



## **A Qualitative Analysis of Experiences of Suicidal Ideation and Suicide Commitment among Females with Major Depressive Disorder in Pakistan**

**Tania Qamar<sup>1</sup>, Saralah Devi Mariamdarani Chethiyar<sup>2</sup> & Nabisah binti Ibrahim<sup>3</sup>**

<sup>1</sup>*PhD Scholar, Psychology & Counselling Program, School of Applied Psychology, Social Work and Policy. College of Arts and Sciences, University Utara Malaysia, Malaysia.*

<sup>2</sup>*University Lecturer, Psychology & Counselling Program, School of Applied Psychology, Social Work and Policy. College of Arts and Sciences, University Utara Malaysia, Malaysia.*

<sup>3</sup>*University Lecturer, Psychology & Counselling Program, School of Applied Psychology, Social Work and Policy. College of Arts and Sciences, University Utara Malaysia, Malaysia.*

**Corresponding Author:** Tania Qamar, **Email:** taniaqamar56@gmail.com

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### **ABSTRACT**

**Purpose.** Suicide is a global public health problem. Because Asia accounts for 60% of all suicides worldwide, at least 60 million people are impacted by suicide or commit suicide in Asia each year. Females are more likely than males to engage in suicidal behaviour, which is defined as a complete problem of illness and death. The aim of the present research was to identify experiences of suicidal ideation and suicide commitment among females with major depressive disorder in Pakistan. **Method.** A sample of approximately 5 clients with major depressive disorder were approached from (Captain Mouzam Ali Shaheed Welfare Trust Hospital, Jhelum) Pakistan. The sample collected through snowball sampling strategy. Qualitative method of in-depth semi structured interview was conducted in order to get data. Beck depression inventory and suicide risk screener was used as an assessment measure. Ideographic Phenomenological Data Analysis (IPA) was utilized to examine and recorded the information in which investigator identified themes. Specific verification method was utilized to measure the credibility of the research results. **Results.** In outcomes, the main themes emerged in the current study and figures were drawn in order to explain the different themes. There were seven main themes were emerged in the present research were named as Etiology of Major Depressive Disorder (MDD), Effects of MDD, Psychosocial Factors, Coping with MDD, Insight about MDD, Seeking Support and Experience Difficulties During the Treatment of MDD. **Novelty/Originality of The Study.** Suicidal thoughts were moderately common among patients with major depressive illness. **Implication.** As a result, all clients with major depressive illness should be screened for suicide thoughts so that treatment can begin as soon as possible.

**Keywords:** Suicidal Ideation, Suicide Commitment, Major Depressive Disorder, Married Females, Ideographic Phenomenological Data Analysis (IPA).

## INTRODUCTION

Depression has now surpassed alcoholism as the leading cause of disability worldwide (WHO, 2017). Its financial impact in affluent countries is perplexing, both in terms of output losses and direct health-care costs by Greenberg et al. (2015); Conference Board of Canada, (2016). If left untreated, the sickness can cause patients and their family a lot of pain. Evidence-based managements are widely available in numerous industrialized countries, such as Canada; yet, gaps in the quality of care persist, such as a large number of people with depression receiving psychological health maintenance that does not fulfil the minimum criteria for treatment suitability Thornicroft et al. (2017); Puyat et al. (2016). Depression is a major cause of death in low-income countries like Pakistan.

Depression is a psychiatric condition in which a person's cognitions, emotions, performance, and sense of happiness are affected by poor mood and energy. Insomnia, changes in appetite, lethargy, irritability, lack of focus, poor decision-making skills, and even suicidal ideation are all symptoms. Depression is a widespread mental health problem that affects about 350 million people of all ages by Kaur et al. (2013). Throughout the year 2013, unipolar depressive disorder is likely to be the most common cause of illness. Depression plays a critical role in worsening the prognosis of enduring illnesses in Pakistan, as one of the most common anonymous psychological health issues screened through enduring diseases and emotional conflicts. The chance of developing depression in the general population is 10% -25 percent in women and 5% -12 percent in males; however, the risk rises to 25% -33 percent in patients with long-term disorders (WHO, 2017).

