

DOES MATE SELECTION PROVOKED TO SUICIDE: A SOCIOLOGICAL PERSPECTIVE

Liaqat Ali^{1*}, Mussawar Shah^{2#}, Asad Ullah^{3^}, Abbas Ullah Jan^{4!}

¹ Ph.D Scholar, Department of Rural Sociology, The University of Agriculture
Peshawar.

² Professor Department of Rural Sociology, The University of Agriculture Peshawar.

³ Assistant Professor, Department of Rural Sociology, The University of Agriculture
Peshawar.

⁴ Professor, Department of Agricultural & Applied Economics, The University of
Agriculture, Peshawar.

Liaqat Ali, Mussawar Shah, Asad Ullah, Abbas Ullah Jan, Does Mate Selection
Provoked To Suicide: A Sociological Perspective, PalArch's Journal Of
Archaeology Of Egypt/Egyptology 18(10), 2596-2611. ISSN 1567-214x.

KEYWORDS: Mate Selection. Suicide. Family, Polygamy, Swat District.

ABSTRACT

The present study was conducted in District Swat, Pakistan with the sole aim to assessing the root cause of committing suicide i.e. mate selection and their impacts on left behind families. A sample size of 204 households were selected randomly through structured interview schedule. The collected data was further analyzed through descriptive (univariate/ frequency and percentage) and inferential (cross tabulation and indexation through chi square test with amalgamation of multivariate analysis) statistics. At bivariate analysis through associational measure between dependent variable (effects of suicide) and independent variable (mate selection) findings, a significant association was found between effects of suicide and violence at home on women ($P=0.021$), infertility ($p=0.001$) and love marriage ($p=0.022$) is the major determinants towards committing suicide. Awareness pertaining to this important dys-functionalism in the institutional framework could easily be encountered provided media is vibrated through participation and endorsement from religious scholars, while highlighting religious values pertaining to gender, division of labor and integration of family in light of allocation of rules for either gender were put forwarded some of the recommendations in light of the present study.

INTRODUCTION

Suicide is a deviant norms prohibited in all schools of thought refers to taking one's own life. It is further explained that an attempt/act of killing his/her own self murdering. It is applicable to all sort of cases of deaths either directly or indirectly victimizing one own self to death (The Oxford Dicionary, 2020). It is illegal with fatal social ramifications and detrimental in terms sustenance on community and individual as it is deliberate concentration with high degree of awareness regarding the outcomes on part of committer (Clinard, and Meier, 1975; Retterstol, 1993). It is considered to be intentional, unhuman emotional in every cultural traits. It is based on embroide pain and distress where a person feels inabilities to encounter any personal/social problem either based on mental incapacitation or hopelessness about future. It is a major public health issue on global face as almost 2000 people commit suicide every day. It is in existence with alarming figure of 750,000 every year. The world based estimation of suicide stands at 11.6 per 100,000 person with highest representation of Europe and lowest 1.1 of eastern Mediterranean region. It is further estimated that both gender i.e. male and female is leading in representation with age group 15-29 in SE Asian region followed by 45-49 males in Europe and above 60 years in western pacific region with age group of 45 years for female (Ijaz and Haider, 2002; Varnik, 2012). Although suicide prevails in every corner of in global however, it has taken the shape of an epidemic in Asia as a leading countries in most of its populated countries (Kok and Goh, 2012). The main cause of suicide are revolving around gender based issue, family related dynamics and schooling workload Lubell and Vetter, (2006) has worked on suicide and drawn a picture of the youngster tendency towards suicide in Malaysia, where 1.28 suicide per 100000 in the total population of 27 million for 2008 (Ali et al., 2014). A brief picture of suicide scenario at the global level is presented below, by the virtue of World Health Organization in 2015.

Table 1: Crude suicide rates (per 100 000 population)

<u>WHO region</u>	Sex	2016	2015	2010	2005	2000
<u>Africa</u>	Both sexes	7.4	7.4	7.6	7.9	8.3
	Male	9.9	9.9	9.9	10.4	10.8
	Female	4.8	4.9	5.3	5.4	5.8
<u>Americas</u>	Both sexes	9.8	9.9	9	8.5	8.3
	Male	15.1	15.2	14	13.2	13.1
	Female	4.6	4.6	4.1	3.9	3.6
<u>South-East Asia</u>	Both sexes	13.2	13.3	13.5	14.2	14.3
	Male	14.8	14.9	14.8	15.1	15.8
	Female	11.6	11.7	12.1	13.4	12.8
<u>Europe</u>	Both sexes	15.4	15.7	17.9	20.7	21.8
	Male	24.7	25.2	29.2	33.9	35.6
	Female	6.6	6.8	7.3	8.3	8.9
<u>Eastern Mediterranean</u>	Both sexes	3.9	3.9	4.3	5.1	5
	Male	5.1	5	5.5	6.3	6
	Female	2.7	2.7	3	3.8	4
<u>Western Pacific</u>	Both sexes	10.2	10.2	11.7	12.2	13.1
	Male	10.9	10.9	12	12.4	12.9
	Female	9.4	9.5	11.5	12	13.4
<u>(WHO) Global</u>	Both sexes	10.6	10.7	11.5	12.3	12.9
	Male	13.5	13.6	14.3	15.3	16

