A Study Of

Registered Cases of Suicide

Last Five years in Sindh Province 2016 to 2020

A First Ever Initiative of Sindh Mental Health Authority to map out the Registered Suicide Cases across the Sindh Province with Breakup of Districts to Promote for Preparatory Suicide Prevention Program at high risk Districts and Improve the systematic recording or registering procedure of Suicide cases.

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Senator Dr. Karim Ahmed Khuwaja
Chairman
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Summary

Sindh Mental Health Authority through having been passed as an act under **Section no. 3, No. PAS. Legis-B-13/2013**, effect from 7th August, 2013 is endeavoring for advancement of mental health. Whereas; regulate the matters relating to challenging of mental health persons with respect their care, treatment, management of their properties.

According to findings of World Health Organization, Suicide is the chiefly twenty causes of death across the world, with more deaths due to suicide than malaria, breast cancer, or war and homicide. Every 40 seconds a person dies by suicide someplace in the world and in result of this over 800 000 folks depart this life by suicide every year.

In Pakistan, significant surge in suicide cases has observed between range of 7.5 to 2.9 per 100 000 people in last decade, specific period (2012 & 2016). The number of people dying is likely somewhere between the two figures signifying the lack of systematic data recording or registering with information come from small scale to lead the variation to actual number of cases of suicides is higher than what is recorded or estimated.

In order to achieve accuracy of information, recording the cases with systematic approach at large scale with develop the coordination mechanism of Health Department and Home Department.

In this concern, Sindh Mental Health Authority has first ever organized efforts to conduct study on mapping the registered cases of suicide across the Sindh to assess data gaps, accuracy of recording the information, analyses of data and its result to restraint the situation through preventive framework in high risk districts.

The results of study with classified with high risk areas, gender, age group, religion must lead to bring competitive authorities, concerned ministries, parliamentarians on board to promote the legislation of Suicide Act for managing the suicide crises according to law and step forward for suicide free society.

Study has identified many gaps of in recording of data of suicide cases at concern offices; there is no uniformity in format, no fully compilation of data in columns of format of victim profile.

In this study, research has been limited to obtain information / data from only registered cases at District Health Offices and District Police Offices of Sindh Province rather so many number of cases are not included in study those were reported in media, private hospitals even not registered by families of victims at concern offices due to become the part of in the bad books. So still we need more strategic planning and decision making to end / reduction of running phenomena of suicides, and must be notified, uniformed approach to register the victim profile for mapping of cases to strategic response throughout Sindh province. In furtherance to access on untapped sources to map receive remaining number of suicides.

Despite of this, Study has been successfully received targeted results for further policy and decision making, road map to move forward for concrete actions to make highly intensify society to counter the suicide challenges.

This study has provided encouraging information and opted (07) variables are including; Year, Gender, Age, Marital status, Religion, Methods of suicide and Reasons of suicide for envisage future strategies to combat the suicide issue of society. .

In regard to assess the data of all districts of province, statistics are showing total numbers (**767)** of suicide cases registered from 2016- 2020.

Tharparkar, Badin, Dadu, Mirpur Khas, Sanghar, and Umerkot have highest rate of suicide that is **10.3%** to **8.3%** followed by **(5.2%)** to **(2.3%)** in nine (09) districts (Tando Allahyar, TMK, Noshero Feroz, Hyderabad, Malir, Shikarpur, Karachi West, Shaheed Benazirabad, and Sujawal) in last five (05) years 2016-2020.

In remaining thirteen (13) districts the suicide ratio dropdown between the ranges of **(1.8%)** to **(0.1%)** as mentioned in the table.

According to gender wise classification of suicide cases (**462)** numbers of male that is **(60.23%)** and (**301)** numbers of female that is **(39.23%)** have been registered all over the province in last (05) five years.

District wise number of Suicide		
District	**n**	**%**
Tharparkar	79	10.3
Badin	77	10.0
Dadu	73	9.5
Mirpur Khas	70	9.1
Sanghar	66	8.6
Umerkot	64	8.3
Tando Allahyar	40	5.2
TM Khan	33	4.3
Noshero Feroz	31	4.0
Hyderabad	28	3.7
Malir	24	3.1
Shikarpur	23	3.0
Karachi West	19	2.5
Shaheed Benazirabad	18	2.3
Sujawal	18	2.3
Jamshoro	14	1.8
Thatta	13	1.7
Karachi East	12	1.6
Karachi South	12	1.6
Ghotki	12	1.6
Matiari	10	1.3
Karachi Central	8	1.0
Jacobabad	7	0.9
Qamber Shahdad Kot	5	0.7
Khairpur	4	0.5
Larkana	3	0.4
Sukkur	3	0.4
Kashmore	1	0.1
Total	**767**	**100.0**

The highest rate of male suicide is marked in district Badin, Sanghar, Dadu, Umerkot, Mirpurkhas, Tando Allahyar that is **(6.1%)** to **(3.8%).**

Rather female's highest rate of suicide has been recorded at Tharparkar, Dadu, Mirpurkhas, Badin, Sanghar, Umerkot that is (**6.3%)** to (**3.5%)**.

High Trend of Suicide in Districts
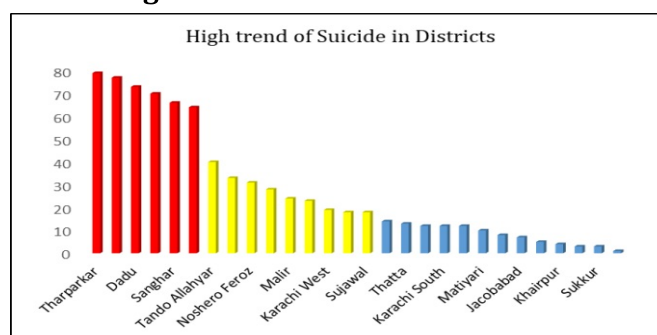
Total Male Suicide Cases		
District	**n**	**%**
Badin	47	6.1
Sanghar	38	5.0
Dadu	37	4.8
Umerkot	37	4.8
Mirpur Khas	34	4.4
Tharparkar	31	4.0
Tando Allahyar	29	3.8
Hyderabad	20	2.6
Shikarpur	19	2.5
Malir	18	2.3
Noshero Feroz	18	2.3
TM Khan	18	2.3
Sujawal	16	2.1
Karachi West	13	1.7
Shaheed Benazirabad	11	1.4
Jamshoro	11	1.4
Ghotki	10	1.3
Karachi East	9	1.2
Karachi South	9	1.2
Matiyari	9	1.2
Karachi Central	8	1.0
Thatta	8	1.0
Jacobabad	4	0.5
Khairpur	3	0.4
Qamber Shahdad Kot	3	0.4
Kashmore	1	0.1
Larkana	1	0.1
Total	**462**	**60.23**

Total Female Suicide Cases		
District	**n**	**%**
Tharparkar	48	6.3
Dadu	36	4.7
Mirpur Khas	36	4.7
Badin	30	3.9
Sanghar	28	3.7
Umerkot	27	3.5
TM Khan	15	2.0
Noshero Feroz	13	1.7
Tando Allahyar	11	1.4
Hyderabad	8	1.0
Shaheed Benazirabad	7	0.9
Karachi West	6	0.8
Malir	6	0.8
Thatta	5	0.7
Shikarpur	4	0.5
Karachi East	3	0.4
Karachi South	3	0.4
Jacobabad	3	0.4
Jamshoro	3	0.4
Ghotki	2	0.3
Larkana	2	0.3
Sujawal	2	0.3
Khairpur	1	0.1
Qamber Shahdad Kot	1	0.1
Matiyari	1	0.1
Total	**301**	**39.24**

Missing Data of Suicide Cases		
District	**n**	**%**
Sukkur	3	0.4
Qamber Shahdad Kot	1	0.1
Total	**4**	**0.53**

Table of missing data of gender is depicting information were not recorded at concerned offices.

Gender wise Suicide Rate

		Male	Female	--
	Badin	47	30	0
	Sanghar	38	28	0
	Dadu	37	36	0
	Umerkot	37	27	0
	Mirpurkhas	34	26	0
	Tharparkar	31	48	0
	Tando Allahyar	29	11	0
	Hyderabad	20	8	0
	Shikarpur	19	4	0
	Malir	18	6	0
	Noshero Feroz	18	13	0
	TM Khan	18	15	0
	Sujawal	16	2	0
	Karachi West	13	6	0
	Shaheed Benazirabad	11	7	0
	Jamshoro	11	3	0
	Ghotki	10	2	0
	Karachi East	9	3	0
	Karachi South	9	3	0
	Matiyari	9	1	0
	Karachi Central	8	0	0
	Thatta	8	5	0
	Jacobad	4	3	0
	Khairpur	3	1	0
	Qamber Shahdadkot	3	1	1
	Kashmore	1	0	0
	Larkana	1	2	0
	Sukkur	0	0	3
	TOTAL	462	301	4

Year wise Suicide Cases
36% suicide cases registered at district Malir in year 2020 and also highest number of the suicide cases recorded in same district in last 5 years.
50% suicide cases were registered in 2019 at district Dadu.
49.8% of suicide cases were registered in the year 2020 at Tharparker district.

Gender wise Suicide Rate
Since last five years from 2016 to 2020 study has found male ratio is 76% (57) and female is 24% (18) in Karachi division. In Larkana, Sukkur and Shaheed Banazirabad division the ratio of male is 59.4% (107) and 38.3% (69) of female recorded rather 2.2% was not recorded at concerned offices. Male ratio is 58.2% (298) and 41.8% (214) of female were registered in Hyderabad and Mirpurkhass division.

Gender wise Average Age
Study shows average age of male 34, 28 and 31 rather than 24, 25 and 27 age of female for committing suicide all division of province in last five years.

Age Group wise Suicide Rate
Study shows age wise break-up that reveals prime group of age between 21 to 30 years on higher side with rate of 57.5% next age group 31 to 40 years followed by 24% and 10 to 15 years marked with 6.1% and other group of age 16 to 20 years marked with 13.9%.

Marital Status wise Suicide rate
Statistics show 33% of suicide victims were married, 18.7% were unmarried in Karachi division and 28.3% of suicide victims were married, 21.7% were unmarried in Larkana, Sukkur and Shaheed Benazirabad division and 50.6% of suicide victims were married, 16.8% were unmarried in Hyderabad and Mirpurkhas division.

Religion wise Suicide Cases
Statistics shows 97.3% Muslim suicide victims registered in Karachi division and 95.6% Muslim suicide victims registered in Larkana, Sukkur & Shaheed Banazirabad divisions and 49% Hindu and 48% were Muslims at Hyderabad and Mirpurkhas divisions.

Methods of Suicide
Most frequent methods of suicide used by victims hanging poisoning jumping in well and gun shot.

Reasons of Suicide
Study shows most common reason suicide were domestic issues based on financial difficulties, marital disharmony, poverty, mental illness, emotional turmoil and failure of love.

Objective of Study

- The purpose of this study was to determine the prevalence of suicide in variables of Year, gender, age, marital status, religion, method and reasons.

- To make assistance to expand Health information system / documentation process for systematic recording or registering suicide cases.

- To Advocate and Promote to Government to start Suicide Prevention Program for high risk districts and advocacy for Sindh Suicide Prevention Act.

Design

- Cross-sectional study on prevalence / registered cases of suicide in Sindh province.

Method

This was a cross sectional study of victims who committed suicide and registered at district police office from the 1st January 2016 to 31st December 2020. data of registered or recorded suicide cases in hard copies; those all have been acquired from each district of Sindh Province with Support of Home Department, Central Police Office, through All SSPs Offices, Health Department, DG Health Services Office and notified Mental Health Focal Personals in Districts Health Offices.

Introduction of the Study

For the act of killing oneself to class as suicide, it must be deliberately initiated and perform by person concerned in the full knowledge, or expectation, of it's fatal outcome,(WHO).

Suicidal Phenomena imperatively intensifying around the society specially in young people and girls and women for reason of social, psychological, cultural and other factors. Suicide is fully recognized as a key health and social issue.

Since long, people have been suffering the negligence of social development in the country; of housing and transport, of Health and Education, of law and order, of Justice which is identifying the high intensity of mental distress and extreme level of stress most likely found in society.

Suicide is the most common cause of death among twenty causes of death across the world, with more deaths due to suicide than malaria, breast cancer, or war and homicide. Every 40 seconds a person dies by suicide some place in the world and in result of this over 800 000 individuals depart this life by suicide every year.

In Pakistan, significant surge in suicide cases has observed between range of 7.5 to 2.9 per 100 000 people in last decade, specific period (2012 & 2016). The number of people dying is likely somewhere between the two figures signifying the lack of systematic data recording or registering with information come from small scale to lead the variation to actual number of cases of suicides is higher than what is recorded or estimated.

In this concern, Sindh Mental Health Authority has first ever taken initiative across province and country to map out the registered suicide cases of Sindh Province with breakup of Districts. Whereas we can identify the areas with high trend of suicide with classification of gender, age, religion, methods and reasons.

The study is based only on registered cases those have been collected from Police and Health department in respective districts. Rather the specific number of cases not registered those have been reported in media, no uniformity of data format and no proper updating actions took to record suicide cases since period of 2016 to 2020 in some districts.

Conversely, study synchronized the data for depiction of present situation of suicide frequency across the Sindh province. Study focuses and classified into variables to identify the total numbers of suicidal deaths, area, year, gender, religion, marital status, reasons and adopted methods to suicide.

