



Sustainable Development Policy Institute

Working Paper Series no: W-89

**Unemployment, poverty and
declining socioeconomic status
associated with increased suicides
among Pakistani youth: a case study
of 366 attempted suicides in Sindh**

**Mohsin Babbar & Ali Abbas
Qazilbash**

01 March 2004



**Unemployment, poverty and declining socio-economic status associated with increased suicides among Pakistani youth:
a case study of 366 attempted suicides in Sindh**

Mohsin Babbar & Ali Abbas Qazilbash

Working Paper Series # 89
2004

All rights reserved. No part of this paper may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying, recording or information storage and retrieval system, without prior written permission of the publisher.

A publication of the Sustainable Development Policy Institute (SDPI).

The opinions expressed in the papers are solely those of the authors, and publishing them does not in any way constitute an endorsement of the opinion by the SDPI.

Sustainable Development Policy Institute is an independent, non-profit research institute on sustainable development.



© 2004 by the Sustainable Development Policy Institute

Mailing Address: PO Box 2342, Islamabad, Pakistan.
Telephone ++ (92-51) 2278134, 2278136, 2277146, 2270674-76
Fax ++(92-51) 2278135, URL:www.sdpi.org

Table of Contents

Abstract.....	1
Introduction	1
Methodology	3
Results	3
Discussion.....	4
References.....	8

The Sustainable Development Policy Institute is an independent, non-profit, non-government policy research institute, meant to provide expert advice to the government (at all levels), public interest and political organizations, and the mass media. It is administered by an independent Board of Governors.

Board of Governors:

Mr. Shamsul Mulk
Chairman of the Board

Mr. Karamat Ali
Director, PILER

Mr. H. U. Baig
Chairman, KASB Leasing Ltd.

Dr. Abdul Aleem Chaudhry

Dr. Masuma Hasan

Dr. Pervez Hoodbhoy
Professor, Quaid-e-Azam University

Mr. Irtiza Hussain

Dr. Hamida Khuhro
Member, Sindh Provincial Assembly

Mr. Sikandar Hayat Jamali

Ms. Khawar Mumtaz
Shirkat Gah

Mr. Aslam Qazi
Chief Editor, Daily Kawish

Mr. Abdul Latif Rao
Country Representative, IUCN - Pakistan

Mr. Malik Muhammad Saeed Khan
Member, Planning Commission

Dr. Zeba Sathar
Deputy Country Representative, Population Council

Dr. Pervez Tahir
Chief Economist, Planning Commission

Dr Saba Khattak
Executive Director, SDPI

Under the Working Paper Series, the SDPI publishes research papers written either by the regular staff of the Institute or affiliated researchers. These papers present preliminary research findings either directly related to sustainable development or connected with governance, policy-making and other social science issues which affect sustainable and just development. These tentative findings are meant to stimulate discussion and critical comment.

Unemployment, poverty and declining socio-economic status associated with increased suicides among Pakistani youth: a case study of 366 attempted suicides in Sindh

Mohsin Babbar & Ali Abbas Qazilbash

Abstract

Of the 366 attempted suicides reported in this study, in the province of Sindh, over a period of four-months (September – December, 2002), 38 per cent survived, while the rest perished. Considering the predominating cause of such a high suicide rate, this study revealed that economic and social problems accounted for 52 per cent and 32 per cent of the total suicides, respectively. Other reasons are attributed to failures and decline in self-belief, mental disorders and torture.

As for the gender-wise distribution pattern of the attempted suicides, reported in this study, a predominance of male victims persists, as 70 per cent of the total 366 attempted suicides were carried out by men or boys. The highest number of suicide cases were reported from rural Sindh (83 per cent), among single (51 per cent) and married (47 per cent) individuals, with the highest in the Sanghar and Dadu districts (18.5 per cent and 14.6 percent, respectively) for the rural areas and Karachi and Hyderabad among the urban areas (35.9 percent and 15.6 per cent, respectively). In addition, the study revealed that 95 per cent of the suicide cases were among the 15 - 45 years age group. Furthermore, of those who attempted suicide the vast majority were Muslims (87 percent) while the rest were Hindus. The most common method used to attempt suicide was reported to be the use of any poison (40 percent) and pesticides particularly (27 per cent).