Female	7.7	7.8	8.6	9.3	9.7
--------	-----	-----	-----	-----	-----

PAKISTAN'S SCENARIO

Pakistan is one of the religious based society with strong prevalence of traditional fabrics, closed to religion, however the data pertaining to suicide is false and misleading. Media is vibrant over reporting suicide cases, but the most obvious dynamics of social, religion and legal influences change the underlying forces, thus leading to concealment of facts. In one of the newspaper which reported 306 cases of suicide in just 2 years from the major cities of Pakistan with the obvious reasons associated to domestic problems (Khan and Reza, 2000). Stress has been identified based on interpersonal conflicts and rejection from the beloveds, divorce or separation within the family legal outcomes. In addition jobs denial and financial crisis are some other obvious reasons of suicide in Pakistani society. Furthermore some other physical disorders/diseases like long caring illness such as cancer has further added the risk of committing suicide. It is pertinent to maintain that failure in relationship, unemployment and forced retirement is the other challenging factors to the Male Myth of Power and falls into the basket of committing suicide (Moscicki, 1999; Farrel, 1993;Stellrecht et al., 2006). With female failure to cope with self-definition in terms of dependence and failure in love, yet another contributing factor to suicide (Canetto, 1998).

Another important aspect of human life which could be a harbinger to suicide is the forced meaning as it often ends at psychiatric disorders, beyond the control of the affectee', being devoid of differentiating between right and wrong thus committed suicide (Pridmore, 2013). Yet another hidden fact i.e. loss of spouse or divorce/separation is another propelling factor of taking one owns life. Female with children and suffering from depression and having conflictual bonds of marital nature has also chances of leading to suicide. Pakistan as traditional believing conformity to the prevalent values system vividly advocating for woman subordination is predominantly patriarchal in nature. It is often thought to them for their wishes suppression alike other patriarchal societies (Breed, 1967; Maris, 1969; Dyson and Moore, 1983). Any woman attempts to commit suicide if escapes life attempt may succeed in getting attention of the other with affectionate attitude albeit temporary. Intra familial bonds are important as role assignment if contradictory instead complementary rests in higher chances of suicidal attempts with particular reference to women. Denial to property rights manipulation in power distribution dynamics specifically tilting males increases the chances of suicide for females. However increased chances of property rights also enhances chances of conflict, especially in India as it has threaten the male oriented dynamics altogether with some new outcomes which is not yet be acculturized (Anderson, 2012, Weiss, 1957, and Baechler, 1979). Domestic violence in most of the developing countries with no exception to Pakistan against women is indicator of women suppression and subordinate position, women are denied of access to property right and greater chances of committing suicide as compare to general population. Pakistani society is an amalgamation of complex whole where social, psychological, biological, cultural and environmental factors could not be ruled out and for women the major cause of suicide, interlocution with husbands in spite of the fact that committing suicide is against Islam (Haqqi, 2008, World Suicide Prevention day, 2008, Banerjee, et al., 1990, Crosby, et al., 2011, Hoyer and Lundberg, 1997, Roy, 2010, and Deininger, et al., 2010).the situation respect to suicide attempts/cases has been displayed in the table-2 showing the holistic reflection of this proscribed norms at the subcontinent level (Who, 2015).

Table 2: Crude suicide rates (per 100 000 population)

Country	Sex	2016	2015	2010	2005	2000
<u>Afghanistan</u>	Both sexes	4.7	4.8	5.1	6.3	5.7
	Male	7.6	7.8	8.6	10.8	10
	Female	1.5	1.5	1.4	1.5	1
<u>Bangladesh</u>	Both sexes	5.9	6.1	6.4	6.3	6.7
	Male	4.7	4.7	4.3	4.5	5.7
	Female	7	7.4	8.5	8.2	7.7
<u>China</u>	Both sexes	9.7	9.6	10.9	11.7	13.2
	Male	9.1	8.9	9.3	10.1	11.2
	Female	10.3	10.3	12.5	13.4	15.4
<u>India</u>	Both sexes	16.3	16.5	16.5	17.6	17.4
	Male	17.8	18	17.7	18.1	18.6
	Female	14.7	14.9	15.2	17.1	16
<u>Pakistan</u>	Both sexes	2.9	2.9	3.1	3.5	3.4
	Male	2.7	2.8	2.8	3	2.9
	Female	3	3.1	3.4	4.1	4

It is apparent from the incidence of the cases of suicide that certain known and invisible reasons are associated to it propelling its occurrence with no remediate or preemptive containing institutional approaches. It is presumed that denial to female in inheritance particular in land, there is total social exclusion. The data indicating some improvement in deliverance of inheritance has further deteriorated the women status and patriarchal norms has been repugnance to it. This is absolute negation to Islamic principles of equality (Mullah, 2011). where a woman is entitled to enjoy the equal social and legal status as per male, but family system duly reluctant to trickle down the rights to women in a number of directions of human life, erode their chances of social inclusion. Suicide is mostly tilted with confusion of its occurrence and the relatives' reluctance to go for ascertaining the very medical reasons due to factor, social stigma, not mating it public and giving it a shape of fatal illness, albeit the lack of social traits support. Although it is a solitary act, but never taken into consideration its fallout as post event occurrence. It needs to be judged in light of pre and post social, familial bond scenario at family level. Moreover the economic problems associated it the loss of employment, which ends a permanent source of livelihood to the left behind is another obdurate outcomes of the suicidal phenomena (Lindahl, et al, 2005; Clark, 2001; Jobs, et al., 2000; Saeed et al., 2002; Leimkuhler, 2003; Payne, et al., 2008). Keeping in view the above stock of literature the present study is designed to highlight the major driver (mate selection) of suicide through quantitative research method.

