Exploring the factors of Causes of Suicide in Hindu community.

A Case Study of District Tharparker

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DEDICATION

This dissertation is dedicated to our Parents, Friends, and our worthy Teachers of department of sociology, University of Sindh Jamshoro. This work is result of motivation and continuous moral and knowledgeable sustenance from our worthy teachers. We shall be praying for their good health and prosperous life and may they rise the name of the department in golden words.

Department of Sociology

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CERTIFICATE

This is to certify that the Research work vigorous in this thesis entitled **"CAUSES OF SUICIDE,IN HINDU COMMUNITY A CASE STUDY OF DISTICT THARPARKER"** carried out by the **Rajesh Kumar** under my supervision and guidance for partial fulfillment of requirements for the degree of BS Sociology. I have examined this thesis and have found that it is complete and satisfactory in all aspects.

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DECLARATION

We declare the “Causes Of suicide, A case study of district Tharparker” is our own work and all the sources have been used or cited have been specified and accredited by means of proper references.

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Rajesh Kumar

ABSTRACT

This study explores the capacity of Durkheim's suicide theory and Hirschi's controltheory to explain the causes of suicide and suicide attempt by people in Tharparker district. This research examines why people attempt suicide, exposure to reason behind the suicide and how to prevent from suicide. It also explores the age factors of suicide.The results reveal that exposure to lack of resources. The results also reveal that mental health illness problem in Tharparker district. The results are discussed considering Durkheim's suicide theory and Hirschi'sControltheory.

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CHAPTER ONE

INTRODUCTION

According to Durkheim, among the various kinds of death, there are some that havethe peculiar feature of being the responsibility of the victim: the result of an act of whichthe sufferer is the author; and, in addition to that, it is certain that this same feature is atthe basis of the generally held notion of what constitutes "suicide" ([1897] 1951). Basedon these, Durkheim defined that " suicide" is the term applied to any case of death resulting directly or indirectly from a positive or negative act, carried out by the victim himself, which he was aware would produce this result ([1897]1951). An attempted suicide is the act so defined, al ted before death has occurred ([1897]1951).In Suicide, what was expressed by those statistical data Durkheim used is thetendency for suicide to afflict any given society. Whatever one may think about thesubject, it is a fact that the tendency exists in one form or the other: every society is Pre disposed to supply a given number of voluntary deaths.

Suicide, as a social phenomenon, has gained increased notoriety in recent years withwidely publicized accounts of the "suicide crisis" among Americans and heightenedconcern over "right to die" issues in the United States as well as abroad. At the timeDurkheim wrote, European attitudes to suicide were shaped by three forces. The oldestwas virtuous suicide, first practiced by Socrates, cup of poisonous hemlock in hand,serving as his own judge for crimes he committed against the state; virtuous suicide tooka later Roman form when aristocrats committed suicide rather than bring dishonor upon

Their houses. From its earliest days, Christianity had rejected the virtue in virtuous suicide. Christian theologians asserted that no human being had their get to dispose of life as he or she pleased-only God could decide for death. This belief was elaborated in Church law during the Renaissance, when moral horror at suicide joined prohibitions againstinfanticide, abortion, and contraception; later, capital punishment joined the list. All came to seem the same crime, that of judging when life should end.

Durkheim argued that social rate of suicide can only be explained sociologically.It isthe moral constitution of society that determines at any moment the number of voluntary deaths. Thus, for every nation there is a collective force, of a definite level of energy,which drives men to kill

themselves. The movements that the victim carries out-which, atfirst sight, seem to express only his personal temperament-are the outcome and extensionofasocialstatetowhichtheygiveexternalform(Durkheim,[1897]1951).Undoubtedly, suicide is a form of delinquency. To date, three fundamentalperspectives on delinquency and deviant behavior dominate the current scene (Hirschi,2002). According tostrainor motivational theories, legitimate desires that conformitycannot satisfy force a person into deviance (Merton, 1957).According tocontrolor bondtheories, a person is free to commit delinquent acts because his ties to the conventionalorder have somehow been broken (Matza, 1964).According tocultural deviancetheories,the deviant conforms to a set of standards not accepted by a larger or more powerfulsociety (Kornheiser, 1963). InSuicide , Durkheim argues that the more weakened the3groups to which [the individual] belongs, the less he depends on them, the more heconsequentlydepends only onhimself and recognizes no other rules of conduct than whatare founded on his private interests (Durkheim, [1897] 1951) which could be explainedperfectly by control theory. Control theories assume that delinquent acts result when anindividual's bond to society is weak or broken. Since these theories embrace two highlycomplex concepts, the bond of the individual to society, it is not surprising that they haveat one time or another formed the basis of explanations of most forms of aberrant orunusual behavior. It is also not surprising control theories have described the elements ofthe bond to society in many ways, and that they have focused on a variety of units as thepoint of control. Social control could be equated with formal regulation or forcedconformity by institutions such as the police and courts, it also could be informalmechanisms by which people themselves achieve public order. Examples of informalsocial control include the monitoring of spontaneous play groups among children, awillingness to intervene to prevent acts such as truancy and street-corner "hanging" byteenage peer groups, and the confrontation of persons who are exploiting or disturbingpublic space. This study assumesthink about suicide andattempt suicide. That means a control on delinquent behavior asaninformalmechanism,suchassuicideideationand suicide attempt.

Death is no doubt one of the most painful realities of life. The death of someoneclose leaves both a physical and emotional void that provokes profound feelings of grief,loss, and anger among those who survive (Berman, Jobes & Silverman, 2006). For mostyouth, however, death happens far away, or at some future time, or to others, especiallythose who lead lives of excessive risk. Thus, in a predominantly youth-oriented culture,particularly among the youth of that culture, death isa

topic easily avoided or denied. It isin this context that the death of a young person hurts our sensibilities, especially whenthat death is self-imposed (Berman & Carroll, 1984). It is in this context that the suicideofayoung personhurtsthelivesofpeersandlovedons.

Justification of topic

The purpose of the topic is to identify the causes of the suicide and difficulties face by the people of district Tharparker. At the low-level family how, they get rid of from the suicide issue and how can people get access of resources.

The aim of the topic is to find out reason and other problems like as poverty, mental health illness, lack of resources and lack of other facilities and problems like as , domestic violence and family conflict are the main reason behind suicide. And find out we decrease the problem of suicide through access the proper mental health care.

Objectives

I. To know about suicide in the study area.
II. To know the causes behind suicide.
III. To know the perception of suicide.
IV. To suggest measures to decrease problem.

