Exploring Risk and Protective Factors of Suicidal Ideation in Youth: A Qualitative Study

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Suicide has emerged as a serious problem in our society and if we cannot come up with more effective prevention strategies, younger adults might be vulnerable of dying of suicide which is avoidable. The current investigation aimed at prospecting the protective as well as risk factors underlying suicidal ideation in youth in the Punjab province of Pakistan. With the purpose of executing thematic analysis 10 in-depth interviews were conducted with university students, purposely selected, who had attempted suicide. In comparison, five interviews were conducted with key informants (friends, parents and teachers) of students who attempted suicide. Additionally, focus group discussions were conducted to gather qualitative data at public sector universities of Punjab, Pakistan. A Thematic analysis showed that "family issues" was the dominant theme preceding financial issues and unemployment, compared to other categories explored in this analysis. Furthermore, the analysis of interviews with key informants (i.e., parents and teachers) showed that "academic crises" was the dominant theme preceding personal relationships, followed by family issues, a disturbed home environment, stress and financial issues as compared to other categories explored in this analysis. Lastly, an emerging theme of "negative thoughts" appeared to be preceding hopelessness and depression, as compared to other categories explored in the analysis. Results further summarized that the risk factors explored in this study were personal (i.e., negative personality traits, detachment from religion), situational (i.e., extreme emotions, academic problems) and social (i.e., low socio-economic status, misuse of social media, insecure parental relationships, unsatisfied marital or other romantic relationships). Furthermore, the protective theme explored in the study included personal factors (positive personality traits, balanced emotions and high religiosity), situational factors (academic) and social factors (stable socio-economic status, social support and parental support). The present findings were aligned with earlier studies conducted in various Pakistani provinces. Based on the study's findings and the risk and protective factors it examined, future plans for youth suicide prevention can be created. Suicide

incidence might potentially be significantly reduced by implementing both national and international suicide prevention initiatives.

Keywords: Suicidal ideation, risk and protective factors, youth

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Introduction

One of the most significant public health issues in Pakistan, being the sixth most populous country in the world, has become the problem of suicide and self-harm. Initially, they were illegal. Both of them are understudied, not known until a few years ago, when there was a rise in the number of research papers from different parts of the country. No one knows the exact numbers as they are not recorded as the occurrence of mental health problems. However, the data shows that in the past years, the situations of suicide and self-harm have become more severe (Khan, 2024). According to the DSM-5, suicidal ideation is used to describe "thoughts of self-harm, including intentional deliberation or planning of various ways of causing one's death." The Centers for Disease Control and Prevention define suicidal ideation as "thinking about, contemplating or planning suicide".

Suicidal ideation is when someone considers ending their life. There may or may not be a strategy for suicide apparent in the thoughts. Sometimes, the term "suicidal thoughts" is used to describe suicidal ideas. Not everyone who thinks about suicide practically attempt it. However, if someone or a loved one does have it, someone needs to get help right away. Suicidal ideations (SI) is a generic term encompassing a wide range of beliefs, obsessions, and intentions relating to suicide and death. They are also frequently referred to as suicidal thoughts or ideas. The fact that there is no single, accepted definition still presents challenges for medical professionals, researchers, and educators. For example, various operational interpretations of SI are commonly applied in research investigations. This poses a challenge for cross-study comparison of findings and is frequently cited as a restriction in meta-analyses of suicidality. Planning is included in certain SI definitions as a distinct step, although it is also mentioned in others (Harmer, 2022).

It is noted that suicide and self-injury take place among young persons, where the primary vulnerable groups comprise young men and women who are single and married, respectively. The leading approaches to suicide are hanging, pesticide poisoning and firearms usage. (Noorullah,

et. al., 2024). Further, again in another study, Noorullah et. al. (2024) had undertaken a scoping review to gain knowledge of the extent of Suicide and self-harm burns in Pakistan. Self-inflicted burns are one of the foremost methods of suicide, with high rates of morbidity and mortality. Low-income and middle-income countries account for 40% of the total suicidal burns. Also, the lack of comprehensive burns data on suicide in Pakistan remains a major hurdle that hampers the estimation of the problem. The complex interplay of psychological, biological, environmental and cultural factors leads to suicidal ideation. These theories can be used to conceptualize the development from suicidal thinking to suicide behavior.

Theoretical Framework

Models of stress diathesis

Diathesis is a term used to describe a person's propensity for suicidal conduct that can be influenced by biology, psychology or genetics, including past trauma, personality traits or a history of mental illness. According to this paradigm, suicide thoughts are a natural reaction for such a person when they experience stressful life situations that are too much for them to handle. Aggression and impulsive traits make it more likely that someone may act on suicidal thoughts.

