

A Sociological Content Analysis of Suicide News Coverage in Pakistani Print Media: A Ten-Year Study (2015-2025)

Análisis sociológico de contenido de la cobertura periodística del suicidio en la prensa escrita de Pakistán: un estudio de diez años (2015-2025)

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ABSTRACT

Introduction: Suicide is a growing public health concern in Pakistan, yet epidemiological data remain limited and media representation plays a key role in shaping public perception. **Methodology:** A content analysis was conducted on 368 suicide-related news reports published between 2015 and 2025 across Pakistan, retrieved via LexisNexis. Reports were analysed for word count, gender, age, marital status, profession, sexual assault involvement, victim identification, method of suicide, and stated reasons for suicide. Patterns were interpreted within the socio-cultural context, with attention to adherence to media ethics and potential reporting biases. **Results:** Women and girls were disproportionately represented, accounting for 208 of 368 cases, followed by 157 cases among adult and adolescent males. Adolescents and young adults (11-32 years) represented most reported cases, whereas suicides among older adults were underreported, likely due to social stigma and family concealment. Most victims were unmarried (218 cases), with students and professionals the most frequently mentioned occupations. Hanging (58 cases) and poisoning (49 cases) were the predominant reported methods. Reported reasons were dominated by domestic and marital issues (130 cases). Media framing frequently emphasized moral judgment or deviance, particularly in marginalized populations, highlighting gender, age, and social biases in reporting. **Conclusions:** Pakistani newspaper coverage of suicide over the past decade reflects selective reporting, gendered and age-related biases, and inconsistent adherence to suicide-safe journalism guidelines. Findings underscore the need for culturally sensitive reporting standards, systematic surveillance, and targeted mental health interventions for vulnerable populations.

KEYWORDS

Suicide Media Pakistan Gender Content analysis

RESUMEN

Introducción: El suicidio es un problema creciente de salud pública en Pakistán, pero los datos epidemiológicos son limitados y la representación mediática influye de manera clave en la percepción pública. **Metodología:** Análisis de contenido de 368 noticias sobre suicidio publicadas en Pakistán entre 2015 y 2025, obtenidas de LexisNexis. Se analizaron extensión, género, edad, estado civil, profesión, agresión sexual, identificación de la víctima, método y motivos declarados del suicidio. Los patrones se interpretaron en el contexto sociocultural, considerando la ética periodística y los posibles sesgos de información. **Resultados:** Mujeres y niñas estuvieron sobrerrepresentadas (208 de 368 casos), seguidas por varones adultos y adolescentes (157 casos). Adolescentes y adultos jóvenes (11-32 años) concentraron la mayoría de los casos, mientras que los suicidios en adultos mayores estuvieron subnotificados, probablemente por estigma social y ocultamiento familiar. La mayoría de las víctimas eran solteras (218 casos); estudiantes y profesionales fueron las ocupaciones más mencionadas. Predominaron el ahorcamiento (58 casos) y el envenenamiento (49 casos), y entre los motivos, los problemas domésticos y conyugales (130 casos). El encuadre mediático enfatizó con frecuencia el juicio moral o la desviación, sobre todo en poblaciones marginadas, evidenciando sesgos de género, edad y sociales. **Conclusiones:** La cobertura del suicidio en los periódicos pakistaníes durante la última década refleja información selectiva, sesgos de género y edad, y un cumplimiento irregular de las pautas de periodismo seguro sobre el suicidio. Se necesitan estándares de cobertura culturalmente sensibles, vigilancia sistemática e intervenciones de salud mental dirigidas a poblaciones vulnerables.

PALABRAS CLAVE

Suicidio Medios de comunicación Pakistán Género Análisis de contenido

Introduction

Suicide is a major global public health concern with profound social, emotional, and economic impacts. In 2021, the global suicide mortality rate was 5.6 per 100,000 people, with rates of 3.2 among females and 8 among males. Each year, over 720,000 individuals die by suicide worldwide, making it the third leading cause of death among those aged 15-29 (1). Approximately 73% of all suicides occur in low- and middle-income countries. In total, an estimated 727,000 people died by suicide in 2021, with more than half (56%) occurring before the age of 50. Suicide ranked as the second leading cause of death for females and the third for males in the 15-29 age group, with most cases concentrated in low- and middle-income nations (1). One of the most powerful risk factors for suicide deaths is the ready availability of highly lethal methods. In the U.S., that means guns (2). The causes of suicide are complex and influenced by social, cultural, biological, psychological, and environmental factors throughout life (1). In fact, suicide is a multifaceted phenomenon influenced by a wide range of interconnected factors (3). Individuals experiencing mental disorders face a higher risk of suicide, though the extent of this association differs across populations and research methods. Substance use and related disorders further elevate this risk (4). Exposure to interpersonal or intimate partner violence, sexual abuse, and childhood trauma significantly increases vulnerability to suicidal behavior. Social isolation has also emerged as a major contributing factor. Moreover, easy access to lethal means, such as firearms and pesticides, correlates with higher suicide rates, while restricting such access has proven to be an effective preventive measure (5). Economic hardship, poverty, and social deprivation likewise play crucial roles. Collectively, these factors like mental illness, substance use, exposure to violence or trauma, social and cultural influences, availability of lethal means, and socioeconomic disadvantage, form a complex interplay that contributes to global suicide incidence (6,7).

