



ROLE OF RELIGIOUS ORIENTATION IN ARBITRATING SUICIDAL TENDENCIES AMONGST ADULT MUSLIMS

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ABSTRACT

Suicidal tendencies continue to be a pressing public health concern worldwide, demanding a deeper understanding of the factors that may contribute to their emergence and mitigation. This research paper explores the role of religious orientation in arbitrating suicidal tendencies specifically among adult Muslims. Drawing upon existing literature, theoretical frameworks, and empirical evidence, this study aims to shed light on the potential influence of religious orientation on suicidal ideation, attempts, and related risk factors within the Muslim population.

The study hypothesizes that individuals with a higher level of religious orientation will exhibit a reduced risk of suicidal tendencies due to various protective factors associated with religious involvement. These factors may include enhanced social support networks, the provision of meaning and purpose, coping mechanisms, and a sense of spiritual connectedness. Additionally, the research explores potential moderating factors, such as gender, age, and cultural context, that may influence the relationship between religious orientation and suicidal tendencies among Muslims. The findings of this research will contribute to the existing body of knowledge on the interplay between religious orientation and mental health, with specific implications for suicide prevention and intervention strategies within the Muslim community. The outcomes can guide mental health practitioners, policymakers, and religious leaders in developing culturally sensitive and religiously informed approaches to address suicidal tendencies among adult Muslims. By understanding the protective aspects of religious orientation, it is hoped that this research will contribute to the formulation of holistic interventions that effectively promote mental well-being and resilience within this population.

Key Words: Suicidal Tendency, Young Muslim Adults, Age, Gender

INTRODUCTION

1.1 BACKGROUND:

Emile Durkheim suggested in 1897 that spiritual responsibility and religious commitment might add to profound prosperity, as it gives a source of significance and organized structure in the world. All through the literature, analyzing the connection among suicide and religion, terms like religiosity and religion are frequently utilized reciprocally with the words spiritual and spirituality. Spirituality will in general allude to individual perspective of the presence of a higher power. His hypothesis of the connection among religion and social incorporation and its relationship with suicide depended on two standards: shared convictions and practiced religion together. Durkheim according to Durkheim: “What constitutes this society is the existence of a certain number of beliefs and practices common to all the faithful, traditional and thus obligatory. The more numerous and stronger these collective states of mind are, the stronger the integration of the religious community, and also the greater the preservative value”. Durkheim, in his work noticed a relation between religiosity and suicide, according to that Protestant nations have a higher number of suicide cases as compared to Catholic nations.

1.2 INTRODUCTION:

Research has consistently demonstrated that nations with religious affiliations exhibit lower suicide rates compared to those without religious affiliations (Stack, 1983). Among various faiths, the association between Islam and suicide holds particular significance for two main reasons. Firstly, Islam is the second most prevalent religion worldwide, following Christianity, and it is also experiencing rapid growth (CNN, 2007). Secondly, although several studies have investigated the relationship between Islam and suicide, most, if not all, of these studies have employed an epidemiological descriptive design (Lester, 2006). For instance, while suicide deaths in Asia account for a substantial proportion of global suicides, Islamic countries in Asia consistently exhibit the lowest rates (Beautrais, 2006). This is supported by data from the World Health Organization (WHO), which indicates that the Eastern Mediterranean Region (EMR), predominantly populated by Muslims (Mohit, 2001), had one of the lowest suicide rates in the year 2000 (WHO, 2002). Additionally, research has revealed a statistically significant negative correlation between the percentage of Muslims in 61 countries and their respective suicide rates, suggesting that an increase in the Muslim population is associated with a decrease in suicide rates (Lester, 1996).

Gallup Religiosity Index : "The Religiosity Index is a measure of the importance of religion for respondents and their self-reported attendance of religious services. For religions in which attendance at services is limited, care must be used in interpreting the data" (Gallup WorldView, 2009). It was given by George H. Gallup Jr.

1.3 ISLAM IN UTTAR PRADESH:

Uttar Pradesh is one of the most populous states in India, and Islam is one of the major religions practiced by its residents. According to the 2011 Census of India, the state has a Muslim population of approximately 38 million, making it the state with the largest Muslim population in the country.

Islam has a rich history in Uttar Pradesh, dating back to the 12th century when Muslim rule was established in the region. The Mughal Empire, which ruled over much of India from the 16th to the 18th centuries, had its capital in Agra, a city in Uttar Pradesh. The Mughals were patrons of art, culture, and architecture, and their influence can still be seen in the many historic monuments and buildings scattered throughout the state.