METHODOLOGY

A cross sectional based study was designed and conducted in district Swat Khyber-Pakhtunkhwa, Pakistan. District swat had comprised of seven tehsils Matta, Khwazakhela, Barikot, Kabal, Charbagh, Behrain and Babozairespectively. All the cases (suicide) which were reported since 2013-18 were 829 (Police Department Khyber Pukhtunkhwa, 2018), however, 204 sample size was selected as per Sekeran (2003) universal sample size criteria. Further, the sample size was proportionally allocated to each tehsils which is devised as shown in table 3 through application of formula given by Chaudhry and Kamal (1996). The

study respondents comprised of the family members of the person who committed suicide in the study area. One person (male or female) was selected as study respondent from family of each person who committed suicide. A structured interview schedule encompassing all the study variables were based on Likert scale due to perception nature (Nachmias and David, 1992). Moreover, dependent variable (Effects of suicide) was cross tabulated and indexed with independent variable (mate selection) through application of chi square (x^2) test statistics to ascertain the association between the aforementioned variables, with collaboration of multivariate analysis while controlling educational status (background variable) to find out the spurious or non-spurious relationship between the indexed dependent and independent variables at bivariate level of analysis (McCall, 1975).

Table 3: Proportional allocation method

Tehsil Name	Population and (n)
Matta	153 (38)
Khwazakhela	112(27)
Barikot	88(22)
Kabal	146(36)
Charbagh	87(21)
Behrain	106(26)
Babozai	137(34)
<u>Total</u>	829(204)

RESULTS AND DISCUSSIONS

Perception of Sampled respondents regarding the Effects of suicide on left behind families (Dependent variable)

Suicide is an aberrant norm which an individual compels to end his/her own life. A number of factors may lead to committing this unwanted act included are marital, economic, socio-cultural and unemployment as propelling elements of generating suicidal temptations. Although this act is generally detested in every school of thought and culture, even then its practice could not disappear from the societal scene. This act, though the person committing upon considering to be individual nature, however its effect on left behind families are multifold in nature and ramification.

Table 4 divulged that 98.0% respondents were agreed that family with suicide has no space for social integration in prevalent social system. While 99.5% respondents disclosed that family weak economic distribution is imminent after its members commit suicide. Similarly 97.1% respondents argued that intra family relationship is being strained as relatives avoid displaying sympathies to it. These findings disclosed the economic profile of a family is of immanence importance. Any fragile status in economic terms has the potential of pushing a family members to such deviance i.e. (committing suicide). However, the left behind family members could face a strange and strained environment after any of its member do this unwanted proscribed act. These findings were similar to McNiel et al., (1988) who stated that suicide has more inverse effects on family, it disturbs the integration and unity of the family in locality. Similarly, the widows of the suicidal person had more to face beyond the limits the problems of lacking social support, closeness and relationship than the widows of those who lose his life in a natural way or in any accident. Therefore, the members of suicidal person's family feeling fault, humiliation and socially disintegrated. The survivors especially

the wives of the self-murderers were more vulnerable in financial terms. Such people are deprived from the succession of their deceased property, as the prevalent legal system is based on patriarchy. Such condition are miserable for these people who want to cope and survive freely in environment (Wong, 2005; and Barlow. et al., 2008). Furthermore, Santi and Betancourt, (2000) also intimated that the survivors of the suicidal persons feels blame and anger after the occurrence of such incident, because they could not believe about occurring of such happening/tragedy. This feeling of non-adjustment in the general atmosphere, they feel socially isolated because of the prevalent social customs in the area totally negating such act of violence upon ones herself. Even their relatives, neighbors and friends had no support with the bereaved families. Furthermore, the survivors of the self-murders face the problems of strained social relationship and support and a gap may arise between the family members, particularly in the financial domain of life. These issues had linked with physical and psychological, and socio cultural problems. Moreover, the survivors especially the children have more responsibility to fulfil the economic obligations of the self-murdered person indicating a strong relationship of suicide with financial uncertainty. These issues could be solved to sell the property of the deceased person, which might generate another issue for the family. Such conditions indicating towards the prevalence of a number of problems both within and outside family i.e. community (Figueiredo, et al., 2012).

Table further divulged that 64.2% respondents negated that family of suicide usually left the area due to social disdain. While 97.5% respondents opined that social exclusion of family is always on card due to least cultural acceptance of suicide. These findings were in alignment to WHO (2018) which reported that bereaved families of the suicidal person had weak social relationship due to the humiliation, stain on face and blame. These people believed that the humiliation and social stigma is linked with this proscribed norm, and the community people could not extend any sort of assistance the survivors of the suicidal person, so these kind of surroundings create mental and psychological disorder amongst the survivors and they feel isolated from the rest of the community and prefer leaving their place of origin. In developing countries committing suicide is considered a stigma for their survivors. Due to the committing of suicide other community members dislike the survivors, keeping a social distance not participating in the events. Such stigmatization make the survivors to live away from their place of origin. Because the lives of the survivors become more complex and limited and community people asking questions about the self-murdering while blaming the whole family (Colt, 1991; Hooff, 2000; Goode, 2003). Moreover, the left behind families of the suicide committed person had more stigmatization, blame, humiliation and lack of social relationship. Therefore survivors thinking that there is no space left for them in community and face with sudden frustration, eventually due to the prevalent culture of non-acceptance move from their native place. The offspring of the suicidal person are more affected than other deceased person children, because of depression, anxiety, humiliation and sadness. Moreover, these children are less accepted from other bereaved children (Barrett and Scott, 1989; and Cerel, et al., 1999).

