



Socioeconomic, Cultural, and Psychological Determinants of Female Committed Suicide in Mardan

Awais Ur Rahman¹, Muhammad Faizan Rasool², Arfa Akram³ and Prof. Wang Daiyue⁴

¹ Abdul Wali Khan University Mardan, Pakistan Email: sultanawais4344@gmail.com

² Government College University Lahore, Pakistan Email: faizan.rasool@gcu.edu.pk

³ Bahaudin Zakriya University Multan, Pakistan

⁴ Tsinghua University, China

Abstract

The research analyzed the Social, Cultural, and Psychological factors that lead to Female Committed Suicide in Mardan, Pakistan. A survey conducted with families that lost their female members to suicide concluded that common root causes for women's suicides in the region include domestic violence, child marriage and poverty. Lack of social support and mental illness also increases the risk to a higher degree. The outcome of the study also calls for enhancing mental health care, overall financial assistance, and legal safeguards. Some of the recommendations include the need to scale up mental health, improve responses to domestic violence, preventing child marriage, access and education to social support. The findings of this study help identify the major points of focus in order to decrease the rate of female suicides and evaluate the general psychological health in Mardan.

Keywords

Family Violence, Early Marriage, Psychology.

Introduction

Depression is one of the most important aspects of the human life and normally suicide was observed all through recorded history and was influenced by several factors which are social, cultural as well as psychological. The earliest suicide, according to the history of philosophy was by a Greek pre-Socratic philosopher Empedocles who jumped into the volcano Mount Etna near Sicily in the year 434 B.C. It may have been for this reason that he killed himself because of his belief of death as a transformation (Burnet, 1930).

In the world, the suicide is one of the leading causes of death and still people all over the world end their lives because of many reasons that have different degree of importance depending on the region, social and economic status. The global burden of suicide: General findings of the world health organization cross-sectional mortality study indicates that the highest rates are registered in Eastern Europe; however, somewhat lower rates have been identified in regions like Latin America, Eastern Mediterranean, and some parts of Asia (WHO, 2011). Suicide in Pakistan is a relatively studied area since it is considered as taboo in the country because of social, religious and legal restrictions (Khan, 2015). Nonetheless, evidence data shows that suicide in this country is majorly influenced by socioeconomic factors, cultural practices and psychological troubles (Rezaeian, 2010).

For these reasons, the Khyber Pakhtunkhwa province's district Mardan can be analysed as a suitable case to study socio-cultural context, economic issues and the psychological stress affecting the population. Research has indicated that the suicide ratio between male and female in Pakistan is nearly 2:1 and the vulnerable groups are unmarried male below thirty years and married females below thirty years. Other potential antecedents are lack of employment, poverty, family discord and loneliness (Rezaeian, 2010; Khan, 2015).

Objectives

1) To find out how the economic string affects the level of suicides in Mardan.

- 2) To identify those cultural factors that affects the suicides in Mardan.
- 3) To determine psychological caustic that lead to suicide in Mardan Khyber Pakhtunkhwa.
- 4) To recommend strategies for suicidal prevention according to the study outcomes.

Literature Review

Socioeconomic Determinants of Suicide

Poverty, unemployment, and low education standards are among the main social factors that have been associated with high suicide prevalence across the world. According to Stack and Kposowa (2011), people experiencing a long period of poor economic conditions are likely to exhibit suicidal behaviours because of pressure caused by economic difficulties. Using the case of urban Pakistan which is a low-middle income country where suicide rates are on the increase especially in rural areas such as Mardan, Khan (2015) described unemployment and poverty as major determinants of suicide. Poor stained economic status makes the individuals to be rejected socially, and this contributes to feelings of hopelessness and helplessness, which are significant force to suicide (Platt, 2016).

Cultural Influences on Suicide

People's beliefs systems, especially those of cultural mores and taboos, play a critical role in shaping attitudes towards suicide. In many collectivist societies including the Pakistani society, the honor of the family and the society puts a lot of pressure on the individuals and, thus, when the affected individuals feel like being a failure, they will opt for suicidal behavior (Lester, 2006). Rezaeian (2010) carried out a study and pointed out that the Pakistan culture exposes women to marital disputes, domestic and honor- related violence that trigger suicidal tendencies. Mental health and suicide thus remain a taboo since people are likely to shy away from seeking help since they feel that they will be outcast (Ahmed, 2013).