Today, Uttar Pradesh has a vibrant Muslim community that has made significant contributions to the state's culture, literature, and politics. Many prominent figures in Indian history, including the poet Mirza Ghalib and the politician Mohammad Ali Jinnah, were born in Uttar Pradesh and were followers of Islam.

However, the state has also seen its share of communal tension and violence between Hindus and Muslims, particularly in the wake of the Babri Masjid demolition in 1992. Despite these challenges, the Muslim community in Uttar Pradesh remains an integral part of the state's social fabric and continues to contribute to its diverse and rich cultural heritage.

1.4 SUICIDE IN UTTAR PRADESH:

Suicide is a serious issue that affects individuals and communities around the world, including Uttar Pradesh, India. According to data from the National Crime Records Bureau, Uttar Pradesh reported 4,827 suicides in 2019, with the highest number of cases being reported among individuals aged 18-30 years.

Suicide can have many causes, including mental health conditions, substance abuse, personal and financial difficulties, and social isolation.

It's important to remember that suicide is preventable, and there are many resources available to help individuals who may be struggling with suicidal thoughts or behaviors.

It's also important for governments and communities to address the issue of suicide through education, awareness campaigns, and access to mental health resources. Organizations such as the World Health Organization (WHO) have developed guidelines and resources for suicide prevention, and it's important to advocate for these efforts to be implemented in Uttar Pradesh and across India.

❖ VALUE OF LIFE IN ISLAM-

Islam regards life as a sacred blessing bestowed by God, representing one of His greatest favors. Every moment of life is considered invaluable and irreplaceable. Consequently, even if life may be challenging or of poor quality, it is imperative to cherish and protect it.

Islamic bioethics is based on the tenet that "whoever slays a soul, unless it is for homicide or for evil in the country, it is as though he slew all men," according to Qur'an 5:32, and "whoever keeps it alive, it is as though he kept alive all men." According to this scripture, it is considered a duty to preserve and protect life, and taking someone's life without proper justification is regarded as a grave offense. The scripture emphasizes the sanctity of life and promotes the idea that intentionally causing harm or ending a life without valid reasons goes against the moral teachings and principles it conveys.

Life is a divine quality: "The Living" (al-Hayy), one of God's qualities and names, is one of the most blatant and striking ones in the Islamic texts. All life is valuable and seen as a manifestation of God. The most exceptional and valuable form of life in the material world is human life, nevertheless.

✓ ISLAM AND SUICIDE:

Islam is a religion of submission, submission of Muslims to their Creator, Allah, The Almighty. Every Muslim believes that Allah has created them and therefore, every part of their body belongs to Him. Muslims are supposed to follow the Holy Quran and the teachings of Prophet Muhammad (peace be upon him), also called "Ahadeeth", and incorporate these teachings in their daily lives. Mentioned below are some of the Verses of the Holy Quran and *Ahadeeth* which deal with suicide and taking one's own life:

1. Chapter 4 (Surah An-Nisa), Verses 29,30: O you who have believed...Do not kill yourselves. Indeed, Allah is to you Ever Merciful. And whoever does that in aggression and injustice- then We will drive him into a Fire. And that, for Allah, is (always) easy.
2. Chapter 6 (Surah An'am), Verse 151: And do not kill the soul which Allah has forbidden (to be killed) except by (legal) right. This has He instructed you that you may use reason.

3. It was narrated by Abu Huraira, Prophet Muhammad (peace be upon him) says, “He who commits suicide by throttling shall keep on throttling himself in the Hellfire (forever), and he who commits suicide by stabbing himself shall keep stabbing himself in the Hellfire.” [Sahih al-Bukhari, Volume 2, Book 23, Hadeeth no. 446]
4. It was narrated by Jundub, Prophet Muhammad (peace be upon him) says, “A man was inflicted with wounds and he committed suicide, and so Allah said: ‘My slave has caused death on himself hurriedly, so I forbid Paradise for him’.” [Sahih al-Bukhari, Volume 2, Book 23, Hadeeth no. 445]

Islam explicitly denounces suicide, as evident in numerous verses of the Qur'an that condemn all forms of violence, including self-inflicted harm. One such verse is Qur'an 4:29, which strongly advises against taking one's own life or the lives of others, emphasizing the eternal mercy of Allah. Within Islamic belief, both birth and death are seen as divine decrees, and suicide is considered a sinful act (Pridmore and Pasha, 2004).