Table (4) further come up with the information that 99.5% respondents stated that psychological fallout of suicide for the left behind families is imminent. While 97.1% respondents expressed that community life is met with disintegration for the left behind families in the area. Moreover, 65.2% respondents claimed that legal repercussions are beyond family financial, moral and social parameters. These results could be attributed to the emergence of environment totally disowning the suicidal person's family and relatives due to the strong repugnance of such act at community and society level. These findings were closely related to Walsh and McGoldrick, (1991); and Jordan, Kraus and Ware, (1993) who argued that it has been clinically observed that that the bereaved families of the suicide

committing person had more vulnerability to psychological disorder, especially the offspring's of the deceased person. The behavior and actions of these children ultimately changed, and emerged the symptoms of anxiety and depression among them. Sometimes such conditions led them to end their lives, has pointed by, Khan et al., (2008) who exposed from these findings that Pakistan is an Islamic country, the laws of Pakistan is based on Islamic ideologies. Therefore, suicide is considered as a crime under the penal code 309 of criminal Act. Further investigation may take place in police station through the authorized medico legal centers forensic report. So people do not report such cases in medico legal centers due to stigmatization, humiliation and irritation from the police and community. Such legal process may torture the bereaved family in social, financial terms. Moreover, Spillane et al., (2018) also intimated that the survivors of the suicidal persons had to face the problems of mental and psychological disorders, even though some time committing suicide as being unbearable for them to tolerate. These bereaved people has also to face the physical health problems like sudden cardiovascular, and chronic diabetes and pancreatic disease because of stressful, stigmatized and humiliated life. Furthermore, Demi and Howell (1991) also stated that suicide is a source of grief for the relatives, which may bring frustration and stigma in lives of these survivors. The experience of the suicide mourning brings disintegration in the mourning families. The survivors generally feel shame and guilt and could no face the community, such people leave their areas and move to other places due to the stain of stigma on them and their family.

The implied effects of suicide on left behind families	Yes	No
Family with suicide has no space for social integration in prevalent social system	200(98.0)	04 (2.0)
Family economic distribution is imminent after its members commit suicide	203(99.5)	01(.5)
Family of suicide usually left the area due to social disdain	73(35.8)	131(64.2)
Social exclusion of family is always on card due to least cultural acceptance of suicide	199(97.5)	05(2.5)
Intra family relationship is being strained as relatives avoid displaying sympathies to it	198(97.1)	06(2.9)
Psychologically fallout of suicide for the left behind families is imminent	203(99.5)	01(.5)
Community life is met with disintegration for the left behind families in the area	198(97.1)	06(2.1)
Legal repercussions are beyond family financial, moral and social parameters	133(65.2)	71(34.8)

Association between Mate Selection and implied effects of suicide on left behind families

Mate selection is the procedure of selecting any gender with whom to practice a conjugal bond or long term partnership in the form of marriage. Marriage is either endogamous or exogamous with some vivid practices associated to it in the form of arrange/force marriage or sometime a love marriage. It is usually performed in public with explicit aim of its wider publication and subsequent approval from the rest of the community. Practice of marriage is always with in the ambit of cultural prerogative and religion is to play a dynamic role for making this relationship perpetual and enduring.

Table 5 displayed a significant ($p=0.021$) relationship between violence at home is responsible factor for a woman to commit suicide, with implied effects of suicide. Domestic unrest usually a causative factor of unstable family dynamics, generated from dispute over property etc. In most of the societies it is taken up as an eroding element of thwarting a stable relationship at the family as an institutional dysfunctionality the study area being patriarchal with women to live as subordinate to men, may suffer from the fall out of any familial

disputes to be around women folks to bear the burst of. Woman as fragile with lowest social status, faced with consistent denial in economic share, being seldom recognized, in their scenarios rendered at household level, may fall an easy prey of this social injustice. Such situation push her to extreme corner of her social life and thus pushing herself to end her life. These findings were closely associated to the work of Vijayakumar (2015) who disclosed that, suicide and domestic violence against women had a close relationship which is prevailed in Asian countries especially in rural areas which compel the women to commit suicide. Similarly, as per the situation of Turkey especially in Kurdish communities' suicidal attempts and suicides in women generally happened due to domestic violence (Seliset al., 2007). In consistent with these findings, nearly in every country more or less female are victims of domestic violence, such as physical, sexual and mental torture that affects economic, social and cultural dynamics of life. The depressed cultural and financial status of female can be considered as a one of cause and subsequent result of violence for them who are squeezed in their lives for having domestic satisfaction (Ali et al, 1993).

