PSYCHOLOGICAL AUTOPSY OF SUICIDE CASES REGISTERED AT DISTRICT THARPARKER

SINDH MENTAL HEALTH AUTHORITY

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FOREWORD

Sindh Mental Health Authority, have been passed as an act under **Section no. 3, No. PAS. Legis-B-13/2013**, effect from 7th August, 2013 has endeavored since its inception for advancement of mental health and regulate the matters relating to mental health persons with respect their care, treatment, management of their properties.

Sindh Mental Health Authority (SMHA) has observed the disturbing suicide trends across the globe, and increasing reports of rising suicide rate in Pakistan, and specifically in the context of Sindh province. In accordance of World Health Organization's findings, there is a rising trend of suicide across the world, with more deaths due to suicide than other non - communicable disease or war and homicide.

A death by suicide is being recorded in every 40 seconds somewhere in the world and results in over 800,000 individuals dying of suicide every year. Almost 79% of these deaths are in Low-And-Middle Income Countries. In Pakistan, a significant surge in suicide cases have been observed, between range of 2.9 & 7.5 per 100 000 people in last decade, specific period (2012-2016) respectively. Rather than relying on number of suicides, somewhere between the two figures, the information which comes from point estimates lead to disparity of statistics due to lack of systematic data recording or registering and result; suicide rates are higher than what is recorded or estimated.

In this concern, Sindh Mental Health Authority has decided to elucidate the challenge of under reporting of suicide cases from 2016 onward to 2020 due to lack-of or no systematic and uniformed recording procedures with sufficient information to report suicide cases at institutions. The chief purpose is to do advocacy to the provincial government for legislation of suicide act and provision of psychiatric care, and to establish psychiatry wards at district health facilities / hospitals as a step towards suicide prevention.

Mental health related trainings of health officials are already being on way across the Sindh province under the guidance of Sindh Mental Health Authority in collaboration of reputable medical teaching institutions of Karachi and Hyderabad.

In the first quarter of this year (2021), Sindh Mental Health Authority published a report on **"A Study of Registered Cases Of Suicide between The Period Of 2016 – 2020 across the Province of Sindh"** with the collaboration of Home Department, Government of Sindh, Central Police Office, Karachi, all Districts of Superintendent Police Offices, Director General Services of Health Government of Sindh and All District Health Offices, who supported to share the data of registered cases of Suicide between period of 2016 to 2020 across the Sindh Province.

The findings were very disquieting and it was noted that District of Tharparker is at the top in rank with 79 suicidal deaths only in year 2020, with 48 females and 31 males deaths, followed by districts of Badin, Dadu, Mirpurkhass, Sanghar, UmerKot, Tando Allahyar and Tando Muhammad Khan.

Malir is also highly ranked in Karachi division with 24 suicide cases in mentioned period, out of total 75 deaths reported due to suicide between periods of 2016 to 2020 in Karachi.

After the publication of report on suicide rates in last five years across province, Sindh Mental Health Authority (SMHA) explored the reasons to establish facts on scientific basis. Sindh Mental Health Authority, working with reputable institutions of Psychiatry, Psychology, Sociology, and corporate sector supporting health care sector, framed the issue for more in-depth inquiry.

Sindh Mental Health Authority conducted 'Psychological Autopsy' of registered cases of suicide at District Tharparker in collaboration with Liaqat University of Medical and Health Sciences (LUMHS), Dow University of Health Sciences (DUHS), Jinnah Postgraduate Medical Center Karachi (JPGMC), Sir Cowasji Jahangir Institute of Psychiatry and Behavioral Sciences Hyderabad (Sir CJIP&BS), University of Sindh (UoS) and Sindh Engro Coal Mining Company (SECMC) Thar foundation (Tf).

Sindh Mental Health Authority (SMHA) received support from district administration including, DC office all ACs and FCMs, SSP office and DHO office for coordinating at field to meeting with family members of selected suicide cases of district Tharparker.

ACKNOWLEDGEMENT

On behalf of Sindh Mental Health Authority and Chairman of Authority, I am pleased to extend my gratitude to all collaborating partners, including; Liaquat University of Medical and Health Sciences (LUMHS), Department of Psychiatry Dow University of Health Sciences (DUHS), Department of Psychiatry Jinnah Post Graduate Medical Center (JPGMC), Department of Psychology University of Sindh (UoS), Sir Cowasji Jahangir Institute of Psychiatry & Behavioral Sciences (Sir CJIP&BS), Sindh Engro Coal Mining Company (SECMCo.), Thar Foundation (Tf) for their kind patronages to provide human and financial resources and helped a lot for completing the study on **"Psychological Autopsy of Suicide Cases Registered at District Tharparker, 2020 .**

I am gratefulness to acknowledge the support of Home Secretary Govt. of Sindh, facilitators of the project members of advisory committee, technical experts, members of survey team, members of field surveyors, members of field facilitation team on their support and valuable contribution in research.

Secondly, I will also like to thank Office of Deputy Commissioner Tharparker, Assistant Commissioners, Mukhtiarkars and Tapedars of said district to their kind support to provide access to the victims' families, without their support this research wouldn't be possible.

I congratulate the research team for their untiring effort in making this endeavor possible in short span of time.

Thanking you

Senator Dr. Karim A. Khuwaja
Chairman,
Sindh Mental Health Authority

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- **DOW UNIVERSITY OF HEALTH SCIENCES (DUHS), DEPARTMENT OF PSYCHIATRY**
- **JINNAH POSTGRADUATE MEDICAL CENTER (JPMC), DEPARTMENT OF PSYCHIATRY**
- **UNIVERSITY OF SINDH (UoS), DEPARTMENT OF PSYCHOLOGY**
- **SIR COWASJI JAHANGIR INSTITUTE OF PSYCHIATRY AND BEHAVIROL SCIENCES (CJIP&BS)**
- **SINDH ENGRO COAL MINING COMPANY (SECMC)**
- **THAR FOUNDATION (Tf)**

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7	**Mr. Bharat**	Thar Lodge at Islam Kot

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Summary:

There were thirty-three (n = 33) registered cases of suicide identified for psychological autopsy in which (n=21) cases were females and (n=12) were males. Around 42% were married. The age group of 10-to-16 contained 16 individuals (48%). In next range of age group 21-to-30 years there were 36% individuals (n=12). Around 45% females and 15% males had no formal education. Almost 60% females were housewives while 40% of victims were labor, peasant, employee and small scale business owners. Around 55% victims of suicide were part of nuclear families, 33% were living in joint family system and 12% of victims associated with extended family system. About 33% cases reportedly had no close relation with any person.

In terms of method of suicide, 73% victims hanged themselves. According to our survey 24% of completed suicide victims had mental illness; undiagnosed mood disorder and psychotic illnesses was reported. In the total sample 36% had previously expressed the wish to die, earlier; 24% victims expressed their wish to die due to stressors such as financial constraints, chronic physical or mental health problems and social difficulties. In our sample 36% victims had proximal stressors which led to suicide. And victims were bearing the visible mental burden, pressure in form of chronic mental illness, domestic problems, financial problems, unemployment, disappointment in love affair and relationship. About 33% subjects participated actively in religious and cultural events. It was noted that 15% of suicide victims had attempted suicide previously before completed suicide (female to male ratio, 4:1). Study found 52% suicides were pre planned and 48% suicides were sudden and impulsive act as described by the family members. About 6% victims had left messages before suicide. The family members described 12% subjects to have unstable relationship. The month of April and May were crucial during which high numbers of suicide cases recorded. Among the family members and survivors, 33% reported uncontrollable grief and bereavement, while 6% received some sort of formal mental health care.

BACKGROUND OF STUDY

Sindh Mental Health Authority has obligation of advancement of mental health in the Province to regulate the matters relating to mental health of persons with respect to their care, treatment, and management of their properties.

Sindh Mental Health Authority has addressed the emerging issue of suicide across the province very seriously in the solicitude of positive mental health and has been keeping in touch with mental health experts and institutions, competent authority of provincial government, to strategize the preparation and control the suicide rates, through suicide prevention program across the province since its inception.

In this regard, SMHA has conducted numbers of awareness sessions, campaigns trainings and youth engagements program with help of medical teaching institutions and hospitals, mental health experts, districts management of province, National and International organizations and corporate sectors through their corporate social responsibility services (CSR). In pursuance of matter, Sindh Mental Health Authority has designed and conducted research and produced the report on mapping the registered cases of suicide in last five years 2016 – 2020 in province of Sindh and steered to unify the all stakeholders of different life of walks on the issue in last week of March, 2021.

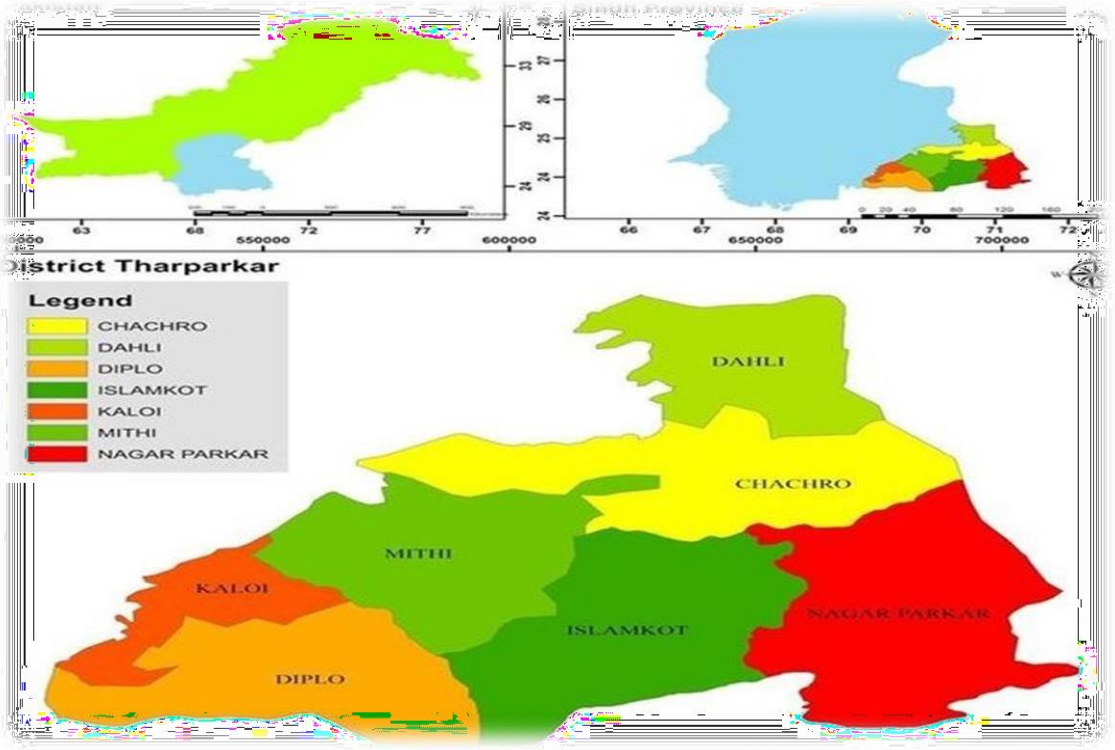
In furtherance to the endeavors for suicide preventive approach, Sindh Mental Health Authority undertook the subsequent step for 'Psychological Autopsy' in reference of registered cases of suicide in district tharparker, those reported in last five years 2016 – 2020.