1.5 RATIONALE OF THE STUDY:

Suicidal tendencies among individuals are a matter of critical concern that requires thorough examination. Within the Muslim community, understanding the role of religious orientation in arbitrating such tendencies is of utmost importance. This study aims to investigate if there exists any correlation between Attraction to Death (ATD) and Religious Orientation Test (ROT) among adult Muslims. By exploring this relationship, we can shed light on the potential influence of religious orientation on suicidal tendencies within this specific population.

Significance of the Study:

1.1. Filling a Research Gap: While research has been conducted on suicide and religious orientation, there is a dearth of studies that specifically focus on adult Muslims. This study seeks to address this research gap and contribute to the existing body of knowledge by examining the relationship between religious orientation and suicidal tendencies within the context of the Muslim community.

1.2. Cultural and Religious Relevance: Islam, as a religion, plays a central role in the lives of Muslims, guiding their beliefs, behaviors, and worldview. Therefore, investigating the influence of religious orientation on suicidal tendencies within the Muslim community is crucial to understanding the interplay between cultural, religious, and psychological factors. This study aims to provide culturally sensitive insights that can inform interventions and support systems tailored to the needs of adult Muslims.

Objectives: The primary objective of this study is to examine if there exists any correlation between Attraction to Death and Religious Orientation Test among adult Muslims. To achieve this, the study will undertake the following specific objectives:

2.1. Assess Religious Orientation: By employing a validated Religious Orientation Test, this study will measure the level of religious orientation among the participants. The test will gauge the intrinsic, extrinsic, and quest orientations of individuals, capturing their beliefs, motivations, and engagement with religious practices.

2.2. Measure Attraction to Death: The study will administer the Attraction to Death Scale to assess participants' levels of attraction or repulsion towards death-related thoughts and behaviors. This measurement will provide insights into individuals' psychological disposition towards suicidal tendencies.

2.3. Explore the Correlation: Through rigorous statistical analyses, this study will examine the potential correlation between participants' religious orientation and their attraction to death. By analyzing the data, we

aim to uncover any associations between religious orientation and suicidal tendencies, thereby providing a deeper understanding of how religious beliefs and practices may influence mental health outcomes.

Implications and Contribution: By investigating the correlation between Attraction to Death and Religious Orientation Test among adult Muslims, this study will contribute to the field of mental health research, specifically in relation to suicide prevention and religious factors. The findings may highlight the protective or risk factors associated with religious orientation and inform the development of targeted interventions and support systems to mitigate suicidal tendencies within the Muslim community. Ultimately, this study seeks to foster a better understanding of the complex interplay between religious orientation and mental health outcomes, providing valuable insights for both researchers and practitioners in the field.

REVIEW OF LITERATURE

The purpose of this chapter is to process and evaluate all related theories of the research. A thorough literature search with clear focus on the research topic is done in the chapter.

Lester D. Suicide and Islam. Arch Suicide Res 2006: A large part of the study on suicidal behaviour in Muslim nations has been simple analysis of completed and attempted suicides. Notwithstanding this, and in spite of the probable under-reporting of suicidal behaviour in nations where such behaviour is unlawful, suicide rates really do seem, by all accounts, to be lower in Muslims than in those of different religions, even in nations which have inhabitants belonging to various religious groups. Rates of attempted suicides, then again, don't appear to be lower in Muslims when contrasted with non-Muslims. Examination into this point has been very poor, neglecting to consider the ethnic foundation and the Islamic group to which the self-destructive subjects had a place. Explanations behind the low rates of suicide deaths in Muslims are studied, including differences in values and financial status.

Dein, S. (2006). Religion, spirituality and depression: Implications for research and treatment. In recent years, psychiatric study and treatment have become more interested in religion and spirituality. After describing the difficulties in include religious/spiritual factors in psychiatric research, this review looks at the correlation between several religiousness indicators and depression. Using the databases PubMed, Psycinfo, and Medline, a search of published literature on religion and depression was conducted from 1996 to 2006. According to the literature, religious people are less likely to experience depressive symptoms of depression, and they also appear to recover from depressive disorders more quickly. For psychotic depression, this protective effect is less definite. This review concludes by outlining any potential directions for further study as well as any clinical implications.