Depending on the content and framing, media reports on suicide can either heighten the risk of further suicides or help prevent them by providing accurate, responsible information (8). The aim of this study was to examine suicide-related news coverage in Pakistani print media over a ten-year period (2015-2025), reporting both the frequency of suicidal events and the quality of reporting, with particular attention to whether such coverage adhered to responsible reporting guidelines.

Methodology

This study conducted a sociological content analysis of suicide-related news reports published in Pakistan between 2015 and 2025. The ten-year period was selected to capture long-term transformations in media representation of suicide during a decade characterized by social changes, digital media expansion, the occurrence of the COVID-19 pandemic, and heightened debate developed on mental health and gender-based violence. We identified 310 reports from Punjab, 42 reports from Balochistan, 3 reports from Sindh and 13 reports from Other/Unclassified sources. Data were collected from leading English-language newspapers, using LexisNexis web-based search, an online platform that provides access to a vast collection of legal, news, and business information. Articles were included if they explicitly reported suicide events with identifiable socio-demographic details. Cases of homicide, accidents, or fictional narratives were excluded. We first evaluated the length of each report as an indicator of importance given to this public health issue by the media. Secondly, we categorized the reports according to the *gender* of the individuals who died by suicide to examine disparities in reporting between male and female suicide cases. Additional variables included stated *sexual assault*, *profession*, and *marital status* of the deceased. We also coded for name identification to evaluate adherence to media ethics, specifically the guideline discouraging disclosure of victims' identities to protect surviving family members and to preserve the dignity of the deceased. Furthermore, *methods of suicide* mentioned in the reports were systematically classified. Finally, we analyzed whether the *reasons for suicide* were reported, and if so, identified the most cited causes across the ten-year period, providing insights into the dominant socio-cultural factors linked to suicide in Pakistan.

Ethical Considerations

As this study involved a content analysis of publicly available news reports, no ethical approval from an institutional review board was required.

Results

The ten-year dataset extracted from LexisNexis comprises 368 suicide-related news reports from across Pakistan. Figure 1 shows the word counts and the corresponding importance that newspapers attributed to specific suicide news in the editorial space.