CHAPTER TWO

LITRATURE REVIEW

Durkheim's Suicide Theory

One of the first to offer a sociological explanation of suicide was Emile Durkheim([1897] 1951). Durkheim argued that suicide has a social dimension. People fromdifferent religions, classes and religious backgrounds destroy themselves in differentproportions. Durkheim asked why this should be. He observed that groups in which thereis a good balance between individual initiative and communal solidarity have the lowestrates of suicide. That observation led him to argue that late nineteenth-century societywas deeply out of balance, that it lacked a life-sustaining equilibrium between thepersonalandthecollective(Durkheim,[1897]1951).In form, the author takes his reader on something akin to an archaeological dig,shifting through evidence from psychiatry, race, heredity, climate, and geography to get atthe social core buried beneath. The form reflects Durkheim's conviction that social bondslie below the surface of people's everyday consciousness (Mammon, Browning &Brooks-Gunn,2010).Aware of the intuitive appeal of psychological explanations for suicide, Durkheiminsistedthat suicide rates are social facts thatcould bestudied using sociological conceptsand methods (Maimon, Browning & Brooks-Gunn, 2010). Durkheim concludes thatsuicide rates vary inversely with the degree of social integration and moral regulationexperienced by individuals within religious, domestic, and political collectivities byexamining suicide within several European countries. According to Durkheim,insufficient social integration enhances individualism and encourages egoistic suicide,while a society that is unable to regulate individuals' naturally unlimited ambitions andaspirations create fertile ground for anomic suicide (Durkheim [1897] 1951). Durkheimoffers evidence that suicide rates increase with the attenuation of social integration and normativeregulationwithin societies.Durkheim provided sociologists with a formidable conceptualization of the linkbetween religion and suicide. Durkheim ([1897] 1951) accepted the finding that moreProtestants commit suicide than others, dismissing the influence of dogma and the greatermorality of minority religions in favor of an explanation that contrasted Protestant freeinquiry with Catholic emphasis on unquestioning acceptance of beliefs and rituals. Helocated the key to this difference in dramatic societal changes in the late 19th centurysociety. Protestantism

developed as a religion that responded to "modern" society byloosening its hold on members' collective lives, thus forfeiting its ability to restrainself-destructive impulses. Durkheim's general proposition conceptualized extremes-veryweak integration (egoism) or overly strong integration (altruism) produces suicide(Smelser & Warner, 1976). InSuicide , Durkheim saw religion only as integrative but inlater works ([1915] 1961) describes religion as having regulative aspects. Confusion overthe relative and independent roles of integration and regulation has led some scholars to arguethatthereisnodifferencebetweenthetwo(Johnson,1965).

According to Durkheim, what accounted for rising suicide rates at the end ofthe19thcentury was deterioration of traditional forms of social organization. However, he failedto explain how social organization changed and how it influenced religion's role inpeople's lives (Pescosolido & Georgianna 1989). Pescosolido and Georgianna show thatreligious affiliation is associated with suicide rates in contemporary American society.And they indicate that the effects are more complex than Durkheim's theory or empiricalresearch derived from Durkheim’s ideas would suggest. Specifically, althoughCatholicism continues to exert a protective influence over suicide rates, some Protestantdenominations, predominantly of the evangelical type, do so as well, while many of theInstitutional Protestant denominations increase suicide rates. Durkheim's specifichypotheses on protective influence of religions are, at best, only partiallysupported. Yet his fundamental propositions can provide insight for the pattern of results(Pescosolido&Georgianna,1989).Studies regarding the contextual importance of the rate of societal change are basedon Durkheim's ([1897] 1951) observation that suicides tend to increase in times of crisisor rapid social change, attributing this increase to "disturbances of the collective order"(p.246), which diminish social regulation. As he puts it, "…When society is disturbed bysome painful crisis or by beneficent but abrupt transitions, it is momentarily incapable ofexercising this influence [regulation]; thence come the sudden rises in the curve ofsuicides" (p.252). Contemporary authors also have documented the relationship of socialchanges in kinship patterns as well as urbanization and modernization to changes insuiciderates(Stack,1990,1992,1993).Some subsequent research on suicide offers support for Durkheim's claims. Severalstudies suggest that affiliation with conservative religious groups serve as a protectivemechanism against suicide another deviant behavior (Breault,1986; Stack, 1985). Otherstudies confirm Durkheim's family integration hypothesis, finding that marital and familystability are associated with lower suicide rates (Baller & Richardson, 2002; O'Brien

&Stockyard, 2006; Stockyard& O'Brien, 2002). Finally, Pescosolido and Georgianna (1989)suggest thatsocial ties that are based on religious affiliationprovide supportand guidance(i.e., regulation)againstsuicide.

Hirschi's Social Control Theory

Social control should not be equated with formal regulation or forced conformity byinstitutions such as the police and courts. Rather, social control refers generally to thecapacity of a group to regulate its members according to desired principles-to realize collective,asopposedtoforced,goal(Sampson,Raudenbush&Earls,1997).Durkheim said it many years ago: "We are moral beings to the extent that we aresocialbeings. “Thismaybe interpretedtomeanthat weare moral beings tothe extentthatwehave "internalized the norms"ofsociety.Thenormsof societyare sharedby the members of society. To violate a norm is, therefore, to act contrary to the wishesand expectations of other people. If a person does not care about the wishes andexpectations of other people-that is, if he or she is insensitive to the opinion ofothers-then he orshe isto thatextentnotbound bythe norms(Hirschi, [1969]2002).Theessence of internalization of norms, conscience, or superego thus lies in the attachment ofthe individual to others (Hirschi, [1969] 2002). This dimension of the bond toconventionalsocietyis encounter redinmostsocialcontrol-orientedresearchandtheory.

It is in control theory, then, that attachment to parents becomes a central variable,and many of the variations in explanations of this relation may be found within thecontrol theory. As is well known, the emotional bond between the parent and the childpresumably provides the bridge across which pass parental ideals and expectations. If thechild is alienated from the parent, he will not learn or will have no feeling for moral rules,he will not develop an adequate conscience or superego (Nye, 1958). But if theconscience is a relative constant built into the child at an early age, how do we explainthe increase in delinquent activity in early adolescence and the decline in late adolescent?Therefore, the child attached to his parents may be less likely to get into situation inwhich delinquent acts are possible, simply because he spends more of his time in theirpresence. However, since most delinquent acts require little time, and since mostadolescents are frequently exposed to situations potentially definable as opportunities fordelinquency, the amount of time spent with parents would probably be only a minorfactor in delinquency prevention. So-called "direct control" is not, except as a limitingcase, of much substantive or theoretical importance. The

important consideration iswhether the parent is psychologically present when temptation to commit suicide appears.If, in the situation of temptation, no thought is given to parental reaction, the child is to thisextentfreeto commit heact.If attachment to others is the sociological counterpart of the superego or conscience,commitment is the counterpart of the ego or common sense. The concept of commitmentassumes that the organization of society is such that the interests of most persons wouldbe endangered if they were to engage in criminal acts. "Ambition" and/or "aspiration"play an important role in producing conformity. The person becomes committed to a conventional lineofaction,andheisthereforecommittedtoconformity.Involvement or engrossment in conventional activities is often part of a controltheory. The assumption, widely shared, is that a person may be simply too busy doingconventional things to find time to engage in deviant behavior. The person involved inconventional activities is tied to appointments, deadlines, working hours, plans, and thelike, so the opportunity to commit deviant acts rarely arises. To the extent that he isengrossed in conventional activities, he cannot even think about deviant acts, let alone act outhisinclinations.

The control theory assumes the existence of a common value system within thesociety or group whose norms are being violated. Socialcontrol orisassume that thereis variation in the extent to which people believe they should obey the rules of society,and, furthermore, that the less a person believes he should obey the rules, the more likely heistoviolatethem(Hirschi,[1969]2002).