Ramgoon, S., Bachoo, S., Patel, C., & Paruk, Z. (2006). Could a healthy ego identity serve as a protective factor against suicidal tendencies? In a sample of South African Indian and Black secondary school pupils, the study looked at how adolescent ego identification, suicidal tendencies, gender, and race interacted. Method: 63 students between the ages of 15 and 20 were given the Multi-attitude Suicide Tendency Scale (MAST) and the Ego Identity Scale (EIS). Results: To analyse the data, t-tests and Pearson correlations were performed. The findings show that in this cohort, reduced suicidal tendencies are correlated with higher EIS scores. Additionally, Black men scored higher on the MAST's Attraction to Death, Repulsion by Life, and Repulsion by Death subscales than did females on the same subscale. Conclusion: According to the authors, achieving one's ego identity is likely to function as a barrier against suicidal inclinations.

Bryant, A. N. (2007). Gender differences in spiritual development during the college years. Despite the paucity of factual data that explicitly compares women and men, it is claimed that there are gender variations in spirituality and other associated attributes. The author in this paper examined gender differences on 13 spiritual characteristics and explored the personal and educational factors associated

with changes in spirituality during college using a national and longitudinal sample of 3,680 college students who had participated in the Cooperative Institutional Research Program (CIRP) Freshman Survey (2000) and later the College Students' Beliefs and Values (CSBV) Survey (2003). The findings revealed significant gender disparities in spiritual traits, and gendered patterns of spiritual growth were found to be related to religious identity, peer connections, and science exposure.

Rezaeian, Mohsen. (2008). Islam and Suicide: A short personal communication: Muslim populated nations show lower suicide rates contrasted with different nations of the world. Since most studies dealing with the relationship among Islam and suicide have zeroed in on the degree of the issue and not the underlying components, the focus of this paper is to give a somewhat more in-depth discussion in regards to the mechanism of this relationship. It additionally covers issues which might untowardly affect suicide in Islamic nations and thus attempts to draw a way forward in the arena of suicide research in Islamic nations.

Shomali, M. A. (2008). Islamic bioethics: A general scheme. Without a doubt, Islam places a very high value on all forms of life. One of God's most sacred creations is human life. As a result, it needs to be valued, respected, and safeguarded. The first section examines the importance of life to Muslims. Understanding the importance of respecting and appreciating life is helpful. The nature of Islamic bioethics is discussed in more detail in the second section. In this section, we shall discuss the sources and authorities in Islamic bioethics and look at the way of life protection that is governed by Islamic law and bioethics. The third section examines some significant bio ethical issues from an Islamic viewpoint. Maintaining physical health and treating diseases are two crucial components of Islamic teachings, according to Islamic beliefs. In regards to the beginning of human life, the author observes that reproduction must take place within the framework of an established and stable family. Second, the author discusses topics like abortion and family planning. The author discussed topics like euthanasia and suicide as they relate to the end of life.

Aliverdina, A., & Pridemore, W. A. (2009). Women's fatalistic suicide in Iran: A partial test of Durkheim in an Islamic Republic. The empirical study of Durkheim's idea of fatalistic suicide, or suicide brought on by excessive behaviour regulation, has been neglected. The regional distribution of female suicide in Iran is examined by the writers to evaluate this notion. They explore the relationship between female suicide rates and several indicators of social control over women using the province as the unit of analysis. Rates are anticipated to be higher in places with greater social regulation of women's life and stronger traditional tribal cultures. The findings indicate that female suicide rates are higher in provinces with lower levels of female education, female labour force involvement, and urbanisation. Therefore, the authors' data show that hyperregulation is connected with higher suicide rates in Iran, at least for women, but social deregulation is frequently linked to higher suicide rates in the West.

Chandia, Mahmood., Shah, Ajit., (2010). The relationship between suicide and Islam: A cross-national study. J Inj Violence Res. 2010 Jun; 2(2): 93-7. A cross-national study with the null hypothesis that there will be no connection between the general population suicide rates and the percentage of followers of Islam was undertaken. The relationship between overall public suicide rates and the level of individuals in everyone disciple to Islam, while controlling for financial status and pay disparity, was examined using cross-national information from the World Health Organization and the United Nations. There was a significant negative relationship between overall public suicide rate and the percentage of Muslims in males and females while controlling for socioeconomic status and inequality.

