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## Financial Stress Cause Suicidal Ideation among the Lower Income Families; A Case Study of COVID-19 Period

<sup>a</sup> Aiman Rani, <sup>b</sup> Rohma Shafqat, <sup>c</sup> Aqsa Batool, <sup>d</sup> Muhammad Husnain

<sup>a</sup> Lecturer, Department of Sociology, Government College University Faisalabad, (Layyah Campus), Pakistan

<sup>b</sup> Lecturer, Department of Sociology, University of Layyah, Pakistan

<sup>c</sup> PhD. Scholar, Department of Psychology, Bahauddin Zakariya University, Multan, Pakistan

<sup>d</sup> Lecturer, Department of Sociology, University of Layyah, Pakistan

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### ABSTRACT

*During and after a pandemic, there is an upsurge in the number of people who commit suicide. COVID- There has been 19 recorded suicides in Pakistan. The number of deaths by suicide may be attributed to the current economic climate. Fear of infection is the second element that contributes to people committing suicide. The fact that a significant number of people are currently unemployed as a direct result of the closure contributes to the complexity of the situation. All of the suicides were carried out by males who were the primary breadwinners in their families. The judicial and legislative processes of Pakistan need to adopt a more scientific approach. According to a study that looked at cases of people who had attempted suicide, one of the most important contributing factors to the high rate of suicidal behavior among men is financial strain.*

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Corresponding author's email address: [psychologist.aqsa@gmail.com](mailto:psychologist.aqsa@gmail.com)

### 1. Introduction

The Covid-19 outbreak has had a wide range of effects on human peace. Deteriorating mental health is one of the pandemic's worst consequences. Suicide, according to the World Health Organization, is a significant public health problem (WHO, 2019). It has been demonstrated that infectious disorders, such as COVID-19, have a detrimental effect on mental health (Zortea et al., 2020). The global suicide rate appears to have remained stable since the COVID-19 epidemic began (John et al., 2020). The unthinkable mental sufferings such as depression are described by both the general public and healthcare specialists (Mushtaque et al., 2021). These psychological issues account for more than 90% of global suicides in adversity (Koda et al., 2022). Several Asian countries have suicide rates that are higher than the global average, with only two countries accounting for more than half of all suicides globally (India and China) (Jordans et al., 2014). While rates have decreased in both countries, they

remain high at 258,075 and 120,730, respectively. COVID-19 anxiety contributes to the completion of suicide attempts in Pakistan's neighbors Bangladesh and India (Goyal et al., 2020). According to an unrepresentative study based on only seven cases, the global COVID-19 suicide risk factors are (i) social isolation and alienation, (ii) economic recession, (iii) mental health difficulties among healthcare workers, and (iv) societal boycott. The study is unique in that it does not examine COVID-19 suicides on a worldwide or country-by-country basis. Using a single suicide instance to demonstrate each causality may limit the conclusion about global COVID-19 risk factors and overstate important risk variables in general (Thakur & Jain, 2020). Apart from that, the resignation of Germany's Finance Minister is reported rather than the bigger economic recession victims, omitting proof of economic recession suicides caused by lockdowns. If we analyze all COVID-19 suicide cases in a developing country, we can study the actual COVID-19 suicide causalities (e.g., Pakistan).

Pakistan is a low- and middle-income country with a population of approximately 200 million, making it the world's sixth most populated country. 97 % of the population is Muslim, and Islam plays a significant role in daily life. Around half of the population is under 25 years old (Zaman Khan, 2014). Punjab, Sindh, Balochistan, and Khyber Pakhtunkhwa are the four provinces. Since independence, the country has struggled with an unstable political system, poor governance, and low social and health indicators. Up to 34% of the population suffers from common mental disorders (CMDs) (Mirza & Jenkins, 2004). Suicidal behavior is relatively unstudied in Pakistan (Khan & Ali Hyder, 2006). Suicide is not reported to the World Health Organization or recorded in national vital records. In recent decades, the number of studies on suicide and DSH has increased, exposing suicidal behavior as a critical public health issue (Shekhani, 2018; Mushtaque, Rizwan, et al., 2021). However, because they are individual research, it is impossible to obtain a national picture of suicide behavior. According to the WHO, Pakistan recorded 13,377 suicides in 2012 (7085 females and 6021 men), a rate of 7.5 per 100,000. Rates have increased by 2.6 percent since 2000. According to the WHO, each suicide results in 10–20 DSH. Each year, between 130,000 and 270,000 instances of DSH are reported in Pakistan (WHO, 2019).