However, it was further disclosed from the findings of the study that a non-significant ($p=0.592$) relationship between low marital possession on part of either gender brings agonies for them at in laws and thus commit suicide, with implied effects of suicide existed. Moreover, denial to marry as per wishes of either gender lands at suicide and implied effect of suicide were also found non-significant ($p= 0.758$) relationship. Moreover a non-significant ($p= 0.813$) relationship was also found between unmatched class/caste and education level marriages with implied effects of suicide. These results could be attributed to prevalence of a cultural myth, where women are consider as honour of men, irrespective of her status either rich or poor. Moreover, the area has witnessed a rigid roots in the social structure with no any endorsement to the social and financial impact of cast and class. Similarly the selection of a life partner against their wishes is not a factor for both gender to commit suicide. Because they obey the prevalent culture of selection the life partner of their elders is considered as an obligation upon themselves. However, these findings were negated by Qadir et al., (2005) who disclosed that unmatched mate selection and other marital problems led, the development of Common Mental Disorders (CMDs) in women though investigations that marital problems had been the instigators of suicidal attempts in Pakistan. Furthermore there were some negative factors which were responsible for youth propensity to mortal fatality. Domestic and marital problems are contributed to women's common mental disorder and this ratio was higher in young married women as compared to older married women in Pakistan. Pakistan is a patriarch country where women have no right to select their life partners, parents and other family members are responsible to select a partner either specially women are chosen for male partners without taken their consent on. In wedding matters, women could not give their vent to express neither acception nor rejection. They had to regard marriages as social obligation and to adjust themselves as directed and dictated by the males. Already established and practical roles and restrictions on the basis of the gender especially, for female which place them only to obey men and never to think about their own lives arranged and unasked marriages, bridal exchange i.e. Berdal (exchange of spouses between two families), Besik Kertmesi (local denomination to arrange marriage in infancy), honor killings, polygamy and restrictions regarding choice in marriage are thought to be as root causes of suicide in such societies (Mazlum-Der, 2007). Furthermore, according to Human Rights Watch (2000) report that Pakistani women are traditionally forced to show extreme submission to male members of the household. It is regarded as a shame and codal violation on the part of the female to choose her life partner and in some cases may lead to result in "killing in the name of honor." Due to the prevalent culture of patriarchy man is the head or the legal agent of the family having the rights of any decision regarding family. Such authority is transformed from generation to generation. Men are responsible for their siblings'

select of their life partners without their consensus because of the patriarchal prevalence (UNHCR, 2013; and Cole, 2017).

In inconsistency to the preceding results a significant ($p= 0.001$) relationship was found between infertile women commit suicide due to a social stigma of infertility with implied effects of suicide. While another non-significant ($p= 0.917$) relationship was found between male sterility is the causing factor of committing suicide with implied effects of suicide. Moreover, practices of polygamy and implied effects of suicide was also found non-significant ($p= 0.683$) relationship. These results could be attributed that women infertility and male sterility were not contributing factors to provoke individuals to commit suicide. Producing of one own self after marriage is deemed vital and in accordance to the prevalent cultural norms. It is mostly misunderstood to be religion as well. A woman, if could not produce offspring is considered sinister with in the family and community as well. Offspring is considered to be the custodians of family, by taking owned its name and adjusted to the financial and family. Burden to shoulder each and every occasion at various social situation. However, these findings were contrary to Hoyer and Lund, (1993) that the childless and unmarried women in Norway were prone to commit suicide. According to them the infertile and unmarried women suicide ratio was high in Norway. Lester, and Stack, (1990 and 1994a) had the same results that children are considered protective factor against suicidal ideation, according to them those families who had no children were more prone to commit suicide. They further argued that to avoid the suicidal ideation successful marriage is considered the most protective factor. Therefore, US laid strong emphasis on getting a successful marriage. Similarly if a country fertility rate is high, the suicide rate must be low for both men and women, indicating a correlation between fertility and stable social life based on marital bonds. Although polygamy has a very bad effect on women mental health, and compel a woman to commit suicide. Their ideation to suicide is due to humiliation, indignity and feel uncertainty in the family (Lester and Yang, 1992; Simkhada et.al, 2015).

It was learnt from the table (5) that a non-significant ($p= 0.679$) relationship was existed between arrange marriage leads to female suicide with implied effects of suicide. These findings allude towards the existence of a congenial and prosperous environment once genders into marriage, being decided by the elders as long standing and enduring, thus creating no space for social and familial non-adjustment. It is due to the prevalent culture in the area where people accept the decision about their mate selection of their elders and they have no such observations to be deemed hostile to the decision. These findings were in accordance to Hussain (1999) who reported that the marital situation in Pakistan and concluded that arranged marriage was a prominent feature of Pakistani culture. Furthermore, the family was responsible for handling all marriage arrangements while there was no option of the girl's acceptance or rejection in selecting the prospective husband. She has to obey and honour her parent's decision. However, Therborn (2004) also assessed that in the late 19th century, everywhere in the world women were subordinated to their men, and their marriages were arranged by their male members of the family, even though women had a little bit power of expression but the patriarchy had still strong hold over their affairs of life. Similar outcomes are judged as a resulting factor of the pressure put by the family upon female population is considered one of the leading causes of attempted suicide. If an individual is not feeling free to live his/her life according to his/her own needs and wishes, distress and depression is obvious and may lead to committing suicide (WHO, 2002).

Table (5) also exposed a non-significant ($p= 0.215$) relationship existed between divorced women are more prone to suicide, with implied effects of suicide. It could be deduced from these findings that although divorce is not supported as an ideal norms in the prevalent social

and cultural fabrics, however, its existence is not denied at any stage rather deemed religious with extreme case scenario. A woman as divorcee is given her all rights and privileges along with social acceptance to live her life. However, these findings were negated by Kreitman (1977) who observed that weak, desolated and unsatisfactory relationships are often become the causes of suicide attempts in women. The rates of attempted suicide is higher among the divorced women, who had faced lifelong difficulties for creating healthy and sustainable relationships with their husbands. Moreover, Pescoloido and Wright (1990) further disclosed that the divorced men are more prone to commit suicide than women, because marriage doesn't treat both sexes equally. Marriage is considered a source of security and social honour for men while for women it provides material considerations leading to create a conflicting situation which might disturb the unity. Occurrence of such situation could enhance the chances of suicide in divorced men than women. Such divorce is usually liked with a strong desire for a child and women always spend their lives under this social pressure along with the vivid role of patriarchy (Therborn, 2004).