Karachi Division

Table 1: **Year wise Suicide Cases**

Division	District		2012	2014	2015	2016	2017	2018	2019	2020	-	Total
Karachi	Karachi Central	n	0	0	0	0	0	0	0	8	0	**8**
		%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	**10.7**
	Karachi East	n	0	0	0	0	0	2	2	8	0	**12**
		%	0.0	0.0	0.0	0.0	0.0	16.7	16.7	66.7	0.0	**16.0**
	Karachi South	n	0	0	0	2	7	2	1	0	0	**12**
		%	0.0	0.0	0.0	16.7	58.3	16.7	8.3	0.0	0.0	**16.0**
	Karachi West	n	1	0	0	0	0	2	0	0	16	**19**
		%	5.3	0.0	0.0	0.0	0.0	10.5	0.0	0.0	84.2	**25.3**
	Malir	n	0	0	0	0	1	2	10	11	0	**24**
		%	0.0	0.0	0.0	0.0	4.2	8.3	41.7	45.8	0.0	**32.0**
Total		n	1	0	0	2	8	8	13	27	16	**75**
Percentage		%	1.3	0.0	0.0	2.7	10.7	10.7	17.3	36.0	21.3	**100.0**

Table 5 shows result of the suicide rate year wise, the highest number of suicide registered in the year 2020 in district Malir of Karachi Division and also highest number of the suicide cases recorded in same district in last 5 years.

Figure 1: **Year wise no. of Suicide**
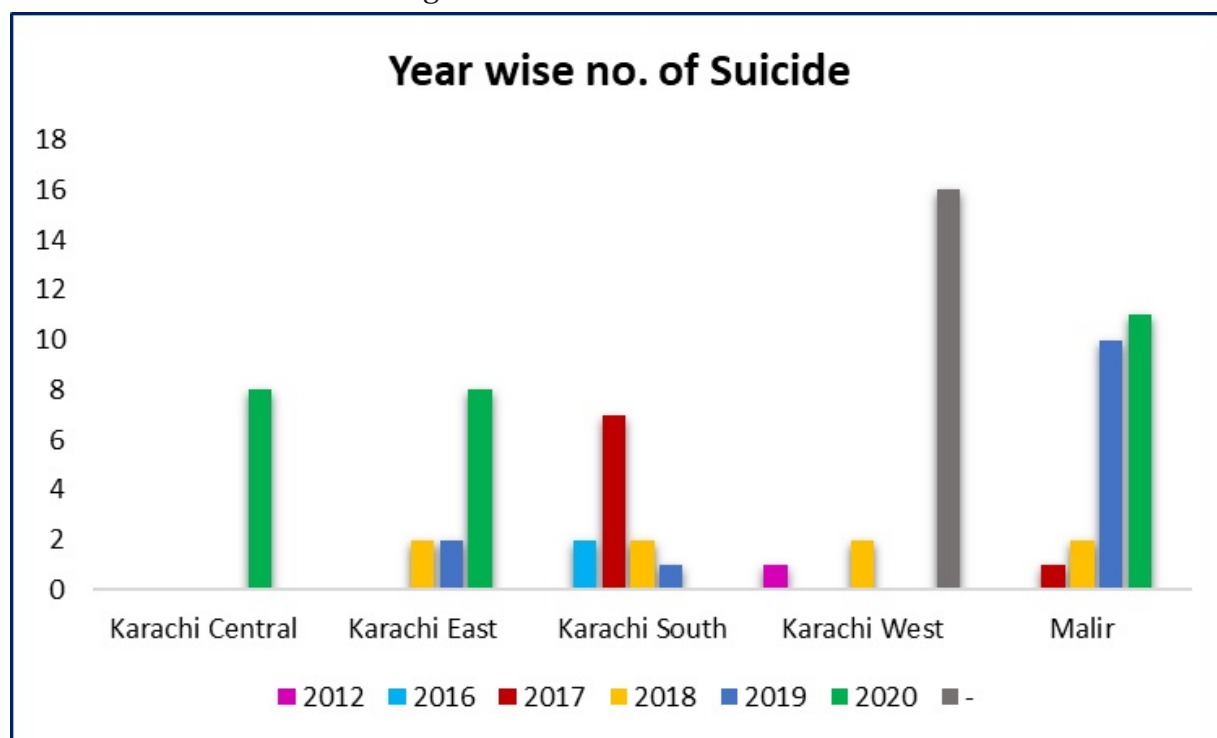
Table 2: **Gender wise Average Age**

Division	District	Male	Female	Total
Karachi	Karachi Central	32	-	32
	Karachi East	33	20	30
	Karachi South	41	20	37
	Karachi West	30	27	29
	Malir	33	24	31
	Total	**34**	**24**	**31**

Table 6 shows that study of suicidal cases found gender wise average age of male is 34, Female is 24 and overall average age is 31 in Karachi division.

Figure 2: **Gender wise Average Age**
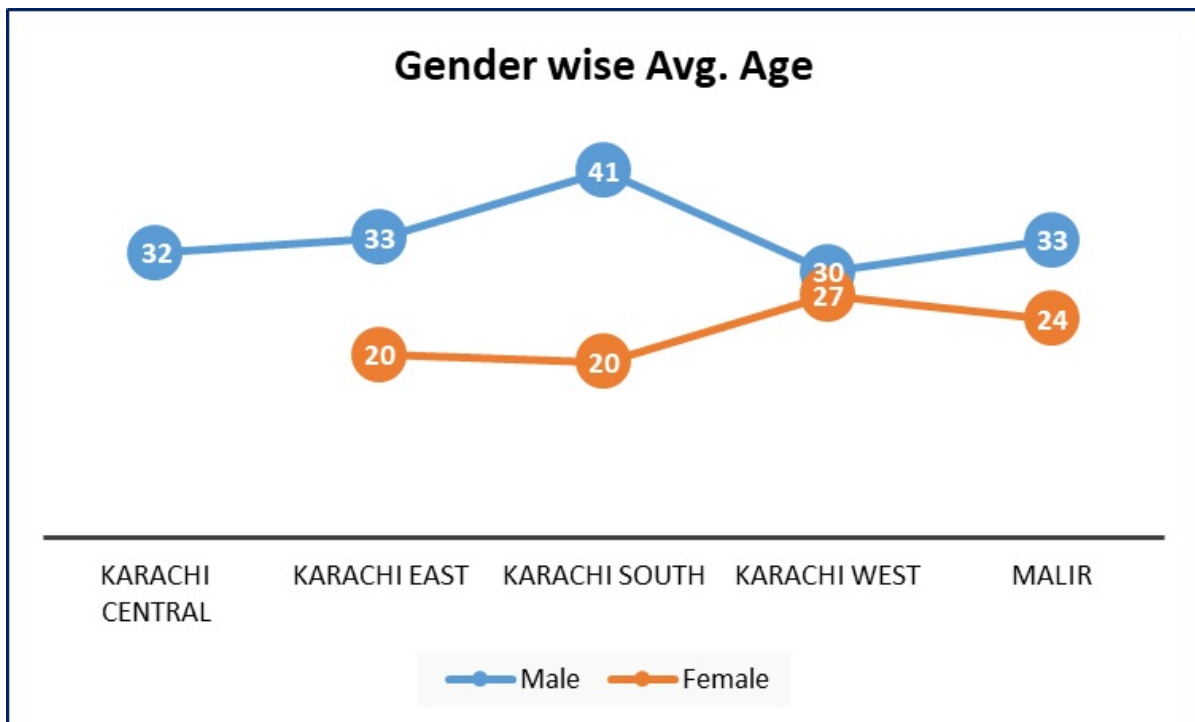
Table 3: **Gender wise Suicide Rate**

Division	District	Male		Female		Total	
		N	%	N	%	N	%
Karachi	Karachi Central	8	100.0	0	0.0	8	10.7
	Karachi East	9	75.0	3	25.0	12	16.0
	Karachi South	9	75.0	3	25.0	12	16.0
	Karachi West	13	68.4	6	31.6	19	25.3
	Malir	18	75.0	6	25.0	24	32.0
Total		**57**	**76.0**	**18**	**24.0**	**75**	**100.0**

Table 7 shows the result of the suicide rates in gender the total (75) number of suicides registered in Karachi division the male ratio is 76% (57) and 24% (18) of female were registered.

Figure 3: **Gender wise No. of Suicide**

Table 4: Age Group wise Suicide Rate

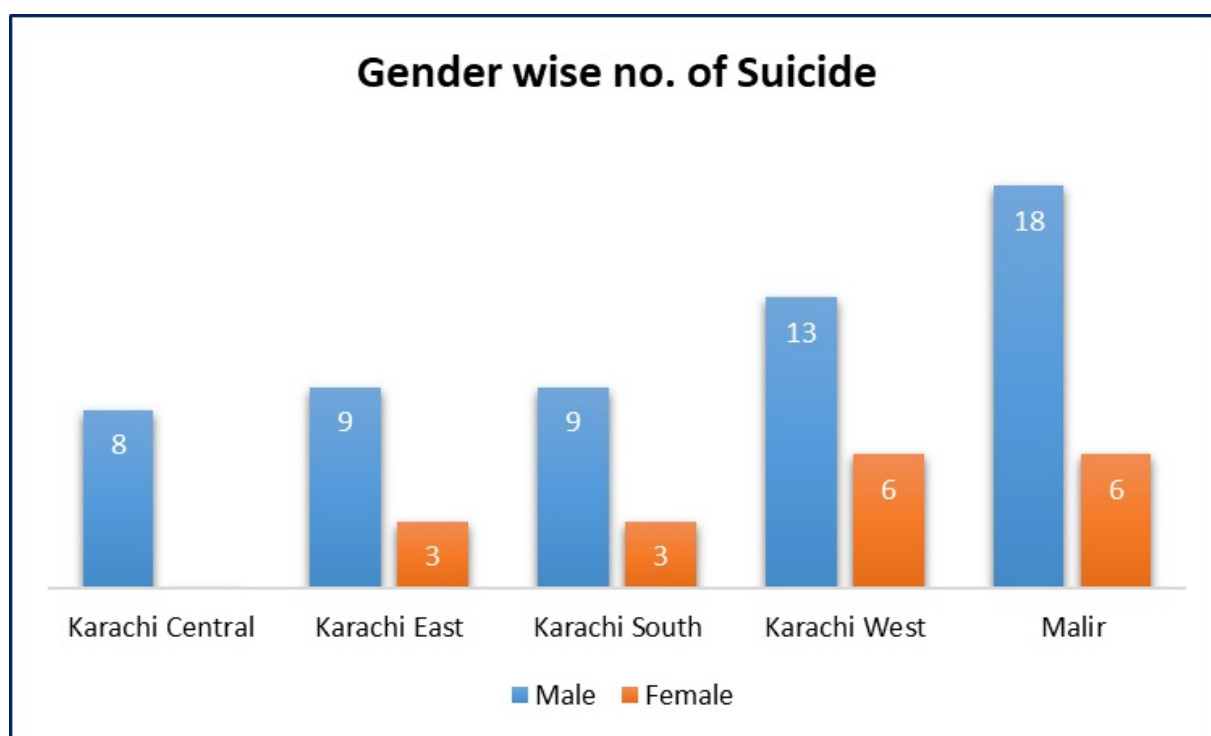| Division	District	10 - 15		16 - 20		21 - 30		31 - 40		41 - 50		51 - 60		61 - 70		71 - 80		-		Total	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
	Karachi Central	1	12.5	0	0.0	0	0.0	1	12.5	1	12.5	0	0.0	0	0.0	0	0.0	5	62.5	8	10.7
	Karachi East	1	8.3	1	8.3	5	41.7	4	33.3	0	0.0	1	8.3	0	0.0	0	0.0	0	0.0	12	16.0
Karachi	Karachi South	1	8.3	2	16.7	1	8.3	2	16.7	1	8.3	3	25.0	0	0.0	0	0.0	2	16.7	12	16.0
	Karachi West	0	0.0	1	5.3	6	31.6	4	21.1	0	0.0	0	0.0	0	0.0	0	0.0	8	42.1	19	25.3
	Malir	1	4.2	3	12.5	7	29.2	7	29.2	3	12.5	1	4.2	0	0.0	0	0.0	2	8.3	24	32.0
	Total	4	5.3	7	9.3	19	25.3	18	24.0	5	6.7	5	6.7	0	0.0	0	0.0	17	22.7	75	100.0

Table 8 shows age wise break-up that reveals prime group of age between 21 to 30 years on higher side with rate of 25.3% next age group of 31 to 40 years followed by 24% and data of around 22.7% with no age information.

