

SUICIDES IN SINDH: A SOCIOLOGICAL ANALYSIS

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ABSTRACT

Suicide is a serious public social problem. It is the cruelest act on the planet-earth. Sindh is facing many problems. Suicide is one of the important problems. Different reports on the causes and consequences of suicide have presented an extremely grim picture. It has threatened the life itself. The people resorted to suicides in huge numbers since last decade. In view of the severity of the problem the study is aimed to gain further insight into the situation. The obtained results indicated the image of a person who commits suicide is generally of a low level in society generally and in his/her family particularly. The study indicated that majority of respondents were male living in joint/extended family system, where the acceptance of new changes faced great resistance. It was found that the majority of respondents had emotional and moody temperament. They found life routine as boring. The majority of respondents were either self employed or jobless, without any source of personal income and belonged to low-income families. The study further observed that the majority of respondents were in inferiority complex and their home atmosphere was strict. They were depressed and preferred to solitary life. Majority of them were either illiterate or had obtained basic education.

INTRODUCTION

Suicide is generally described as the intentional taking of one's own life. For the individual who commits suicide, the act usually represents a solution to a problem or life circumstance that the individual fears will only become worse. Suicide is a tragic and puzzling phenomenon and to ascertain the reasons why individuals so callously end their own lives is often very difficult. On the global level, studies have shown that about one million people kill

themselves every year. As such, suicide has been labelled as a major public health problem, one that is alarmingly growing among the young. Leading psychiatrists now call it an "emerging epidemic" (Brown, 2001). With regard to suicides, some exceptions aside, it is rampant in societies both Eastern and Western. Available statistics indicate the extent of the problem in the world. Sufficient details are available to show the intensity of the problem all over the world. The World Health Organization (WHO) published the World Report on Violence and Health (2002), in this report it is indicated that suicide, a self-directed violence, is an identified global social problem. An estimated 815,000 people worldwide killed themselves in 2000, for an overall age-adjusted rate of 14.5 per 100,000. This translates into one death every 40 seconds thus making suicide the thirteenth leading cause of death worldwide. Amongst those age 15-44 years, self inflicted injuries are the fourth leading cause of death and the sixth risk in a third of all countries (*Ibid*).

SOCIAL ASPECTS OF SUICIDE

Sociologists like Durkheim viewed suicide as a breakdown of social cohesiveness and normative factors of society. Whereas socio-psychologists conceived it as occurring because of character weakness or insanity. However the setting and significance of the act of suicide have varied across cultural and terrestrial boundaries. In Feudal Japan and ancient Rome suicide was circumscribed as an honourable or redemptive ritualistic performance. In India an act by which called Satti a widow burning herself to death along with her dead husband was a culturally expected convention (*Encyclopedia of Social Sciences, 1968: 376*). According to Durkheim, individual's decision to commit suicide could be understood as being affected by the different forms of social harmony or otherwise in different social settings. His argument was that rates of suicide were related to type and level of social integration within a society. He further noted that there are social forces within society and these are not individual forces but collective forces that drive an individual to commit suicide. In the study of sociological investigations of suicide in early nineteenth century Durkheim looked at the suicide rates of different countries

and communities. He assumed that suicide varies inversely with the degree of integration of religious society, domestic society and political society. Durkheim views society, as a moral society where there are cultural constraints upon one's behaviour, the notion that the individual is dominated by a moral reality that is greater than one. This conscious thought is a social fact as it is extended to us through socially agreed reward or punishment. Durkheim used cor-relation between suicide and various rates of external association to demonstrate the validity of his concept. For example, Catholic populations have lower suicide rate than Protestant because Catholic society bounds the individual more tightly to collectivity. Whereas in Protestant populations bonds of integration and cohesiveness are weak, as a result they are more prone to committing suicide.

GENERAL FOCUS ON SUICIDES IN SINDH

The province of Sindh is one of the four provinces of Pakistan. It has a distinct history which dates back many centuries (*Allana, 1998:1-2*). Sindh covers an area between 56,000 and 57,000 square miles (*Khuhro, 1999: XXI*). The Province is divided into 104 Taulkas, 18 Towns (only in District Karachi), and 23 administrative Districts including one city district (*Provincial Census Report of Sindh, 1998: 14*). Postan (1973) is of the view that Sindh has always been divided geographically and politically into two principle portions: Upper and lower, or rather Northern and Southern, distinguished by names in Sindhi language as "Lar and Sarro", considers three principal portions. Sourthen Sindh (or "Lar") covers areas South of Hyderabad. Central Sindh (or "Wicholo") includes areas lying immediately around Hyderabad. Northen Sindh (or "Sarro") and comprises the districts of Larkana, Khairpur, and the tract which separates Sukkur from Cutch.

Causes of Suicide: Since 1991 to 1995, "1871 cases of suicide were reported in Sindh while during 1996 to 2000, the figure was 3155" (*Daily Kawish, Hyderabad, Nov 21, 1995, Nov 12, 2000*).

TABLE -1
DISTRIBUTION OF SUICIDE CASES AS REPORTED
DURING THE YEARS 1998 TO 2000

| Year | Men | Women | Children | Total |
|------|-----|-------|----------|-------|
| 1998 | 103 | 87 | 25 | 215 |
| 1999 | 382 | 203 | 09 | 593 |
| 2000 | 605 | 302 | 109 | 1016 |

Sources: (Shaikh Prof: Khalida, "Sindhi Adab" 1996, published in 1999, p-50)¹, (Daily Kawish, Hyderabad, January 3, 2000, p.1)², (IBID, 12-11-2000)³, and et. al.

