Socioeconomic and Psychological Determinants of Suicide in Pakistan

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Abstract: Suicide refers to completely ending one's life. Attempting suicide is one of the most sensitive problems in Pakistani society. In the first chapter, I explained the term suicide in general, and later on I have demonstrated the causes and reasons behind committing or attempting suicide. The Research objective is to find out the demographic background of respondents, examine socioeconomic and psychological determinants, and suggest prevention of suicide. In the second chapter, I have provided a review of the literature. After studying various books, research papers, and newspaper articles, I was able to show the previous scholarship on the topic. In the third chapter, I have included the methodology. I used qualitative research methodology as my main method of research. Furthermore, I used an interview guide for data collection. In the fourth chapter, I analyzed the data by developing themes. Finally, at the end, I provided crucial recommendations for the alleviation of the problem.

Introduction:

For the first time in the world, Empedocles introduced the concept of suicide by taking his own life in 434 B.C. Empedocles was a Greek pre-Socratic philosopher and a native citizen of Akragas, a Greek city in Sicily. Empedocles' philosophy is best known for originating the cosmogonic theory of the four classical elements. He also proposed forces he called Love and Strife, which would mix and separate the elements, respectively. One of his beliefs was that death was a transformation. It is possible that this idea influenced his suicide. Empedocles died by throwing himself into the Sicilian volcano Mount Etna (John Burnet, 1930). According to a worldwide survey, the factors involved in suicide include social, financial, political, and geological elements (Wasserman, 2005). The highest rates are found in Eastern Europe, and the lowest rates are found in Latin America, Eastern Mediterranean countries, and some Asian nations (WHO, 2011). In European countries, the number of suicides is higher than yearly accidents (Brock, 2007). In China, more women than men attempt suicide (WHO, 2004).

In Pakistan, according to a World Bank survey, the global rate in 2015 was 19.5 per 100,000 people. In the 2019 World Bank survey, the suicide rate in Pakistan was approximately 16 deaths per 100,000 (9.7 percent) people. Reporting suicide cases is challenging due to social, legal, and religious factors. Analysis shows that over a period of two years, there were over 300 suicides in Pakistan. The suicide ratio between males and females is 2:1 respectively. Unmarried males are more likely to commit suicide, while in females, married females under the age of 30 are more prone. The main reasons include unemployment, health issues, poverty, homelessness, family disputes, depression, and various social pressures.

The purpose of this study is to analyze factors related to suicidal ideation and investigate their relationship to suicide among young individuals in the Emergency Medical Responder (EMR). The study will examine which factors contribute more significantly to suicidal behaviors. As previously mentioned, multiple studies have shown that suicidal ideation and attempts are three times higher in females than in boys. However, boys are more likely to complete suicide despite fewer attempts, often using methods like guns, suffocation, or hanging, while females are more inclined to choose self-poisoning. Additional factors such as financial status, smoking and drinking, a lack of companions, life satisfaction, and family burden are all significant contributors to suicidal ideation (Ilgen et al., 2011). The aim of this study is to analyze these factors and determine the extent of their relationship to suicidal ideation. The region included in the study, the EMR, is one of the most diverse regions in the world. The four countries being examined, namely Jordan, Lebanon, Morocco, and the UAE, differ in several aspects including charity, economic status, political environment, religious climate, and educational and healthcare systems. The study uses data on students collected by the WHO in the Global School-based Student Health Survey (GSHS) in each of these countries; therefore, the study aims to compare the prevalence and correlates of suicidal behaviors among young individuals through secondary analysis of the data. Such analyses are especially needed in the EMR, where suicide is both understudied and underreported, and the mental health of young people is a topic that is often overlooked.

Literature Review And Theoretical Framework:

Olaosebikan (2019) studied and analyzed that suicide occurs more frequently in older individuals than in younger people, yet it remains one of the primary causes of death in late puberty and early adulthood globally. This not only results in an immediate loss of numerous young lives but also has challenging psychosocial and adverse economic impacts. From the perspective of public mental health, suicide among youngsters is a significant issue that needs attention. Therefore, I seek comprehensive knowledge on the contributing risk factors to suicidal behavior in youth.