OtherPerspectives

As Minear (1978) documents, there are three basic philosophical positions towardsuicide: suicide is acceptable; suicide is allowable under certain circumstances; suicide isnever justified. Similarly, Novak had written one of the few books on suicide from aphilosophical Judaic perspective, commented that suicide is a complex issue that involvesmany significant human issues and that neither philosophy nor social sciences can affordtoignoreeachother'sperspectiveandinsights((Domino,Cohen&Gonzalez,1981).

Social Networks

As Marty (1976) claims, what distinguishes religions in the United States today issocial behavior, what people do, not just what they believe, Churches are "naturalcommunities" dependent upon factors such as member participation and socialization ofinitiates by members (Gustafson, 1961). This study proposes that social network providesa clue to synthesizing these ideas with the dimension of "integration" found inDurkheim's original formulation. Durkheim's notion of the centrality of social integrationin understanding suicide corresponds to the primary starting point of network theory: thenatureofsocial relation'sinfluencesindividual'sattitudes,beliefs,andbehavior.If we replace "society" with "networks" in Durkheim's ideas, the notion of themultiplicity of social arenas becomes clearer. To borrow from Simmel's (1955) networkimagery, an individual in contemporary society belongs to several social circles ornetworks.Abstractpartsofsociety-"religion," the"family", the "economy"-Fischer (1982)suggests, are really the operation of personal networks. The critical aspects in thesenetworks center on interaction among members, that is, their social ties. The potentialstrength of an individual's ties depends, in part, on the "kittenness" of the network itself.The "hidden payoff" of religion that account for its continuous appeal, according toCollins(1982), istheabilityof religiousnetworks toprovide asource ofcollective energyon which individuals can draw during difficult times. And strong ties provide emotional supportandaccesstointangibleresources(Wellman,1983).Network theory permits differentiating analytically between the structure of ties andtheir functions. One potential function of social network is integration or the ability toprovide social and emotional support. Another is regulation, guiding action throughadvice and behavior monitoring (Umberson, 1987). While integrative and regulativefunctions may occur together, they do not always do so.The strength of the tie affects the abilityofthenetworktocarryouteitherfunction,notsimplyintegration.

Suicidal Attitudes

While opinion polls continue to show substantial public disapproval (Gallup, 1978),survey studies were reporting significant support for the rights of suicide victims as earlyas 1970 (Beswick, 1970). In previous study (Domino et al., 1980), 12% of therespondents felt that society had no right to interfere with the wishes of suicide victims.Approval levels as high as 48% have been found in cases of terminal illness (NORC,1983), and while clearly a less compelling justification, full 20% of the populationapproves of suicide even when one is simply a burden on his or her

family (Gallup,1978).In Sawyer and Sobal's studies, they analyzed several correlations to determinewhether the attitude differences they discovered could be explained by a respondent's (1)"dissatisfaction with life," which should lead to greater empathy with and thus tolerancefor suicide victims; (2) "anomia," which should produce similar reactions among thosewho experience a lack of purpose in their own lives; (3) "civil libertarianism," whichshould translate into greater support for the victim's individual autonomy andself-determination; (4) "prolife" values, since suicide, like abortion, can be seen to violatethe moral-religious sanctity of human life; and (5) social participation," which mightserve to lessen group pressures to conform to moral-religious prohibitions of this kind(Sawyer&Sobal,1987).Contrary to its popular image as a socially deviant act, suicide is considered anacceptable solution to certain life problems, such as incurable diseases (Sawyer & Sobal,1987). While aggregate approval rates vary with the type of justification given(bankruptcy, family dishonor, etc.), suicide attitudes seem to be based upon coherentbeliefs about the "rightness" or "wrongness" of the act, as evidenced by the tendency ofsupporters and opponents to maintain their relative positions regardless of the reason aperson gives for taking his/her own life. These beliefs in turn vary acrosssociodemographic lines and closely parallel corresponding differences in prolife and civillibertarianvalues.

Moral Issues-Shame

Suicidalaction is considered shameful by mostpeople-in fact, bymore than considermental illness shameful (Ginsburg, 1971). Suicide is not seen as a "personalcharacteristic" that can be transmitted from parent to child, but as one that may affect theperson'sfuturebehavior,sinceundersomecircumstanceshemayrepeathisattempt.Ginsburg argues that despite the widespread personal contacts people have had withsuicidal behavior, it still is seen as a shameful event; and both the suicidal person and hisfamily are likely to have a pall of stigma cast over them (Ginsburg, 1971). Moreover, thefamilies themselves are likely to feel ashamed-at least in part because of disgrace ratherthan solely because of guilt or a sense of responsibility. This gives clear support to thewidelyheld belief amonghealth professionals thatsuicide isa shameful event anda tabootopic in most countries, both currently and historically (Bakwin, 1957; World HealthOrganization,1968).

Contextual Effect

Durkheim and early moral statisticians were the first to document variations insuicide rates among and within nations (Durkheim, [1897] 1951; Morselli, [1882] 1975;Quetelet, [1883] 1984). In the year followed, many other scholars examined thesedifferences and found remarkably similar cross-cultural patterns inrates of suicide as well asvariationsinculturalattitudesandacceptance ofsuicide(Day1984;Hendin1964).Suicide occurs in a cultural context, but that context, especially in terms ofcommunity attitudes, has not been explored fully. The few studies available (Ginsburg,1971; Sale, Williams, Clark & Mills, 1975) have utilized open-ended or semi-structured interviews,andtheresponsesarenotreadilycomparable.Differences in suicide rates and attitudes toward suicide traditionally found amongsocieties continue to exist (Stockard and O'Brien 2002). Such international differences insuicide rates and attitudes toward suicide reflect deep-seated cultural patterns regardingsuicide.

Suicide Ideation

A review of literature yielded little research devoted to investigating the factors thatshaping suicide ideation among adults or youth. Two studies of adults and one withadolescents suggest links between suicide ideation and life satisfaction. From anationwide sample of adults aged 18-24 in Finland, using a 20-year follow up technique,Koivumaa-Honkanen et al. (2001), found that life dissatisfaction had a long-term effecton the risk of suicide ideation, however, this effect appeared to be partly mediatedthrough poor health behavior. In another study with adults, Lester (1998) examined theassociation between suicide ideation and life satisfaction in college students from nations. Of the ten correlations between suicide and life satisfaction domains (e.g.,satisfaction with friends, family, self, life), only one correlation was significant (i.e.,Femalesuicideideationandsatisfactionwithfamily).Therefore, much work needs to be done to reliably determine the magnitude andmeaning of the association between the possible factors and suicide ideation amongadolescents.Alcohol, tobacco and other drug use, violent behavior and sexual risk-takinghave been found to be associated with reduced life satisfaction. It is likely that suicideideation will prove to be associated with life satisfaction in varying degrees. Therefore,this study will investigate the effect of education satisfaction on self-reported suicideideationandsuicideattemptamongAsianadolescents.