Ideation-to-action model

Understanding how people get from thinking about suicide to actually trying is the main goal of this approach, which acknowledges that suicidal thoughts and attempts are distinct but connected actions. The key ingredient in this process of moving from ideation to action is a person's capacity for suicide, which includes different factors that allow someone to try suicide. This framework is used in the following four theories.

The interpersonal theory of suicide: 'Acquired capability' is a key component in the path from suicidal ideation to suicide attempts, according to the interpersonal theory of suicide. Reduced fear of dying and increased physical pain tolerance brought on by frequent exposure to unpleasant or upsetting experiences, including childhood trauma or war, are characteristics of this capacity. A person is more likely to go from suicidal thinking to actual suicide attempts if they have a higher level of acquired competence.

The motivational-volitional integrated model: A thorough foundation for comprehending suicidal conduct is offered by this paradigm. Three distinct phases are identified by this model: the "pre-motivational phase," which focuses on life events and background factors that may trigger suicidal thoughts; the "motivational phase," in which

suicidal ideations develop as a result of feelings of helplessness, entrapment, and lack of support and the "volitional phase," which addresses the transition from suicidal ideation to actual attempts. This stage is characterized by "volitional moderators" such having access to suicide tools, seeing suicidal conduct, having a higher pain threshold and less fear of dying, being impulsive, planning, having mental images and having a history of suicidal behavior. By combining psychological, biological and social elements, this model provides a thorough understanding of the intricate processes that result in suicidal behavior.

Three-step theory: The three-step theory of suicide explains how suicidal ideation turns into suicidal action. According to the notion, people first feel a great deal of pain psychologically along with hopelessness, which further makes them to consider suicide as a means of escape (first stage). The initial distress is exacerbated in the second phase by feeling disconnected with world and others as well as the perception that one is a burden to others. The third stage is the formation of a suicide capability, which is defined by gaining the means to end one's own life and conquering the fear of dying.

The fluid vulnerability theory: suggested that an individual's risk varies over time as a result of dynamic interactions between baseline variables (chronic or stable risk and protective elements) and acute factors (response to external pressures). The idea of the "suicidal mode" involves the interaction of acute elements like emotional discomfort and unfavorable life events with chronic factors like sex, trauma, psychiatric history and prior suicide attempts. Emotion, physiology, behavior and thought are all impacted by these relationships. This theory proposed that reducing acute triggers can help a person return to baseline after experiencing a high-risk situation. The notion is supported by empirical research, which demonstrates that suicidal ideation and associated emotions can fluctuate greatly over brief periods of time.

According to Asif et. al. (2024), a total of 2411 suicide cases were documented in the media over those five years, based on medico-legal police records. 977 (40.5%) of the suicide victims were female whereas 1434 (59.5%) incidents included males. The majority of cases were reported to be young adults (19 to 39 years old), with 932 (38.7%) and 238 (9.9%) being adolescents (18 years and under). There were 1153 (47.9%) married suicide victims. Chemical poisoning, strangling, shooting and drowning were the most often used means of taking one's own life. Suicide has been linked to financial issues, including unemployment and poverty, broken relationships, domestic violence, family strife and arguments.

According to Mirza et. al. (2024), social circle interactions and personal experiences with suicide and self-harm were also common. In contrast to peaceful interpersonal issues, mental illness was generally acknowledged as a significant risk factor for suicide deaths. Few folks thought that suicide was morally wrong and the majority saw it as a means of escaping suffering. Social disincentives, cost and accessibility were obstacles to getting assistance. The status of Pakistanis living in rural areas was yet unknown, although women and young people were found to be at increased risk (Harmer, et. al., 2024).

Rationale

Pakistan is seeing a sharp rise in the number of suicide cases. The country's data shows that roughly 24% of the population is below the national poverty line and 38.8% are impoverished on a multidimensional basis, which can lead to a variety of unsettling and depressing situations, untimely death (Ahmad, 2018). Pakistan's suicide death toll is not precise because there are no essential registries for suicidal deaths (Asif, et. al, 2024). Because suicide is viewed as a sin in Islam and because Pakistani law is based only on Islamic principles, suicidal behavior and attempts are illegal offences that carry fines and/or jail time. For this reason, they are not reported as crimes to the law (Naveed, 2017). Also, the International Association for Suicide Prevention (2020) released a policy advocating for the decriminalization of attempted suicide and the implementation of preventative measures (Daly, 2021). That's the reason why suicidal behavior is still a topic that receives little attention from researchers, even in Pakistan and other nations.

