Constructivist grounded theory draws on symbolic interactionism which is a theoretical approach to the study of human behavior and social interaction. Social constructionist versions of grounded theory view the researcher as an active participant in the research process; here the researcher is not just a witness to reality but actively constructs a particular understanding of the phenomenon under investigation. Thus, the social constructivist grounded theory does not capture social reality but constructs it (Charmaz 1990).

Constructivist grounded theory makes a commitment to social justice by delineating concrete processes and tools to achieve it. According to constructivist grounded theory our way of knowing is always an interpretation of reality and reality can never be fully known or described (Charmaz, 2012). Constructivist grounded theory provides “analytic tools to probe how events, processes and outcomes are constructed, the method provides means of studying power, inequality and marginality” (Charmaz, 2017, p. 39). Constructivist grounded theory uncovers structural contexts, power arrangements and collective ideologies on which specific analysis rests. This is done by challenging the notions of individualism in the analysis of data and adopting a deeply reflexive stance on oneself and the research process (Charmaz, 2017).

The constructivist position views research as an emergent product of particular times, social conditions, and interactional situations (Charmaz, 2008). As delineated by Charmaz (2017), constructivist grounded theory scrutinizes the researcher and the research process, and locates the research process and outcomes in historical, social and contextual conditions (Charmaz, 2017).

Rationale for Employing Constructivist Grounded Theory

A systematic review of peer-reviewed articles in academic journals in the last 30 years found only three studies on suicide in Tajikistan (Savani & Gearing, 2020). None of these studies examined any aspect of suicide in Badakhshan. Grounded theory methodology is best used when no explicit hypothesis exists to be tested and when researchers are interested in a phenomenon without explanation and from which they seek to “discover theory from data” (Glaser & Strauss, 1967). For the study of suicide in Badakhshan, where there is very little research and little is known about the phenomenon, using grounded theory methodology seems to be a good fit. Secondly, this study seeks to develop a contextualized understanding of the mechanisms associated with suicide in the province of Badakhshan, Tajikistan. Constructivist grounded theory methodology has often been utilized by researchers interested in understanding human behavior within a particular context. Badakhshan is unique in terms of its geographical location and socio-cultural and religious traditions making it important to study a phenomenon like suicide holistically within its context. Also, suicidal behavior of individuals is deeply rooted in their socio-cultural context, exploration of such behavior requires a methodology that allows for the phenomenon to be studied within this context.

Third, constructivist grounded theory allows for a rich and nuanced exploration of suicide within its socio-cultural context. Also, grounded theory provides very specific guidelines for collecting and analyzing data to generate theory which is beneficial to junior researchers like myself. Given that there is little research done in this part of the world on understanding the contextual factors associated with suicide, the development of a mid-range theory about the major factors associated with suicide seems to be the right step in moving the field forward.

Lastly, for social justice-oriented researchers like myself, constructivist grounded theory comes close to social work values and ethics because of its focus on “construction of reality”

with the participant. The fundamental assumption of constructivist grounded theory is that reality can never be fully known, only co-constructed and interpreted through the interaction of the researcher and the researched (Charmaz, 2012). Examining the social and environmental structures that might contribute to the problem of suicide can be dealt with by asking critical questions of the data and the research itself. The constructivist approach within grounded theory is social justice oriented and would provide fair treatment to exploring the phenomenon of suicide in Badakhshan, an isolated, low-income province facing many developmental and structural challenges. Second, the approach of constructivist grounded theory provides tools and strategies to provide participants with a perspective on their own issues and challenges and lead to a path of empowerment.

Data Collection Plan

Sampling for qualitative studies is emergent and flexible and can evolve during the course of the fieldwork (Creswell, 2003). In grounded theory methods, sampling is purposive, flexible and conceptually driven. The goal of sampling is to gather data until no new categories or concepts emerge that can be integrated into theory. In this case, the study population were the adults living in Badakhshan who have experienced a suicide attempt.

Research Setting

This research was conducted in four districts of Badakhshan; Shugnan, Rushan, Roshtqala and Ishkashim. The researcher was based in Khorog, which is situated in Shugnan and is the capital of Badakhshan. The districts are chosen because the perceived rates of suicides and attempts are higher in these three villages. The estimates are that every week, there is at least one death by suicide in one of these villages (Savani, 2013, personal visit). These villages are also more populated and are easily accessible from the capital Khorog. The likelihood of getting more research participants from these villages is greater than that from other parts of Badakhshan.

This study was best suited to be conducted within the communities in Badakhshan as opposed to a typical mental health or psychiatric hospital. First, because in the entire province of Badakhshan there is only one psychiatric hospital in the village of Roshtkala which houses six chronically mentally ill patients. (Savani, 2013, personal visit). Secondly, the study was better suited for a community setting because it attempts to understand suicide among the general population as opposed to a typical psychiatric population. Maintaining a low profile about the study and conducting it in the local villages also avoids the risk of the participant and their family becoming known to the authorities, which might carry some legal risk. According to Article 109 of the criminal code of Tajikistan, driving someone to suicide or attempt is punishable by law with a sentence for a period of three to five years (Tajikistan Criminal Code, 2016). In Tajikistan, the investigation of suicide and treatment of the authorities to an attempt or death by suicide is harsh and prosecutorial in nature (UNICEF, 2013), thus severely limiting the number of individuals who will seek help for their suicidal thoughts. Therefore, participant recruitment and selection have to be subtle and informal, making sure not to attract any attention from the authorities.

Recruitment and Selection

Research Assistants

In this study, the Research Assistants (RAs) will play a crucial role. Three months prior to the PI's travel to Badakhshan, two RAs—graduate level professionals in social sciences or humanities who were respected members of the local community—were recruited from the local communities in Badakhshan to assist with the study. Based on the PI's personal and professional connections in Badakhshan, the PI recruited two RAs who supported her through the duration of the study. The RAs were multilingual; they had a good command of the English language and were fluent in Russian, Tajik and Shughni. They also had a degree in social sciences or

humanities and a background in human services. They had good interpersonal skills and were respected members of the local community. These RAs were paid a stipend of about \$500 per month by the PI and will work for the PI for 3-6 months in assisting with recruiting participants, conducting interviews and translating and transcribing the interviews. The RAs were recruited before the data collection phase and were trained by the PI on ethics, confidentiality and interview protocols. The RAs signed a contract with the PI outlining their terms of reference, expectations and duration of their services. They also signed a confidentiality agreement. The RAs assisted the PI for the duration of the study and had a crucial role in recruitment, data collection and data analysis. The RAs were researchers in their own right and may be co-authors with the PI on any publications arising from this study.

In particular, the RAs assisted the PI with the following: sharing information about the study in Badakhshan and recruiting participants through word of mouth, screening participants per the inclusion criteria, explaining the purpose of the study to the participants and what is expected of them, accompanying the PI to all the interviews, assisting the PI in talking about the study at prayer gatherings and neighborhood meetings, transcribing the interview recordings into English and participating in discussions and consultations during the data analysis phase.

Due to the PI's linguistic limitations, this research placed considerable responsibility on the RAs during participant recruitment, data collection and data analysis phase. This is not uncommon in research that is done in cross cultural settings. Procedures to ensure rigor and trustworthiness in such cases is to recruit competent RAs, consider the RAs as research partners

in the study and use more than one individual as the RA. There is also precedence that the interpreters and translators assisting with such research are co-authors in the research project.

Recruitment

Recruitment of participants began three months before travel to Badakhshan. Recruitment was through word of mouth and was purposive. In order to recruit participants for this study, two approaches were used: a brief announcement and referrals. A brief email announcement about the study was written up (Appendix A: Study Announcement). This announcement included the purpose of the study, the call for recruitment of participants, incentives for participating in the study and contact information of the PI. The announcement stated that the PI is a doctoral student conducting a study on Suicide in Badakhshan and is looking for participants who have made a suicide attempt. The announcement also highlighted the incentive participants would receive: a “food basket” that contains bread, lentils and fruit. This announcement was translated into Russian, Tajik and Shughni languages and sent through email communication to colleagues and associates living and working in Tajikistan prior to travel. The announcement is intentionally brief to encourage questions and communication with the PI.

The other recruitment technique that was employed is the use of referrals. Referrals from colleagues and associates from Badakhshan was sent to the PI’s confidential email address. The PI received all referrals and screening of participants commenced. During the referral process, colleagues and associates in Badakhshan were asked to share information about the study and recruit individuals who fit the criteria for inclusion for the study. The referral process began three months before the PIs travel to Badakhshan and lasted through the duration of her visit. The entire referral process was anticipated to be about six months. Each of the referrals were contacted by the RAs via telephone call and were screened for eligibility. A written script was

provided to the RAs to assist them in providing more information about the study and screening participants for the study (See Appendix B: Recruitment and Screening Write up). The written script (Appendix B) explained the voluntary nature of participation, the length and content of the interviews, the possible locations, and the incentive. The script also emphasized that the interview is not a counseling session and that the researcher is here to learn from their experiences. The script addressed the potential risks of participation in the research. The research assistants were instructed to either read out the script to the participant or explain it to the participant in their own words. If the participant was eligible and willing to participate, an interview was scheduled at a location convenient to the participant in their own village. The researcher and the research assistants traveled to the location of the participant for the interview.

All referrals were contacted by the RAs in the local language of the participant. Names of participants selected for the study were kept confidential. It was hoped that snowball sampling would occur after the first couple of participants are selected for the study.

Recruitment was expected to be difficult and slow. Once the first couple of participants are interviewed and the PI had travelled to Badakhshan, other participants were recruited through the PI's personal efforts by visiting with community leaders and members in the villages, attending prayer gatherings and talking about the study at local gatherings. The PI had lived and worked among these communities and had a certain amount of trust already established with leadership and individual members of the community. It was anticipated that while the PI was living in Badakhshan, more participants could be recruited because of snowball sampling. No more than 15 participants were expected to be recruited, out of which 10-12 participants were expected to actually be interviewed for the study. The PI would conduct this research with a minimum of six and a maximum of 15 participants.

Sample

The study sample was likely to be individuals from the districts of Shugnan, Rushan and Roshtqala. There may be an individual or two from Ishkashim, another district close by. The individuals in the sample were likely to be between 18 and 50 years of age, living in a rural community and poor. These individuals were likely to have some grade school level education, however, if they are from Khorog, they might even have a college degree. Most of these individuals were likely to be either self-employed or have unstable employment. To say the least, this group of individuals were likely to be among the poorest, most isolated and vulnerable group of people in the province.

Criteria for participant selection

The inclusion criteria for participation in the study was being at least 18 years of age, living in Badakhshan and experiencing a suicide attempt (See Appendix C: Inclusion and Exclusion criteria). Exclusion criteria are: not experiencing a suicide attempt, not living in Badakhshan and not being at least 18 years of age. Participants who have experienced a suicide attempt less than six months ago or are actively suicidal during the time of recruitment were excluded from the study. If, during the time of interview, the participant was found to be actively suicidal, the interview was halted and a suicide protocol was followed. Also, the participant was referred to appropriate resources within the community. See Appendix D for the suicide risk assessment protocol. If the need arose to use the suicide protocol during data collection, it was documented and reported to the chair of the dissertation committee and the University of Houston Internal Review Board as an unusual incident. This situation did not arise.

The PI's past experience of conducting a small study in interviewing suicide attempters has been that it is very challenging to interview a participant who has made a recent suicide attempt. The interview has been very emotionally burdensome and has triggered particularly

difficult emotions for the participant. A richer and more balanced interview is possible when the participant is somewhat removed from their attempt in physical time. According to the PI's clinical judgement and past experience, a gap of six months between the suicide attempt and the interview is needed for a good conversation about the experience of suicide.

Data Collection Plan

Data collection for this study consisted of three methods: a survey to collect demographic information, semi-structured in-depth individual interviews, and observations and field notes (descriptive and reflective). The in-depth interviews also included reflections from the RAs. During the data collection phase, the PI was living within communities in Badakhshan. The PI had access to observe how individuals and families go about their daily life, what norms and unwritten rules they observe and what activities or processes have special meaning for them. The PI will also maintain descriptive notes on the participants that are interviewed, where they live, how they live and details about how they respond to certain questions. In addition to the above, the PI will document reflections during and after the interviews that were used as data. Maintaining rigorous procedures for observations and documentation of field notes and using these as data is common in qualitative research (Creswell, 2007; Miles & Huberman, 1994)

The surveys captured demographic information and timeline of the suicide attempt. A semi-structured interview protocol was developed by the PI and translated into Russian, Shughni and Tajik. To ensure clarity of questions and appropriateness of language used, the translated protocol was given to individuals living in the US who are originally from Badakhshan for their feedback. Relevant feedback was incorporated in the protocol and a revised version was developed.

The in-depth semi-structured interviews were conversational in style and attempted to

create a dialogue between the researcher and the participant. Participants were asked about their typical day, difficulties they face, their attempts and what they hoped for when they attempted.

Following are a sample of two questions from the interview protocol.

- All of us face difficulties in life. What are some difficulties that you are experiencing in your life? Prompt: Let's start with work, money, family.
- Tell me about the most recent time you made a suicide attempt. Please tell me everything that happened on that day. Describe it as if you were writing a book about it.

The in-depth semi-structured interview protocol allows room for flexibility following the responses of the interviewee during the process.

Reflections from RAs

The two RAs assisting with the research study were interviewed in English by the PI. These interviews were conversational in style and focused on the RAs thoughts and reflections on suicide. The RAs thoughts on why individuals in Badakhshan consider suicide and what suicide means in this context is important and relevant to the study. Also, the RAs thoughts on how individuals go about their daily life, how they deal with hardships, what norms and unwritten rules they observe and what activities or processes have special meaning for them provided meaningful data for the study.

The data from the RAs provided a purposeful context for interviews with participants. The interviews with RAs were conducted prior to participant interviews. If needed, RAs were interviewed again after the completion of participant interviews for theoretical sampling. These interviews were recorded and transcribed by the PI. The data collected were coded by the PI and included in the overall data for the study.

Participant Incentives

Pending approval from the University of Houston, Institutional Review Board (IRB), participants who agree to participate in the in-depth semi-structured interviews would receive a “food basket” containing bread, lentils, and fruit valuing approximately five U.S. dollars for their time and participation in the study. Food insecurity is common in this part of the world and providing a food basket for participation in research is an acceptable way of compensating participants for the time that they could have spent in their fields or tending to their cattle. Also, providing a food basket for participation in research is a practice that other senior level researchers have used in Tajikistan (Haarr, 2010). The “food basket” was given to participants at the end of their interview.

Data Analysis Plan

In grounded theory methods, unlike other qualitative research methods, data starts to be coded as soon as it is gathered (Glaser & Strauss, 1967). Researchers do not wait until all of the data is collected in order to begin the analysis. In grounded theory, data collection and data analysis proceed simultaneously (Glaser and Strauss, 1967). Analysis occurs concurrently and interactively with sampling and data collection to produce an emergent theory. Initial codes are developed at the same time as more data is collected. Tentative conceptual ideas are developed early in the process and then examined through further sampling, inquiry and comparative analysis. The beauty of this method is that it allows for constant comparison of data to data, and data to codes, in real-time. Saturation occurs when additional data does not generate any new properties of concepts that add to the key understanding of the grounded theory. There are several phases of data analysis for this study. The following sections explain step by step the processes undertaken for data analysis in constructivist grounded theory methodology.

In the data analysis for this study the first step was transcribing and translating the data. Step two was coding the data and step three was further participant recruitment to achieve theoretical sampling and saturation.

Data transcription and translation

In cross cultural data collection, when interpreters and translators are used to conduct interviews in the native language of the participant and then translated into English, a usual practice is to translate and then back translate to ensure accuracy of the original translation (Lee et al., 2009). In practice, first translating into English and then back translating back into the original language is very time consuming and cost prohibitive. These methods have also been criticized for weak conceptual likeness to the original (Tobin & Begley, 2004). A creative approach to dealing with the resource intensive nature of this exercise and the criticism about weak equivalence is to have two or more translators conduct the translations independently of each other. The PI then compares the transcripts and resolves discrepancies between the two versions of the transcript through dialogue and discussion with the RAs.

This method of involving the translators and interpreters at deeper levels of analysis in cross cultural research is gaining support (Larkin, 2007). Mutual reciprocity between the researcher and the translator in collecting sensitive data and constructing nuanced meaning is becoming more and more important in cross cultural research. (Larkin, 2007). In such a research setting, qualitative interviews are carried out *with* the interpreters rather than *through* the interpreters (Edwards, 2010). In these cases, the translator is an active collaborator in the research process and is an integral part of the process. Such practices are increasingly being adopted by qualitative health researchers.

Taking the above into consideration, for the purposes of this study, all interviews were conducted with the help of the RAs. Once the interviews have been conducted and recorded, the two RAs will listen to the interview recordings and transcribe the interviews *directly* into English. This exercise was done by the two RAs independently of each other. At any given time, only one RA will accompany the PI to conduct interviews, but both the RAs will independently transcribe the interviews. The PI will then compare both the transcripts of each interview and resolve any discrepancies through mutual discussion with the RAs. In the context of Badakhshan, where it is difficult to find individuals who are multilingual and fluent in the English language, this method of translating and transcribing the data in a single step by the RAs seems to be the best alternative in maintaining the rigor of the study.

Coding

The first step in data analysis is coding. According to Charmaz, coding is the process of categorizing and sorting data. (2006). Coding in qualitative research means creating categories from interpretation of data. Grounded theory is a method for studying processes and coding is done to capture the “actions” and the “processes.” Charmaz advocates line by line coding of the interview data. Line by line coding involves labelling each line of the data for meanings, actions and processes. During initial coding, the researcher is required to study fragments of data – words, lines, events and develop codes. Coding consists of interacting with the data and constructing short labels to assign meanings to it. Initial codes are tested against the rest of the data. Coding is the first step in moving from the concrete statements in the data to formulating analytic interpretations. As coding progresses, theoretical categories can emerge from them. Charmaz talks about constant comparative coding which involves comparing data with data, data with codes and later data and codes with tentative categories.

According to Charmaz, a guide to grounded theory coding involves the following steps: Remaining open to all interpretations of the data, staying close to the data, keeping the codes simple and precise, constructing short codes, preserving actions, comparing data with data and moving quickly through the data (Charmaz, 2006).

After the initial coding, Charmaz recommends moving into focused coding. Focused coding is more directed and conceptual as opposed to the word-by-word or line-by-line coding done in the initial phase. Focused coding begins to provide a broader analytic framework for the data.

The third phase of coding in grounded theory methods is axial coding which relates categories to subcategories and specifies properties and dimensions of a category. The purpose of axial coding is to organize large amounts of data and align them in new ways after the initial coding has been done (Creswell, 1998).

Theoretical sampling and saturation

Theoretical sampling refers to the process of seeking pertinent data to develop emerging theory. The purpose of theoretical sampling is to elaborate and refine the categories that constitute theory. Theoretical sampling is done to develop properties of the categories until no new properties are found (Charmaz, 2008). Once preliminary categories are found, more data needs to be collected to refine the categories and its properties. In this study depending on what the preliminary categories are, more data may need to be collected from family members, community leaders and field notes on how individuals experience suicide and how they cope with it.

Data is gathered until no new properties emerge. This is called saturation. Conducting theoretical sampling avoids becoming stuck in unfocused analysis and provided stronger support to ground data. Theoretical sampling is emergent and follows constructing tentative categories.

Theoretical sampling can include studying documents, conducting observations, interviewing and re-interviewing with a focus on theoretical categories.

Step by step procedures to carry out this research

Following are the steps that were taken in chronological order in conducting this study.

1. PI made contact with friends and colleagues in Badakhshan and attempted to hire two research assistants (RAs) between October 2018 and February 2019.
2. PI and RAs confidentially started speaking with community leaders and associates in Badakhshan via phone and email about the study and attempt to recruit participants between February 2019 and April 2019.
3. PI traveled to Badakhshan in June 2019 and met with RAs.
4. PI trained RAs on ethics, confidentiality, research study protocols and safety protocols to be practiced during the study. This was done during May/June 2019.
5. PI interviewed RAs as per the data collection plan to include their reflections as part of the study.
6. PI started the coding process as soon as the first interview was done with the RAs.
7. PI and RAs interviewed 12 participants per the interview protocol between June 2019 and August 2019.
8. RAs started transcribing interviews as soon as the first interview is conducted.
9. Between June 2019 and August 2019, PI attended community gatherings, town hall meetings, prayer services and local neighborhood meetings in an attempt to create trust with community leaders and gatekeepers in Badakhshan and continue recruiting participants.
10. PI returned to the US in mid-August 2019.
11. PI continued to communicate with the RAs to develop an English script of the interviews.

12. PI started coding the data as soon as the interviews take place. Coding took place between June 2019 and September 2019. Regular consultation with and input from the RAs was sought throughout the process.

13. PI wrote the results and discussion sections of the study between September and November 2019.

Procedures for ensuring trustworthiness and authenticity

One of the key characteristics of qualitative research is its attention to maintaining rigor in the research. Rigor is defined as the quality of being thorough and accurate (Cypress, 2017). Within social sciences research rigor is understood as trustworthiness. Trustworthiness refers to quality, authenticity, and truthfulness of findings of qualitative research. It also relates to the degree of trust, or confidence, readers have in results (Cypress, 2017). Seminal work by Lincoln and Guba (1985) establish procedures and guidelines for maintaining trustworthiness in the research, which means representing the perspectives of the research participants as closely as possible. Numerous ways suggested to accomplish trustworthiness include co-coding, peer debriefing, member checking and establishing an audit trail (Padgett, 2008). Lietz and Zayas (2011) offer some strategies for ensuring trustworthiness of a study to include long term engagement in the study context, maintaining rich thick data, member checking, maintaining an audit trail, peer debriefing and triangulation.

Lincoln and Guba (1985) talk about four concepts that work together to achieve trustworthiness – credibility, transferability, auditability, and confirmability.

Credibility refers to the degree to which the study represents the meanings of the research participants (Lincoln & Guba, 1985). Some of the major threats to trustworthiness as pointed out by other qualitative researchers include researcher bias and reactivity (Lietz & Zayas, 2011). The

solution to enhancing the validity of a particular study are not to eliminate the above threats but to acknowledge and explain them. The researcher has to decide what threats are most serious and plausible in the study and describe how these were addressed. During my journey of data collection and analysis I was conscious of my stance as a social worker activist and my reactions to what I might see and hear in my study context.

The following procedures were used in this study in order to make it credible.

i) *Adoption of research methods that are well established for this type of study.*

As suggested by Shenton (2004), specific procedures for investigating a particular phenomenon should be derived from prior research projects that are comparable.