Furthermore, due to a lack of resources to spend in health, Pakistan has had several significant crises in the last two years. A massive earthquake struck the country in 2005, while catastrophic floods ravaged the country in 2010. Terrorism and violence on a large scale (2000–2014) did not even demolish schools and colleges. In 2014, a terrorist attack on an Army public school in Peshawar killed over 100 children, making it the world's deadliest terrorist incident. Terrorists assaulted a university in the northwest of the country in 2016, killing 19 students and instructors. An entire generation in Pakistan has grown up in an insecure and unpredictable environment. Cities are home to over 70% of the population. Due to current socioeconomic concerns, Pakistan, like other developing countries, has a higher incidence rate of depression. According to, the overall prevalence of depressive diseases and anxiety in Pakistan was 34% (range 29–66% for females and 10–33 percent for men) (Mirza & Jenkins, 2004).

Furthermore, Kaplan and Kaplan, (2016) defined suicide as a lethal act of ending one's own life. Suicidal thoughts, plan, try, and commit are only a few of the processes. Suicide

is the result of a well-coordinated suicide attempt by Bazrafshan et al. (2015). At first, there are suicidal thoughts that could lead to the creation of a suicidal plot by Tekari et al. (2019). Some people may intend to try suicide, while others may choose to end their lives on their own by Lee et al. (2010). Suicide is a serious but generally preventable health problem that accounts for roughly half of all violent fatalities in the United States by Mekonnen and Kebede, (2011). Suicide is a significant risk for clients with major depressive disorder (MDD), and a significant portion of clients with serious mood disorders die by suicide Trivedi et al. (2013). Suicide is a common occurrence among patients with MDD, and it is one of the most distressing consequences of depression. Suicide is definitely the result of a person's feelings of worthlessness, incapability, and despair (Vuorilehto et al. 2014).

Suicidal thoughts are mainly thoughts about suicide or functioning as a proxy for one's own death Bhattacharjee and Deb, (2007). It is a critical stage in the suicidal process, preceding attempted suicide, and it is relatively prevalent in the general population by Sokero (2006). Suicidal thoughts are regarded as a dangerous stage that leads to suicidal behaviour. Suicidal ideation is also a significant risk factor for suicide attempts by Dunlop et al. (2019). Suicidal ideation, on the other hand, is particularly common among MDD patients; it can exist independently of sadness and is now being recognized as a transdiagnostic feature (Bhattacharjee & Deb, 2007).

Suicidal thoughts also emerge as a sign of depression, especially if there are reasons for a person to be disappointed about the future by others Bhattacharjee and Deb, (2007). Trivedi et al. (2013) found that clients with MDD are the most influenced by suicidal ideation. Suicidal thoughts appear to be a prerequisite for suicide attempts and a significant risk factor for suicide in MDD patients by Banwari et al. (2013). According to previous studies, there is a considerable link between suicide ideation and MDD patients by Banwari et al. (2013). MDD is characterized by sorrow, a loss of interest, and a lack of enjoyment in all activities (Bhattacharjee & Deb, 2007).

Depression can affect every element of a woman's life, including physical health, social relationships, affiliations, work, and self-esteem, and is complicated by factors like as reproductive hormones, societal pressures, and the singular feminine response to stress. Suicide is one of the most common mental health crises, with one person dying every 40 seconds. Low- and middle-income countries account for four out of every five suicides. Despite the fact that religion is a protective factor against suicide, the estimated number of suicides in Pakistan is rapidly growing by Holma et al. (2014). It's important to remember that you're not alone.

Females are twice as likely as males to suffer from depression, but it is treatable, and there are many things you can do to improve your mood (Safdar et al. 2021).

In recent years, the link between suicidal conduct and MDD has become a major source of worry. There are currently very few studies in Pakistan on the experiences of suicidal ideation and suicide commitment among female MDD patients. According to research conducted in Indian states, India, Pakistan, and Sri Lanka account for 10% of all suicides worldwide, but suicides in other nations on the subcontinent (Bangladesh, Nepal, Afghanistan, Bhutan, and the Maldives) are not extensively documented by Khan and Murad (2016). According to the World Bank, Pakistan's death rate in 2015 was 7.28 per 1000 people. Pakistan has a suicide rate of over 16 fatalities per 100,000 people in 2015, nearly 1.5 times the global average (2019). Similarly, suicides account for 9.7% of all deaths.

As a result, this study examined the experiences of female patients with major depressive disorder in Jhelum, Pakistan, who had suicidal thoughts and suicidal commitment. Early detection of suicidal ideation may assist health care practitioners to identify individuals who are at a higher risk of suicide and begin treatment sooner.