Suicide was the second leading cause of death in young people aged 15-29 years for both sexes. More deaths were due to suicide in this age group. The WHO reported suicide as the second and third leading cause of death in this age group (WHO, 2019).

The majority of research on suicidal behavior from Pakistan is simplistic, retrospective case-series, performed by non-mental health professionals and therefore, psychiatric illnesses in suicidal behaviors are not in focus (Khan, 2024). The country is still in the process of coming up with a national suicide prevention strategy. Therefore, one of the quality research studies was needed to be conducted periodically for policy and suicide prevention projects. The necessity of a national suicide prevention strategy seems more critical than ever.

The Population Welfare Department (2022) estimates that as of 2021, Punjab has a population of approximately 110,000,000, making it

the largest province in Pakistan. Given the little data available, it was difficult to understand the suicide rates in a diverse province like Punjab. Using medico-legal police records that were obtained by the local media, the first study investigated the collection and analysis of province-wide data on suicide. So far, no prior mixed-method study utilizing direct interviews with university students who had experienced suicidal thoughts or a suicide attempt in Punjab province has investigated the risk and protective factors associated with suicidal ideation. Furthermore, document the firsthand accounts of loved ones whose offspring have already succeeded in taking their own lives.

Objectives

- To explore risk and protective factors of suicidal ideation through the lived experiences of university students with suicidal ideation or suicide attempt.
- To explore risk and protective factors of suicidal ideation through the lived experiences of loved ones whose children had already committed suicide.

Method

The present study employed a qualitative research design to explore the risk and protective factors associated with suicidal ideation among youth in the Punjab province of Pakistan. Data were collected through in-depth interviews with university students who had attempted suicide, interviews with key informants, and focus group discussions conducted at various universities. A thematic analysis approach was used to systematically analyze the qualitative data and identify recurring patterns and themes relevant to youth suicide.

Data Collection

The current investigation gathered qualitative data during a survey aiming at factors of risks and safety regarding suicidal ideation amongst youth. In Punjab Province, Pakistan, between February 2023 and December 2024. All those stakeholders who were related to suicidal ideation in youth were included. The present study established various semi-structured guidelines for collecting qualitative data. These guidelines included In-Depth Interviews as well as key informant interviews (i.e., teachers or friends of the deceased youth). The guidelines were pre-tested to identify inconsistencies and ensure their holistic nature.

To ensure a holistic approach and eliminate inconsistencies, a pre-test was conducted using these guidelines. This pre-testing involved three individual interviews, which were organized with teachers and students

from the University of Sargodha. Based on findings retrieved from pre-testing, the authors modified or revised these guidelines.

Sampling

The present study employed a purposive sampling strategy to select participants. The sample size was finalized based on data saturation.

Inclusion criteria for individual interviews: 1) recent university students with at least one year spent on campus of the selected universities. 2) The age of the respondent must be at least 18 years old.

Exclusion criteria included students under 18 years of age and those unwilling to participate in the survey.

Table 1

Table of Respondents' Information (N = 26)

	In-depth interviews of individuals (phase 1)	Key informant interviews (phase 1)	Focus group discussion (phase 2)
Sample size	10 students	5 parents, teachers, friends	6+5=11 experts
Sampling technique	Purposive	Purposive	Purposive convenient
Inclusion criteria	1) Recent university students who have spent at least one year on the campus of the selected universities. 2) The age of the respondent must be at least 18 years old.	1) On-the-job teachers from selected universities. 2) A suicide case at their department was reported.	Experts from various fields, including law, sociology, religious studies, clinical psychology, education, and university counselling, were included.
Exclusion criteria	Students under 18 years of age who were unwilling to participate in the survey were excluded.	Students under 18 years of age who were unwilling to participate in the survey were excluded.	Experts who were not willing to participate were excluded.

Procedure

The Study was approved by the departmental board of studies and the advanced study & research board with a condition of following the ethical protocol. The sample was approached individually and explained the aims, objectives and procedure of the study by the researcher. The interviews were conducted in the chairperson's office as well as in the office of the counselling center, University of Sargodha, Punjab, Pakistan. Every interview started with an ice-breaking question, like 'What is your

understanding about suicide?' or 'how does someone explain suicide?'. The average time consumed by each interview was 50–60 minutes. All interviews were conducted in person and took place in the participant's basic national language, i.e., Urdu.