In the case of studying suicide in Badakhshan, where there is little prior scientific knowledge, using constructivist grounded theory to examine suicide makes this study more credible. When there is little prior research on the topic, grounded theory is the best qualitative method to use (Glaser & Strauss, 1967; Charmaz, 2006).

ii) *The development of an early familiarity with the culture.* I have read extensively about Badakhshan, its people, its culture, its belief system and social issues and visited the province several times. According to Shenton (2004), this is another measure for adding credibility to the study. In addition to this, I intend to have prolonged engagement in the field. I intend to spend three to six months living within the communities in Badakhshan. I plan on attending prayer gatherings, town hall meetings and *majalis* (informal gatherings within certain neighborhoods). This will enable me to interact with individuals in their day-to-day lives, record observations, and engage with community members in deeper

ways. Doing this adds to obtaining thick, rich and nuanced data that is so critical in qualitative research.

- iii) *Triangulation.* This involves the use of different methods like observations, focus groups, interviews, field notes for data collection. Triangulation could also involve using a wide range of informants. Different forms of triangulation are advocated by qualitative researchers as measures to ensure credibility (Shenton, 2004; Van Maanen, 1983; Guba, 1981). In this study I plan to use different methods of data collection like observations, interviews and field notes. I may also talk with community leaders and gate keepers for theoretical sampling purposes and intend to use a wide range of informants.
- iv) *Frequent debriefing sessions with supervisors and peers.* I plan to meet regularly with two of my colleagues within the doctoral program who have experience in doing grounded theory work during their doctoral studies. These meetings may be virtual or in person and will commence as soon as data collection begins. I plan to engage with my colleagues on a weekly basis to discuss my ongoing study, analytic questions, self-reflexivity and any ethical issues that may arise. This process is known to reduce the threat of researcher bias (Padgett, 1998) and increase the credibility of the study. I also plan to touch base with the two qualitative research experts on my dissertation committee at least twice a month to discuss my data analysis and emergent findings. I also intend to check in frequently with my RAs while I am coding and analyzing to make sure I stay close to the cultural nuances in the meaning of the data. Instead of member checking, which was very difficult given that the data has to be translated and

transcribed into English, I intend to check in with my RAs and discuss with them my preliminary analysis of the data. I also plan to have one of my colleagues' code at least a third of my interviews and compare our codes. This process will enable me to maintain the accuracy of the participant data and keep me honest in my analysis.

- v) *Peer scrutiny of the research project.* This step is recommended by Shenton (2004) as a way of adding credibility to the study. I intend to request feedback for this study from colleagues, peers and academics over the duration of the project.
- vi) *Thick description of the phenomenon under scrutiny.* This is another method recommended by Shenton (2004) to add credibility. I intend to document extensively my observations during, before and after interviews with participants. I also intend to participate in community events and document ways that people live, behave and respond to certain things. I plan to keep extensive field notes that are both descriptive and reflective to capture thick description of people, actions, processes and events.

Transferability refers to whether the findings are applicable or useful to theory, practice or future research. According to Shenton (2004) transferability can be attained by providing clear information to the reader about the scope and boundaries of the study at the beginning. In addition, providing detailed information about who is participating in the study and where they are based, the type of people who contributed to the data, the number of people involved in the field work, data collection methods that were employed, number and length of data collection sessions and the duration over which data was collected.

In this study, at the outset, I define the scope and limitations of the study. I also provide detailed information about the context of the study, the participants, the research assistants, the data collection methods and the duration of the data collection.

The systematic documentation of research procedures so others can replicate them and confirm your findings is called dependability by Lincoln and Guba (1985). This has been referred to as auditability by others (Leits and Zayas 2011). In order to address dependability, according to Shenton (2004), the processes within the study need to be reported in detail. In the methods chapter of this study, I describe in detail the processes for all the phases of the data collection and analysis. I describe what I planned and will describe how it was implemented. I describe details of how I plan to collect data and will describe what actually happened in the field.

Confirmability refers to the extent to which others can confirm or corroborate the findings (Lincoln & Guba, 1985). Again, detailed methodological description is offered as the best way to attain confirmability (Shenton, 2004). The detailed description of the step-by-step procedures and decisions made by the researcher, also known as the “audit-trail” helps the reader to determine if the findings can be accepted or not. An audit trail on the decisions about sampling, data collection, data management and data analysis can help readers follow what was done and why. I plan to provide clear and detailed descriptions of what I planned and what I did, the decisions I made, and the mistakes I made. Also, I will keep a very clear account of all the steps that I undertake while doing this study. This includes writing about finding participants for the study, screening individuals into the study, traveling to the interview locations, conducting the interviews, decisions about how we arrived at the final English script of the interviews, and the decisions and processes while analyzing the data.

An audit trail helps to document and provide a rationale for the decisions taken that impact the study in various ways. The audit trail also provides a record of the consultations, meetings, and feedback exchanges with peers and committee members to enable someone else to follow the logic of the study, the decision points and the outcomes of the decisions made throughout the process. An audit trail also provides documentation for the study to be reproduced by another researcher. I intend to keep an audit trail via a computer file that were password protected.

Memo-writing

An important part of data analysis within grounded theory methodology is memo-writing. Memos are informal notes written to capture observations, thoughts, comparisons and connections that the researcher makes while engaging in the research process. Memos are also used to write up why certain codes are selected versus others, and why certain decisions are made as opposed to others. Memo-writing keeps the researcher active in the process and makes the work concrete and manageable. According to Charmaz, memo writing is an essential step between coding and writing results. I intend to engage in a lot of memo writing over the duration of the field work in Badakhshan.

Reflexivity/Positionality

According to Melterud (2001), reflexivity is grounded in how

A researcher's background and position will affect what they choose to investigate, the angle of the investigation, the methods judged most adequate for this purpose, the findings considered most appropriate, and the framing and communication of conclusions (pp. 483-484).

A key aspect of qualitative research is being clear about one's position, biases and motivations for why and how the study is being conducted. I study suicide in Badakhshan first

and foremost as a social worker attempting to alleviate human suffering in this remote part of the world. I also study suicide in Badakhshan as a Muslim American woman following the Shia Ismaili tradition of Islam whose world view has been shaped by values of service to humanity and preserving the sanctity of human life.

I identify as a Shia Ismaili Muslim with roots and family ties to the Indian subcontinent. I have no ethnic or family ties to the province of Badakhshan; my only connection with this community is our shared affiliation to the same religious community and my deep human connection with the people of Badakhshan. I started doing volunteer work with communities in Badakhshan in 2012, when I was invited to participate in conducting a needs-assessment examining the community's mental health issues. I worked with a team of professionals who travelled to Badakhshan on several occasions with the aim of developing capacity in the region to address the long-term mental health needs of the community.

During my travels to Badakhshan, I have been curious about why individuals in Badakhshan choose to end their life by suicide and how the socio-cultural, religious and political context of Badakhshan might have influenced their decision to do so. In a part of the world that is predominantly Muslim and forbids suicide, what are the compelling realities of men and women who take their own lives? As a social work practitioner, I have struggled with the intense pain and suffering of my clients and colleagues who live with suicidal ideation and I have struggled more with the reality of those who I have lost to suicide.

I approach this research deeply aware of my privilege as an "American" enjoying relative political and economic stability and personal freedoms in the part of the world that I live in. In addition, the opportunities for good education, social and economic empowerment that I have been blessed with are rather uncommon in the context I am studying. I also come to this research

conscious of my vulnerabilities as an “outsider” trying to understand a phenomenon that is deeply rooted in a context that is alien to mine. I am also deeply aware of my linguistic limitations as a researcher in studying a sensitive and personal experience of someone’s life. Because of the work that I have been involved with in Badakhshan, I am mindful of my perceived position of power among these communities. This position of power can be a double-edged sword; it can provide access to participants for research while implicitly exerting some degree of coercion. I have been very intentional about adopting the philosophical and methodological stance of constructivist grounded theory in this context because I believe that challenging the structural status quo and building a collaborative relationship with my research assistants and my research participants is the only way of maintaining the integrity of the research process and being authentic about understanding the context and co-constructing knowledge.

Protection of Human Subjects

An application for Institutional Review Board approval was submitted to the Human Subjects Committee at the University of Houston. Every attempt was made to protect the rights, well-being and confidentiality of the participants. Research procedures, risks and benefits and purpose of study was explained to the participants. An informed consent documents was translated into the participants’ native language was read aloud to and written consent was obtained. Also, the participant’s right to end the interview at any time for any reason was reiterated. All participants were assigned a number and the original record of names were destroyed such that the data can never be traced back to a participant. All data will remain confidential. The recordings of the interviews were kept secure; interviews were transcribed immediately, and audio-recordings deleted, since voice is an identifier. The researcher will ensure that the transcripts have no identifying information.

During the course of the interviews, participants may experience unpleasant emotions, including sadness, hopelessness and isolation. Because this study explores experiences of suicide among individuals, the risk for some unpleasant thoughts is inevitable. The participants were able to withdraw from the study at any time for any reason. If, the interview with the participant triggers difficult emotions, participants were given the option of ending the interview. The option to withdraw from the study at any time was explained to the participants before commencing the interview. Participants will also be provided with a referral to the local faith-based social service agency for support and counseling.

Prior to data collection, the researcher will contact the local Non-Government Organizations (NGOs) and other agencies and prepare them in the event that a participant might need help during an interview. Also, the researcher herself has extensive clinical experience working with clients who have serious mental health issues. In the event that no other help is available, the researcher will terminate the interview and provide support herself with the help of the RAs. In a region as isolated as Badakhshan, where the nearest NGO or hospital could be three hours away, the researcher becoming the clinician if absolutely needed by circumstance would be the ethical thing to do.

Potential Limitations of the Study

This study is limited in scope and is intentionally restricted to the province of Badakhshan. A serious limitation of the study arises from the researcher's inability to speak the native languages of Badakhshan. Data were collected with the help of the graduate research assistants who will accompany the researcher to all the interviews. Data will also be translated and transcribed by the RAs into the English language.

The use of interpreters and translators is common practice among researchers who do cross-cultural qualitative research. However, having another person in the room as an interpreter while talking about sensitive material with the participant is an additional consideration for the researcher and can produce additional challenges in the interview process.

Data were translated and transcribed entirely by the RAs due to the researchers' inability to speak the native languages. This is also common practice used by qualitative researchers conducting cross-cultural and cross-linguistic research (Chen, 2009; Larkin et al., 2007; Santos & Sandelowski, 2015). When the researcher does not speak the language of the participants, meanings expressed by participants may not be fully understood and additional challenges of the trustworthiness of data arise. In order to account for this limitation, the transcription was done independently by both the RAs, and the researcher was able to compare two independently transcribed interviews for all participants. Any discrepancies between the transcripts were dealt with through discussion and consultation with the two RA's. The process of "translating" the data into the English language from another language may posit challenges in representing concepts, idioms and metaphors steeped in the participants' cultural context to the English language.

Summary and Conclusion

This study uses the constructivist approach of grounded theory methodology to investigate the perspectives on the experience of suicide among individuals who have attempted suicide in Badakhshan within their socio-cultural context. The aim of this study is to generate a middle-range theory about the facts that influence the suicide attempt. The field work for the study was conducted in Badakhshan over three to four months by the PI with the assistance of two graduate level research assistants who will help with interviewing, translation and transcription. Data were analyzed using grounded theory methods. The PI will engage in best practices for establishing trustworthiness and authenticity of the study through long term

engagement in the field, regular peer-debriefing, checking in with the RAs, co-coding with colleagues and maintaining an audit trail. The next chapter talks about the findings of this study.

Chapter IV

Setting the Stage: Context and Participant narratives

The Geographical and Environmental Context: The Pamirs

The Physical Environment. Badakhshan geography is a vast high-mountain province of Tajikistan, located in the eastern half of the country. The total area of Badakhshan is approximately 63,700 square kilometers, which represents nearly half the total land in Tajikistan (Mastibekov, 2014). The landscape is dominated by the Pamir Mountain range that goes through the center of Badakhshan and extends into Afghanistan, China, Kyrgyzstan, Pakistan and Tajikistan. Therefore, Badakhshan is often called ‘The Pamirs’ and the people who live in Badakhshan are called Pamiris. The words Badakhshan and Pamirs are used interchangeably in the literature on Badakhshan and within the local cultural communities. Although Badakhshan occupies half the land of Tajikistan, only 3.3% of the Tajik population (nine million) or some 218,000 people live in Badakhshan (Mastibekov, 2014). The official name of the province Badakhshan, was coined by the Soviets in the early 1900’s as Gorno-Badakhshan Autonomous Oblast (GBAO). The city of Khorog is the capital of the Badakhshan and the most populist and developed urban area in the province. Just across the Panj river in the province is Afghanistan’s Badakhshan, a corresponding mountain region in Afghanistan (Hinz, 2007).

The province of Badakhshan, Tajikistan is the geographical site for this study. The Principal Investigator (PI) and the research team were based in Khorog for the duration of the data collection field work. The remote province of Badakhshan is stunningly beautiful with high mountains and a remarkable landscape that includes high plateaus, deep valleys, beautiful glaciers and a nexus of fresh water rivers interlacing throughout the region (Brea & Hurni, 2003). Badakhshan is poetically referred to as the *roof of the world* with mountain peaks from 5000 to 7500 meters high (Koen, 2003). The high elevation and steep slopes produce wild rivers

that are particularly full in the summer months, after the winter's snow melt, with strong water currents. The landscape of Badakhshan is dominated by massive mountains, deep valleys, strong rivers, rock and dust. This is the scene during most of the internal road travel of the PI in Badakhshan. Many researchers of the Pamirs point out the extreme geographical remoteness of the region which influences the socio-economic vulnerability and isolation of the communities living there (Davlatshoev, 2006).

Most land in the Pamirs is barren with mountains, permanent snow, and glaciers. Less than 3% of the land in Badakhshan is actually arable which is located in the valleys along the banks of the rivers in the western Pamirs (Brea & Hurni, 2003). People in Badakhshan live in small pockets of land in the valleys along streams that are fed by glaciers. To the north of the province is Kyrgyzstan, to the east is China and to the south is Afghanistan, separated by the long Panj river which forms the entire Tajik border with Afghanistan. The Pamir Mountains are rich in natural resources. They have a large number of metallic ore deposits like gold, silver and mercury. Hence, one of the occupations within the communities is mining and making jewelry from the gemstones (Brea & Hurni, 2003).

In the winter months there is almost no access to Badakhshan from the outside and there is no land or air traffic in and out of Badakhshan. Badakhshan is linked to western Tajikistan by a single highway which is closed in winter (Herbers, 2001). In the spring, this road is muddy and treacherous due to the melting snow from the mountains. Poor infrastructure and services, and extreme weather conditions make the road travel particularly rough; with falling rock, potholes and debris. Long periods of time are needed to travel relatively short distances. An average 45-kilometer (27 mile) drive within the region takes over two hours on these roads in a four-wheel drive vehicle. For all the interviews that were conducted outside of Khorog, it would take an

entire day to conduct one interview, as it required three to four hours to travel to the village of the interview, an hour or so to conduct the interview and another three to four hours to return back to Khorog.

The remote location, harsh geographical environment, mountain landscape and the weather have an impact on life in Badakhshan increasing the isolation and lack of accessibility to the province (Hinz, 2007). A host of other factors including shortage of arable lands, lack of grain, and lack of access and remoteness of the region from the more developed centers have contributed to a low level of internal and external trade which have exacerbated the already existing poverty levels in the region (Davlatshoev, 2006).

Districts. Badakhshan is divided into seven administrative districts, namely Shughnan, Rushan, Roshtkala, Ishkashim, Murghab, Wanj and Darwaz (Middleton et al., 2008). The capital, Khorog is located in Shughnan district which is the most populated district in Badakhshan (United Nations Economic Commission for Europe, 2017). The World Bank estimates that GBAO is the poorest region of Tajikistan with over 80% of its population classified as poor (Robinson, 2005). The low economic status of the region is readily evident while visiting participants in their homes. Seven out of the twelve interviews conducted were with the participants in their own homes. The condition of the homes visited was varied, with some of them observably impoverished. All of the homes were traditional Pamiri houses. There was no furniture that seen in the home and very meagre belongings which included mainly mattresses and blankets that the research team sat on. Of all the seven districts in Badakhshan, Murghab is the poorest (Robinson, 2005) with one-fourth of its male population working in Russia (Kraudzun, 2014).

Whereas the districts of Shughnan, Rushan, Roshtkala, Ishkashim, Wanj and Darwaz make up the western Pamirs the district of Murghab forms the eastern part of the province. The western Pamirs have high mountains and deep valleys whereas the eastern Pamirs are mainly a mountain desert because of very low rainfall, strong winds and below freezing temperatures for six months in a year. The land in the eastern Pamirs allows only for livestock grazing and very limited farming (Robinson, 2005). While all districts were open for recruitment, the interviews for the study were conducted only in the Shughnan, Rushan, Roshtkala and Ishkashim districts.

Climate. The climate of Badakhshan is typical of a continental mountain region. The winters are cold with temperatures ranging from zero degrees to minus 40 degrees centigrade and heavy snow. Summers are hot with temperatures between 28 and 38 degrees centigrade (Mohanty et al., 2018). Rainfall is variable and farming is only possible with irrigation. The high plateaus in the eastern Pamirs have a dry climate; cold summers and severe winters with little snow and rain. For six months in a year, the eastern Pamirs have below freezing temperatures. There is high seismic activity along the fault systems in the Pamirs – over 500 earthquakes with five or greater magnitude on the Richter scale have been recorded in the 20th century (Brea & Hurni, 2003). The remote and harsh region is prone to natural disasters, as it experiences heavy snowfall and avalanches in the winter. In the summer and spring months there are landslides, debris flow, floods and flash floods from the melting snow which routinely lead to loss of life and property (Mohanty et al. 2018). During the PI's travels in Badakhshan, the research team saw entire villages that had been submerged under water due to flooding. One participant interviewed said that he was hit by a snow avalanche.

The vegetation period in the Pamirs occurs for about 200 days per year, and irrigation is a necessity for anything to grow. Farming technology is limited and high manual labor inputs are

required for farming. This impacts what can be grown in the region and the overall availability of food. Wildlife in the Pamirs includes Marco Polo sheep, goats, yaks, and snow leopards.

The Cultural Environment (language, traditions and culture)

Badakhshan is home to several ethnic and cultural groups. Majority of the inhabitants of Badakhshan are Shia Ismaili Muslims, whereas their Tajik counterparts are predominantly Sunnis. Within Badakhshan, the sparsely populated districts of Wanj and Darwaz, include mainly Sunni Muslims (Mastibekov, 2014). A large number of people in Badakhshan were converted to Ismailism in the 11th century by the Persian poet and philosopher Nasir Khusraw (Brea & Hurni, 2003). Before the 11th century, peoples in this region practiced Sunni Islam since the seventh century, when Islam spread throughout Central Asia (Remtilla, 2012).

Within Badakhshan, there is considerable diversity in language and culture. Badakhshanis have their own set of southeastern Iranian languages that are different from Persian. The languages spoken in each district of Badakhshan also differ from one another (Remtilla, 2012). There are several official languages of Badakhshan, including the Shughni-Rushani group of languages and Wakhi languages. These languages do not have a script and are not written languages. They are used only as spoken languages (Davlatshoev, 2006). Further, each village often has its own linguistic peculiarities (Koen, 2003). The isolation of different districts from each other contributes to the diversity of the languages and dialects spoken in Badakhshan (Hinz, 2007). In addition to the Shughni and the Wakhi languages, Tajik, Russian and English are also spoken. For this study, the participants were interviewed in Shughni, Rushani, Tajik, Russian, and English languages. The language for the interviews were chosen by the participant, as the research team were multilingual.

The traditional Pamiri home is made out of stone and earth and is built to insulate against the extreme weather. The homes are cool in the summer and warm in the winter. The central room of the Pamiri home has five pillars, a lower area for moving around and entertaining and four raised platforms adjacent to the walls. The pillars provide structural support to the home and have symbolic meaning; they represent Prophet Muhammad and four members of his family (Koen, 2003). A number of cross beams connect the pillars and a set of roof beams form the ceiling of the home (Davlatshoev, 2006). Outside of the city of Khorog, this is the design of the homes seen in the villages during our travels. The design of the traditional Pamiri home is significant because it allows for easy access to hanging from the beams that support the home. Four out of the 12 participants interviewed by the research team hung themselves in or around their home across these beams.

In the communities, handicrafts, artwork and music are a distinctive part of the Pamiri traditions. Handicrafts include decorative cloths and knitted socks in bright colors. Music and dancing are found at every big and small event within family and community ceremonies. Every village has musicians, vocalists and dancers. The city of Khorog in Badakhshan is home to the annual international music festival, *The Roof of the World* where artists from all over Central Asia gather to perform and show case their art. The Pamiri tradition also includes mining and cutting of minerals for jewelry (Brea & Hurni, 2003).

Levels of education in Badakhshan are comparatively higher than in the other parts of Tajikistan, the literacy rate is 100 percent and education is highly valued (Brea & Hurni, 2003), due to universal education practices of the Soviets and an ongoing emphasis on achieving high quality education in the Shia Ismaili tradition of Islam. The entire population in Badakhshan has had at least nine years of schooling and two-thirds have had 11 years. Twelve percent of those

that leave school go on to college and 78% of teachers have five-year university diplomas and have attended colleges of education (Middleton, 2016). All 12 participants interviewed by the research team had some post high school or college education, two had Bachelor's degrees and one had a Master's degree. All 12 participants were fairly articulate and were able to relate well to the overall research study on suicide.

Influence of the geographical and environmental context on recruitment and data collection

The physical environment and natural environment of Badakhshan had a major impact on the research, mainly in terms of recruitment and data collection.

Because of the geographical remoteness of the province, it took almost five days for the PI to get from Houston to Khorog, Badakhshan. The travel to Khorog involves a flight from Houston to Dubai and then from Dubai to Dushanbe, the capital of Tajikistan. There are a limited number of flights that go to Dushanbe and the flights to Dushanbe are scheduled only three times a week. The PI's flight into Dubai was delayed because of weather in Houston, consequently missing the connection from Dubai to Dushanbe. This led to a three-day unnecessary stay in Dubai to get another flight to Dushanbe. After getting into Dushanbe, there is a long road travel required to get to Khorog. This journey of approximately 600 kilometers (372 miles) took about 16 hours of driving through the mountains of the Pamir mountain range. Currently, there are only two six-seater flights that go from Dushanbe to Khorog in a week. It is very difficult to secure a seat on one of those flights and one could be waiting for days in order to travel to Khorog by plane. Thus, the only reliable option of getting to Khorog is by road travel.