Sindh Mental Health Authority has continuously, in coordination of collaboration with teaching institutions of mental health and their Heads' of departments and Engro Coal Mining Company for designing of Psychological Autopsy - Pakistani Model in district Tharparker with defined objective:

OBJECTIVE OF STUDY

- To delve into the details of motives of accumulative number | ratio of suicide in said district.

AREA OF STUDY DISTRICT THARPARKER

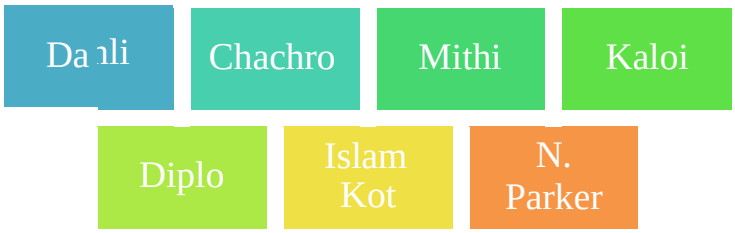


GEOGRAPHY OF DISTRICT:

District THARPARKER is extent about to 19,640 square kilometers that is 14% area of total province of Sindh. Geographically it is surrounded with (03) districts of province and International border.

- In North – West district Umer Kot and Mirpur Khass are placed rather district Badin is in its west.
- Eastern side of district draws the international border line with India and Run of Kutch then Arbian Sea is sited in south.

Administratively, district Tharparker is divided into sub divisions like (07) talukas and 44 Union Councils.



Distance Between District Headquarter Mithi to Talukas

1	Mithi to Kaloi	63 KM
2	Mithi to Diplo	40 KM
3	Mithi to Islam Kot	43 KM
4	Mithi to Nagar Parker	129 KM
5	Mithi to Chachro	91 KM
6	Mithi to Dahli @ Khem Jo Par	189 KM

DEMOGRAPHY OF DISTRICT THARPARKER

According to Census 2017, district's total population is 1649,661 with splitting up ratio of male is 53.48% and 46.51% of female rather than portion of transgender 0.01% has also been seen, the annual growth rate is 3.15 from 1998 – 2017 in district.

CENSUS 2017 *Info. Source PBS*

Area	Male	Female	Transgender	Total
Rural	812,320	705,251	19	1517,590
Urban	70,045	62,015	11	132,071
	882,365	767,266	30	1649,661

House Holds		
Total	Rural	Urban
301625	274691	26934

Population with Rural and Urban settlements, there are 92% population is living in Rural areas and 8% of total population of district is living in Urban settings, whereas: 301, 625 households located with breakup of 274,691 in rural THARPARKER and 26,934 in Urban locality. ***(Information Source: Pakistan Bureau of Statistics)***

FIELD SURVEY IN DESERT

Data collection through interviews was under way almost 15 days from 1st week of June to 1st week of August 2021 with gap of 02 months, the exercise of data collection split in 03 phases under consideration of following reasons.

1. For validity and health of data, people of surroundings and family members of victim didn't | couldn't get impression of any kind of intervention that prone them for receiving the financial assistance or any support in kind that could possible to manipulate the information.

2. Data collection survey started in peak season of summer at desert area it was too hard to mobilize and job of data collection was spread almost around the entire district.

1st phase of data collection started in field along with 07 survey team members for next 07 days, and target of 24 interviews of victims' families had been completed. In 2nd phase

we validated the data through Monitoring process of 03 days, and 3rd phase to collect remaining Data through (09) Interviews to complete the sample size, (n = 33).

As per statistics from analysis that survey team visited 14 villages of taluka Islamkot, 05 of Mithi, 04 of Diplo, 03 of N. Parker, 04 and 01 of Chachro and Kaloi respectively.

This kind of field survey has covered around the distance of 6000 km with support of Sindh Engro Coal Mining Co.'s fleet, and assigned team of Office of Deputy Commissioner through its sub district offices of Asst. Commissioners and Mukhtiarkars. Such sort of the field survey in desert couldn't possible without support of them.

SUICIDE

Most recent definition of suicide relies on two elements: a distinct outcome (death) and a prerequisite (an intention or wish to die) the operational definition proposed by world health organization is, "For the act of killing oneself to class as suicide, it is an act with fatal outcome that is deliberately initiated and performed by the person in the full knowledge or expectation of its fatal outcome".

Suicide is a foremost root of mortality and use of health resources. It is also a catastrophic and serious preventable public health problem all over the world. World Health Organization (WHO) predicted for the year 2020, approximately 1.53 million people will die from suicide.

- ✓ More than 700 000 people die due to suicide every year.
- ✓ For every suicide there are many more people who attempt suicide. A prior suicide attempt is the single most important risk factor for suicide in the general population.
- ✓ Suicide is the fourth leading cause of death in 15-19-year-olds.
- ✓ 77% of global suicides occur in low- and middle-income countries.
- ✓ Ingestion of pesticide, hanging and firearms are among the most common methods of suicide globally.

COMPARISON OF SUICIDE IN SAARC COUNTRIES

From a public health perspective it is important to get a clear picture of suicide rates to gauge the extent of the problem, especially since systematically collected, rigorous data are commonly unavailable in low- and middle income countries. Among SAARC countries (including; India, Srilanka Bangladesh, Nepal, Afganistan & Pakistan) Srilanka is on top in suicide and followed by India Nepal and Pakistan is almost stand on middle among them rather Bangladesh has lowest rate of suicide and Afghanistan is at second last in suicide rate due to civil war .

SAARC COUNTRIES WITH HIGHEST RATE OF SUICIDE

DATA SOURCE: World Health Organization (2018) & World Health Statistics

SAARC COUNTRY	TOTAL POPULATION	TOTAL SUICIDE RATE	SUICIDE IN MALE	SUICIDE IN FEMALE
Sri lanka	2,14,97310	100000 : 14	22.3	6.2
India	1,39,34,09038	100000 : 12.7	14.1	11.1
Nepal	2,96,74920	100000 : 09	16.6	2.7
Pakistan	22,51,99,937	100000 : 8.9	13.3	4.3
Afghanistan	3,98,35,428	100000 : 4.1	4.6	3.6
Bangladesh	16,63,03498	100000 : 3.7	5.7	1.7

LEGAL PROCEDURE FOR CASE OF ATTEMPTED SUICIDE IN PAKISTAN

SECTION 325 is a criminal law in the Pakistan Penal Code, 1860, and in effect throughout the country. It states, "Whoever attempts to commit suicide and does any act towards the commission of such offence shall be punished with simple imprisonment for a term which may extend to one year, or with fine, or with both."

On one occasion an attempted suicide, or dismay of suicide, is reported to the Police, they initiate their investigations into the matter by filling an FIR and reporting their findings to the Government-Designated **Medico-Legal Centers** (MLC's).

INVESTIGATION PROCEEDURE

The MLCs are the only authorized institute to receive and handle such forensic cases and Forensic Evidence in Pakistan. Once the matter is referred to the MLC, the individual who was reported for attempted suicide/suicide tendencies is examined and repeatedly called to monitor the individual for their psychological assessment. If the patient is then supposed to be psychologically unfit, they would be offered treatment and would release being imprisoned.

SECTION 174 OF CODE OF CRIMINAL PROCEDURE, 1973

SECTION 174 Cr.Pc has been utilized to determine unnatural deaths, those go like under situation of sudden and unexplained deaths, including; as following:

Inquest or Investigation Report under section 173 Cr.Pc represents the procedure of investigation the apparent causes of death including; every minute details of dead body that come across the investigation to determine the cause of death.

Some of the details that must be described in inquest report are:

- Nature of surrounding seems like what and where the dead body is found

- Any mark of wounds, fractures, bruises found or other marks that may be found on the body or whether the mark is by birth, or otherwise that caused the death of the person, those marks if caused by any weapon or an instrument.

GAPS & UNDERREPORTING OF SUICIDE CASES

There have been observed 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. Data of victim has also been limited to obtain information from District Health Offices and District Police Offices of Sindh Province rather so many number of cases are not included those were reported in media, private hospitals even not registered by families of victims due to become the part of in the bad books, those cases are root of under reporting of suicide cases. 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.

PSYCOLOGICAL AUTOPSY

An attempt to conclude the factors which emotionally or psychologically instigated a person to suicide. Technique of probing an individual's death by reconstructing what the person thought, felt, and did before death, based on information gathered from personal documents, police reports, medical and corner recorders and face to face interviews to families, friends, and others who had contact with the person before the death.

Psychological autopsy evaluates the grounds of death and observing the circumstances although natural or unnatural that led to death. PA focuses on the victim's intentions relating to his | her own death, especially suicide.

Psychological Autopsy can be the prominent and effective tool for gathering information and providing answers, however, it is very much an inexact science and researchers are intensely reinvigorated to have their methodologies and protocols | code of behaviors review prior to kick off a study, (Institutional Review Board) can be contracted to review the research instrument | tool to ensure the process of inquiry should be conducted in ethically and won't infringe anyone's rights or personal privacy.

Among the things, coroners will want to keep in mind is the robustly for structural bias, which is a nature of bias that influences how a person interprets events in light of their beliefs. In this case, coroners are looking for accuracy of information, which is being collected from decedents' families. Because of this, the respondent may potentially give biased information about the person's behavior based on what they think or feel about the individual.

In the repercussion of an individual's death, coroners will often initiate immediately gathering information to complete the autopsy as quickly as possible while the evidence is still fresh. By this, coroners can effectively determine whether or not the individual had been experiencing suicidal ideation, which is strong recurrent thoughts suicide.

Standard time frame for conducting psychological autopsy must be between ranges of 30 days to 180 days. In the wake of a suicide, on the other hand, the process is much slower and far less exact. This is often because, from a research ethics perspective, it is considered unethical to impose upon surviving family and friends during the earliest part of the grieving process.

In Pakistan, this is first time, that Sindh Mental Health Authority initiated to conduct psychological autopsy of registered suicide cases at Tharparker and this initiative never ever being before done with collaboration of reputable medical and behavioral sciences teaching institutions of province, those institutions provide technical expertise to review the methodologies and protocols to customize | contracted the instrument according to the need, because of no sufficient systematic information of suicide cases available with concerned departments. There have been two psychological autopsies completed, so far.