### **Problem Statement/The Researcher Personal Context**

The current study, in the author's perspective, had a strong image concerning experiences of suicidal ideation and suicide commitment among females with major depressive illness. Females with major depressive disorder in Pakistan have been the subject of a variety of studies by Pakistan Death Rate, (2019). Females suffered a variety of issues as a result of this sickness, including family, social, psychological, spiritual, medical, and financial issues. Students with strong self-efficacy and emotional intelligence are more likely to attain high academic accomplishment by Paykel, (1991) but when they don't, they are more likely to have suicidal thoughts. In general, 5-10% of the population suffers from clinical depression at any given moment, necessitating psychiatric or psychosocial care (Rehman et al. 2021). Females suffer from depression at a higher rate than males. Women have a 10-to-20 percent lifetime risk of having depression (Qamar et al. 2021). The goal of this study was to learn about the experiences of female patients with major depressive illness in Pakistan who had suicidal ideation and suicidal commitment.

In this section, as a researcher I describing the reason to choose this topic. Why it involved me likewise my intentions in this procedure to create all my expectations, opinions, and experience transparent to the patients. The concept of this study project arose in my mind when my females' patients used to discuss the problems of their depression. Society has a lack of information and awareness about major depressive disorder, and they considered it is the

normal. Media morning shows, medical research articles, weblogs, dramas, movies and news articles also inspired me to investigate females' depressive problems and experiences. My supervisor in hospital was also interested to explore the issues of female's patients with major depressive disorder so she suggested me to do research on this topic. This idea strengthened when my best friend shared that her sister's has suicidal ideation and also committed suicide and she faced many problems and difficulties due to this and everyone advised her for coping. The family attitude towards her was not healthy and supportive. In Pakistan the tendency of depression is higher among women comparatively men by Rehman et al. (2021). Here is need to create awareness and provide family, social and emotional support to these types of individuals.

### **Objectives of Study**

The overall aim was to describe and evaluate experiences of suicidal ideation and suicide commitment among females with major depressive disorder, with focus on Major Depressive Disorder (MDD), Specific aims are as follows:

- To describe experience of suicidal ideation in relation to MDD, by disease severity. Further, to evaluate the impact of depressive symptoms and suicide commitment.
- To describe female's experience of suicide in daily life when living with moderate to severe MDD.
- To describe the relationship between suicidal ideation and suicide commitment among females with MDD.

### **Hypothesis**

Researcher started this research with many assumptions about this particular study and those were of researcher's personal view. The following is the list of some of the assumptions that influenced the design of this research exploration.

- Females with MDD who have suicidal ideation may have many psychosocial and domestic complaints.
- Females with MDD who committed suicide faced many difficulties due to their depression.
- Females with MDD who have suicidal ideation and suicide attempt have insecurities and complexes due to their psychosocial stressors.
- Females with MDD who have suicidal ideation and suicide attempt may have unpleasant home environment may have depressed and irritable feelings and emotions due to their psychological issues.

### **Method**

## **Research Design**

Exploratory and descriptive research design was used in the present study. The qualitative approach was used in the current research which detects suitable structures the effort within an analyzer logical position emphasized mainly on the experiences of individuals who experience suicidal ideation and suicide commitment with major depressive disorder. The present research was conducted to explore the psychological and social issues of females with major depressive disorder.

## **Research Questions**

The goal of the present research was elementary research, which is study to obtain information, consideration, and clarification, with the utmost admired influence start to develop new theories (Patton, 2002). The main study queries utilized to direct this study were:

- 1) What acts are considered as depression?
- 2) How your relationship with your family is influencing due to depression?
- 3) What did you think about people who have suicidal ideation and who committed suicide due to their depression?

The precise queries that were addressed in the research comprise:

1. What do you know about depression?
2. What are your perceptions about major depressive disorder?
3. What are your experiences of suicidal ideation and suicide commitment due to depression?

## **Sampling Strategy and Eligibility Criteria**

The sample was selected through snowball technique. Snowball sampling defined as sampling technique in which one person located the next person by Gadit, Mumford, (2007). It was non-probability sampling strategies that were utilized through investigators to classify possible themes in researches where themes are tough to discover. Investigators used this sampling technique if the sample could be very uncommon or was restrained to a completely small subcategory of the people. The inclusion and exclusion criteria were decided in sequence to reduce biases in the study. Only married and diagnosed females with major depressive disorder, participants between the ages of 25 to 50 years by WHO, (2010), females have been experienced suicide due to major depressive disorder and both educated and uneducated females with MDD were included in the current research. Participants who have any physical disability or other psychopathological disease were excluded from the current research.