Ahmad, F., Binti Muhammad, M., & Abdullah, A. A. (2011). Religion and spirituality in coping with advanced breast cancer: Perspectives from Malaysian Muslim women. Through the experiences of three Muslim women who survived advanced breast cancer, the study aims to illuminate the deeper meanings that underlie their encounters with spirituality and transformation as they deal with the difficulties of breast cancer. In-depth interviews were used to collect the data. Two themes—illness as an awakening and hope and freedom come through turning to God—were discovered using qualitative methodologies. The themes were examined in relation to two main topics: (1) what new meanings these women found as a result of their cancer experiences; and (2) how the new meanings

affected their lives. According to the study, it's important to understand how cancer survivors learn and how their experiences with the disease affected them. This is particularly true for spirituality. The prevalent spiritual emphasis on relationships with God, oneself, and others may have a big impact on how people learn to live with cancer.

Assari, S., Lankarani, M. M., & Moazen, B. (2012). Religious beliefs may reduce the negative effect of psychiatric disorders on age of onset of suicidal ideation among Blacks in the United States. Evaluation of potential links between religious affiliation and psychiatric illnesses among Black Americans is the objective of this study. The following methods have been used in this study. From February 2001 to June 2003, 5181 adult Black Americans who participated in the National Survey of American Life (NSAL) provided the data for this study. In order to ascertain the potential interaction between mental disorders (0, 1, 2) and the subjective religiosity on age of onset of suicidal thought among the participants, variables such as sociodemographic, religious beliefs, and psychiatric disorders were entered in a Cox regression. The primary finding was the age of the first significant suicidal thought. The following results were obtained. A number of psychiatric diseases were found to have a dose-dependent impact on suicidal thoughts. In people with low self-reported religiosity, psychiatric problems had a greater effect on the age at which suicidal ideation first appeared. In summary, religious convictions may mitigate the impact of psychiatric conditions on suicide ideation. Early suicide thoughts are most common in Blacks who have psychiatric issues and are less religious.

RESEARCH METHODOLOGY:

The primary objective of this chapter is to determine suitable choices for data collection methods and respondents. It begins by stating the research questions of the study and outlining the sampling techniques employed to gather data. The chapter also discusses the inclusion and exclusion criteria that were applied. Towards the end, the tools utilized in the study are elaborated upon, providing a detailed explanation of their implementation and use. The purpose of this chapter is to establish a solid foundation for the data collection process and ensure that the appropriate methods and participants are selected to address the research questions effectively.

3.1 RESEARCH OBJECTIVES:

1. To examine if there exists any correlation between Attraction to Death (AD) and Religious Orientation Test (ROT).
2. To examine if there exists any correlation between the AL (Attraction to Life) subscale and ROT (Religious Orientation Scale).
3. To examine if there are any gender differences in religious orientation and suicidal tendencies?

3.2 HYPOTHESES:

- i. H1_A: There is a significant relationship between Attraction to Death (AD) subscale and Religious Orientation Test (ROT)
- ii. H2_A: There is a significant relationship between Attraction to Life (AL) and Religious Orientation Test (ROT).

- iii. H3_A: There is significant difference between the genders with respect to suicidal tendencies.
- iv. H4_A: There will be significant gender difference with respect to religious orientation.

3.3 RESEARCH DESIGN: _

The research design used in the current study is a *correlational, quantitative research design*.

1). Correlational research design:

The research design used in the current study is a correlational, quantitative research design.

Creswell (2012) states that a correlation is a statistical test to determine the tendency or pattern for two (or more) variables or two sets of data to vary consistently. Correlational research design refers to an association or relationship between two entities.

2). Quantitative research design:

Leedy and Ormrod (2001), quantitative research focuses on surveys and experimentation, drawing upon existing theories. It adheres to an empiricist paradigm, as described by Creswell (2003). In this methodology, the researcher's role remains separate from the research itself, emphasizing the objective measurement of reality through data. Ultimately, quantitative research derives meaning through the objectivity revealed by the analysis of collected data.

3.3 SAMPLE:

The research participants were 60 Muslim adults belonging to the age group of 18-30 years (N=60), comprising of 30 males and 30 females, residing in Uttar Pradesh, India.

The participants were gathered using a convenience sampling technique. In convenience sampling, a non-probability sampling method, the sample is drawn from a group of persons who are simple to get in touch with or locate.