KEY FINDINGS & RESULTS

There were thirty-three (n = 33) registered cases of suicide identified for Psychological Autopsy, in which (21) cases were females and (12) males. The percentage of females and males respectively, across the district were 64% to 36%.

Gender	Number	%
Female	21	63.64
Male	12	36.36
Grand Total	33	100

In furtherance of setting apart of gender with religion where, 14 females and 09 males were belonged to Hindu religion, those approx.: 70% portion of sample size with bifurcation of 42.5% females and 27.5% males respectively.

And on other side there were 07 Muslim females and 03 males were suicide victim that is remaining 30% portion of total sample size of this study.

Religion	Male	Percentage	Female	Percentage
Hindu	9	27.3	14	42.42
Muslim	3	9.1	7	21.21
Grand Total	12	36.36	21	63.64

According to statistics of socio-demographic division of marital status, where 12 victims were single including; 7males and 05 females.

Marital status	Respondent	Male	Female
Single	12	7	5
Engaged	5	3	2
Married	14	2	12
Divorced	2	0	2
Total	33	12	21

In next 14 victims were married including; 12 females and 02 males rather 03 males were engaged respectively.

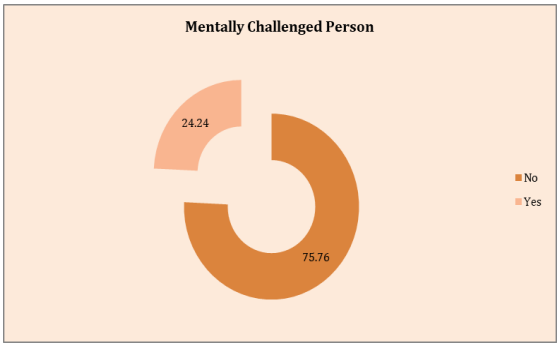
In rest of interviews 02 females were divorced and 02 were engaged.

In whole study, we had found only 01 case of disability with limb amputated; the subject was 17 years old first borne among 5 siblings; he worked as a laborer in agriculture field and income was 6000/- PKR his family also had liability of loan amount: 70000/- PKR.

Subject was severely concerned about his artificial limb installation and hunt appropriate job to pay off loan on priority basis so that move ahead to receive good opportunities for better life.

Persons with Physically Challenge		
physically challenged Person	Percentage	Number of Response
Yes	3.03	1
No	96.97	32
Grand Total	100	33

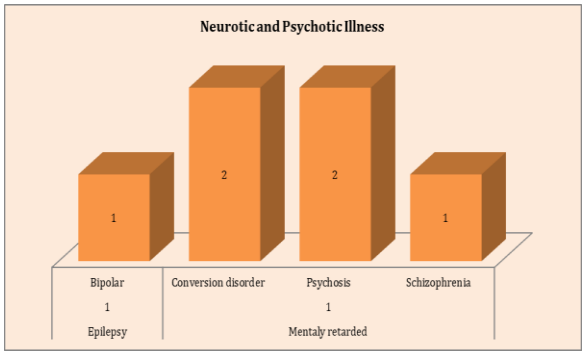
According to statistics (24%) of suicide victims had mental illness and were suffering from undiagnosed mood disorder and psychotic illnesses. One case among them was diagnosed as schizophrenia – a chronic psychotic illness. Among them, around 18% of suicide victims been suffering undiagnosed psychotic disorders and remaining 6% of victims were facing mood and anxiety problems.



Neurotic and Psychotic Illness	
Mental Disorders	Number of Response
Neurotic Illness	6%
Psychotic Illness	18%
Neuropsychiatric Illness	0
Grand Total	24%

There had been 02 cases of neurological conditions; illness resembling undiagnosed epilepsy and mentally retarded respectively.

Rest of 06 suicide victims were patient of psychotic disorder except 01 case of diagnosed schizophrenia.



In this survey 24% victims expressed their wish to die due to critical situation, as financial constraints, chronic physical or mental health problems and social difficulties. 01 case of suicide of teenager, who wished to die in order to meet his grandparents in next life.

Victims those were talk about reason to die				
Responses	Female	Percentage	Male	Percentage
In critical situation	6	18.18	2	6.06
Wish to meet grand parents	1	3.03		
No	14	42.42	10	30.30
Grand Total	21	63.64	12	36.36

Proximal Stressors				
Responses	Female	Percentage	Male	Percentage
Yes	8	24.24	4	12.12
No	13	39.39	8	24.24
Grand Total	21	63.64	12	36.36

There were 36% victims who faced proximal stressors which led up to suicide. And victims were bearing the visible mental burden, pressure in form of chronic mental illness, Adolescent Crises, domestic problems, financial problems, Unemployment, concerned for conceiving baby, unwanted pregnancy in love affair, and marriages of daughters of "wata sata" these reasons break them brutally.

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Among all cases of suicide one case of teenager, 16 years old who did suicide due to failure in love and had unwanted pregnancy. The other case of watta satta, cousin marriages, who couldn't get the approval from the head of the family.

For rest of finding and results of study, see tables and graphs as following.

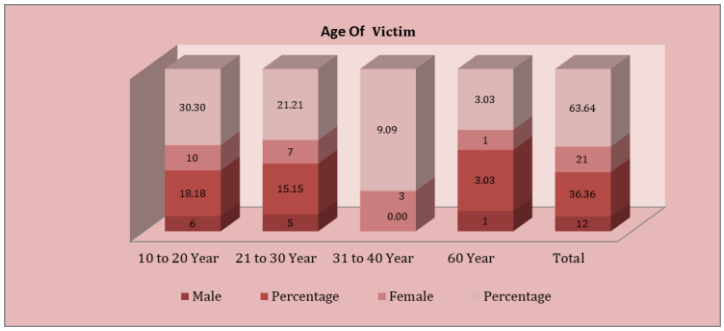
LIST OF VILLAGES

Table 1:		**Taluka wise Villages**			
Chachro	Diplo	Islamkot	Mithi	Nagarparkar	Kaloi
Dadiyo Halepoto	Konral	Bhano Dhani	Bhakhuo	Borli Ilyas Tani	Haji Khan
Mitha Tarr	Sadio	Bhojasar	Detha	Harinyari	
Samu Bheel	Turkni	Haji Khan	Khoro Bajeer	Kharsar	
Sookhro	Jiharo	Jendo Dars	Manisar		
		Lasrio	Phool Tarai		
		Manjhthi			
		Mansingh Bheel			
		Meghani Colony			
		Mehar Bajeer			
		Mehayar			
		Peero Tarr			
		Shiv Colony			
		Taryano			
		Wali-jo-tarr			
4	4	14	5	3	1

Interpretation of Table 1: Villages with their sub division of Administrative Areas (Taluka | Tehsil):

Table 1 show the numbers of villages in each sub-division of district Tharparker, where members of survey team visited to victims' families for interview of Psychological Autopsy. As per statistics 14 cases selected from Islamkot 05 from Mithi, 04, 03, 04 and 01 from Diplo, Nanger Parker, Chachro and Kaloi respectively.

Table 2:	Age Group			
Age Group	Male	Percentage	Female	Percentage
10 to 20 Year	6	18.18	10	30.30
21 to 30 Year	5	15.15	7	21.21
31 to 40 Year	0	0.00	3	9.09
60 Year	1	3.03	1	3.03
Total	13	39.39	20	60.61



Interpretation of Table 2: Age Grouping:

Table 2 shows bifurcation of age group range of victim of suicide cases where 10 to 20 | 21 to 30
| 31 to 40 and 60 Years of age group.

As per statistics 10 females and 06 males total 16 suicide cases found in group of age between 10 to 20 years, which is 48.48% of total size of sample.

In next range of age group 21 to 30 years there are 05 males and 07 females those were suicide which is 36.36% in furtherance 03 females victim suicide between age of 31 to 40 and only 01 case of male suicide pursued in age of 60 years.

Table 3:	Education Status			
Education	Male	Percentage	Female	Percentage
Intermediate	1	3.03	0	0
Matric	1	3.03	2	6.06
Middle	1	3.03	2	6.06
Primary	4	12.12	2	6.06
Illiterate	5	15.15	15	45.45
Total	12	36.36	21	63.64

Interpretation of Table 3: Education

Table 3 shows education status of victim. 45.5% females and 15% males were illiterate. 40% had education from Primary to Intermediate.

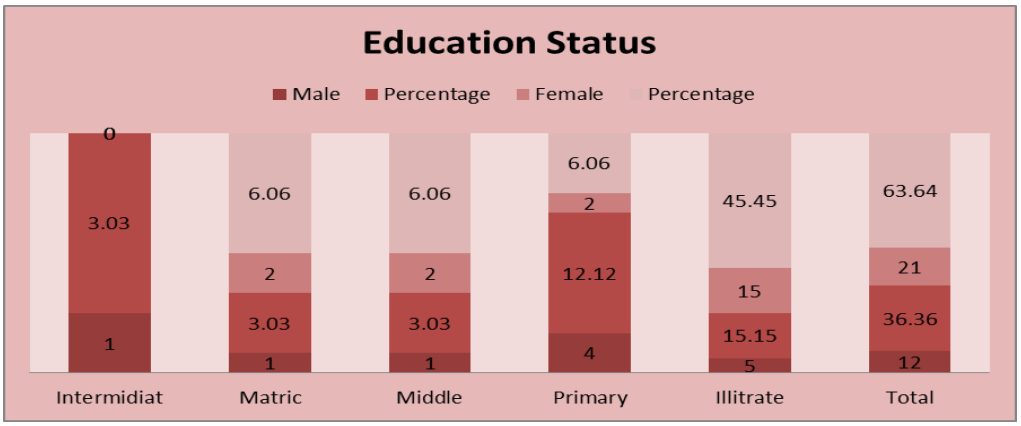
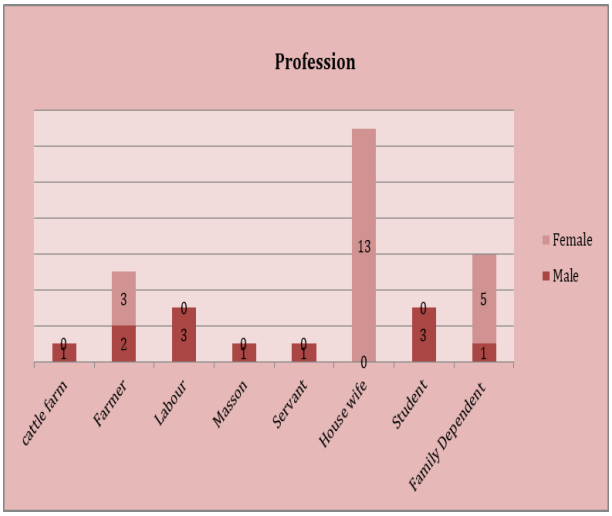


Table 4:	Professional Status			
Profession	Male	Percentage	Female	Percentage
Cattle farm	1	3.03	0	0
Farmer	2	6.06	3	9.09
Labor	3	9.09	0	0.00
Masson	1	3.03	0	0.00
Servant	1	3.03	0	0.00
House wife	0	0.00	13	39.39
Student	3	9.09	0	0.00
Family Dependent	1	3.03	5	15.15
Total	12	36.36	21	63.64



Interpretation of Table 4 Professional Status:

Table 4 shows around 40% victims were house wife by profession rest of 60% were enlisted as students, farmer, Cattle farming, labor and Govt. Servant by profession.