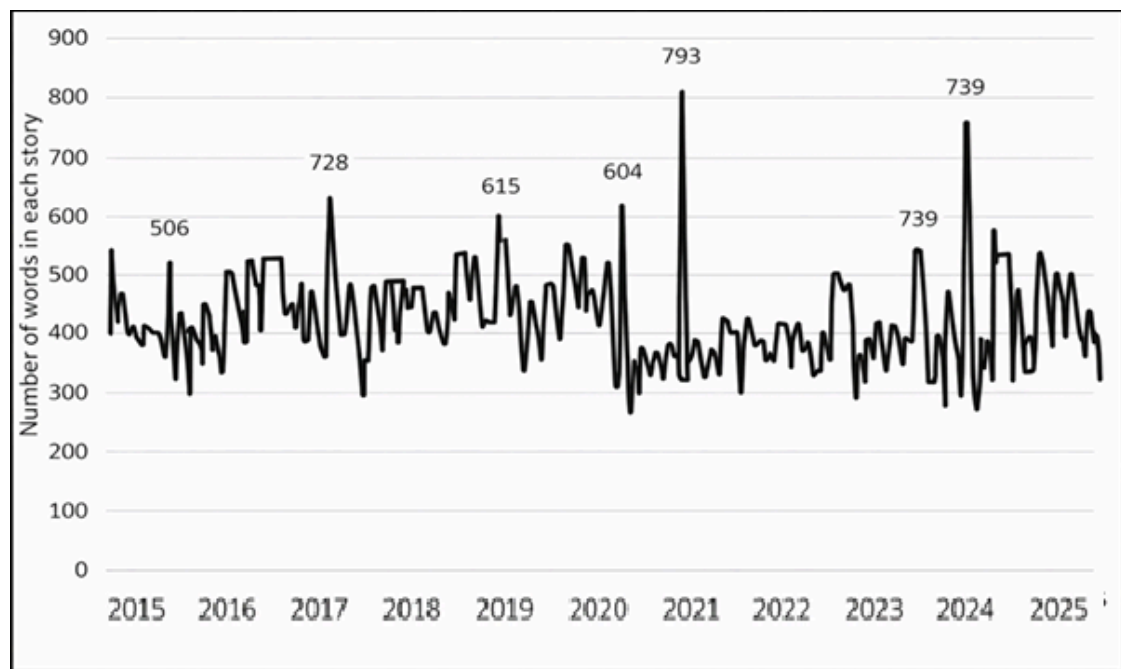


FIGURE 1

Length of the reports (number of words)

Figure 2 illustrates the gender distribution of individuals who died by suicide, as identified and described across the 368 reports, with journalists' labels reported verbatim. Overall, women and girls account for the largest share of cases, with 115 reports involving girls and 93 involving adult women, followed by 93 adult men and 64 boys. This pattern indicates a higher representation of females, particularly younger individuals, while also highlighting a substantial burden among both adult and adolescent males.

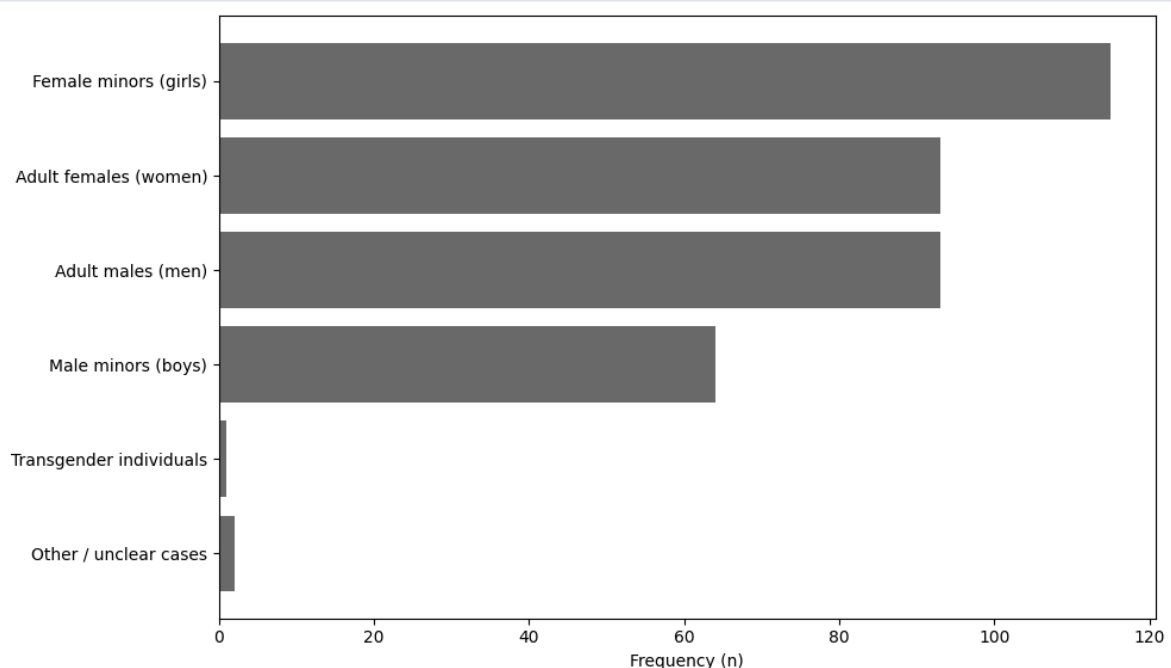


FIGURE 2

Gender distribution of suicide-related news reports in Pakistan over a 10-year period

TABLE 1. DISTRIBUTION OF REPORTED TYPES OF SEXUAL ASSAULT IN NEWSPAPER ARTICLES		
Type of Sexual Assault	Number	Frequency (%)
Gang rape	32	8.70
Not mentioned	230	62.5
Rape	103	28.0
Rapist	3	0.80

Table 1 presents the distribution of reported sexual assault cases in Pakistan over the study period. Out of 368 reported cases, the majority (230 news-reports) did not mention the specific type of assault, reflecting incomplete reporting or media discretion. In 103 stories they mentioned rape cases, while 32 cases involve gang rape, and 3 cases explicitly mention the perpetrator as “rapist.”

