

Youth Suicide in Nepal: A Growing Concern

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ABSTRACT

In Nepal, suicidal behaviour among adolescents is a growing concern, and the country has been in the grip of a major mental health disaster for many years. The issue must be addressed immediately, and there must be urgent and concerted action by state institutions, healthcare practitioners, and society. Official statistics show the increased rates of completed suicide, whereas those cases that attempted suicide and survived the event remain unaccounted for. The fortunate suicide victims, who were timely rescued, resuscitated, and survived; in the recent years as witnessed at a tertiary hospital in the western region of Nepal, depict a grim picture of suicidality among youths, particularly among teenagers and young adults. The authors recognize the urgent need to tackle and address the problem of youth suicide in the country.

Keywords: Cultural factors; mental health crisis; Nepal; risk-taking behaviour; suicide prevention.

INTRODUCTION

Suicide is an act of deliberate self-harm, with an intention of taking own's life. The global trend shows a steady decline in standardized suicide rates for both men and women dropping from 14.9 per 100,000 in 1990 to 9.0 per 100,000, in 2021.¹ Suicide deaths are accounted as crimes as per the Nepalese legislature. Nepal is facing a mental health crisis with a significant increase in suicide rates, in recent years. This is depicted by the fact that the country saw an incline in suicide rates by 72% over the past decade.² This serious problem urgently requires attention and a comprehensive strategy involving policymakers, healthcare providers and the wider community.

PRESENTING THE PROBLEM

The alarming statistics of the Nepali police highlight the seriousness of the situation. In the fiscal year (FY) 2020/21, Nepal witnessed 7,117 cases of completed suicide, with the distribution is depicted in Table 1.³ In FY 2022/23, there were 6,974 suicide deaths reported across the country.³ The FY 2020/21 corresponds to the Covid-19 pandemic which engulfed the whole world, during which there was a steady rise in suicides globally. When we look at the suicide mortality data published by

Nepal police, we can see an upsurge of suicides in the past five FYs (Table 2). Of increasing concern are the data from the Palpa district in the Lumbini province. The report states that 85 people have committed suicide in the district in 2022/23, along with another 17 cases to the first week of September 2023.⁴

Table 1. Province-wise Distribution of Suicide Cases in Nepal during 2020/21.

Province	Suicide cases
Koshi	1,515
Madhesh	955
Bagmati	1,582
Gandaki	643
Lumbini	1,378
Karnali	362
Sudurpaschim	680

Table 2. Suicide deaths in Nepal by fiscal year.

Fiscal year	Reported crime	Suicide deaths	Percentage
2018/19	43,051	5,754	13.37
2019/20	41,898	6,241	14.90
2020/21	40,120	7,117	17.74
2021/22	46,902	6,792	14.48
2022/23	56,323	6,974	12.38

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These statistics represent only the number of completed suicides that are registered as suicide deaths. On the other hand, the cases of attempted suicides that are rescued and have survived do not make it into the database and are not accounted for. Many of such cases are unreported.

The method of choice for completed suicide according to the police report indicates that in Nepal during the fiscal year 2021/22, hanging was the most preferred method, accounting for nearly 84% of deaths (5,664/6,792) followed by poisoning (15%, 1,024/6,792).³ The trend is not different when we look at the autopsied cases from Palpa, which also depicts hanging to be the leading cause of suicidal death.⁵

Suicide and other forms of deliberate self-harm are medico-legal cases, that require medico-legal consultation and reporting in Lumbini Medical College Teaching Hospital, Palpa. A majority of the suicide survivors who have attended this hospital in the recent past are adolescents. Hanging was the most commonly employed method for self-harm, and those 'near hanging' victims were mostly young women.