Table 5: **Source of Income**

Source of Income	Female	Percentage	Male	Percentage	Grand Total
Job	0	0	1	3.03	1
own Bossiness	0	0	1	3.03	1
Labor	0	0	3	9.09	3
Daily Wages	0	0	1	3.03	1
Farmer	1	3.03	0	0	1
depended upon family	20	60.61	6	18.18	26
Grand Total	21	63.64	12	36.36	33

Interpretation of Table 5 Source of Income

Table 5 shows that around 60% females were dependent being house wife. 40% of victims were labor, peasant, employee and small scale business owner respectively.

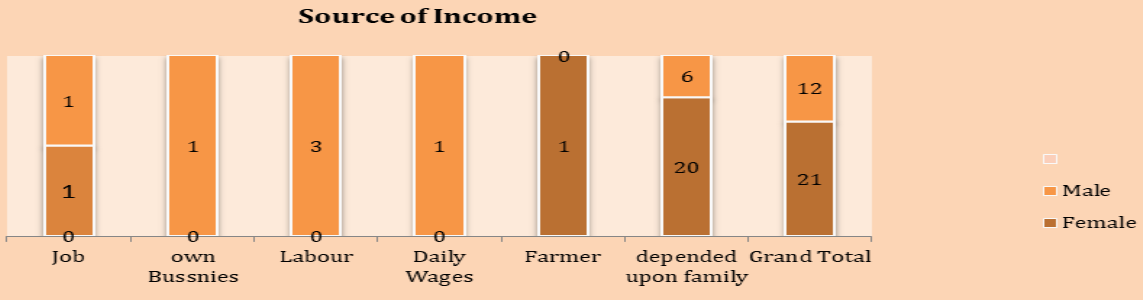
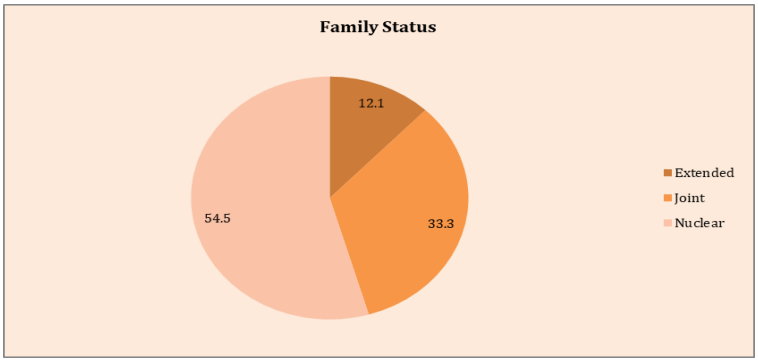


Table 6:	Loan	
Response	%	**number of Response**
Yes	9.09	**3**
No	90.91	**30**
Grand Total	**100**	**33**

Interpretation of Table 6 Loan

Table 8 shows that 3 suicide victims had loan to their liability this ratio is seem less, reason to 60% females were house wife and approx.: 48.5% sample of subjects were between age of 10 to 20 years otherwise the loaning liability rate may more in other areas of Sindh province.

Family Status	Percentage	Number
Extended	12.1	4
Joint	33.3	11
Nuclear	54.5	18
Grand Total	100	33



Interpretation of Table 7 Family Status

Table 7 shows around 55% victims of suicide were part of nuclear families, 33% were living in joint family system and 12% of victims associated with extended family system.

Personality Type	Percentage	Number
Extrovert	51.5	17
Introvert	48.5	16
Grand Total	100	33

Interpretation of Table 8 Personality Type

Table 8 shows around 52% victims of suicide had extrovert type of personality and 48% victims were introvert personality.

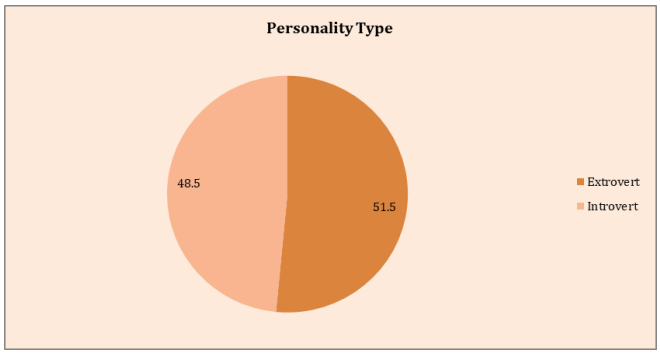
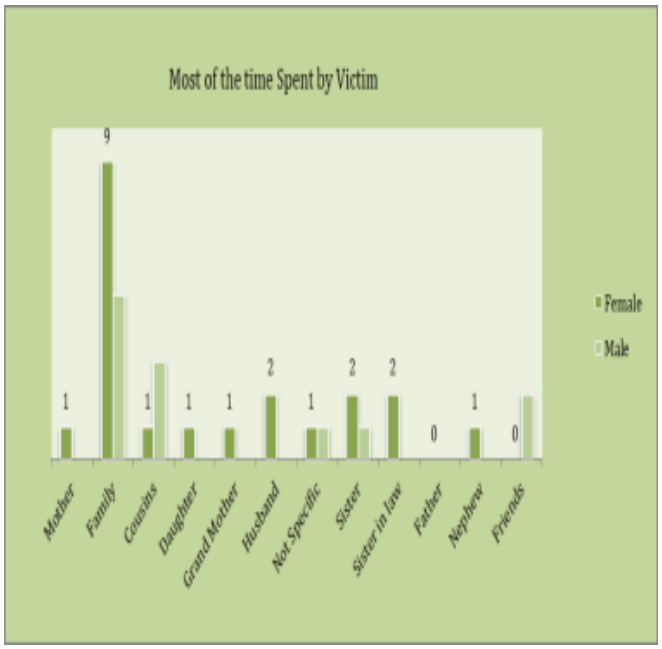


Table 9: **Most Spending Time Pattern**

Responses	Female	Male	Total
Mother	1	0	1
Family	9	5	14
Cousins	1	3	4
Daughter	1	0	1
Grand Mother	1	0	1
Husband	2	0	2
Not Specific	1	1	2
Sister	2	1	3
Sister in law	2	0	2
Father	0	0	0
Nephew	1	0	1
Friends	0	2	2
Grand Total	21	12	33

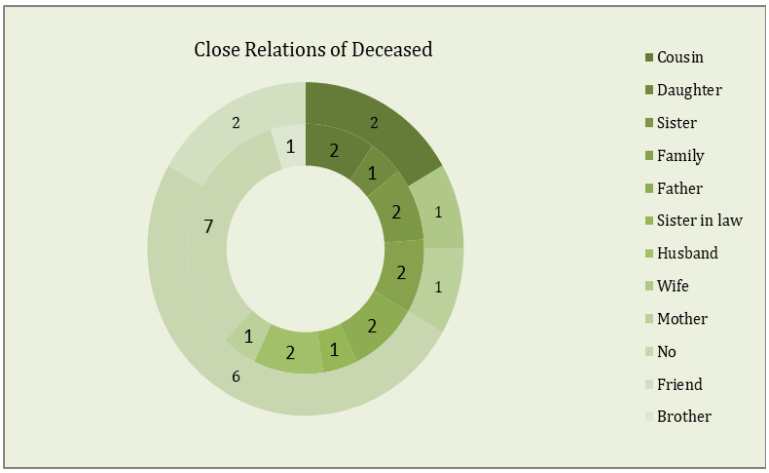


Interpretation of Table 9

Table 9 shows normal interactive connections with families; no such specific behavior found to interpret absolute cause of suicide.

Table 10:

Responses	Female	Male	Total
Cousin	2	2	4
Daughter	1	0	1
Sister	2	0	2
Family	2	0	2
Father	2	0	2
Sister in law	1	0	1
Husband	2	0	2
Wife	0	1	1
Mother	1	1	2
No	7	6	13
Friend	0	2	2
Brother	1	0	1
Grand Total	21	12	33

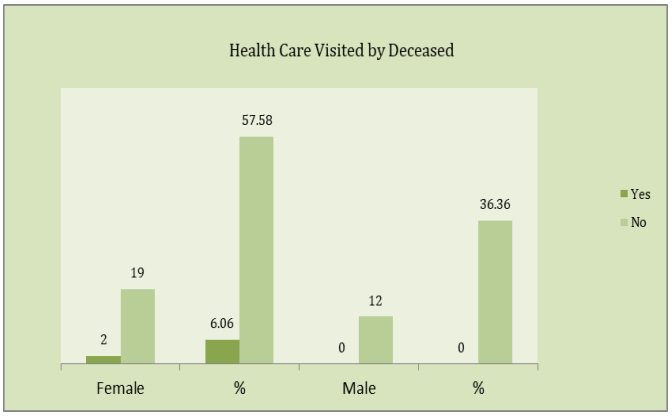


Interpretation of Table 10

Table shows normality in relationship kept by victims although 13 cases were those who had no close relation with any person.

Table 11: **Visit to Health Care**

Responses	Female	%	Male	%
Yes	**2**	**6.06**	**0**	**0**
No	**19**	**57.58**	**12**	**36.36**
Grand Total	**21**	**63.64**	**12**	**36.36**

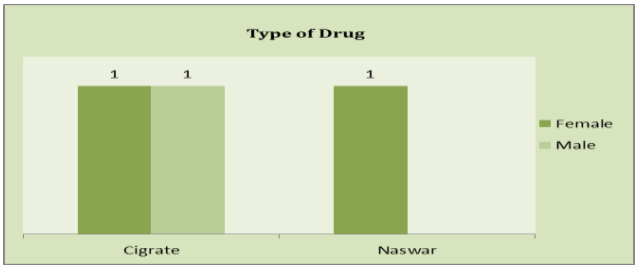


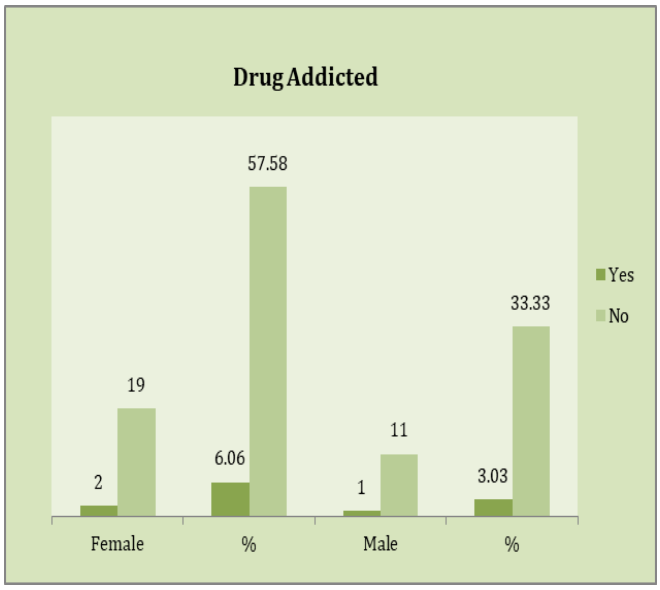
Interpretation of Table 11 Visit Health Care

Table shows 02 females visited mental health care facility and 01 victim of them diagnosed as a schizophrenia patient.