## 2. Suicidal Cases during the Covid-19

The Pakistani press has recorded 29 suicides in news reports written in both English and Urdu languages since January 2020. This study examined 16 cases of suicidality associated with COVID-19-related concerns. Twelve of the victims were men, the bulk of them were impacted by the recession, and only four possessed COVID-19.

**Table 1 Suicidal case during the period of COVID-19**

1. XXX, age 35, committed suicide in Mehmoodabad (Sindh province) due to poverty, not coronavirus. Masih earned between 600 and 700 rupees (less than five dollars) every day working as a petrol pump attendant. On March 22, he and other distributor personnel were sacked as a result of work limitations set by the Sindh government to prevent coronavirus infections. He became unwell on the day he was fired. Due to his cold and fever, the doctor advised him to stay at home alone, as these were Covid-19 symptoms. Masih attempted to keep a safe distance between his two small girls and his pregnant wife, who is nine months pregnant with twins. Sarfraz's health deteriorated as he remained alone for prolonged periods of time, and he abandoned hope of recovery out of fear for the future (Shafique Khokhar, 2020).
2. Three laborers from Khairpur committed themselves, dissatisfied, disappointed, and miserable at seeing their families go hungry for weeks during the lockdown (Hussain, 2020).

<p>3. XXX, a poor Mubarak Shar native of Ahmedpur Town, committed suicide by setting himself on fire. He was rushed to the GIMS Hospital in Gambat, Khairpur, but succumbed to his injuries. Shar submitted a heartfelt email describing him as a laborer who had been jobless for 14 days and was unable to find work. Sobhal Shar stated that he approached the leader of the union council, as well as family and acquaintances, but received no assistance. Shar committed suicide because he was unable to endure the notion of his children suffering (Hussain, 2020).</p>
<p>4. In Khairpur, XXX succumbed to hunger. He supported his family through work in a neighboring sector. After the 14-day lockdown, he lost his job. According to his bereaved parents, Maitlo was a nice man who became gloomy as the nights drew in. "Today, we found his body," the pitying father observed (Hussain, 2020).</p>
<p>5. Unemployed in Orangi Town, a young guy lit himself on fire and was rushed to Civil Hospital in severe condition. XXX, a young man from Orangi Town attempted suicide due to unemployment. XXX splashed himself with oil and set fire to his residence following Friday prayers. Faizan's father, Wasim, stated that the young man had been unemployed for an extended period prior to the lockout. "I lost my work as a result of the lockdown, and the house became severely run down," Faizan's father explained. According to police, Faizan is being treated at the Civil Hospital's Burns Ward (Geo News, 2020).</p>
<p>6. A 68-year-old Pakistani man allegedly set himself on fire in a graveyard here, fearful of COVID-19. This is Pakistan's first case of a suspected coronavirus patient committing suicide. An asthmatic, lately complained of respiratory problems but refused to be hospitalized, authorities said. "After his relatives and neighbors assumed he was a COVID-19 patient, Ahmad had a profound phobia of the disease," a police officer explained (Herald, 2020).</p>
<p>7. "Here, I'm battling Corona, and my children will battle hunger in the village." As a result of my anxiety, I attempted suicide. An unidentified patient from Corona, a village on the outskirts of Sargodha, is being treated at the Mayo Hospital in Lahore (BBC, 2020).</p>
<p>8. An employee of the Public Primary Healthcare Initiative attempted suicide on Monday while being admitted to a hospital in Kotri, Jamshoro. N* attempted suicide by draping himself with a hospital sheet from the ceiling fan. He was captured, however, by a police officer stationed in the ward. An unidentified hospital physician told the Express Tribune that "the patient appeared to be stressed out due to work-related problems." N claims to have taken medical leave as a result of his ordeal. DHO Mushtaq Solangi, on the other hand, accused him of making up excuses to avoid completing his job. "If my coronavirus test came out negative, the DHO threatened to fire me," N told local media. The DHO was deafeningly quiet. According to medical sources, Aijaz Ali Panhwar, the officer on duty, made the ultimate sacrifice of his own life to save the patient's (Tribune, 2020).</p>
<p>9. Unemployment caused a young man to commit suicide in Shar-e-Quaid. In a home near Karachi's Korangi Five Old Police Line, a body was discovered. The body was brought to Jinnah Hospital by police. Noman, a 24-year-old man, passed away as a result of his injuries. He hanged himself. According to authorities, Noman committed himself as a result of his unemployment (Waqf News, 2020).</p>
<p>10. A suspected coronavirus patient committed suicide early Monday morning at Jinnah Postgraduate Medical Centre after spending the night in solitude and claimed not to have the infectious sickness (JPMC) (Tribune, 2020a).</p>

