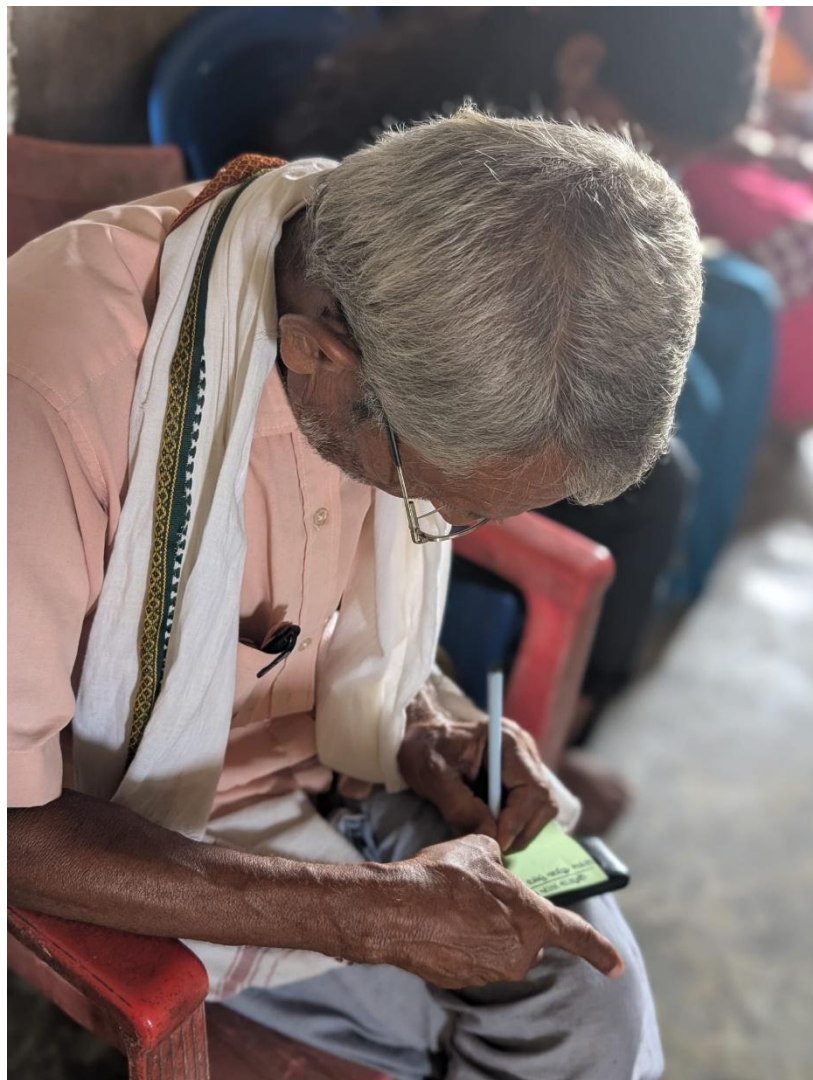


PPIE & Workshop Findings

Suicide Reporting and Prevention in Makwanpur and Sarlahi Districts, Nepal



Contents

Introduction	3
Objectives	3
Methodology.....	3
Summary of Key Informant Interview and workshop Findings.....	4
Makwanpur District	4
Demographic Patterns	4
Circumstances Leading to Suicide	4
Recording and Reporting	5
Challenges	6
Prevention.....	7
Sarlahi and Dhanusha District	7
Method and Demographic Patterns	7
Circumstances Leading to Suicide	7
Autopsy and Determination Process	8
Challenges	8
Prevention.....	9
Recommendations	9
Conclusion.....	10
Supplementary section	11
Distress Protocol.....	11
Pictures	13

INTRODUCTION

According to the National Institute for Health and Care Research (NIHR), Patient and public involvement and engagement (PPIE) can be defined as doing research with or by the members of the public (1). The involvement with the public provide directions to future research and helps raise concerns. It also enables researchers to think about what is feasible when designing research activities.

