Religious (Salat) Behavior and Suicidality among Youth in Pakistan

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Abstract
The manuscript studied religious (Salat) behavior and its link with the probability of suicide among Muslim youth in Pakistan. After careful analysis of scientific literature, it was hypothesized that "young adults who are regular in the practice of religious behavior (Salat) would have a lower score on the measures of suicidal behavior as compared to those who are irregular and rarely/occasionally practice religious behavior (Salat)". A sample of 418 young adults was gathered from different universities. There were n = 210 men and n = 208 women, and they were further divided into three groups based on how they performed Salat. Group 1 consisted of those who reported regular practice of Salat; Group 2 reported irregularly performing Salat; and Group 3 reported that they rarely/occasionally performed Salat. The participants' ages ranged from 19 to 25 years old. The findings show that young adults (i.e. regularly practice religious behavior (salat) scored significantly low on variables of suicidal behavior as compared to those young adults who were irregularly or occasionally practice religious behavior (Salat) [F(2,415) = 11.632, p<.05]. It was concluded that Muslim religious behavior (Salat) is beneficial, especially for those who are facing challenges of suicidal behavior. This research has provided a basis for future research.
Keywords: Religious behavior; Salat; Suicide; Youth; Pakistan.

1. Introduction

Religiosity, refers to the quality or state of being religious, encompassing religious feelings or devotion (Religiosity, 2023). Salat, the second pillar of Islam, involves five times daily prayers that establish connection with Allah and promote inner peace and tranquility. It is a duty ordained by all Muslims and can treat mental distress, tension, anxiety, depression, anti-social and suicidal tendencies (Sayeed & Prakash, 2013). Globally suicide stands among topmost causes of a human death, and these number rises every year. World Health Organization (WHO, 2021) data indicates that after traffic accidents, tuberculosis, and interpersonal violence, suicide appears the fourth most common reason of mortality amongst youngsters between ages of 15 to 29 years. Simon and Comer (1995) define "suicide as an intentional, direct and conscious effort to end one's life, and they also stated that religious affiliation

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and belief partially accounted for national differences: rate tends to be low in predominantly catholic, Jewish, and Muslim (Roman Catholic Australia is an exception)." Durkheim (2005) explained many expects of suicidal behavior; according to him people who commit egoistic suicide in society have little or no control over them. Further, he explained altruistic suicide is committed by those who sacrifice their lives for the good of society. Anomic suicide is committed by those persons whose social environment is unstable as well as radically change from their surroundings but his theory did not explain, why the majority of people who experience anomie, commit suicide? Experimental verification indicates that suicide rates are different in different religions. Muslims have lower suicide rates as compared to others. While, high religiosity has been linked to a lower suicide risk in various societies (Abdel-Khalek, 2004; Dervic et al., 2004; Ineichen, 1998; Martin, 1984).

Individuals who experience a crisis of faith or struggle with religious beliefs may be at an increased risk of suicidal thoughts. Feelings of guilt, shame, or a perceived lack of support from one's religious community can contribute to emotional distress. Some studies suggest that religious behavior can function as a protective feature against suicidal behavior. This is often attributed to the social support, community, and moral guidance that religious communities may provide. Religious beliefs may offer individuals a sense of purpose, hope, and a framework for coping with life's challenges. Religiosity may be associated with a least probability of thinking of suicide, consideration of an attempt, and suicide completion (Moreira-Almeida et al., 2006). A meta-analysis of 63 studies was done by Poorolajal et al. (2022), found that religious affiliation and participation significantly reduced the risk of suicidal ideation, plans, attempts, and completed suicide, suggesting that understanding this relationship can aid in suicide prevention policies.

Mueller et al. (2001) discovered that people who were more religious and spiritual, lived longer; had better-coping mechanisms, higher quality of life, and experienced fewer mental health issues like anxiety, depression, and suicidal thoughts. Currier et al. (2017) found that half of Iraqi and Afghani experts are high on religious practices, relying on adaptive religious coping and limiting maladaptive coping to maintain resilience. They also found that spiritual conflicts also increased the risk of suicide-related behaviors.