The findings of this study highlight the urgency of the need for an effective youth policy, which enables a strong partnership between the public and private sectors to ensure implementation of an affective sustainable livelihood program as the first step in addressing the socio-economic problems of Pakistan, thereby curbing the suicide rate.

Introduction

Regardless of whom they affect, suicides are 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 – a figure that is comparable to those who die of malaria annually. At these current trends, it is estimated that this figure could climb up to 1.5 million by 2020 (Brown, 2001). As such, suicide has been labeled as a major public health problem, one that is alarmingly growing among the young. Leading psychiatrists now call it an “emerging epidemic” (Brown, 2001).

Studies on suicide trends, conducted by the WHO, show that in four large countries alone, namely Brazil, India, Mexico and the USA, suicide rates have increased on average from 5 to 62 per cent over the past two decades (Brown, 2001). What is more interesting, though, is the realization that suicides are now

more common among the younger age groups, especially amongst young men, rising steeply in recent years in some European countries, Mexico and the US. In the United States alone, the suicide rate among 15 – 24 year olds trebled in thirty years, between 1950 and 1980, and despite the fact that it has now leveled off, it has not declined (Brown, 2001).

The dilemma that researchers face is the question of why these young people are more likely to kill themselves in today's day and age, than they were in the 1950s remains unanswered. Numerous psychiatrists and researchers have attempted to address this phenomenon, and have conducted credible work to back their hypotheses, especially in terms of the increase in suicides in developing countries, citing that suicidal behavior is increasingly becoming a phenomenon associated with the youth, influenced by to the wider socio-economic and environmental factors of the population (Page *et al.*, 2002; Hawton *et al.*, 1998). Such factors include unemployment, poverty, low socioeconomic status (Blakely *et al.*, 2003; Neelman and Lewis, 1999; Gunnell, 1999; Preti and Miotto, 1999; Lewis and Weich, 1998), and changes in economic activity (Hintikka *et al.*, 1999; Weyerer and Wiedenmann, 1995) and labor force characteristics (Lester, 1988). Associated with these factors are those pertaining to the access to the means of attempting, or committing suicides. Availability of, and easy access to, prescription drugs – sedatives – poisons and firearms have often been linked to the rise in suicide rates (Cantor and Baume, 1998; Cantor and Slater, 1995; Surtees and Duffy, 1989; Kreitman, 1976; Oliver and Hetzel, 1972).

Interestingly, suicidal behavior has also been labeled, by some researchers, as a mental disorder commonly linked to poverty and unemployment, as elucidated in a study conducted in the United Kingdom. The investigators found that poverty and unemployment increased the duration of what they called “episodes of mental disorders”, but not the likelihood of their onset (suicide). Financial strain was found to be a better predictor of psychiatric morbidity – a more scientific name for suicide (Weich and Lewis, 1998).

Despite the numerous studies conducted, the risk factors associated with suicides remain poorly understood and often unclear. However, what is blatantly obvious is that, given the rising trends of suicides, individuals under the age of 45 now account for more than half of the completed suicides committed in a calendar year, compared to just 44 per cent for the ten years spanning through the 1950s (Brown, 2001).

Documented studies have also shown a wider range of contributing factors, especially amongst the developing countries. The impact of economic, political and environmental variables on the general health have been shown to be associated with higher measures of deprivation, lower birth weight and higher infant mortality and lower life expectancy, which reportedly directly affect the suicide rates in developing countries (Page *et al.*, 2002).

Considering these facts and the socioeconomic, environmental and health problems that Pakistan faces today, it is essential to investigate the rise in suicides amongst the youth of this nation. Over three years alone, poverty and unemployment in Pakistan has been steadily increasing. If one considers the UNDP definition of poverty, i.e those earning US \$ 2 per day or less, then nearly 85 per cent of the population are currently living under the poverty line and if one takes the government and World Bank definition (US \$ 1 or less per day) then 40 per cent are currently living below the poverty line. Regardless of which figure one takes, the poverty situation in Pakistan is extremely severe and encompassing any where from 58 to 123 million people (Human Development Report, 2002).