Recent studies have highlighted that the national suicide rate for Nepal is more than twice the global suicide rate of 10.1 per 100,000 (2, 3). While our previous ecological analysis revealed the increasing trends of suicide across the country, with notable disparities by provinces and demographic groups. We found a higher burden of suicide among male adults and a steep rise among young girls over the past 10 years. However, our data was limited in capturing the socio-cultural drivers of these trends. To provide some contextualized understanding of suicide in Nepal, we aimed to adopt the PPIE approach to incorporate the perspectives and lived experiences of community members.

OBJECTIVES

- To disseminate the findings of the trends paper and explore what will be the best way to communicate the findings;
- To find out if the findings make sense and if they feel the same way;
- To explore their perception of circumstances or reasons leading to suicide;
- To seek their views on what should be done to address suicide as a public health problem;
- To examine if the data recording systems have changed over time.

METHODOLOGY

Key Informant Interviews were conducted with police officials and medical doctors involved in postmortem and emergency care in Makwanpur, Dhanusha and Sarlahi districts. Four community workshops were held across the two districts, involving approximately sixty participants in total, including men's and mothers' groups in Makwanpur and parents, teachers, young people, and female health care volunteers in Sarlahi and Dhanusha. Each workshop opened with a short explanation of the session's purpose, a clarification of what participation would involve, and reassurance that there were no right or wrong answers. Ground rules were established at the outset, covering respect for differing opinions, confidentiality of anything shared, voluntary participation, and the right to withdraw or skip any question

at any time. Given the sensitive nature of the topic, participants were also informed about the distress protocol that would be followed should anyone become upset during the discussion. Verbal consent on photography was taken to use it in research reports and social media.

The main session opened with a brief overview of suicide as a global public health issue, followed by a summary of general trends in Nepal, without sharing any findings from the study's own ecological analysis, so as not to bias participants' reflections. Rather than working in groups, participants were each given sticky notes and asked to individually write down their thoughts in response to a set of pre-developed questions from the topic guide, supported throughout by facilitators who circulated the room to ensure everyone felt able to contribute. Participants who were unable to write were supported by the facilitators, who recorded their responses verbatim to ensure that their views were accurately documented. Once participants had finished writing, their sticky notes were collected and arranged on a flipchart, and the points raised were then discussed together as a wider group. Detailed notes were taken throughout each session to capture the discussion in full.

SUMMARY OF KEY INFORMANT INTERVIEW AND WORKSHOP FINDINGS

Makwanpur District

Demographic Patterns

Participants agreed that suicide cases have been increasing in recent years in Makwanpur district. Participants expressed that the burden falls disproportionately on men aged 20 to 50 years, while acknowledging that the problem is common among women too; elderly suicide, by contrast, was found to be rare. Hanging emerged as the most common method, followed by poisoning, with drowning occurring only incidentally. Most postmortem cases handled at the district hospital are, in fact, suicide cases, underscoring how central this issue is to routine medico-legal work in the district.

Circumstances Leading to Suicide

Among men, KII respondents cited family or relationship conflict such as disputes with wife, girlfriend, or other family members, often rooted in financial misunderstanding or extramarital affairs as common cause. Internal and international migration was repeatedly linked to isolation, distance, and misunderstanding within relationships, whether through a migrant's own prolonged absence or through a spouse's affair developing during that absence. Respondents also pointed to a distinct financial-betrayal

dynamic: men working abroad sometimes return to find their hard-earned remittances spent by family members without their consent, leaving them with no available recourse. An increasing number of men carrying debt or facing business failure was cited as compounding this financial and relational stress, alongside a rise in drug and alcohol use, which respondents linked to greater impulsivity and, in turn, heightened suicide risk. Presence of psychiatric history was described as rare, appearing mainly among repeat self-harm cases, suggesting that most cases are understood by respondents as arising from acute social and financial circumstance rather than a diagnosed mental health condition.