According to Stack and Kposowa (2011), several theorists and their patterns have been put forth to illustrate the positive effects of spirituality and religious values, actions, and community engagements. These theories and models include the community networking formed by participation in spiritual deeds (e.g., improve integrated social network) and hopefulness produced by beliefs on religiosity (e.g., life after death). In recent years, a lot of research has been done on correlates of religiosity. For instance, numerous research work indicate a connection between religiosity and person’s personal well-being (e.g., Abdel-Khalek 2012; Greene & Yoon, 2004). Additionally, Koenig et al. (2001) found that religious practice significantly enhances mental health, highlighting the significant relationship between religiosity and mental health.

Neeleman and Lewis (1999) found the negative correlation between male suicide rates in at least 13 countries and the association between religious behaviors and women suicide behavior ratio did not differ among the countries. Neeleman (1997) also found that spirituality and religious commitment are linked to better health outcomes. Simpson and Conklin (1989) analysis of Durkheim's observation that Protestants commit more suicide as compared to Catholic believers. They analyze their view that Islamic world offers a very high degree of favor and integration to faith followers. They used 71 cross-national analyses and the result confirmed that Islam as religion has a standalone impact in dropping the risk of suicide at significant levels. Furthermore, some studies found that suicidal risk is higher in the psychiatric population as compared to the general population. According to Patrick (1996), "Regular religious practice generally inoculates individual against a host of social problems, including suicide, drug abuse, crime, and divorce".

William (1984) found that religious practices lower suicide rates, with frequent church attendance and strong social cohesion in Islam but Simpson and Conklin (1989) found no relationship between suicide and Christianity, but found a strong connection with Islam. In contrast, Awaad et al. (2021) found that adult Muslims living in USA are having a history of suicide attempts twice as compared to the people of other faith traditions, and self-reported religiosity is not a protective factor for reporting such attempts. Lawrence et al. (2016) found religion doesn't prevent suicide ideation, but does protect against attempts, while studies have shown no link between religious copings and suicidal intent (Bailey et al., 2018), but Muslims tend to have lower suicide rates than other faiths (Koeing et al., 2001). Krause (2004) further explained that prayer (Salat) has been linked with increased psychological well-being like, it gives relaxation, increased self-esteem, and developed person's optimistic views. On the other hand, McCullough (1995) suggested that prayer (Salat) might affect neuro-immunological, heart diseases, and brain changes and also indicated that it can lower heart rate, relax muscle tension, and slow down the high rate of breathing. Salat is not only performed physically; it also involves reciting Quranic verses and adopting specific body postures. Salat does improve health status, according to numerous studies. Salat may also aid in preventing chronic illnesses and improving musculoskeletal fitness in disabled geriatric patients (Pasha & Pasha 2021).

The study conducted by Bulut (2022) explores suicide from an Islamic perspective, focusing on its effectiveness in the Muslim population. It explores the classical and modern classifications of suicide and its modern implications. The study finds that Muslims have a lower suicide rate, and people with high religious behaviors recover faster from suicidal ideation as compared to followers of other faiths. Spirituality and religion can deter suicidal tendencies, with Muslim societies showing lower suicide rates among those more devoted to Islam. (Hoffman & Marsiglia, 2012; Shah & Chandia, 2010;

Alcantara & Gone, 2007; Lester, 2006). Salat exercises can be beneficial for non-Muslim participants, demonstrating its potential for comparison with other religious practices (Sayeed & Prakash 2013). Studies show that prayers in psychotherapy can help individuals with pathological symptoms like tension, anxiety, depression, and anti-social tendencies (Abdullah et al., 2012). There is a wealth of data showing that religion fosters social support, reduces the prevalence of depression and substance abuse, and gives people hope and purpose in their lives. Suicide is illegal and forbidden in many Islamic nations, so fewer cases of it are reported there than in other nations (Cook, 2014).