(-) Representing the missing information of age, those were not registered at concern offices.
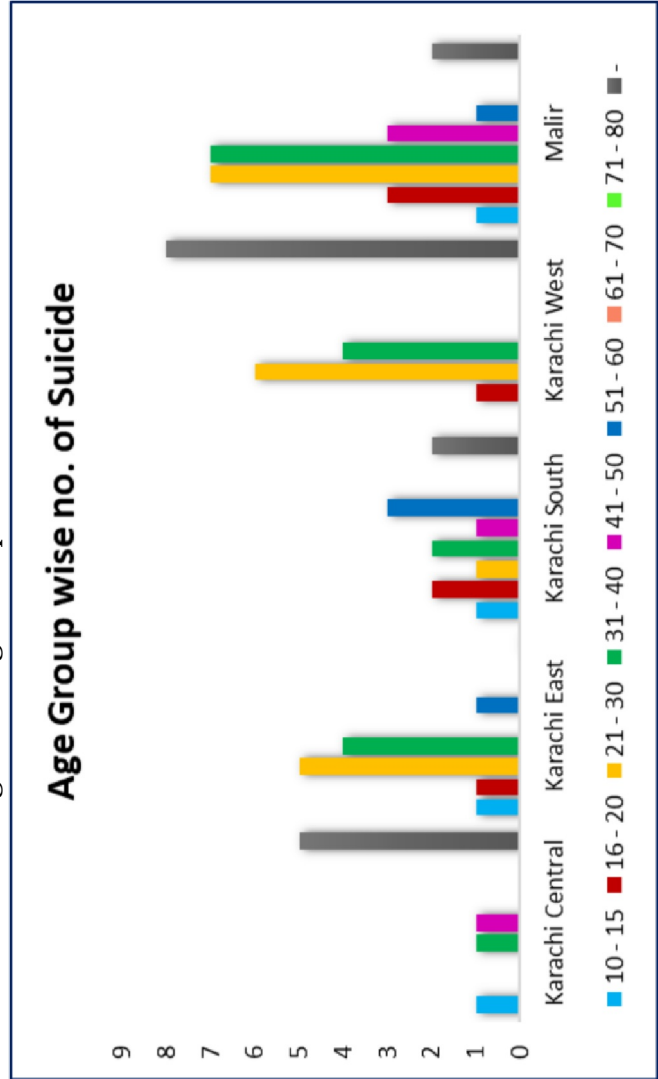
Figure 4: Age Group wise No. of Suicide

Table 5: **Marital Status wise Suicide rate**

Division	District	Married		Un-married		Divorced		Widower		-		Total	
		N	%	N	%	N	%	N	%	N	%	N	%
Karachi	Karachi Central	2	25.0	4	50.0	0	0.0	0	0.0	2	25.0	8	10.7
	Karachi East	6	50.0	6	50.0	0	0.0	0	0.0	0	0.0	12	16.0
	Karachi South	0	0.0	0	0.0	0	0.0	0	0.0	12	100.0	12	16.0
	Karachi West	0	0.0	0	0.0	0	0.0	0	0.0	19	100.0	19	25.3
	Malir	17	70.8	4	16.7	0	0.0	0	0.0	3	12.5	24	32.0
	Total	25	33.3	14	18.7	0	0.0	0	0.0	36	48.0	75	100.0

Table 9 shows the result 33% of suicide victims were married, 18.7% were unmarried and information of 48% cases of suicide were not recorded at concern offices.

Figure 5: **Marital Status wise No of Suicide**
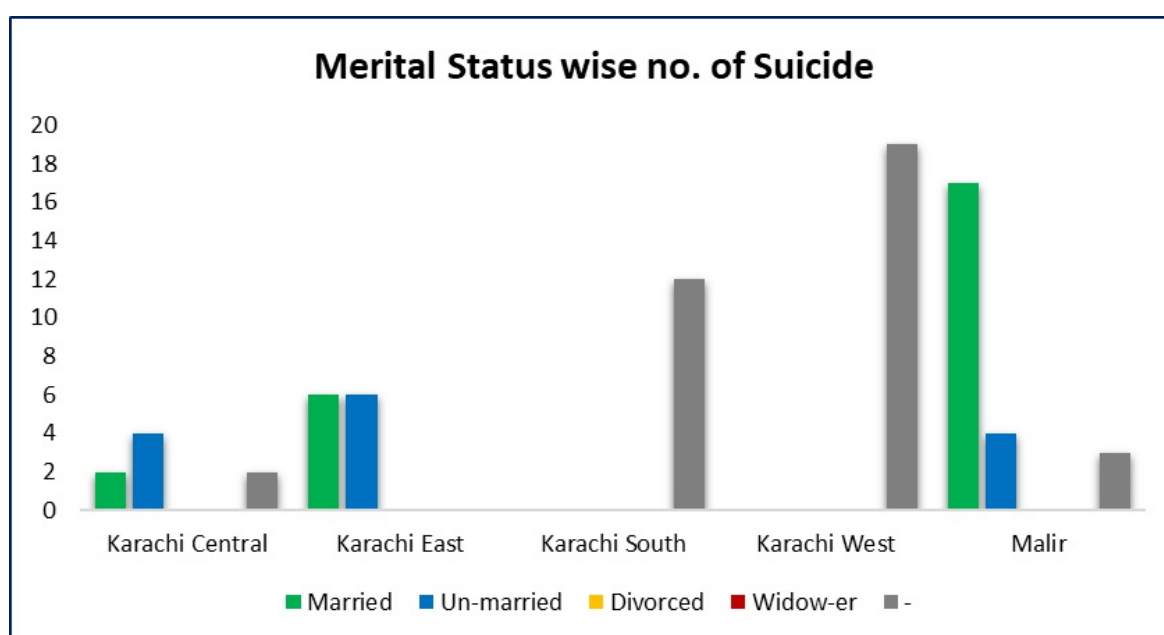
Table 6:   Religion wise Suicide Cases

Divsion	District	Muslim		Hindu		Cristian		-		Total	
		N	%	N	%	N	%	N	%	N	%
Karachi	Karachi Central	8	100.0	0	0.0	0	0.0	0	0.0	8	10.7
	Karachi East	12	100.0	0	0.0	0	0.0	0	0.0	12	16.0
	Karachi South	11	91.7	1	8.3	0	0.0	0	0.0	12	16.0
	Karachi West	19	100.0	0	0.0	0	0.0	0	0.0	19	25.3
	Malir	23	95.8	1	4.2	0	0.0	0	0.0	24	32.0
	Total	**73**	**97.3**	**2**	**2.7**	**0**	**0.0**	**0**	**0.0**	**75**	**100.0**

Table 10 is representing the result of religion wise breakup of suicide cases where 97.3% Muslim suicide victims registered in Karachi division.

Figure 6:   **Religion wise No. of Suicide**

Table 7: **Methods of Suicide**

Division	District	Hanging		Substance		Jumping		Weapon		Self-Burn Case		-		Total	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%
Karachi	Karachi Central	4	50.0	0	0.0	0	0.0	1	12.5	0	0.0	3	37.5	8	10.7
	Karachi East	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	12	100.0	12	16.0
	Karachi South	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	12	100.0	12	16.0
	Karachi West	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	19	100.0	19	25.3
	Malir	11	45.8	4	16.7	0	0.0	2	8.3	0	0.0	7	29.2	24	32.0
	Total	**15**	**20.0**	**4**	**5.3**	**0**	**0.0**	**3**	**4.0**	**0**	**0.0**	**53**	**70.7**	**75**	**100.0**

Table 11 shows the result of suicide methods and 70.7% this information was not recorded at concerned offices.

Figure 7: **Methods of Suicide**

Table 8:   **Reasons of Suicide**

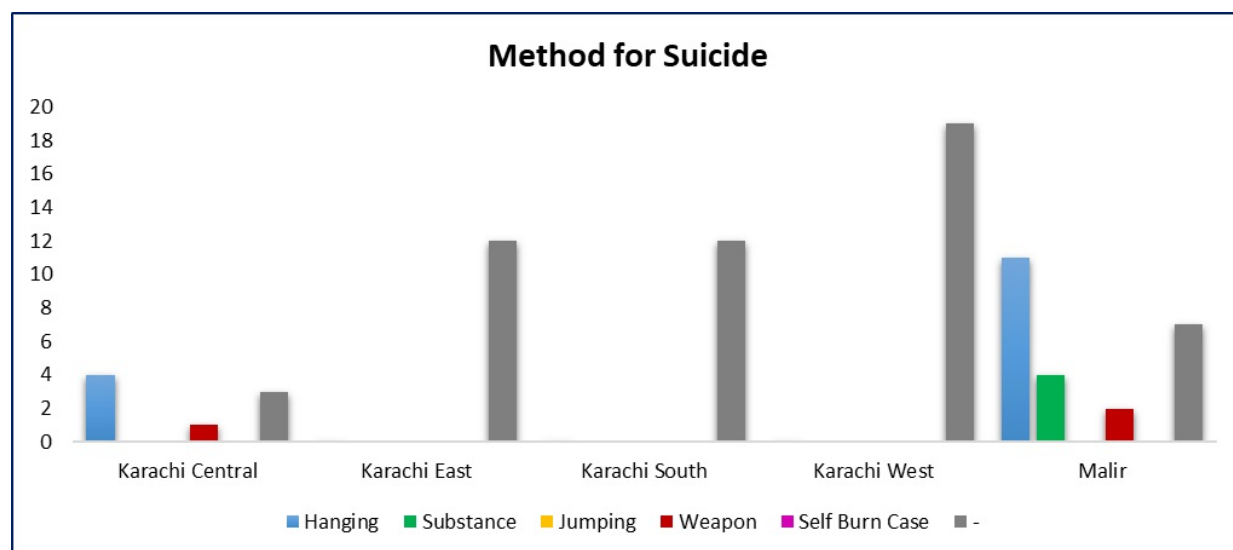| Division	District	Domestic Issues		Mental Illness		Stress		Emotional Turmoil		Physical Illness		Unemployment		Poverty		Loan		Loss		Accidental		Harassment		Drug Addicted		-		Total	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Karachi	Karachi Central	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	25.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	6	75.0	8	10.7
	Karachi East	3	25.0	0	0.0	1	8.3	1	8.3	0	0.0	0	0.0	1	8.3	0	0.0	0	0.0	1	8.3	1	8.3	0	0.0	4	33.3	12	16.0
	Karachi South	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	4	33.3	0	0.0	0	0.0	0	0.0	0	0.0	8	66.7	12	16.0
	Karachi West	16	84.2	1	5.3	0	0.0	1	5.3	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	5.3	0	0.0	19	25.3
	Malir	2	8.3	0	0.0	0	0.0	0	0.0	1	4.2	0	0.0	0	0.0	8	33.3	0	0.0	0	0.0	0	0.0	0	0.0	13	54.2	24	32.0
	Total	21	28.0	1	1.3	1	1.3	2	2.7	1	1.3	0	0.0	3	4.0	12	16.0	0	0.0	1	1.3	1	1.3	1	1.3	31	41.3	75	100.0

Table 12 is presenting the results of study to identify the reasons of suicide in which 59.7% having identified multiple reasons of suicide and 41.3% were not identified with reasons of suicide due to information was not recorded at concerned offices.

Figure 8:   **Reasons of Suicide**
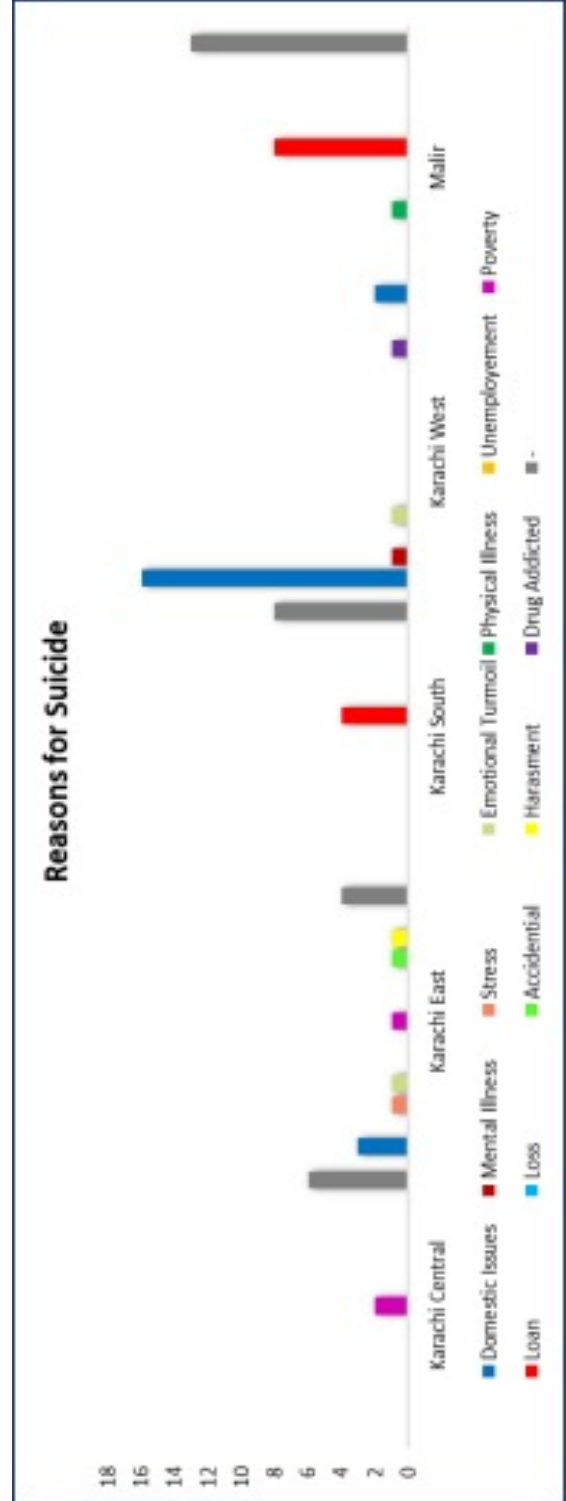
Chapter 2

Larkana & Sukkur & Shaheed Benazirabad Division

Table 1: **Year wise Suicide Cases**

Division	District	2014		2016		2017		2018		2019		2020		-		Total	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
	Dadu	0	0.0	0	0.0	18	24.7	6	8.2	49	67.1	0	0.0	0	0.0	73	40.6
	Ghotki	0	0.0	0	0.0	0	0.0	1	8.3	11	91.7	0	0.0	0	0.0	12	6.7
	Jacobabad	0	0.0	0	0.0	0	0.0	0	0.0	2	28.6	5	71.4	0	0.0	7	3.9
	Kashmore	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	100.0	1	0.6
	Khairpur	0	0.0	0	0.0	0	0.0	0	0.0	4	100.0	0	0.0	0	0.0	4	2.2
Larkana, Sukkur & Shaheed Banazirabad	Larkana	0	0.0	0	0.0	0	0.0	0	0.0	3	100.0	0	0.0	0	0.0	3	1.7
	Noshero Feroz	0	0.0	0	0.0	8	25.8	0	0.0	9	29.0	5	16.1	9	29.0	31	17.2
	Qamber Shahdad Kot	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	5	100.0	0	0.0	5	2.8
	Shaheed Benazirabad	0	0.0	0	0.0	0	0.0	0	0.0	7	38.9	11	61.1	0	0.0	18	10.0
	Shikarpur	2	8.7	5	21.7	2	8.7	3	13.0	5	21.7	6	26.1	0	0.0	23	12.8
	Sukkur	0	0.0	0	0.0	2	66.7	1	33.3	0	0.0	0	0.0	0	0.0	3	1.7
	Total	2	1.1	5	2.8	30	16.7	11	6.1	90	50.0	32	17.8	10	5.6	180	100.0

Table 13 shows the result of the suicide rate year wise at Larkana, Sukkur and Shaheed Benazirabad divisions, where 50% of suicide cases registered in the only year of 2019 from 2016-2020. High rate of suicide cases that is 49 cases were registered in 2019 at district Dadu.