Psychological Determinants of Suicide

The psychological factors which are recognized as the risk factors for committing suicide include mental disorder such as depression, anxiety and the use of substances. As stated by WHO in 2014 it is stated that men and women who have mental health disorders and have not sought professional help are more likely to think of suicide and take this step. In Pakistan, Khalid (2012) highlighted psychological factor/illness as being the main cause of suicidal behavior in which social/economic stressors are likely to contribute and given that there is limited mental health services in rural regions of Pakistan. Psychological processes may enter into conflict with social demands for these sufferer to present the picture of wellness thus developing a situation whereby the patient feels as if he has no other option than to take his/her life to avoid suffering (Gould & Kramer, 2001).

Theoretical Framework

Durkheim's Theory of Social Integration

They include Emile Durkheim's work on the sociology of suicide which forms a basic theoretical perspective to the sociology of suicide. According to Durkheim (1897) suicide is not an act like any other or a decision of an individual but an act determined by the extent of the integration of an individual or lack of it into the society and the level of regulation in the society. Durkheim's heterogeneity of suicide; egoistic, altruistic, anomic and fatalistic are valuable when trying to view suicidal behavior through the influence of social forces.

1. **Egoistic Suicide:** This is a state of thinking which occurs when any person is out of touch with society or when he/she feels that he/she is useless. The people living in Mardan who are cut off from society either through unemployment or poverty or family breakdown are likely to indulge in egoistic suicide.
2. **Altruistic Suicide:** This is especially so when the highly integrated societies are those where collective needs are greater than individual wants which means that individuals will take their own lives for the good of all. This can be noted with examples of cases where people commit suicide in order to defend the family honor or due to pressures from society.
3. **Anomic Suicide:** A clear implication of this notion Post's idea of anomic suicide is that the suicidal act takes place when cultures within the society change frequently for instance during social or/and economic crisis. Such factors can be rapid economic changes, political instability or shifting of culture, which may result into normlessness and the rates of suicide may rise in Mardan.
4. **Fatalistic Suicide:** This kind of suicide is linked with such things as 'too much' regulation and oppressive environmental context wherein one cannot see a way out. In Mardan, those

people, who have become victims of intimate partner violence or those who experience too much pressure in society, might choose fatalistic suicide to gain power in their lives.

Application to the Mardan Context

Durkheim’s theory can be then be used to explain the findings of socio-economic, cultural and psychological factors that underlie suicide in Mardan. The theory enables the understanding of the nature of the role played by social integration and regulation levels in different types of suicidal behavior existing in the region. Thus, using this approach, the study will uncover the dynamics of people’s choices and contextual factors that lie behind the problem of suicide in Mardan.

Materials and Methods

We employed this study with a qualitative modality because aims at exploring the factors influencing the suicide cases in Mardan in terms of socioeconomic, cultural and psychological factors. For this study, we used purposive sampling technique in order to identify respondents who were relatives of those who had committed suicide. The task of data collection used several methods. We used semi-structured interviews with these family members in order to get accurate and comprehensive descriptions of the suicides and such contextual factors as socioeconomic status, culture, and mental state. All of these interviews were conducted with the participants’ permission to record the interviews with audio devices that were turned off until the participant agreed to record the interview.

Besides interviews, we had to complete the structured questionnaire for collecting the demographic information of the participants included gender, age, family origin, level of education, employment conditions, and marital status. We also made structural observations where we went to the homes of the victims of suicide to note down any context using a notebook, pencil and ballpoint pen.

Analyses of the collected data involved the use of thematic analysis so as to learn the patterns and themes of the determinants to suicide. We used the Statistical Package for Social Sciences (SPSS) to analyse the quantitative data in order to determine the correlation between demographic data and suicide rate. Policies on ethical issues were strictly followed whereby consent of all the participants was obtained with a view of ensuring that they were given code names. The outcomes were further analyzed and conclusions and recommendations were made there and then.

Data Analysis and Discussion

Data Analysis

The quantitative analysis performed in the context of the study is about female suicide cases in Mardan; and demographic profiles with relation to suicide motives. The information gathered involves age, education level, marital status, year of suicide and the cause of suicide. Here follows the demographic characteristics of the people that have been involved in the suicide cases and their distribution.

Table 1: Gender Distribution

Gender	Frequency	Percentage
Female	10	100%

Explanation: The research took into account only female committed suicide cases, in total ten were examined in the given work.

Table 2: Age Distribution

Age Range	Frequency	Percentage
15-25	5	50.00%
26-35	4	40.00%
36-45	1	10.00%

Explanation: Thus, Half of the female suicide cases, (50. 00 %) were within the ages of 15-25 years young women are especially susceptible. 26-35 years’ women were the most affected with 40%. 00% of cases while one case (10. 00%) was of a woman from the age group of 36-45 years.

