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## Research Article

# Suicide Attempts and Gender Heteronormativity: A Cross-Sectional Study in Cuba

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**Received:** December 28, 2023**Accepted:** January 08, 2024**Published:** January 15, 2024**Abstract**

**Background:** Prior studies have consistently shown that attempts by males tend to be more lethal, and their suicide rates higher than those of females. Although men are more likely to die by suicide, women are much more likely to attempt suicide. Suicide is a gendered problem. As a result, suicide prevention also depends on recognising that risk factors for suicide may affect men and women differently.

**Objective:** Explore the way in which heteronormative gender practices and discourses are related to suicide attempts in Cuba.

**Methods:** This is a cross-sectional study, conducted between October 5 and November 2, 2017 with 2 males and 2 females in an age range between 46 and 77 years. Two categories were used to design and analyze the in-depth semi-structured interviews: social institutions and social reproduction. The content analysis included the way in which these institutions and forms of social reproduction constitute a risk or protection for suicide attempts.

**Results:** Heteronormative discourses/practices differentially value physical and moral qualities, attitudes and behaviors of male and female. Within a heteronormative construction of gender in Cuba, some institutions might be a risk for suicide attempts through the frustration of meaning needs, and the normalization of gendered self-demand.

**Conclusion:** Suicide attempts is a gendered issue. The suicide attempt can be both an attempt to die or an expression of context engagement and the desire to live, but in other way.

**Keywords:** Gender, femininity, masculinity, suicide attempts.

**Introduction**

Globally, close to 800 000 people die by suicide every year. Suicide is the second leading cause of death among 15–29-year-olds. It is estimated that for each person who dies by suicide, more than 20 others attempt suicide. Suicide attempt is a self-injurious behavior with a nonfatal outcome, for which there is evidence (either explicit or implicit) that the person intended at some level to kill themselves. A suicide attempt may or may not result in injuries [1].

In terms of suicide attempts, epidemiological results are even more problematic, this is because only a small percentage of those who attempt suicide need, or seek, medical attention so the majority of suicide attempts are unreported and unrecorded [2]. Suicide is an urgent health problem [3,4]. In most countries where suicide has been studied, women exhibit higher levels of suicidal ideation and suicide attempts than men, but there are a higher number of deaths by suicide in men [5-8].

However, the predominant research approach tends to identify what it calls "risk factors," primarily through descriptive statistics. Only a few studies have focused on gender differences in risk factors for suicide attempts. As a result, it does not problematize the sociocultural implications of gender [8,9].

There is a bio-psycho-social continuity between the concepts of sex and gender. From an anatomical and physiological point of view, sex refers to the differences in sexual characteristics between men and women. However, human beings are in essence social beings, and there are sociocultural processes that generate and socialize discourses and practices on the ways that are considered acceptable to think, feel and act in accordance with male or female sexual characteristics. This process is the social construction of gender, which assigns social value to certain physical and moral qualities and guarantees that certain behaviors are systematically reproduced through the discourses

and practices of different social institutions [10-13]. Specifically, heteronormative gender constructs expects every individual to fall into either the masculine or the feminine category, which is clearly defined by the procreative physiology corresponding to his/her chromosomal sex.

Such definition implies complementary attitudes and psychological traits, such gender roles would consider male individuals naturally dominant and female individuals inherently submissive and nurturing. According to these hegemonic constructions, also present in the Cuban context [14], masculinity is only acceptable when the man is the main source of income for the family, is in control of his emotions at all times, and is successful in making decisions. In the case of femininity, women are expected to remain in the private space of the home, take care of the family, and obey the man.

As a binarism, heteronormativity may be linked to a range of rigid attitudes and consequences for anyone who transgresses the rigid expectations [15, 16]. Research shows that even those who accept them may be at risk for their wellbeing [16,17]. Nevertheless, these social constructs are neither static nor universal but, rather, acquire sociocultural singularities [11,18]. For this reason, this article aims to explore the way in which heteronormative gender practices and discourses are related to suicide attempts in Cuba. In other words, how heteronormative constructions of gender shapes risk and protective processes for suicide attempts.

In case of Cuba, from 2026 to 2020 for example, "self-inflicted injuries" have been tenth among the leading causes of death. The suicide rate in the general population per 100,000 inhabitants rose from 13.3 in 2018 to 13.8 in 2020 [19].

Regarding the impact of the problem on different age groups, the most updated statistics available for this study come from the World Health Organization and show that the three groups most affected are those aged 70 years or older (36.1 per 100,000 inhabitants), 50 to 69 years (24.4 per 100,000) and, lastly, those aged 30 to 49 years (14.8 per 100,000)<sup>2</sup>. In other words, suicide mostly affects the elderly. This is a compelling reason to address the issue in the country, given that, by 2020, 21.34% of its population was aged 60 years or older [20].