The extra time required for getting into Khorog cut into the time for recruitment and interviewing. Once in Khorog, recruitment started almost immediately with the PI and research

team conducting five interviews in the first week in Khorog. Seven out of the 12 interviews were conducted in distant villages in four districts requiring considerable road travel within Badakhshan. Four interviews were conducted in four different villages in Rushan. The distance to the closest village in Rushan was approximately 45 kilometers and a minimum of two hours drive each way. One interview was conducted in a village in Roshtkala which was a three hour drive each way. Of the remaining two interviews, one was conducted in a village in Ishkashim which was a 75-kilometer journey one way, taking about four hours to drive and the other was conducted in a village in Shughnan, also about four hours' drive each way. The names of the villages are kept hidden to protect the confidentiality of the participants. On two occasions, the PI and the research team had to spend the night in the village that they had traveled to, either because it was too late to come back or there was no driver willing to bring them back at night.

Efforts were made to recruit participants from all districts in Badakhshan, but participants were found in only four districts. The districts that are physically closer to the city of Khorog are better connected with the city through its agencies and programs. Participants were recruited either through agencies in the city or through snowball sampling. The districts that are physically further away like Wanj, Darwaz and Murghab are less connected with people in the other districts because of their physical remoteness; for example, Murghab is a nine-hour drive away from Khorog on a good day. No connections were found in the distant districts and no participants could be recruited from there.

The participant interviews were conducted in five different languages. Three of the five interviews were conducted in English: two in the district of Rushan and one in the city of Khorog. The community in Badakhshan is very close knit, most people know each other and have family ties with each other. The three interviews conducted in English were not because

English was the preferred language for the participant; but because they wanted to talk only with the PI without the research assistants in the room. This was only possible because all three participants were fairly functional in English; two of them had bachelor's degrees and one had a master's degree. A lot of people in Badakhshan have a functional knowledge of English; thanks to the system of education and the high value placed on education by the population.

The other four languages used for the interviews were Shughni, Rushani, Tajik and Russian. Shughni is the most commonly spoken language in Shughnan and Rushan districts. It is a spoken language only, with no written script. Rushani was spoken by two of the participants in Rushan; again a spoken language only. Tajik was the language used by one participant in Ishkashim and Russian was used by a participant in Khorog. Because of the linguistic nuances within the interviews, and no written dictionary definitions to go to, the process of transcribing the interviews from various languages into English generated a lot of discussion within the research team. Much time was spent on ensuring that the translation was an accurate capture of the original meaning of the term in the local languages.

Participant narratives

A total of 12 individuals were interviewed for this study: seven female and five male. All 12 participants screened positively to the following three questions: i) Are you over 18 years old age? ii) Do you live in Badakhshan? iii) Have you made a suicide attempt? All participants self-identified as having made a suicide attempt; the PI or the research team did not define the term “suicide attempt”. The marketing materials and the screening criteria did not provide definitions of what a suicide attempt is. All the participants believed in their mind that they had made an attempt and said that very clearly in the interview.

Following are the stories of all 12 participants as narrated by them in their interviews. Each participant has been given a fictitious name from the Pamiri context to personalize their experience.

Ramziya. Ramziya is a 22-year-old single woman living in a small village in the district of Rushan. She has a bachelor's degree in English and chose to do her interview in English. Ramziya's village was a two-hour drive away from the center of Badakhshan. Ramziya was informed about the research study by her friend who was interviewed by us on the previous day.

Ramziya is a petite woman, very attractive and reasonably well dressed in her traditional Tajiki outfit, wearing a little bit of makeup. The interview took place in her home which is a traditional Pamiri house, very clean with no furniture. We sat on a mattress on the floor and the interview started with the PI and the Research Assistant (RA) in the room. Toward the middle of the interview she asked if she could speak alone with the PI and the rest of the interview continued with the PI without the RA.

Life is very difficult for Ramziya, she mostly lives by herself, her parents come and go because they are either working in the city or in Russia. She also has a brother who works in Russia and sends remittances for the family. Ramziya just lost her boyfriend of two years to a breakup in their relationship. Ramziya has relatives who live close by in the same village.

The interview started by Ramziya telling us how worried she was about a lot of things. She said she worries too much, she thinks too much, she is very shy and not able to do much, and she is always sad. She continued saying that she is very weak and afraid to be around a lot of people. She has difficulty talking with people and although she trained to be a teacher, she thinks she cannot teach because of her lack of confidence and inability to talk. She also spoke of the constant headaches that she experiences round the clock; she says she always has a headache.

Ten years ago, Ramziya lost her sister to cancer and spoke about the hardship that her parents endured while they were getting treatment for her sister and after she died. Ramziya says that to lose a child is the worst possible experience for parents and she does not want her parents to go through this experience again. She says that after her sister died, her parents gave up on life and they did not seem interested in anything anymore.

When Ramziya was six or seven years old, her parents were away in the city for her sister's treatment. She was living with her aunt and uncle in another village and one night while everyone was sleeping in close proximity to her, she was molested by a man who was drunk. She says he touched her all over her body and "he raped her with his finger". Since that time, Ramziya has suffered shame, guilt and constant sadness. She says she did not tell anybody about this incident until today and she feels that this incident ruined her life.

Ramziya was in a relationship with her boyfriend for two years. He was from a nearby village but later went to Russia. After being in the relationship for two years, Ramziya disclosed to him what happened to her during her childhood. He started to ignore her calls, he told her that he does not love her, and he merely used her and that no one will marry her now that he is leaving her. He accused her of sleeping with another man and broke off the relationship. Ramziya attempted suicide on the day that her boyfriend told her all this – she went to the store in the village and bought a bottle of vinegar and drank it in the evening. Ramziya says she felt extreme rejection, hurt and isolation and did not want to live any more.

Ramziya drank from the bottle but constricted her throat not to let the liquid pass through. She was flooded with thoughts of her friend's death by suicide and how her friend's parents were affected by it. She says she could not bear the thought of her own parents suffering after her death – they already lost one child and she could not do this to them again. She told no one about

the attempt, hit the bottle and later threw it away. She says she will not attempt suicide again because of her parents although she has no desire to live.

Nighbat. Nighbat is a 38-year-old married woman with four children living in a remote village in the district of Ishkashim. This village is a four-hour drive away from the center of Badakhshan. Nighbat and her husband live off their land and run a small two-room guesthouse. They also run a small store where they sell jewelry made from local gemstones. Nighbat has a high school degree and some college education and is skilled in knitting and sewing.

Nighbat says that life is very challenging for her. She is extremely busy with the numerous tasks she has to perform to make a living. She works from sunrise to sunset without a moment's reprieve; tending to her animals, milking her cows, preparing food for the tourists and her family, making hay, running the store, cleaning the house, washing clothes, taking her animals out to graze and bringing them back into the shed for the night, knitting, sewing and doing other household tasks. Nighbat says she has absolutely no down time where she can visit with her family or talk to her neighbors. According to Nighbat, if she did not work this hard, she would not have enough to survive. Nighbat consented to the interview but only after all her work for the day had finished. The PI and the research team waited from 1pm until 8pm for Nighbat to have some free time to give the interview. Nighbat gave the interview in her own guesthouse and went straight back to finish off her work for the night.

Nighbat and her husband borrowed money from the bank to buy a car, which was to be used for business – to provide transportation services. Her husband was then involved in a car crash and the car was rendered useless. Her husband suffered a lot of trauma and became mentally ill. The initial loan amount was only \$500 but it kept getting bigger over time because of the interest being added to the amount. The family began to be harassed by the creditors

coming to their home very often and neighbors and people from the village asking about the loan payment. Every time she went out, she was asked by her neighbors about the status of her loan. Nighbat faced a lot of humiliation and harassment and decided to end her life with her children.

Nighbat woke up one morning, bathe and dressed her children, wore her best outfit and set for the river with the intent of jumping in with her children. She said that when people would find their bodies, she wanted them to be clean. At the bank of the river, she sat with her children and had an internal dialogue with herself. She thought about the how devastating it would be for her children if she died and they survived; she thought about the act of suicide and the act of murder and reconciled that suicide was okay for her but murder was not; she remembered a time from her childhood when there was a bomb blast in the village and she thought her father died in the blast but later discovered that he was alive – she thought about how traumatizing it was for her as a child to learn of her father's death and she did not want this for her children. After a long time at the bank of the river, she came back to her home not having stepped in the river.

Nighbat then told her family about the loan issue and her attempt. Her parents and her relatives came together and helped her – they advised her to take her husband to Roshtkala hospital (the only mental health hospital in Badakhshan) for treatment and get documentation from the hospital that her husband was very ill and could not pay back the loan. With the help of the medical documents she got her loan amount waived. After that she got help from MSDSP (Mountain Societies Development Support Program) to build a shower and toilet unit for her guest house and started making an income again.

Nighbat says she is doing okay now; life is much better for her now and she feels hopeful about the future. She says life is still very hard, but it is better than it was – she got a lot of help from people when they came to know about her attempt.

Firoza. Firoza is a 36-year-old married woman living in the city of Khorog. She has a three-year-old daughter. Firoza has a master's degree in Business Administration from a university in Europe and works for an international company. She travels often to Afghanistan for her work and enjoys what she does. Firoza lives with her husband, her three-year-old daughter and her mother in law.

Firoza was the oldest child in her family, and during the collapse of the Soviet empire her family went through a very difficult time. Her father lost his job and her mother was the only bread winner in the family. Growing up, Firoza and her family never had enough and Firoza started selling things on the street to earn a bit of money.

When it came time for her to go to college, the family had no money to send her to college. She wanted to study economics and her mother said that she could not go to college because they had no money for it. Firoza's father was supporting of her going to college and somehow gathered money for the first year of college after which he was unable to pay for the rest of the four years. Firoza says that just before her final exam, she was told that he would not be allowed to take her finals because her tuition was not paid up. Her father collected money from her relatives and all her relatives chipped in money for her to be able to take her finals. She did very well in her exams and got into a prestigious graduate program. Consequently, she got a scholarship to study for her Masters in Europe.

Firoza says that she had a lot of difficulties during her childhood. She was regularly beaten by her younger brother who ordered her around and expected her to follow his orders. When she stood up to him and refused to follow his orders, he used to beat her. This usually happened when the parents were out at work and when she was alone in the house with her brother. Every time her brother beat her, she threatened to tell her father about it. But when her

father came home in the evening she would have forgotten, and the beatings continued. One time when she did tell her father he did not punish her brother – he just told her brother to stop doing it. She felt let down and betrayed by her father.

Firoza's home was on the bank of the river, her backyard led to the river. During her childhood, she went often to the river; to play with her cousins, to swim, to pick fruits and eat them or just to stroll. She also went to the river during times of distress to regather her composure and find calm. One day after being beaten, she went to the bank of the river with the intent to jump in and kill herself. At the bank of the river she had an internal debate with herself on the pros and cons of attempting suicide. She sat at the bank of the river for hours trying to reason with herself why she should or should not jump. She said she was curious about life and what would happen to her in her future; she was also curious about death, but she was going to die eventually anyway. So, she decided not to make the attempt and returned to her home.

She says she has tried very hard to forgive and forget; but it is hard to forget. Her childhood memories of being beaten by her brother still haunt her and it hurts. Firoza cried throughout most of the interview while talking about her childhood. The beatings by her brother had a lasting impact on her and she has forgiven her brother, but she cannot forget.

Zohir. Zohir is a 62-year-old divorced man living alone in a village in the district of Rushan. His village is about two-hour drive away from the city of Khorog. The interview took place in his home which was in a dilapidated condition, very dirty with no furniture. We sat on a mattress that was worn out and old and there was a blanket at the side that had holes in it. From the condition of his home, it was apparent that he was destitute. Zohir has a high school degree and some college education. He was married twice and divorced twice and had no children through any of his marriages. He works as a construction worker and does not have any work for

eight months in a year. Zohir says he drinks alcohol now and then because he is sad, lonely or bored.

Zohir's mother passed away when he was a year old. He had three sisters who also have passed away. He was raised by his mother's sister in the city of Dushanbe. He then joined the military for a period of time. Zohir was married twice and both his wives left him because the couple could not have any children. Zohir complains about always having to do everything for himself because he does not have females in his family. He says he has to cook for himself and wash his own clothes even when he is sick. Zohir says that he is very lonely and has nobody to share his life with.

Zohir was raised without parents, lives alone, does not make enough to feed himself and lives in a rundown house that used to be his grandfather's. One day Zohir came home from work, it was during the winter and he was sick. He was coughing considerably and washing his clothes when he first thought about suicide. He says he did not plan his attempt before hand – he was very sad and lonely and missed his mother and sisters. He got out his rope and hung himself on the beam in his house. He says that every house in Badakhshan has rope – it is used for tying wood, tying animals and for other household purposes.

Zohir's neighbors came into the house and saw him hanging. They took him down and took him to the hospital where he was treated for a few days. He regained consciousness after three days and had marks around his neck. He says he doesn't want to die but everyone gets tired – there is no work, no decent place to live and no family.

Tahmina. Tahmina is a 20-year-old single female living in a village in Shughnan district. She lives with her father and her brothers. Her mother mostly lives in Turkey – she goes to

Turkey to find work. Tahmina finished high school and has some college education. She likes to read and talks a lot about her books.

Tahmina travelled to Khorog to meet with the research team and the interview took place at the PI's hotel in Khorog. She was informed about the research study by her case worker and wanted to participate because she did not want to attempt suicide again.

Tahmina has made two suicide attempts in the past; she drank acetic acid in her first attempt, and she took pills in her second attempt. Tahmina's mother lives in Turkey, working illegally to earn money. Tahmina's neighbors gossip about her mother – they say she goes to Turkey often because she is having an affair with someone in Turkey. Tahmina is hurt by the negative rumors. She misses her mother immensely and feels sad very often. She has no female support in her home and says that her mother was a good support for her.

Tahmina went to the store one morning, bought acetic acid and drank it. Tahmina knew people who died by suicide and she wanted to try it. She was interested to know what people will say about her and her family after the attempt. She called her cousin after drinking the acid and was taken to the hospital. The second time she attempted was when she lost her book – she looked for her book far and wide but did not find it. Tahmina took some pills with the intent of attempting suicide and immediately called her father and told him that she had made an attempt. Her father called a cousin who was a doctor, they pumped out her stomach and made her vomit.

For Tahmina, there is no future in Badakhshan. She wants to move to the United States, she says “if someone is smart, they will not stay in Tajikistan”. Tahmina says if her neighbors did not talk bad about her mother, she would not have attempted suicide.

Akbarsho. Akbarsho is a 46-year-old married man living with his wife, two adult sons and a daughter who is in 6th grade. One of his sons is married; his daughter in law and their baby

daughter is also living with them. He is the only working member of his large family. Akbarsho lives in a village in Rushan, about two hours away from Khorog. The interview took place in a little tin house on a farm where he works. Akbarsho was called about the research and agreed to participate. It was warm in the house, Akbarsho had worked all morning and his clothes were clammy.

Akbarsho experienced extreme poverty growing up. His father was blind and was not able to work. His mother could not work, and he had brothers and sisters that the family had to fend for. The entire family lived on his father's pension which was 75 Tajik Samoni (a little more than seven dollars) per month. Akbarsho grew up watching his parents' suffering and he could not take it anymore. He began thinking about suicide because there was nothing he could do to relieve the affliction of his parents – he was in school and could not work. There was a suicide in his village one evening and the person died; the burial took place in the morning; which was the day that he attempted suicide.

Akbarsho was sitting with a group of friends, it was the weekend and he was not in school that day. He told his friends that he would attempt suicide and they laughed at him, they thought he was joking. Akbarsho recalls taking a silk cloth, going to the rooftop of his house and hanging himself. His friends came running after him and tried to save him, but in that moment did not know how. Instead of pushing him upwards (while he was hanging); they tried to pull him down strengthening the strangulation around his neck. His cousin then unexpectedly came in and cut the cloth and saved him. Akbarsho did not go to school for a few days because he had marks on his neck. When he did return to school, he was reprimanded and teased for the attempt he made.

The second time that Akbarsho attempted suicide was by ingesting pills, he said it was opium. Akbarsho said that opium was cheap and readily available at that time and he had the pills. No one knew what happened to him, he was taken to the hospital where the doctor said that he had no chance of survival - he was sent home and taken care of by his family. He miraculously survived.

Akbarsho subsequently joined the army, went to Moscow to earn money and then returned to his village. Currently, he works as a mechanic; he works on a farm using his tractor and also does repairs to the tractor. He says that his life is good now and he does not have the difficulties that he used to have.

Madina. Madina is a 20-year-old married female living in the city of Khorog. Madina lives with her husband, her mother in law and her father in law. Madina graduated from high school and is currently enrolled in college. She used to work at a salon as a hairdresser but she recently quit that job saying that she cannot afford the rent payment – there is not enough demand for what she does.

Madina says that she has had a very difficult life. She realized at the age of 12 that the father who raised her was not her biological father – that her mother had married him after her birth. When she was 13 years old, her mother died, and she was brought to Badakhshan with her brothers to be raised by her father and her grandmother. Madina's grandmother really disliked her and her biological mother, her father told his mother that Madina was the sister of his wife who died. This was because Madina would not have been accepted by her grandmother because she did not want her son to get married to a divorced woman with a child. Madina's grandmother started treating her very badly and accused her of sleeping with his son. Madina really loved her adoptive father, she did not want to tell him this and she could not bear to hear these accusations

about her. When she was 15 years old, she attempted suicide by ingesting 20 tablets of Benadryl. She woke up after a day and had survived the attempt. She left the home of her adoptive father and went to Khujand to live with her biological father.

Madina's biological father was not willing to support her, she was sent to his sister's home and Madina lived with her aunt and her two daughters. She says she was treated very badly by her aunt and her daughters – they wanted her to work and earn money. They did not like her going to school. Madina says she was a very good student, but she did not find support for her education. She went to school and worked in a clothing store. She says that her aunt and her cousins thought of her as someone with a loose moral character – they called her names as such and treated her badly. One evening when her aunt was not at home, her phone rang, and her cousins thought she is getting a call from her boyfriend. They snatched her phone and a physical fight ensued where the cousins grabbed her by her hair and beat her head against the wall. At this time, she ingested some pain killers in front of her cousins with the intent of killing herself. She says she lost all her confidence and did not see a future for herself. Her aunt's friend who was a nurse was called who gave advice on what to do to clean out her stomach. She says she started to vomit and then went to sleep. When she woke up, she realized that she had survived yet another attempt.

Madina says she has thought about suicide for a long time. She was very interested to learn how to die without pain and what kind of method to use in order to do that. She says that she had had serious problems in her life – she was sent from one house to another and nobody wanted her, and nobody cared about her. She endured hate and humiliation from everybody and there was not one single day in her life when she did not cry and lived in peace.

Madina says she came back to Badakhshan and got married to a gentleman who was 15 years older than her, because she needed a place to live. She says there is no intimacy between her and her husband and that her husband is dating other girls. She says that has to be on her feet all day at home and be seen to be working – she is afraid to sit down or rest because this would cause her mother in law to get angry. She says that she does not want to leave her husband because she needs a place to live.

Madina gave her interview in the Russian language and cried several times during the interview while talking about her childhood.

Saida. Saida is a 40-year-old married woman living with her three daughters and her husband in the city of Khorog. She has attempted suicide three times in her life. Saida does not have paid employment – she volunteers for most of the day at the Ismaili Jamatkhana and Center, community center and place of prayer in Khorog. Saida says that volunteering is helping her cope with her issues in life. She also says that she barely gets any sleep at night and suffers from high blood pressure.

Saida starts off by telling us that she is worried about her daughter, who has rachiocampsis – a curvature of the spine and needs surgery. She says she took her daughter to St. Petersburg for treatment where she had one surgery and was told that she needs one more surgery. She said she used to have a coffee shop in the city but gave it up because she was overburdened. She ran the store and ran the house and her husband did not help her at all. He also expected her to care of the finances of the home because she made money. Saida says she did everything in the coffee shop and in the house, she did everything for her children and also paid the bills. Her husband did not contribute to the running of the store nor the running of the

home. She said the coffee shop was a good source of income, but she could not manage it anymore.

Saida spends a lot of time telling us about one incident in her life that caused her a lot of pain. Her seven-year-old daughter was walking back home from school one day and was sexually abused by a man in the city park. Saida says this incident really affected her and her daughter. Her husband and her mother in law did not support her in reporting this incident to the police. Saida says the man who abused her daughter is roaming around free while she and her daughter are suffering.

Saida talked about her childhood being very difficult. Her parents divorced after she was born. She was raised by her aunt and her grandmother. She was a teenager during the civil war in Tajikistan and she witnessed her mother disappear. They never found her body and they never found out whether she was dead or alive. Saida made her first suicide attempt time during this time. She then went to live with her brother and his wife. Saida was treated very badly by her sister in law who accused her of stealing her jewelry. Her brother believed his wife over her and this was intolerable for her. She said she took out the first aid kit and took all the pills that were in it. Saida does not know what pills she took and found herself in the hospital when she woke up.

Said spoke extensively about her husband not supporting her in anything. She said her husband worked as a metal smith and earned a lot of money but never provided for them with his earnings. He hid his money from them, he hid his phones from her and came home late at nights. She realized that he was having an affair with another lady. At this time, she went to the bridge with the intent of jumping in the river. This was her third attempt; stayed on the bridge all day

and returned home at midnight. Saida was very scattered in her interview, cried a lot and spoke for one hour and 24 minutes.

Dilovar. Dilovar is a 42-year-old married man living in a village in the district of Roshtkala. He lives with his wife and three children in a home that he constructed himself. The village is about a two-hour drive from the city. He found out about the research study from his case worker and wanted to participate. Dilovar runs a shop that is owned by his relative, he sells food and wares at the store to the villagers. Dilovar professes to drink Cognac every night; he finishes one bottle in three days. This is remarkable only because the context is Muslim, and alcohol is forbidden. Dilovar says that he did not drink before; he only started drinking because “something happened in my life”.

Dilovar says his biggest problem is that while running the store, he has given goods from his store to people in his village and nearby villages on credit. He says everybody is poor, so he has to give them stuff on credit because they need the help. Many people have taken goods from his store on credit and have not paid him back – because of this people owe him thousands of Samoni and he does not know how to recover his money.

Dilovar complains of having constant headaches. He says all his problems started with one incident that happened. It was an accident he had on a cold wintry night a few months ago. Dilovar says he was called to his store because someone in the village needed something from his store. He and his wife left for the store and he fell down by a graveyard and struck his head against a stone. He says that it felt like someone pushed him toward the stone and as a result he started having *Wahm* – a feeling of being scared due to ghosts, being followed, leading to shivering, tears, and runny nose and choking. After this accident Dilovar’s face was swollen and green, he had puss on his face, and he had to be in the hospital and get treated for the swelling.