Figure 1: Year wise No. of Suicide
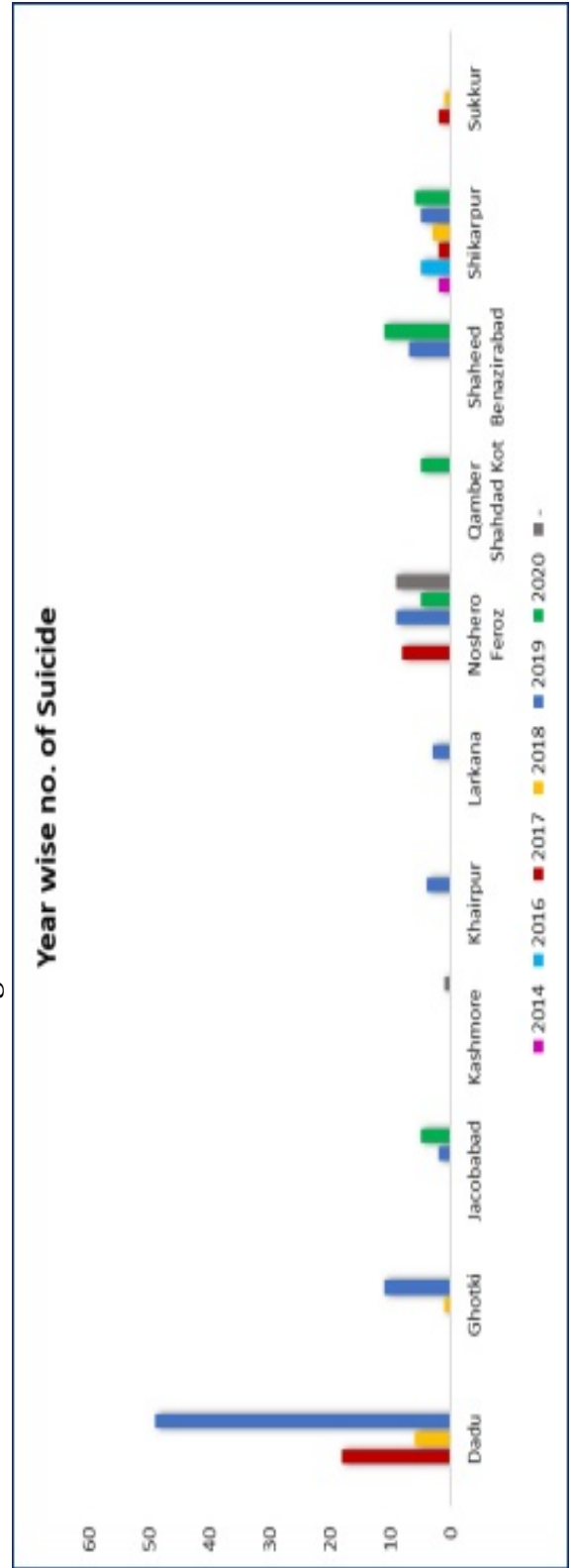
Table 2:   **Gender wise Avg. Age Suicide Cases**

Division	District	Male	Female	Total
Larkana, Sukkur & Shaheed Banazirabad	Dadu	27	25	26
	Ghotki	27	21	26
	Jacobabad	22	27	24
	Kashmore	-	-	-
	Khairpur	37	32	36
	Larkana	-	-	-
	Noshero Feroz	27	29	28
	Qamber Shahdad Kot	22	18	30
	Shaheed Benazirabad	33	20	28
	Shikarpur	-	-	-
	Sukkur	-	-	-
	Total	**28**	**25**	**27**

Table 14 shows that study of suicidal cases found gender wise average age of male is 28, Female is 25 and overall average age is 27 in Larkana, Sukkuar and Shaheed Benazirabad division.

Figure 2:   **Gender wise Average Age Suicide**

Table 3:   **Gender wise Suicide Cases**

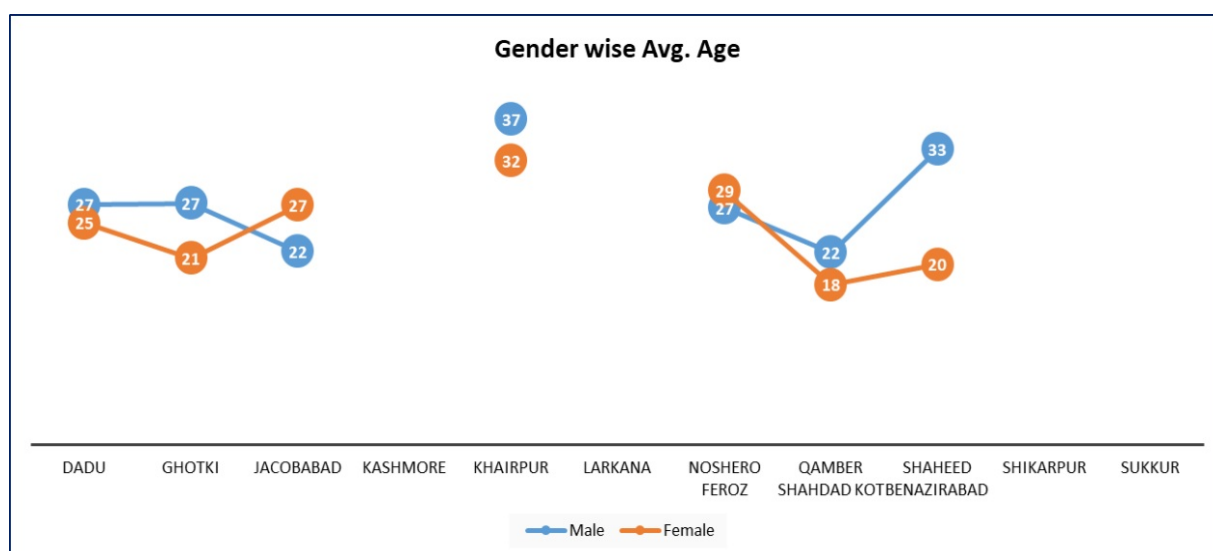| Division	District	Male		Female		-		Total	
		N	%	N	%	N	%	N	%
Larkana, Sukkur & Shaheed Banazirabad	Dadu	37	50.7	36	49.3	0	0.0	73	40.6
	Ghotki	10	83.3	2	16.7	0	0.0	12	6.7
	Jacobabad	4	57.1	3	42.9	0	0.0	7	3.9
	Kashmore	1	100.0	0	0.0	0	0.0	1	0.6
	Khairpur	3	75.0	1	25.0	0	0.0	4	2.2
	Larkana	1	33.3	2	66.7	0	0.0	3	1.7
	Noshero Feroz	18	58.1	13	41.9	0	0.0	31	17.2
	Qamber Shahdad Kot	3	60.0	1	20.0	1	20.0	5	2.8
	Shaheed Benazirabad	11	61.1	7	38.9	0	0.0	18	10.0
	Shikarpur	19	82.6	4	17.4	0	0.0	23	12.8
	Sukkur	0	0.0	0	0.0	3	100.0	3	1.7
	Total	**107**	**59.4**	**69**	**38.3**	**4**	**2.2**	**180**	**100.0**

Table 15 shows the result of the suicide rates in gender the total (180) number of suicide cases were registered in Larkana, Sukkur & Shaheed Banazirabad divisions with breakup of male is 59.4% (107) and 38.3% (69) of female. Data of 2.2% was not recorded at concerned offices

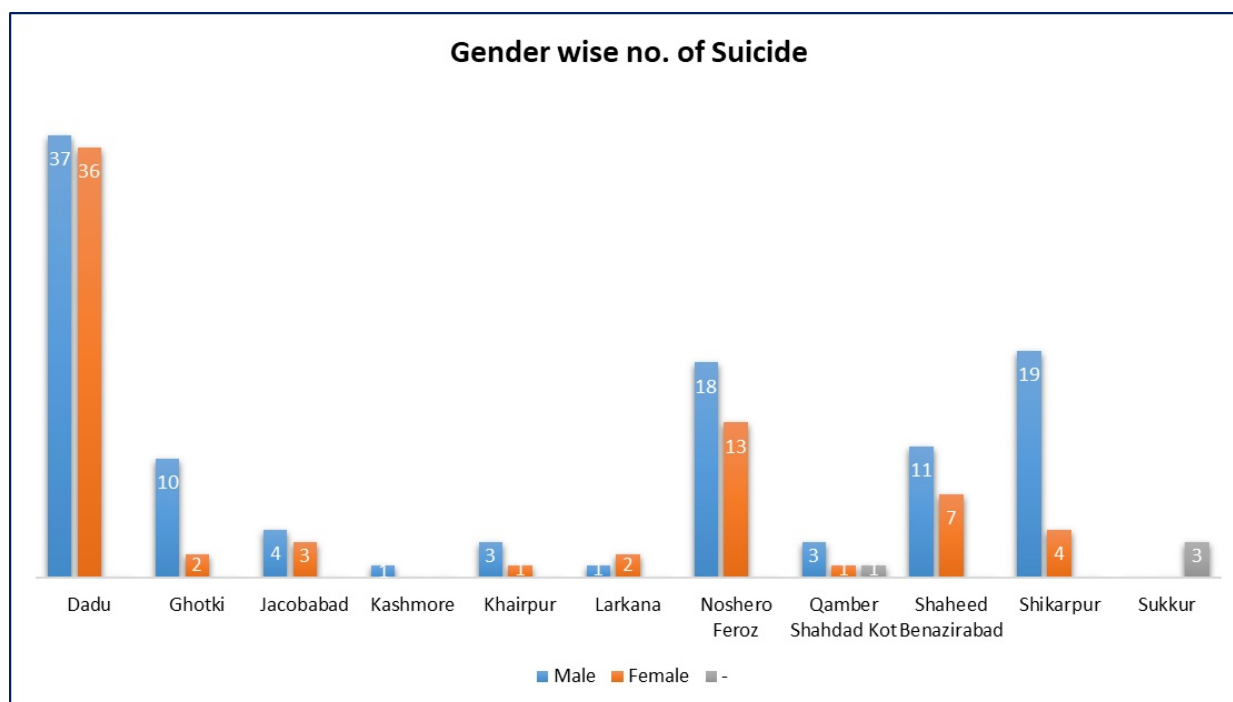Figure 3:   **Gender wise No. of Suicide**

Table 4: Age Group wise Suicide Cases

Division	District	10 - 15		16 - 20		21 - 30		31 - 40		41 - 50		51 - 60		61 - 70		71 - 80		-		Total	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
	Dadu	3	4.1	15	20.5	24	32.9	8	11.0	3	4.1	0	0.0	0	0.0	0	0.0	20	27.4	73	40.6
	Ghotki	1	8.3	2	16.7	7	58.3	0	0.0	2	16.7	0	0.0	0	0.0	0	0.0	0	0.0	12	6.7
	Jacobabad	1	14.3	1	14.3	3	42.9	2	28.6	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	7	3.9
Larkana, Sukkur & Shaheed Banazira bad	Kashmore	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	100.0	1	0.6
	Khairpur	0	0.0	0	0.0	1	25.0	2	50.0	1	25.0	0	0.0	0	0.0	0	0.0	0	0.0	4	2.2
	Larkana	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	3	100.0	3	1.7
	Noshero Feroz	2	6.5	7	22.6	12	38.7	6	19.4	1	3.2	1	3.2	0	0.0	0	0.0	2	6.5	31	17.2
	Qamber Shahdad Kot	0	0.0	2	40.0	2	40.0	0	0.0	0	0.0	0	0.0	1	20.0	0	0.0	0	0.0	5	2.8
	Shaheed Benazirabad	0	0.0	5	27.8	9	50.0	1	5.6	2	11.1	1	5.6	0	0.0	0	0.0	0	0.0	18	10.0
	Shikarpur	0	0.0	5	21.7	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	18	78.3	23	12.8
	Sukkur	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	3	100.0	3	1.7
	Total	7	3.9	37	20.6	58	32.2	19	10.6	9	5.0	2	1.1	1	0.6	0	0.0	47	26.1	180	100.0

Table 16 shows age wise break-up that reveals prime group of age between 21 to 30 years on higher side with rate of 32.2% and data of around 26.1% with no age information.

- Representing the missing information those were not registered at concern offices.