Gould and Kramer (2001) examined youth suicide, the third leading cause of death among youngsters and young adults, surpassing all natural causes combined in the US among 15-to 24-year-olds, as indicated by the National Center for Health Statistics (2000a). The public health significance of the issue of youth suicide becomes even more apparent when considering the high rates of non-lethal suicidal behavior. This paper reviews the extensive research literature on youth suicide that has emerged over the past two decades. While significant progress in knowledge has led to an increased understanding of the risk factors for youth and adolescent suicides, the application of this knowledge for designing prevention strategies remains underdeveloped.

Khalid (2012) considered and investigated suicide as a significant global public health issue with over 800,000 incidents worldwide annually. Seventy-five percent of global suicides occur in low- and middle-income countries (LMICs). Pakistan is an LMIC where information on suicidal behavior is limited. The aim of the review is to summarize available literature on determinants, risk factors, and various aspects of suicidal behavior in Pakistan.

Social Integration by Emile Durkheim: Man does not commit suicide voluntarily; rather, certain factors compel individuals to take such drastic actions. Durkheim objected to the psychiatric perspective, which attributes suicide to mental illness. Instead, he posited that suicide is a social phenomenon, stemming from a lack of mutual concern among people.

Types of suicide:

1) Egoistic suicide: Individuals who feel utterly isolated are more prone to committing suicide. Egoistic suicide signifies a prolonged sense of not belonging or being integrated into a community, leading to feelings of meaninglessness, apathy, melancholy, and depression.

2) Altruistic suicide: This occurs when someone sacrifices their life for the happiness and benefits of others. Altruistic suicide is marked by a sense of being overwhelmed by a group's goals and beliefs, typically in societies with high integration. In such societies, individual needs are considered less important than the collective needs of the society.

3) Anomic suicide: When a person perceives that their world has collapsed, and everything is destroyed, leading them to commit suicide. Anomic suicide reflects an individual's moral confusion and lack of social direction, often associated with significant social and economic upheaval. It results from moral deregulation and the absence of a defined social ethic that could give meaning and order to individual conscience.

4) Fatalistic suicide: This occurs when a person is compelled to make a decision that ultimately leads to suicide. Fatalistic suicide is a consequence of excessive regulation, where individuals feel their futures are relentlessly blocked, and their passions are violently suppressed by oppressive discipline. It stands in stark contrast to anomic suicide and is prevalent in societies so oppressive that inhabitants would prefer death over continued existence.

Materials and Methods:

My research is based on a qualitative method to address the research problem from different angles. Respondents for this study include those people whose relatives committed suicide. I used purposive sampling, and suicide cases were collected from Pakistan. I visited to collect suicide cases, and a questionnaire was also administered containing information about suicide cases such as gender, age, family, educational level, employment status, and marital status. Information about the suicide cases was collected through interviews, conducted by interviewers with both men and women. Observations regarding suicide cases were made while visiting different places, using a notebook, pencil, and ballpoint pen. Through this method, I collected various suicide cases via voice recording. The data was obtained by interviewing individuals who had experienced suicide, asking about when and why the suicide had occurred.

In this research, two homes where suicides had taken place were approached. Family members were personally interviewed to understand the root causes behind the suicides. After data collection, the data was analyzed using SPSS (Statistical Package for Social Sciences) and interpreted in tabular and diagrammatic form. Thematic findings were implemented to examine the association between independent and dependent variables, and the results were then interpreted.

In the end, the research includes results and discussion, conclusion, and recommendations.