The unemployment figures are not too encouraging either, as government reports indicate that nearly 8 per cent of the current work force is unemployed, with over 350,000 workers being laid off over the past three years alone (SPDC report, 2002).

This study, a first of its kind, on suicides cases reported in the province of Sindh over a period of four months, was designed to ascertain the predisposing factors that may have a direct, or indirect correlation with the increase in suicide rates among the youth. The objective of this study is to determine if poverty, unemployment and socioeconomic conditions are associated with the rise in suicides, or if there are other factors that may account for such happenings.

Methodology

Since there is no database available that has documented the number of suicides in Pakistan and the added fact that it is illegal to attempt suicide, no government survey has encompassed this aspect. Hence, the data of the 366 cases of attempted suicides was collected from local media reports published in various newspapers over a four-month period (September – December, 2002). All the relevant information was obtained from the articles, reports and stories published in the Sindhi newspapers, the Daily Kawish and Ibrat, Hyderabad, which have the widest network of reports of any newspaper in Pakistan.

The age, sex, religion, location and marital status of suicide victims, the mode of suicide and reasons given for attempting suicide were obtained from the reports and broadly divided in six categories for reasons, namely; social, economic, failure in love, police torture, mental disorder and those with unreported reasons. The method used to in the attempt to or completed suicide was also divided into categories as reported by the newspapers.

Results

A total of 366 attempted suicides were reported in Sindhi dailies, over a period of four months (September to December, 2002), of which 227 (62 per cent) perished, while 139 (38 per cent) survived (Table 1).

Of the total who attempted suicide, 257 (70 per cent) were male and 109 (30 per cent) females, showing a predominate trend of the higher rate of suicides among males. Among the 366 victims of attempted suicide, the vast majority were Muslim (87 per cent), while the remaining were Hindus (Table 1). As for the marital status of those who attempted suicide, 187 (51 per cent) were single, 172 (47 per cent) were married and only 7 (2 per cent) were divorced (Table 2). The vast majority of those who attempted suicide were young, as 229 (63 per cent) were in the 15 – 24 years age category and 117 (32 per cent) in the 25 – 45 years age category. At the same time, this study showed that 15 (4 per cent) of the individuals who attempted suicide were very young children below the age of 14 years (Table 2).

Regarding the regional distribution of the reported suicides by this study, 302 cases (83 per cent) were from the rural areas of Sindh, with the highest being in the Sanghar (19 per cent), Dadu (15 per cent) and Larkana (10 per cent). Only 17 per cent of the total attempted suicides occurred in the urban centers of Sindh, with the highest number reported in Karachi (36 per cent), followed by Dadu and Larkana (Tables 2 & 5).

As for the reasons allocated by the suicide victims, this study revealed that economic and social injustices played the main role in this act, as 192 (52 per cent) claimed that poverty and, or, unemployment had driven them to suicide. One hundred and seventeen (32 per cent) claimed that social exclusion and pressures had driven them to suicide. Other reasons elucidated in this study included, failure in love (11 per cent), mental disorder (3 per cent), police torture and unreported (1 per cent, each) (Table 3).

The most popular method, to attempt suicide, chosen by victims was the consumption of any household poison (40 per cent), followed by the specific use of pesticides, as the poison of choice (27 per cent). Hanging and shooting oneself (12 and 11 per cent, respectively) were the next most common modes of attempting suicide. Other methods included drowning, cutting and burning oneself (Table 4).

Upon further analysis of the findings, when only looking at the committed suicides, this study did not show any significant deviation from the results of the overall attempted suicide cases. Of the 227 who committed suicides, 75 per cent were males, 85 per cent Muslim and 82 per cent were from the rural areas of Sindh. In addition, the study also showed that of the 227 suicides, 52 per cent were unmarried, 47 per cent were married and only 1 per cent were either widowed, or divorced (Table 1).