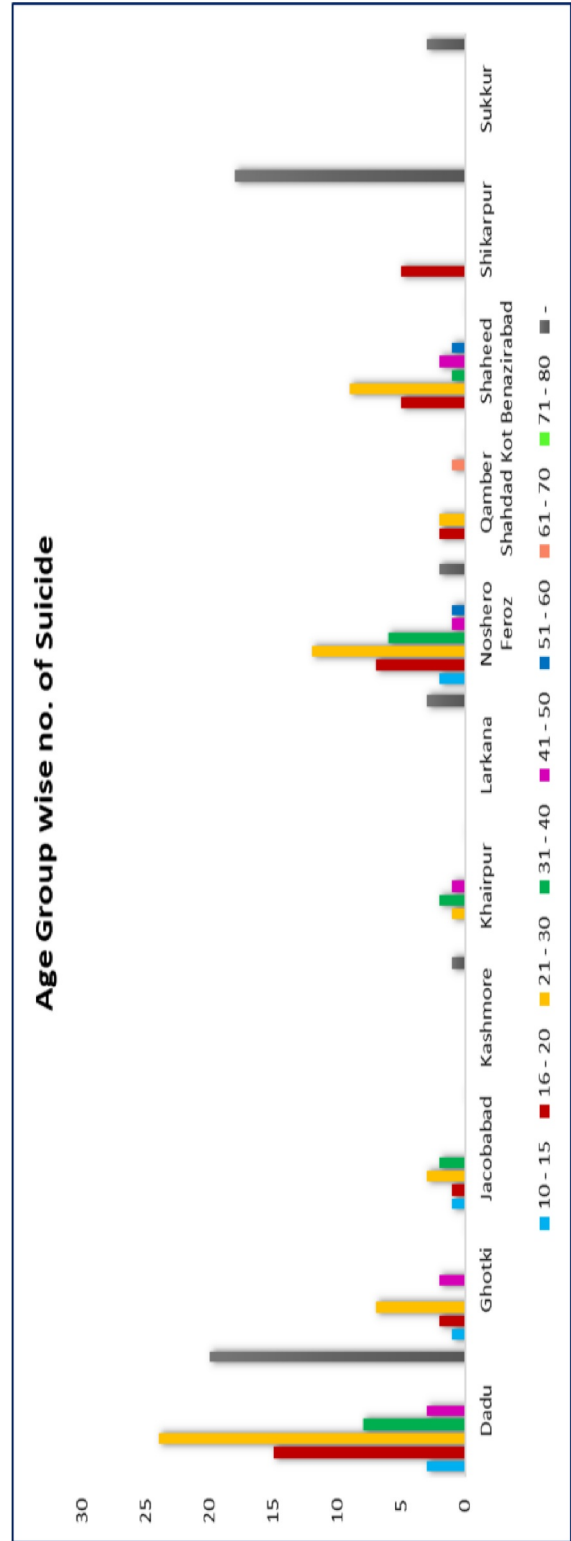Figure 4: Age Group wise No. of Suicide

Table 5:   **Marital Status wise Suicide Cases**

Division	District	Married		Un-married		Divorced		Widower		-		Total	
		N	%	N	%	N	%	N	%	N	%	N	%
Larkana, Sukkur & Shaheed Banazirabad	Dadu	20	27.4	9	12.3	0	0.0	0	0.0	44	60.3	73	40.6
	Ghotki	3	25.0	7	58.3	0	0.0	0	0.0	2	16.7	12	6.7
	Jacobabad	4	57.1	3	42.9	0	0.0	0	0.0	0	0.0	7	3.9
	Kashmore	0	0.0	0	0.0	0	0.0	0	0.0	1	100.0	1	0.6
	Khairpur	3	75.0	1	25.0	0	0.0	0	0.0	0	0.0	4	2.2
	Larkana	0	0.0	0	0.0	0	0.0	0	0.0	3	100.0	3	1.7
	Noshero Feroz	14	45.2	9	29.0	0	0.0	0	0.0	8	25.8	31	17.2
	Qamber Shahdad Kot	0	0.0	0	0.0	0	0.0	0	0.0	5	100.0	5	2.8
	Shaheed Benazirabad	7	38.9	10	55.6	0	0.0	0	0.0	1	5.6	18	10.0
	Shikarpur	0	0.0	0	0.0	0	0.0	0	0.0	23	100.0	23	12.8
	Sukkur	0	0.0	0	0.0	0	0.0	0	0.0	3	100.0	3	1.7
	Total	51	28.3	39	21.7	0	0.0	0	0.0	90	50.0	180	100.0

Table 17 shows the result 28.3% of suicide victims were married, 21.7% were unmarried and information of 50% cases of suicide were not recorded at concern offices.

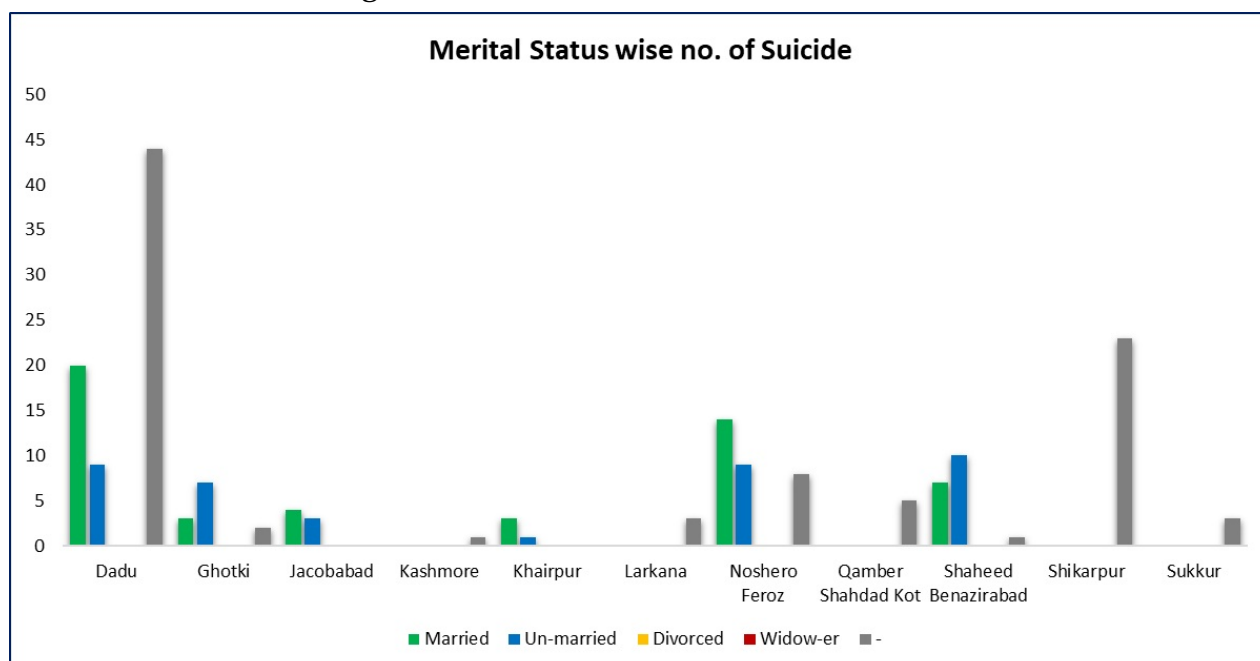Figure 5: Marital Status wise No. of Suicide

Table 6:   **Religion wise Suicide Cases**

Division	District	Muslim		Hindu		Cristian		-		Total	
		N	%	N	%	N	%	N	%	N	%
Larkana, Sukkur & Shaheed Banazira bad	Dadu	73	100.0	0	0.0	0	0.0	0	0.0	73	40.6
	Ghotki	12	100.0	0	0.0	0	0.0	0	0.0	12	6.7
	Jacobabad	7	100.0	0	0.0	0	0.0	0	0.0	7	3.9
	Kashmore	0	0.0	1	100.0	0	0.0	0	0.0	1	0.6
	Khairpur	4	100.0	0	0.0	0	0.0	0	0.0	4	2.2
	Larkana	2	66.7	1	33.3	0	0.0	0	0.0	3	1.7
	Noshero Feroz	31	100.0	0	0.0	0	0.0	0	0.0	31	17.2
	Qamber Shahdad Kot	4	80.0	0	0.0	0	0.0	1	20.0	5	2.8
	Shaheed Benazirabad	16	88.9	2	11.1	0	0.0	0	0.0	18	10.0
	Shikarpur	23	100.0	0	0.0	0	0.0	0	0.0	23	12.8
	Sukkur	0	0.0	0	0.0	0	0.0	3	100.0	3	1.7
	Total	172	95.6	4	2.2	0	0.0	4	2.2	180	100.0

Table 18 is representing the result of religion wise breakup of suicide cases where 95.6% Muslim suicide victims registered in Larkana, Sukkur & Shaheed Banazirabad divisions.

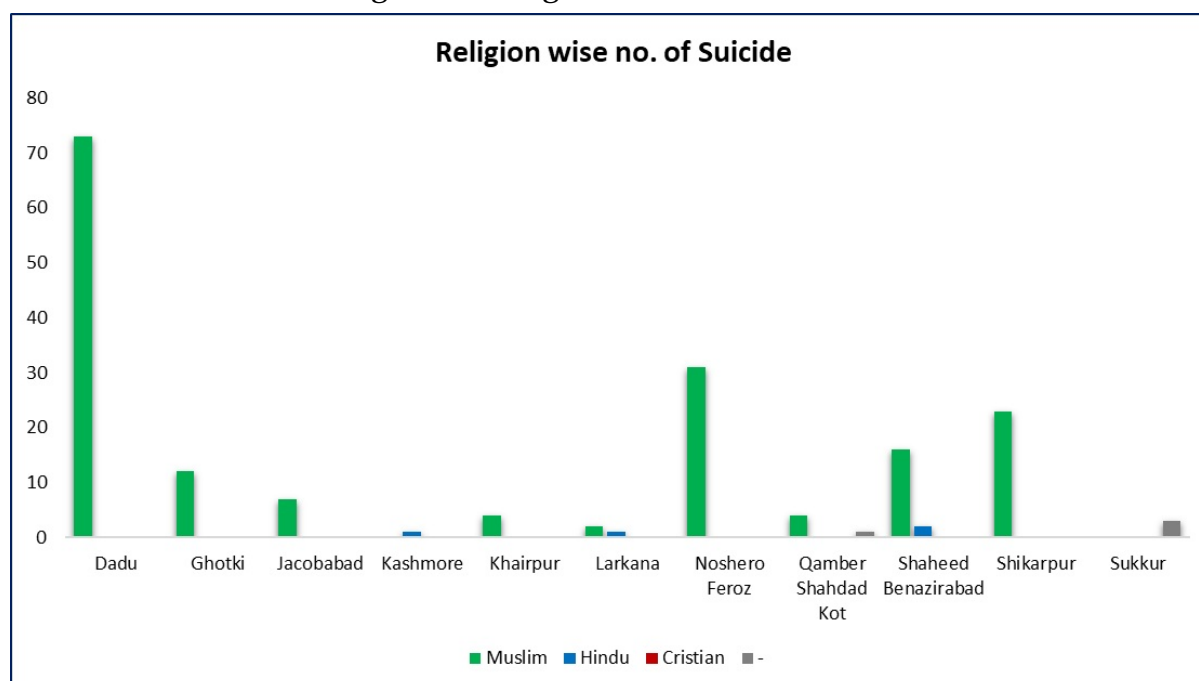Figure 6: Religion wise No. of Suicide

Table 7: **Methods of Suicide**

Division	District	Method for Suicide												Total	
		Hanging		Substance		Jumping		Weapon		Self Burn Case		-		Total	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%
Larkana Sukkur Shaheed Benazirabad	Dadu	0	0.0	52	71.2	0	0.0	2	2.7	1	1.4	18	24.7	73	40.6
	Ghotki	0	0.0	1	8.3	0	0.0	0	0.0	0	0.0	11	91.7	12	6.7
	Jacobabad	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	7	100.0	7	3.9
	Kashmore	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	100.0	1	0.6
	Khairpur	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	4	100.0	4	2.2
	Larkana	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	3	100.0	3	1.7
	Noshero Feroz	3	9.7	3	9.7	0	0.0	2	6.5	0	0.0	23	74.2	31	17.2
	Qamber Shahdad Kot	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	5	100.0	5	2.8
	Shaheed Benazirabad	2	11.1	3	16.7	1	5.6	8	44.4	0	0.0	4	22.2	18	10.0
	Shikarpur	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	23	100.0	23	12.8
	Sukkur	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	3	100.0	3	1.7
Total		5	2.8	59	32.8	1	0.6	12	6.7	1	0.6	102	56.7	180	100.0

Table 19 shows the result of methods of suicide 32% victims used poison for suicide and 56.7% this information was not recorded at concerned offices.

Table 8:   **Reasons of Suicide**

Reason for Suicide

Division	District	Domestic Issues N	%	Mental Illness N	%	Stress N	%	Emotional Turmoil N	%	Physical Illness N	%	Unemployment N	%	Poverty N	%	Loan N	%	Loss N	%	Accidental N	%	Harassment N	%	Drug Addicted N	%	- N	%	Total N	%
	Dadu	10	13.7	1	1.4	1	1.4	1	1.4	0	0.0	0	0.0	2	2.7	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	58	79.5	73	40.6
	Ghotki	2	16.7	0	0.0	0	0.0	5	41.7	1	8.3	0	0.0	1	8.3	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	3	25.0	12	6.7
	Jacobabad	4	57.1	0	0.0	0	0.0	0	0.0	1	14.3	0	0.0	1	14.3	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	14.3	7	3.9
	Kashmore	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.6
Larkana	Khairpur	3	75.0	1	25.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	4	2.2
	Larkana	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	3	100.0	3	1.7
Sukkur	Noshero Feroz	0	0.0	0	0.0	1	3.2	5	16.1	0	0.0	7	22.6	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	18	58.1	31	17.2
	Qamber Shahdad Kot	1	20.0	0	0.0	0	0.0	0	0.0	0	0.0	1	20.0	1	20.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	40.0	5	2.8
Shaheed Benazirabad	Shaheed Benazirabad	12	66.7	4	22.2	0	0.0	1	5.6	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	5.6	18	10.0
	Shikarpur	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	23	100.0	23	12.8
	Sukkur	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	3	100.0	3	1.7
Total		32	17.8	6	3.3	2	1.1	12	6.7	2	1.1	8	4.4	5	2.8	1	0.6	0	0.0	0	0.0	0	0.0	0	0.0	112	62.2	180	100.0

Table 20 is presenting the results of study to identify the reasons of suicide in which 17.8% having identified in domestic issues and 62.2% were not identified with reasons of suicide due to information was not recorded at concerned offices.