TABLE - 2
DISTRIBUTION OF SUICIDE CASES AS REPORTED
DURING THE YEARS 2001-2005 IN SINDH

| Years | Men | Women | Boys | Girls | Total |
|-------|------|-------|------|-------|-------|
| 2001 | 845 | 425 | 83 | 38 | 1391 |
| 2002 | 1150 | 605 | 104 | 72 | 1931 |
| 2003 | 1325 | 800 | 170 | 75 | 2370 |
| 3004 | 1075 | 660 | 155 | 151 | 2041 |
| 2005 | 625 | 295 | 121 | 71 | 1112 |

Sources: (Madadgaar help line a joint project of Lawyers for Human Rights and Legal Aid (LHRLA), UNICEF, and et.al., Dated: 25-01-2006).

URBAN AND RURAL RATIO OF SUICIDES

According to estimation 67% of suicides are committed in big cities of Sindh, whereas 33% are committed in rural areas (*Dawn, 6th Nov 2000: 07 op. cit*). Likewise in urban Sindh, the highest number of suicide about two-third of the total for the province is committed in Karachi (40.90%) then the other cities (22.72%).

The contributing factors are understood as to be poor law and order situation, hasty urbanization, increasing unemployment increasing inadequate living conditions, discriminations, denial of justice and growing frustration among the citizens for last many years (*Sarfaraz, Dawn, 6th November 2000*).

AGE-WISE DISTRIBUTION OF SUICIDES

It is generally found that young people are more prone to suicide than the others all-over the world. In the past, adults used to commit more suicides than the young and the peak age was 45

to 65 years. The recent trend of suicide is the same. At present young people at the peak age of 15 years to 25 years are committing more suicides all over the world. Sindh also follows the same trend as elsewhere in the world: the majority (46.21%) falls in the young age group of 21 years to 30 years.

GENDER WISE SUICIDES

Men commit more suicides than the women all over the world. In the world scenario the present average male and female ratio is 3:1. In this case Sindh province is also no exception. Here also males commit more suicides than the females. A careful analysis of suicide cases from March 1997 to July 1999 shows that males (68.46%) outnumbered females (33.07%) with an urban dominance (63.63%) over the rural setting (36.07%) (Sarfaraz, Dawn 6th November 200).

SUICIDE BY MARITAL STATUS

From the marital status viewpoint it was found that singles commit more suicides all over the world. But the pattern in Pakistan on the whole and Sindh in special is in contradiction to the rest of the world. The analysis of 374 suicide reports related to Sindh published in two major daily newspapers from March 1997 to July 1999, revealed an interesting pattern of suicide in the local context. It was found that married people had committed more suicides than the singles. About 61.97 percent of males were reported to be married while 81.39 percent females were married. The most common reported reasons by male subjects for suicides were: Domestic problems (38.20%), poverty (25.28%) and mental illness (8.98%). By female subjects domestic problems (36.04%), marital disharmony (24.41%) and poverty (10.81%) (IBID).

METHODS OF SUICIDE

The methods of suicide in local study were having pattern similar to the international one in the males but a contrasting one in the females who adopted more violent methods than their international counterparts.

CAUSES OF SUICIDE

Sindh is facing multi-dimensional problems i.e. socio-economic and psychological. Worst alienation prevails in Sindh (politically, ethically and socially). People have learnt that all their efforts to bring about a change for the better is sabotaged. In Sindh a sense of helplessness has set in and even worse hopelessness is taking over. Abject poverty prevails in the country generally and in Sindh particularly. Worst position can be gauged from the official reports that the figures of people falling below the poverty line as 45 million.

Unemployment rate in the country is at 6.1% (*Dawn Review November 2-8, 2000 op. cit.*). About 70 million persons don't have access to clean drinking water. About 75% have no medical facilities. A case study of 127 who committed suicide in Karachi in the year 2000 shows that prior to suicide they were highly depressed due to joblessness or poverty. Different researches show that some 50 to 70% suicides occur during and due to an episode of depression. Among them 42 were women who killed themselves as their husbands were either jobless or doing low paid jobs and they found it very difficult to make both ends meet. The financial distress born of this situation often led to domestic brawls, weighing heavily on the nerves of the spouses. Current political, economic and social factors, such as poor living conditions, low literacy rate, unending political instability, an insufficient and inefficient health care delivery system, along with the extensive human rights violations, rampant corruption, runaway unemployment, retrenchment in the name of so-called downsizing or rightsizing. The prevailing sense of deprivation, blatant denial of justice, consistent erosion of cohesion in the society, emotional setbacks, violence, insecurity to human life and property, and all other similar factors, make one assume that menace of suicide persists without any hindrance.

CONCLUSION

No one can deny the facts that there might be hidden causes of suicides and many murder cases of women and men covered up in suicide. Due to the domestic violence, forced marriages, and dis

matched marriages more women use to attempt suicides in Sindh. The ratio of suicide is increasing day by day in Sindh, and now it has become burning problem of province. Most of the people committed suicide in Sindh due to the social problems like unemployment, poverty, love affairs, injustice, and domestic violence. These are not problems which can not be solved but there is need of seniority and honesty. Wealthy people, human rights commission, and philanthropist should take forward steps for the betterment of help less people, and try to provide them basic amenities of life; and to spread awareness among the people to face the problems with braveness. In this way one can be able to eradicate such horrible problem of society.

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