In 2019, the suicide rate per 100,000 inhabitants in female persons was 4.1, and in male persons 16.7 [4]. This happens in a country that since 1959 has reduced the power gap between men and women, and which has a free, universal health system with a community approach.

Engaging with the data previously described, I posit the following question: Through which social institutions are femininity and masculinity constructed in the specific context of Cuba, and how does this relate to suicide attempts? The answers to these questions from a qualitative perspective can complement the statistical and descriptive trend of research on the subject in the country [19,20-23] and therefore help the health system to include a gender perspective in the comprehensive prevention of suicidal behavior.

## Methods

A qualitative study was carried out using the phenomenological method. The phenomenological method is aimed at understanding the person in the total context of his or her own sociocultural reality and making meaning of his or her experiences [24-26].

This is a cross-sectional study, whose possibilities of generalization of the results are not statistical, but analytical. This means that the power to generalize the results is based on the normative nature of the social constructions of masculinity and femininity found, as well as their relationship with centralized socioeconomic processes in the case of Cuba. However, since these social constructs of gender are neither static nor universal, the processes of resistance to these dynamics are also the bases for other non-heteronormative and healthier gender constructions for mental health.

## Ethical Considerations

The present study was approved by the corresponding ethics committee. Each participant was asked to read and sign an *informed consent form*. The criteria for the selection of the participants were: that they resided in Havana, in order to make mobility to their homes feasible, that they were willing to participate voluntarily in the study, that they had not been diagnosed with any mental disorder of psychotic level, and that they had attempted suicide at least once in the last 24 months. Each person selected and authorized in writing the use of a pseudonym to protect their privacy and identity during the research and in the products derived from it, as in the case of this article. It is important to mention that for ethical reasons, the pseudonyms do not correspond in any case to a person's middle name.

## Data Collection

The data collection phase was conducted between October 5 and November 2, 2017. The Community Mental Health Clinic was visited, and statistics on suicide attempts in the municipality during the last 24 months were accessed. We proceeded to visit the individuals, but there were incorrect addresses, and only 4 of them could be contacted. We worked with 2 males and 2 females in an age range between 46 and 77 years.

Their informed consents were obtained during the first visit. A sociodemographic characterization questionnaire was also used during this visit and a second meeting was arranged to hold an in-depth semi-structured interview. All interviews were audio-recorded with the consent of the individuals and transcribed within 24 hours for analysis.

After the interview, and with the prior consent of the person, a family member who lived with the person, or whom the person considered "close" from an affective point of view, was interviewed. In this way, two semi-structured in-depth interviews were obtained for each person, for a total of eight interviews. In this sense, it is important to mention that the focus of this study is not to produce statistically generalizable results but, rather, to provide an analytical point of view based on the relationship between the results, previous findings and theory.

## Data Analysis

Based on the work of Bourdieu (1999) and Butler (1999), a two-stage content analysis of the interviews was carried out. Two categories of analysis were used for this purpose. The first stage was person by person, and in the second stage, singular aspects and regularities were identified. Following the phenomenological method, the search for these singularities and regularities did not respond to a reproduction of the discourses and institutional practices studied, but to their meanings and the way they relate to subjectivity. The two categories of analysis were:

**Social institutions:** set of signifiers, i.e., values, customs, beliefs and norms that have a role in the existence of specific societies and that are reproduced on a daily basis through the action of individuals, groups and social organizations. Examples of social institutions are religious practices, family, labor and community relations, as well as economic living conditions.

**Social reproduction:** discourses/practices that relate social institutions to people's ways of life. A discourse is a set of symbols and representations that are intentionally mobilized through different forms of expression that include language, but also the bodies themselves, to confer, orient and evaluate the meanings of people's ways of life. From a practical point of view, both discourses and practices express and allow us to access the social institutions that endow them with meaning. For this reason, this paper refers to the discourses/practices axis. This category of analysis is key in the study, because from it we can explain the way in which these discourses/practices damage and/or protect people's cognitions, emotions and behaviors, as well as the way in which this is related to their suicide attempts.

A two-stage content analysis of the interviews was carried out. Transcriptions were read and re-read to avoid biases or preconceptions. The first stage was person by person, and in the second stage, singular aspects and regularities were identified. In both stages, the content analysis included the way in which these institutions and forms of social reproduction constitute a risk or protection for suicide attempts. As a result of this coding, four explanatory categories were established: *the frustration of meaning needs, the normalization of gendered self-demand, the transition from unpleasant emotions to suicide attempts*, and protective processes against suicide attempts.