The study design was qualitative, so only two people (the participant and the interviewer) were present face-to-face throughout the interview. Consent was ensured for recording the interview. These interviews were transcribed again, confidentiality was maintained in the written record of these participants and they were assigned pseudonyms. Mostly, interviews were conducted within the campus area as selected by the respondents. Ten in-depth interviews with individual students having suicidal ideation were conducted in this study. All five key informant interviews were conducted. The main interview questions asked in the interview guideline are attached in the appendix.

After collecting data from all sources, it was analyzed through thematic analysis. Various subthemes and main themes were derived from the original verbatim. The information gathered from focus group discussions was, for the most part, replicated in the interviews. Hence, the information was brought to a conclusion through the upcoming steps of thematic analysis. To produce themes, a five-step approach to thematic analysis (which also involved an additional step of preparing the report) suggested by Braun and Clarke (2006) was employed.

Data Analysis

A brief description of this process is summarized here:

  1. Familiarizing with Data: According to Braun and Clarke (2006), the first stage is that the author/researcher becomes familiar with the data. For this purpose, the verbal data were first transcribed (if necessary) and then thoroughly read multiple times to gain a better understanding of the information. Hence, firstly, the FGD and all interviews from individual cases and key informants were transcribed word for word with proper punctuation to ensure the original sense of the sentences was preserved.

  2. Generating Initial Codes: After the familiarization and transcription of data, the next step was giving initial codes to the data, keeping in view the basic meaningfulness in the data (Braun & Clarke, 2005). Shortly after the data was familiarized with and transcribed, exploration for initial codes started. The primary objective of this phase was to identify the social and psychological issues. Keeping the objective in mind, each case was examined separately for codes and details, which were different from one another but conceptually meaningful and those that could be risk factors were highlighted.

3. Searching for Themes: After allocating initial codes to the data, the subsequent step is to group together the initially coded data into themes (Braun & Clarke, 2005). Hence, the initially coded data was reviewed many times to generate the themes, which were also grouped into sub-themes. Major themes were assigned appropriate names based on the nature of the problems explained by participants in the data and coding.

4. Reviewing Themes: After exploration of the pattern of themes initially, the literature on risk and protective factors of suicidal ideation was once again consulted. Then, the themes were reviewed once more and a few were renamed. The literature guides the researcher that there are various major themes of suicidal ideation. Finally, a total of nine themes were confirmed at this stage. When themes were rechecked, experts with experience in suicide research were approached to review the finalized themes from the Department of Psychology, University of Sargodha.

5. Defining and Naming Themes: On this step, the reviewed themes were confirmed and grouped into various groups. Initially, the analysis was applied to individual cases and afterwards, the emerging themes were finalized. Furthermore, the finalized themes were once again reviewed in a committee consisting of experts from the Department of Psychology, which included two associate professors, one assistant professor and three lecturers. At this step, no specific change was made to the themes.

Ethical Considerations

Firstly, the experts were contacted for participation in a focus group discussion (FGD), and the purpose and nature of the research were explained to them. They were then requested to participate in the FGD. The experts were assured that no harmful aftereffects would be observed in the research and the data provided by them would remain confidential. The researcher further articulates to them the details of their voluntary participation and no incentives were provided other than a high tea. Additionally, all participants gave their consent to be audiotaped during the discussion, which was deleted after the information was transcribed.

Results

This study was carried out through various qualitative methods, including direct interviews with youth who had failed a suicide attempt as well as key informant interviews (phase 1) and focus groups with experts from the relevant field (phase 2). Further, interviews were conducted with key informants of youth with suicidal ideation. Key informants involve people in direct relation and contact with adults who have suicidal ideation or attempted suicide. They include parents, siblings, teachers, friends and other family members living in the same house as those students. In Phase

2, focus groups were conducted in which experts from all the relevant fields were invited to study the suicidal ideation in youth in-depth. After collecting data from all sources, it was analyzed through thematic analysis. Various subthemes and main themes were derived from the original verbatim. These themes are summarized in tables 2 to 6.