CONTRIBUTING FACTORS

The rise in youth suicides can be attributed to factors such as family disputes, relationship issues, difficulty managing stress, dealing with failure, facing violence, and experiencing domestic abuse. We witnessed a case of a teenage boy who attempted suicide twice after maltreatment by his abusive father.⁶ Recently, the media reported a case of a 14-year-old schoolgirl who committed suicide in her hostel leaving a suicide note.⁷ Preliminary investigation suggests that the reason for suicide was a packet of instant noodles that was missing.⁷ The teenage victim was blamed for theft by her peers, after which she had committed suicide.⁷

Additionally, the emergence of the media has caused new obstacles that could be worsening the crisis of youth suicide. Suicide contagion, which is imitative behaviour of suicidal acts of others, is a recognized and troubling element in the propagation of suicidal tendencies especially, among youth.⁸ The prevalence of social media platforms and the ease of disseminating information, including sensitive and explicit content have fostered a climate where suicidal ideation and behaviours can spread effortlessly. Disturbingly, some individuals have gone so far as to live-stream their suicide attempts or deaths on social media sites, exposing countless others to this traumatic content.⁹

The implications of being exposed to content would be particularly disastrous for the most vulnerable people, such as someone struggling with mental health conditions and suicidal ideation. For few others, witness to certain material could actually glamorize suicide, generating an appealing narrative. The anonymity and emotional detachment often found in interactions might also numb people to the seriousness of suicide leading to riskier behaviours and a lack of empathy, towards those struggling with suicidal thoughts.

In such a context, the acknowledgment of the threat that social media poses in terms of the rapid spread of suicide influence and the mitigation of this risk should be maintained. Guidelines for content surveillance that ensures strong support to the audience targeted by the disturbing material and a higher awareness of sound mental health functioning should be introduced as core practices to address the issue.¹⁰

The increased affordability and widespread use of social media among Nepali youth has emerged as a critical area requiring further exploration and intercession. The insubstantial nature of constructing online relationships and disseminating personal information may produce a side of superficial relationships where approval is dependent on likes, views, and shares. The always-on culture could produce terrible consequences if individuals need to resort to stupid behaviour such as sharing personal secrets or performing life-threatening stunts only to obtain a moment of fame.

Some of the most recent tragic events also send a warning about the danger of chasing after likes and validation on the internet via audacious actions. For example, in March 2024, seventeen youths allegedly threw themselves into the Karnali River from the well-known single pillared bridge in Chisapani, mid-western Nepal, seemingly in pursuit of creating captivating social media content.¹¹ Unfortunately one individual failed to resurface and tragically lost his life.¹¹ While this incident was not a suicide effort it sheds light on the troubling trend of young individuals partaking in hazardous activities to attract attention and popularity on platforms such, as TikTok, Instagram and Facebook. The anonymity and emotional detachment offered by media can desensitize individuals to the seriousness of their actions resulting in a diminished sense of empathy or regard for personal well-being.

RECOMMENDATIONS AND SOLUTIONS

Addressing this situation requires a comprehensive

approach. The situation may be addressed through the following solutions and recommendations:

-Removing the stigma around mental health. These could be done through integrating mental health education throughout the school curriculum, raising awareness, and encouraging early intervention.

-Conducting psychological autopsy of victim's relatives to identify the reason behind suicide.

-Government-led public awareness campaigns to educate citizens, particularly the youth, about identifying signs of suicide risk and accessing support services.

-Investment in low-cost mental health services with counselling and therapy; a focus on early intervention and prompt treatment would be most beneficial.

-Ensuring content moderation on social media platforms providing strong support systems for individuals exposed to distressing content and expanding mental health awareness initiatives to address how social media can contribute to the spread of suicidal thoughts.

-Involving health professionals, policymakers and individuals with personal experiences in developing culturally sensitive prevention strategies that consider traditional beliefs that could hinder progress.

-Learning from approaches in other regions or countries to tailor effective solutions to Nepal's specific challenges, in preventing youth suicide.

CONCLUSIONS

The data reveals a disturbing trend in suicide in Nepal, which needs to be intercepted. It is, therefore, critical to recognize the gravity of the situation and understand the contributing influences. The country should develop a prevention strategy that prioritizes health and provides support to its vulnerable youth population. This effort demands an essential collaboration from policymakers, healthcare experts, educational institutions, and society to combat this problem. By working together, we can prevent it from escalating and make a difference to save lives.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

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