After this incident, he reported continued headaches and experiences of *Wahm*. During this time after closing his store for the day, he unexpectedly found himself walking into the raging river and allowing the current to take him. He drifted in the water for about two to three miles before he realized what he had done. At this point he frantically began to struggle to escape the water and was able to save himself from drowning. He emerged from the water a few villages away from his hometown. Since this time, Dilovar has not been himself; he gets *Wahm* very often and cannot rid himself from it. Dilovar had never thought about suicide and had no intent of taking his own life. Dilovar is convinced that his attempt was due to external forces that are outside of his control.

Mirzo. Mirzo is a 40-year-old married man living in a remote village in the district of Shughnan. He lives with his wife and two children in a home that he built himself. Mirzo finished high school and has some college education. His wife works as a teacher and the family lives on the land that they cultivate. Mirzo works on his land and often travels to Murghab district or to Russia to find work. Mirzo says that he does not have any major difficulties in his life, has never thought about suicide and has no desire to die. A few years ago, Mirzo was hit by a snow slide while working in the mountains grazing animals and he almost died in that incident.

One day Mirzo and his wife were at a wedding and they came home for a little while to milk their cow and put it inside. Mirzo let the calf drink its mother's milk and his wife went inside the house to start a fire because it was cold. Mirzo saw a man dressed in white with a white beard and a white turban. The man had a garland of flowers in his hand which he offered to Mirzo who then put it around his own neck. Without knowing or understanding what was happening, he followed the man out of the house, went to the storage room behind the house and got out a rope and an empty barrel. He then went to the side of his house with the rope and barrel

and hung himself from a beam outside the house. All this seemed to be an unearthly experience for Mirzo and he has no idea why or how this happened.

While on her way back to the wedding, his wife realized he was not walking with her and turned around and saw him hanging. She ran to the house, raised alarm by screaming, got out a knife and cut the rope from which he was hanging. All the villagers gathered around and started helping him – they brought him inside the house and helped him to breathe again. He says that he does not remember how he went to the storeroom and got the rope and the barrel. Till today, Mirzo does not understand what happened and why it happened, he says that he never thought about suicide and had no intention of ever killing himself. Mirzo attributes his suicide attempt to something that was out of his control.

Gulbegim. Gulbegim is a 23-year-old single woman living mostly by herself in a village in Rushan district, about a two-hour drive from the city. She has a bachelor's degree in Finance and teaches at a school. She chose to do her interview in English because she did not want the Research Assistants in the room. Gulbegim was approached by the study team and agreed to participate.

Gulbegim's father passed away five years ago due to cancer. Her younger brother is a student at a university in Dushanbe. Her mother is in Russia, working illegally and trying to provide for the family. Gulbegim works full time as a teacher but makes a meagre salary that is very little for anything. She lives in her house alone for the most part with relatives living close by. Gulbegim would like to find a better job and add to the family income so her mother would not have to live in Russia to earn money. She would like for them to be together.

Gulbegim started off by telling me that her life was very difficult in the past but right now she does not have much difficulty. She says that after her father died, life became very

difficult for the family. Her mother felt sad all the time and had to work hard to provide for her and her brother. Consequently, her mother became very ill herself and her suicide attempt happened during this time. Gulbegim worried about what would happen to her if her mother died, since she had already lost her father.

Gulbegim reports that on the day of the suicide attempt, she woke up one morning, showered and prayed and then had a visitation from her deceased father. While her father was speaking to her in a loving manner, she ingested vinegar even though she had no intention to attempt suicide. She remembers waking up two days later in the hospital to many unanswered questions. Her family, friends and doctors asked her why she made the attempt and she said that she did not know.

Nekruz. Nekruz is a 20-year-old single, male student living with his family in a village in the district of Shughnan. Nekruz is a student at a college in Khorog and occasionally plays the drum in a band. He travels to Khorog every day from his village to attend classes. Nekruz lives with his parents and his brothers on their land. His father is a singer and Nekruz aspires to become a singer one day.

The interview with Nekruz took place at the PI's hotel in Khorog. Nekruz appears confident and comfortable and starts off by telling us about his life. Nekruz wakes up early, takes his animals to graze, cuts grass and does other household tasks. During the summer he has free time during the afternoons. He then does more household tasks, brings his animals back and plays volleyball before eating dinner. He loves his family and likes to spend time with them. Nekruz has difficulties in his life but they are not major according to him.

Nekruz says he has never thought about suicide, never considered it and never had any intent. One day while he was playing a seemingly benign car racing game on the computer, he

ran out of the house, got some rope, went to the roof of his house and hung himself. There was no apparent reason for his attempt. His brother followed him and raised alarm when he saw Nekruz hanging. People gathered and helped him, he started breathing and was taken to the hospital.

Nekruz says that he is not able to understand this incident and he is afraid that he might do something like this again. He says that he does not want to die and does not have any serious problems in life. He does want to earn money and become a singer and is hopeful about the future. Nekruz is not able to provide any explanation for what happened to him.

Chapter V

Findings

Introduction

This chapter will present the findings of this study as they pertain to the two research questions that guided the investigation, namely i) what are the lived experiences of individuals who have attempted suicide in Badakhshan; and ii) what are the factors associated with suicide in Badakhshan? The data that emerged from the interviews, observations, field notes and reflections gave way to three core categories and several concepts within each category that responded to the research questions of this study. A constructivist grounded theory methodology was used for the study. In constructing the emerging grounded theory, questions adapted from Charmaz, (2006, 2014) were asked of the data. These questions included;

- a) What is the context of individuals attempting suicide in Badakhshan?
- b) What are the conditions in which a suicide attempt occurs in Badakhshan?
- c) What are the consequences of individual suicide attempts?
- d) What strategies do participants use to manage their thoughts and actions around suicide?
- e) What is the social process that occurs between the participants and their context before, during and after an attempt?

A total of 546 individual codes were developed that were subsequently grouped into more than 20 concepts. A total of 15 concepts were organized into three core categories of 1) Experiencing extreme hardship, 2) Getting help; and 3) Factors associated with suicide. The other five or so concepts did not fit into the above categories and were not utilized in the findings.

This chapter is organized into five sections. The first section provides a roadmap for the rest of the chapter. The second section (pages 93-133) details concepts and categories incorporated from participants' experiences, demographic information and field notes, both descriptive and reflective as it relates to the phenomenon of suicide in Badakhshan. The third section (pages 133–138) gives an overview of the emerging theory using the constructivist grounded theory approach. The emerging theory, a 'renewed commitment to life' reflects the struggle and evolution of individuals who have made a suicide attempt and survived. The fourth section (pages 138–147) provides an explanation and exploration of the stages in the processes of the emerging theory in relation to the findings of the study and the fifth section (page 147) concludes the findings chapter.

Concepts and Categories

Category 1: Experiencing Extreme Hardship

Experiencing extreme hardship is comprised of the following five concepts; no job income, working hard but not having enough, day to day survival is hard, harsh life conditions, and everybody is poor. Experiencing extreme hardship is defined as all the economic, social and geographical conditions that make up the difficulties associated with living life in Badakhshan. All participants ($n = 12$) spoke plainly and intimately about their experiences with extreme hardship and how they struggled in their day to day lives to meet their basic needs. Given the geographical, social and geo-political context of Badakhshan, struggles were varied and with no easy solutions in sight. Participants spoke of having no stable income and very sporadic sources of income and having to work very hard for day to day basic survival. Participants expressed having very limited options for making a living and not having enough money to take care of essential things in life that included having enough food for the year round, shelter from natural elements; cold winters and rough mountain terrain, resources to keep their homes warm in the

winters, clothing and safety of themselves and their family members. Participants also talked about refraining from seeking help from others, because everybody was burdened with their own troubles, struggling to survive, and everybody was poor.

No job and no income. No job and no income mean not having any employment outside of the home and not having any work to generate a source of income. Only two out the 12 participants had paid employment outside their home. Gulbegim*¹ was a teacher at a local school and had a meagre salary. She says, “I want to make my life better, but we have no jobs here”. Firoza was the only participant who made a salary that she could live on—she worked as a professional for a German company. No job income is further illustrated by the other 10 participants’ interviewed who did not have a regular job; they either worked on their land or made themselves available for daily labor work and lived in constant insecurity of not finding enough work to live on. Zohir can only find work during the summer months, which is four out of the 12 months in a year. He has no income for the rest of the year. He says, “In summer, I do some little things for people, but imagine for the rest of 8 months throughout the year I don’t have any work. Sometimes I am even left hungry. (62-year-old male, Rushan)

Nighbat echoed the sentiments of Gulbegim and Zohir saying that, “neither me nor my husband work officially anywhere.” She continued to say later on in the interview that if she or her husband had a job or a regular source of income, she would not have attempted suicide because she would have had some recourse to pay back her loan. Tahmina further illustrates the concept of no job and no income by saying, “People who are smart will leave this place because there is no opportunity to find a good job for them.” (20 year old female, Shughnan) No jobs and

¹ All participants were given fictitious names for confidentiality reasons. All fictitious names were chosen to reflect common cultural names in the region.

no income is further supported by Firoza who says, "When the Soviet (rule) collapsed, we were four children in our family and my mother was a teacher but my father lost his job". She further went on to say that her father never found work again.

Comments by Gulbegim, Nighbat, Firoza and Zohir illustrate that jobs are hard to come by in Badakhshan and incomes are not enough to meet basic needs. Participants live in the constant threat of not having enough to feed themselves and their families or not being able to keep their homes warm in the winters. The physical and psychological desperation that comes from not having a stable source of income seems to take a toll on the participants' mental health and well-being and is a chronic added stressor creating a risk factor for suicide.

In addition to not having enough jobs and income, underemployment is also common in Badakhshan. Dilovar said "my brother and sister-in-law (brother's wife) are helping me in my store because they did not have jobs of their own." (42-year-old male, Roshtqala) Dilovar is able to run the store himself but his brother and sister in law have nothing to do, so they are helping him in his store. There are two to three people doing the work of one person so that the income can be shared. This practice of underemployment is common among extended families in Badakhshan.

Underemployment is defined as when very educated individuals are working meager jobs. For example, the small hotel that the PI lived in employed a young lady working in their restaurant as a server who had a master's degree in Arabic. To further illustrate, for one person working in a family, there are five to seven people not working. Akbarsho is the only earning member of his family of seven (i.e., wife, two adult sons, daughter in law and granddaughter, and his own daughter) who is working. Although his sons want to work, they are not able to find any employment. Akbarsho states,

I have three children, one of them is married and has got a baby. His wife is not working; she is actually student. His little baby is with us, so we look after him. My other son has just come from the army. He is also jobless yet. I also have another daughter who is in grade 6, and my wife, who is not working as well. (46-year-old male, Rushan)

Most people that the PI met in Badakhshan were not earning any income, not because they did not want to work or could not work; they just could not find work. Participants viewed having a job as a way of physical and psychological security, it had a significant influence in how people viewed themselves and their troubles. Collectively, participants' experiences with having limited jobs and limited income contributed to their ill mental health and well-being.

Working very hard but not having enough. Working hard but not having enough to live means that participants worked hard, they were not lazy or unskilled. Participants were mostly educated or skilled and hard working. Yet, they did not make enough to live on and meet their basic needs for survival. Participants spoke openly about their struggles with not having enough to live on. All the participants (N=12) had more than a high school education and reported working very hard—but simply could not make enough to live on. Participants spoke about not having enough money to do the things that they needed to do despite working hard. Gulbegim works a full-time job but makes an income so meagre that her mother has to work in Russia to support her and her brother. She says, “Nowadays my mother is in Russia because my brother is a student. If I had a better job, we could live together.” (23-year-old female, Rushan) Working hard and not having enough is further illustrated by Firoza talking about all her relatives having to chip in money so she could have enough to pay for her exam. She says, “And then my relatives and friends of my father's—everybody collected money and then I got my final

exam....so it was really at that time...only 200 USD but it was not easy to get money.” (36 yearold female, Khorog)

Dilovar worked hard in his store all day saying “from 7am to 7 pm, I am in my shop (a general items store)” yet he was in debt because he gave wares from his store to people on credit and did not actually make any money. Dilovar said that he constantly worried about whether or not people will return his money back to him.

Ramziya echoes the sentiments of Gulbegim and Firoza. She shared, “In Tajikistan, I want to live here, but here, life is not better, and here if we work and if we earn money it’s not enough...our people work so hard here but it’s not enough.” (22-year-old female, Rushan)

Mirzo’s wife is a teacher and works a full-time job. Mirzo cultivates his land and tends to his animals. They both work very hard but often Mirzo has to go away from his family to find work. He says, “This winter I was in Pamir (Murgab) I have a brother-in-law there who is a shepherd, I went there and looked after the animals with him.” (40-year-old male, Shughnan) Ramziya and Tahmina both talked about hoping to be in another country because there was no opportunity in Tajikistan. Ramziya says, “I would like to improve my education, go somewhere to another country...” (22-year-old female, Rushan) Tahmina says, “I would like to go somewhere abroad.” (20-year-old female, Shughnan)

From living in Badakhshan for the duration of data collection and from conversations with RA’s and other members of the community in Badakhshan, it is apparent that the salary that an average person makes is not enough to meet her needs. A five-pound bag of rice in Badakhshan costs about US\$2. A salary of US\$13 (which is the average salary of a local teacher or hospital worker) would not be sufficient to even buy food for the month. Collectively,

participants' experiences with working hard but not having enough contributed to their sense of desperation and lack adequacy and well-being.

Harsh life conditions. The physical and environmental context of Badakhshan is harsh and day to day survival for people is hard. The climate is cold (below freezing temperatures for nine months in a year) and energy sources (to heat homes) are scarce. Homes in Badakhshan have very basic amenities; there is no central heating or running water. With below freezing temperatures for most of the year, keeping the house warm in the winter is a laborious process which includes collecting wood, bringing the wood in the house, managing the fire and keeping the fire going. Usually only one room in the home is heated and all the family members have to sit around the fire for warmth.

Public services (public transportation, postal services, cleaning the snow off the road) are negligible and people have to rely on themselves to survive the long harsh winters. All participants (N=12) talked about life being very hard in the mountains. Families are large and there are lot of people to sustain. Participants talked about having to work hard all day from the time the sun rises to the time that the sun sets in order to get all their tasks for the day done. Nighbat talks about the slew of things she has to do on a day to day basis to circumvent the harsh life conditions and make a living.

I get up at around 6 or 7am as here the sun rises very early and then wash my face, take a shower and say my dua (prayers). After that, together with my children we have our breakfast and then I go to shed to feed my animals. We have much work to do, when tourists visit our place, they come to my home and we serve them. If we don't have any guests, and if we see cars stopped by the fortress, we go to open our shop next to it and sell the stuff we have there. Also, we make hay for our cows for winter and sometimes I am busy with

knitting and sewing which takes two to three hours, and if I have guests, I prepare lunch for them. Then I go to feed my cows and milk them. If there are any guests, I will serve them, if not I go to cook evening for my family. My husband is a bit sick and I take care after him.

(38-year-old female, Ishakashim)

When the research team went to Nighbat's village to interview her, she requested us to wait until she finished all her work for the day before she could make the time to give us an interview. It was not until 8PM that she had some free time to be able to talk with us.

There is not much automation in Badakhshan, all work—housework and farm work has to be done manually. Tasks like cooking, cleaning and feeding the animals require a lot of hard labor. Amenities such as electricity, running water and sanitation facilities are rare in homes. Water has to be fetched from outside the house for basic household tasks like cooking, cleaning and washing. The activity of bringing water inside the house consumes a lot of time during the day. Mirzo says, "In winter, we carry water from a place a bit further away and I went there to bring water." Ramziya says "bringing water in" is part of her daily household tasks. She talks about having to do the same work every single day and having nothing interesting to do. Ramziya stated, "I wake up at 7 or 8 o'clock, I just clean the house, inside and outside, it's just everyday work... its very boring for me...just everyday do the same work." (22-year-old female, Rushan)

People in Badakhshan do not have an alternative to working hard; most tasks that participants described was day to day work needed to keep life going in the mountains. The work is laborious, difficult and repetitive but is necessary to meet the needs of participants and their families. People do not have much respite in their day—they have to keep going to get everything done by sunset. Participants talk about getting up early and starting to work because

there is so much to do during the day. Dilovar says “Early morning, I get up and go to my work.”

Similarly, Mirzo talks about the work during his day as,

In the morning, I get up at 4:10am and do washing.... then I come back and start as usual to work in the field, and also make my house as it is not fully done yet. After lunch, I rest for a while and again start doing my housework.... If I am home, I carry water, clean the snow, feed the animals. (40-year-old man, Shughnan)

The experiences of Nighbat, Ramziya and Mirzo illustrate the harsh life conditions leading to the daily grind required to sustain life in Badakhshan leaving very little time for self-care or pleasure. Nighbat says,

I don't have time to visit my relatives, my family and even I don't go to weddings, all the time I have to work. From morning till evening, I am thinking of life— how to make it better. I know that my life is difficult. (38-year-old female, Ishkashim)

Harsh life conditions are further illustrated by the rural mountain terrain that is fragile and treacherous; physical safety is not a given at any time. Mirzo talks about being hit by a snow slide while grazing animals where he experienced near death. Families who live on their land have no option but to graze their animals and routinely risk being hit by snow slides. Mirzo says,

I was hit by a snow slide. We were in pasture land (Murgab) with our animals, my brother was on the other side and I was on another... My mouth was full of snow and my eyes got dark; I was under the snow. Only my hand was out, and I tried to come out of the snow. (40-year-old male, Shughnan)

The hard work undertaken by participants is not for comfort or luxury, but for mere survival in the harsh conditions. Nighbat says, “I didn’t want to have any luxury, I didn’t ask for something big.” (38-year-old female, Ishkashim)

Collectively, participants’ struggles with their day to day living conditions contribute to the existing adversities, increasing their vulnerability to suicide with any added stressors. Not only are the economic and environmental conditions harsh; but the socio-familial structures are also very burdensome.

Harsh life conditions are further exacerbated by the socio-familial context in Badakhshan, with its close-knit traditional communities. People know much about each other; they rely on each other and they talk about each other. The social relations within communities in Badakhshan can be very challenging to navigate, as they operate as a support system, but frequently facilitate stern judgement of a person’s moral character and behavior. Nighbat recalls the humiliation she faced when she was unable to pay back the bank loan. Her neighbors taunted her about her debts and kept asking her about her loan repayment. She found the villagers’ questions about her loan to be very offensive and burdensome. These remarks from her neighbors added to the already difficult circumstances that she was living in. She says, “in the village compared to city, the lifestyle of people is different. When they ask you such kind of questions (about the loan), you feel it like a shot in your head.” (38 year old female, Ishkashim)

To further illustrate the harshness of the social conditions in Badakhshan, Tahmina states that when her mother was working in Turkey, she (Tahmina) had to endure gossip from her neighbors who rumored that her mother was having an affair with someone in Turkey. She says, “when I hear any gossip about my family, it affects me a lot... they think that she (mother) is dating someone there.” (20-year-old female, Shughnan) Akbarsho talks about being relieved

because he is away from gossip. Being away from gossip is so valued by him, that he equated it to having a tractor and having work. He says, “Everything is ok. I have my tractor, and I have my work, I am far from all sorts of gossip, I go to work, I come home, I rest properly.” (46-year-old male, Rushan)

In addition to life being harsh and survival being difficult, living in a close-knit traditional community affords its own set of rules that can be harsh. The slightest negative talk within the community is a cause of great emotional turmoil within the participants’ lives. Collectively, participants’ experiences with living in harsh conditions—environmentally and socially contribute to their ongoing struggles with living life.

Family Separation. Family separation means being separated from members of the family, living in the same household due to economic reasons. Many families in Badakhshan are separated for economic reasons. Because of lack of work in Badakhshan, one or more members migrate to Russia or the neighboring Central Asian countries to find work. Most families have at least one member working abroad to support those back in Tajikistan.

Based on the demographic information collected from the participants at the beginning of the interview, seven out of the 12 participants either had a family member residing in Russia or another country, or they themselves had gone to Russia at some point in their life to find work. Gulbegim’s mother lived and worked in Russia to support her family. Ramziya’s parents either lived in the city (Dushanbe) or in Russia to provide for her and her brother. Also, her brother occasionally lived and worked in Russia. Tahmina’s mother worked in Turkey and Nighbat’s husband worked in Russia for a period of time where he had his car accident and totaled his car. Akbarsho went to Russia to find work when his family’s economic condition became really bad and Saida went to Russia for a period of time to find money for her daughter’s surgery. Mirzo

routinely traveled to Russia in the winter months to find work and Nekruz had a brother in Russia who was working. Participants talked about family members going to Russia and being in the labor market to send remittances back home to support their families because the economic conditions in Badakhshan were very harsh.

Family separation is further illustrated by the descriptive and reflective observations of the PI during the duration of data collection. The PI's RA1 had a brother living in Russia for economic reasons. The PI's RA2 had a brother in law and sister in law living in Russia for reasons of work. The PI met with many members of the community who had adult family members living and working in Russia to supplement the family income back in Badakhshan.

Family separation, for the participants meant loneliness and lack of emotional support when needed. Gulbegim, Ramziya and Tahmina express their loneliness and their desire for their mothers to be living with them. Collectively, participant struggles with being separated from their families and lacking the emotional support that those family members could have provided contribute to their lack of well-being.

Everybody is poor. Everybody is poor means that most people in Badakhshan were in the same austere economic reality, where they faced poverty and lack of income. All participants talked about the fact that life was hard for everyone in Badakhshan and that everybody struggled in their own way for basic survival. People worked hard but barely had enough to provide for themselves and their families. Even if they wanted to help others, very often they were simply unable to so because of their own life circumstances. Only those who were slightly better off than others could provide any substantial assistance. Nighbat says, "My parents and brothers help us to deal with our small problems because their life condition is better than ours".

Dilovar gave stuff to people from his store on credit because “people have very bad life condition. So, that’s why you should give them something, they are poor, you need to help them”. According to him, there was no choice but to give people stuff on credit, because he ran a store full of stuff and people needed that stuff badly but could not pay for it.

Everybody is poor is further illustrated by the general sentiment in Badakhshan as recorded in the field observation notes and memos—that everyone is poor and if one is lucky to have a job, everyone in their family and community looks to them for help because they are better off than the rest. RA1 states,

And in Badakhshan, the mentality of people is like this – we have such culture – when you work, you don’t work only for yourself, for your husband or for your children. When you work, your money is not...it’s not yours and for your family, it goes to the extended family of your parents, your brothers, your sisters...everybody will look at you, everybody needs support. (Research Assistant reflection)

Category 2: Getting Help

Getting help is defined as the act of seeking and receiving help in the form of emotional and social support or in-kind material (e.g., food, clothing, medicines, etc.) help. The concept of getting help emerged as a significant category in the data. It also emerged mostly as an unacceptable thing to do. The core category of getting help consisted of the following five concepts: who can help, who should help, no help available and needing help but not asking for help. All participants (N=12) spoke intimately about their experiences with getting help or not getting help and their ideas about who should help and how. Participants who sought help had a very clear idea about the socio-economic and religious class of people who could actually help. Participants who spoke about avoiding getting help did it largely because they did not believe

that other people had the capacity to help them or that they did not want to burden others with their own problems.