1.1 Objective of the Study

The objective of the research was to evaluate religious behavior (Salat) e.g., participants with regular practice of religious behavior (Salat); participants with irregular practice religious behavior (Salat); and participants with rarely/occasionally practice religious behavior (Salat), in relation to suicidality among Pakistani young Muslims.

1.2 Hypothesis

It is hypothesized that:

"Young adults who are regular in the practice of religious behavior (Salat) would have a lower score on the measures of suicidal behavior as compared to those who are irregular or rarely/occasionally practice religious behavior (Salat)".

2. Methodology

2.1 *Sample*

From different public universities, a sample of 418 young adults was gathered. There were 210 men and 208 women, and they were divided into three groups based on how they performed salat. 1) Those who reported regularly practiced Salat; 2) Those who reported irregular practice of Salat; and 3) Those who reported rarely/occasionally performed Salat. The participants' ages ranged from 19 to 25. Convenient Sampling method was utilized to gather the data.

2.2 *Measures*

a. Personal/Demographic Information Form

To collect personal and demographic data, items focusing on the subject's age, gender, marital status, socioeconomic status, and a framed question about religious behaviors, i.e., Do you offer your prayers (Salat)? with three response options 1) regular, 2) irregular 3) occasional/rare.

b. Suicide Behaviour Questionnaire-Revised (SBQ-R)

The Suicidal Behaviors Questionnaire-Revised (SBQ-R; Osman et al., 2001) comprised of 4 questions. Every item of SBQ-R collects unique elements of suicidality, e.g., lifetime- last year occurrence of ideation to suicidal and attempts. The rating on each item is different to cater better response of respondent. The compiled scores of the scale may range from three to

eighteen. It can be utilized as screening for suicidal behavior and reported cut-off scores is >7 for community adult samples and is >8 for population suffering from psychiatric problems. For this study the Cronbach's Alpa was .92.

2.3 *Procedure*

The appropriate authorities of the selected universities were first contacted to request authorization to collect data for the study. The subjects were addressed in the classrooms with the assistance of the appropriate teachers after receiving approval from the appropriate authorities. They were then made aware of the current study's aim and assured that the information would only be used for research purposes, keeping their identities a secret at all times. The consent was obtained using an official consent form. The demographic form, which asked participants about their prayer habits, was then completed by the participants, and their participation was then confirmed. As a result, we were able to categorize the participants as regular, irregular, or occasional prayer practitioners. They were then given the Suicidal Behaviours Questionnaire-Revised (SBQ-R; Osman et al., 2001) to submit their responses. The test was given in an average of almost five minutes. The scoring was done by protocol.

2.4 *Ethical issues*

Respect for the person's rights and dignity, responsibility, and integrity were the four main ethical principles that this study mostly adhered to.

2.5 *Statistical Analysis*

SPSS-22 version was utilized to analyze data for descriptive statistics; and One-Way Analysis of Variance (ANOVA) was applied to inference the conclusion.

3. Results

3.1 Demographic Characteristics of the Sample

Table 1 displays demographic information for each participant's age and distribution according to their religious practices. Additionally, the mean, standard deviation, and Analysis of Variance (ANOVA) are included in the descriptive statistics for suicidal behavior (Table 2).

Table 1

Frequency Distribution for Gender and Performing Salat

Variables	N	%
Gender		
Male	210	50.23
Female	208	49.76
`Religious behavior	M/F	
Regular	69/69	33.01
Irregular	71/69	33.49
Occasional/Rare	70/70	33.49

Table 1 displays the participant's demographic information. Total participants were 418, including 210 men and 208 women. They were further divided on the basis of their salat practices. Participants who regularly participated in Salat was 138 (M= 69, F= 69), those irregularly participated in Salat was 140 (M=71, F= 69), and those rarely/ occasionally participated in Salat was also 140 (M=70, F= 70).