Family and Parental Characteristics

Amongthe moststudiedof variables relating to adolescent suicideisthe influence offamily, and the parental system (e.g., Wagner, 1997; Wagner, Silverman &Martin, 2003). As role models, as sources of praise and reinforcement, and as nurturesand caretakers, parents have obvious roles in the development of healthy and ultimatelyautonomous children. When parents, individually or together, have serious conflicts orproblems, the adolescent's press for autonomy and growth may be seriously affected(Berman,Jobes&Silverman,2006).Compared to normal adolescents, suicidal adolescents report poorer familialrelationships and more interpersonal conflict with parents with less affection (Brent,Perper, Moritz, Baugher, et al., 1993; Slap, Vorters, Chaudhuri & Centor, 1989; Wagner,Cole & Schwartzman, 1995; Wagner et al., 2003). They describe time spent with theirfamilies as less enjoyable and hold more negative views of their parents (McKenry,Tishler&Kelly,1983).In their review of this literature, Wagner et al. (2003) found the following six majorlines of empirical research that capture contemporary considerations of adolescent suicideandfamilyfactors:

1. Familycommunications and problems solving.There isa fair amountof evidencethat problems between parents and children are implicated in adolescent suicidecompletions (Brent, Perper, Morritz, Baugher, et al., 1993; Gould et al., 1996; Gould,Shaffer, Fisher & Garfinkel, 1998). In terms of attempted suicide and suicidal ideation,dysfunction in the whole family system has been observed in several prospective studies(e.g.,Kingetal.,1995;Mckeownetal.,1998).

2. Scapegoating or expendable child. The view that suicidal adolescents areperceived as "expendable" or are differentially treated negatively within a family systemdates to work conducted by Sabbath (1969). Empirical literature linking negativetreatment to completed suicide is limited, but there is more evidence that suicidal teenattempters and idolators may be singled out within a family, particularly in relation tophysical and sexual abuse (e.g., Brown, Cohen, Johnson & Smailes, 1999; Fergusson,Woodward&Horwood,2000).

3. Attachment to caregiver. Many studies have focused on attachment-related issuessuch as separation, loss, or quality of parent-child attachments. Data linking attachmentissues tocompleted suicide islimited, Suicide and attempts and ideation do seem tooccurmore in single-family homes (e.g., Wagner et al., 1995), but the data are mixed andsometimes contradictory. In terms of quality

of attachment, some data suggest anassociation between suicidality and lower parental care and availability (West, Spreng,Rose & Adam, 1999), whereas other research has not shown that attachment status prospectivelypredictssuicidality(Klimes-Douganetal.,1999).

4. Family psychopathology. Evidence of family psychopathology in first-degreerelatives is also somewhat mixed. Some data suggest higher rates of psychopathologyamong family members of adolescent suicide completes (Brent, Bridge, Johnson &Connolly, 1996), attempters, and idolators (Fergusson et al., 2000; Klimes-Dougan et al.,1999), whereas other prospective studies have failed to link suicidal attempts and ideationwith family psychopathology(Brent,Kolko,etal.,1993).

5. Other evidence of family transmission. Family studies of adult probands andbehavioral genetics have yielded interesting results. For example, research among theAmish has supported the notion of familial transmission of suicidal behavior (Egeland &Sussex, 1985). Moreover, genetic studies of twins versus studies of adopted siblingsprovide consistent evidence of genetic influences on suicidal behavior (Papadimitriou,Linkowski,Delabre&Medeleuicz,1991;Roy&Seigel,2001).

6. Molecular genetic research. Behavioral genetic research has inspired acontemporary line of study examining specific mechanisms for transmission of suicidalbehaviors.These studies tendtofocusonserotonininfluences(e.g., Arango&Underwood,1997)and onthe serotonintransporter gene (Mannet al., 1997).Thislargelyretrospectivelineofresearchneedsreplicationtofurtherclarify conflictingresults.

Religion and Belief

Little is known about attitudes toward suicide and how these attitudes interrelatewith religious membership. In 1981, Domino, Cohen and Gonzalez conducted a study toinvestigate Jewish and Christian Attitudes on Suicide. Their report is one of a seriesstudies stemming from the development and application of a suicide opinionquestionnaire (the SOQ) and reports on attitudes toward suicide held by a sample of adultsoftheJudaicfaithandamatchedsamplefromvariousChristianreligions.The results show that more Jewish respondents agree that suicide is allowable incases of incurable disease and that there may be situations where suicide is the onlyreasonable resolution. Jewish respondents also endorse with greater frequency the beliefthat people should be prevented from committing suicide and disagree with a policy ofnoninterference with potential suicide victims (Domino, Cohen &

Gonzalez 1981). Theseresults are like but somewhat more extreme than those reported by Ginsburg, whofound that 56 percent of a sample of Nevada residents expressed the view that people donot have the right to take their own lives (Ginsburg 1971). Thus, Jewish respondentsappear to have a somewhat more flexible attitude toward suicide; yet they clearly do not endorseahands-offpolicy.Minear and Brush studied college students with a 29-item attitudinal scale thatmeasured suicide beliefs, suicide values, and belief in an afterlife. They found that Jewswere most supportive of suicide, followed by Protestants and Catholics, but that studentswith weak or nonexistent religious ties had the most favorable and accepting attitudes towardsuicide(Minear&Brush 1980).

Specific Hypotheses Questions

This study investigates these issues by examining ten critical questions:

Q1: Why do people attempt suicide?Q2: Is it possible to predict suicide? Q3: The most likely people who committed suicide their age? Q4: Most of the people who committed suicides are? Q5: Who are mostly people, who attempt suicide? Q6: In the above question if your answer is married than what is reason behind that? Q7: Who committed suicide more male or female? Q8: Those who committed suicide are cowards who cannot face life's challenges?Q9: Suicide can be prevented? Q10: How we can decrease the problem of suicide?

CHAPTER THREE

RESEARCH METHODOLGY

Research Methodology

According to Goddard and Melville (2001, p.1), research goes beyond the process of gathering information; rather, it is also about finding answers to unanswered questions as part of discovering and/or creating new knowledge. And in order for this newly discovered or created knowledge to be recognized or noticed, you have to prove that it is valid.

Research methodology simply refers to the practical "how" of any given piece of research. More specifically, it is about how a researcher systematically designs a study to ensure valid and reliable results that address the research aims and objectives.

"A methodology is capable of providing valid answers to research questions'' (Kumar 2011:47) This research is quantitative research study based upon causes of suicide in tharparker district. In this study the researchers applied an explanatory research methodology with theoretical perspective for the investigation the ensuring methods, techniques, and tools were used for empirical results. Which are lives in tharparker and the sample is used, in this research is sample random sampling and respondents is fifty, spss system version (V.N14.0) is used to analyze the data.

Size of sampling

In this research the size of sample is fifty because we have selected tharparker side area and, we collected information from different area of thearparker district, so we have easily done our questionnaire from the respondents and they were co-operative.

Sampling

The sample of the study consisted of primary data . We are selected 50 respondents from different areas of tharparker district, which are Mithi, Chelhar, Islamkot, Jogimarchi and Vejhyar. we have selected ten respondents from each area, we collected basic information about causes of suicide and reason behind that and ratio was much greater in these areas because people of these areas are unaware and lack of resources.We have selected simple random sampling.

Method of data collection

The researcher collected data throughquantitative data collection method and use the probability sampling type of simple random sampling. The researchers collected data through questionnaires, this research study was conducted on primary data to assess the problems of, causes of suicide in tharparker district. The data is collected through close ended questionnaire and numeric form technique was used, and questions distributed randomly in 50 respondents and researchers were available for any query and they informed fully to respondents about the questions.