According to COVID-19 suicide cases, the majority of Pakistani cases are the result of economic misery caused by the lockdown. Another non-representative study found an association between suicide and financial stress, social isolation, and disease. The current study's COVID-19 suicide rate during the economic downturn is more rigorous than Thakur and Jain's previous analysis (2020). Other studies (e.g., Bangladesh) revealed similar economic difficulty in all but one suicide, despite the fact that infection fear is the primary risk factor in India.

### **3. Suicide in the Light of Islam**

Islam is the world's second most popular religion, accounting for more than 20% of the world's population (Rezaeian, 2009). Suicide is a heinous "sin" in Islam, as it is in a large number of other religions (Shah & Chandia, 2010). The Quran states in numerous verses, "Do not damage yourself for God has been compassionate to you" (4:29). Suicide is banned in Islam due to its association with a lack of devotion and despair (Naveed et al., 2017). This commandment's usefulness in preventing Muslim suicides is well established. Suicide, on the other hand, is referred to in the Quran as "self-murder" and "throat slashing" (intihir), with no thematic overtones. The prophetic teachings are strident in their condemnation of the mental act of seeking death (Al-Harrasi et al., 2016). Numerous studies indicate that nations with a Muslim majority have lower suicide rates than countries with a non-Muslim majority (Shah & Chandia, 2010). According to one study Al-Harrasi et al., (2016), suicide rates were much lower in seven Muslim-majority nations than in Western countries. Muslims commit suicide at a lower rate than non-Muslims in non-Muslim countries (Khan, 1998). It is plausible to infer that these statistics do not accurately reflect the genuine suicide rates among Muslims (Khan, 1998). According to one study, Muslims and non-Muslims have the same rate of attempted suicide (Lester, 2006). Despite stated suicide rates being lower, experts may have wrongly concluded that studying suicide and parasuicide in Islam is fruitless (Khan, 1998). As a result, additional research on suicide and attempted suicide in Muslim communities and countries with a Muslim majority is required.

### **4. Pakistani Gov. Legal implication of suicide**

Due to the country's Muslim population, Pakistan's laws are founded on Islamic ideas. Suicides and attempted suicides are punishable by up to ten years in prison and/or a fine of up to Rs 10,000 under Pakistan Penal Code 309 of the Criminal Procurement Act (Khan, 2007). Suicide attempts and suicides must be reported to law enforcement officials. Government-approved medical-legal centers must evaluate these instances (MLCs). A criminal suicide prosecution is unique in that the secrecy surrounding such a sensitive topic obscures the fact. People avoid MLCs for a variety of reasons, including police harassment, shame, and societal stigma (Nawaz et al., 2021). Due to the difficulty of reporting to the police, cases are shifted to private hospitals, where they remain uninvestigated and unreported. As a result, suicide and parasuicide go unreported and unstudied (Khan & Reza, 1998). Individuals who attempt suicide and have concurrent psychiatric disorders are occasionally offered psychiatric therapy rather than being punished (Khan et al., 2008).

### **5. Trends in Pakistan's suicide and mental health organizations**

Suicide in Pakistan is a complicated synthesis of sociocultural and legal perspectives. Suicide is viewed as a despicable act that should be concealed from society and authorities. A family with a member who has tried suicide has the fear to communicate and harsh social repercussions. Individuals are hesitant to seek help due to the stigma surrounding mental diseases. Individuals or families who engage in stigmatizing actions or adhere to restrictive practices receive negative attention (Nisar et al., 2019). According to a WHO study, Pakistanis have insufficient access to mental health care. Pakistan has only 343 psychiatrists, 478 psychologists, and 3,145 social workers for a population of 200 million (Javed et al., 2020). While the majority of Pakistanis reside in rural areas, the majority of psychiatric

care is given in urban areas. Suicides among those under the age of 30 are more prevalent in Pakistan, with women outnumbering men. Married women commit suicide at a higher rate than single women and married males. Contrary to Western research, marriage appears to be a protective factor against suicide. Marital conflict and family structure are significant sources of stress for Pakistani women (Khan & Reza, 2000).

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