Table 2

Percentage Breakdown of the Analysis Categories Across 10 Units of Analysis

Themes	Codes	1	2	3	4	5	6	7	8	9	10	%
Economic factor	Unemployment	✓	✓	✓		✓	✓		✓			60%
	Financial issues	✓		✓		✓	✓	✓	✓			60%
	Forced to earn money	✓					✓					20%
	Lack of financial support									✓		10%
	Increasing inflation	✓										10%
Emotions	Loneliness				✓							10%
	Impatient										✓	10%
Academic factor	Study pressure						✓	✓				20%
	Grades	✓			✓		✓					30%
	Failure in the study								✓	✓	✓	30%
	Misguidance	✓									✓	20%
	Lack of knowledge						✓	✓				20%
	Unrealistic expectations and unachievable goals,								✓			10%
	trauma, physical violence, torture in an institution,	✓										10%

Theme	Subtheme											%
	Conflict with teachers	✓						✓				20%
Social relations (other than parents and romantic relations)	Social factors, child abuse, harassment of girls, lack of moral and financial support, and social discrimination.		✓									10%
	Family issues	✓	✓	✓	✓	✓	✓	✓	✓		✓	90%
	Family conflicts arose because of my marriage.		✓									10%
	Failure in relationships and social isolation.				✓							10%
	Lack of family support,							✓				10%
	Generation gap,								✓			10%
	Lifestyle change.								✓			10%
	Disliked or ignored by family.										✓	10%
Social media	Social media					✓						10%
Marriage or other romantic relationship	Love marriage		✓		✓	✓	✓				✓	50%
	Ignorance from parents or loved ones/partners.								✓			10%

	Failure in love						✓	10%
	Family pressure on arranged marriage and early marriage.	✓	✓		✓			30%
	Personal relationships problems.	✓				✓	20%
	Marriage proposal.	✓	✓				20%
	Cheating in a romantic relationship.			✓			10%
Parental factor	Parental rejection.				✓		10%

Table 2 presents the percentage breakdown of the analysis categories across 10 units of analysis. The category "family issues" was the most dominant in terms of number compared to other categories of analysis.

Figure 1
*In-depth Interviews of Suicidal Ideation Cases*
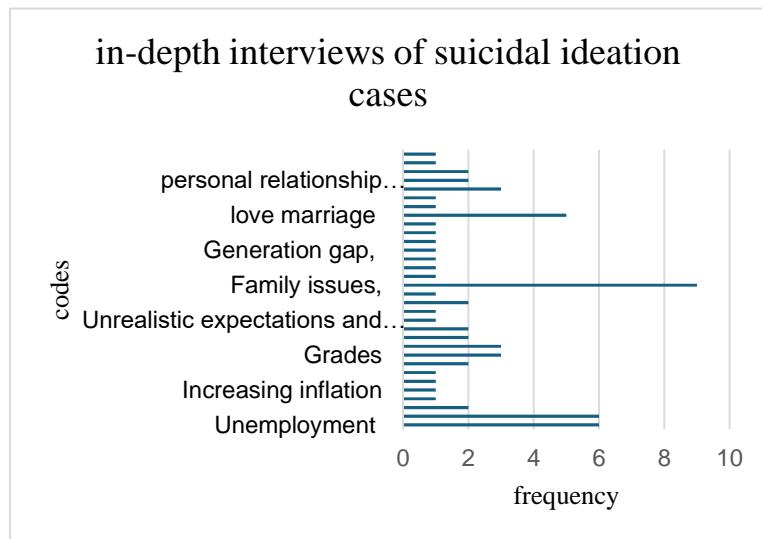
Table 3
Recurrent Themes Confirmed by Key Informant Interviews of University Students with Suicidal Ideation and Suicidal Attempt (N=5)

Themes	Codes	1	2	3	4	5	%
Economic factor	Financial problems		✓	✓			40%
	Financial issues	✓					20%
	Lack of financial support from parents				✓		20%
	Low financial support from parents				✓		20%
Emotions	Stress	✓			✓		40%
	Hopelessness			✓			20%
	Depression					✓	20%
	Loneliness			✓			20%
Academic factor	Academic Failure			✓			20%
	Academic crises		✓	✓	✓	✓	80%
	Over expectations of parents about grades or the general competition in education. Parents, for their own			✓			20%

							%
	satisfaction, often compare their child with others.						
	The desire to achieve first position or competition in education. / Failure in exam, competition of grades, competition in education, Study pressure, parents' high expectations.				✓		20%
Social relations (other than parents and romantic relations)	Disturbed home environment.	✓	✓				40%
	Family issues	✓				✓	40%
	Personal relationships.			✓	✓	✓	60%
Social media	Excessive use of social media				✓		20%
Marriage	Marriage			✓			20%
Parental factor	Weak family or parental relationship.	✓					20%

Table 3 presents the percentage breakdown of the analysis categories across five units of analysis. The category "academic crises" was the most dominant in terms of number compared to other categories of analysis.