CHAPTER FOUR

DATA ANALYSIS

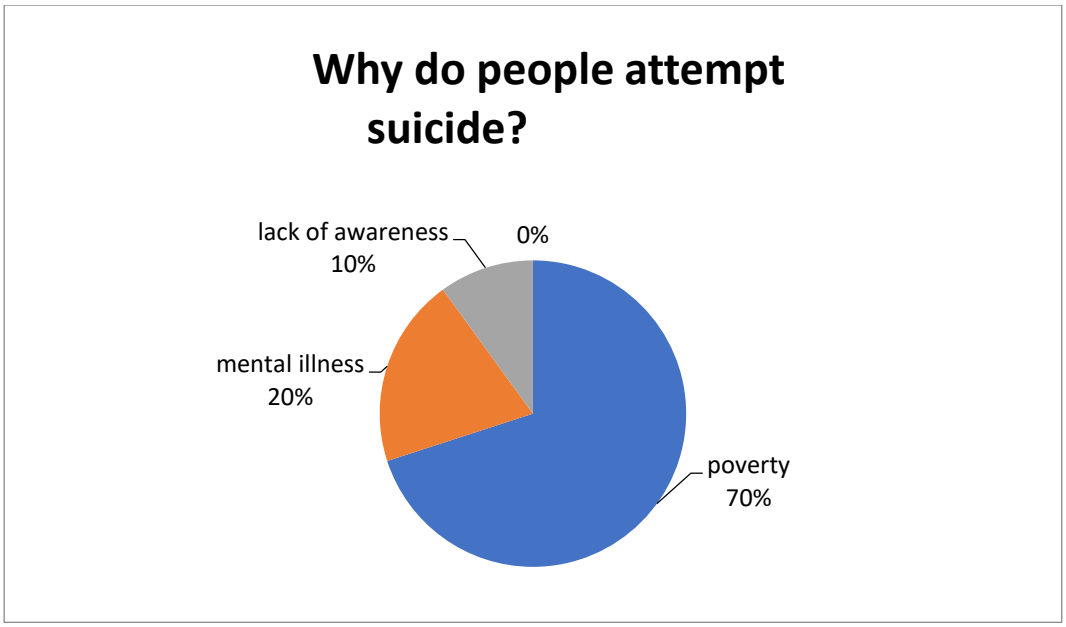
Data analysis

After data collection the second step of researchers to analyze the data with the help of questionnaire and collected data. The SSPS (statistical package for social sciences) software was used in analyzing data and the graphs were drawn using MS word. Data was analyzed with descriptive analysis (frequencies) data analyze is important factor of research with the help data collection we are finding the result of research.

Table No# 01

1. Why do people attempt suicide?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poverty	35	70.0	70.0	70.0
	Mental Illness	10	20.0	20.0	90.0
	lack of Awareness	5	10.0	10.0	100.0
	Total	50	100.0	100.0	

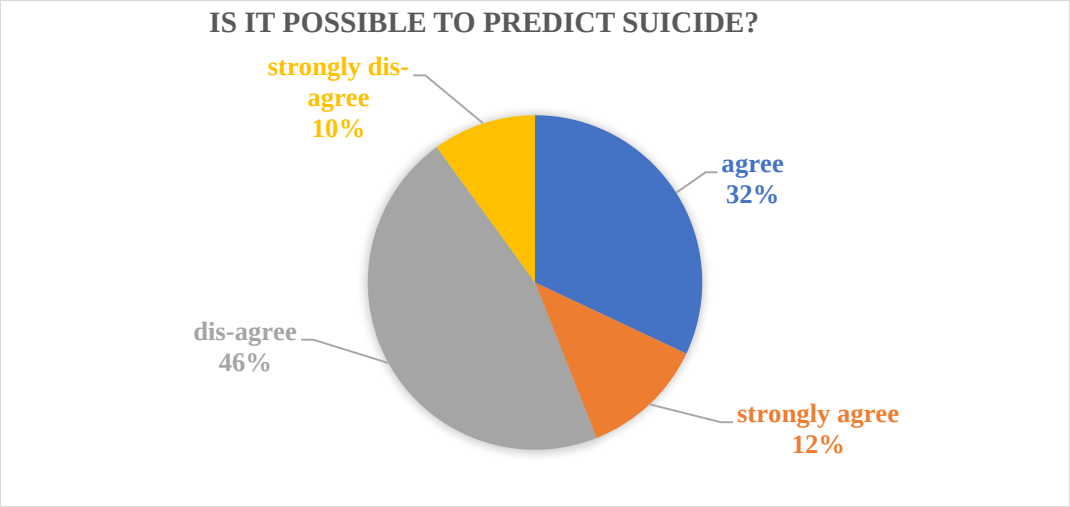


The above table shows that the response of the respondent is 70% says due to poverty, 20% says due to mental illness and 10% says due to lack awareness. Majority of the respondents says that the people attempt suicide due to poverty.

Table No#02

2. Is it possible to predict suicide?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	agree	16	32.0	32.0	32.0
	strongly agree	6	12.0	12.0	44.0
	dis-agree	23	46.0	46.0	90.0
	strongly dis-agree	5	10.0	10.0	100.0
	Total	50	100.0	100.0	

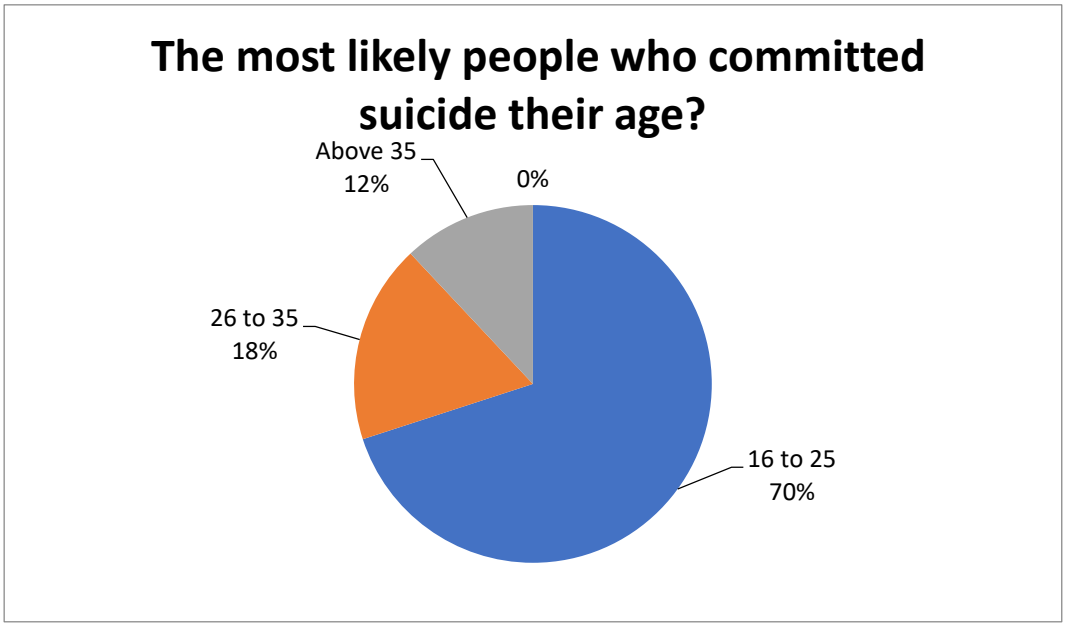


The above table shows that the response of the respondent is 46% says disagree, 32% says agree 12% says strongly agree and 10% says strongly disagree. Majority of the respondents says that the people cannot predict about suicide.