Data Analysis and Discussion:

Demographic Information

Gender	Frequency	Percentage

Male	11	47.82%
Female	12	52.17%
Total	23	100%

Table 1: Gender Distribution

Marital status	Frequency	Percentage
Married	11	47.82%
Un Married	12	52.17%
Total	23	100%

Table 2: Age Distribution

Age	Frequency	Percentage
12-18	3	13.04%
18-30	16	69.56%
30-50	4	17.39%
Total	23	100%

Table 3: Marital Status Distribution

Table 4: Year of Suicide Distribution

Year of suicide	Frequency	Percentage
2005-2015	7	30.43%
2015-2022	16	69.56%
Total	23	100%

Table 5: Educational Level Distribution

Educational Level	Frequency	Percentage
Illiterate	9	39.13%
Primary	6	26.08%
Metric	3	13.04%
Graduate	5	21.73%
Master	0	0.00%
Total	23	100%

Table 6: Reason of Suicide Distribution

Reason of Suicide	Frequency	Percentage
Domestic Violence	13	56.52%
Poverty	3	13.04%
Social Pressure	3	13.04%
Child Marriage	1	4.34%
Divorce	1	4.34%
Love Failed	1	4.34%
Unachieved Dream	1	4.34%
Total	23	100%

Explanation: Two cases of attempted suicide and 19 cases of committed suicide, including two cases of double suicide within a single case. The total number of committed suicides is 21 out of 23 total cases. Table number 1 reveals that the ratio of male and female suicide cases are 47.82% and 52.17% respectively. In Table number 2, it is evident that the majority of suicide cases occur in the age range of 18 to 30 years, accounting for 69.56% of all suicide cases, while a few cases are attempted between the ages of 12 to 18 years, constituting 13.04%. Table number 3 indicates that the majority of individuals involved in suicide cases are unmarried 52.17%, and 47.82% are married. Table number 4, the highest number of suicide cases is recorded between 2015 to 2022, accounting for 69.56% of cases over the 17 years, while 30.43% are recorded in the period from 2005 to 2015. Table number 5 illustrates that the majority of individuals involved in suicide cases are either illiterate 39.13% or have primary education 26.08%. Table number 6 highlights that domestic violence is the primary cause in mostly recorded cases, constituting 56.52% of all cases.

SUICIDE CASES:

S.NO	Gender	Name	Age	Reason Of Suicide	Year Of Suicide	Educational Level	Marital Status
1	Female	A	32	Domestic Violence	2011	5th	Married
2	Male	B	19	Domestic Violence	2019	F.Sc Continue	Unmarried
3	Female & Male	C C1	43 & 19	Domestic Violence Domestic Violence	2022 2022	Uneducated & F.Sc	Married & Unmarried
4	Female & Male	D D1	23 & 25	Domestic Violence Social Pressure	2018 2018	Uneducated & Metric	Unmarried Unmarried
5	Male	E	21	Poverty	2013	Primary Level	Unmarried
6	Female	F	15	Domestic Violence	2009	9th	Unmarried

7	Female	G	20	Social Pressure	2011	Uneducated	Unmarried
8	Male	H	12	Domestic Violence	2019	7th	Unmarried
9	Male	I	48	Social Pressure	2015	Uneducated	Married
10	Female	J	35	Domestic Violence	2021	Uneducated	Married
11	Male	K	22	Domestic Violence	2021	F.Sc	Unmarried
12	Male	L	21	Domestic Violence	2021	8th	Unmarried
13	Female	M	27	Domestic Violence	2019	Uneducated	Married
14	Female	N	20	Child Marriage	2005	8th	Married
15	Female	O	19	Unachieved Goals	2021	F.Sc	Unmarried
16	Female	P	27	Divorcee	2007	Uneducated	Married
17	Male	Q	17	Domestic Violence	2016	4th	Unmarried
18	Female	R	19	Domestic Violence	2017	Metric	Married
19	Female	S	24	Love Failed	2017	B.A	Married
20	Male	T	27	Poverty	2019	Uneducated	Married

21	Male	U	32	Poverty	2005	Uneducated	Married

Theme 1. Domestic or Family Issues: The prominent issue contributing to suicide in Pakistani society is family problems, leading to an escalating number of suicides. Family issues are often rooted in the joint family system, where conflicts among parents and siblings arise due to poverty, unemployment, and love marriages. Infertility in women can also trigger family problems. When a woman's will is not aligned with the marriage, it results in domestic violence, further contributing to the rise in suicides. Experiencing significant domestic violence can lead a person into depression, fostering feelings of inferiority that hinder proper education. Consequently, individuals remain uncivilized and struggle to face real-life challenges, often succumbing to at least one of these problems. Unfortunately, the perceived solution to these hardships often becomes suicide, exacerbating the overall increase in suicide rates.