Figure 2

Key Informant Interviews
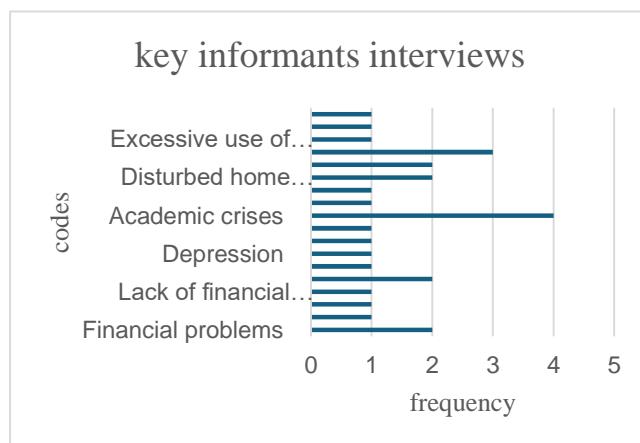
Table 4

Recurrent Themes Confirmed by Focus Groups with Experts from Various Relevant Fields (N = 12)

Themes	Codes	1	2	3	4	5	6	7	8	9	10	11	%
Extreme emotions (positive or negative)	Depression				✔						✔	✔	27%
	Negative thoughts	✔		✔		✔	✔	✔			✔		54%
	Extreme happiness or extreme hopelessness								✔				9%
	Youth's extreme emotions,								✔				9%
	hopelessness			✔				✔		✔	✔		36%
	Helplessness									✔			9%
	Loneliness									✔			9%
	Worthlessness							✔					9%
	Goal endings											✔	9%
	high impulse								✔				9%
	'Extreme emotional attachment'											✔	9%
Parent/child conflicts	Parents expectations.					✔							9%
	attachment styles,				✔								9%
	Parent-child conflicts							✔	✔				18%
	Communication gaps among parents and children.			✔							✔		18%
	Parenting style, over-pampering.						✔						9%
Marriage problems/Romantic	Marital problems	✔											9%

Category	Factor	C1	C2	C3	C4	C5	C6	C7	C8	C9	C10	C11	%
relationship issues	Arranged marriage issues.									✓			9%
	Not a good relationship with spouse.								✓				9%
	The extra-marital status of the spouse.							✓					9%
	Love trauma.											✓	9%
Economic crisis/issues	poverty,			✓						✓			18%
	financial issue				✓			✓					18%
	Economic dependency										✓		9%
	Economic crisis									✓			9%
	high competition level							✓					9%
	Socio-economic status		✓							✓			18%
	Imbalance in needs and wishes (economically)								✓				9%
	Unemployment											✓	9%
	Property issues									✓			9%
	Corruption									✓			9%
Psychological factors	Low motivation level,			✓									9%
	Low fear of death.	✓											9%
	Failures in life,		✓										9%
	Disappointment,				✓								9%
	Personality factors.					✓							9%
	Personal issues		✓										9%
	Discontentment								✓				9%

Category	Subfactor					%
	Lack of sense of control over the situations.			✓		9%
	Intolerance to social rejection		✓			9%
	Inability to face one's Failure			✓		9%
	Inability to face Stress and strain				✓	9%
	Lack of coping skills					✓ 9%
	Lack of sense of achievement (academic or other social relations, etc.)		✓			9%
Social relations (other than parents and romantic relations)	The death of someone special.		✓			9%
	Family issues				✓	9%
	Social alienation/ isolation		✓		✓	18%
	Lack of independence/freedom			✓		9%
Academic factors	Academic burnout.	✓				9%
	Bullying,	✓				9%
	career and multiple challenges	✓				9%
	High parental expectations in academics				✓	9%
	academic and career stress	✓				9%
Religion and culture	Cultural background.	✓				9%
	Far away from religion		✓			9%