Table No#03

3. The most likely people who committed suicide their age?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	16 to 25	35	70.0	70.0	70.0
	26 to 35	9	18.0	18.0	88.0
	above 35	6	12.0	12.0	100.0
	Total	50	100.0	100.0	



The above table shows that the response of the respondent is 70% says their age is 16 to 25, 18% says their age is 26 to 35, and 12% says their age is above 35. Majority of the respondents says that the people who committed suicide their age 16 to 25years.

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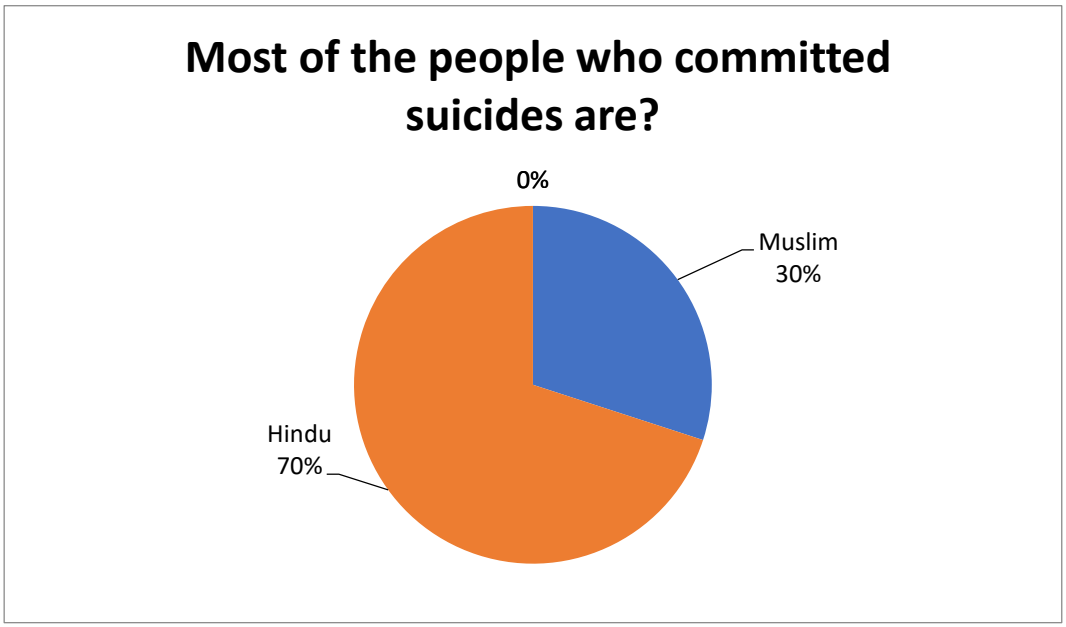
Table No#04

4. Most of the people who committed suicides are?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Muslim	15	30.0	30.0	30.0
	Hindu	35	70.0	70.0	100.0
	Total	50	100.0	100.0	

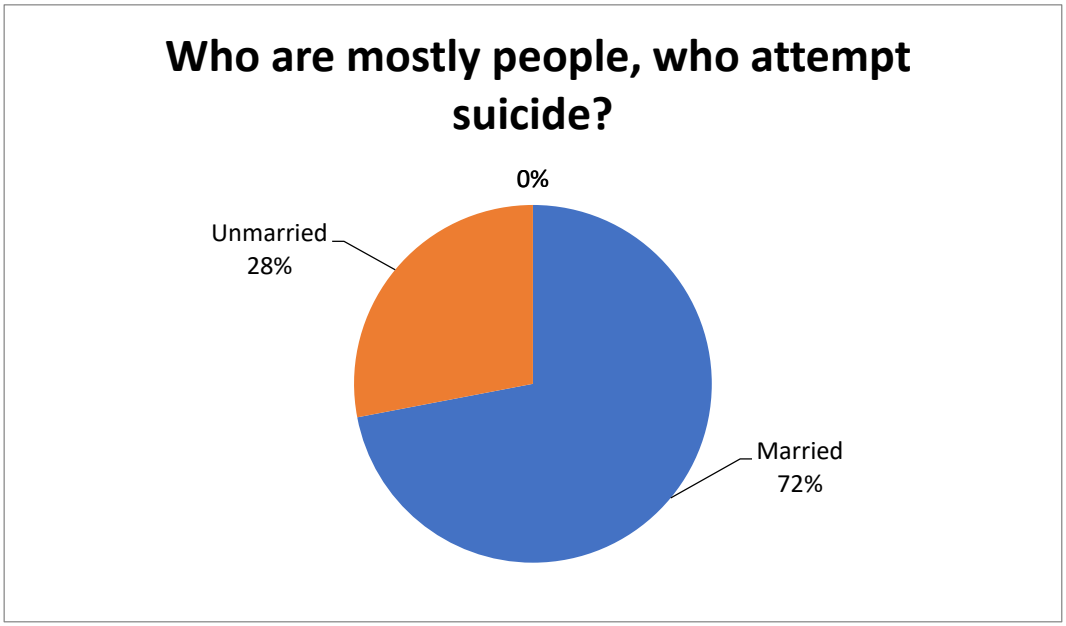


The above table shows that the response of the respondent is 70% says Hindu, and 30% says Muslim. Majority of the respondents says that most of the people who committed suicides are Hindu.

Table No#05

5. Who are mostly people, who attempt suicide?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Married	36	72.0	72.0	72.0
	Unmarried	14	28.0	28.0	100.0
	Total	50	100.0	100.0	

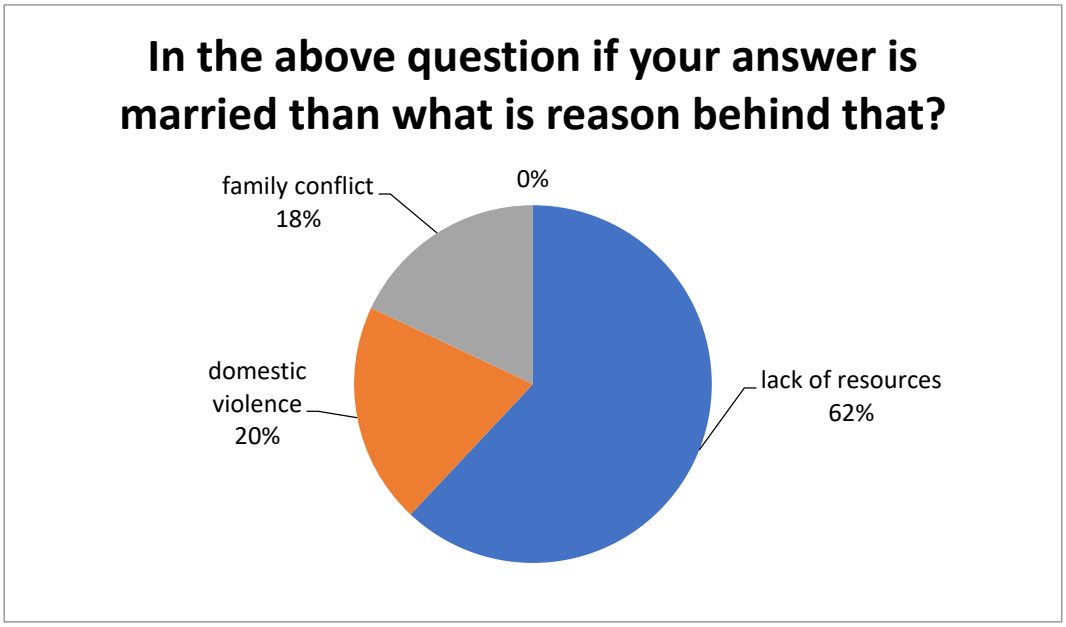


The above table shows that the response of the respondent is 72% says married, and 28% says unmarried. Majority of the respondents says that mostly people who committed suicides are married.