Table 12: **Drug addiction**

Responses	Female	%	Male	%
Yes	2	6.06	1	3.03
No	19	57.58	11	33.33
Grand Total	21	63.64	12	36.36



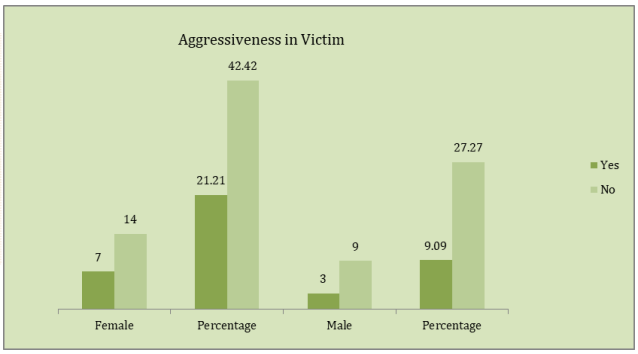


Interpretation of Table 12 Drug Addiction

Table shows 02 females and 01 male victim was addicted to drugs, like Cigarette and Naswar.

Table 13: Aggression in Victim

Responses	Female	Percentage	Male	Percentage
Yes	7	21.21	3	9.09
No	14	42.42	9	27.27
Grand Total	21	63.64	12	36.36

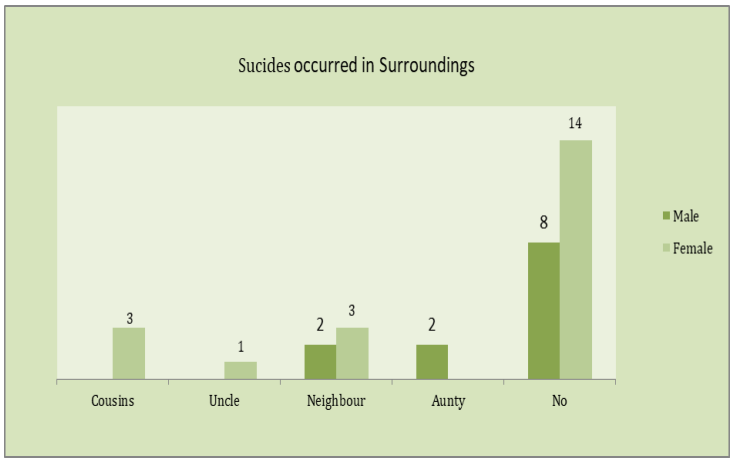


Interpretation of Table 13 Aggression in Victim

Table shows that 07 responses of female victims were aggressive in their nature rather same responses of 03 male victims' families moreover were same.

Table 14: **Previous Completed Suicide in Surroundings**

Relations	Male	Female	Total
Cousins	0	3	3
Uncle	0	1	1
Neighbor	2	3	5
Aunty	2	0	2
No	8	14	22
Grand Total	12	21	33

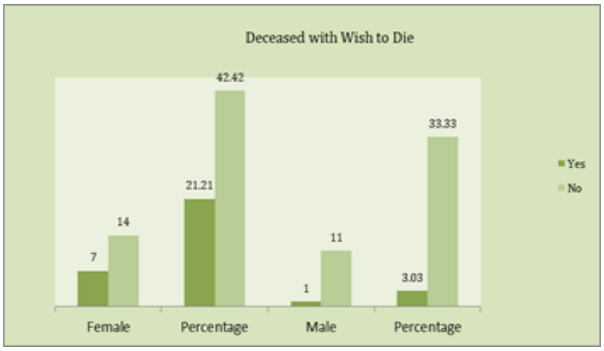


Interpretation of Table 15

Table shows 07 suicides previously in near surroundings of female victims and 04 suicides were male victims' surroundings.

Table 16: **Victims those who had expressed the wish to Die earlier**

Responses	**Female**	**Percentage**	**Male**	**Percentage**
Yes	7	21.21	1	3.03
No	14	42.42	11	33.33
Grand Total	21	63.64	12	36.36

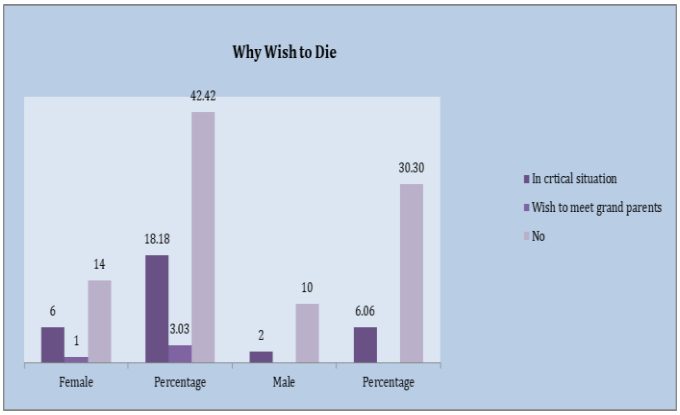


Interpretation of Table 16

Table shows 07 females victim had wish to die early and 01 male victim moreover included.

Table 17: Victims those were talk about reason to die

Responses	Female	Percentage	Male	Percentage
In critical situation	6	18.18	2	6.06
Wish to meet grand parents	1	3.03		
No	14	42.42	10	30.30
Grand Total	21	63.64	12	36.36



Interpretation of Table 17 Why did wish to die

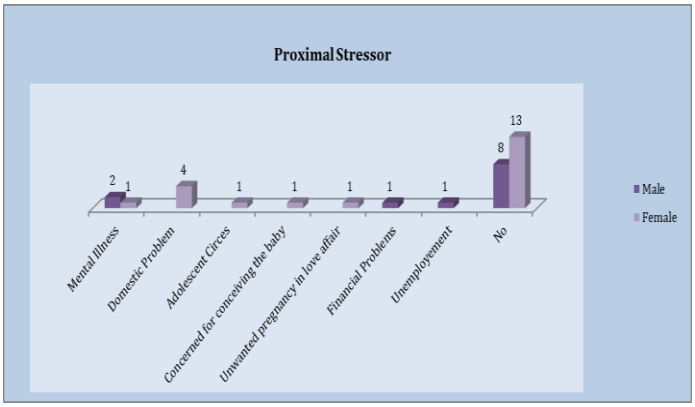
Table shows 24% victims expressed their wish to die due to critical situation such as financial constraints, chronic physical or mental health problems and social difficulties.

73% victims had never expressed wish to die earlier.

Only 01 case had wished to die to meet up with grandparents.

Table 18: **Proximal Stressors**

Responses	Female	Percentage	Male	Percentage
Yes	8	24.24	4	12.12
No	13	39.39	8	24.24
Grand Total	21	63.64	12	36.36



Interpretation of Table 18 Proximal Stressors

Table shows 36% victims were facing / had proximal stressors. And victims were bearing the visible mental burden | pressure in form of chronic mental illness, Adolescent Crises, domestic problems, financial problems, Unemployment, concerned for conceiving baby, unwanted pregnancy in love affair these reasons break them brutally.

Among the all cases of suicide for psychological Autopsy one case of female teenager, she was 16 years old who did suicide with reason to failure of love with unwanted pregnancy.

Table 19: Previous Suicide Attempts

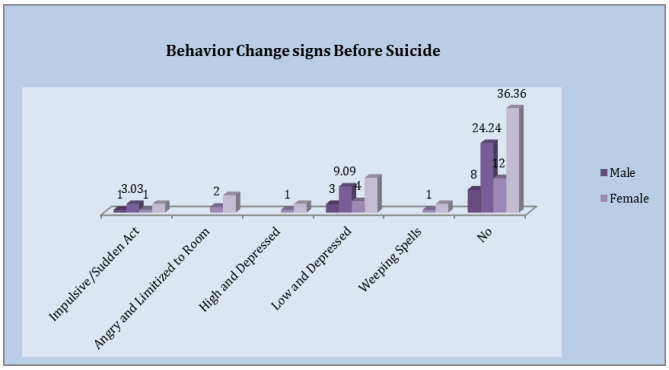
Responses	Female	Percentage	Male	Percentage
Yes	4	12.12	1	3.03
No	17	51.52	11	33.33
Grand Total	21	63.64	12	36.36

Interpretation of Table 19 Previously Suicide attempts made by Victims

Table shows 15% of suicide victims attempted suicide before completed suicide and findings of this report unfold female ratio of suicide 4 times more than males.

Table 20: **Behavior Change Signs Before Suicide**

Responses	Male	%	Female	%
Angry	1	3.03	1	3.03
Angry and Limited to Room			2	6.06
High and Depressed			1	3.03
Low and Depressed	3	9.09	4	12.12
Weeping Spells			1	3.03
No	8	24.24	12	36.36
Grand Total	12	36.36	21	63.64

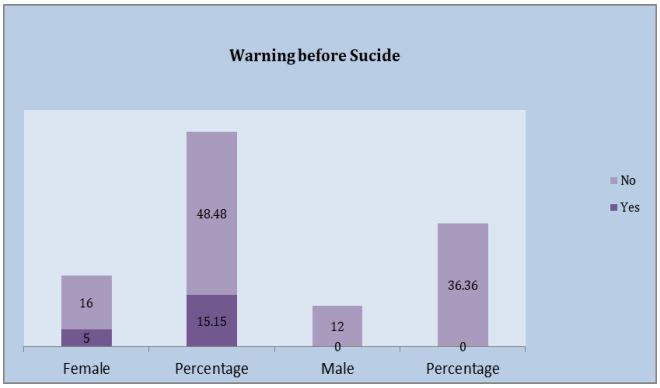


Interpretation of Table 20 Behavior Change Signs Before Suicide

Table shows victims had disturbed behavior before suicide, like being angry, limited to own space, low and depressed and some had weeping spells without any specific reason (sadness) before suicide.