Workshop participants elaborated further by distinguishing risk by age group. Younger men were described as prone to impulsive behaviour, with risk tied to unmet material desires, such as a motorbike or a phone, or to being unable to pursue the education they wanted. This might be driven by their drug-dependence. Adult men were discussed through the lens of the breadwinner role: participants felt men are expected to be the primary financial providers for their families, a role made harder to fulfil by economic recession than in previous years. This was described as producing frustration and, in some cases, a sense that life is not worthwhile, with suicide framed by some participants as the only way out once that pressure becomes unbearable.

Among young women, circumstances centred on an inability to cope with failed relationships, unmet personal desires, with suicide perceived by some as the only available option in that situation. Workshop participants added that impulsive tendencies and academic frustration, alongside unmet material desires, were also commonly cited, again alongside relationship disputes escalating to suicide.

Recording and Reporting

Recording and reporting practices have not changed in recent years and no codes are used to record suicide death data. Any unnatural death must be reported by the family, triggering a First Information Report with local police, after which the district police office inspects the scene as standard procedure. Forensic and investigative evidence (postmortem findings) and, where relevant, laboratory and toxicology reports guides the determination of manner of death across cases generally. What varies is whether a case is additionally referred to a formal court or judicial process: this extra step is reserved for the more controversial or ambiguous cases, where forensic findings alone do not clearly settle the question or where the circumstances are disputed. For the majority of non-controversial cases, postmortem and investigation findings are treated as sufficiently conclusive without requiring court involvement, although the framing given in the initial First Information Report can still shape how much scrutiny a case receives

as it proceeds. They explained that deaths by hanging are generally more straightforward for police to classify, although investigators still examine the body for signs of injury that might indicate a staged suicide or homicide. In contrast, poisoning deaths are often initially classified as being of undetermined intent, even after the forensic examination, until additional evidence is obtained to support a conclusion of suicide. One police official noted that the judicial process for determining the manner of death can take anywhere from six months to as long as 12 years which cause the yearly numbers to change. Although cases classified as having undetermined intent were reported to be relatively uncommon, respondents acknowledged that they do occur.

The doctors firmly believe that poisoning cases are not missed during hospital stay even if they get transferred or death occur in the intensive care unit.

Challenges

- Clinicians generally do not gather a detailed history of the circumstances surrounding a death, nor conduct in-depth psychosocial history-taking, since their role is understood narrowly as forensic determination of cause of death.
- Female married deaths are often more controversial and can draw large numbers of relatives, reportedly nearing fifty in some instances, creating pressure on hospital staff to complete paperwork and autopsy quickly in order to avoid escalating tension or conflict with the family.
- Some families believe autopsy disfigures the body and prefer to rely on a forensic doctor's verdict without the autopsy and resisting consent.
- Deaths occurring after hospital discharge, such as delayed complications from poisoning, can fall outside the police-notification loop if not caught by family or community intervention; one case was cited in which a ward chairperson intervened to prevent cremation without autopsy, citing the legal risk to the wider village.
- Improved dialysis services and rural referral pathways have allowed poisoning cases that previously required referral elsewhere to be managed locally, and poisoning deaths overall appear to be declining, possibly linked to reduced pesticide efficacy and availability following bans.
- For female poisoning and hanging cases especially, the combined autopsy and investigation process can take between six months and up to twelve years, leaving it unclear which year a given death is ultimately reflected in official statistics.

Prevention

KII respondents emphasised that psychosocial counselling is necessary to address relationship-driven distress, and that greater public awareness of the One-Stop Crisis Management Centre (currently present in District hospital) is needed, given how low current awareness and utilisation remain.

While workshop participants emphasised on role of government to improve employment and financial security in the country. They highlighted the role of public health campaigns like street drama and use of social media to raise awareness. They also discussed the potential role of make short films in TikTok to show ending life is not the solution but also might pose challenges and ethics of promoting the suicidal behaviour instead of preventing it.

Sarlahi and Dhanusha District

Method and Demographic Patterns

KII respondents in Sarlahi offered a notably mixed picture: health officials expressed that most suicide cases occur among women, while the police official stated it occurred more among men; a divergence worth flagging on its own, since it suggests police and health-sector respondents in the same district may be drawing on different case populations or informal impressions. Participants across both KIIs and workshops explained that suicide is commonly seen among young girls aged 12 to 25 and men aged 18 to 35. Hanging and poisoning remain the predominant methods, consistent with Makwanpur.