Contrary to the above table (5) intimated a significant ($p= 0.022$) association was disclosed between love marriages is a leading cause of suicide for the female as no space of acceptance is prevalence in social circumstances in the local culture, with implied effects of suicide. These findings concluded that love marriage is a contributing as triggering factor for the individual to commit suicide. Marriage, though a bond between two marrying opposite sexes and ought to be decided by themselves, however, cultural prerogatives tilt with vivid rights, bestowed upon male to determine and decide this long last event for their offspring with no choice of expression for marrying couple. These findings were in consonance to Asian Development Bank (2012) which reported that in a family woman is considered the honour, and love marriage is considered the violation of the religious and cultural values which adversely affect the women status, liable to extreme punishment including social estrangement likely to end up in suicide. Moreover, patriarchal norms also aberrant both genders of their rights to select life partner due to the face of feelings of severe humiliations. In Pakistan love marriage is considered a social taboo resulting into honour killings. Therefore the love marriage is considered as a stigma for the family and people do not own such practices with the fear of being met with negative sanctions in the prevalent social situation (BBC News, 2011).

Table 5: Showing association between mate selection and implied effects of suicide on left behind families

Independent variable (Mate selection)	Dependent variable	Statistic
Violence at home is responsible factor for a woman to commit suicide	Effect of suicide	$\chi^2 = 0.851 (0.021)$
Low marital possession on part of either gender brings agonies for them at in laws and thus commit suicide	Effect of suicide	$\chi^2 = 1.049 (0.592)$
Denial to marry as per wishes of either gender lands at suicide	Effect of suicide	$\chi^2 = 0.554 (0.758)$
Un matched class/ cast and education level marriages usually ends at suicide	Effect of suicide	$\chi^2 = 0.414 (0.813)$

Infertile women commit suicide due to a social stigma of infertility	Effect of suicide	$\chi^2 = 1.693 (0.001)$
Male sterility is the causing factor of committing suicide	Effect of suicide	$\chi^2 = 0.172 (0.917)$
Practices of polygamy is another causative factor of female suicide	Effect of suicide	$\chi^2 = 0.762 (0.683)$
Arranged marriage leads to female suicide	Effect of suicide	$\chi^2 = 0.774 (0.679)$
Divorced women are more prone to suicide	Effect of suicide	$\chi^2 = 3.076 (0.215)$
Love marriage is a leading cause of suicide for female as no space of acceptance is in prevalence for it in the local culture	Effect of suicide	$\chi^2 = 2.714 (0.022)$

Association between mate selection and the effects of suicide (controlling education of the respondents)

A non-significant association ($p=0.336$) was acknowledged between effects of suicide of the literate and their perception regarding mate selection with non-spurious relationship. Among the illiterate respondents, the relationship between mate selection and effects of suicide was found significant ($p=0.025$). Based on the above results, it was concluded that there exists a spurious association for the aforementioned category (illiterate) on educational level. Based on the above association, it could be attributed from these results that educational attainment a viable role in committing suicide in the study amongst the illiterate respondents. However, a number of scholar’s conclusions did not support these findings including e.g. Kolves (2007) who also reported that suicide and illiteracy has strong correlative prospects with suicide. Such perspective prevalence could be due to the unemployment/underemployment the illiterates are met within the job markets.

Table 6. Association between mate selection and the effects of suicide (controlling education of the respondents)

Education	Independent variables	Dependent variable	Statistics Chi-Square (P-Value)
Literate	Mate selection	The effects of suicide	$\chi^2 = 1.064 (0.336)$
Illiterate	Mate selection	The effects of suicide	$\chi^2 = 0.633 (0.025)$

CONCLUSIONS AND RECOMMENDATIONS

The study intimated some apparent reasons regarding the mate selection procedure was the propelling agents of causing suicidal inclinations in the study population particularly to younger segment. Furthermore, the descriptive statistics also alluded towards the practice and prevailing of polygamous norms, infertility and arrange marriages as some other hidden factors deteriorated the women status both within family and community. Gender agonies had been witnessed from the in-laws house with particular reference to women while men with low profile in educational attainment and inferior family background within the system of

social hierarchy had brought miseries in the shape of social stigma for these secluded younger segment of the population. The study further explored the violence at home, infertility as social stigma and denial of the choice marriage for either gender had probable study outcomes of committing suicide. Moreover, low marital possession at the time of marriages along with arranged marriages were also surfaced acting as catalyst towards committing suicide.

Women status has been under constant deterioration due to the existence of polygamous norm, infertility and in some cases the arranged marriages. Furthermore, in-laws house were identified a hub of gender based inequalities ending at the shaping of agonies for women folks either due to low level of education, the widespread hierarchy, unequal and highly stratified social system representing a huge segment of population as secluded. Institutional framework was found fragile to encounter the familial inequalities with reference to mate selection and division of power. Awareness pertaining to this important dysfunctionality in the institutional framework could easily be encountered provided media is vibrated through participation and endorsement from religious scholars, while highlighting religious values pertaining to gender, division of labor and integration of family in light of allocation of rules for either gender.