Figure 3

Frequencies for Focus Group Discussion
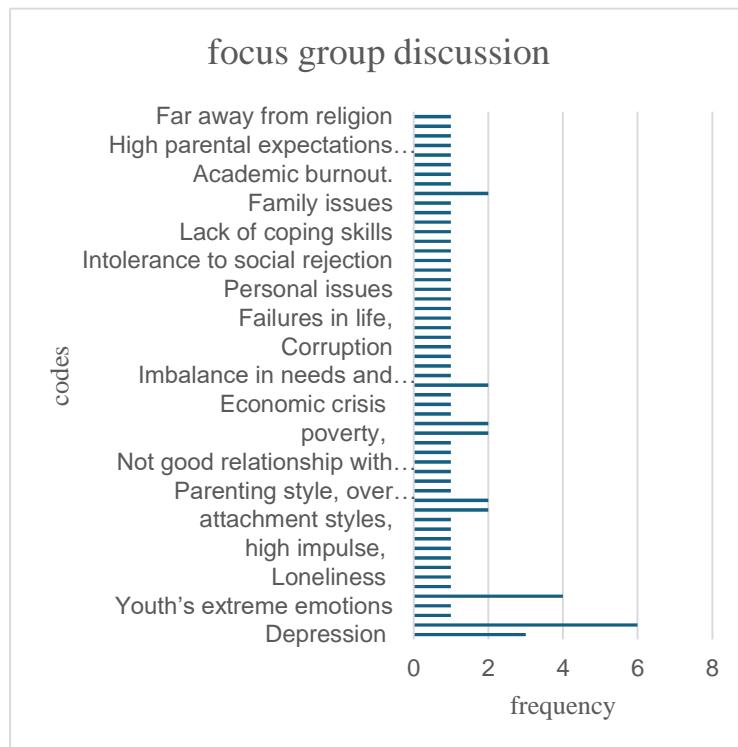
Figure 4
Modular Summary of Findings from Thematic Analysis
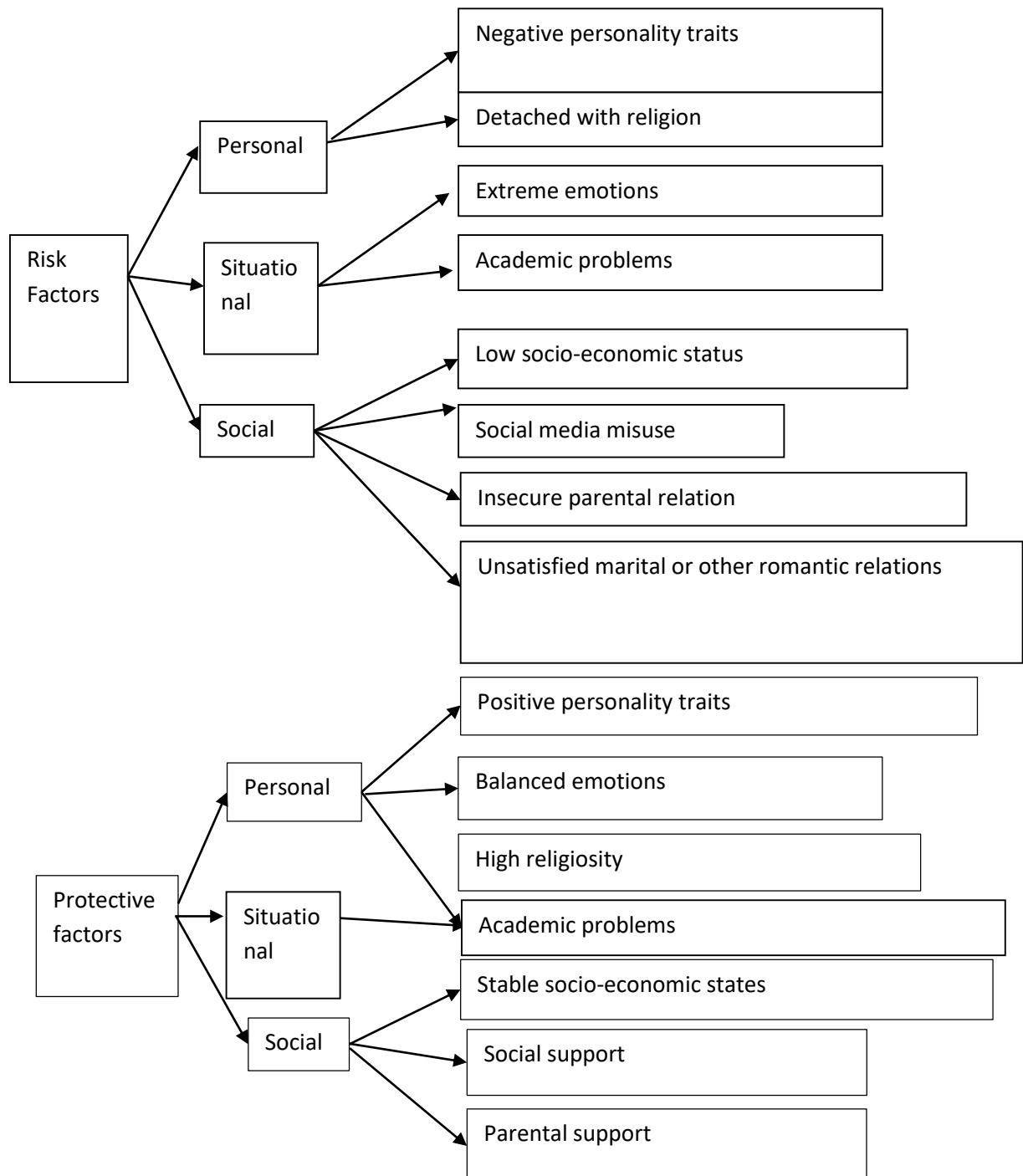
Discussion