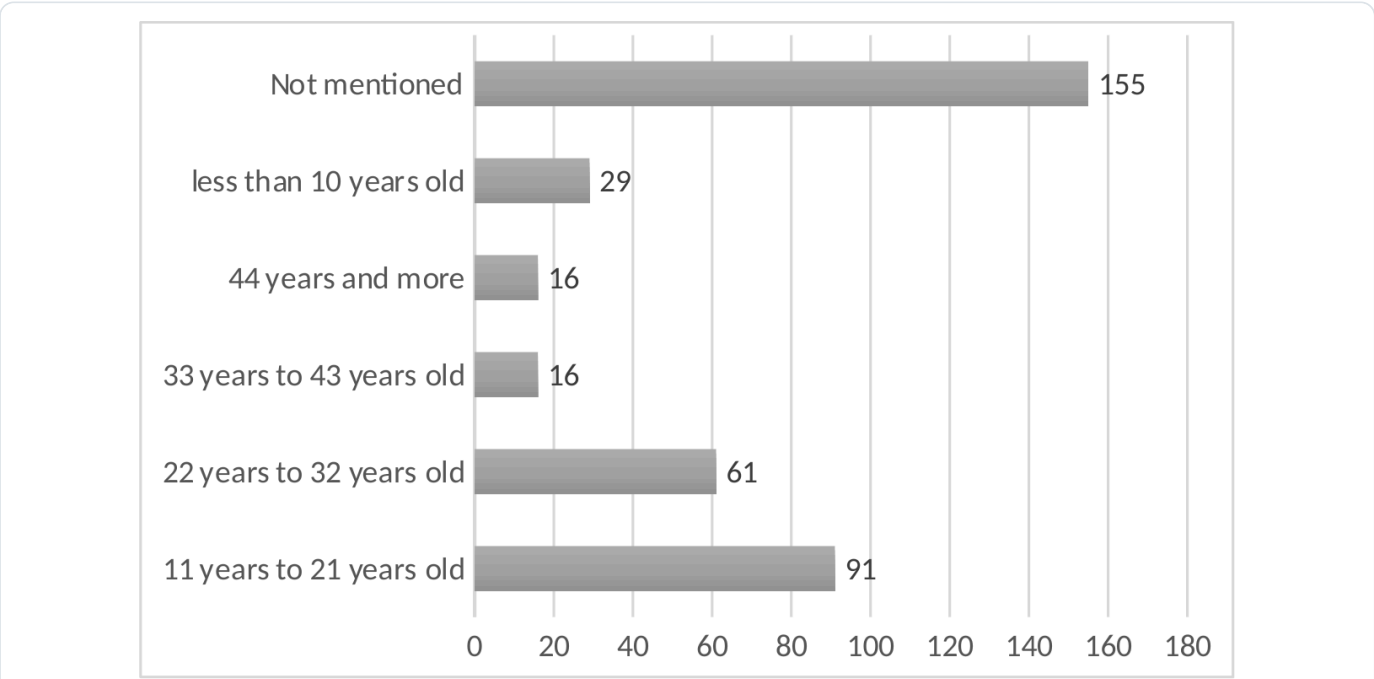


FIGURE 3
Age of reported suicide cases

The available data indicate a concentration of reported cases within the 11-21 and 22-32-year age groups (Figure 3). The number of suicides by those over 33 is much lower.

TABLE 2. PROFESSION OF SUICIDE CASES REPORTED IN 10-YEAR NEWSPAPER ANALYSIS		
Profession	Number	Frequency (%)
Businessman	1	0.3%
Cabin-shop	1	0.3%
Constable	1	0.3%
Farmer	1	0.3%
Illiterate	1	0.3%
Not mentioned	272	73.9%
Nurse	1	0.3%
Professional	49	13.3%
Salt trader	1	0.3%
Student	38	10.3%
Sub Inspector	1	0.3%
Teacher	1	0.3%

Students and professionals were the most frequently reported vocations in Pakistani newspapers' decade-long suicide coverage, with 49 cases among professionals and 38 among students. Businessmen, shopkeepers, law enforcement personnel (constable, sub-inspector), farmers, nurses, teachers, and other occupational categories (illiterate, salt merchant) each accounted for a single case (Table 2).