Table 21: **Warning | Threat by Victim to End Life**

Responses	Female	Percentage	Male	Percentage
Yes	5	15.15	0	0
No	16	48.48	12	36.36
Grand Total	21	63.64	12	36.36

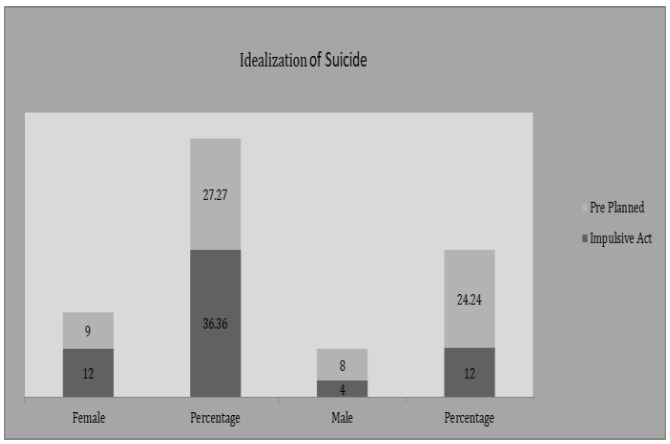


Interpretation of Table 21 Warning before suicide by victim

Table shows 15% of female victims gave warning to their family members to end their life and among those victims attempted suicide before completed suicide.

Table 22: Planned | Sudden impulsive Act

Responses	Female	Percentage	Male	Percentage
Sudden	12	36.36	4	12.12
Planned	9	27.27	8	24.24
Grand Total	21	63.64	12	36.36



Interpretation of Table 22 for Planned or Impulsive Act of Suicide

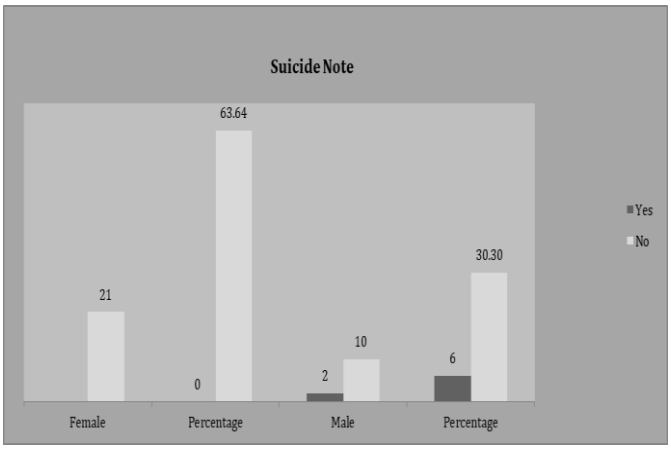
Table shows suicide of 12 females and 4 males victim were sudden act cause to impulsive behavior.

Rather 09 females and 08 males' victim had prepared and suicides of them were pre planned.

Study found 52% suicides were pre planned and 48% suicides were sudden and impulsive act.

Table 23: **Suicide Note**

Responses	Female	Percentage	Male	Percentage
Yes	0	0	2	6
No	21	63.64	10	30.30
Grand Total	21	63.64	12	36.36

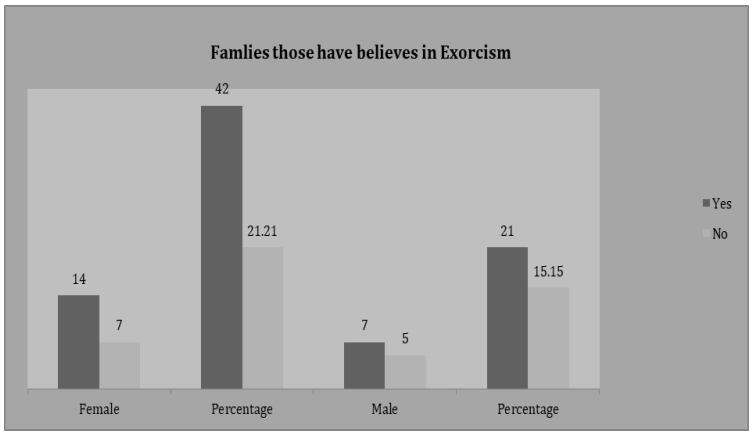


Interpretation of Table 23 Suicide Note

Table shows that only 02 victims had left messages before suicide. 01 message was voice recording in mobile and 01 was text draft in mobile, both messages didn't send any one.

Table 24: **Believe in Exorcism**

Responses	Female	Percentage	Male	Percentage
Yes	14	42.43	7	21.21
No	7	21.21	5	15.15
Grand Total	21	63.64	12	36.36



Interpretation of Table 24 Believe in Exorcism

Table shows 21 families of victims have believe in exorcism and 12 families had denied to believe in exorcism

Table 25: Access on Email or Social media

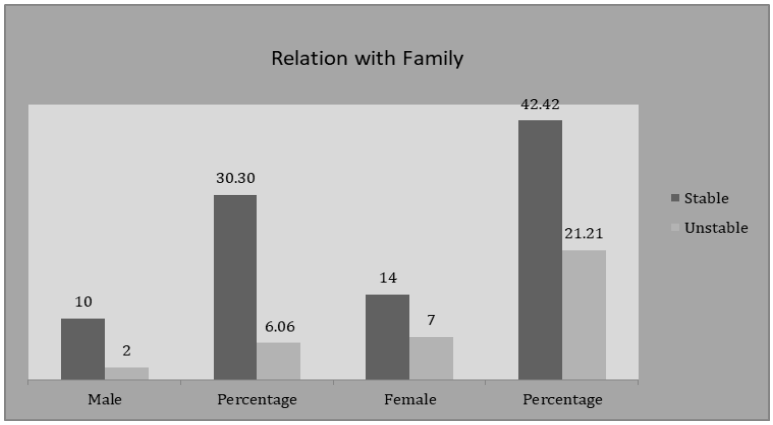
Internet Access	Male	Percentage	Female	Percentage
Yes	1	3.03	0	0
No	8	24.24	11	33.33
N/A	2	6.06	3	9.09
Not specified	1	3.03	7	21.21
Grand Total	12	36.36	21	63.64

Interpretation of Table 25 Access Email or Social Media

Table shows only one case of suicide have been notified to use social media remaining number of cases not access on social media or email.

Table 26: Relationship with family

Relation with family	Male	Percentage	Female	Percentage
Stable	10	30.30	14	42.42
Unstable	1	3.03	3	9.09
Not specified	1	3.03	4	12.12
Grand Total	12	36.36	21	63.64

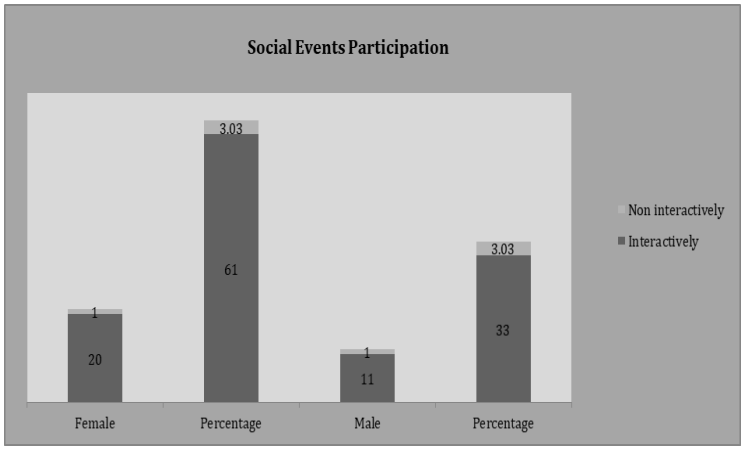


Interpretation of Table 26 Relation with Family

Table shows 73% of suicide victims had stable relationship with their families and 12% had unstable relationship rather 15% of suicide victims' families response not specified the relation seems like struggling to manage.

Table 27: Religious & Cultural Events

Responses	Female	Percentage	Male	Percentage
actively	20	61	11	33
Not interactive	1	3.03	1	3.03
Grand Total	21	63.64	12	36.36

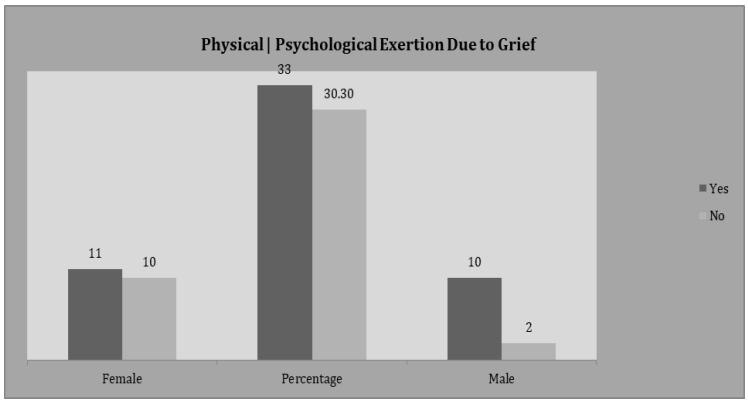


Interpretation of Table 27 Religious and Cultural Event

Table shows 61% females actively participated in said events and 33% males as well.

Does any physical and psychological difficulty marked in family due to occurrence of grief/mourning?

Responses	Female	Percentage	Male	Percentage
Yes	11	33	10	30
No	10	30.30	2	6.06
Grand Total	21	63.64	12	36.36

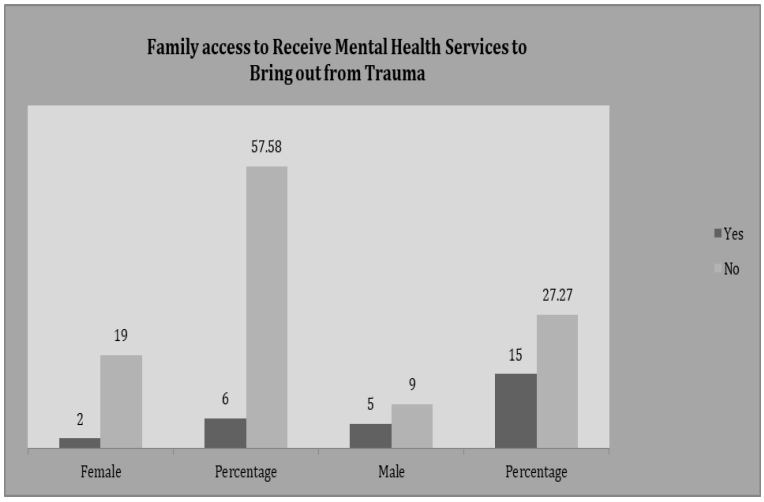


Interpretation of Table 28 Occurrence of Physical & Psychological Difficulty due to Grief

Table shows 11 families of females' suicide cases have exertion in family due to grief and 10 have nothing rather in male side 10 have exertion and 02 have nothing.

So far, does family receive mental health services to bring out themselves from trauma?