This study was carried out to investigate the protective and risk factors for suicide ideation in youth in indigenous culture. This was done through various qualitative methods, including direct interviews with youth who had failed a suicide attempt (phase 1) and focus groups with experts from the relevant field (phase 2). Results showed that the percentage of the categories of analysis in 10 in-depth interviews conducted with university students with suicidal ideation and suicidal attempt showed "family issues" was the dominant factor preceding financial issues and unemployment, as compared to other categories explored in this analysis. Further, the percentage of the categories of analysis in 5 interviews with key informants (i.e. parents and teachers) of university students with suicidal ideation and suicidal attempt showed "academic crises" was dominant factor preceding personal relationships, afterwards family issues, disturbed home environment, stress and financial issues as compared to other categories explored in this analysis.

Lastly, the percentage of the categories of analysis in 11 experts from various relevant fields who participated in a focus group discussion about exploring factors of risks and safety regarding suicidal ideation in youth showed "negative thoughts" was the dominant factor preceding hopelessness and depression, as compared to other categories explored in this analysis. Results further summarize the risk factors explored in this study, which were personal (i.e., negative personality traits, detachment from religion), situational (i.e., extreme emotions, academic problems) and social (i.e., low socio-economic status, social media misuse, insecure parental relationships, unsatisfied marital or other romantic relationships).

Furthermore, the protective factors explored in this study included personal (positive personality traits, balanced emotions, and high religiosity), situational (academic) and social (stable socio-economic status, social support, and parental support) factors. The outcomes align with earlier studies conducted in various Pakistani provinces. To date, no research has been conducted in Punjab Province. The study is novel in that it reveals that the Punjab province shares the same cause for suicidal thoughts. Previous studies also listed a few more characteristics that this study did not identify. For instance, a 2021 study by Ullah et. al. identified legal concerns as a contributing factor; however, our current investigation did not find this information.

Conclusion

In conclusion, the present qualitative investigation provides valuable insights into the multifaceted risk and protective factors

associated with suicidal ideation among youth within the indigenous cultural context of Punjab, Pakistan. The findings highlight the prominent role of family-related problems, academic crises, and negative thought patterns as central risk factors, while emphasizing the protective influence of positive personality traits, religiosity, academic support, and strong social and parental networks. By categorizing these factors into personal, situational, and social domains, the study underscores the complex and interactive nature of suicidal ideation among youth. The alignment of the findings with previous Pakistani research strengthens their credibility, while the identification of region-specific similarities contributes novel evidence from Punjab Province. These results have important implications for culturally sensitive suicide prevention strategies, suggesting that effective interventions should integrate family-based, academic, and psychosocial support systems to mitigate suicide risk among young people.

Limitations

The current study also has certain restrictions. In the current study, when participants disclosed their traumatic experiences and attempted suicide, no treatments were given to them during interviews with key informants (parents, siblings, friends, and family) and individual cases. The study sample consisted exclusively of university students; young people without formal education were not included. Furthermore, because the nature of the subject of specialization greatly influences students' lifestyles and levels of academic stress, this study does not distinguish its sample based on the subject of specialization of university students. Compared to other subjects of specialization, there were more documented cases of suicide at engineering and medical colleges.

Suggestions and Future Recommendations

After participants in future studies disclose their experience with a suicide attempt, appropriate counseling services ought to be offered. Future studies should concentrate on young people without formal education in the same age range as the current one. Depending on their field, distinct studies may be conducted on medical students in the future.

Implications

The current findings have policy consequences. Prevent significant economic crises, provide young people with safety nets, accept diversity, combat inequality, offer marginalized people a voice in public life, and ensure that old age is not a period of loneliness. Additionally, when possible, fund a robust welfare system.

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