Hyderabad
&
Mirpurkhas
Division

Table 1:   Year wise No. of Suicide

Division	District	2014		2016		2017		2018		2019		2020		-		Total	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
	Badin	0	0.0	11	14.3	10	13.0	18	23.4	10	13.0	28	36.4	0	0.0	77	15.0
	Hyderabad	0	0.0	3	10.7	7	25.0	4	14.3	9	32.1	5	17.9	0	0.0	28	5.5
	Jamshoro	0	0.0	0	0.0	2	14.3	5	35.7	3	21.4	4	28.6	0	0.0	14	2.7
	Matiyari	0	0.0	3	30.0	2	20.0	1	10.0	2	20.0	2	20.0	0	0.0	10	2.0
Hyderabad & Mirpur Khass	Mirpur Khas	0	0.0	5	7.1	7	10.0	18	25.7	24	34.3	16	22.9	0	0.0	70	13.7
	Sanghar	6	9.1	7	10.6	14	21.2	8	12.1	16	24.2	15	22.7	0	0.0	66	12.9
	Sujawal	0	0.0	4	22.2	4	22.2	1	5.6	2	11.1	7	38.9	0	0.0	18	3.5
	Tando Allahyar	0	0.0	0	0.0	0	0.0	0	0.0	22	55.0	18	45.0	0	0.0	40	7.8
	Tharparkar	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	79	100.0	0	0.0	79	15.4
	Thatta	0	0.0	3	23.1	2	15.4	3	23.1	2	15.4	3	23.1	0	0.0	13	2.5
	TM Khan	0	0.0	0	0.0	0	0.0	0	0.0	19	57.6	14	42.4	0	0.0	33	6.4
	Umerkot	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	64	100.0	0	0.0	64	12.5
	Total	6	1.2	36	7.0	48	9.4	58	11.3	109	21.3	255	49.8	0	0.0	512	100.0

Table 21 shows result of the suicide rate year wise, the highest rate 49.8% of suicide cases were registered in the year 2020 at Hyderabad and Mirpurkhas divisions from 2016-2020.
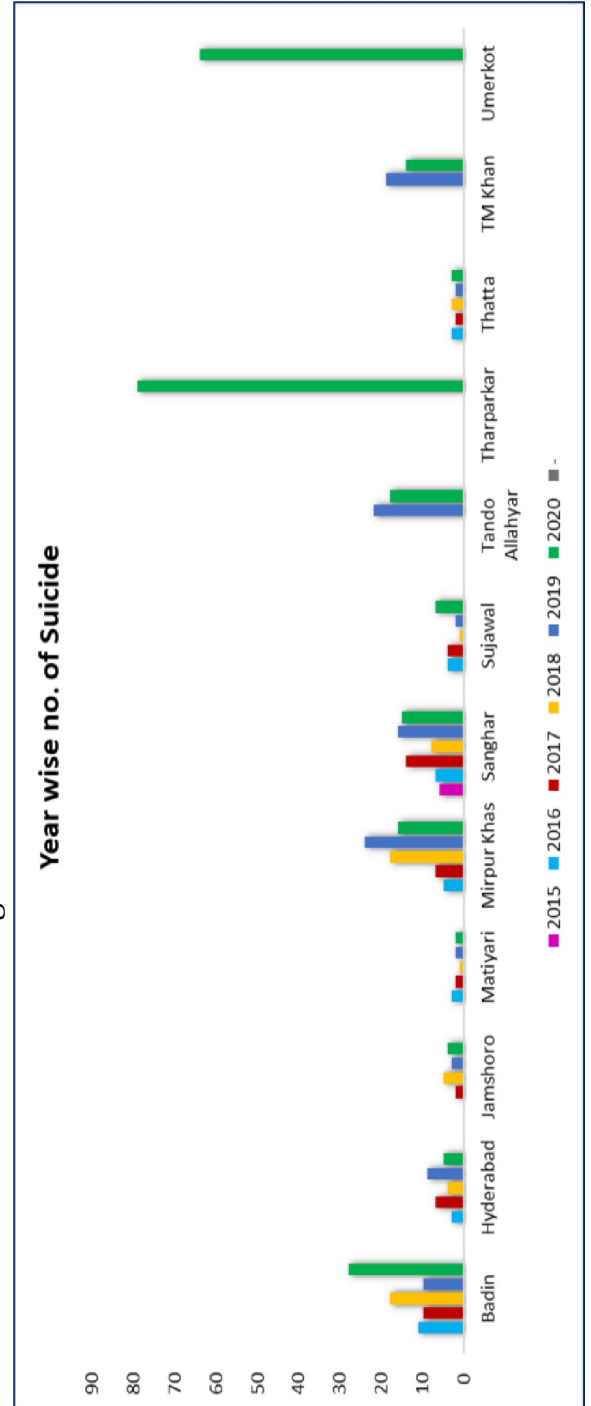

Figure 1: Year wise No. of Suicide

Table 2: **Gender wise Average Age Suicide**

Division	District	Male	Female	Total
Hyderabad & Mirpur Khass	Badin	-	-	-
	Hyderabad	32	22	29
	Jamshoro	-	-	-
	Matiyari	-	-	-
	Mirpur Khas	34	28	31
	Sanghar	30	27	29
	Sujawal	-	-	-
	Tando Allahyar	31	23	29
	Tharparkar	30	27	28
	Thatta	30	34	32
	TM Khan	35	29	32
	Umerkot	30	25	28
Total		**31**	**27**	**29**

Table 22 shows that study of suicidal cases found gender wise average age of male is 31, Female is 27 and overall average age is 29 at Hyderabad and Mirpurkhas division.
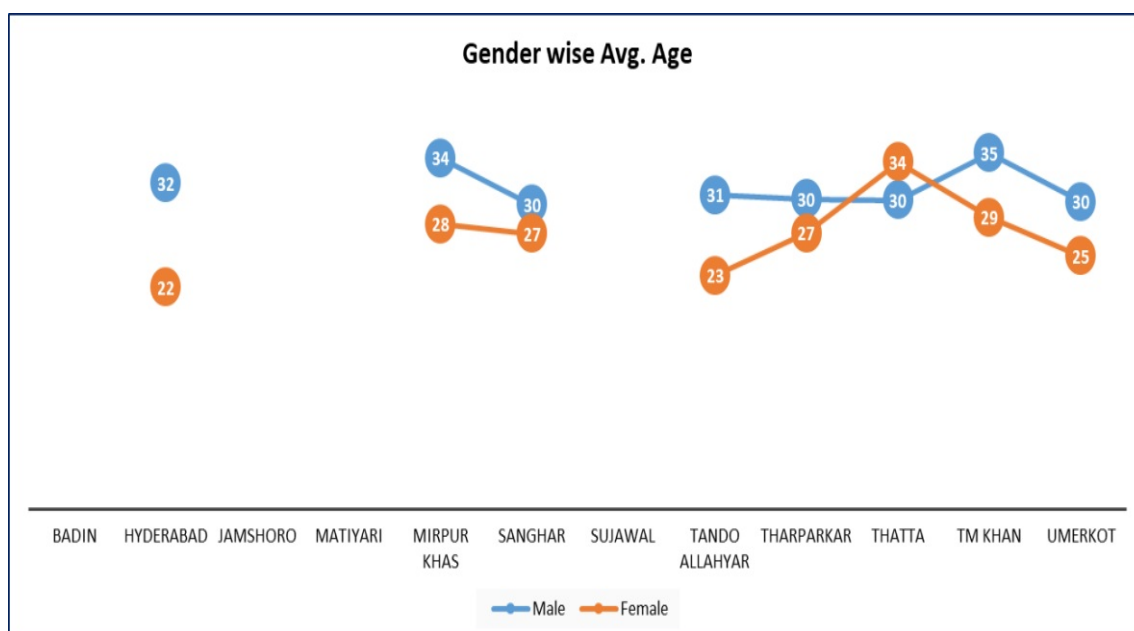
Figure 2: **Gender wise Average Age Suicide**

Table 3:   Gender wise No. of Suicide

Division	District	Male		Female		Total	
		N	%	N	%	N	%
Hyderabad & Mirpur Khass	Badin	47	61.0	30	39.0	77	15.0
	Hyderabad	20	71.4	8	28.6	28	5.5
	Jamshoro	11	78.6	3	21.4	14	2.7
	Matiyari	9	90.0	1	10.0	10	2.0
	Mirpur Khas	34	48.6	36	51.4	70	13.7
	Sanghar	38	57.6	28	42.4	66	12.9
	Sujawal	16	88.9	2	11.1	18	3.5
	Tando Allahyar	29	72.5	11	27.5	40	7.8
	Tharparkar	31	39.2	48	60.8	79	15.4
	Thatta	8	61.5	5	38.5	13	2.5
	TM Khan	18	54.5	15	45.5	33	6.4
	Umerkot	37	57.8	27	42.2	64	12.5
Total		298	58.2	214	41.8	512	100.0

Table 23 shows the result of the suicide rates in gender the total (512) number of suicides registered at Hyderabad and Mirpurkhas divisions the male ratio is 58.2% (298) and 41.8% (214) of female were registered.
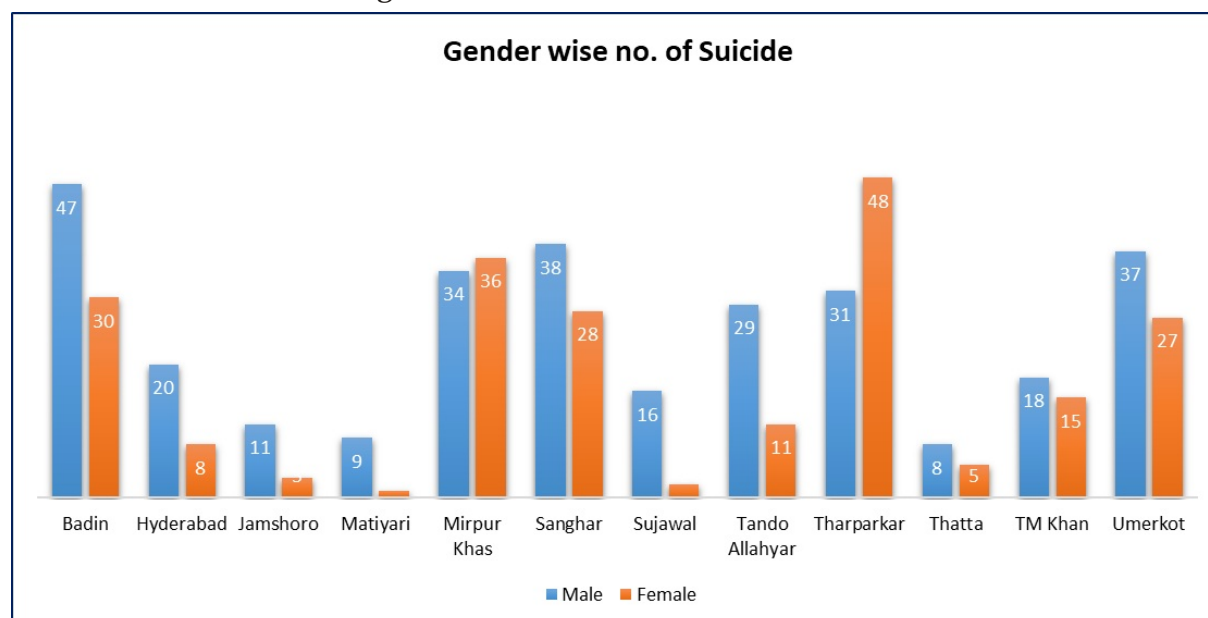
Figure 3:   Gender wise No. of Suicide

Table 4:   Age Group wise No. of Suicide

Division	District	10 - 15		16 - 20		21 - 30		31 - 40		41 - 50		51 - 60		61 - 70		71 - 80		-		Total	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
	Badin	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	77	100.0	77	15.0
	Hyderabad	1	3.6	6	21.4	11	39.3	7	25.0	2	7.1	1	3.6	0	0.0	0	0.0	0	0.0	28	5.5
	Jamshoro	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	14	100.0	14	2.7
	Matiyari	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	10	100.0	10	2.0
Hyderabad & Mirpur Khas	Mirpur Khas	4	5.7	13	18.6	21	30.0	11	15.7	8	11.4	2	2.9	1	1.4	2	2.9	8	11.4	70	13.7
	Sanghar	6	9.1	11	16.7	25	37.9	14	21.2	5	7.6	4	6.1	1	1.5	0	0.0	0	0.0	66	12.9
	Sujawal	0	0.0	1	5.6	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	17	94.4	18	3.5
	Tando Allahyar	2	5.0	6	15.0	13	32.5	4	10.0	1	2.5	0	0.0	2	5.0	0	0.0	12	30.0	40	7.8
	Tharparkar	14	17.7	15	19.0	27	34.2	10	12.7	4	5.1	5	6.3	2	2.5	2	2.5	0	0.0	79	15.4
	Thatta	0	0.0	2	15.4	6	46.2	3	23.1	1	7.7	1	7.7	0	0.0	0	0.0	0	0.0	13	2.5
	TM Khan	0	0.0	7	21.2	11	33.3	8	24.2	3	9.1	1	3.0	1	3.0	1	3.0	1	3.0	33	6.4
	Umerkot	4	6.3	10	15.6	34	53.1	8	12.5	4	6.3	3	4.7	1	1.6	0	0.0	0	0.0	64	12.5
	Total	31	6.1	71	13.9	148	28.9	65	12.7	28	5.5	17	3.3	8	1.6	5	1.0	139	27.1	512	100.0

Table 24 shows age wise break-up that reveals group of age between 10 to 15 years marked with 6.1% and other group of age 16 to 20 years marked with 13.9% and data of around 27.1% with no age information.