INCLUSION CRITERIA OF RESPONDENTS: The researchers will utilize inclusion criteria to define the key characteristics of the target population in order to address their study topic. Inclusion criteria typically encompass factors such as geographical location, clinical settings, and demographics. In this particular study, participants were included if they identified as followers of Islam and fell within the age range of 18 to 30 years.

They were also included if they resided in Uttar Pradesh, India. Furthermore, participants were included if they were literate in the English language.

EXCLUSION CRITERIA OF RESPONDENTS: Exclusion criteria are specific characteristics or traits that disqualify individuals from participating in a study. These criteria are established in advance and are used to screen potential participants to ensure that the study's objectives are met and that the data collected is reliable and valid. Participants who possess these exclusionary traits are not eligible to take part in the study.

Participants were excluded if they did not endorse Islam as the religion. Furthermore, they were excluded if they did not belong to the age group of 18-30 years of age. Lastly, participants were excluded if they were not technologically literate and were not well-versed with the English language.

AREA: The term "study area" refers to the specific geographical region or land surface that was systematically sampled and mapped during the initial species inventory. It represents the defined area where data was collected and analyzed to conduct the quantitative assessment of species present in that particular region.

The area chosen for this study lies within the geographical boundaries of Uttar Pradesh, India.

3.4 TOOLS USED IN THE STUDY:

1. A demographic questionnaire will be employed to collect socio-economic information from the participants, including details such as their name, age, and gender. This questionnaire serves as a tool to gather essential demographic data that helps in understanding the characteristics and composition of the study participants in terms of their socio-economic background.
2. The Multi-Attitude Suicide Tendency Scale (MAST) (Orbach et al. 1991): this scale measures suicidal tendency.

PROCEDURE OF DATA COLLECTION

Data has been collected on the basis of convenience sampling method. Respondents were asked if they belonged to the age-group of 18-30 and if they endorsed Islam as the religion they practice. If they answered in the affirmative, a questionnaire was handed over and they were asked to fill the procedure, approximately took 30 minutes to complete.

ETHICAL CONSIDERATIONS

Data collection and ethical considerations are closely intertwined. Ethical considerations refer to the principles that should be adhered to during the process of data collection (Saunders et al., 2007, p. 187). In order to uphold these ethical principles, we made every effort to avoid including plagiarized material in our research. The data collected from various sources was appropriately cited using the correct referencing style. During the data collection phase for analysis purposes, we prioritized the rights of the employees involved. We did not coerce them into participating in our research study. Furthermore, the data collected for analysis was treated as confidential and not disclosed to any unauthorized individuals. The respondents were assured that their participation was entirely voluntary, and they had the freedom to withdraw from the study at any time. They were also assured that their data would be handled with utmost confidentiality.

STATISTICAL ANALYSIS

The purpose of this study is to examine the relationship between religious orientation and suicidal tendencies. Additionally, the study aims to investigate gender differences in both religious orientation and suicidal tendency. The data for this study was collected using the Google survey tool and recorded in a spreadsheet format. The collected data was then uploaded to SPSS (Statistical Package for the Social Sciences), where the normality of the data was assessed. To determine the required correlational coefficient for the study, the Pearson's correlation coefficient will be calculated manually. Furthermore, the gender differences in religious orientation and suicidal tendency will be analyzed using a t-test.

RESULT

The primary objective of this chapter is to present the data that was collected through online self-completion questionnaires. Additionally, the chapter aims to address the research question, fulfill the research objectives, and validate the research hypothesis. Google Forms was utilized to create the questionnaires, and responses were collected by distributing the questionnaires in person. The obtained results depict the data collected for both the independent variable, which is suicidal tendencies, and the dependent variable, which is religious orientation. To visually represent the results, pie charts and histograms are employed to illustrate the distribution of data for these variables.

After getting the responses into spreadsheet, the following statistical tests were decided to use with the help of SPSS and Google Sheets:

- a. Descriptive statistics (Frequency)
- b. Pearson's co-efficient of correlation
- c. Independent t-test

Note: There are some terms that will be used frequently in this chapter therefore they are listed below:

ROT= Religious Orientation Test, MAST= Multi-Attitude Suicidal Tendency, AL= Attraction to Life, RL= Repulsion to Life, AD= Attraction to Death, RD= Repulsion to Death

4.1 Descriptive statistics

Descriptive statistics serve several purposes for researchers in interpreting output results. They are beneficial in gathering information about the sample, such as the number of individuals included, the percentages of males and females in the sample, the age of respondents, and other relevant background information. Descriptive statistics were chosen for this study because they help describe the characteristics of the sample, identify any violations of assumptions in variables, and address specific research questions. To obtain descriptive statistics, frequencies will be used to examine the distribution of respondent's age and gender.