The age-wise distribution pattern among the 227 individuals who completed suicide also showed a similar trend, in that 61 per cent belonged to the youth age category, 34 per cent were between the ages of 25 and 45 years, 3 per cent were very young children (aged below 14 years) and only 2 per cent above the age of 46 years (Table 2).

Discussion

Although suicides have often been associated with the elderly, and traditionally are highest among geriatric men, there has been a steady increase in the suicides committed by the youth of society today, to the extent that now it attributes to a third of all youth deaths globally (Brown, 2001). According to the World Health Organization estimates that in the last 45 years suicide rates have increased by 60% worldwide. Suicide is now among the three leading causes of death among those aged 15-44 (both sexes), with a global suicide rate of 16 per 100,000 with one death every 40 seconds. Suicide attempts are 20 times more frequent than successful suicides (Hawton *et al.*, 1998).

Often associated with mental disorders, suicides are a result of numerous, often complex and intertwined socio-cultural and economic factors and are more likely to occur during periods of social unrest, feelings of injustice, financial, personal or familial crisis (e.g. unemployment, loss of a loved one, failures at the workplace, with loved ones, loss of honor etc.) (Blakely, 2003). Some suicides may even be associated with altruism – a sense of self-sacrifice in the hope that those left behind may benefit.

A similar scenario can be seen in Pakistan, where over a period of only four months, 366 suicides amongst the youth of Sindh, were reported in the local press. Analysis of this study revealed a strong association between unemployment and suicide rates, especially among the young males, with unemployment and poverty (52 per cent) the main reason for suicide reported in this study. Such findings have been reported by other researchers (Blakley *et al.*, 2003; Page *et al.*, 2002; Preti and Miotto, 1999; Weich and Lewis, 1998), where even in developing countries, like New Zealand, Australia and most of western Europe, the young continue to take their own lives because of unemployment and poverty. In some cases, even being shunned by society is enough to drive the young to end their lives (Whitley *et al.* 1999). In this study social exclusion (32%) was also reported as a leading cause of suicide among the

youth, as people living in deprived, underdeveloped and economically fragmented areas, generally have high suicide rates.

Admittedly, some studies (Beautrais et al., 1998; Lewis and Sloggett, 1998) have reported a lower proportion of suicides (6 per cent) attributable to unemployment and poverty, as other factors such as mental illness account for about half of the suicide deaths, globally. Yet one must not discount the impact of unemployment and poverty, especially in developing countries, where the budgetary allocation for social development is minuscule, often donor driven and as a result is not uniform or nationwide, but targeted towards a specific area or region.

Such is the case throughout Pakistan, but none more prevalent than in rural Sindh, where large areas have been deprived of their basic rights of access to the fundamental needs to ensure a quality life. Districts like Sanghar, which have one of the highest literacy ratios in Sindh, are amongst those areas with the highest deprivation index (SPC Report, 2002) and not surprisingly so of the reported suicides, in the rural sectors, discussed in this study, Sanghar tops the list with 18.5 per cent. Badin, Mirpurkhas, Thatta, Tharparkar, Jacobabad and Ghotti also have the highest deprivation value and together with Sanghar constitute 39 per cent of the reported suicides in the rural sector of Sindh. The other districts, like Dadu, Larkana, Khairpur, Nowshera Feroze, Nawabshah, Sukkur and Shikarpur constitute a group whose deprivation index is designated as medium (SPDC, Report, 2002). The study under discussion cumulatively reported 51 per cent of suicides that occurred within the stipulated period. In other words, 89 per cent of the reported suicides in this study are from regions within Sindh that have a high or medium deprivation index.

Such findings indeed reflect the skewed nature of development in Pakistan and strengthen the hypothesis that, aside from being a mental disorder, the high rate of suicides amongst the young, at least in Sindh, may be attributed to the poor socio-economic status and lack of opportunities and employment. To date, the policy makers have failed to develop employment-oriented budgets or fiscal systems. Thousands of people have been laid-off from their, once thought of as secure jobs, with the government justifying its act by claiming that these appointments were to start with politically motivated, and secondly due to the economic recession, 'down-sizing' was the only way to make ends meet in the government expenditure sector. If these arguments are to be believed that one must argue that alternative arrangements should have been made to ensure employment in different sectors before such "across the board" measures were implemented. More than 350,000 people lost their jobs over the past three years, in the name of downsizing, rightsizing and smart sizing (SPDC Report, 2002).