## Results and Discussion

The most commonly used methods of suicide were ingestion of medication, followed by ingestion of other toxic substances such as kerosene, explosion and hanging. Explosion and hanging were used exclusively by males. In the two cases of the males, unlike the females, there was more than one suicide attempt in the last 24 months, with 3 attempts in both cases.

Previous research [20,27-29] confirms that differences in suicide attempts between males and females can be explained as a result of heteronormative constructions of gender. In the Cuban context, a bidirectional and differential relationship between the social constructions of femininity and masculinity throughout the course of a person's life and suicide attempts was found.

### The Frustration of Meaning Needs

Heteronormative constructions of gender influences ways of thinking, feeling and acting because it responds to the satisfaction of ontological needs, or of meaning, as in the case of identity. In this process, gender expectations are learned, accepted and sometimes self-imposed as part of one's own identity and are strengthened to the extent that they guide the multiplicity of roles a person plays.

An example is Andrés, who feels satisfied, and conversely suffers when he cannot fulfill the role of fundamental economic provider of the family. Therefore, he feels that he cannot be "seen" in his community as a "good son", "good father", but also as a "good husband". Several economic and socio-cultural processes are uniquely interrelated in the Cuban context and mediate the frustration of this need tied to masculine identity.

On one hand, the economic and financial blockade imposed by the U.S. government on Cuba has made the country's economy precarious and impacted subjectivity and values.

Andres has held several government jobs, but acknowledges that in order to stay in them he has been asked, even by his bosses, to engage in "theft" as a form of economic subsistence, which is contrary to his values. This has happened to him repeatedly and, as he explains, has placed him in a situation of anguish in which congruence and honesty have "clashed" with his material well-being.

Andres' conflict occurs at an intrapsychic level. On one hand, theft has become normalized as a livelihood strategy in one sector of the economy, and on the other hand he finds himself a person attached to values such as honesty. In this way, positive values such as honesty and core needs such as congruence come into tension with material and subjective well-being in the context of a precarious economy.

The interaction between these socio-cultural and economic processes impacts the emotionality of the person as a whole, including identity needs which, due to their ontological essence and meaning, can generate emotions such as sadness, loneliness, and feelings such as inadequacy.

### The Normalization of Gendered Self-Demand

Coincidentally with some studies [13,20,27,29] it was observed that heteronormative constructions of gender create signifiers through which the person as a whole is valued in a focalized way, which are imposed and normalized through institutions such as the family, the couple and the community.

In the context studied, men, unlike women, are expected to be rational and, as a result of this rationality, to be in control of their own emotions at all times. Therefore, what is considered acceptable in a traditional discourse/practice is that a man be able to solve problems autonomously, with special emphasis on economic provision for the family.

In that sense, he is expected to be able to exercise control over the patrimonial assets of the family, but also over women's desires and bodies. Women are expected to be beautiful, to be able to take care of the children and the house, and to maintain a morality based on obedience to men, despite suffering different forms of violence.

As shown by the findings of the studies, these impositions and normalizations generate resistance towards the idea of asking for help, especially in men. They also generate a reduction of self-esteem within the person and in relation to his future possibilities, accompanied by shame, sadness and loneliness, as well as feelings of guilt and humiliation when he feels that he does not or cannot comply with them [13,16,20,28,29,31] it can also generate a short-term burden when he complies with them, albeit uncritically [28].

In the specific context of Cuba, planning for the future is mediated by a precarious economic context, which is in turn limited by the economic and financial blockade imposed on the country by the United States, but also by internal bureaucracies in the organization and functioning of the labor sector. These processes affect the experience and practice of responsibilities and opportunities that are still hegemonically imposed and assumed by men and women in Cuba. Sometimes these hegemonic discourses/practices are taken on uncritically and this has been less studied in the field of mental health. This evidences the need to also promote wellness among those who do



not feel the need for help. The first scope of this work is that it shows that the relationship between social constructions of gender and suicide attempts is not unidirectional but that, instead, having survived a suicide attempt is a biographical event that is incorporated in the resignification of one's own life. In this sense, there is the example of male shame, because "men are expected to be strong" and, therefore, even to take their own life, they are expected to be successful. These expectations help explain the lethality of the method chosen by men.

Epidemiologically, there is a tendency to identify previous attempts as "risk factors" [6]. However, the results of this research show us that previous attempts are incorporated in the experiences during the course of a person's life, and having tried is not an isolated event, but an experience that can generate shame, and/or which can be a way of asking for help for those who do not accept this within the hegemonic gender discourse/practice.