-   (-) is Representing the missing information those were not recorded at concern offices.

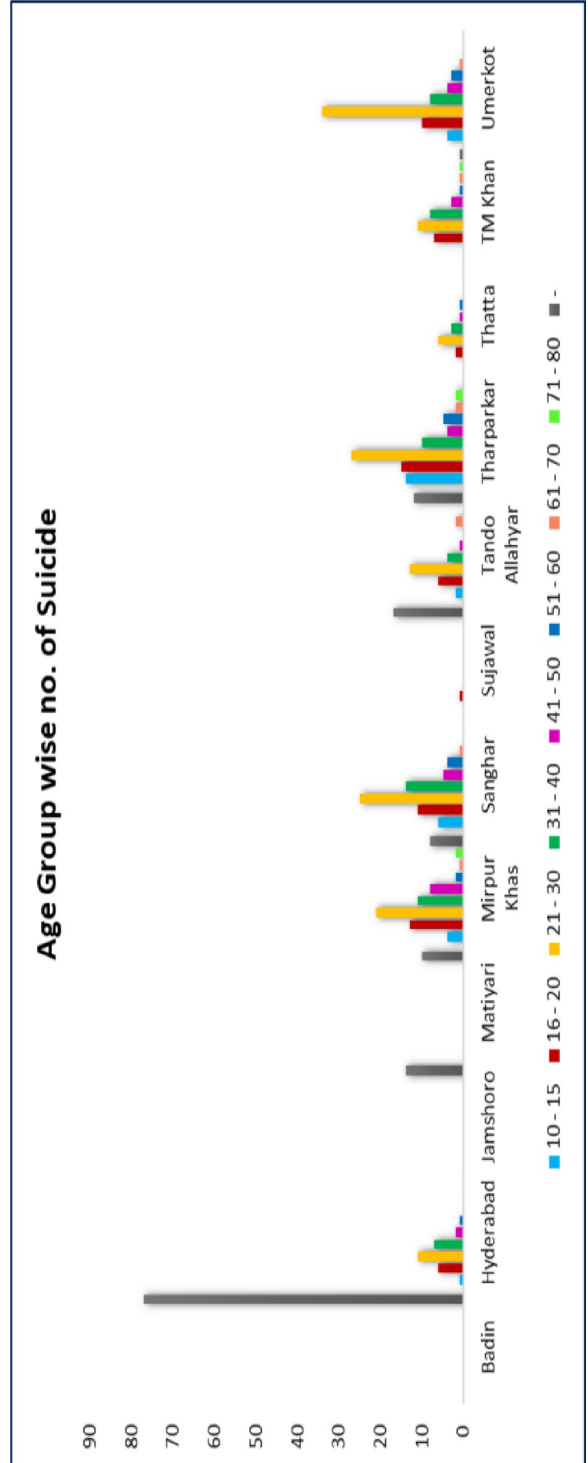Figure 4: Age Group wise No. of Suicide

Table 5:   **Martial Status wise No. of Suicide**

Division	District	Married		Un-married		Divorced		Widower		-		Total	
		N	%	N	%	N	%	N	%	N	%	N	%
Hyderabad & Mirpur Khas	Badin	0	0.0	0	0.0	0	0.0	0	0.0	77	100.0	77	15.0
	Hyderabad	0	0.0	0	0.0	0	0.0	0	0.0	28	100.0	28	5.5
	Jamshoro	0	0.0	0	0.0	0	0.0	0	0.0	14	100.0	14	2.7
	Matiyari	1	10.0	0	0.0	0	0.0	0	0.0	9	90.0	10	2.0
	Mirpur Khas	49	70.0	18	25.7	1	1.4	1	1.4	1	1.4	70	13.7
	Sanghar	62	93.9	4	6.1	0	0.0	0	0.0	0	0.0	66	12.9
	Sujawal	0	0.0	0	0.0	0	0.0	0	0.0	18	100.0	18	3.5
	Tando Allahyar	29	72.5	10	25.0	0	0.0	0	0.0	1	2.5	40	7.8
	Tharparkar	47	59.5	31	39.2	0	0.0	0	0.0	1	1.3	79	15.4
	Thatta	0	0.0	0	0.0	0	0.0	0	0.0	13	100.0	13	2.5
	TM Khan	20	60.6	10	30.3	0	0.0	0	0.0	3	9.1	33	6.4
	Umerkot	51	79.7	13	20.3	0	0.0	0	0.0	0	0.0	64	12.5
Total		259	50.6	86	16.8	1	0.2	1	0.2	165	32.2	512	100.0

Table 25 shows the result 50.6% of suicide victims were married, 16.8% were unmarried and information of 32.2% cases of suicide were not recorded at concern offices.
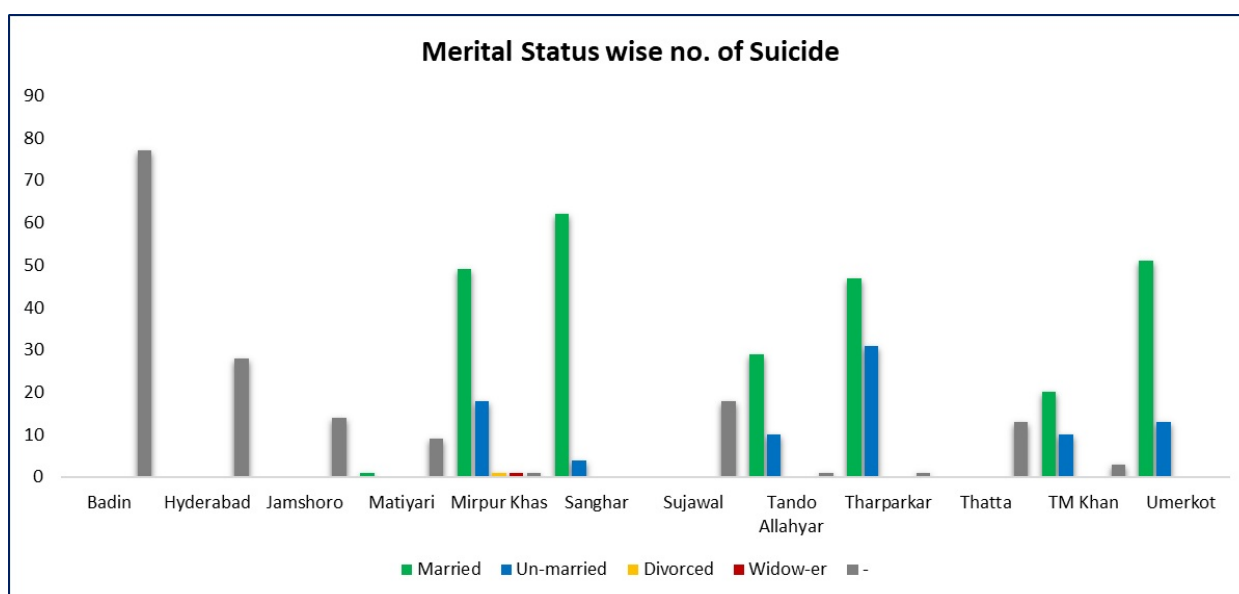
Figure 5:   **Martial Status wise No. of Suicide**

Table 6:   **Religion Wise No. of Suicide**

Division	District	Muslim		Hindu		Cristian		-		Total	
		N	%	N	%	N	%	N	%	N	%
Hyderabad & Mirpur Khas	Badin	34	44.2	41	53.2	0	0.0	2	2.6	77	15.0
	Hyderabad	23	82.1	5	17.9	0	0.0	0	0.0	28	5.5
	Jamshoro	12	85.7	1	7.1	1	7.1	0	0.0	14	2.7
	Matiyari	9	90.0	0	0.0	1	10.0	0	0.0	10	2.0
	Mirpur Khas	24	34.3	42	60.0	0	0.0	4	5.7	70	13.7
	Sanghar	47	71.2	19	28.8	0	0.0	0	0.0	66	12.9
	Sujawal	16	88.9	2	11.1	0	0.0	0	0.0	18	3.5
	Tando Allahyar	17	42.5	22	55.0	0	0.0	1	2.5	40	7.8
	Tharparkar	29	36.7	50	63.3	0	0.0	0	0.0	79	15.4
	Thatta	13	100.0	0	0.0	0	0.0	0	0.0	13	2.5
	TM Khan	15	45.5	16	48.5	1	3.0	1	3.0	33	6.4
	Umerkot	11	17.2	53	82.8	0	0.0	0	0.0	64	12.5
Total		**250**	**48.8**	**251**	**49.0**	**3**	**0.6**	**8**	**1.6**	**512**	**100.0**

Table 26 is representing the result of religion wise breakup of suicide cases where 49% Hindu and 48% were Muslims at Hyderabad and Mirpurkhas divisions.

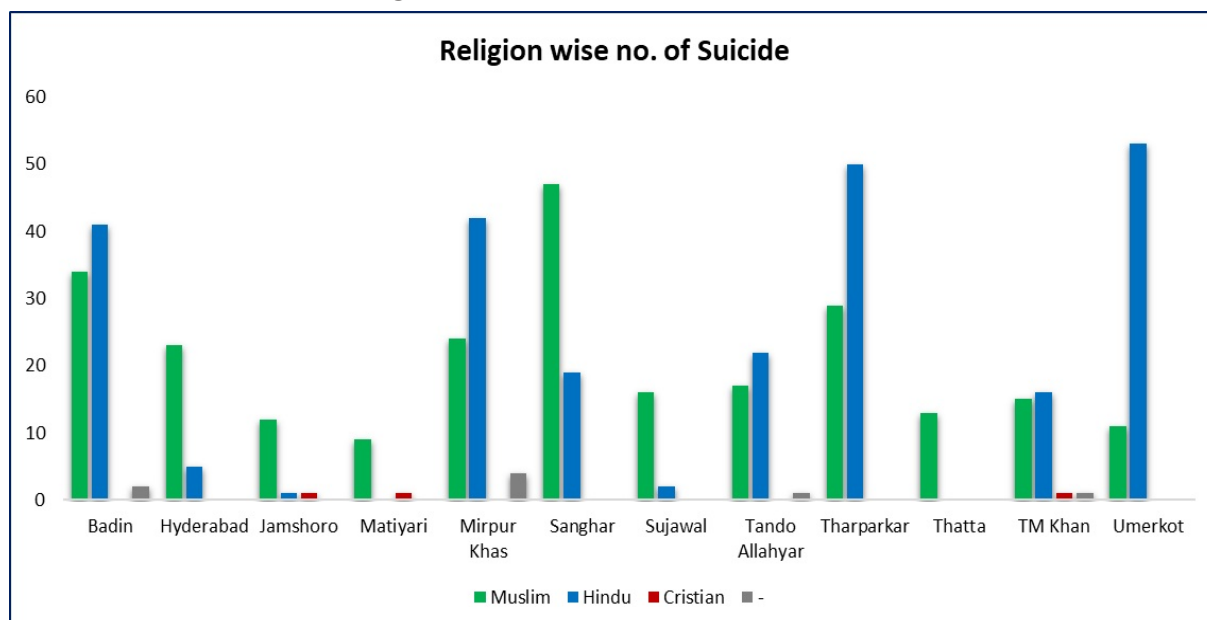Figure 6:   **Religion Wise No. of Suicide**

Table 7:   **Methods of Suicide**

Division	District	Hanging		Substance		Jumping		Weapon		Self-Burn Case		-		Total	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%
Hyderabad & Mirpur Khas	Badin	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	77	100.0	77	15.0
	Hyderabad	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	28	100.0	28	5.5
	Jamshoro	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	14	100.0	14	2.7
	Matiyari	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	10	100.0	10	2.0
	Mirpur Khas	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	70	100.0	70	13.7
	Sanghar	3	4.5	0	0.0	0	0.0	1	1.5	1	1.5	61	92.4	66	12.9
	Sujawal	1	5.6	0	0.0	0	0.0	1	5.6	0	0.0	16	88.9	18	3.5
	Tando Allahyar	35	87.5	4	10.0	0	0.0	1	2.5	0	0.0	0	0.0	40	7.8
	Tharparkar	53	67.1	0	0.0	25	31.6	1	1.3	0	0.0	0	0.0	79	15.4
	Thatta	1	7.7	0	0.0	0	0.0	0	0.0	0	0.0	12	92.3	13	2.5
	TM Khan	1	3.0	0	0.0	0	0.0	0	0.0	0	0.0	32	97.0	33	6.4
	Umerkot	56	87.5	4	6.3	2	3.1	1	1.6	0	0.0	1	1.6	64	12.5
	Total	**150**	**29.3**	**8**	**1.6**	**27**	**5.3**	**5**	**1.0**	**1**	**0.2**	**321**	**62.7**	**512**	**100.0**