To date, the policy makers have failed to develop employment-oriented budgets or fiscal systems. The largest groups among the affected were the youths of Pakistan. Amazingly, Sindh contributes 65 per cent to the national exchequer, yet receives less than 23 per cent per of the annual budgetary allocation. According to the Human Development Report for Pakistan (2003), rural Sindh has the lowest ranking for human development nationwide. As a result numerous reports have ranked various districts of Sindh as the most deprived areas of Pakistan, where the populace does not have the bare minimum essentials to sustain a respectable livelihood, the cause of which is as confounding as the possible solutions. One can easily point to failed government policies, skewed towards urban, rather than rural, development, coupled with grossly mismanaged projects and programs for poverty alleviation, as being the primary reason for the deplorable plight of rural Pakistan today. Yet the problem seems to be the result of a cascade effect encompassing the former, as well as, lack of proper and fair representation in the local, provincial and national governments, actions of vested interest groups, illiteracy and lack of awareness resulting in exploitation and abuse of the system. The people too seem to have accepted their fate and are more willing to fight amongst themselves, than to unite and advocate for the common cause of sustained

development and livelihoods and improved infrastructure. The answer therefore is as complex as the problem itself, with the youth bearing the brunt of the ineptness to address these issues. The study under discussion has revealed that the main causes, which contribute to this effect, are: financial constraints, unemployment, or poverty. Other researchers have also reported that of the people who committed suicide, over the past 10 years, most were either laid-off work or lost their source of livelihood, due to decades of political instability and economic chaos (Rind, 2002).

Furthermore, in the study under discussion, the gender ratio amongst those who attempted suicide were overwhelmingly tilted towards men, as over twice as many men attempted suicide, as women. Other researchers have also reported such findings where a significant correlation between suicides and male subjects has been cited (Hawton et al., 1998) and in some studies the ratio as high as 4:1 has been found (Blakely et al., 2003).

Despite the religious repercussions regarding suicide, as, in simple terms being a ticket to hell and damnation (Islam, 2003), the vast majority of those who attempted suicide, as reported in this study, were Muslims (87 per cent) and the rest were Hindus. However, one striking protective factor seems to be the practice of Islam, a religion that strongly condemns suicide in most circumstances. Islamic countries tend to have the lowest suicides rates in the world, and while the figures may sometimes be low, because death certificates avoid mentioning suicides, some researchers believe they are largely genuine (Brown, 2001). In Iran, for example, according to the latest available figures, suicides amongst men was reported at 0.3 per 100,000 in men and 0.1 per 100 000 women. Egypt reported 0.1 suicides per 100 000 in men and none in women, whereas in Kuwait suicide rates of below 2.7 per 100 000 for men and 1.6 per 100 000 for women in 1999. In comparison, western countries have reported very high suicides rates ranging from as high as 60 – 70 per 100 000 for men in Eastern Europe to as low as 12 – 13 per 100 000 in the Central Asian Republics (Brown, 2001). As for Pakistan, no comprehensive, detailed study on suicides has been carried out and the only data available is that reported by the daily newspapers. This data shows that between 1999 and 2000, reports of attempted suicides increased from 332 to 2,386.

Suicide rates in Mexico have been reported to be extremely low rate, 0.3 per 100,000 per year in women and 4.6 per 100,000 per year amongst men. Similar results have been reported in other European countries, like Spain and Italy that have a relatively suicide rate, compared to North America (both the US and Canada) and Finland (Brown, 2001). This may also be due to the strong Catholic belief in countries like Mexico, Spain and Italy, where the Catholic doctrine considers those who attempt suicide to be great sinners.