Table 2

Analysis of Suicidal Behavior among Participants with different religious behavior (Salat)

Measure	Group	*Mean*	*S.D*	*F (2, 415)*	η^2	*Post Hoc*
Suicidal Behavior	1.00	4.25	2.29	11.63***	.05	1<2<3
	2.00	4.98	3.02			
	3.00	5.99	3.60			

****p< .001. N= 418*

Group 1= who were regular in practice of religious behavior (Salat)

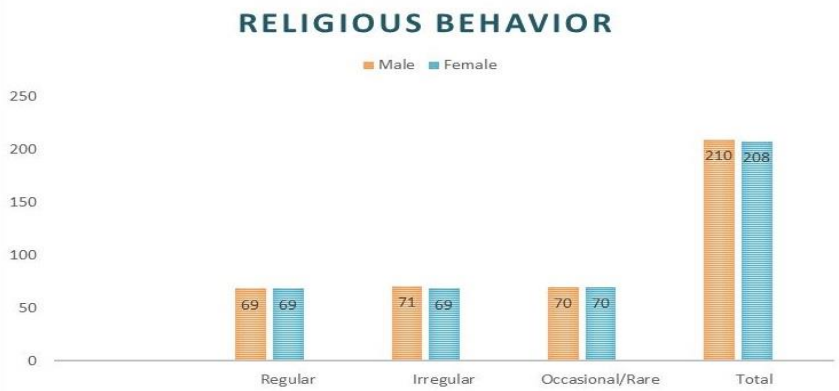
Group 2= who were irregular in practice of religious behavior (Salat)

Group 3= who were rarely/occasionally practice religious behavior (Salat).

Table 2 displays the mean, standard deviation, F value, and post-hoc comparison for variations in suicidal behavior among participants who engaged in regular, irregular, and rarely/occasionally religious behavior (Salat). The mean score of group 1 (n = 138) was 4.25 (SD = 2.29), group 2 (n = 140) was 4.98 (SD = 3.02), and the mean score of group 3 (n = 140) was 5.99 (SD = 3.60), which revealed statistically significant mean differences in the participants' suicidal behavior, with F (2, 415) = 11.63, p .001. The Suicide Behaviour Questionnaire-Revised (SBQ-R) score of group 1 who were regularly engaged in religious behavior (Salat), were lower than those of groups 2 and 3. The value of η2 was .05 (or .20), indicating a very small effect size. The post-hoc comparison showed that there were significant mean differences between each group as 1<2<3.

Figure 1

Gender and Religious Behavior (Salat) of Participants



4. Discussion

The association between religious behavior and suicidality is a complex and multifaceted topic. Researchers and mental health professionals continue to explore the complex interplay between religious behavior and suicidality. In the similar vein, it was hypothesized, "*Young adults who are regular in the practice of religious behavior (Salat) would have a lower score on the measures of suicidal behavior as compared to those who are irregular or rarely/occasionally practice religious behavior (Salat)*". The finding shows that young adults who practice Salat rarely/occasionally (mean=5.99; SD=3.60) and irregularly (mean=4.98; SD=3.02) scored significantly high on suicidal behavior in comparison with people who regularly (mean= 4.25; SD=2.29) offer religious behavior (Salat) [$F(2,415) = 11.632$, $p < .05$; Table 2]. Further, it was found that adults with irregular prayers have lower levels of suicidal behavior than adults who offer prayer rarely/occasionally. The results are constant with devised hypothesis and preceding studies.

Findings are advocating that beliefs related to religion may help in maintaining the hopefulness, personal worth, and belonging, which may contribute to resilience in the face of adversity. Similarly, the intensity of religious commitment, the nature of beliefs, and the level of social integration within a religious community can also play significant roles. Contrary to this, Factors such as guilt, fear of divine punishment, or the absence of a supportive religious community can contribute to distress leading to suicidal thoughts and behaviors. If a person utilizes positive religious coping, such as seeking support from a higher power or finding comfort in religious teachings, may be associated with better mental health outcomes and restrict the person to refrain him/herself from suicidal behaviors. Religion can act as a shielding factor against suicide. As, Islam encourages benevolent systems in society and therapeutic, and psycho-spiritual coping strategies. Many researchers from different countries confirmed that religiosity plays a shielding factor against suicidal behavior (Lester, 2017; Awaad et al., 2023) including Pakistan (Eskin et al., 2020).