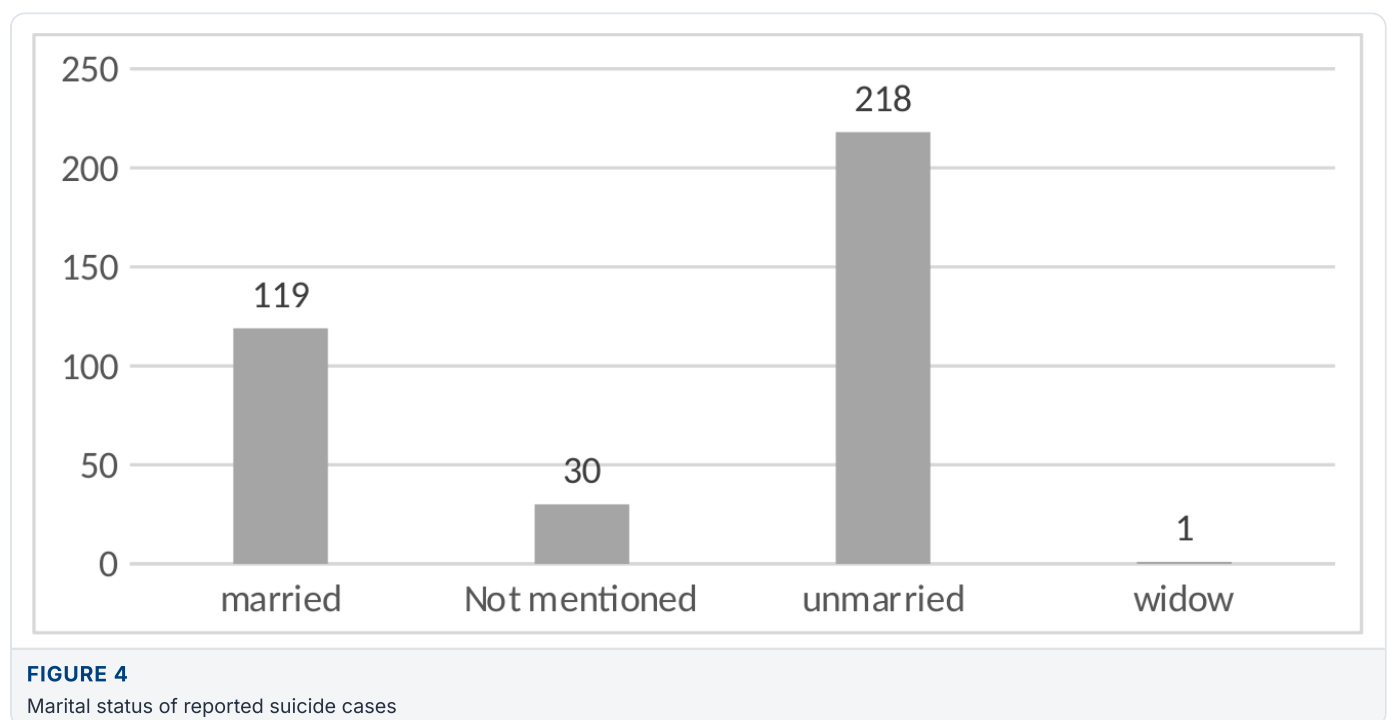


Figure 4 illustrates the distribution of marital status among reported suicide cases. The largest category is unmarried individuals, with 218 cases, making it the most common status, followed by 119 married individuals. The smallest category is "Not mentioned," comprising only 30 cases.

Regarding the reporting of victims' names in newspaper coverage, in 169 reports, the individual's name was not mentioned, whereas 146 reports included the name of the person who died by suicide.

TABLE 3. FREQUENCY DISTRIBUTION OF REPORTED METHOD FOR SUICIDE IN NEWSPAPER REPORTS		
Analytical Category (N)	Standardized Suicide Method	Newspaper Reports
Hanging (58)	Hanging (ceiling fan / rope / tree / grill)	"Hanging herself from a ceiling fan, rope was tied, found hanging from a tree", "hanged with the iron grill"
Poisoning (49)	Poison / pesticides / pills / toxic substances	"Swallowing poisonous pills", "consumed pesticide", "rat-killing pills", "drinking acid"
Fire / Self-Immolation (32)	Burning / petrol / ablaze	"Burnt herself", "doused her body with petrol", "set herself ablaze", "self-immolation"
Firearms (44)	Gunshot / shooting	"Shot himself", "gunshot", "single shot fired in the mouth", "shot herself in the chest"
Jumping from Height (18)	Building / terrace / bridge	"Jumped from the terrace", "fell from a three-storey building", "jumped from Khaki Shah Pul"
Drowning (21)	Rivers / canals / wells	"jumped into Kunhar River", "drowned", "recovered from canal", "jumped into a well"
Railway-related (11)	Train impact	"jumped in front of a train", "suicide on railway track"
Strangulation (9)	Self or inflicted	"strangled himself with waistband", "hanged self with telephone wire"
Sharp Object / Injury (4)	Slashing / bleeding	"slit her throat", "bleeding himself using a broken bulb"
Electrocution (3)	Electric shock	"Electrocuted himself", "husband electrocuted her"
Unclear / Not Reported (60)	Not mentioned / vague	"Not mentioned", "had taken her own life", "suicide"
Homicide / Suspicious Death (60)	Killed / gunned down	"killed", "gunned down", "strangled to death"

Table 3 shows that hanging was the most frequently reported suicide method in newspaper data (approximately 58 cases), followed by poisoning via pills, pesticides, or other toxic substances (around 49 cases).