As for Pakistan some politicians are of the view that there is a direct relationship between hopelessness and extremism in today's society. Pakistan has become a breeding ground for extremism and people who have lost everything and turn to the path of self-annihilation can easily be converted to follow an extremist ideology that may lead to greener grasses in the "afterlife" (Rind, 2002). As a result there has been an increase in suicides in developing countries, with loss of tradition, social cohesion, and spontaneous social support. The cultures of these countries have become more individualistic and have made the people more vulnerable to suicides (Brown, 2001). Of course a person who chooses suicide wants to live, but finds all the doors of hope shut, and then turns to relieving him or herself of all the grief built up inside and ends their journey most abruptly (Rind, 2002).

In Pakistan, despite the religious taboos of suicide, there exist two strands that may drive the youth, in particular to suicide. The first scenario is the all-to-familiar one, found throughout and that is the absence of development, enhanced poverty and unemployment drives people to commit suicide. The other case

may be unique to Islamic nations in that even though suicide forbidden in the religion, killing oneself in the name of Allah for the larger good as it may be seen, is acceptable, as it decrees the individual as a martyr whose will placed in the highest heavens. Therefore, poverty, unemployment and the absence of development fosters alienation amongst some groups of population, particularly the frustrated youth, which then drives them to the extreme form of Islam and hence to suicide via the jihad route. Such circumstances are best being exploited by the jihadi groups while recruiting the young and impressionable.

A reason for this loss of social cohesion, particularly in Pakistan, may be attributed to the lack of pro-people development and a sincere effort on the part of the government to implement policies that actually help to alleviate poverty. Development planners in Pakistan design and implement their plans in areas where their vested interests are paramount and democratic institutions are powerless to promote across the board equality for all. Pakistan is a signatory to the World Summit decree for social development (WSSD Report, 1995) and as such has agreed to take action to eradicate poverty, promote needs-based education to ensure employment as a basic priority; promote social integration and respect for human rights and to achieve universal equality and equity between women and men and provide equitable access to quality education. It also pledged to ensure that structural adjustment policies should include social development goals and committed to improve and strengthen the framework for international cooperation and social development. None of these obligations have been fulfilled. In fact, in terms of social development, certain areas have experienced a reversal of fortunes, rather than any improvement. Therefore, it comes as no real surprise that some of the young, unemployed and poverty stricken populous in Sindh of today feel “forced” to end their lives, with the hope that those they leave behind may actually benefit from such an act.

Increasing poverty is forcing people even to the extent of committing suicides. Prices hikes have made life impossible-never was this statement more true than it is today. A huge group off middle class, the entire lower middle class and lower class are unable to purchase the basic necessities of life. These price hikes are not likely to be for the legislators and the elite; it is always the masses that must shoulder these burdens. As far as the employment is concerned it does not only mean that Pakistan is producing less than what it can, but that the many people seeking jobs cannot find any. Large families depend on the income of all the members of the family and there are no safety nets, or unemployment benefits.

Unemployment has severe repercussions for the family involved and women and children are most vulnerable. This is the situation in Pakistan, where the military government has been propagating its role as a Welfare State by focusing on development, yet the government schemes, such as poverty alleviation fund and the repeated announcements that the economy of the country is now on track and even certification from international financial institutions has not trickled down to the people that need it most, but instead are limited in focus and are often badly implemented. This is not to say that these schemes do not have potential, or that the sector the government is focusing on does not need reform and restructuring, but it is to make the point that restructuring does not mean that government should give up its social responsibilities.

In Pakistan, the socioeconomic conditions of people are not stable and most problems are basically faced by the masses i.e., lower and lower-middle class. Economic downfall is crushing the esteem of the people. Self-respect and some amount of pride are the basic requirements of each individual. When the faces unsolved problems, feels defeated and encounters hopelessness, there is no placed provided by the government and the private sector where he can return to for the sympathy and help (Asnis, 2001).