REFERENCES

- Ali BS, Saud M, Mohammed SN, Lobo M, Midhet F, Ali SA. (1993). Psychiatric morbidity: Prevalence, associated factors and significance. *Journal of Pakistan Medical Association*; 43(4):69–70
- Ali, N. H., Zainun, K. A., Bahar, N., Haniff, J., Hamid, A. M., Bujang, M. A. H., ... & NSRM Study Group. (2014). Pattern of suicides in 2009: Data from the National Suicide Registry Malaysia. *Asia-Pacific Psychiatry*, 6(2), 217-225.
- Banerjee, G., Nandi, D. N., Nandi, S., Sarkar, S., Boral, G. C., & Ghosh, A. (1990). The vulnerability of Indian women to suicide a field-study. *Indian Journal of Psychiatry*, 32(4), 305.
- Barlow, A., Burgoyne, C., Clery, E., & Smithson, J. (2008). Cohabitation and the law: myths, money and the media. *British Social Attitudes*, 24, 29.
- Barrett, T. W., & Scott, T. B. (1989). Development of the grief experience questionnaire. *Suicide and Life-Threatening Behavior*, 19(2), 201-215.
- BBC. 2011. The UK Suicide rate rises significantly in 2011. Retrieved from <https://www.bbc.com/news/uk-21141815>
- Canetto, S. S., & Sakinofsky, I. (1998). The gender paradox in suicide. *Suicide and Life-Threatening Behavior*, 28(1), 1-23.
- Cerel, J., Fristad, M. A., Weller, E. B., & Weller, R. A. (1999). Suicide-bereaved children and adolescents: A controlled longitudinal examination. *Journal of the American Academy of Child & Adolescent Psychiatry*, 38(6), 672-679.
- Clark, S. (2001). Bereavement after suicide--how far have we come and where do we go from here?. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, 22(3), 102.

- Clinard M. B. and Meier, R. F. (1975). *Sociology of Deviant Behaviour* (5th ed). New York: Holt, Rinehart and Winston.
- Colt, G. H. (1992). *The enigma of suicide*. Simon and Schuster.
- Crosby, A., Gfroerer, J., Han, B., Ortega, L., & Parks, S. E. (2011). Suicidal thoughts and behaviors among adults aged >18 Years--United States, 2008-2009.
- Demi, A. S., & Howell, C. (1991). Hiding and healing: Resolving the suicide of a parent or sibling. *Archives of Psychiatric Nursing*, 5(6), 350-356.
- Dyson, T. & Moore, M. 1983, On kinship structure, female autonomy, and demographic behavior in India. *Population Development Review*, 9, 35 – 60.
- Farrell, W. (1993). *The Myth of Male Power: why men are the disposable sex* Simon and Schuster. New York.
- Figueiredo, A. E. B., Silva, R. M. D., Mangas, R. M. D. N., Vieira, L. J. E. D. S., Furtado, H. M. J., Gutierrez, D. M. D., & Sousa, G. S. D. (2012). Impact of suicide of the elderly on their families. *Ciencia & saude coletiva*, 17, 1993-2002. Herrera Santí, P. M., & Avilés Betancourt, K. (2000). Factores familiares de riesgo en el intento suicida. *Revista Cubana de Medicina General Integral*, 16(2), 134-137.
- Garzotto, N., Buglass, D., Holding, T. A., & Kreitman, N. (1977). Aspects of suicide and parasuicide. *Acta Psychiatrica Scandinavica*, 56(3), 204-214.
- Goode, E. (2003). British ignite debate in US on drugs and suicide. *The New York Times*.
- Haider, S. I., & Haider, I. (2002). Combined Haloperidol & Electroconvulsive therapy in the treatment of selected cases of mania. *PAKISTAN JOURNAL OF MEDICAL SCIENCES*, 18(3), 215-220. Retrieved from <https://vlibrary.emro.who.int/imemr/combined-haloperidol-and-electro-convulsive-therapy-in-the-treatment-of-selected-cases-of-mania/>
- Haqqi, S. (2008). Suicide and domestic violence: could there be a correlation?. *The Medscape Journal of Medicine*, 10(12), 287.
- Hollingsworth, D. W., Cole, A. B., O'Keefe, V. M., Tucker, R. P., Story, C. R., & Wingate, L. R. (2017). Experiencing racial microaggressions influences suicide ideation through perceived burdensomeness in African Americans. *Journal of Counseling Psychology*, 64(1), 104.
- Hoyer G, Lund E. (1993). Suicide among women related to number of children in marriage. *Archives of General Psychiatry* 50(2): 134–7. (Cited by Lester 2000.)
- Høyer, G., & Lund, E. (1993). Suicide among women related to number of children in marriage. *Archives of General Psychiatry*, 50(2), 134-137.
- Hussain, R. (1999). Community perceptions of reasons for preference for consanguineous marriages in Pakistan.