A case in point is the case of Lee, who grew up and learned that men are expected to be brave all the time and solve their problems autonomously. Thus, after failing in a work project or in an interpersonal relationship, he has tended to avoid social contact out of shame that the neighbors will say look, there goes this guy who is not even good enough to take his own life".

This shame, Lee acknowledges, is present in his daily neighborhood relationships. Thus, the experience of these hegemonic or traditional discourses/practices damages the satisfaction of one of the fundamental needs of meaning: belonging and interpersonal relationships, which, in addition, was evidenced as one of the protective processes against suicide in the Cuban context.

In this sense, and according to Bourdieu (1999), it is considered necessary to highlight in this study that, although hegemonic gender discourses/practices tend to empower the masculine over the feminine, those who live masculinity in this way may also suffer from self-imposed violence. Another example is Made. Her mother, educated in a discourse on morality and women's obedience in marriage, pressures her to maintain the relationship with her husband despite suffering physical and psychological violence on a regular basis.

Physical and psychological violence on the part of the husband, psychological pressure from the mother, as well as diabetes on the part of both parents, have mediated Made's decision "not to complain". However, in this oppressive context the suicide attempt appears as a mechanism that signifies a request for help that cannot be expressed in any other way and that fundamentally seeks the reconfiguration of the couple's relationship. The second scope of this research coincides with the findings of Imberton-Deneke (2014) as well as with those of Martínez and Barroso (2019). They have found that the same person can consciously and unconsciously reproduce patterns of traditional discourses/practices despite the suffering this may cause.

One example is Gladys, whose story shows the experience of two historical processes related to the interdependent social constructions of masculinity and femininity. Her mother and father taught her that women should be economically supported by men. For this reason she "yielded" to the support of her husband. However, he died and with this fact her life has become economically precarious.

At the time of the study she was 77 years old and it was more difficult for her to get a job because of her physical health

limitations, but also because she had lived assuming that as a woman she had to be supported by the male figure. This shows the impact that social constructions of gender have, specifically on the elderly.

On the other hand, she also learned that women "had to be conceited and beautiful all the time". This is one of the reasons why she lives her aging process in a dissatisfied way and comments: "to reach old age is the last thing, it is to be ugly, it is to be a corpse". In both cases, Gladys is an example of how the constructions of femininity and masculinity considered acceptable interact in a complex way with one's own socioeconomic condition and the experience of age.

This also happens with masculinity, only in a different way. In this sense, we can cite Andrés. He sees his future "without alternatives". He feels that he is getting older, and "losing strength with age," thus, he does not believe there is "male" work for him, in his words, "construction work". Andrés also values himself in a focal way, but through the signifier of work, the family's fundamental economic provision.

A final mention can be made of Lee. His mother reproduces a traditional discourse/practice that demands autonomy and emotional strength from him, and criticizes him when she believes he does not achieve it. As a result of this process, sometimes what for her is her son's unfulfilled responsibility, for him constitutes the experience of "abandonment" by his mother. These beliefs about masculinity have made his affective needs invisible.

His mother also avoids being compassionate towards her son as a way of maintaining her distance and thus her "power" over decisions in the home. Following Bourdieu (1999), it is understood that this happens because the social constructions of femininity and masculinity do not acquire meaning for women and men separately, but interdependently through power relations. In other words, this fact evidences that social constructions such as that of femininity are neither universal, nor are they ultimately determined by the biological sex of the person, but are mediated by political, economic and socio-cultural processes that are expressed at the interpersonal level.

In this specific case, the relationship has been mediated by several processes. On one hand, the mother's life history, characterized by the need to work and take care of her children as the sole head of the family, but also the practice of Afro-Cuban religion, according to which success in projects comes from the qualities of male deities, who constitute the majority and who pride themselves on their courage, decisiveness and strength.

### **The Transition from Unpleasant Emotions to Suicide Attempts**

Coinciding with the dimensions provided by several classic studies [32-35] it was found that the transit from emotions such as sadness, loneliness and feelings such as those of inadequacy, shame and worthlessness to the suicide attempt occurs through three intertwined processes. The first of these is that while signifiers are directed at certain parts of the body and qualities of persons, they are assumed and imposed so that the person is signified as a totality. With this process, the person loses the possibility of flexibly evaluating alternative solutions to his or her problems.