Table 3: Marital Status Distribution

Marital Status	Frequency	Percentage
Married	4	40.00%
Unmarried	6	60.00%

Explanation: Forty point zero zero percent of the women were married and this shows that marital problems could probably be a leading cause of suicide. The remaining 60.00% of them were unmarried which meant that such women had different stressors and challenges to confront.

Table 4: Years of Suicide Distribution

Year Range	Frequency	Percentage
2005-2015	4	40.00%
2016-2022	6	60.00%

Explanation: The table presents the real data on Suicide Cases which depicts that it rises gradually from the past years with 60.00% that happened between 2016 to 2022, while 40 Government health expenditure of all Sector increased from 00% between 2005 to 2015. This may be due to the deteriorating social conditions or due to better reporting process.

Table 5: Educational Level Distribution

Educational Level	Frequency	Percentage
Uneducated	5	50.00%
Primary	1	10.00%
Matric	2	20.00%
F.Sc	1	10.00%
B.A	1	10.00%

Explanation: With respect to educational level it was equally revealed that fifty percent of the women involved in suicide cases were uneducated and majority of them had low educational standard. This makes it possible that restricted access to learning and other amenities may lead to increased tendencies of suicides.

Table 6: Reason of Suicide Distribution

Reason of Suicide	Frequency	Percentage
Domestic Violence	6	60.00%
Child Marriage	1	10.00%
Unachieved Goals	1	10.00%
Love Failure	1	10.00%
Social Pressure	1	10.00%

Explanation: The most common reason was the domestic violence with 60. 00% while the rest comprised of social pressure, child marriage, unfulfilled goals and goals, and love failure each contributing to 10. 00% of the cases. These findings point to the fact that socio-cultural factors play an important factor in the female suicides.

Suicide Cases

S.No	Name	Age	Reason of Suicide	Year of Suicide	Educational Level	Marital Status
1	A	32	Domestic Violence	2011	5 th	Married
2	B	43	Domestic Violence	2022	Uneducated	Married
3	C	15	Domestic Violence	2009	9 th	Unmarried
4	D	20	Social Presser	2011	Uneducated	Unmarried
5	E	35	Domestic Violence	2021	Uneducated	Married
6	F	27	Domestic Violence	2019	Uneducated	Married
7	G	20	Child Marriage	2005	8 th	Unmarried
8	H	19	Unachieved Goal	2021	F.Sc	Unmarried
9	I	19	Domestic Violence	2017	Matric	Married
10	J	24	Love Failure	2017	B.A	Married

Themes

The qualitative comparison of the ten female suicide cases in Mardan indicates several key findings that elucidate the socio-economic, cultural, and psychological causes of suicide. These themes include the effect of domestic violence, education, marriage, social stimulation, psychological disorder and others.

Socioeconomic Factors

Domestic Violence: In this sample, domestic violence turned out to be the most significant cause of suicide of the women; in 60% of the cases, it is this factor that was determined. Getting back to the problem of domestic violence it is important to notice that this is a widespread issue in Mardan and is worse when it comes to low income families. Lack of financial means/family's economic dependence on abusive spouses or other family members keep these women in such toxic environments and all they see is death through suicide as the only way to escape.

Educational Status: The age distribution of the women in the study was rather young, half of them were illiterate, and the others who had at least completed some years of schooling did not exceed secondary level. This low education achievement hinders their employment chances as well as

perpetuates their reliance on families or spouses. This implies that the proportion of women with low education level is inclined to be higher especially in the third world countries since education is power and gives women a better chance of conquering their odds and cases of suicide.

Social Pressure: Contributions from social pressure was established to have contributed 16.67% of female suicides. This theme indicates how dynamic the issue is and how it contributes to calling into question relationships between socio-economic factors on one hand and psychological and social aspects on the other. Socioeconomically, the pressure to fit the cultural expectation brings pressure of abacus of resource and opportunity hence stress and feelings of inadequacy. These effects work psychologically and some of them include anxiety, depression, and worthlessness, all due to pressure that the society constantly puts on an individual. In addition, there are no social contacts and support in this situation, which enhances such feelings leading to suicidal tendencies. People who do not experience help from others when they have to face social pressures have increased risks of experiencing mental health problems as well as suicidal behaviors.