Most participants did not seek help until their situation became desperate, while others never sought help at all. Also, what help looked like varied from participant to participant and was remarkably different from the western idea of reaching out and asking for help. The participants' understandings about the idea of getting help was uniquely local and conceptualized in very culturally nuanced ways as detailed in the concepts below. For most participants, 'help' was mentally visualized as not mere emotional support, advice or short term social or psychological support. Meaningful help was seen as long term and substantive, the need of a stable job, stable source of income, physical safety, food security and geographical proximity of family members. Even when social/psychological support was available it was viewed not viewed as doing much for the participant – their problems were usually chronic and long term with little prospect for any real solutions.

Who can help? Who can help means the class or category of people who have the capacity and the willingness to help other people. All participants (N=12) articulated in some way that not everyone can provide help when someone is suicidal. It takes a particular kind of person who can actually help in a situation where a person is suicidal. For instance, Nighbat says that “some people go to doctors” for help. Gulbegim echoed Nighbat's statement about “doctors” being a category of professionals who can help. She says, “There were many doctors from Badakhshan, our Ismaili (Muslim) brothers and sisters and they helped me. The hospital is very expensive, they didn't take money from me (23-year-old female, Rushan)

The second group of people who emerged as those having the capacity to help were mental health professionals. Six out of 12 participants used the word 'psychologist' as someone

who is trained and qualified to help in their situation. Participants' talked about psychologists as the only group of mental health professionals. No participant mentioned either psychiatrists or social workers. Most participants said that people who are trained mental health professionals like psychologists can indeed help people who are suicidal. For instance, Tahmina says, "They might go to psychologist" for help. She further says "I go to him (a psychologist) for getting help" illustrating that real help is to be found by going to a psychologist. Others echo Tahmina's sentiment that psychologists are the only experts who can help. Mirzo says,

The only help is going to psychologists. People who don't remember anything like me or somebody who is just fed up of his life maybe they need somebody's advice. I am thinking about those young children who attempted suicide and the one who was my son's age only in 5th grade, what kind of problem he had. What was the reason, I don't know? (40-year-old male, Shughnan)

The third group of people who emerged as those who can help were family members and friends with experience. Nighbat said that her parents helped her for minor problems because "their life condition was better than hers". This came with the assumption that her parents would not be able to help her if their life condition was not better than hers. For someone to actually be able to help another, they have to be better off – materially and emotionally. If they are not better off, they simply do not have the capacity to help someone else. From what participants said, this included the majority of the population in Badakhshan. Who can help is further illustrated by Gulbegim who says, that when people need help, "mother and father can help, no one else". Nekruz says that if he needed help, he would "go to his brothers for help". Even within family members, not everybody has the *capacity* to help.

Participants qualified who can help based on the family member's resources and experience with the issue at hand. For example, all relatives could not help, but very often, relatives in Russia are able to help because they have more means than the relatives in Badakhshan. Ramziya says nonchalantly "my brother sends (money) from Russia" and Nighbat says "my brothers who were working in Russia and Dushanbe helped us with money".

Who can help is further illustrated by Nighbat who said that when she has troubles, her parents helped her because their economic condition was better. She says, "Sometimes, my parents and brothers help us to deal with our small problems because their life condition is better than ours."

Who can help is further qualified by Nighbat stating that her relatives who were influential in the community were recruited to help her. She says,

She (her mother) said "why you didn't tell us about your problem at the time?" Then my parents went to our relatives who were working in high positions, some in Khorog and some of them here and told them about our difficulties. Then they advised us to bring the reference from Roshtqala hospital and helped us to waive the credit. Also, my brothers who were working in Russia and Dushanbe helped us with money. (38-year-old female, Ishkashim)

Nighbat highlights how, when she was in trouble, her relatives who were in "official high positions" in the government or bank were recruited by her parents to help her get her loan waived. The other relatives who were commonplace people were not recruited to help her, only those that were in "high positions" because only those kinds of relatives would have been able to do something for her. Firoza echoes what Nighbat stated by saying, "during my student years, my aunts—they were also in business and trade—and then they also helped me a lot"; further

qualifying who can actually help. This is further illustrated by Ramziya who called a friend who had attempted suicide once, to talk with, when she made her own suicide attempt. Ramziya says,

When it happened to me (suicide attempt), after that, I called my friend—I know that she also tried (to attempt suicide) and I talked to her. I called her and asked about my boyfriend, and I was crying, and she said, “don’t do anything with you (don’t attempt suicide) and I didn’t tell her that I already drank vinegar. (22-year-old female, Rushan)

Ramziya’s action of calling somebody who had the experience of having made a suicide attempt, qualified the group of people who can help.

The third group of people that emerged as those who can help were religious leaders. Dilovar says that he got help by going to a *Khalif*. A *Khalif* is a person learned in the scripture and considered to be spiritually elevated. In the religious context of Badakhshan, people go to a *khalif* in times of difficulty and the *khalif* gives them a piece of paper with verses of the Quran written on them. The paper with the written verses are then soaked in water and the water is consumed. This practice is believed to relieve suffering and is widely used in Badakhshan. The process of getting help from the *khalif* sometimes also includes getting an amulet with verses of the Quran written on paper that is inside the amulet. Dilovar says, “Now I have an amulet which helps me to feel better. I go to the Khalif and he says dua (prayers) for me and gives me the written Quranic Ayats (verses) which I drink with water.” (42-year-old male, Roshtqala)

In talking with the research assistants and other community members and as highlighted in the recorded observations of the PI, going to religious figures and praying for help was a common practice among the people of Badakhshan. Not going to others for help and instead engaging in prayers or going to a religious figure was seen as desirable. So, getting help is not usually seen as a desirable or feasible practice. Help can only be provided by some people,

particularly those who have the capacity to help others, like relatives who are better off or professionals like doctors. People trained to deal with emotional issues like psychologists and religious figures like *khalifs* are seen to be able to provide help.

Collectively, participants' struggles with the unacceptability of seeking help and qualifiers around who can actually help puts restrictions on seeking and receiving help for individuals in suicidal crisis. A major protective factor against suicide is having the support of a social network, the ability to ask for and receive help and the emotional safety net of being able to rely on others during times of distress (Suicide Prevention Resource Center & Rodgers, 2011). Most participants had strong family connections, a sense of belongingness and family support but yet, were not able to seek and receive help for their suicidal crisis. This was partly due to the desirability factor of getting help and partly due to most of the population having very limited capacity to help others. Collectively, the participants' comments about who can help highlight their world view of the undesirability of getting help and restrictions around who can help.

Who should help? Who should help is defined as a body of individuals or institutions that should exist in order to assist those individuals who are suicidal. All participants (N=12) stated that help should be available to those thinking about suicide. Who should help is explained by Ramziya, who said that parents should be the first line of defense for their children in assisting them with emotional issues—that it is part of parental responsibility to assist children when they are troubled stating that children should be able to go to their parents for help. She was saddened by the fact that this was mostly not the case in Badakhshan. She says,

In Badakhshan, I think first of all we are weak, we don't talk (about) our problems to our parents, our parents don't know about our problems. If I'm sad, my parents don't ask me "what happened, why you are sad? And it is all over our society. I talked about my

friend—her mother said “what was her problem, everything was alright with her? Why she did it (attempt suicide)? But she had a problem, and everything was not alright with her... We feel shame talking with our parents, to tell them our problems, what’s happening with us. They don’t know our problems, they just feed us and give money and that’s it... parents should help their children and observe (their children). (They should) use psychologists. Parents should talk with their children. (22-year-old female, Rushan)

From what Ramziya had experienced, who should help is further illustrated by the fact that children view parents among those *who should help*. However, parents are not necessarily there for their children’s emotional/psychological issues and the general perception of parental responsibility did not include supporting children emotionally. The PI’s recorded observations (descriptive and reflective) suggest that parents in Badakhshan are consumed by finding work for themselves so they can provide for their children. Being there for their children’s emotional needs is too farfetched and alien in considering children’s’ needs. Gulbegim echoed Ramziya’s sentiment about who should help. She said, “If person has a problem, he (should) talk with mother, father.... mother and father should help.” (23-year-old female, Rushan)

Who should help is further illustrated by Gulbegim and Ramziya. Both of them stated that someone who had experienced a suicide attempt is in a good position to help someone who is suicidal. Ramziya said that when she made her attempt, she called a friend who had also made an attempt. Gulbegim said that when she found out about teenage girls in her village who wanted to attempt suicide, she reached out to help them because she had gone through that experience. “I have a 10th grade student in my school, she is very beautiful girl and one day she said, “I want to do suicide. She asked me, I told her it’s bad, it’s the worst for us—think about your mother, father.” (23-year-old female, Rushan)

Who should help is further clarified by Gulbegim who also said that because she had gone through the experience of making a suicide attempt, she wanted to help her community with this issue. “When I came back here (village) from Dushanbe, I heard schoolgirls want to kill themselves. I want to talk with them.... there are many boys you can find in your life— first (get a) job, education. I want to help my community.” (23-year-old female, Rushan)

In addition, participants stated that parents should be there for their children (including adult children) in times of emotional need. Participants also said that professional help *must* be available to people for this issue. Saida further illustrates this by saying, “(There should be a) psychological center for help. For example, I watch TV and see special places where people are provided with psychological help.” (40-year-old female, Shughnan)

Collectively, participants’ world views about who should help included notions of parental responsibilities to include emotional support for their children and professional help available in the community for those considering suicide.

No help available. No help available means that in Badakhshan, no real help is available to those who think about and consider suicide and that people do not perceive that help is available. Many participants said that there is absolutely no help that is available to people in the community on the issue of suicide. Participants also said that there is no professional help available in the community and there is no “official” place that people could go to if they needed help on this issue. For instance, Firoza said, “This is a problem I think there are not any psychologists to even ask for advice or something—there is nothing. There is nobody who you can go to and ask for help.” (36-year-old female, Shughnan) This is further illustrated by Ramziya who echoes the sentiment of Firoza that no help is available to people for suicide. She says, “We don’t have psychological help.” (22-year-old female, Rushan)

Some participants talked about having no confidence in the kind of help that was available and that confidentiality was a big issue when it came to asking for help. Participants acknowledged that the community in Badakhshan is small and close knit and that there was no assurance that if one asked for help, that their confidentiality would be or could be honored. For instance, Madina said,

There is no one who could help suicidal people because here you can't find support, here you can only be humiliated and criticized. Even if you go to the psychologist, he won't help you; instead he will go to your relatives and tell your family members. (20-year-old female, Shughnan)

Therefore, what participants comments inferred was that they did not have trained professional help available to people who were suicidal, and the limited professional help that was available could not be trusted. Participants' were skeptical about the trustworthiness as well as the competence of the professionals. Saida said, "After, I attempted suicide—it was in spring, I was brought to one psychologist (a woman). She was not very good at psychology; she asked me some questions, but I didn't find it helpful, there was no change." (40-year-old female, Shughnan)

From all the data collected, including the participants' interviews, RA reflections, and the PI's own observations and memos, no network of emotional or psychological support existed. Self-reliance was seen as ideal; self-reliance included turning to religious figures for help to relieve suffering. Collectively, participants' struggles with not having help available to them in their time of need contributed to their feelings of vulnerability and isolation.

Needing help but not asking for help. Needing help but not asking for help means that help was needed but not sought. Many participants acknowledged that they could have done with

“help” during their crisis with the suicide attempt but acknowledged that they never considered asking someone for help. Most of them said that they would not go for help because everybody is busy in their own lives and that they would not want to bother others by asking for help. For instance, Tahmina accepted that she is in need of help for her issues. She said,

I want to get help with my issues not to repeat attempting suicide in future. I don't want to think about committing suicide anymore, so I want you to give me some advice or to show some ways to avoid this issue.... I wanted you to help me and to show the way to stop thinking about making suicide. (20-year-old female, Shughnan)

Ramziya echoes Tahmina's sentiment that people need help in Badakhshan, However, they are 'weak' and they do not want to talk about their problems with others. She also said that people feel shame in going to others for help and that this is a sign of weakness. This is further illustrated by Nighbat who said, “I kept all my problems with me. Even now if something happens, I don't share with my parents. I don't want them to suffer about my issues, they have their problems.” (38-year-old female, Ishkashim)

Nighbat recognized that she continues to not ask for help because she does not want to burden her parents with her own problems. Gulbegim said that hypothetically she *could* go to her family for help, but in reality, she would not, because “they are very busy”. It is striking that even in their darkest moment, participants had the compassion to think about the burden caused to others because of their own problems. Needing help but not asking for help is further illustrated by Ramziya who said,

I have headache night and day—now it's about maybe 13 or 14 years, but I suffer from it and I didn't talk to anyone (still crying). I want to go to the hospital and check myself,

but I was shy—I never went anywhere and I never talked to anyone. It has affected me too much; everyday it hurts me. (22-year-old female, Rushan)

Collectively, participants' struggles with realizing that they need help but not allowing themselves to seek help for various reasons as not wanting to burden others, feeling shame, being weak and not wanting to share their problems with others contributed to their feelings of overwhelm and isolation.

Category 3: Factors Associated with Suicide

Factors associated with suicide emerged into the following six concepts; having easy access to means of suicide, impulsivity, unsurmountable problems, transcendental experiences, the resolve to keep going, and having a moral stance on suicide. Factors associated with suicide reflect risk and the protective factors found to be associated with suicide in Badakhshan. All participants (N=12) spoke candidly about the factors associated with their own suicide attempt. This category directly responds to the second research question of this study, i.e., identifying the factors associated with suicide in Badakhshan.

Having easy access to means of suicide. Having easy access to means of suicide means that for participants in Badakhshan who considered suicide, it was effortless to find a way to take their own life, as effective means were readily available. This concept specifically took into consideration the geographical context of the terrain of Badakhshan with its network of mountains and valleys across the province.

Based on the data collected from the participants related to the method of their suicide attempt, three methods were found. Some participants (N=4) considered or used drowning by jumping in the river as a method, others (N=4) ingested a substance, and the remaining participants (N=4) used rope to hang themselves inside or outside of their home. All three

methods that participants used or considered were readily and easily accessible to them; it is effortless in Badakhshan to find a place to jump in the river, due to the proximity of a nexus of rivers in each of the districts in Badakhshan. It is equally simple to locate rope in this small agrarian community and beams central to construction of homes in which to hang from. The substances, such as pain killers, Benadryl tablets and vinegar, ingested by the participants as a way to attempt suicide could also be readily found in people's homes. The pain killers (akin to Tylenol in the US) are used for fever and pain and can be found in most homes. Benadryl is available in Badakhshan and used for allergies. Vinegar is used to clean windows and bathrooms and is also easily available. This means that participants did not have to make any special preparations or engage in much planning in order to attempt suicide and can quickly act once the thought of suicide emerges as a possibility.

The geographical context of Badakhshan with its vast mountains, valleys and rivers provides unlimited access to points of elevation to jump from. Further, most settlements in Badakhshan are close to the rivers for access to water and means of irrigation. Any community in Badakhshan regardless of which district they live in, is within walking distance of a river. Rivers in Badakhshan flow from the mountains and have a strong current—many of them are raging waters flowing along steep land. Any person in one of those rivers would have little chance of survival even if the person knew how to swim. No boats were seen on these rivers during the period of the research team's travels in Badakhshan.

For instance, the four participants that used jumping in the river as a method of suicide, had very easy access to the river. Dilovar's village was on the bank of the river and he was able to get to the river in a few minutes. He said,

I went to the river and dropped myself to the water. I just went to the bank of the river and went into the water. It was in the evening around 7pm... I just went so fast—it was dark and raining and the river was full. (40-year-old male, Roshtqala)

Firoza's home was on the bank of the river and she spoke about growing up with the river so close to her house.

We have a garden in our house – (it has) layers ...there is a garden and then our garden is also very close to the river, so I usually played a lot in the river. Together, our cousins and me, and we swam there—but not in that part. it was a little bit further from our house because in the one that is very close to our house, it is very rocky but a little bit further is more clam and we were usually going into the river and even swimming there...and another cousinI had a friend of my cousin and we also played a lot in this garden and very close to the river. Even my other cousins, they caught fish and then we came and then we said “it's a fish!”...we didn't even look at the fish...we just threw the fish in the river....so we had a lot of fun playing in this part of our garden. (38-year-old female, Khorog)

Having easy access to means of suicide is further illustrated by Firoza, who said that it was very common for her to go to the river when she was upset.

Usually I came to the river and I cry, and then, I calm down and go (back) home... I like it (going to the river) and usually when I had some problems I went to the river—sometimes very close (to the water) but sometimes not so close in the garden. (38-year-old female, Khorog)

Nighbat echoes Firoza's position on having easy access to the river from her home. In fact, she states that on the day of her suicide attempt, she and her children were able to get to the river within minutes of walking. She said,

I also showered and wore my beautiful dress and said to myself; we should be clean before we kill ourselves and let people find us clean and nice. Then we went to bank of the river...we went directly to the river side—at that time we didn't have a fence around the house, it was open. (38-year-old female, Ishkashim)

Saida further illustrated the idea of having easy access to means of suicide. Even though she lived in the city of Khorog, there were various access points to the river in the city. In fact, to get from one part of the city to another, one had to cross the river. There are at least three pedestrian bridges in the city to cross the river and one bridge for motor vehicles. Saida recalled the following about the day of her suicide attempt. She said,

Then I came to Chorbogh (city park), and from the bridge looked to the river and said to myself—even if I drop myself into the water, I will not go deep into the water and will not die. After that, I came (back) to Chorbogh and sat there till midnight. Several times, at that day, I went to the river and came back. (40-year-old female, Khorog)

Tahmina further demonstrated her view of ease of access to several means of suicide. She said, "When I feel suicidal, I want to take pills, drink acetic acid or drop myself into the river." (20 year old female, Shughnan) What can be surmised from the participants' experiences with the idea of going to the river to attempt suicide is the ease of access that they had to the river and hence to the means of suicide.

Four participants used hanging as a method for their attempt. Each of these four participants were male and lived in the villages. Having easy access to means of suicide

is further illustrated by the fact that most people in Badakhshan live and cultivate their land. Their daily tasks include tending to their animals and bringing firewood into the home to heat the home in winter. As such, they always have a need for rope in and around their home. Mirzo said, “The rope was at home just for keeping in the house. In autumn, when we bring back our animals, we use the rope to tie them to the land.” (40-year-old male, Shughnan)

Rope is needed to tie animals, rope is needed to tie firewood and rope is needed to bring firewood into the home. It would be rare to find a home in the villages that did not have rope. Having easy access to means of hanging is of suicide is further explained by Zohir who said, “We have rope in almost every house. We use it for bringing wood from outside, carrying some other things during housework. So, I took it and hung myself.” (62-year-old male, Rushan)

In addition to having access to rope, the traditional Pamiri home has five structural pillars and ceiling beams in the main room of the home. These structural features of the home offer an easy and private access to means of suicide by hanging. With the structural features of the Pamiri home and the availability of rope, there is always a way for someone to hang themselves in their home. When asked about his method of suicide, referring to his home, Zohir said, “Here we have beams from one side to another side... I used rope and hanged myself in between the two beams which we usually have while entering the traditional Pamiri house.” (62-year-old male, Rushan)

Four other participants ingested a substance in an attempt to take their own life, each of these four participants were female. Two participants, both of whom had more than one attempt used a variety of suicide methods. A female participant had ingested a substance in one of her attempts and went to the river in another. A male participant hung himself in one attempt and ingested pills in his next attempt. Of those that had ingested a substance, two used vinegar, one

used acetic acid and the other used pills (e.g., Benadryl tablets, pain killers, opium). All of them reported that the substances vinegar, acetic acid and the pills were either already there in their home or were readily available in the market or elsewhere. In Badakhshan, vinegar is considered to be a lethal substance. Several incidents were brought to the attention of the PI over the duration of her stay in Badakhshan of people ingesting and dying by vinegar.

The concept of means restriction as we understand it in the western context as limiting access to means of suicide is currently inconceivable in context of Badakhshan. Given the mountains, valleys and rivers; the structural design of the Pamiri home and the availability of rope in the rural context; and the ready availability of substances like vinegar, acid and regular medicines—all of this provided easy and unrestricted access to means of suicide for the participants.

Impulsivity. Impulsivity in terms of a suicide attempt means being hasty, instinctive and spontaneous in the decision to attempt suicide. It also means not having thought about suicide at length and having come to a quick and sudden decision to take one's own life. Studies have found that impulsivity in suicide is common and 48% of people who attempt suicide act on their suicidal thoughts within 10 minutes (Deisenhammer et al., 2009; Hawton, 2007; Simon et al., 2005). Most participants (N=8) made their suicide attempt within minutes of thinking about it. There was very little time and distance between their decision to take their life and the actual action of the attempt. For instance, Ramziya finished the phone call with her boyfriend and immediately drank the vinegar that she bought that morning. The action of drinking the vinegar was impulsive without much thought or consideration. Tahmina further illustrated that same impulsive tendency in attempting her suicide. She said, "I got up and was not feeling good, and

there was nobody at home. It was around 10 am. I took the acid and drank it. It (acetic acid) was at home.” (20-year-old female, Shughnan)

Impulsivity is further depicted by Madina’s sudden action of taking a packet of Benadryl tablets immediately after a conversation with her grandmother. She said,

I remember the exact moment clearly. My grandmother and I were in the corridor and she said “don’t you think that our neighbors, relatives—all of them know that you are not the daughter of my son, you don’t have a mother and you are living with him in the same house.” After that, I went to my room and I was hysterical, and I decided to take the pills... At home, we have a big medical box full of medicines and the pills were there. It was after lunch around 3pm. I knew that I could sleep and never wake up. (20-year-old female, Khorog)

Madina’s attempt was planned in advance, she acted on an impulse. Not having time and distance between the thought of suicide and the action is further illustrated by Madina’s prior suicide attempt. She said,

Sometimes, my aunt defended me from her daughters, but that day she was not at home; she was at her friend’s house. One of her daughters was bigger than me; I was little and thin compared to her. She started to beat me, and the second one looked at us and didn’t do anything. Then she started again to swear at me. She told me that I am a slut, and no one needs me, but I knew that I was not a bad girl. Every time they said bad things to me, I didn’t want to live with them. The saddest thing was that I didn’t have parents and they called me whatever they wanted. But I always tried to show that I am not a bad girl and I studied well and behaved well. I was so ambitious and confident to achieve something in my life, but I knew that they didn’t believe me. I thought that one day it will all be over,

and I should be patient, but nothing changed. That last day, when my cousin again swore at me and beat me, I understood that there is no chance to finish my school and apply for university. I could only work and take care of her kids and do the house chores, and I didn't have time to do my homework properly. My classmates at that time were preparing to apply to universities, they attended the extra classes, but I missed my classes and was left behind...At that time, I lost my confidence and I didn't see any meaning in my life. I didn't even believe that there will be anything good in my future... It was around 10pm. This time, I had the tablets in front of my cousins. (20 year old female, Khorog)

Impulsivity in the act of making a suicide attempt is also demonstrated by Nekruz's suicide attempt. He said, "Telling you the truth, I never had any thoughts about attempting suicide. It just came suddenly." (20-year-old male, Shughnan)

Both Akbarsho and Zohir took seconds to grab something to hang themselves with. Reviving his memory about his suicide attempt, Akbarsho said,

I got up as usual in the morning. It was—I think it was a weekend, because we didn't go to school that day. It was a holiday, because if there was school, we would have been in school that day. I don't know from where it came (thoughts about suicide). We (he and his classmates) were sitting there. I saw the silk cloth, and started thinking about it (suicide), so I took it and hung myself. (46-year-old male, Rushan)

Zohir further illustrated his experience with being impulsive with his suicide attempt. Recalling his attempt, he said,

I ended up with suicide because my mother passed away, I didn't have a sister, I had to do all my clothes washing by myself, I cooked for myself. After coming from work, I was tired. I got married, the first one lived with me 12 years, and we didn't have any

children and she left. Then I got married the second time, she lived with me 15 years, again we didn't have any children. One day, I came from work and washed all my clothes by myself. It was winter, I came home, and put some fire in the heater... I started washing my clothes. I had the flu during those days, I was washing my clothes and coughing and coughing. Then I thought—why do I need such a life, I better die, and I attempted suicide.... I got very sad and bored, my heart was feeling heavy, as if it is going to blast now. I started thinking of my mother and my sisters. I had 3 sisters all of whom passed away. I got sad and did it (suicide attempt). (62-year-old male, Rushan)

What can be drawn from these participant experiences is that the sudden nature of their action to take their own life, without much thought or effort put into the planning of their attempt contributed to the precariousness that surrounded the attempt. The combination of the geographical context of Badakhshan with the ease of access to means of suicide and the participants' impulsive action in making the attempt added to the complexity and potential lethality of the attempt.