Responses	Female	Percentage	Male	Percentage
Yes	2	6.06	5	15.15
No	19	57.58	7	21.21
Grand Total	21	63.64	12	42.42



Interpretation of Table 29 Receiving of Mental Health Services to bring out from Trauma

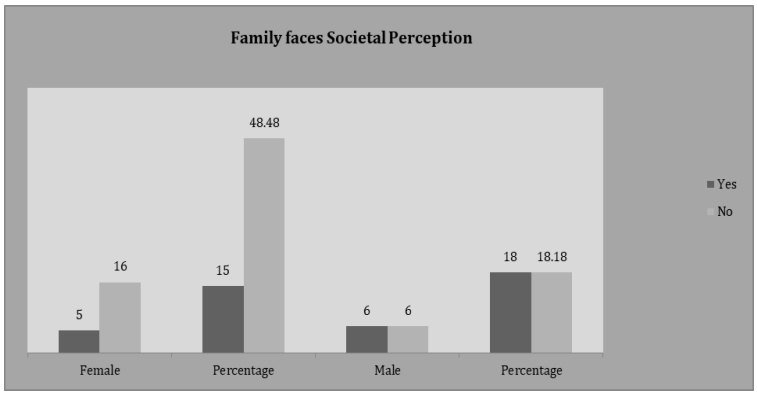
Table shows 79% of families of suicide cases didn't receive any mental health services to bring out themselves from trauma.

Does family face societal perception to be responsible for failure / blame / shame of suicide of loved one?

Responses	Female	Percentage	Male	Percentage
Yes	5	15.15	6	18.18
No	16	48.48	6	18.18
Grand Total	21	63.64	12	36.36

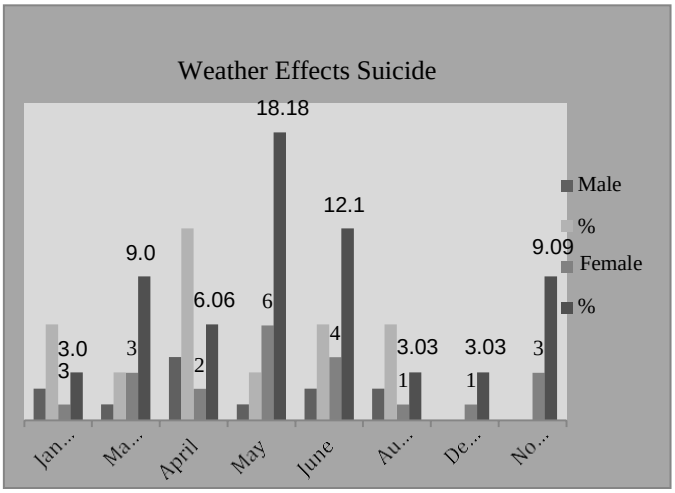
Interpretation of Table 28 Societal Perception to be responsible of Suicide

Table shows total 11 families responses in Yes and rest of 20 responses in No.



Weather Effects Suicide Rate

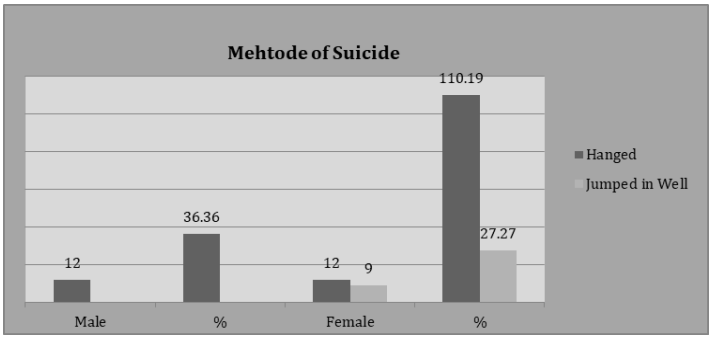
Month	Male	%	Female	%
January	2	6.06	1	3.03
March	1	3.03	3	9.09
April	4	12.12	2	6.06
May	1	3.03	6	18.18
June	2	6.06	4	12.12
August	2	6.06	1	3.03
December			1	3.03
Not Mention			3	9.09
Grand Total	12	36.36	21	63.64



Interpretation of Table 29 Weather Effects Suicide Rate

Table shows month of April and May consecutively crucial months when high numbers of suicide cases recorded. Rather in month of December only 01 case of suicide was registered.
03 cases of suicide, those cases' dates of death are missing.

Method of Suicide				
Method of Suicide	**Male**	**%**	**Female**	**%**
Hanged	12	36.36	12	36.36
Jumped in Well			9	27.27
Grand Total	12	36.36	21	63.63



Interpretation of Table 30 Method of Suicide

Table shows around 73% victims hanged themselves the portion of male and female is rather rest of 27% of suicide victims were females who jumped in well.

Summary:

There were thirty-three (n = 33) registered cases of suicide, identified for psychological autopsy, in which (n=21) cases were females and (n=12) were males. Around 42% were married. The age group of 10-to-16 contained 16 individuals (48%). In next range of age group 21 to 30 years had 36% (12 subjects). Around 45.5% females and 15% males had no formal education. Almost 60% females were housewives while 40% of victims were labor, peasant, employee and small scale business owners. Around 55% victims of suicide were part of nuclear families, 33% were living in joint family system and 12% of victims associated with extended family system. About 33% cases reportedly had no close relation with any person. In terms of method of suicide, 73% victims hanged themselves. According to our survey 24% of completed suicide victims had mental illness; undiagnosed mood disorder and psychotic illnesses was reported. In the total sample 36% had previously expressed the wish to die, earlier; 24% victims expressed their wish to die due to stressors such as financial constraints, chronic physical or mental health problems and social difficulties. In our sample 36% victims were facing had proximal stressors which led to suicide. And victims were bearing the visible mental burden, pressure in form of chronic mental illness, domestic problems, financial problems, unemployment, disappointment in love affair and relationship. About 33% subjects participated actively in religious and cultural events. It was noted that 15% of suicide victims had attempted suicide previously before completed suicide (female to male ratio, 4:1). Study found 52% suicides were pre planned and 48% suicides were sudden and impulsive act as described by the family members. About 6% victims had left messages before suicide. The family members described 12% subjects to have unstable relationship. The month of April and May were crucial during which high numbers of suicide cases recorded. Among the family members and survivors, 33% reported uncontrollable grief and bereavement, while 6% received some sort of formal mental health care.

STRATEGY PLAN TO MOVE AHEAD

In light of this study, Government of Sindh and Health department need to come to strategies the policy for new innovative approach to make things happen in systematic way and intrude for better society.

- To advocate the Government for legislation to table the bill of "Suicide Act" in assembly which include; regulations of weapons reduce availability of illicit drugs/ substances, safe use of pesticides and insecticide, installation of caps to cover the well priority basis across the Sindh where well are bored. So that we move ahead to achieve the target of suicide end society | suicide free society through prevention program of suicide across the Sindh province.

- 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.

- To bring specific ministries to intrude their significant role for betterment of society and future roadmap of suicide prevention program along with Ministry of Health, Sindh Mental Health Authority, Home department and District Administration, including; Ministry of Human Rights, Ministry of Education, Ministry of Women, Ministry of Welfare, Ministry of Youth and Sports.

- Government of Sindh have to set up effective surveillance system to documenting suicide cases in suicide death-registration system on priority basis 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 near future.

- Promotion of positive mental health through organized community efforts include extra curriculum activities, science festivals, sport Gala, Debate competitions, Essay writing and De-stigmatization of mental illness.

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

- 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.

PICTORIAL GALLERY

THARPARKER JEWEL OF SINDH

Tharparkar (Thar means desert and Parkar means rocky and hilly park), also known as Thar is the largest district in Sindh. It is a tropical desert. Both in Sindh and over on the other side in Rajasthan, the desert is called Thar.

From the the Northern extremity of Sanghar district to the Southern in Mithi, the dunes of the Thar Desert uniformly incline in a northeast- southwest direction.

Northeast of Nawabshah, the pattern changes to a jumble and continues into the Cholistan desert of Rahim Yar Khan and Bhawalpur in Punjab.

The deep south enjoys greater rainfall and has comparatively richer agriculture. In recent times, several onslaughts of drought and famine from 2013-2018 and the subsequent heavy rainfalls and locust attacks in 2019 have left the inhabitants of Thar in dire straits. However, in the past it was a prosperous locale and was a hub of trade and agriculture, specifically with neighboring areas.

District Tharparkar is comprised of 7 Talukas (a subdivision of a district; a group of several villages organized for revenue purposes) i.e. Mithi, Islamkot, Chachro, Dhali, Diplo, Kaloi and Nagarparkar.

This district with its present boundaries came into being in 1990 as Thar. Previously this region was a subdivision of the old District Tharparkar (Mirpurkhas), it was bifurcated into 2 districts i.e. Mirpurkhas-Thar and Mithi.

In 1843, Sir Charles Napier merged Thar into the Cutch Political Agency and later in 1858, the entire area became a part of Hyderabad. In 1860, it was renamed as Eastern Sindh Frontier and it's headquarter was at Umerkot with the Political Superintendent as the designated administrator in charge. In 1882, it was renamed as a district and the administrative head was a Deputy Commissioner.

Mithi is the current headquarters of Thar. More than 80% of the population belongs to the Hindu community. The origin of it's name is cloaked in folklore and the shrouds of forgotten history. A native of the town narrates that Mithi was named after a woman named Mithan. She allegedly belonged to a Singlani family who converted to Islam. She cooked for the family of a rich Rajput. She used to distribute and provide cooked food daily for the travelers passing through the city. It cannot be ascertained whether her Master was aware of her acts of charity. However over time her name came to be associated with the town.

Hospitality is a common trait possessed by Thari people. In the olden days, Thar had no inns on its roads and weary travelers sought refuge with the families living in the town; those who were able to afford it found it only natural to comply and carry this tradition.

Mithi is a 400 years old settlement as believed by its natives. This can be corroborated by the fact that we first read of its existence in the annals of the Kalhoros when in 1740, they ousted the Sodhas and annexed this desert region to the rest of their kingdom of Sindh.

After almost 30 years of their reign, the Kalhoro fortunes were on the decline. They were replaced by the Talpurs, who consolidated their hold on the desert in the last decade of the 18th century. In 1790, the built a fort in Mithi (in the early 1800s they also built forts in Naukot and Islamkot, of which only the one in Naukot remains).

About 50 years later, the Talpurs lost their kingdom and the British took over. The new masters garrisoned the fort with a Sodha chief and 12 foot soldiers. They also gave policing and military duties to the Baloch who were feared for their raids in Cutch. This was done in an effort to control them.