Table No#06

6. In the above question if your answer is married than what is reason behind that?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	lack of resources	31	62.0	62.0	62.0
	domestic violence	10	20.0	20.0	82.0
	family conflict	9	18.0	18.0	100.0
	Total	50	100.0	100.0	

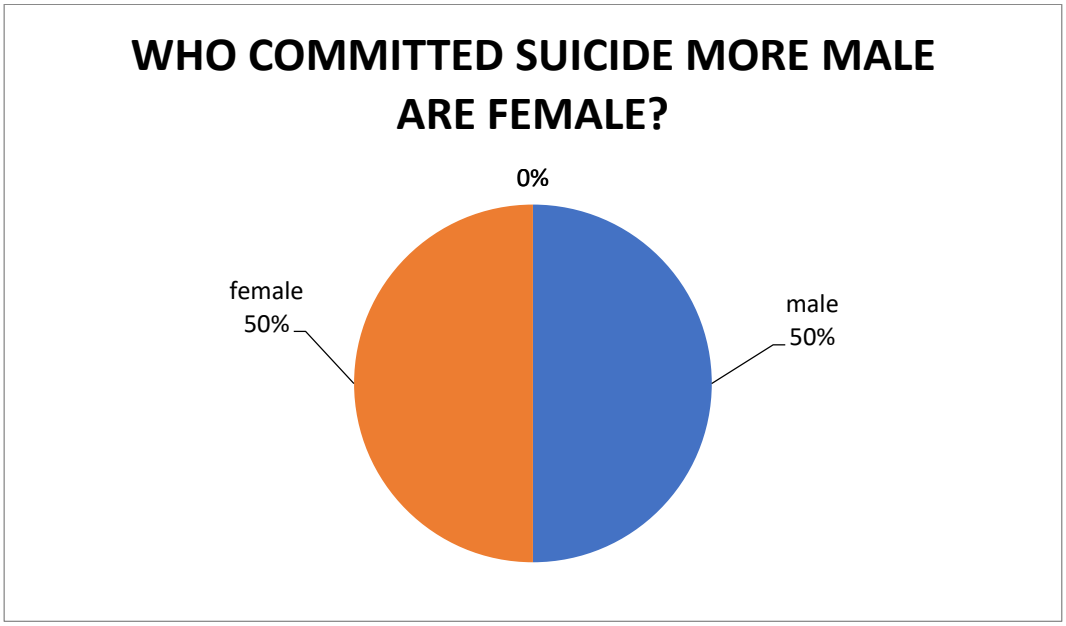


The above table shows that the response of the respondent is 62% says reason is lack of resources, 20% says reason is domestic violence and 18% says reason is family conflict. Majority of the respondents says that mostly people who committed suicides behind reason is lack of resources.

Table No#07

7. Who committed suicide more male or female?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	25	50.0	50.0	50.0
	Female	25	50.0	50.0	100.0
	Total	50	100.0	100.0	

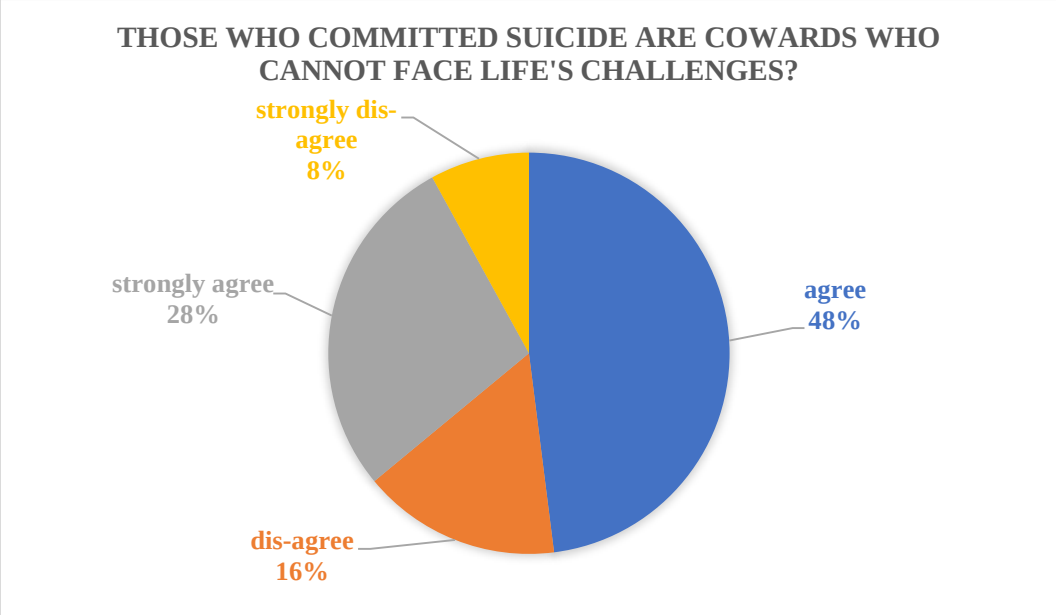


The above table shows that the response of the respondent is 50% says male, and 50% says female, so the ratio of the respondents is equal, therefore we can say that the male as well as female can be committed more suicide.

Table No#08

8.Those who committed suicide are cowards who cannot face life's challenges.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	agree	24	48.0	48.0	48.0
	dis-agree	8	16.0	16.0	64.0
	strongly agree	14	28.0	28.0	92.0
	strongly dis-agree	4	8.0	8.0	100.0
	Total	50	100.0	100.0	