Unsurmountable problems. Unsurmountable problems refer to participants' having such monumental and enormous problems that they did not have any foreseeable solutions. Also, in the context of Badakhshan, these problems were perceived as unsolvable by the participants. Unsurmountable problems refer to the reality of the problems being difficult and the perception of the participants in their ability to resolve them. This concept specifically took into consideration the socio-cultural and economic context of Badakhshan that is characterized by poverty, lack of economic opportunity, family separation the very limited access to mental health services. For instance, participants talked about their problems that did not really have any solutions. For the most part, there was nothing that could be done, even if they tried hard. Short

of a miracle happening, there was no conceivable way of solving their problem. In addition, their problems were chronic and did not have any quick fixes. Problems that were considered unsurmountable were physical and emotional and related to the threat of losing parents for young women, the sense of feeling totally worthless, having constant headaches and not finding any relief for it, feeling sad all the time, being treated very badly while growing up, having little help or respite in the incessant labor work, facing impending immobility for a child, having no support from husband in the marriage and facing a life time of poverty and loneliness with no hope in sight. Some of these problems may not seem to be unsurmountable to the western reader. However, in the context of Badakhshan it appeared to be unsurmountable to the participants.

Gulbegim lost her father five years ago and saw her mother being sad every day. When her mother became ill, life was very difficult for her. She had already lost her father and was now threatened with losing her mother. She said, "My mother is 45 years old and after my father died, she is very sad everyday... for me that was very difficult. Because I thought, if my mother dies what will I do without my mother." (23-year-old female, Rushan) For Gulbegim, there was no conceivable way to surmount the problem of having no parent alive if her mother died. Ramziya echoed Gulbegim's sentiment of having problems that have no solutions in sight. Ramziya recalled being sexually abused as a child and said,

My sister was ill, and my parents went with her several times to Dushanbe (the city) and I was here (in the village) alone. I was in my aunt house and she lived in another village. When I was just was 6 or 7 years old, I was there (in my aunt's house), it was night, I remember that there was one man, he was drunk, and at night when we slept, I felt him touch me...I was sleeping and he was near me and it was dark there and he slept near me. Also, my cousin slept on one side and my aunt and her husband slept on the other side.

But the man was near me and I felt—he put his hands on my body—this man he ruined my life, he raped me with his finger, he ruined me and I didn't talk to anyone, I just suffer until now (sobbing). (22-year-old female, Rushan)

Ramziya said she never told anyone about the abuse and suffered alone. When she told her boyfriend that she was sexually abused as a child, he broke up with her. Within the close-knit community that Ramziya lived in, disclosing sexual abuse was very shameful, Ramziya did not expect anyone to be accepting of her after the disclosure which prevented her from disclosing until she was in a relationship with her boyfriend. The unsurmounting nature of Ramziya's problem is illustrated by the fact that her boyfriend broke up with her when she disclosed her sexual abuse. She further said,

I didn't want to sleep with him (my boyfriend) but he forced me and after that he said that I don't love you, I will not marry you because you slept with another (person) before me. My boyfriend—he also hurt me. I told my boyfriend what he (the man) did it to me (sexual abuse), but he didn't believe me, he just said that you were in a relationship with someone else before me, and you slept with someone else. (22-year-old female, Rushan)

Ramziya has suffered quietly and profoundly for many years and believed that there was no solution to her problems. Tahmina illustrated the same struggle with her unsurmountable problems. He said, "There are times I get up and feel sad but I don't know the reason, I just want to cry, nothing is interesting for me, even I am not interested in my reading. I just want to attempt suicide." (20-year-old female, Shughnan)

Dilovar said that he constantly has a headache and he feels that something bad is going to happen. He said, "I have a headache. I always have headache. I have thoughts and I imagine that there is something there or something may happen (to me)." (42-year-old male, Roshtqala)

Dilovar's concerns seemed like regular mental health issues, but in light of absolutely no mental health services available or accessible to individuals in most parts of Badakhshan, these concerns seem pretty unsurmountable.

Madina reflected on her problems as unsurmountable and not solvable. She said that she raised as an orphan by relatives who were very cruel to her. She lost her mother when she was 13 years old grew up to be abused and tormented by her relatives. She was not allowed to study and was accused of sleeping with her adoptive father. She said that she married a man who was 15 years older than her and did not love her, only because she needed a place to live and had nowhere to go. Madina recalled,

Yes, till the end, I hoped that everything will be changed; however, it didn't happen. Starting from 12 years of age until I finished school and started living in Khorog, I always had problems. There was not a single day I didn't cry and had peace. I could hear only the humiliation and unkind things from everyone; therefore, I got married. After I graduated from the secondary school, I wanted to apply for university, but nobody helped me to pay for my study, so I didn't apply and got married. For a very long time, I haven't thought about it (suicide), I always hoped that I can overcome it all, as I was very patient and could tolerate everything; however, there were moments I couldn't manage it and it was a peak of my tolerance and I said "that is it, everything is lost". I didn't even have friends to share my difficulties with, and then I attempted suicide. (20-year-old female, Khorog)

Madina's issues could not have been resolved by anyone or anything. She lived with being abused throughout her childhood and saw marriage as a way out of her problems but was proved wrong.

The concept of unsurmountable problems was further illustrated by Nighbat as she recalled an incident when she and her family did not have anything. She said,

There was a time I had nothing. I made something to sell in the Afghan market in Ishkashim. I was so happy that I made some money, I bought some things—food, tea, bread to take home for my children. I bought everything and came out. On my way I realized that I don't have money for my transportation. I thought maybe the driver can take me home. When I came to the car the driver right away asked for money. It was only one somoni to go from Ishkashim to my village, but I did not have one somoni. The driver asked me to get out (of the car) because I could not pay him. That incident affected me so much. I asked the driver if I could give him the tea that I bought, although I thought to myself—if I give him the tea how will I manage without tea for the whole week. Yet, I decided to give him the tea, but he did not agree to take me. And I walked all the way for 6-7 kilometers to come home. Up until today— I will never forget—there was a time I did not have even one somoni to go home. (38-year-old female, Ishkashim)

Nighbat continued to struggle with basic survival—enough money to feed her children and a way for her to pay her loans. She saw her problems as being unsurmountable and not having any solutions. Akbarsho mirrored Nighbat's position on his problems being unsurmountable. He said,

It was always money. If I would have money, there wouldn't be difficulties. My mum didn't work, my father was also like this (blind). At home there was nobody who could earn money. We (he and his siblings) were all students and the only income was my father's pension. I think it was like 75 Somoni. And this is what we lived on. (46-year-old male, Rushan)

What can be surmised from participants' experiences of their problems is that their struggles to attempt to resolve their problems met with no success—their problems continued to exist and no matter what they did to work out their issues, there was no solution in sight. Collectively, participants' struggles with their unsurmountable problems contributed to isolation, lack of mental well-being and vulnerability to suicide.

Transcendental experience. Transcendental experience means an experience that is viewed as mystical or spiritual, an experience that is not readily explained or understood with reason or logic alone. For instance, four out of the 12 participants made a suicide attempt reportedly without having any intent, any ideation or plan. Each these four individuals said that they did not have any significant reason to kill themselves. These participants described that the suicide attempt “happened to them” and that it was not of their own willful volition that they made an attempt. They also said that they did not want to ever attempt again and were afraid that this would happen to them again. Three of these participants were male and one was female.

Gulbegim recalls,

I never thought about it (suicide)... I don't know what happened. I got up early morning, I said my prayers, and I prepared breakfast. I was in Dushanbe (city) and it was a Sunday...and I don't know what happened. After that, I do this (attempt suicide). I was talking with my father just like I am talking with you. He was saying 'my daughter, my dear daughter, my beautiful daughter, my nice daughter' but after two days when I woke up, I was in the hospital. What happened to me? My brother said to my mother, 'she did this (drank vinegar), but I was with my father. My father died five years ago, but I was with my father. (23-year-old female, Rushan)

According to Gulbegim, she did not make the attempt, but the attempt *happened to her*.

This was a remarkable finding in the data and was significant as a factor associated with suicide in this context. Three of the four participants attributed their attempt to an experience that could not be explained in logical terms. Mirzo said,

I did not have any thoughts about it (suicide). Let's tell you the truth. I will tell you what really happened. I came out of the house and suddenly, I saw an old man in front of me. He gave me a garland of flowers and wanted me to wear it and the rest I don't remember—how I got to the storage which is behind the house and took the rope for hanging. I came around and took a big barrel from the back of the house—there is a big piece of wood coming out of the house by the ceiling. I put the rope on it and hung myself. (40-year-old male, Shughnan)

Each of these four participants said that they wanted to participate in the research to understand what happened to them. The actual incident of the suicide attempt for these four participants was described as almost unreal, even to the participant. For instance, Mirzo kept reassuring the research team during the interview that he was telling the truth and that the incident that he was describing actually happened. Mirzo said, "Planning suicide in advance was not even in my thoughts. I am saying the truth as I am living in a holy village." (40-year-old male, Shughnan) Mirzo echoes his experience with his suicide attempt as unreal or magical and has to reassure the research team that he is telling them the truth. Mirzo lived in a village where there was a holy shrine and hence the statement "I am saying the truth as I am living in ----"(he said the name of his village here).

Transcendental experience is further illustrated Dilovar who attributes his attempt to *Wahm*. *Wahm* is a Shughni word which means a feeling of being attacked by the spirits, being scared, being followed, leading to shivering, tears, and runny nose and choking. According to Dilovar,

he had a fall by a graveyard a few months ago and hit his head against a stone. He says that all his problems started after that fall because he got *Wahm* at that time. For him, it is because of the *Wahm* that the suicide attempt “happened” to him.

I went to the river and dropped myself to the water. I went about 1200 meters and only after that, I became conscious (of what I had done) and tried to come out of the water. I don't know how it happened. It was a typical day; I woke up as usual at 7am and went to the shop. Suddenly, I felt (like I was) choking and couldn't breathe at all —the liquid came out of my mouth and nose. (42-year-old male, Roshtqala)

Dilovar said that he never thought about suicide, never had any intent of killing himself and this incident happened. Dilovar attributes his suicide to a force external to himself.

Nekruz echoed what Gulbegim, Dilovar and Mirzo had said about their suicide experience being a transcendental experience. He recalled that he hung himself while watching a seemingly benign video game. He said,

That day as usual I came home from school and played with my brothers. After that, they went to do their jobs and I went to play on computer; the rest I don't remember what happened. My father is a singer and that day he was at the wedding. It was autumn, the month of October, we were collecting apples. My mother went to a meeting and my older brother and younger brother came back from school. Together with my brothers we did our housework and played on the computer. I don't remember how I came out of house, but I remember how I took the rope and used the ladder to go upstairs on the rooftop. There were beams (on the roof) from one side to another side. I was in coma for five days and then I became conscious. After that, I was released (from the hospital) and went home. (20-year-old male, Shughnan)

All four participants grappled with what happened to them and why it happened. All four attributed the event to something that was “out of their control” that they had little autonomy over. Each one tried to make sense of their experience and lived with the constant fear of it happening “to them again”. The socio-religious context of Badakhshan is Ismaili Muslim – religious thought and practice is deeply ingrained in people’s way of life. It is not surprising that participants gave it either a spiritual or transcendental meaning and continued to maintain it as unexplainable. Collectively, these four participants’ experiences with their suicide attempts as being an unearthly or spiritual experience makes such experiences in Badakhshan a factor that is associated with suicide.

The resolve to keep going. The resolve to keep going means the courage and undertaking of the participants to continue to live their life, no matter the circumstances. For instance, Ramziya wanted to die and drank vinegar, but constricted her throat to not let the liquid pass through her throat. Ramziya says that she thought about her parents and the grief it would cause them to lose a child. She recalled,

I didn’t want to live but I remember about my parents—how they suffered from when my sister died, and I just stopped and didn’t drink the vinegar. Because of my parents but now...honestly now I don’t want to live but (I am living) just for my parents...I see that now how they suffer from my sister. (22-year-old female, Rushan)

Ramziya’s younger sister had died of cancer when she was a child and Ramziya saw her parents continue to suffer following her sister’s death. The resolve to live is further illustrated by Dilovar who found himself in the river being carried away by the current when he realized what he had done. He struggled in the water frantically and got himself out. He said, “I don’t want to die. The only problem I have is this choking...” (42-year-old male, Roshtqala)

The resolve to live is further illustrated by Tahmina who attempted suicide twice. She said,

I don't want to die. I want to get help with my issues not to repeat attempting suicide in future. I don't want to think about suicide anymore, so I want you to give me some advice or show me some ways to avoid this issue. (20-year-old female, Shughnan)

Madina echoes Ramziya and Tahmina's sentiment about the resolve to keep going. She said, "Even if I am not very happy, I think I will never think about attempting suicide again". This means that even if her life is unhappy or difficult, she wanted to continue living. Firoza further clarified the concept of the resolve to keep going. She said,

I don't want to die because I want to see what will happen (in the future). Maybe there is something waiting for me and I don't know it and I might regret. No, I don't want to do it (attempt suicide) I will wait for some moments which I would like to see. So, this is what has prevented (another suicide attempt). I was very curious about my future, I wanted to see what will happen next and so I waited. I will die anyway, when my time comes then it (death) will happen. (36-year-old female, Khorog)

Participants talked about various reasons for why they kept going. Saida recalled,

Every time I wanted to jump, I saw my youngest daughter's face and couldn't do it because I thought no one can defend her. I am going crazy now with all my problems; my daughter needs surgery, her university is not paid, and problems with my husband. I don't know what to do. I am so tired. But I didn't jump because I imagined my daughter's face which stopped me from doing that (jumping). I came back and sat on the bench to calm down. Then I went home. The only happiness which I have, are my children. (40-year-old female, Khorog)

What can be surmised from participants' experiences is the courage, resilience and sheer determination to keep going against all odds. Collectively, participants' experiences of hope, conviction and persistence proved to be a protective factor associated with suicide in Badakhshan.

Having a moral stance on suicide. Having a moral stance on suicide means endorsing a value system about suicide on cultural or religious grounds. For participants in Badakhshan, this meant subscribing to the notion that "suicide is wrong or bad" as per their religion, culture and family values. Despite the fact that most participants had thought about suicide and made a conscious attempt, seven participants expressed a very clear moral stance on suicide where suicide was perceived as "wrong or bad." There was an inherent belief about suicide being wrong or bad. Participants described "wrong or bad" in various ways and maintained that no matter the circumstances that suicide remained "wrong or bad." For instance, Gulbegim said that suicide was wrong for Muslims and it was the worst behavior that a Muslim can engage in. She said, "It is worst for Muslims, God gave to us soul, a clean soul, and we have to give it back clean—but not this way, not with suicide—only if God wants." (23-year-old female, Rushan) For Gulbegim, there was a distinct clarity – a moral judgement on the act of suicide. For her the act of suicide involved tarnishing a clean soul that was given by God, and suicide meant that the soul is not being returned in a "clean" state. Nighbat further illustrated her moral stance on suicide. She said, "If people are attempting suicide, their place is in hell when they die". For Nighbat, the act of suicide is reprehensible, because she used the word 'hell', there is a clear religious and cultural connotation attached to the act of suicide. Nighbat further clarified her moral stance on suicide by saying that she was reprimanded by her mother for making the

suicide attempt; hence, reinforcing the moral stance that “suicide is wrong”, even though she considered it and engaged in it.

Firoza echoes Gulbegim and Nighbat’s stance on suicide. She said, “I will not do it again, I will not attempt again”. Firoza is very clear that suicide is not the right action to take under any circumstances and is never a good solution for any problem. She further clarified, “There is always a solution to the problem. There is no problem that cannot be solved, there are always some ways to escape it (the problem).” (36-year-old female, Khorog)

The moral stance on suicide is further illustrated by Mirzo, who said, “it (suicide) is not good thing to do”. Zohir elaborates his moral stance on suicide by saying,

It’s a sin. I advise them (people thinking about suicide) not to do this. God has given you life, and you take it from yourself. I regret it. After such experience (suicide attempt) you think, God has given us life, and if we take it ourselves, it’s not a good thing to do. (62-year-old male, Rushan)

Collectively, participants’ inherent value about suicide being wrong emerged as a protective factor for most participants. Their moral stance on suicide, in addition to the sheer determination to live life were significant protective factors associated with suicide in Badakhshan.

Overview of Emerging Theory

The focus of this study was to explore lived experiences of suicide in Badakhshan and to identify factors associated with suicide. The participants in this study developed their understanding of suicide through their own religious and moral code, the societal norms and their personal values and beliefs regarding suicide. Participants made sense of their suicide attempt in various ways. Some participants make sense of their attempt in ways that are logical, i.e. life is hard, and they cannot take it anymore, therefore the attempt. Other participants attribute their attempt to a force outside of their control. Thus, the emerging theory—*a renewed commitment to*

life—reflects a process of enduring the experience of making and surviving a suicide attempt in the context of Badakhshan. It involves a series of experiences that include enduring continual and un-surmounting hardship, thinking about suicide and planning for suicide, followed by a series of cognitive considerations and behavioral actions. These actions include initiating the attempt or deciding on not initiating the attempt, making the attempt or encountering the attempt, aborting the attempt or being saved by others, making sense of the attempt and eventually making a renewed commitment to life. Whatever path the participants took in this process, eventually they all appeared to emerge stronger with a clearer will to go on, to live life and to endure whatever life brought to them.

Three core categories—experiencing extreme hardship, getting help and factors associated with suicide—formed the bedrock of the emerging theory. The categories coalesced to form a linear social process of experiencing extreme hardship, managing to survive, encountering an added stressor and making the attempt. Most participants did not get help because they did not believe that others had the capacity to help them or they do not wish to burden others. Having easy access to means of suicide and impulsivity are risk factors associated with suicide. The sheer will to keep going and having a moral stance on suicide are protective factors for suicide in Badakhshan.

The emerging theory is a process that is linear as opposed to being cyclical – it has a clear starting point and a clear ending point. The process starts with a struggle experienced by all participants, it is a struggle to live life and a struggle to manage and survive. Participants then go through a series of motions that include facing an added stressor to an already burdened life, thinking about suicide, initiating or not initiating action, aborting the attempt or being saved by

someone, making sense of the attempt, receiving or not receiving help and emerging from the attempt with a renewed commitment to life.

The struggle to live life consisted of enduring extreme hardship in the face of limited jobs and income and the harsh conditions of life in Badakhshan. Managing and surviving focused on individuals making do with what they have, struggling to find enough income to provide a livelihood to their families and surviving in the harsh climatic conditions of Badakhshan. Managing an added stressor highlighted one event or incident that suddenly came upon an already burdened individual-the trigger for the suicide attempt. Thinking about suicide consisted of considering the option of suicide as a way out of life's troubles. Initiating or not initiating action highlighted the internal emotional struggle of the individual whether to actually make the attempt or not make the attempt. Making sense of the attempt involved a process of reflection on the part of the individual to ascertain why they made the attempt. Receiving help or not receiving help focused on reaching out to ask for help if the individual felt that the other had the capacity to help them or not reaching out for help because he/she did not want to burden others. Lastly, emerging from the attempt with a renewed commitment to life consisted of a reemergence of self in the emotional sense, having endured the process of making and surviving the attempt, knowing intimately what is involved in the process and yet demonstrating the sheer will to go on and live life.