Cultural Factors

Marital Status: Out of the women who committed suicide 60% of them were married women which bring into limelight the issue of married women in Mardan. More often than not, marriage only amplifies other forms of social and economic injustices, several of which include; first, the practice that most affects women, which is domestic violence, second, child marriage and lastly forced marriages. Prindrl in regard to married women pointed out that cultural pressure that-married women undergo, along with restricted powers in marriage, results to entrapment and this explains the level of despair which leads to suicides.

Child Marriage: Out of the cases, one has been documented to have been contributed to by child marriage but considering that the research only targeted a portion of the cases, it can be estimated that this caused 10% of the cases. This is perhaps one of the most important themes because it brings out the extremities of this cultural practice. Child marriage robs girl child her childhood, education, and mental and emotional development to attain a balanced personality and lifts her mobile of lifetime trauma. This repression and the general inability to manage one's own life push these young women to murderous despair, and sometimes lead them to commit suicide.

Psychological Factors

Mental Illness: Although one cannot infer that mental illness is accurately captured by the data, exactly, it is very clear that psychological distress underlies many of these suicide cases. This indicates that factors such as domestic violence, social pressure, unachieved goals and love failures are some of the reason that lead to depression, anxiety and other mental health problems. Introduced mental health support to such women is lacking similar to discouragement of seeking help due to the stigma attached to it thus worsening the indicated conditions and leading them to suicide.

Lack of Socialization: In this theme, loneliness and absence of social relations are quite relevant. Because of the traditions in Mardan, women cannot go where they want and are confined to their homes which make them feel all alone and even wanting to die. Such exclusion amplifies the psychological stress a woman experiences hence making it difficult for her to deal with her issues. There is also no support network to take care of them and this makes them resort to suicide to escape from unbearable situations.

Unachieved Goals: Unachieved goals were identified in 8.33% of female suicide cases. This theme encompasses effects that are both psychological and socioeconomic in nature. Emotionally, lack of work success as well as the failure to reach personal or career aspirations is very likely to cause extreme frustrations, hopelessness, and lowered esteem. Socioeconomically, career and or personal goals not being achieved will lead to lack of financial security and social exclusion. Psychological ambitions not achieved coupled with economic challenges make people to consider suicide as the best solution to what they consider as their failures.

Love Failure: Love failure was a factor in 8.33% of female suicides. Under this theme there are both psychological and cultural influences. Psychologically, failed relationship can result to post-partner depression, improved anxiety and worthlessness. For example, culturally imposed conditions of dating and relationship may add to these feelings people feel isolated and cannot seek help or heal. Losing face or feeling the failure in a relationship affects health adversely and, therefore, results in suicidal thoughts where the affected person is culturally pressured and emotionally vulnerable.

Conclusion and Recommendations

Conclusion

The analysis of female committed suicides cases in Mardan shows that; social, cultural and psychological factors are also significant predictors of the cases. It is shown that women in the mentioned area are killed mostly due to domestic violence, marriage before reaching twenty-five years, and poverty. Further, mental health problems and social isolation catapult the risk level to another level. The interactions between these factors indicate that multidimensional strategy and targeted intervention for the focus factors should be used in the fight against suicide and risky behavior and improvement of women's mental health.

Recommendations

- 1) **Develop Mental Health Support Services:** Set up specific mental healthcare centres so that people suffering from mental illnesses and drug addiction in Mardan can easily get the required treatment. Expand mental health programs since it is a key area that will require more human resources in enhanced programs for the individuals in crisis.
- 2) **Enhance Socioeconomic Conditions:** Devise strategies of poverty and unemployment eradications as a way of controlling its occurrences in the society. Promote women economically through employment, vocational training as well as implementation of micro-finance schemes.
- 3) **Address Domestic Violence:** Enhance legal frameworks and facilities, which would help women to eradicate domestic violence. Organize counseling and support services for the victims and conduct awareness creation campaigns to introduce on the face of domestic violence and its effects.
- 4) **Combat Child Marriage:** Those that are meant to reduce child early marriage should be implemented alongside those concerning education for young girls. Some suggestions to spread negative effects of early marriage include active sponsorship of community based awareness creating programs.
- 5) **Promote Education and Employment:** Make sure all female individuals of the given country have access to proper education and promote girls' education for them to attain higher education and or professional studies. Provision of job placements to enable the lady to be economically inserts.
- 6) **Foster Social Support Networks:** Promote formation of support groups for women, and access to social services that will assist them through the various phases of their lives. Enhance social capital to fight on isolationism and bolster on communalism programs.
- 7) **Raise Awareness:** Organize mental health and suicide prevention awareness creation among the target populations. Inform the public about how they can notice mental distress and where they can find help.

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