Circumstances Leading to Suicide

Police officials described people in Madhesh Province as experiencing more frequent disputes compared to other provinces, attributing this in part to high population density and low socioeconomic conditions in the region. Because it is so difficult for families to make ends meet, parents were described as struggling to guide and supervise their children, both boys and girls. Young boys, in particular, were described as showing high rates of drug and alcohol use and disengagement from pursuing a career, which leads to frustration in later life when their aspirations go unmet. While young girls are forced to marry the man chosen by their family rather than their love interest leading them to be in vulnerable mental state. They also explained how women when have unintended pregnancies and due to fear of sham see suicide as their only option.

The medical respondent emphasised that risk factors vary meaningfully by province. In Gandaki Province, families with Gurkha army backgrounds and relatively higher socioeconomic status were associated with

risk linked to children's drug and substance use and extramarital affairs among wives. In Koshi Province, lower-socioeconomic households were linked to labour migration abroad for wages as a contributing factor. Madhesh Province showed a distinct pattern, with young girls described as highly vulnerable.

Workshop participants in Sarlahi and Madhesh felt suicide is more common among females in their communities, consistent with the health officials' KII account, though in tension with the police account above. Extensive discussion centred on the dowry system as a driver of torture and abuse of women. Participants raised serious concern that in-laws' families sometimes killing daughter-in-laws and stage the death to look like suicide, with one motive cited as freeing the groom to remarry and receive a further dowry payment. This concern extended to cases where a girl's own parents may be responsible for a death made to look like suicide. Participants indicated that community members, and even police, may be aware of the true circumstances but conceal them, and went further still to describe the surrounding system as one where neighbours and members of the police themselves may actively support covering up such cases. One reason offered for this concealment was practical rather than purely social: if a husband kills his wife and stages the death to look like suicide, community members reasoned that his imprisonment would leave the couple's son without a parent at home, and some therefore chose to conceal the true circumstances of the death to keep the father out of jail. Strikingly, participants estimated that in Sarlahi and Dhanusha district, as many as half of suicide cases among girls may in fact be homicide cases disguised as suicide, a figure that, if accurate even directionally, would substantially undermine confidence in official suicide statistics for this demographic.

Autopsy and Determination Process

Autopsy is conducted for all unnatural deaths as a general legal requirement. As in Makwanpur, the forensic doctor does not determine suicide versus homicide directly; that determination rests on the broader investigation. Unlike in Makwanpur, they did not stress on instances where young or married women's deaths as frequently disputed or contested. Rather they stressed that the girls died by suicide mostly because of forced marriages and men due to low socioeconomic conditions.

Challenges

- Legal marriage age misaligned with lived practice: municipal offices will not issue birth certificates for instances of marriages below the legal age of twenty, creating friction between parents who wait to follow the legal process and young girls who want to marry earlier and elope instead, a pattern repeatedly linked to subsequent forced marriage and, in some cases, suicide.

- Caste-based family conflict: inter-caste relationships are highly stigmatised in Madhesh Province, and cases were described in the Dalit and Madhesi communities specifically where parental disapproval of a partner contributed to a girl's suicide.
- Rising substance use among youth: certain substances were specifically identified as being of increasing concern, alongside academic pressure, as contributing factors for young men.

Prevention

When participants in Sarlahi and Dhanusha talked about prevention, they kept coming back to the same pressures they'd been describing all along. Most felt that the dowry system itself needed to be tackled head-on, since so much of the abuse and the cover-ups they talked about traced back to it — and several said that changing dowry practices at the community level would prevent more deaths than any support offered after the fact. They also touched on the gap between the legal marriage age and how early young people actually want to marry, suggesting families need a real, accepted way to work through that tension instead of being stuck choosing between strictly following the law or eloping. Participants felt that adolescent boys and girls, along with their parents, all need support through empowerment programmes and counselling, not just the young people themselves. Community leaders' own outlook matters too, they said, and having more progressive leaders in these roles would help shift things. They also called for school-based programmes, and more broadly, for support that builds young people's skills and confidence rather than just responding once a crisis has already happened.