Religious behavior (salat), an act of submission to Allah, can be effective in treating mental distress (Sayeed & Prakash 2013). William (1984) discovered that religious practices contribute to a decline in the number of complete suicides, both in the United States and elsewhere. When compared to people who rarely, occasionally, or never attend church or engage in religious practices, those who participate in these activities are often less likely to attempt suicide. Some studies suggested low suicide rates among people living in the Muslim majority regions than people living in non-Muslim majority regions (Abdel-Khalek, 2004; Lew et al., 2022). As compared to the global average, it is reported to have low rates regarding suicide in context of age-standardized in countries having Muslims in Majority, which is probably indicative of positive religious beliefs and good practices or may be due to Muslim jurisprudence and social structure, which permeate underreporting (Lew et al., 2022). Similarly, suicide rates were lesser in 1.5 billion Muslims.

Quran strongly condemns the conduct of suicide, that leads to lower rates regarding suicide in Muslim nations (Koenig et al., 2001). Other Muslim doctrines such as strong belief on life after death and appearance in front of Allah on Judgment day to decide final destination either in hell or heaven may contribute to fear that lead to low rates of suicide in Muslim countries (Bertolote & Alexandra, 2002). Suicide is a complex issue with risk and protective factors at both individual and contextual levels. Religion's role in preventing suicide should be considered alongside other influential factors (Poorolajal et al., 2022). Suicide prevention requires collaboration with society and vulnerable groups, and Muslim-majority nations are advised to build prevention strategies for suicide and may include religious professionals' programs (Elzamzamy, 2022). Research on university students from 12 countries found a link between religion and suicidal behavior, with Islam attachment reducing the risk of suicidal thoughts (Eskin, M et al, 2019). This research supported previous literature's findings that religious behavior has greater effects on the mental health and suicidal behaviors of Muslims. Thus, it can be concluded that religious behavior (Salat) may be a strong resource to lower the unfavorable outcomes of suffering from psychiatric disorder by reducing suicidal tendencies.

5. Limitations of Current Research

Our study looks at the connection between Muslim religious practice and suicidal behavior. The study of religion and coping in general has some significant limitations, though. Here, we'll focus on a few of the most important limitations.

Due to factors, like the choice of a sample of young adults, also known as the youth population, with an age range of 19 to 25 years, the findings' limited ability to be generalized is a drawback. Therefore, caution should be used when extrapolating the results to other ages. Second, all samples recruited from universities that also limits generalizability of the findings. We used an objective question to measure religious behavior that was never tested earlier in any research.

If such a design is employed in future research, it will give more precise data regarding the effects of mental illness and the relationship between elements like suicidal behavior. The relative importance of potential variables could be better understood with the help of longitudinal research designs. If this study is conducted longitudinally, the direction of the relationship between religious behavior and suicidal behavior will also become clear.

6. Recommendations

Considering the findings of Fekih-Romdhane et al. (2023) it is recommended to apply suicide literacy program as an intervention to save life of young adults from the risk of suicide. Interventions to control over impulsivity would also help in prevention of suicidal behaviors (Abdullah, Khalily, Ruocco, & Hallahan, 2023). Prevention strategies to reduce isolation behavior and

eliminating the sense of burdensomeness on others including family members among people at higher risk can also play an important role in social transformation against suicide (Love & Durtschi, 2021).

7. Conclusion

Islam is the religion of peace, and it teaches us how to live like disciplined human. Muslims' religious behavior, like Salat, reportedly has several physical and mental health implications. Suicidal behavior is utterly the most considerable emergency and requires serious clinical attention. Our research work provides empirical evidence that people who pray regularly are at the lower risk of suicidal behaviors as compared to those who irregularly, and rarely/occasionally performs pray. Findings can benefit mental health professionals. They can guide their clients regarding the adaptation of regular religious behaviors like Salat into their daily lives.

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