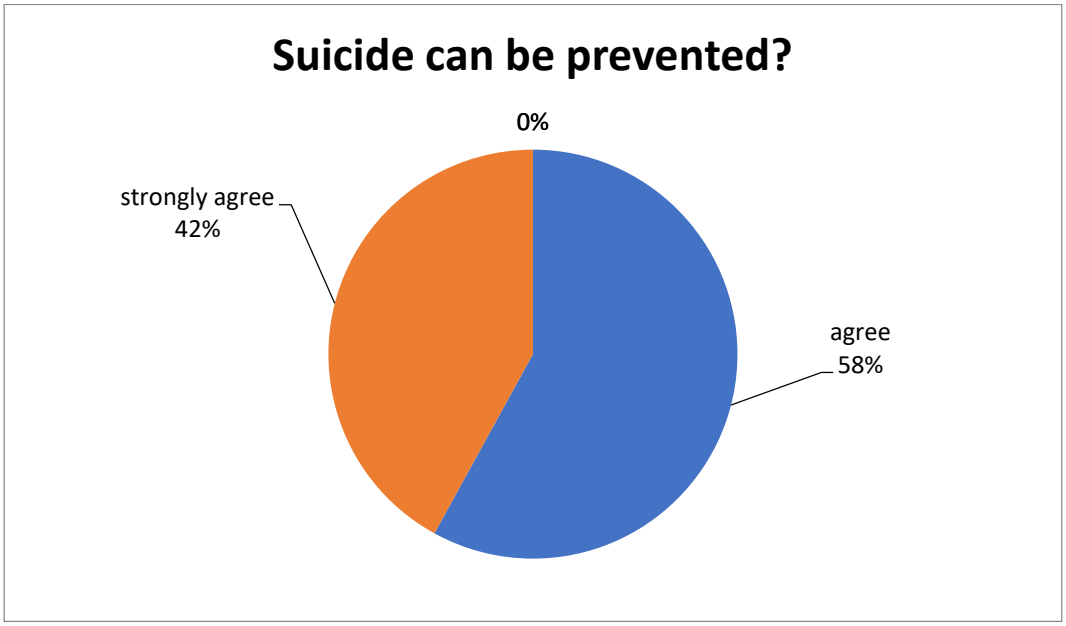


The above table shows that the response of the respondent is 48% says agree, 28% says strongly agree 16% says disagree and 08% says strongly disagree. Majority of the respondents says that the le who committed suicides are cowards.

Table No#09

9. Suicide can be prevented?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	agree	29	58.0	58.0	58.0
	strongly agree	21	42.0	42.0	100.0
	Total	50	100.0	100.0	

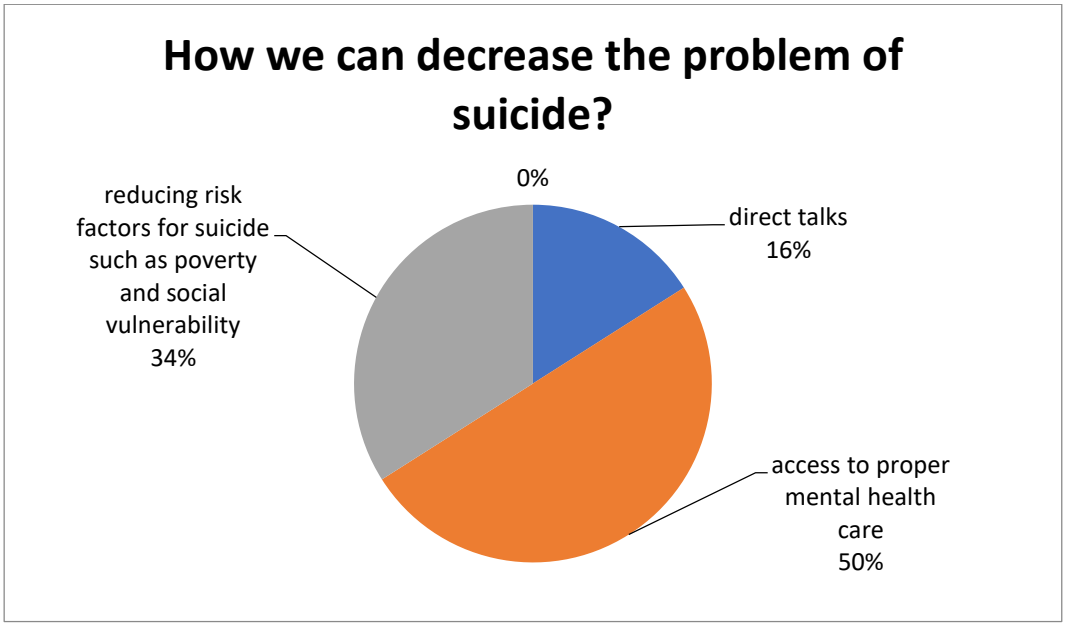


The above table shows that the response of the respondent is 58% says agree, and 42% says strongly agree, so most of the people says suicide can be prevented.

Table No#10

10. How we can decrease the problem of suicide?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	direct talks	8	16.0	16.0	16.0
	access to proper mental health care	25	50.0	50.0	66.0
	reducing risk factors for suicide such as poverty and social vulnerability	17	34.0	34.0	100.0
	Total	50	100.0	100.0	



The above table shows that the response of the respondent is 50% says access to proper mental health care, 34% says reducing risk factors for suicide such as poverty and social vulnerability and 16% says direct talks. Majority of the respondents says that we can decrease the problem of suicide through the access to proper mental health care.

CHAPTER FIVE

CONCLUSION

CONCLUSION

The present research is indicated that the mostlypeople attempt suicide due to the poverty, mental illness, and lack of awareness in tharparker district. Majority says that the from tharparker they mean poverty is the major issue of behind suicide.
In the consequences it is vibrant that povertyplays major role in suicide. Respondents responded that povertyisbig problem than awareness and mental health issue.
In the investigation of this problem, it is introduced that people is predict about suicide.And investigate the age factor of the people of who committed suicide their age is mostly 16 to 25 years.

As explored in the research, respondents responded that mostly people committed are Hindus. During this issue, it is founded that majority of the people who committed are married rather than unmarried.Study discovered that the behind reason of married the major issue found is lack of resources rather than the domestic violence or family conflict and ratio of suicide is mostly equal of male and female according to the respondents.

From the research, cowards are also occurred because of people cannot face the life's challenges. Researcher explored that the causes of suicide can be decrease through the access to proper mental health care and the reducing risk factors of suicide such as poverty and social vulnerability.

Suggestion or Recommendations

Though it was a little effort of researchers that it could be studied and explored that causes of suicide is an issue requires some serious measures. Some suggestions and recommendations, mention given below:

- Suicide is linked with other social problem like as, poverty, health issue, lack of resources, domestic violence and so on. To control the suicide rate of district tharparker government must give limited resources to all those family have lack of resources and act against the domestic violation.
- Suicide must be recognized as major social issue and researcher do research on this topic.
- There is need to increase to psychological awareness to tharparker district.
- Students must be learnt about this topic as much as.
- Government must initiate program to promote awareness.

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Questionaries:

Q1: Why do people attempt suicide?
(a) Poverty (b) Mental illness (c) Love disappoint (d) Lack of awareness.

Q2: Is it possible to predict suicide?
(a)Agree (b) Strongly agree (c) Disagree (d) Strongly disagree

Q3: The most likely people who committed suicide their age?
(a)10 to 15 (b) 16 to 25 (c) 26 to 35 (d) Above 35

Q4: Most of the people who committed suicides are?
(a)Muslim (b) Hindu (c) Christian (d) Others

Q5: Who are mostly people, who attempt suicide?
(a)Married (b) Unmarried.

Q6: In the above question if your answer is married than what is reason behind that?
(a)Lack of resources (b) Domestic violence (c) Family conflict

Q7: Who committed suicide more male or female?
(a)Male (b) Female

33 hose who committed suicide are cowards who cannot face life's challenges?
(a)Agree (b) Disagree (c) Strongly agree (d) Strongly disagree.

Q9: Suicide can be prevented?
(a)Agree (b) Disagree (c) Strongly agree (d) Strongly disagree.

Q10: How we can decrease the problem of suicide?
(a)Direct talks (b) Access to proper mental health care (c) Good problem-solving skills
(d) Reducing risk factors for suicide , such as poverty and social vulnerability.