4.2 Age of Respondents

From the output shown below we come to know that 8 respondents (13.3 per cent) were between 18 and 20 of age, 27 respondents (45 per cent) were between 20 and 25, and 25 respondents (41.7 per cent) were between 26 and 30 years of age giving a total of 60 respondents.

4.3 Gender of Respondents

The sample consisted of 30 males (50%) and 30 females (50%), resulting in a total of 60 respondents. It is worth noting that the number of males is equal to the number of females in the sample.

4.4 Bivariate Correlation Analysis

Correlation analysis is commonly used to assess the strength and direction of the linear relationship between two variables. In SPSS, various statistics are available to examine the relationship between variables. For our study and the variables under investigation, we will utilize bivariate correlation, also known as zero-order correlation (Pallant, 2005). Bivariate correlation is suitable for exploring the relationship between two variables, which in our case are religious orientation and suicidal tendency.

The strength of the relationship between variables can be determined using the Pearson product-moment correlation coefficient (r). The Pearson coefficient (r) typically ranges between -1 and +1. The sign of the coefficient indicates whether there is a positive correlation (both variables increase or decrease together) or a negative correlation (one variable increases while the other decreases). The magnitude of the correlation is determined by the absolute value of the coefficient, ignoring the sign. A value of +1 or -1 indicates a perfect correlation, suggesting that the value of one variable can be precisely determined based on the value of the other variable. Conversely, a correlation coefficient of 0 suggests no relationship between the variables, indicating that knowing the value of one variable provides no information for predicting the value of the other variable. In a scatter plot, a correlation of 0 would show a circular pattern of points with no discernible pattern (Pallant, 2005).

In the subsequent analysis, we will examine the correlation between the religious orientation and suicidal tendency variables using the bivariate correlation method.

- a) between AD (Attraction to Death) and ROT (Religious Orientation Test),
- b) between AL (attraction to life) and ROT (religious orientation test),

a) Attraction to Death (AD) and Religious Orientation Test (ROT)

Descriptive Statistics

	Mean	Std. Deviation	N
ROT	12.8833	3.91906	60
AD	20.0000	3.79116	60

Table 1: Correlation between Attraction to Death (AD) and Religious Orientation Test (ROT)

		ROT	AD
ROT	Pearson Correlation	1	.308*
	Sig. (2-tailed)		.017
	N	60	60
AD	Pearson Correlation	.308*	1
	Sig. (2-tailed)	.017	
	N	60	60

*. Correlation is significant at the 0.05 level (2-tailed).

Attraction to Death (AD) and Religious Orientation Test (ROT) have a positive correlation as seen in Table 4 ($r = 0.308$).

Since a lower ROT score suggests deep religious orientation, hence a person will be less drawn to death if they are more religious. Higher a person scores on the Religious Orientation Test (i.e., superficial religious orientation), higher will be his attraction towards death. This supports one of the study's hypotheses (*H1A: There is a significant between the AD subscale and ROT*). A South African study supports this result (Liversage 2007). Therefore, it can be claimed that religion may serve as a deterrent to suicide.

b) Attraction to Life (AL) and Religious Orientation Test (ROT)

Descriptive Statistics

	Mean	Std. Deviation	N
ROT	12.8833	3.91906	60
AL	28.6000	3.29458	60

Table 2: Correlation table between ROT and AL

		ROT	AL
ROT	Pearson Correlation	1	-.227*
	Sig. (2-tailed)		<0.05
	N	60	60
AL	Pearson Correlation	-.227*	1
	Sig. (2-tailed)	<0.05	
	N	60	60

*Correlation is significant at 0.05 level (2-tailed)

As we can see from Table 5, **Attraction to Life (AL)** and **Religious Orientation Test (ROT)** have a negative correlation ($r = -.227$).