- Ihd, Selis, Hakkari, K.D. (2007). Interview, As found by mission visit to Kurdish regions of Turkey. Retrieved from [https://eige.europa.eu/docs/2020_IPOL-FEMM_ET\(2007\)393248_EN.pdf](https://eige.europa.eu/docs/2020_IPOL-FEMM_ET(2007)393248_EN.pdf)
- Interview with Mazlum-Der, Van Branch, 23 January 2007. Retrieved from [https://eige.europa.eu/docs/2020_IPOL-FEMM_ET\(2007\)393248_EN.pdf](https://eige.europa.eu/docs/2020_IPOL-FEMM_ET(2007)393248_EN.pdf)
- Jobes, D. A., Luoma, J. B., Huestad, L. A. T., & Mann, R. E. (2000). In the wake of suicide: Survivorship and postvention. *Comprehensive textbook of suicidology*, 536-561
- Jordan, J. R., Kraus, D. R., & Ware, E. S. (1993). Observations on loss and family development. *Family process*, 32(4), 425-440.
- Khan, M. M., & Reza, H. (2000). The pattern of suicide in Pakistan. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, 21(1), 31.
- Khan, M. M., Naqvi, H., Thaver, D., & Prince, M. (2008). Epidemiology of suicide in Pakistan: determining rates in six cities. *Archives of suicide research*, 12(2), 155-160.
- Kok, J. K., & Goh, L. Y. (2012). Anomic or egoistic suicide: Suicide factors among Malaysian youths. *International Journal of Social Science and Humanity*, 2(1), 47.
- Lester D, Yang B. (1992), Fertility and suicide rates: a time series analysis in the United States. *Journal of Biosocial Science* 24: 97–101.
- Lester D. (1994a), Domestic integration and suicide in 21 nations, 1950–1985. *International Journal of Comparative Sociology* 35: 131–7.
- Lester, D. (1994). Domestic integration and suicide in 21 nations, 1950-1985. *International Journal of Comparative Sociology*, 35(1-2), 131-137.
- Lindahl, V., Pearson, J. L., & Colpe, L. (2005). Prevalence of suicidality during pregnancy and the postpartum. *Archives of Women's Mental Health*, 8(2), 77-87.
- Lubell, K. M., & Vetter, J. B. (2006). Suicide and youth violence prevention: The promise of an integrated approach. *Aggression and violent behavior*, 11(2), 167-175.
- Maris, Ronald W. *Social Forces in Urban Suicide*. Homewood: Dorsey Press, 1969, *Deviance as Therapy: The Paradox of the Self-Destructive Female*. *Journal of Health and Social Behavior*, 1971, 12, 113-124. *Pathways to Suicide, A Survey of Self-Destructive Behaviors*. In association with Bernard Lazerwitz. Baltimore: The Johns Hopkins University Press, 1981.
- McNiel, D. E., Hatcher, C., & Reubin, R. (1988). Family survivors of suicide and accidental death: Consequences for widows. *Suicide and Life-Threatening Behavior*, 18(2), 137-148.
- Möller-Leimkühler, A. M. (2003). The gender gap in suicide and premature death or: why are men so vulnerable?. *European archives of psychiatry and clinical neuroscience*, 253(1), 1-8.

- Mościcki, E. K. (1999). Epidemiology of suicide. The Harvard Medical School guide to suicide assessment and intervention, 40-51.
- Oxford dictionary (2020). Retrieved from <https://www.oxfordlearnersdictionaries.com/definition/english/suicide?q=suicide>
- Payne, S., Swami, V., & Stanistreet, D. L. (2008). The social construction of gender and its influence on suicide: a review of the literature. *Journal of Men's Health*, 5(1), 23-35.
- Pescosolido, B., & Wright, E. R. (1990). Suicide and the role of the family over the life course. *Family Perspective*, 24(1), 41-60.
- Pridmore, S., & Walter, G. (2013). Culture and suicide set points. *German Journal of Psychiatry*, 16(4).
- Qadir, F., de Silva, P., Prince, M., & Khan, M. (2005). Marital satisfaction in Pakistan: A pilot investigation. *Sexual and Relationship Therapy*, 20(2), 195-209.
- Retterstøl, Nils. (1993). *Suicide: a European perspective*. Cambridge University Press
- Saeed, A., Bashir, M. Z., Khan, D., Iqbal, J., Raja, K. S., & Rrehman, A. (2002). Epidemiology of suicide in Faisalabad. *Journal of Ayub Medical College*, 14, 34-37.
- Simkhada, P., Van Teijlingen, E., Winter, R. C., Fanning, C., Dhungel, A., & Marahatta, S. B. (2015). Why are so many Nepali women killing themselves? A review of key issues. *Journal of Manmohan Memorial Institute of Health Sciences*, 1(4), 43-49.
- Spillane, A., Matvienko-Sikar, K., Larkin, C., Corcoran, P., & Arensman, E. (2018). What are the physical and psychological health effects of suicide bereavement on family members? An observational and interview mixed-methods study in Ireland. *BMJ open*, 8(1), e019472.
- Stack S. (1990), Media impacts on suicide. In: D Lester (ed). *Current Concepts of Suicide* (pp. 107-20). Bowie, MD: Charles Press.
- Stellrecht, N. E., Gordon, K. H., Van Orden, K., Witte, T. K., Wingate, L. R., Cukrowicz, K. C. & Jr, T. E. J. (2006). Clinical applications of the interpersonal-psychological theory of attempted and completed suicide. *Journal of Clinical Psychology*, 62(2), 211-222.
- Suicide rates, age standardized - Data by WHO Region". WHO (archived on 17 Jan 2018). 2015. Archived from the original on 17 January 2018. Retrieved 13 April 2017.
- Therborn, G. (2004). *Between sex and power: Family in the world 1900-2000*. Routledge.
- UNHCR. (2013). Retrieved from <https://www.unhcr.org/ph/wp-content/uploads/sites/28/2017/03/GlobalTrends2013.pdf>
- Van Hooff, A. J. (2000). A Historical Perspective on Suicide. S. 96-123 in: Maris, RW/Berman, AL/Silverman, MM (Hrsg.), *Comprehensive Textbook of Suicidology*.

Värnik, P. (2012). Suicide in the world. *International journal of environmental research and public health*, 9(3), 760-771.

Vijayakumar, L. (2015). Suicide in women. *Indian journal of psychiatry*, 57(Suppl 2), S233.

Walsh, F., & McGoldrick, M. (2013). Bereavement: A family life cycle perspective. *Family Science*, 4(1), 20-27.

WARREN BREED, P. H. D. (1967). Male suicide: Los Angeles and New Orleans compared. *Bulletin of Suicidology*, 11.

Weiss, J. M. (1957). The gamble with death in attempted suicide. *Psychiatry*, 20(1), 17-25.

Wong, S. (2005). The Human Rights Act 1998 and the shared home: issues for cohabitants. *Journal of Social Welfare and Family Law*, 27(3-4), 265-279.