Table 27 shows the result of suicide methods and 62.7% this information was not recorded at concerned offices.
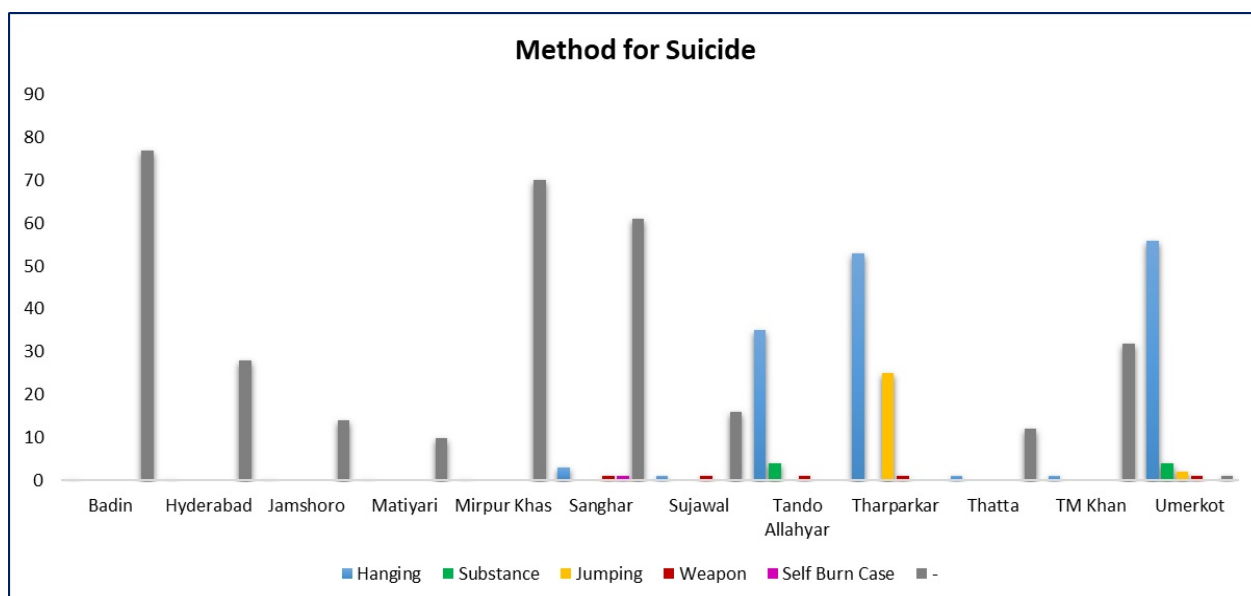
Figure 7:   **Methods of Suicide**

Table 8: **Reasons of Suicide**

Division	District	Domestic Issues		Mental Illness		Stress		Emotional Turmoil		Physical Illness		Unemployement		Poverty		Loan		Loss		-		Total	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Hyderabad & Mirpur Khas	Badin	50	64.9	9	11.7	6	7.8	1	1.3	2	2.6	5	6.5	1	1.3	1	1.3	0	0.0	2	2.6	77	15.0
	Hyderabad	15	53.6	4	14.3	0	0.0	0	0.0	1	3.6	4	14.3	0	0.0	0	0.0	0	0.0	4	14.3	28	5.5
	Jamshoro	3	21.4	0	0.0	1	7.1	0	0.0	0	0.0	0	0.0	0	0.0	2	14.3	0	0.0	8	57.1	14	2.7
	Matiyari	7	70.0	2	20.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	10.0	10	2.0
	Mirpur Khas	41	58.6	3	4.3	14	20.0	0	0.0	7	10.0	1	1.4	0	0.0	1	1.4	0	0.0	3	4.3	70	13.7
	Sanghar	40	60.6	10	15.2	0	0.0	5	7.6	2	3.0	0	0.0	5	7.6	0	0.0	1	1.5	3	4.5	66	12.9
	Sujawal	2	11.1	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	16	88.9	18	3.5
	Tando Allahyar	23	57.5	0	0.0	13	32.5	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	4	10.0	40	7.8
	Tharparkar	18	22.8	35	44.3	0	0.0	2	2.5	8	10.1	0	0.0	2	2.5	0	0.0	0	0.0	14	17.7	79	15.4
	Thatta	8	61.5	5	38.5	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	13	2.5
	TM Khan	12	36.4	9	27.3	0	0.0	0	0.0	0	0.0	0	0.0	1	3.0	0	0.0	0	0.0	11	33.3	33	6.4
	Umerkot	53	82.8	0	0.0	0	0.0	8	12.5	3	4.7	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	64	12.5
Total		272	53.1	77	15.0	34	6.6	16	3.1	23	4.5	10	2.0	9	1.8	4	0.8	1	0.2	66	12.9	512	100.0

Table 28 is presenting the results of the reasons of suicide the highest rate 53.1% cases were recorded due to domestic problems / issues and 2nd and 3rd highest reason of suicide is 15% mental illnesses and 6.6% stress.

Figure 8: Reasons for Suicide
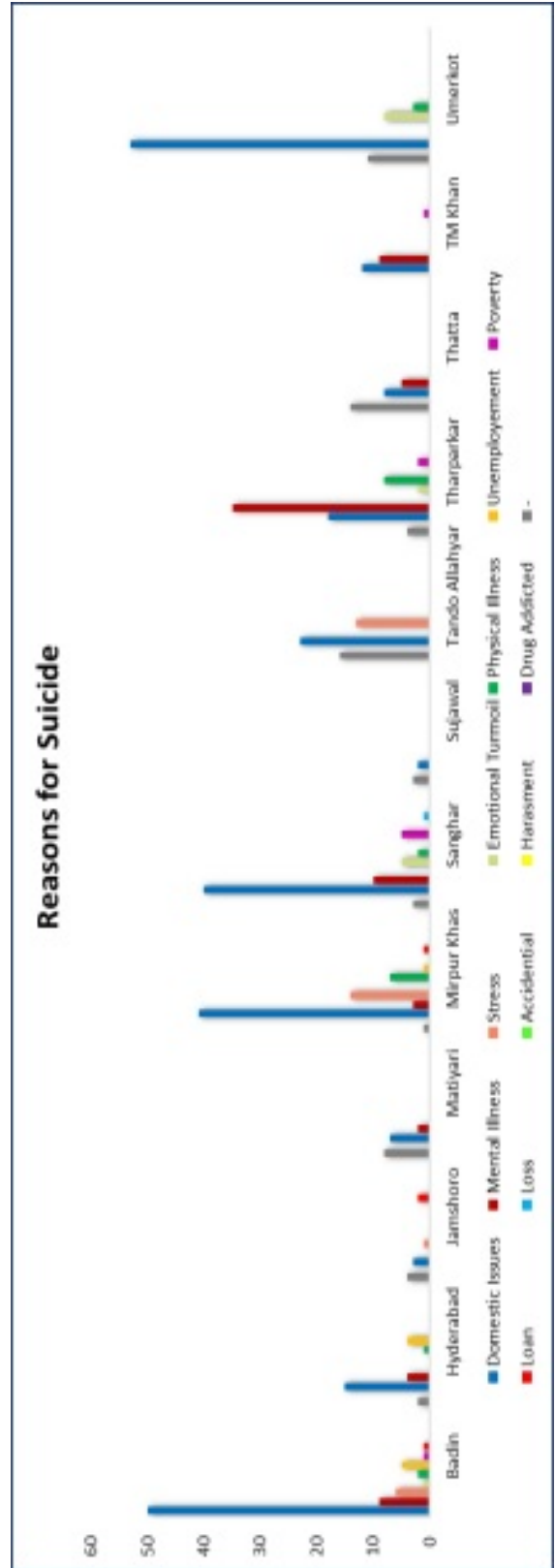
ROAD MAP TO WAY FORWARD

In light of this study, we need to take some unavoidable steps for strengthening the existence resources and foot down for new innovative approach to provide qualitative services in mental health. In this regard, following districts' hospitals those having qualified psychiatrists where department of Health Government of Sindh immediately make efforts to enhance the bed strength of psychiatric patients at all District Head Quarters Hospitals of Sindh Province, with minimum beds' strength of 25 in psychiatric emergency services 24/7 hours.

1. Sindh Government Hospital Liaquatabad Karachi
2. Services Hospital Karachi
3. Sindh Government Hospital Korangi No.5 Karachi
4. Sindh Government Hospital Lyari General Hospital Karachi
5. PUMHS Hospital SBA/Nawabshah
6. Sir Cowasji Jahangir Institute of Psychiatry Hyderabad (two Psychiatrists BPS 18 &19)
7. Civil Hospital Mirpur Khas
8. Civil Hospital Mithi
9. Civil Hospital Khairpur
10. Pir Syed Abdullah shah institute of medical sciences Gambat
11. Civil Hospital Thatta

In following districts' hospitals those having qualified psychiatrists where department of Health Government of Sindh immediately may announce vacant positions of qualified district psychiatrist through Sindh Public Service Commission to plug the gap of qualitative service delivery of mental health.

1. Jamshoro
2. Dadu
3. Matiari
4. Tando Allahyar
5. Tando Muhammad Khan
6. Badin
7. Sujawal
8. Umerkot
9. Naushahro Feroze
10. Sanghar
11. Larkana
12. Kashmore
13. Shikarpur
14. Jacobabad
15. Kambar Shahdadkot
16. Sukkur
17. Ghotki @ Mirpur Mathelo

1. Legislation for suicide prevention in Sindh province, Government must make organized efforts to bring out "Sindh Suicide Prevention Act" in Provincial Assembly which include; regulations of weapons, reduce availability of illicit drugs/ substances, safe use of pesticides and insecticide.

2. Decriminalize attempted self-harm. This is vital because Section 325 of the Pakistan Penal Code is a strong deterrent for most people against seeking medical help, and problematic because detection and treatment of high-risk cases is a critical suicide prevention strategy. Previous attempt of self-harm is a well-known risk factor for completed suicide.

3. A bill of Senator Dr Karim Khuwaja to amend Section 325 was passed by the Senate in 2018 after approval by the Council of Islamic Ideology and sent to the National Assembly, but unfortunately lapsed following the change in government. Next attempt may be initiated by the government/ political parties in senate and national assembly.

4. There is dire need of review of Sindh Mental Health Act 2013 to incorporate services of psychologist, occupational therapist, social worker and others to cover the services in bio-psycho-social context in mental health.

5. To achieve this target, the designated indicator to be monitored is the suicide mortality rate. There is an excellent opportunity here for the government to develop a "Provincial Suicide Prevention Program" with help of (WHO).

6. Government of Sindh have to set up effective surveillance system to documenting suicide cases in suicide death-registration system that requires good linkages between health, human rights, police and legal departments through development of software / application with help of specific human resource to document suicide cases properly in future.

7. Sir Cowasji Jahangir Institute of Psychiatry and Behavioral Sciences must be immediately notified as a "Chair Institute" for further "Suicide Research Studies" through networking of universities of Sindh, global research institutes and consultancies to make research project to study phenomenon of suicide in relation of bio-psycho-social aspects and find out the possible local solution to reduce phenomenal deaths of suicide, Research and Development Program of Suicide must be incorporated in coming Annual Development Plan (ADP).

8. Post proceedings of Sir Cowasji Jahangir Institute of psychiatry & Behavioral sciences Act 2019 may be furnished at earliest by concerns for the transformation of old asylum like institute into a modern state of art mental health facility.

9. To achieve this the completion of board of directors, notifying committee for making rules and regulations and appointment well qualified chief executive officer as mentioned in act with accordance of Sindh Civil Servant act / rules.

10. Budget may be sanction against the PC 1 submitted to Health Department by the institute through the experts of committee notified by Honorable Chief Secretary Sindh.

11. Organized efforts may be made by the health department government of Sindh with collaboration of all teaching hospitals to set up a virtual psychiatry services for the district head quarter hospitals where psychiatric services are not available.

12. School- based interventions, as recommended by WHO Suicide Prevention Strategies should be initiated to reduce the incidence of suicide in young people. These include crisis management, self-esteem enhancement, development of social skills and healthy decision making.

13. Organized efforts may be made by health department and Auqaf Department Government of Sindh to provide mental health services through shrines. Most of the people brought at shrines appear to be suffering from diagnosable and treatable mental conditions. People who come here do not have the money or the awareness to access this treatment.

14. Sindh has prioritized a set of global goals under the SDG 2030 agenda, including pledges to reduce premature mortality from non-communicable diseases by one-third through prevention and treatment, and promotion of mental health and well-being.

15. Promotion of positive mental health through organized community efforts include extra curriculum activities, science festivals, sport Gala, Debate competitions, Essay writing

16. De-stigmatization of mental illness.

17. Collaboration of social welfare department, minority department and youth department to draw future strategy of suicide prevention.

18. Essential trainings may be started for teachers, parents and police personnel to identified high risk cases. Lady health workers by trained mental health professionals.

19. A strategy for mental health services in prisons, orphanages, Darulamans and juvenile correctional centers, to reduce the risk of suicide may be initiated at earliest with the help of mental health professionals.

20. Government of Sindh may announce vaccines for qualified Psychologist, Occupational Therapist, Social Worker and Sociologist for essentials services to mentally challenging persons.

21. Sindh Mental Health Authority initiated first ever in south east asia a Pilot project of suicide prevention at district Tharparkar with collaboration of Thar Foundation/ Engro, District Health Office, Civil Hospital Mitthi, Department of Psychiatry, Department of Community Medicine Liaquat University of medical & Health Sciences Jamshoro, Sir Cowasji Jahangir Institute of psychiatry and behavioral Sciences and some develop has been made to train local health workers to indentify vulnerable patients and referred them early to district hospital and sir Cowasji Jahangir Institute of Psychiatry and Behavioral Sciences.

Sindh Mental Health Athourity
Sucide Related Activities

Special Thanks

I appreciate those who are my friends and colleagues they put their support and assistance and generous contribution for this specific study to drive idea & consultation to conduct study, to collect data from respective districts and author of study on registered cases of suicide of last five years (2016-2020) in Sindh province

I feel honor to mention the names of those friends and colleagues who supported us to produce this study.

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19. Mr. Faiq Kalhoro

Sindh Mental Health
Authority