Independent Sample test:

Group Statistics

	Gender	N	Mean	Std. Deviation	Std. Error Mean
ST	Male	30	2.8540	.37715	.06886
	female	30	3.1267	.34105	.06227

Table 3: t-test for suicidal tendency

a) Suicidal tendency

	GENDER	N	MEAN	Std. deviation	Mean diff.	t	Df	p-value		
ROT	Male	30	2.85	0.377	-.272	-2.93	58	0.05		
	Female	30	3.12	0.341						

Description: At $p < 0.05$, the value of t-critical is ± 2.660 . From table 6, we can see that the value of t-calculated at Degree of Freedom=58 is -2.937.

Table 4: t-test for ROT:**b) Religious orientation test**

	GENDER	N	MEAN	Std. deviation	Mean diff.	t	Df	p-value
ROT	Male	30	13.06	4.233	.366	-2.829	58	0.05
	Female	30	12.70	3.640				

Description: At $p < 0.05$, the value of t-critical is ± 2.660 . From table 9, we can see that the value of t-calculated at Degree of Freedom=58 is -2.829

Since t-calculated falls under the area of rejection, hence the result shown in table 7 does find support in our hypothesis (*H4A: There may be a significant gender differences with respect to religious orientation*). According to the studies by Newport (2006) and Bryant (2007), it was hypothesized that men would generally display lower levels of religiosity compared to women. However, in our research, no gender differences in religiosity were found. It is worth noting that the survey was conducted right before Ramadan, which holds immense importance in the Muslim calendar. This timing likely contributed to the absence of gender differences observed in the study. During Ramadan, both men and women in the Muslim community engage in heightened reflection and contemplation of their religious beliefs, potentially equalizing the levels of religiosity between genders.

CONCLUSION

The chapter commences by addressing the research question and providing an account of how the research purpose was achieved. Subsequently, the practical implications of the study are explored. In the latter sections of the chapter, the limitations of the study are acknowledged, and recommendations for future research are provided.

5.1 CONCLUSION:

The findings of this research have allowed us to answer the research question posed in Chapter three: "What is the relationship between suicidal tendency and religious orientation?" The study aimed to explore the correlation between religious orientation and suicidal inclination, determining whether it is positive, negative, neutral, or nonexistent. Additionally, the research investigated gender variations concerning religious orientation and suicidal tendency. To fulfill the research purpose and address the objectives, four hypotheses were tested. These hypotheses specifically examined the negative association between religious orientation and the desire for life, the connection between the desire for life and aversion to life, and the relationship between the desire for life and the inclination towards death.

Our results suggest that religion not only has a significant protective effect against suicidal tendencies but also plays a significant role in shaping individuals' perspectives on matters of life and death. Currently, healthcare professionals primarily focus on psychological and social factors that influence mental health when developing suicide prevention strategies, often neglecting or avoiding discussions around religious aspects.

However, the World Health Organization (WHO) emphasizes that efforts to prevent suicide require a comprehensive strategy involving both the health sector and non-health institutions, including religious institutions (WHO, 2014). Future studies could explore ways to integrate religion into therapy programs for individuals who exhibit suicidal behavior.

The t-test results presented in Table 6 and 7 indicate the absence of gender differences in terms of suicidal tendencies and religious orientation, respectively. It is worth noting that the survey was conducted just before Ramadan, a significant period in the Muslim calendar when both men and women tend to be more reflective about their religion. This context may have contributed to the lack of gender differences observed.

In Islam, the belief is that life is a gift from God and that individuals have a responsibility to preserve it. As described by Somali (2008), a Muslim scholar, our situation in this world can be likened to that of a guest in a guesthouse. Everything in the guesthouse is provided by the host for the benefit of the guest. However, the guest cannot harm themselves within the house or destroy the guesthouse or its contents. Thus, we must strive to please God by preserving life.

5. LIMITATIONS:

This was brief research, concentrated on a certain religion, in a specific state. As a result, it is difficult to generalise the findings to other Indian demographics or religious groups or those in other parts of the world. Additionally, there may have been reaction bias as a result of the author being a Muslim. This study offers valuable insights into the influence of Islam on mental health within a developing country. It is noteworthy because the majority of research on religion primarily focuses on Judeo-Christian traditions and is often conducted in Western settings (e.g., Patel et al., 2013). By examining the impact of Islam on mental health in a different cultural and sociopolitical context, this study contributes to a more comprehensive understanding of the relationship between religion and mental well-being. It highlights the importance of considering diverse religious traditions and their implications for mental health research, promoting a more inclusive and global perspective in this field.

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