The second process in the transit of emotions and feelings such as those mentioned above leading to the suicide attempt

is the repeated frustration of ontological or nuclear needs of the personality such as self-esteem and belonging. The third process is the feeling of being trapped in the issue. In the Cuban context this occurs through two interrelated subprocesses. Structural determinants such as economic dynamics are difficult to modify, and sometimes produce hopelessness in the present and regarding the future. This intersects with gender signifiers that create a *tunnel vision* of the person regarding themselves, and the ways considered acceptable for men and women to solve problems. These forms lock the person into a vicious circle that reinforces discomfort, as in the case of women's domestic labor, and men's escape from shame and alcohol consumption. In this sense, it was found that the social constructions of gender reproduce learning about forms considered legitimate for handling feelings such as sadness or loneliness.

In coincidence with the results of other studies [36], it was found that alcohol consumption, mainly by Andrés, is carried out as a way of satisfying the need to belong and to alleviate loneliness. In this way, the person enters a kind of vicious circle that maintains rejection by family and neighbors and exacerbates his economic needs.

These conclusions allow us to alert the Primary Health Care System in Cuba. Although its care is universal and free, it may be that its community approach is losing sight of the case of people who are at risk and do not seek help in a timely manner for various reasons. These include shame, normalization of gender role demands, or the use of alternative solutions learned within traditional gender discourses/practices. These findings imply that it is important to work with the beliefs of the health care personnel themselves, as they too have been socialized within certain gender discourses/practices.

These results raise the need to prevent suicide attempts beyond traditional health care institutions, incorporating work with families and the community. This is something that has been advanced in Cuba but needs to be strengthened.

### Protective Processes against Suicide Attempts

One of the greatest achievements of this study is to have been able to explore the protective processes for the mental health of men and women, within the specificities of the Cuban context. Mention can be made of the legal and economic support of the Federation of Cuban Women (FMC), the professional opportunities provided by the Municipal University Offices, as well as the operation of the Grandparents' Houses.

These institutions strengthen self-esteem and a sense of belonging, which is very important for the elderly. This fact is relevant to know in the context of Cuba, one of the countries with the most aged population in the world.

One limitation of the study is that it did not delve into the discourses/practices of educational and religious institutions that have had a significant impact on the experiences of the people with whom we worked. It would have been possible to know continuities and changes in these discourses/practices over time.

It is suggested to prevent suicide attempts through programs for the prevention of alcohol consumption and violence against women. Likewise, early sexual education that involves families and the community and addresses the role of sexuality in power relations between people.

### Conclusions

First, it is important to improve at the community level the rigorosity of the registration systems for those who have attempted to take their lives in the Cuban context. In Cuba there is a set of traditional values and norms about what are considered acceptable ways of being men and women: heteronormative constructions of gender. Since the triumph of the revolution in 1959, the government has reduced the gap in power relations between men and women primarily through a rights-based approach based on recognition, protection and guarantee through state institutions. However, the results of this study show that one of the dimensions that mental health protection needs to work on is the gender perspective, and its work with a sociocultural approach at the level of social institutions such as families and communities.

During the course of life, the reproduction of these heteronormative discourses/practices differentially value physical and moral qualities, attitudes and behaviors of male and female persons. These discourses/practices orient and evaluate the ways of being in the world as a social being. Hence, men and women use them consciously and unconsciously to form their own personal identity. These roles, expectations and opportunities imply that men and women, although in different ways, normalize or have imposed on themselves ruptures in family ties, violence, self-demands, socioeconomic needs and feelings such as shame, loneliness, sadness and hopelessness. These feelings are sometimes reinforced by learning alternative solutions to problems that make sense within the same gender discourses/practices and which trap the person in a vicious circle of discomfort.

One of the most important institutions that participates in the construction of femininity and masculinity in the Cuban context is the family, fundamentally through the figure of the parents and the couple. Other institutions include community relations and the economic conditions of life.

These protect mental health but can also constitute a risk for suicide attempts when the person feels that he/she has not fulfilled gender expectations, or when he/she reproduces them uncritically. It is important to take into account this normalization of negative experiences, because in the Cuban context, despite the fact that health services are universal and free, there may be people who do not seek them because they feel ashamed or do not feel the need.

The gender category allows us to visualize the way in which we think, feel and act, as well as understand the way in which this is intertwined with other dimensions such as socioeconomic conditions and the experience of age, generating different risks for men and women. The transition from emotions such as sadness, loneliness, overwhelm, and feelings such as handicap, shame and hopelessness towards the suicide attempt occurs through three processes: *gender signifiers are imposed and naturalized so that the person is signified as a whole, frustration of ontological or meaning needs, and the feeling of being trapped with little possibility of modifying the experiences.*

The suicide attempt can be both an attempt to die and an expression of context engagement and the desire to live, but in other way. In both cases, the most appropriate thing is to promote dignity, living in environments free of violence, a sense of belonging, and socio-emotional education from an early age and with a rights-based approach.

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