Thus, the emerging theory is a process which emerges from and involves the lived experience of extreme hardship, followed by a series of actions undertaken including making a suicide attempt and emerging from the attempt with a renewed commitment to life. The conceptual map for the emerging theory is represented as process. See figure 1 on page 136. All participants start off with the struggle to live life and to survive. These are the first two stages in

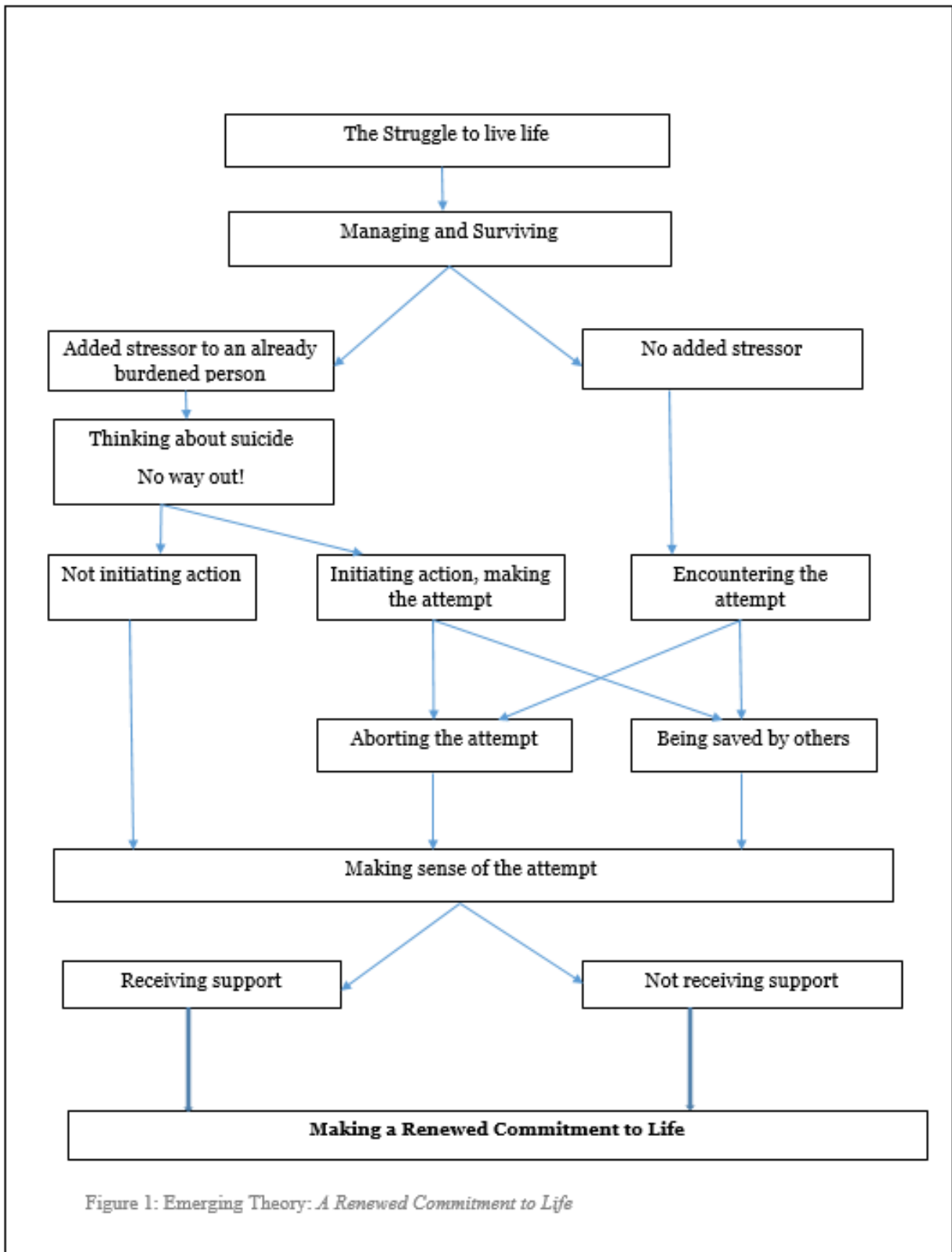


Figure 1: Emerging Theory: A Renewed Commitment to Life

the process that forms the emerging theory. After the going through the first two stages in the process, participants branch out in two groups. The first group of participants (N=8) experienced an added stressor and consciously considered suicide. Some of them initiated action and made the suicide attempt and others while having considered suicide, did not initiate action. The second group of participants (N=4) did not experience an added stressor and did not consider suicide but “encountered” the attempt. The suicide attempt “happened” to them – outside of their control.

Life was difficult for all participants; those who considered suicide and those who did not consider suicide. All of them struggled to live and to survive. However, the first group (N=8) experienced a clear added stressor which led them to consider suicide. The different types of added stressors faced by the first group were: rejection from boyfriend after disclosure of sexual abuse, realization that her mother is being gossiped about, realization of husband’s extra marital affair, being accused of sleeping with her father, being under an enormous amount of debt with no recourse to make payment and realization of having to do a woman’s work in a patriarchal society.

While the second group (N=4) had their struggles, they did not have a specific added stressor— there was no explicit incident or event that pushed them to consider suicide. The main concern to be resolved by this group was why the attempt *happened to them* and what they could do in the future so that it did not happen again.

All participants survived the attempt. Those who made their attempt public or were saved by others received some help after it was known that they had experienced a suicide attempt. Those who kept their attempt a secret did not receive much help. All participants make sense of the attempt in differing ways. Those who have considered suicide due to difficult life

circumstances have logical and rational understandings of their attempt. Those who did not consider suicide but encountered the attempt, struggled to understand their attempt. They attribute their attempt to an external force, out of the realm of earthly reality.

At the time of the interview, all participants stated that they did not wish to make another attempt.

The following section outlines each stage of the emerging theory—a *renewed commitment to life*. The emerging theory is comprised of the following stages: the struggle to live life, managing and surviving, added stressor, thinking about suicide, initiating/not initiating action, the attempt (making/not making the attempt and encountering the attempt), aborting the attempt or being saved from the attempt, making sense of the attempt, receiving or not receiving support and making a renewed commitment to life. The process is linear—with all participants starting off at the first stage of struggling to live life and getting to the last stage of making a renewed commitment to life.

Explanation and Exploration of Processes in Emerging Theory

The Struggle to Live Life

The struggle to live life is the first stage in the emerging theory. It means that participants in Badakhshan struggled to make ends meet, they struggled to make a livelihood for their families, and they struggled to live under the harsh climatic and geographical conditions of Badakhshan. Based on the core category of *experiencing extreme hardship* life in Badakhshan is difficult. The struggle to live is illustrated by participants' constant endeavors to find work, make an income to meet ends meet for the family, tackle the day to day problems associated with living in a poor rural context with harsh winters and short summers and live with constant insecurity about survival. The reality of the geographical and the socio-political context is that there are no jobs and no income, harsh living conditions and widespread poverty.

Managing and Surviving

Managing and surviving is the second stage in the emerging theory, and it means having the ability to make it, even though it is difficult. Drawing from the core category of experiencing extreme hardship, even though life is harsh in Badakhshan, participants demonstrate the wherewithal to manage and survive under the circumstances. Participants' tried different ways to tackle the problems with some amount of success. They continued to work hard to find ways to manage their situations. Everyone around them was in a similar situation, the struggle was normal and was normalized by society around them. For most participants, although life was hard and their struggle was challenging, for the most part they managed to stay afloat and survive. Participants continue the strife to solve their issues without getting any assistance from anyone. There is a constant endeavor to manage and when this seems impossible, just to survive.

Following these two stages in the process of the emerging theory, participants were divided into two groups—one group experienced an added stressor and the other group did not experience an added stressor.

Added stressor

Added stressor means experiencing an explicit incident or event that led the participant to consider suicide. The first group of participants (N=8) experienced a significant event that was overwhelming—it became an added stressor to an already burdened life. This incident was significant enough to cause emotional turmoil to participants and overwhelm— it was like “the straw that broke the camel’s back.” The added stressors ranged from facing rejection from a boyfriend, enduring gossip about a parent having an affair, being accused of sleeping with father, having a large debt and no foreseeable options to repay it, being let down by your father in the face of being beaten by your younger brother, stumbling upon your husband’s extra marital

affair, facing extreme destitution and loneliness in the face of a disabled parent and having to do work that is considered to be a “woman’s work in a patriarchal society.”

Ramziya was already coping with being sexually abused in her childhood, her depression and her mother’s chronic illness. For her, the added stressor was the cruel and angry rejection she faced by her boyfriend after she disclosed her abuse to him. Tahmina was already living a stressful life, separated from her mother. Her added stressor was hearing gossip that her mother was having an affair. Madina was living like an orphan, being bounced between relatives with no real home and no support system. Her added stressor was being accused by her grandmother of having an affair with her father. Nighbat noted struggling with being poor, working hard for her family’s day to day needs and taking care of her husband who had suffered head injury from a car crash. Her added stressor was harassment by creditors from the bank who had loaned her money, and the realization that she has no way to pay back her loans. According to Firoza, she was regularly and severely beaten by her younger brother who liked to order her around and exert his male authority over her. When Firoza finally told her father, he did not punish her brother, there was no expected outcomes for Firoza, and nothing changed. Saida’s life was pretty tough; he was raising three daughters, running a business and taking care of her home while her husband refused to shoulder any responsibilities. Her added stressor was discovering that her husband was having an affair with another woman. Akbarsho’s father was disabled and his mother could not work. The family was living in extreme poverty and Akbarsho realized that there was nothing her could do to help them. This became an added stressor for him. Zohir was an orphan, he was lonely, poor and simply did not have enough work to support himself. He was sick one day and had to wash his own clothes in a context where chores like cooking and

cleaning are done for males by female members of their families. This became his added stressor.

The four participants that did not make a conscious attempt to take their own life, do not experience their attempt an added stressor. Their life is not particularly easy, but they do not have a *reason* to attempt suicide. These four individuals do not think about or consider suicide in their lives. The suicide attempt “happens to them.”

The second group of participants (N=4) did not experience this stage in their process of making a suicide attempt. They were living a difficult life but did not experience a significant event which caused them to consider suicide.

Thinking about suicide, No way out!

The first group of participants (N=8) consider suicide as an escape or way out of their troubles. Thinking about suicide means considering suicide as an option, as a way forward, as a step in resolving the predicament that the participants’ found themselves in. These participants had experienced a significant event, an added stressor to an already burdened life and could not find a way out of their “problem” in life except for suicide. Drawing from the core category of experiencing extreme hardship, these participants are barely managing their life and are suddenly faced with an added stressor is beyond what they can accomplish in that moment. They consider suicide as their last and only option out of their troubles.

Initiating Action/Not Initiating Action.

Initiating action refers to engaging in behavior that is taken in order to die. The different behaviors that participants engaged in, in order to take their own life included drinking vinegar, ingesting pills, jumping in the river and hanging. From the first group of participants (N=8) who considered suicide, five participants initiated action and three did not initiate action. Ramziya

drank vinegar, Tahmina and Madina ingested pills, and Akbarsho and Zohir hung themselves. The behavior of the above five participants illustrate *initiating action* in order to inflict death upon oneself. Three participants, Firoza, Nighbat and Saida went to the bank of the river with the intent to jump into the river but came back to their homes without initiating the action. The behavior of the above three participants illustrate *no action being initiated* in their suicide attempt. These three participants consider suicide but for various different reasons *do not initiate action*.

Encountering the attempt

Encountering the attempt means not making a suicide attempt out of one's own volition but having an attempt "happen" to them. The second group of participants (N=4) who do not consider suicide experience a suicide attempt that "happened to them." These participants state that they never considered suicide and never made an attempt, however they encountered the attempt. Based on the concept of *transcendental experiences* in the core category of *factors associated with suicide*, four participants' experience a significant event in which they, in reality *make* the suicide attempt, but claim to have no volition in it. These four participants did not consciously make the attempt; they talk about the attempt as something that "happened to them". They articulated that they did not have a choice in this act, they did not really do anything, *they were made to do this* (make the suicide attempt) by an external force. Encountering the attempt is further illustrated by participant claims that they did not know how and why the attempt happened and that it is was of their own doing.

Gulbegim drank vinegar during a conversation she was having with her father who was deceased. Dilovar leaves his store and intends to go to his brother in laws' house – instead he walked to the river and goes in without being conscious of what he has done. Mirzo came home

from a wedding, saw a man dressed in white who offered him a garland of flowers. Mirzo followed the man outside his home, got a rope and hung himself outside his house. Nekruz was playing a seemingly benign video game and ran to the roof, got a rope and hung himself.

In this stage of the process, four participants who encountered the attempt and assert that what happened was beyond their control. They report being confused and baffled by what happened to them and struggled to understand what happened.

Aborting the Attempt/Being Saved by Others

Aborting the attempt means initiating action to take your life and then changing your mind to prevent the action from occurring. From those participants who initiated action to take their life (N=5) or who encountered the attempt (N=4), four participants aborted their attempt and five were saved by family members or friends. Ramziya drank vinegar but constricted her throat to stop the vinegar pass through. Tahmina called her cousin right after ingesting acetic acid and asked for help. Madina ingests pills in presence of her cousins and gets her stomach pumped out and Dilovar realizes that he is in the river and is drifting; he gets out of the river before being carried off by the current. Illustrated by the core category of *factors associated with suicide*, the four participants who aborted their own attempt had specific religious, moral or ethical reasons or a value system that prevented them in going through with their suicide attempt.

Five participants who initiate action are saved by others—family members, friends, or other people from the community. Being saved by others means making the suicide attempt and being saved by someone else who provided immediate help to prevent death from occurring. Gulbegim was found on the floor by her brother and taken to the hospital, Mirzo was found hanging by his wife who saved him by cutting the rope from which he was hanging. Nekruz was found hanging by his brothers and was taken to the hospital, Akbarsho was found hanging by his

friends and taken to the hospital and Zohir was found hanging in his home by his neighbors and taken to the hospital.

Making Sense of the Attempt

Making sense of the attempt means thinking about and reflecting on the incident of the suicide attempt as a significant life event and understanding why and how it happened. All the participants (N=12) made sense of their attempt in different ways. Those who considered suicide (N=8) with clear intent made sense of the event in logical ways. According to them, life was very difficult already. To add to an already burdened existence, they faced an added stressor which was significant and pushed them off the edge to consider suicide. These participants had a clear and rational explanation for why they considered suicide and were able to articulate it as such.

Those participants who did not consider suicide (N=4) made the attempt without having the volition to do so. Grounded in the concept of *transcendental experience* in the core category on *factors associated with suicide*, these participants had a much harder time making sense of this experience. Because these participants had not previously considered suicide and did not have the intent to attempt suicide; their experience of their own suicide attempt was very confusing, frightening and illogical. They attributed their attempt to a supernatural or transcendental force that was external to them. They did not have a logical explanation of why this attempt happened and how it happened, but they demonstrated a clear need for others to believe their version of the experience; however, illogical it might seem. The experience of the suicide attempt for these four participants is so fantastic even to the participant themselves, they fear that they will not be believed and will appear to be lying.

Receiving Support/Not receiving support

Receiving support means asking for, seeking out and receiving help from others. Grounded in the core category of *getting help*, none of the participants (N=12) asked for help from anyone before their attempt, they struggled and managed on their own. Those participants who initiated action toward a suicide attempt but aborted their own attempt, did not necessarily make their attempt public. Life did not change significantly for participants who kept their attempt private. Participants who aborted their attempt and disclosed this, did receive support.

Participants who were “saved” by others were obviously known to everyone – it was a significant and somewhat rare occurrence for the family and the community. In this instance, they received a lot of support from their family, friends, and neighbors because people knew that they had attempted suicide. In this context, help was largely dependent on whether the suicide attempt was known to others or not. Those who provided support made the assumption that if an individual had endured a suicide attempt, he/she had compelling circumstances and deserved support.

Gulbegim was treated at the hospital free of charge by a very kind doctor who provided much emotional support and referred to her as his own daughter. Dilovar received a lot of support after his attempt, people brought back the money they owed him. Tahmina was assigned a case worker from a local agency to help her with her issues. Nighbat’s parents, cousins and relatives—all tried to help get her loan waived. Mirzo received help from his family and village community in the immediate days following his attempt. Nekruz received support from his parents and brothers. Akbarsho’s received support from his family and the doctors in the immediate aftermath of his attempt and Zohir received support from the village community and the doctors in the immediate days following his attempt.

Ramziya did not disclose her attempt to anyone and did not receive much support. Madina did not disclose her first attempt and did not receive any support. Similarly, Firoza and Saida did not disclose their attempts and for them, life continued to be what it was without much change.

Not every participant who attempted suicide made their attempt known, and not every participant whose attempt was known received the same level of support. Most participants receive some support, but many participants have such dire, substantive and long term needs that the little support that they receive from others does not change their life in any significant manner.

A Renewed Commitment to Life

A renewed commitment to life means making a commitment to live life with all that it brings. Life was better for all participants (N=12) in many ways. Some received help and others persevered to find a way out of their problems and hung on to life. Some participants experienced a complete transformation and discovered “themselves”.

The emerging theory is a process of struggle, living through the attempt and emerging from the attempt with a renewed commitment to life.

At the time of the interview, all participants stated clearly that they did not want to make another suicide attempt. Based in the concept of *the resolve to keep going* in the core category of *factors associated with suicide*, participants felt determined that they would not make another attempt. Most of them talked about their strong moral stance on suicide and maintained that suicide is wrong. A renewed commitment to life is further illustrated by participants holding on to the conviction that life was better for them now. They exhibited positive thinking, stating that they will not attempt suicide again. By this point in their life, they had figured out some of their

vulnerabilities to the act of suicide and resolved to continue to live life to the best of their ability. Participants exhibit confidence and determination that they will not attempt suicide again, although nothing significantly has changed around them. Participants found strength in the determination and resolve to continue living, even though that might be difficult. Wanting to be strong and the conviction in their own strength suggests a restored spirit of hope and a renewed commitment to life itself.

Conclusion

The four sections in this chapter outline the emerging theory and the core categories that helped built the theory. The first core category of experiencing extreme hardship, was developed from five concepts which included no jobs and no income, working hard but not having enough, harsh life conditions, family separation and everybody is poor. The second core category of getting help was developed from the following four concepts: who can help, who should help, no help available, and needing help but not asking for help. The third core category of factors associated with suicide were developed from the following six concepts; having easy access to means of suicide, impulsivity, unsurmountable problems, transcendental experience, the resolve to keep going and having a moral stance on suicide. The three core categories coalesced to form the grounded theory of a renewed commitment to life.

A renewed commitment to life is a grounded theory of struggling, managing and surviving, experiencing hardship, having an added stressor, making the attempt and emerging stronger by making a renewed commitment to life. This chapter responds to the two research questions of the present study; describing the lived experiences of individuals who have attempted suicide in Badakhshan and identifying the factors associated with suicide in Badakhshan.

Chapter VI

Discussion

The present study examines the unique story of the social process underpinning the phenomenon of suicide from the perspective of the people of Badakhshan. The study generates a theory to explain why and how individuals in Badakhshan reach to the decision of suicide, the circumstances surrounding that decision, and the consequences of that decision. The emerging grounded theory entitled, *A renewed commitment to life*, is a linear process of struggle and survival, going through the process of making the suicide attempt and emerging from it with a commitment to live. This process describes the lived experiences of the people of Badakhshan who have made a suicide attempt. This process also details the hardships endured by the participants. It outlines the resources or help available to the participants or the lack thereof and the unique factors that are associated with suicide in Badakhshan. Within this process, there are several distinct elements. Although some elements are seemingly unique to Badakhshan, they have broader support in the literature on suicide in low- and middle-income countries. Several other findings are common or universal, with particular contextual nuances to the context of Badakhshan.

The following paragraphs aim to address some of the concepts found in the present study and explore the existing literature on suicide that may be relevant to the findings of this study.

Economic Hardship

The present study found lived experiences of people in Badakhshan that identify distinct struggles in day to day survival. The environmental and social context is harsh, and survival is difficult. Economic hardship is at the forefront of peoples' existence and individuals have to strive on a daily basis just to survive and meet their basic needs. Lack of income stability and

financial indebtedness were found to be acute stressors in the life of the people of Badakhshan. This finding is well supported in the literature on suicide in the poorer countries around the world (Mishra, 2008; Chen et al. 2012, Amagasa, 2005; Phillips, 2002). Seventy-eight percent of all suicides in the world occur in the low- and middle-income countries of the world (WHO, 2017). Resources for survival, economic advancement and well-being are scarce in these countries. Over 60% of the world's suicides occur in Asia (Chen et al., 2012). Even within the poorer nations, suicides are more prevalent among the already marginalized and discriminated groups of society like refugees and migrants, indigenous peoples, and women (WHO, 2017). Findings from this study reveal most participants already marginalized by very isolated conditions with extremely unstable financial conditions, family members living illegally in Russia or elsewhere to earn livelihoods, and women enduring the stigma of sexual or domestic abuse.

Unemployment

In the poorer countries of the world, there is a significant and consistent relationship found between unemployment and suicide (Chen et al., 2012). Socio-economic phenomena related to globalization such as migration, poverty, employment pressures, culture and social change are largely associated with suicide in the developing countries of the world (Bhat & Rather, 2004). Findings from this study suggest that Badakhshan, like many other regions in the developing nations of the world has succumbed to the vices influenced by globalization without having access to the accompanying advancements in technology to improve standards of living or economic opportunity. For example, young people in Badakhshan are fully aware of the pleasures of the modern world because of their connectedness through cell phone technology,

however they are unable to find adequate work to meet their basic needs. Labor inputs in living and farming remain high without much advancement in technology leading to automation.

Among Asian men, unemployment or job-related stress is found to be a more common trigger of suicide compared to men in the developed nations of the world (Amagasa, 2005; Phillips, 2002). This correlates with the findings of the present study, the men in the sample were acutely affected by the work-related issues including job-instability, financial indebtedness or unavailability of work. Financial problems are also more commonly found among suicides in Asia than in the West (Liu et al. 2009). Interestingly, economic issues and poverty are significant issues found in suicides in Central Asia (Savani & Gearing, 2020) and consequently in Badakhshan. In a UNICEF study on suicides in the Sughd region of Tajikistan, financial debt for males was reported to be one of the main reasons for suicide among men (UNICEF, 2014).

Family Separation

Tajikistan has very high rates of international labor migration. Often, young adults in Badakhshan are unable to see their parents for many years, feeling a real lack of parental support. Out of a population of nine million people, around one million men and women are living and working abroad due to economic reasons (Country Watch, Tajikistan). Families with children are more likely to have a migrant member in the household (UNICEF, 2011). In Badakhshan, many young adults have lived without one or both parents since they were children. Approximately, 49% of Tajikistan's gross domestic product comes from remittances sent home by migrant workers, amounting to about US 2.67 billion dollars (Migration Policy Institute, 2010). Labor migration remains one of the main sources of financing household needs in Tajikistan. This practice has significant impact on household dynamics and children left behind.

In Badakhshan, there is a higher incidence of female migration than the other regions of Tajikistan (UNICEF, 2011). Although women are less likely to migrate abroad, they tend to stay abroad substantially longer (World Bank, 2009). People in Badakhshan see migration as one of the most important sources of income to meet the basic needs of their families and there is no stigma associated with being a child of a migrant parent (UNICEF, 2011). This was further confirmed by the participant interviews and RA reflections throughout the data.

Labor migration to Russia is predominantly illegal and does not provide an option of family reunification, generating family disruptions and family separation. Around the world, illegal migration has found to be associated with different forms of abuse, discrimination and exploitation (Chapkins, 2003; Jandi, 2007). Although households consider labor migration as necessary to ensure their survival, it appears to have significant negative effects on family relations and increases the social and economic vulnerability of women, as well as the vulnerability of children to abuse (UNICEF, 2011).