TABLE 4. FREQUENCY DISTRIBUTION OF REPORTED REASONS FOR SUICIDE IN NEWSPAPER REPORTS		
Category (N)	Examples from Raw Data	
Domestic / Matrimonial Issues (130)	Domestic issue, matrimonial dispute, quarrel with his wife, after quarrelling with her husband	
Police / Justice Failure (28)	Police did not entertain, failure to arrest accused, delay in the arrest of her alleged rapist	
Financial / Employment Stress (32)	Distressed due to unemployment, suffering financial losses, depressed about financial conditions	
Kidnapping / Blackmail / Threats (18)	kidnaped, blackmailing by tormentors, threatened by police/rapist	
Sexual Assault / Honour Issues (14)	Rapist deceitful act, case of honour killing, pretext of honour	
Mental / Psychological Disorders (12)	Mentally disturbed, depressed, psychological stress, mentally ill	
Educational / Academic Stress (12)	She failed to get good marks, issues related to his studies, poor exam result	
Health / Disease (23)	epilepsy patient, old enmity	
Other / Miscellaneous (15)	regret, suicide, suicide (ambiguous), home	
Not Mentioned / Unknown (85)	Not mentioned	

Table 4 presents the distribution of reported reasons for suicide in newspaper coverage over the past ten years. The analysis indicates that domestic and marital issues were the most frequently cited factors, accounting for approximately 130 cases, including quarrels with spouses, family disputes, and marital disagreements. Failures within the police or justice system, such as unregistered complaints, delayed arrests, or inadequate legal protection, were reported in around 28 cases, highlighting structural and institutional contributors to distress. Financial and employment-related stressors, including unemployment, poverty, and financial losses, were noted in approximately 32 cases, reflecting the impact of economic vulnerability on suicidal behaviour. Kidnapping, blackmail, and threats were reported in about 18 cases, while sexual assault and honour-related issues were recorded in roughly 14 cases, emphasizing the influence of sociocultural and criminal

factors. Mental or psychological disorders, including depression and other psychiatric conditions, were mentioned in approximately 12 cases. Health-related issues and educational stress were reported in approximately 23 and 12 cases, respectively.

Importantly, a substantial proportion of reports (around 85 cases) did not specify a reason, indicating significant gaps in media reporting.

Discussion

In the Pakistani context, this age distribution is particularly noteworthy, as sociocultural constraints, gender-based disparities, domestic violence, and limited access to mental health services likely amplify vulnerability, especially among women and girls. Moreover, a small number of cases included unique identifiers, one transgender individual, one girl with intellectual disability, and one case labeled as “man/rapist”, highlighting the ways in which media narratives may frame suicide through lenses of stigma, moral judgment, or alleged deviance. Such framing not only distorts public understanding of the multifactorial nature of suicidal behavior but also reinforces social marginalization, effectively linking suicide to moral or criminalized identity categories rather than structural and psychosocial risk factors.

These observations underscore the critical need for culturally sensitive reporting guidelines and systematic data collection in Pakistan, which would allow for more accurate epidemiological assessment and inform prevention strategies tailored to highly vulnerable populations, including women, sexual and gender minorities, and individuals with disabilities.

These trends confirm that women and younger people have reported suicidal events in Pakistan in the last ten years, contributing to the alarming rise in the country's overall suicide rate (9). Some have even gone so far as to call suicide a “hype” due to the way it has been sensationalized in the media (10). Ali et al. identified marital abuse, financial stresses, mental health issues, and societal stigma as contributing reasons (11). Research also indicates that transgender people and other oppressed groups may be underreporting the problem's true extent (12). There is a critical need for appropriate media coverage and mental health initiatives in Pakistan, as the number of reported suicides continues to rise.

These findings indicate that most media reports lack detailed categorization, which may obscure the severity or nature of sexual violence. The prominence of unspecified cases highlights the limitations of relying solely on media data for understanding sexual assault trends and underscores the need for systematic, official reporting mechanisms (13).