Stanley Napier Raikes who served as a magistrate in Mithi in the 1850s gives a record of the trade in Mithi. As told by him, business was mostly conducted by Brahmans. They mostly traded with Sindh and in a lesser amount with the Cutch. To the Cutch they would send large amounts of ghee which meant that in the good monsoon years this desert has ample grazing and arable grounds to support large herds of livestock. The traders of Mithi were reliable and honest. They were much favored in the town of Bhuj (Cutch) and were exempted from taxes on all goods. Their reputation of reliability was the hallmark by which almost all Sindhi Hindu businessmen of every class were recognized.

After separation from Mirpurkhas in 1990, Mithi transformed at a rapid speed. In the mid 90s Mithi had sweet water pumped in from what people of Thar know as “Barrage area”. The bitter hard water that was high on fluorides and caused browning of teeth was a thing of the past. The sweet water alongwith the formation of the district headquarter saw to it that Mithi village became Mithi town. Mithi district is on the verge of change. Up until the 1980s, when the blacktop road ended at Naukot and all travel deeper into Thar was either by Camel or by the Reo-trucks. In the 1990s, tarmac roads were made deeper in to the desert. While this made traveling easier, it also increased the number of road accidents.

Better transport has made more opportunities for work outside their town available to the men of Thar. This lead to better economy and a higher standard of consumer living.

An interesting anecdote is that in the pre-water supply days, there were no showers or WC. The Latrines were cleaned by the Gujrati community known back then as Bhangis, however this moniker was one of which the narrator (Dr. Khatau Mal) took serious offense. In his words, " they do for us what only a mother would do for her infant child. It doesn't seem nice to call them by such a derogatory name."

The Gujrati community was the only one in town who enjoyed 100% employment. They were free of qualms observed by middle class people such as purdah. The husband and wife would both enjoy unadulterated pleasure such as non-vegetarian food and gambling. However with the advent of modern sewerage system, their work was reduced and are now employed in municipal services.

Mithi is revered as a haven of peace and brotherhood by its' people. Ashok Bathani, a resident of Mithi states that the community of Mithi is very cohesive, as is every town of Thar. To this day, Mithi does not have residential or business areas of one community separate from the other. Ashok recalls the call for daily dawn prayer rising above the quiet of the town from the public address system of the only mosque in Mithi. The first utterance of the Imam was always "Lord, may all be forever be well with the Hindus and Muslims." For many years, this practice had remained unchanged, until the outside influence increased the number of mosques and sects and altered the old way of life.

Mithi was home to the only school in the Southern part of Thar in 1912. Students came from as far as Diplo and Nagarparkar. In 1936 it was upgraded to high school level which gave Mithi town a fairly high percentage of education. Most boys who attended this school belonged to affluent families and went on to college and university education. In the early 1940s, these young men prescribed to newspapers from Bombay and Karachi. The families that migrated in 1947, were mostly those who read the papers.

For centuries, Mithi society had not changed mainly because there had not been much inward or outward population movement from town. The up gradation of Mithi to district headquarters lead to increased outside influence and altered things however the fraternal ties remain fast and binding.

Thari people have long been accustomed to seasonal migrations. Before the new border divided this ancient land, groups migrated from Rajasthan to the canal irrigated areas in response to droughts.

Of all the droughts, the one that Tharis speak of with dread is the 'Chhapano'. This drought was named after 'chhapan- fifty six', the drought that had ravaged Thar desert in the year 1956. this drought lasted for almost 2 years and destroyed the desert. Those who did not migrate to Hyderabad and other fertile areas were forced to subsist on leaves and grasses.

Long before the era when Kalhoros, Talpurs and the British controlled Thar, they were ruled by the Sodha Rajput. They invaded Sindh in 1220s but were shortly overthrown by Jalaluddin Khwarazm and Chengez Khan.

Khet Singh, a descendant of the Rajput, is the keeper of tales of chhapano dukaal as inherited from his elders. He recalls "There was nothing to eat. The people were reduced to peeling off the bark of the Kandi tree to grind it into a meal that was kneaded and cooked like the roti of better times. The curry was prepared from the leguminous beans of the tree."

The saga of recurrent droughts is so deeply ingrained on the Thari mind that little children too are conscious of it. If asked from a child, Thar has 2 seasons; when it rains and when it doesn't.

Despite difficulty in traveling through this arid country, towns in Thar had previously enjoyed prosperity as is evidenced from the fading glory of Nagarparkar and the now obliterated ruins of Pari Nagar (the Jewel of Thar).

There are dozens of padlocked, abandoned and crumbling buildings in Chhachro. These had belonged to the rich Hindus who fled the country shortly after the war in 1971. These are now termed 'Enemy properties' especially those near the border while others similarly abandoned in Mithi and other towns are labeled as 'Evacuee properties'.

Outside Virawah, to the southeast were the ruins of Pari Nagar. Today, all that remains of the Jewel of Thar is a solitary Jain Temple, surrounded by the remains of past buildings. Pari Nagar is believed to established in the middle years of the fifth century CE. It developed quickly into a rich and thriving town. Anyone exploring its ruins before the plunder of the 90s could have derived the same conclusion; the carved stonework and the

baradari (a pavilion open on all 4 sides, raised on a plinth about a meter high with pillars and lintels in place. The pillars had heavy bases and the lintels were adorned with sunflower motifs), the construction was entirely in schist. A local legend attributes the fall of Pari Nagar to the Emperor of Delhi. Pari Nagar had not been made a protected monument and when the economic boom spread throughout the country, there was a spurt of replacing old clay with concrete buildings. The builders made use of the materials gleaned from the ruins of Pari Nagar for the construction of buildings in Virawah.

Pari Nagar, the inland seaport where ships from distant shore called and where British administrators noted 6 opulent marble temples in ruinous state has faded out of existence. The sand dunes that kept its secrets for 800 years have been plundered by the sons of those whose blood and sweat had built the port town.

The tales of this lost city and its' eventual death lie beneath the feet of Virawah residents; children of Thar who have forgotten or are unaware of the importance of these ruins.

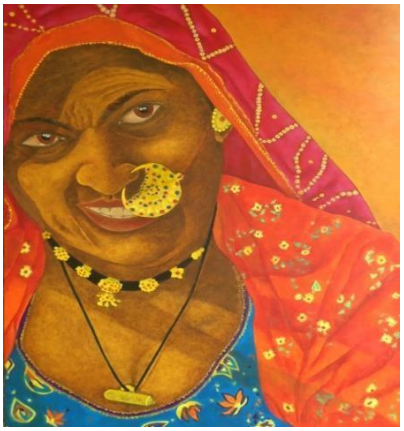
A little Southwest of the town of Nagarparkar, lie the Karonjhar Hills. Karonjhar is a compound Sindhi word. Karo meaning black and Jhar signifying sprinkling. That is, black sprinkling. If one were to examine the rocks, they would be pink granite with black sprinkling. A peak on this these hills is named as Turwutt Jo Thullo in deference to George Booth Tyrwhitt (Turwutt in Thari). Tyrwhitt was an officer whose memory is associated in Sindh with many eccentricities. He was regarded as a devil and saint in equal measure. He was a man who pursued his duties whether to provide justice to the poor or to run a brigand into the ground single mindedly. He is recalled with fondness due to his linguistic ability, even handed conduct of official affairs, high sense of justice and close interaction with common and notable locals alike.

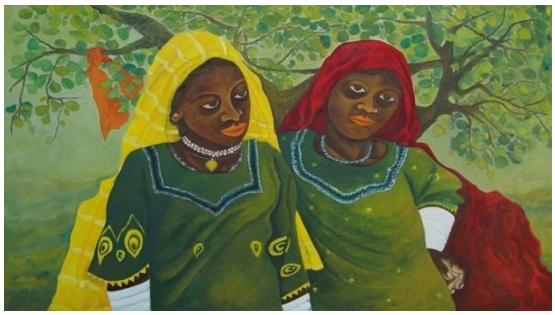
By the account of a local it is said that Tyrwhitt would daily ascend the highest point of the Karonjhar Hills overlooking Nagarparkar town. He would relax with his whiskey and soda even as he scanned his domain with field glasses. The people would be aware of his eagle eye and would keep in line. It is because of his daily outing that this peak came to be known by his name as his pedestal.

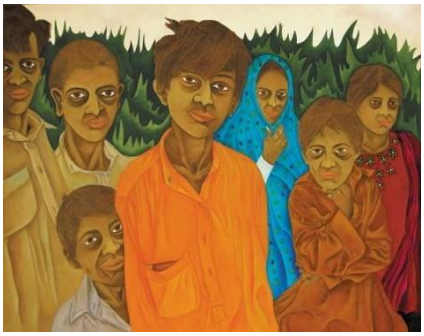
The most celebrated site in Islamkot was the ashram of Saint Naino Ram. It was a simple Samadhi, several gnarled old peelu trees and a couple of rooms for the attendant. In the back was a large walled in compound where a few thousand birds were feeding from terracotta dishes creating an almighty cacophony of bird chirping. There were a multitude of birds; starlings,doves, crows, parakeet, ravens, bulbuls etc.

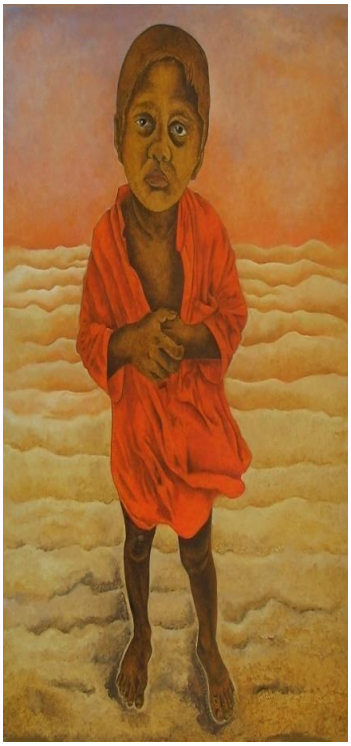
As the story goes, the saint was born in Islamkot in 1898. his parents died in his infancy and he was raised by his uncle who ran a provisions store. After schooling, he used to help out his uncle at the store, however the business went into decline as he used to give away provisions for free. Naino Ram asked leave to go for Yatra and his uncle readily agreed. He went into the mountains of Rajasthan and was sanctified in the 1930s. He returned to Islamkot and took abode in the ashram in 1944, therewith it was named after him. People flocked to him from all over Thar. He was known as a man of great spiritual power. He gave no amulets nor did he blow on his supplicants. He told his people to be kind to all, to keep faith and to do well. He was respected by all the people, Hindus and Muslims alike.

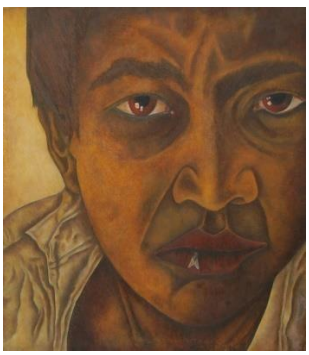
Thank you so much for having us at historical trip of THARPARKER.











Courtesy by: Dr. Syed Ali Wasif