An important negative effect of migration is the lack of parental guidance and its influence on the mental health of the children. Among families with migrant parents, children are often affected negatively by the absence of a parent, with a particular impact on their psychosocial well-being (Graham & Jordan, 2011). Research demonstrates children left behind have a tendency to become withdrawn, sad and depressed. This was found to be more common with girls than with boys (UNICEF, 2011). This was confirmed by participant interviews, three young female participants had their mothers living and working abroad and were unable to receive emotional support from them during the time of their suicidal attempt. Studies show suicidal adolescents, compared to non-suicidal adolescents, demonstrate higher rates of early losses including long-term separation from one parent (Seguin et al., 2004). In a UNICEF study on

suicides in the Sughd region of Tajikistan, findings indicate that a young person whose mother has migrated will do much worse than a young person whose father has migrated (UNICEF, 2014). In Badakhshan, this seemed to be the case for young women participants who were attempters of suicide.

Negative rumors

Among the findings of this study, relationship issues, family conflict and “gossip” or “rumors” particularly about women’s moral character are acute stressors for women attempters of suicide. A crucial precipitating factor for suicide among women in many Asian countries are family disputes. Furthermore, studies have identified that stresses associated with arranged marriages; young motherhood, sexual and physical violence, economic dependence make women more susceptible to suicidal behavior (Vijayakumar, 2015). The above are factors that are uniquely associated with suicides among women and they are largely corroborated in the present study on suicide in Badakhshan.

Mental Illness

Findings from this study suggest that mental illness has a smaller role to play in the context of Badakhshan, secondary to economic hardship and social issues. Only two of the 12 participants seemed to have a diagnosable mental health issue and would have benefitted from specific mental health intervention. The other participants had predominantly psycho-social issues, economic issues, and family issues. Psycho-social support of any kind is very limited in Badakhshan with a clear stigma around accessing these services even if available. Actual treatment for mental health issues is almost non-existent in Badakhshan.

In the United States and other developed countries around the world, mental health issues have a critical role in suicide. In low- and middle-income countries around the world and particularly in Asia, socio-economic issues, family problems, gender-based oppression, and

cultural factors have an overwhelming role (Savani & Gearing, 2020). Furthermore, in India and China, mental illness accounts for only 35-40% of all suicides (Vijayakumar, 2004).

Stigma related to help-seeking

Stigma related to help seeking is consistently found in the larger literature on mental health and psychological well-being (Tucker et al., 2013). Among Asian women, this stigma is related to issues of shame and honor, subordination within the family system and lack of social support. Such stigma translates to help seeking behavior with attitudes like “no one is able to help,” “I should be able to cope with this myself”, and “my problems will not remain confidential” (Gilbert et al., 2004). The present study corroborates the deeply imbedded nature of such stigma among the participants who attempted suicide in Badakhshan. Women more so than men are afflicted by this stigma.

Easy access to means of suicide

There are several factors associated with suicide in the context of Badakhshan. Among the most significant ones are easy access to means of suicide. Badakhshan is a mountain region with high cliffs, valleys and gushing rivers. Access to an elevation to jump off is abundant as is access to a river with raging waters. Also, communities in Badakhshan are mostly rural, every household has access to rope in and around their homes. Traditional Pamiri homes are built with beams in the home from side to side providing easy access for suicide by hanging. Means restriction in this context seems inconceivable given the environmental and geographical context. An important global public health strategy to reduce suicides has been the modification of the environment to lessen access to means of suicide (Yip, 2012). This approach (also called means restriction) is reported to be one of the intervention measures with strongest empirical support (Daigle, 2005). Means restriction entails a community or societal action that typically affects people whose suicide risk is not known. Also, restriction of access to a specific suicide method

can have a powerful impact when the method is highly lethal and common (Sarchiapone et al. 2011). In the case of Badakhshan, jumping into a river or hanging are the most common methods for suicide; both are highly lethal and access to neither of the methods can be restricted by modifying the environment.

Impulsivity

Another factor associated with suicide in Badakhshan is impulsivity related to the participant attempts. This research found that most attempters made their decision to attempt suicide and took action immediately. The time between the thought of suicide and the initiation of the action to attempt was a few seconds to a couple of hours. Studies that report 48% of suicide attempts occur within 10 minutes of the person thinking about suicide (Deisenhammer et al., 2009; Hawton, 2007; Simon et al., 2005). Many studies have reported that a large number of all suicide attempts are impulsive and not planned (Wyder, 2007). According to the literature on impulsivity and suicide, impulsive attempters are more likely to not experience depression; rather they are moved by a sudden urge to reduce tension. A study in Sri Lanka with 268 patients hospitalized for poisoning found that over half of these patients ingested the poison after less than 30 minutes of thought, generally immediately following an argument (Eddelston 2006). This research is consistent with the findings of the present study. The majority of the participants in the study made their attempt on an impulse, they either made the attempt with other people present or immediately called someone and disclosed that they made the attempt. All study participants survived their suicide attempt. Further, impulsivity is identified as one of the five constructs consistently associated with completed suicides; the other four constructs being depression, anxiety, hopelessness and social disengagement (Conner et al., 2001).

In cases of impulsive suicidal behavior where the intent to die is not very strong, increasing the difficulty of obtaining the means for suicide gives individuals greater opportunity to think through their options. This would therefore reduce the likelihood that they will follow through with the suicidal act (WHO, 2017). Given the environmental context of Badakhshan, where people have ready and easy access to means of suicide, impulsivity can be lethal.

Childhood sexual abuse

Childhood sexual abuse has long been identified as a risk factor for suicide in many studies. Studies demonstrate evidence of a positive association between childhood sexual abuse and suicide attempts or completed suicides (Devries et al., 2014). Childhood sexual abuse has consistently been shown to be associated with increased risk of suicidal thoughts and behavior (Molnar et al., 1995). High distress after sexual abuse, together with depression and hopelessness indicate increased risk of suicidal behavior (Martin, Bergen, Richardson, Roeger, & Allison, 2004). Particularly in the context of Badakhshan, which is a close-knit traditional society, childhood sexual abuse carries a lot of stigma and shame as evidenced by the interview with Ramziya. Disclosure of sexual abuse has the potential to render the person ostracized, humiliated and isolated from others. Moreover, among sexually abused women, shame and guilt are associated with high levels of psychological distress (Gambleet al., 2006; Kallstrom-Fuqua, Weston, & Marshall, 2004; Talbot, Talbot, & Tu, 2004; Whiffen & Mac Intosh, 2005). The present study found childhood sexual abuse and the consequent disclosure therefore, an added stressor that triggered a suicide attempt.

Religious and cultural beliefs about suicide

People in Badakhshan report a strong moral stance on suicide. Even those participants that attempted suicide two to three times maintained a clear belief that that suicide is wrong, it does not solve any problems, and it is simply not the right thing to do in life. A large majority of

the population across the five Central Asian republics follow Islam, which forbids suicide (Alonzo & Gearing, 2018). Hence, suicide in general is highly stigmatized in this region and there may be a desire to conceal it under the category of accidents. Muslim countries report the lowest national rates of suicide globally, fewer than 6.5 in 100,000 people. (Bertolote & Fleischmann, 2002; Mann et al., 2005). Within the Muslim context the act of suicide is viewed as a sin. The Holy Qur'an states "...and kill not your (own) selves. Verily God is merciful unto you." (Qur'an 4:29). Many more verses in the Qur'an echo the sentiment that it is God who gives life and only He can take it away and that human beings must fulfill their appointed term on the earth (Qur'an 3:145; 7:34).

Within this broad context, laws, policies and protocols that have evolved in majority Muslim states towards dealing with suicides do not view suicides compassionately nor is there an acknowledgement that the suicidal person is suffering and must be helped. In Muslim societies, because suicide is considered to be a sin, any suicidal behavior is considered to be a shameful act within the family and is generally concealed (Khan, 1998). In Muslim countries, the reported rates of suicide are much lower than in countries that are predominantly Hindu, Christian, Buddhist or Atheist (Raleigh, 1990). Suicide rates amongst Muslims living in non-Muslim countries also show lower rates compared to non-Muslim populations (Raleigh, 1990).

Gender and suicidal behavior

The participant sample of this study included a lot more female attempters than male attempters. Also, in the search for participants during the data collection process, female participants who attempted suicide were more readily found than male attempters. In Muslim-majority countries, women generally report higher rates of suicidal ideation than men do. (Karam et al., 2008; Lester, 2006). Rates of suicidal ideation, however, vary significantly across Muslim-

majority countries. Muslim-majority community studies indicate that in some communities, women, particularly young women, have significantly higher suicide rates than men (Ahmadi, 2007; Altindag et al., 2005; Coskun, Zoroglu, & Ghaziuddin, 2012; Goren et al., 2004; Hadi, 2005; Khan et al., 2009; Maghsoudi et al., 2004; Othman, 2011). Also, the significant differences between the factors that are associated with suicide among women in traditional Muslim societies versus women in western liberal societies are indicative of the fact that suicide as a phenomenon has to be studied in its own cultural context for it to be meaningful.

Limitations

This study is the first to research, identified in the literature, on suicide among the population in this remote province of Central Asia. This study set out to explore the lived experiences of suicide in a limited geographical location – the province of Badakhshan in Tajikistan. The province of Badakhshan is large and spread out with some very isolated areas. Although attempts were made to seek participants in every district of the province, the far-off districts of Murghab, Vanj and Darwaz were not represented in the data collection.

The research team comprised of the Principal Investigator (PI) and two local Research Assistants (RAs). The entire research team was female, although attempts were made to recruit a male RA. This impacted the data collection in various ways. First, more female participants were found which may be related to the gender composition of the research team. Second, the interviews with male participants were shorter in length compared to the interviews with female participants. This could be because of the possibility that there was some hesitation among male participants to open up to an all-female team. Considering that Badakhshan is a highly patriarchal society, there may have been discomfort in speaking of very personal issues like a suicide attempt to three females in the room.

The sample size in the study was 12 participants. In qualitative research this is not considered to be a small sample size; however, more participants from diverse parts of Badakhshan may have allowed for more nuanced analyses.

Given that there is very limited prior research on suicide in Tajikistan, and none in the province of Badakhshan, the present study is limited in scope and is exploratory – attempting to lay the basic groundwork for future research to be initiated.

Conclusion

This study is an important contribution to the field of suicide. Suicide research in remote communities is not very common. Such research is very sensitive—much more sensitive than studying physical illness in these communities. Investigating suicide in a province like Badakhshan, akin to researching suicide in remote communities around the world requires a unique and insightful approach. Prior research conducted with Aboriginal communities in rural parts of Canada suggests a number of methodological and logistical hurdles faced by research teams (Isaak et al. 2009). Similar research conducted in remote parts of Australia has investigated a range of factors—cultural, environmental and psychological in a particular geographical context (Kolves et al. 2012). Integral to such studies in remote parts of the world, is a holistic examination of the *context* in which suicide is investigated. The present study attempts to investigate the lived experiences of suicide in the unique cultural, geographic and environmental context of Badakhshan. As such, the present study lays the groundwork for future work on community specific and culturally appropriate suicide prevention and intervention strategies.

The present study describes the lived experiences of suicide in Badakhshan and attempts to identify the factors associated with suicide. It lays a foundation for more targeted research to

be initiated in Tajikistan, specifically in Badakhshan. Further, future intervention research can be initiated for this population in light of some of the findings of the present study. Mental health intervention research from other low- and middle-income countries have demonstrated low cost, low resource culturally acceptable interventions to be effective (Singla et al., 2016). Such interventions have the promise of being adapted to the context of Badakhshan. It is recommended that such evidence-based interventions be adapted to the local culture and environment. Future research would need to explore the effectiveness of these adapted interventions.

Suicide varies across the world due to culture, context and environment. To effectively develop preventative strategies and interventions for suicide in Badakhshan requires more targeted research to the unique cultural, family and social context of this province. Although mental illness is important, the larger context and traditions have a bigger role. This larger context would need to be considered for any future work.

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LIST OF APPENDICES

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APPENDIX A: Study Announcement

Dear friends and colleagues,

My name is Shahnaz Savani and I am a doctoral student at the University of Houston Graduate College of Social Work in the USA. I am doing a study on suicide in Badakhshan and I am interested in talking to individuals living in Badakhshan who have made a suicide attempt.

The title of my study is “Suicide in Badakhshan”. I am interested in conducting interviews with participants 18 years and older and recording their responses regarding their experience with a suicide attempt. In return for the participants’ time, they will be provided with a “food basket” containing bread, lentils and fruit.

If you know anyone who is currently living in Badakhshan and has made a suicide attempt, please refer them to me. My confidential email address is savanis@uhd.edu and cell phone number is 713 999 1691.

Should you have any questions or concerns about this study please do not hesitate to contact me at the information above or my dissertation chair, Dr. Robin Gearing, LCSW, who is supervising my project. Dr. Gearing’s contact information is:

3511 Cullen Boulevard, 110HA Houston,
TX 77204
Office: (713) 743-0318
Email: rgearing@uh.edu

Thank you,

Shahnaz Savani

Shahnaz Savani, LMSW, M.A

APPENDIX B: Recruitment and Screening Write up

Thank you for your interest in our study, “Suicide in Badakhshan.” We would like to give you some information about our research. This study focuses on how people in Badakhshan experience a suicide attempt and what difficulties they face that lead them to consider suicide. The goal of the research is to learn about how men and women deal with their thoughts/actions regarding suicide and what they think about them.

Your participation in this study involves a long interview where we will meet with you in private at a location that is convenient to you and ask you some questions about yourself. The interview would be about one hour long and would be in your own language. There will be two people in the room with you; the researcher and the person who speaks your language. For your time and participation, we will bring you a food basket with some bread, lentils, and fruit.

I need to ask you a few questions in order to determine whether you may be eligible for the research.

1. Are you 18 years of age? Yes/No
2. Have you made a suicide attempt? Yes/No
 - a. When was your last suicide attempt?
 - b. Date of attempt
3. Are you currently having thoughts about killing yourself? Yes/No
4. Do you live in Badakhshan? Yes/No
5. If you happen to know of anyone else who has made a suicide attempt would you please let them know about our study and ask them to contact us if interested? This will not affect your own participation in any way.

If Eligible: Thank you for answering the screening questions, it appears from these questions that you are eligible for the study. I have just a few more questions about scheduling and your availability for an interview. Proceed to schedule an interview.

If Ineligible: At this point, you do not meet our criteria for this particular study because....
(provide reason). We would like to thank you for your time and interest in the study.

If you have any questions about the screening or research, please feel free to contact us at the following telephone numbers

Shahnaz Savani provide local number

Research Assistant 1 phone number

Research Assistant 2 phone number

APPENDIX C: Criteria for Participant Inclusion

1. Are you at least 18 years of age? Yes/No
2. Do you live in the province of Badakhshan? Yes/No
3. Do you speak either Tajik, Shughni or Russian? Yes/No
4. Have you made a suicide attempt in the past? Yes/No
5. Was your attempt made in the last six months? Yes/No
6. Are you experiencing suicidal thoughts right now? Yes/No

Participants are excluded from the study if:

1. They are not at least 18 years of age,
2. Do not live in Badakhshan,
3. Do not speak either Russian, Shughni or Tajik,
4. Have not made a suicide attempt or
5. Have made a suicide attempt less than six months ago.

APPENDIX D: Suicide Risk Assessment Protocol

1. If the participant is with the PI and is found to be suicidal, the PI will conduct a suicide assessment and determine the level of risk.
2. If the participant is not in immediate danger, the PI will find out participant history of drug and alcohol abuse, domestic violence, suicide attempts and familial mental illness.
3. If the participant has a plan for how he/she would attempt suicide, PI will explore the nature of the plan.
4. The PI will draw up a safety plan with the participant and with permission involve the participants' friends/family/support system.
5. The PI will remain with the participant until help arrives from family or community.
6. If necessary, the PI will accompany the participant to the nearest health facility run by the Aga Khan Health Services and seek help from a medical professional. There are 18 community-based health clinics in the district of Roshan.
7. If necessary, the PI will accompany the participant to the nearest hospital, either the Roshan District Hospital or the Khorog General Hospital, both of which the PI has visited in the past and is familiar with.
8. If the participant is on the telephone and not with the PI, the PI will direct the participant to the nearest health care center or hospital and encourage the participant to involve their support system. The PI will provide phone numbers for the nearest clinic or hospital and will offer to contact family of the participant if necessary.

APPENDIX E: Participant Demographic Survey

1. Age _____ years
2. Gender Male
 Female
3. Village/District Roshan
 Shugnan
 Khorog
 Other
4. Marital Status Never married
 Married
 Divorced
 Widowed
 Separated
 Separated for economic reasons (labor migration)
5. Level of Education _____ years of grade school completed
 High school
 Some college
 Bachelor's degree
 Master's degree
 Professional degree
6. Family information Number of family members living together _____
Number of children under 18 years _____
Number of family members over 60 years _____
7. Number of past suicide attempts _____
8. Most recent suicide attempt _____ Month/year of attempt
_____ Method used
_____ Age at the time of attempt

APPENDIX F: Interview Protocol**Lead off questions**

Please tell me how you are doing today and what made you decide to participate in our study.

Tell me about your typical day. Start from when you first wake up in the morning and take me through all your activities one by one.

Interview questions

1. All of us face difficulties in life. What are some difficulties that you are experiencing in your life? Prompt: Let's start with work, money, family.
2. What are your thoughts on suicide? Why do you think some people consider suicide?
3. A lot of people think that suicide must be prevented. What are your thoughts on how suicide can be prevented in Badakhshan?
4. Do you know anyone who has attempted suicide? Please tell me about it. What exactly happened?
5. Tell me about the most recent time you made a suicide attempt. Please tell me everything that happened on that day. Describe it as if you were writing a book about it.
6. When did you first think about suicide? What were some things that happened that led up to your decision to make the attempt?
7. Think about what were you thinking and feeling prior to your attempt. Think about where you were and who was with you. Please describe to me what happened before you made the suicide attempt?
8. What are some things that would make life better for you?
9. For some people when they make a suicide attempt, they don't usually want to die, they want things to get better. How does this fit in with your experience?
10. What could have prevented your suicide attempt?
11. How do you feel about your own future?
12. Is there anything else you would like to share with us?

APPENDIX G: Consent to participate in a Research Study**Consent to Take Part in a Human Research Study**

Title of research study: Suicide in Badakhshan: A Grounded Theory Study

Investigator: Shahnaz Savani, Doctoral student of Social Work. This project is part of the dissertation being conducted under the supervision of Dr. Robin Gearing, PhD of the Graduate College of Social Work, University of Houston.

Why am I being invited to take part in a research study?

We invite you to take part in a research study because I live in Badakhshan and have made a suicide attempt

What should I know about a research study?

Someone will explain this research study to you.

Whether or not you take part is up to you.

You can choose not to take part.

You can agree to take part and later change your mind.

Your decision will not be held against you.

You can ask all the questions you want before you decide, and can ask questions at any time during the study.

Why is this research being done?

The purpose of the study is to understand the perspectives on the experience of suicide among individuals who have attempted suicide in Badakhshan within their socio-cultural context. The goal of the research is to learn about how men and women deal with their thoughts/actions regarding suicide and what influenced them to attempt suicide.

How long will the research last?

We expect that you will be in this research study for a one-time interview. You are expected to participate in one interview approximately lasting one hour. If needed, you will be contacted for clarification or request for another interview

How many people will be studied?

We expect to enroll about 12-15 people in this research study.

What happens if I say yes, I want to be in this research?

The project will consist of interviews conducted by the researcher with the help of two graduate level research assistants, audio recording and transcribing the interviews and analyzing the data.

One interview lasting approximately one hour will be conducted with the participant. If clarification is required after the interview is transcribed, the participant will be contacted to participate in a follow up interview over the phone and asked for clarification.

Interviews and phone conversations (if any) will be audio taped and transcribed.

In this interview you will be asked about the circumstances leading to your suicide attempt, why you considered suicide and your experience of the entire event.

Participants may decline to answer any question that feels uncomfortable. The total time commitment be will no longer than one hour.

This research study includes the following component(s) where we plan to audio record you as the research subject: I agree to be audio recorded during the research study.

I agree that the audio recording can be used in publication/presentations.

I do not agree that the audio recording can be used in publication/presentations.

I do not agree to be audio recorded during the research study.

If you do not agree to be audio taped, you will not be able to participate in this research.

What happens if I do not want to be in this research?

You can choose not to take part in the research and it will not be held against you. Choosing not to take part will involve no penalty or loss of benefit to which you are otherwise entitled.

What happens if I say yes, but I change my mind later?

You can leave the research at any time it will not be held against you.

If you stop being in the research, already collected data will be removed from the study record.

Is there any way being in this study could be bad for me?

During the interview you may feel uncomfortable or sad because of certain questions. If needed a referral to the appropriate agencies will be made to get you the support that you need. Your participation in the interview will be kept confidential by us. However, if someone other than us imparts information to the authorities about the suicide attempt, there may be a legal investigation. According to Article 109 of the criminal code of Tajikistan, driving someone to suicide or attempt is punishable by law with a sentence for a period of three to five years (Tajikistan Criminal Code, 2016). Actual prosecution for a suicide attempt is very rare in Tajikistan, however there are chances of harassment and extortion if the legal authorities get involved.

Will I get anything for being in this study?

For your time and participation, a food basket consisting of bread, lentils, flour and fruit will be offered. Your stories may also help us understand suicide better in Badakhshan.

Will being in this study help me in any way?

There are no known benefits to you from your taking part in this research. However, possible benefits to others include understanding of suicide attempts in Badakhshan and ways to help individuals dealing with thoughts of suicide.

What happens to the information collected for the research?

Your taking part in this project is anonymous, and information you provide cannot be linked to your identity.

We may publish the results of this research. However, we will keep your name and other identifying information confidential.

Can I be removed from the research without my OK?

The person in charge of the research study can remove you from the research study without your approval if she deems that you are actively suicidal and unsafe to participate in the study. You may also be removed if the researcher determines that staying in the study is harmful to your mental health or is not in your best interest.

Who can I talk to?

If you have questions, concerns, complaints, or think the research has hurt you, you should talk to the PI at 713 999 1691/savanis@uhd.edu.

This research has been reviewed by the University of Houston Institutional Review Board (IRB). You may also talk to them at (713) 743-9204 or cphs@central.uh.edu if:

Your questions, concerns, or complaints are not being answered by the research team.

You cannot reach the research team.

You want to talk to someone besides the research team.

You have questions about your rights as a research subject.

You want to get information or provide input about this research.

In the future, our research team may be interested in contacting you for other research studies we undertake, or to conduct a follow-up study to this one. There is never any obligation to take part in additional research. Do we have permission to contact you to provide additional information?

Yes

No

Signature Block for Capable Adult

My signature below documents that the information in the consent document and any other written information was accurately explained to, and apparently understood by, the subject, and that consent was freely given by the subject.

Signature of witness to consent process

Date

Printed name of person witnessing consent process