The high incidence of cases classified as “age not mentioned” (see Figure 3) likely reflects limitations in suicide reporting practices rather than a true absence of demographic information. Newspaper coverage tends to emphasize details such as method, location, or presumed motive, while often omitting critical sociodemographic characteristics of the deceased. This pattern underscores structural limitations in reporting standards, including the lack of uniform guidelines, ethical ambiguities surrounding disclosure, and the persistent framing of suicide as an individual tragedy rather than a broader public health issue.

Such selective reporting contributes to a form of informational silencing, ultimately hindering the accurate identification of high-risk populations. In particular, the underreporting of age constrains epidemiological interpretation and weakens the development of targeted prevention strategies.

This distribution may reflect a genuinely higher incidence of suicidal behaviour among adolescents and young adults; however, it may also be partially shaped by media selection bias, wherein deaths among younger individuals are considered more newsworthy and therefore more likely to be reported.

From a sociological perspective, several contextual stressors may disproportionately affect these age groups, including academic pressure, employment instability, familial expectations, and the challenges associated with rapid urbanization. In metropolitan areas such as Rawalpindi-Islamabad, these dynamics are further exacerbated by rising living costs, limited upward mobility, and uneven socioeconomic development (14).

This age-related pattern is consistent with Émile Durkheim's theory of anomic suicide, which argues that individuals are particularly vulnerable during periods of social and normative disruption (15). Adolescents and young adults, who are often navigating critical life transitions, may be especially susceptible to the destabilizing effects of weakened social regulation and shifting societal expectations (16).

This underrepresentation does not indicate a lower elderly suicide rate. Reclassifying fatalities as “sudden,” “medical,” or private family affairs is more likely due to reporting policies that favor family concealment, cultural stigma, or both. When maturity is tied to responsibility and security, patriarchal civilizations moralize old age suicide more. Thus, government records and media accounts rarely acknowledge these deaths (17).

Comparing these ten-year findings to contemporary suicide reporting patterns shows strong continuity (18,19). Recent news articles and public health evaluations have focused on youth and young adults, particularly 15-29-year-olds (18,19). Despite greater reports linking academic failure, unemployment, relationship stress, and cyber harassment to suicide, institutional conditions have not changed. Leaving out age information is still common; therefore, the dataset's reporting flaws are being duplicated. Gender complicates age visibility. Due to the stigma of masculine failure, elder male suicides are underreported, while female suicides are often imprecise or unreported. Age omission appears to be impacted by gender norms, family honor, and morality (17). Thus, the media does more than publish suicide rates; it determines which lives are honored and whose are neglected.

The rising suicide rate in Pakistan, shaped by social, economic, and mental health factors, must be interpreted within context. Newspaper reporting is largely unstructured, reflecting societal stigma, limited access to mental health services, financial and domestic stressors, and familial conflicts as commonly associated factors. Psychosocial stressors, including family difficulties, poverty, unemployment, and relationship breakdown, appear to contribute more prominently to reported suicides than occupational hazards. Pakistani mental health specialists also highlight that conditions such as anxiety and depression are frequently misdiagnosed or neglected, rendering individuals across all demographic and occupational groups increasingly vulnerable to suicide (20).

Recent newspaper reports and public health analyses from Pakistan indicate that suicides among married individuals are frequently associated with economic distress (e.g., inflation, debt, unemployment), marital conflict, domestic pressures, and caregiving burdens (21). In several widely reported cases from 2023-2025, married men died by suicide following financial insolvency or loan defaults, leaving spouses without income security and children exposed to sudden economic vulnerability. Suicides among married women have similarly been linked to domestic violence, dowry-related harassment, and prolonged marital discord, producing severe psychosocial trauma for surviving children and extended families (17,21).

Studies emphasize that in Pakistan's collectivist family system, the suicide of a married individual disrupts not only the nuclear family but also intergenerational support networks, often forcing widows into precarious labour, children to withdraw from education, and the family to endure long-term social stigma. Mental health scholars further note that families of married suicide victims experience complicated grief, social isolation, and legal-economic uncertainty, particularly when the deceased was the primary breadwinner, thereby amplifying cycles of poverty and distress (22,23,12).

The decision to report or withhold the victim's name reflects broader international guidelines on media reporting of suicide. Organizations such as the World Health Organization (8) and the International Association for Suicide Prevention (24) recommend avoiding explicit identification of victims to reduce the risk of contagion, protect family privacy, and minimize social stigma. Conversely, naming may occur in certain contexts, particularly in small communities or high-profile cases, where newspapers balance public interest with ethical considerations. The observed pattern highlights the tension between transparency in reporting and adherence to suicide-safe journalism practices, suggesting that Pakistani newspapers follow these guidelines inconsistently.