Theme 2. Child Marriage: In Pakistani society, teenagers are often compelled to marry due to cultural and Islamic reasons. Girls are frequently married off between the ages of 15-18, resulting in a deprivation of education. Since children are immature before the age of 22, marrying at a young age leads to numerous problems, including heightened anger, rebellious behavior, and a lack of understanding between spouses. Immature individuals struggle to control their feelings, compromise with each other, and conflicts ensue. The workload increases as, in joint families, wives are responsible for the care of their entire in-laws. In this male-dominant society, girls often face mistreatment. Due to their young age, they are not physically and emotionally prepared, and they are subjected to taunts for dowry, leading some girls to experience depression and contemplate suicide.

Theme 3. Failed Love Stories: Most suicides result from immense emotional and mental distress. Some breakups are so tragic that the negative outcomes adversely affect a person emotionally and socially. In many suicide cases, the problems present in society contribute to the increasing number of suicides. Many young females and males engage in love relationships, but a significant number fail to maintain them. Sometimes, the family of the boy or girl does not agree to accept the love relationship, leading to parental disapproval. Due to mismanagement of the new relationship and a lack of social or mental wellness, individuals contemplate committing suicide.

Theme 4. Poverty: Due to the lack of resources in Pakistani society, many people are unemployed, leading to poverty exacerbated by inflation. Surviving in these challenging conditions becomes very difficult, as individuals struggle to manage their lifestyle. This inclination towards suicide contributes to the rising number of suicide cases.

Theme 5. Mental Health issues: Most individuals who contemplate suicide are linked to psychiatric diseases, with depression, substance use disorders, and psychosis being the most relevant. A stress-diathesis model has been proposed, indicating that the risk for suicidal acts is determined not only by psychiatric illness but also by other factors. Negative health outcomes in adulthood, including mental disorders and suicide, can result.

Depression: When a person lacks a sufficient amount of money, they tend to think deeply and gravitate towards negativity, which may lead to suicide.

Inferiority: Multivariate logistic regression analysis was used to determine the relationship between feelings of inferiority. Feelings of inferiority were associated with a significantly increased risk.

Theme 6. Lake of socialization: The root of all problems is that people are not properly socialized. Such individuals fail in every aspect of life, getting tired of it and wanting to save themselves through suicide. Parents are most responsible because they do not properly train

their children, contributing to the increase in suicide cases.

Theme 7. Unachieved goals: An individual might work hard, but they may not achieve their goal, which can lead to suicide. After failing to accomplish what they desire in life, they may fall into depression and anxiety, developing a gloomy view of the world and becoming fed up with everything. Such suicide cases often result from unachievable goals.

Conclusion and Recommendation:

Conclusion: Whenever a person ends their own life or tried to end, it is called suicide. The number of suicide cases is progressively increasing due to factors such as domestic violence, social pressure, unemployment, poverty, family issues, mental health illnesses, broken love stories, unachieved goals, child marriage issues, lack of socialization, and illiteracy. In Pakistan, it is concluded that domestic violence is the primary cause of most suicide cases.

Recommendation:

1) The government should establish treatment centers for treating mental disorders and substance misuse.
2) It is the government's duty to improve socioeconomic and psychological conditions.
3) Marriage rights must be given to every individual.
4) The government should provide a good environment for its citizens.
5) Improve the ability and quality of healthcare.
6) Proper education must be given to every child in society.
7) Arrange awareness programs regarding suicide and mental health.
8) The government should provide job opportunities for educated people.

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