RECOMMENDATIONS

The evidence gathered through the Key Informant Interviews, workshops, and card-sort exercises points to several priority actions to strengthen suicide reporting accuracy, improve service delivery, and address the structural drivers of risk identified by both professionals and communities across Makwanpur, Sarlahi and Dhanusha:

- Strengthen the consistency of scrutiny applied to death investigations, so that a case's classification depends on the evidence gathered rather than on how it was first framed at the point of report.
- Establish a shared case-identification mechanism linking police, health, and civil registration records to improve the reliability of national suicide statistics.

- Expand psychosocial counselling services in both districts, prioritising relationship conflict, financial distress, and adolescent mental health.
- Invest in targeted public awareness campaigns for the One-Stop Crisis Management Centre.
- Commission a focused review of suicide-classified deaths among young and married women in Sarlahi, in light of the disguised-homicide concerns raised independently across workshops.
- Support community-based prevention programming addressing dowry-related abuse, forced and early marriage, and caste-based relationship stigma.
- Introduce economic support measures for men facing financial precarity, including remittance-protection mechanisms for migrant workers' families.
- Expand school-based mental health support linked to academic pressure points, and substance use prevention programming for youth.

CONCLUSION

Overall, this PPIE process provided a richer and more contextualised understanding of suicide in Makwanpur, Sarlahi and Dhanusha districts than the quantitative trend data alone could offer. Engaging directly with police officials, health workers, and community members allowed their lived experiences and perspectives to inform the findings including the pressures men associate with the provider role, the stigma and vulnerability young women described navigating, the ways in which families and communities respond to loss, and the candid accounts some participants offered regarding how deaths are recorded and, at times, concealed. Taken together, these findings underscore that the quantitative trends identified in the earlier ecological analysis are underpinned by complex social realities, and that engaging communities directly remains an important step toward developing suicide prevention approaches that are both contextually grounded and responsive to lived experience.

SUPPLEMENTARY SECTION

Distress Protocol

A distress protocol will be in place for all workshops and Key Informant Interviews (KIIs) due to the sensitive nature of discussions on suicide. At the beginning of each session, participants will be informed about the voluntary nature of participation, their right to skip any question or withdraw at any time, and the availability of support if they experience discomfort. Facilitators, who will have public health and qualitative research backgrounds, will monitor participants throughout the sessions and respond appropriately by offering a pause, a break, or private support as needed. If a participant becomes significantly distressed, they will be provided immediate one-to-one support in a private setting and, where appropriate, referred to relevant local support services with their consent. Information on available mental health and support services will also be shared with all participants at the end of each session.

Table 1: Topic guide

Activity	Questions	
Workshops	- How can we best communicate the findings of the study? - Does the findings make sense or does it align with your perception of the issue? - What are the reasons/circumstances leading to suicide in your community? - Why do you think X group is at particular risk in this area? - What might be the warning signs? - What actions need to be taken at the individual, community, and government levels to prevent it?	Focus on men in Makwanpur district; young girls in Dhanusa district
KIIs	- Have you experienced managing individuals who are at risk of suicide? - Based on your experience, what are the risk factors? - What are the challenges in treating such patients? - How can the health system be improved in addressing suicide prevention?	Health workers
	- Have you observed any changes in the last few years in suicide cases? What sort of changes? E.g., which groups, methods, prevalence? - How do you record these cases, and has this changed? - What are the barriers and facilitators for recording? - Any recommendations for improving the reporting systems? - What can be done to help prevent suicide?	Police officials

PICTURES

Before each session began, we asked all participants for their verbal consent. This covered two separate things: agreeing to take part in the PPIE itself, and, as a separate question, agreeing to the use of their anonymised data and, where individually agreed, their photographs in research reports and on social media.