This pattern aligns with recent World Health Organization (8) reports, which indicate that hanging and poisoning remain among the most common suicide methods globally, particularly in low- and middle-income countries where firearm access is limited and highly lethal means are often readily available within domestic or agricultural settings (21).

Firearm-related suicides, accounting for approximately 44 cases in the present dataset, correspond with international literature emphasizing that method choice is strongly influenced by availability and cultural context, with firearms representing a significant proportion of suicide deaths in regions where weapons are widely accessible. Self-immolation or burning, observed in around 32 cases, has also been documented in regional public health research as a method associated with extreme distress, gendered vulnerability, and socio-familial conflict in South Asian and Eastern Mediterranean contexts (25). Less frequently reported methods, including drowning, jumping from heights, and railway-related suicides, are similarly reflected in global surveillance data as context-specific behaviours linked to environmental exposure and urban infrastructure. Notably, a substantial number of cases (approximately 60) lacked explicit information on suicide method, while others were ambiguously reported as "killed," underscoring concerns highlighted in recent public health literature regarding misclassification, underreporting, and media limitations in suicide surveillance in countries with weak vital registration systems (26).

Overall, these findings suggest that interpersonal, familial, and structural factors dominate the reported causes of suicide, while limitations in newspaper reporting underscore the need for more systematic surveillance and comprehensive data collection (25).

Analysis of suicide-related factors reported in the dataset from 2015-2025 indicates that the dominant drivers are coercive violence, institutional pressure, and reputational harm, rather than psychological or medical explanations. Across the decade, suicides are repeatedly linked to external compulsion, including kidnapping, rape, blackmail, threats, and

intimidation, suggesting that many deaths occurred in contexts where individual agency was severely constrained. A notable longitudinal pattern is the recurrence of sexual violence and post-assault coercion as precipitating factors. Multiple entries document rape, gang rape, or deceitful acts followed by threats or blackmail. In these cases, suicide does not appear as an immediate reaction but as the outcome of sustained victimization, where fear of retaliation, disbelief, or social consequences intensifies distress. This pattern persists throughout the decade, reflecting structural continuity rather than episodic crises.

Police-related pressure emerges as another significant factor. Terms such as “threatened by police,” “police did not entertain,” and “undue interrogation” indicate that law-enforcement institutions often functioned as stress multipliers rather than protective agents. Over time, the data show a shift from silence or ambiguity (“not mentioned”) toward explicit attribution of blame to police behaviour, suggesting increased visibility of institutional failure in suicide reporting, particularly in cases involving vulnerable victims.

Reputational and family defamation constitute a third critical factor. Reports referencing family honour demonstrate that suicide is closely tied to collective social identity, not solely individual suffering. Fear of dishonour, public shame, or familial humiliation, especially among women, acts as a potent coercive force. This factor intersects with sexual violence and institutional failures, creating social environments where victims perceive survival as socially impossible. Importantly, cases categorized as “not mentioned” should not be treated solely as missing data. Analytically, they may reflect systematic under-reporting and normalization of silence around suicide causes. Gradually, however, the reduction in ambiguity and the emergence of named causes (rape, kidnapping, police threats) indicate a slow but meaningful shift in media discourse, allowing structural drivers to become visible.

Spatial mapping reveals that suicide reports are highly concentrated in Punjab (310 reports), with Balochistan (42) and Sindh (3) showing far fewer incidents. This pattern likely reflects both psychological vulnerabilities associated with socioeconomic stress, rapid urbanization, and societal transition, and the greater media coverage afforded to populous provinces. The large population and stronger economy of Punjab contribute to higher reporting rates. In contrast, rural or peripheral regions, particularly Balochistan and interior Khyber Pakhtunkhwa, suffer from weaker media infrastructure, language barriers, and lower newspaper readership, resulting in under-reporting. Consequently, the apparent spatial concentration may partly reflect media exposure patterns rather than true suicide prevalence, highlighting how regional media penetration and language accessibility shape knowledge generation on suicide in Pakistan, favouring urban, well-documented provinces while marginalizing less-covered areas.

Editorial note

The opinions expressed in this article, as well as the methodological approach and results presented, are the sole responsibility of the authors. This work was reviewed and approved by external reviewers as part of the editorial process, but does not necessarily reflect the official position of the journal, its editorial committee, or its editor-in-chief.

Data availability

The first author shall make the complete dataset on which the manuscript is based available upon reasonable request.

Reviewer Comments

The comments and recommendations issued during the peer review process are available at the following link: [Dictamen 853](#)

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