Most social scientists believe that a society's structure and values can influence suicide rates. French sociologist Mile Durkheim argues that suicide rates are related to social integration – that is the degree to which an individual feels part of a larger group. Durkheim found that suicide was more likely when a person lacked social bonds or had relationships disrupted through a sudden change in status, such as unemployment. As one example of the significance of social bonds, suicide rates among adults are lower for married people than for the divorced, widowed, or singles (Sheikh, 2002). Interestingly, a published police report revealed that as many as 61 people committed suicide in first quarter of 2002, a record high for the stipulated period, citing economic problems, unemployment, breakdown in social values, societal pressures, domestic disputes, drug addiction, and weakening as the reasons behind these acts (Asghar, 2002; Dawn, 2002).

The findings of this study highlight the urgency of the need for an effective youth policy, which enables a strong partnership between the public and private sectors. Furthermore, implementation of affective sustainable livelihood programs, in the most vulnerable areas, must be assured by these sectors, through transparency and across-the-board accountability, as the first step in addressing the socio-economic problems of Pakistan, thereby curbing the suicide rate. In addition, subsequent, more comprehensive studies, must be carried out to determine the suicide rates among the youth in Pakistan and to ascertain the impact of these programs through follow-up studies/surveys.

References

- Annual Review 2001: Social Policy and Development Center. Social development in Pakistan. Oxford University Press, Karachi, 2002.
- Asghar, M. 2002. Economic stress main cause of rising suicides cases. Dawn. April 27, 2002.
- Asnis, A. 2001. Suicides on the rise. The News International. March 11, 2001.
- Beautrais, A., Joyce, P. and Mulder, R. 1998. Unemployment and serious suicide attempts. Psychol. Med. 1998. 28:209 – 218.
- Blakely, T.A., Collings, S.C.D. and Atkinson, J. 2003. Unemployment and suicide. Evidence for a causal association? J. Epidemiol. Community Health. 2003. 57:594 – 600.
- Brown, P. 2001. Choosing to die – a growing epidemic among the young. Bulletin of the World Health Organization. 2001. 79(12):1175 – 1177.
- Cantor, C.H. and Baume, P.J. 1998. Access to method of suicide: what impact? Aust. Nz. J. Psychiatry 1988. 32:8 – 14.
- Dawn. 2002. Suicide rate goes up in two years. Dawn. July 6, 2002.
- Gunnell, D., Lapatotzidis, A., Darling, D., *et al.* 1999. Suicide and unemployment in young people. Analysis of trends in England and Wales, 1921 – 1995. Br. J. Psychiatry. 1999. 175:263 – 270.
- Hawton, K., Arensman, E., Wasserman, D., Hultén, A., *et al.* 1998. relationship between attempted suicide and suicide rates among young people in Europe. J. Epidemiol. Community Health. 1998. 52:191 – 194.
- Hintikka, J., Saarinen, P.I. and Viinamaki, H. 1999. Suicide mortality in Finland during economic cycle 1985 – 1995. Scan. J. Public Health. 1999. 27:85 – 88.
- Human Development Report 2002. Deepening democracy in a fragmented world. United Nations Development Program. Oxford University Press, New York, 2002.
- Islam, M. 2003. Suicide and salvation. Dawn. Friday 25th April, 2003.
- Kreitman, N. 1976. the coal gas story. United Kingdom suicide rates, 1960 – 1971. Br. J. Prev. Soc. Med. 1976. 30:86 – 93.
- Lester, D. 1998. Economic factors and suicide. J. Soc. Psychol. 1988. 128:245 – 248.

- Lewis, G. and Sloggett, A. 1998. Suicide, deprivation and unemployment: record linkage study. *Br. Med. J.* 1998. 317:1283 – 86.
- Neelman, J. and Lewis, G. 1999. Suicide, religion and socio-economic conditions. An ecological study in 26 countries, 1990. *J. Epidemiol. Community Health.* 1999. 53:204 – 210.
- Oliver, R.G. and Hetzel, B.S. 1972. Rise and fall of suicide rates in Australia: relation to sedative availability. *Med. J. Aust.* 1972. 2:991 – 923.
- Page, A., Morrell, S. and Taylor, R. 2002. Suicide and political regime in New South Wales and Australia during the 20th Century. *J. Epidemiol. Community Health.* 2002. 56:766 – 772.
- Preti, A. and Mioto, P. 1999. Suicide and unemployment in Italy, 1982 – 1994. *J. Epidemiol. Community Health.* 1999. 53:694 – 701.
- Rind, A.A. 2002. The rise of “death solution”. *Political Economy, The News International.* Sunday 30th June, 2002.
- Sheikh, M.S. 2002. Suicides. *The News International.* February 10, 2002.
- Surtees, P.G. and Duffy, J.C. 1989. Suicide in England and Wales 1946 – 1985: an age-period-cohort analysis. *Acta Psychiatr. Scand.* 1989. 79:216 – 223.
- Weich, S. and Lewis, G. 1998. Poverty, unemployment, and common mental disorder: population-based cohort study. *British Medical Journal.* 1998. 317:115 – 119.
- Weyere, S., Wiedenmann, A. 1995. Economic factors and the rates of suicides in Germany between 1981 and 1989. *Psychol. Rep.* 1995. 76:1331 – 1341.
- World Summit for Social Development Report, 1995. <http://www.iisd.ca/wssd95.html>

Unemployment, poverty associated with increased suicides

Table 1: Sex-wise and religious distribution patterns among those who attempted suicide

Attempted Suicides	Committed Suicides	Survived Suicides	Gender		Religion	
			Males	Females	Islam	Hinduism
366	227 (62%)	139 (38%)	257 (70%)	109 (30%)	320 (87%)	46 (13%)

Table 2: Location, marital status and age distribution patterns among those who attempted suicide

Location		Marital Status			Age distribution pattern (years)			
Rural	Urban	Single	Married	Divorced	Less than 14	15 – 24	25 – 45	Above 46
302 (83%)	64 (17%)	187 (51%)	172 (47%)	7 (2%)	15 (4%)	229 (63%)	117 (32%)	5 (1%)

Table 3: Reasons reported for attempting suicide

Economic (Poverty, Unemployment):	192 (52%)
Social exclusion	117 (32%)
Failure in Love	40 (11%)
Police torture	3 (1%)
Mental disorder	9 (3%)
Not Reported	5 (1%)

Table 4: Methods used by those who attempted suicide

Poison	145 (40%)
Pesticides	99 (27%)
Hanged	45 (12%)
Gun shot	40 (11%)
Sharp blade/Knife	8 (2%)
Drowning (Jumped in River/well)	7 (2%)
Burned	7 (2%)
Not Reported	1 (0.3%)

Table 5: District-wise & Rural/Urban distribution patterns of suicides in Sindh

Rural (percentage) n = 302		Urban (percentage) n = 64	
Sanghar	56 (18.5%)	Karachi	23 (35.9%)
Dadu	44 (14.6%)	Dadu	10 (15.6%)
Larkana	31 (10.3%)	Larkana	10 (15.6%)
Khairpur	29 (9.6%)	Hyderabad	7 (10.9%)
Mirpur Khas	27 (8.9%)	Nawabshah	3 (4.6%)
Hyderabad	27 (8.9%)	Shikarpur	3 (4.6%)
Nowshera Feroze	20 (6.6%)	Sukkur	2 (3.1%)
Nawabshah	17 (5.6%)	Khairpur	2 (3.1%)
Jacobabad	11 (3.6%)	Malir	2 (3.1%)
Sukkur	9 (2.9%)	Badin	1 (1.5%)
Badin	9 (2.9%)	Nowshera Feroze	1 (1.5%)
Ghotti	6 (1.9%)		
Thatta	6 (1.9%)		
Shikarpur	5 (1.6%)		
Thar	4 (1.3%)		
Karachi	1 (0.3%)		

SDPI is an independent non-profit research Institute
on Sustainable development

Mailing Address: PO Box 2342, Islamabad Pakistan

Street Address: 3rd Floor, Taimoor Chamber, 10-D West,
Fazal-ul-Haq Road, Blue Area, Islamabad.

Telephone: +(92-51) 2277146
2278134 2278136 2270674-6

Fax: +(92-51) 2278135

URL: www.sdpi.org e-mail: main@sdpi.org