### **In-Depth Interview**

The In-Depth interview was used in order to collect data. The in-depth semi-structured interview is an interview method which employs open ended questions with additional probes required. According to Patton, (2002) qualitative in-depth interviews are plenty extra as discussions comparatively formal occasions with prearranged reaction sorts. The researcher used in-depth interview for data collection and took deeper information regarding study variables. The intensive interview was planned by the researcher comprising specific areas about patients with MDD problems. It also included information related to demographic characteristics and problem associated information and so forth.

Data collection took place in Captain Mouzam Hospital, Jhelum Pakistan. An audio voice recorder was utilized to record the discussions and all discussions were completely copied verbatim. A Semi Structured interview was usually directed with a sequence of queries in the overall method of an interview agenda, though, the order of queries in the overall procedure of an interview timetable, though, the order of queries can be diverse. The interview agenda was planned into the next five units;

- Demographics of member
- Their psychosocial problems
- Their emotional difficulties
- Effects on their families
- Their family response

Their feelings about this matter be able to be a very sensitive topic for few participants, the investigator annoyed to stability the interview with queries that incline to highlight likely optimistic features of problems about the topic of research.

### **Data Analysis Procedures**

Ideological Phenomenological Analysis (IPA) was conducted in order to emerge themes from data. Investigate the transcribed knowledge through that researcher can decide issues. Ideographic phenomenological indications analysis endures by the strategy of lessening, the analysis statements and themes and then appearance for very possible logic (Merriam, 1998).

### **Procedure**

The data was collected from Captain Mouzam Ali Shaheed Welfare Trust Hospitals in Jhelum, Pakistan. The permission was taken from participants. The participants signed informed constant form. They were additionally prompted that they were under no promise to respond to any questions which they might not have felt OK with. Participants were given notification ahead of time prior to the meeting, a broad layout of the person to observed, a symptom of the

type of data that was expected of the member, the motivations behind why the examination was being completed and how the data which they provided would be used. Preceding the start of each meeting, the participants were described the time allotment engaged with the meeting and appropriate time was consented previously, then after the fact the meeting for the participants to pose any investigations identifying with the examination point.

All participants signed a consent form in which specified that they were agree to contribute in the interview. In consent form the investigator confirming members regarding the confidentially during the procedure. The data was collected all member individually for an in-depth interview in hospital. The complete demographic data was collected in extent to understand the personal characteristics of the participants, the interviews were recorded through audio tape recorder by the consent of participants. Non-verbal responses were noted on the demographic sheet and semi-structured interview sheet.

### **Tape Recording and Transcription**

During the interview, audio voice recorder was used with the consent of participant. The interviews were recorded in order to re-listening of interviews to appropriate transcription. The transcription of interview started after conduction of the first interview. The researcher carefully listens recorded interview and transcribed it. Firstly, the researcher handwritten transcribed and then typed. All interviews were transcribed within 10 days and all identified information was written and paged were assigned. Then the data was analyzed through Ideographic Phenomenological Data Analysis (IPA) (Merriam, 1999).

The researcher used the following step while doing IPA.

#### **Significant Statements**

After transcription of interviews, the researcher identified the all-significant statements of the participants which were relevant to information required for the study. All repetitive statements were excluded. These statements note represent the summarizing and identifying the connection between variables (Merriam, 1999).

#### **Formation of Themes**

After textural analysis and identification of significant statements, the researcher continued the process of generation of themes. Themes were emerged according to statements. After emerging themes, the pages numbers of respective transcription of the participant were assigned (Merriam, 1999).

#### **Clustering and Connecting the Theme**

All identified and emerged themes were listed on another page to assess the connection between the themes. After looking on the connection of themes with each other, the relevant



themes were put in one cluster, Subordinate and superordinate themes were listed separately (Merriam, 1999).

### Write Up the Results

After all steps of themes identification, emerging themes, clustering then etc. and the researcher started to write up of the results. In the write up the result, the researcher defined and explained themes one by one and mentioned the participants verbatim as he described (Merriam, 1999).

### Peer Review and Debriefing

It is an outer check for the course of subjective exploration likewise a between rater dependability is utilized in quantitative examination by Zainab et al. (2015). I requested four colleagues who had research experience and had more than five-year clinical field experience. I selected them because they have many years' experience about this field and they can ask challenging question regarding each point of research that make research more creditable. Three of them accepted my request and one of them refused due her busy schedule. Two colleagues from Lahore and one from Jhelum. All researchers read transcript specific pages accordingly and give written feedback accordingly. All researchers agreed with the most of the generated themes and gave some suggestions to change some times.

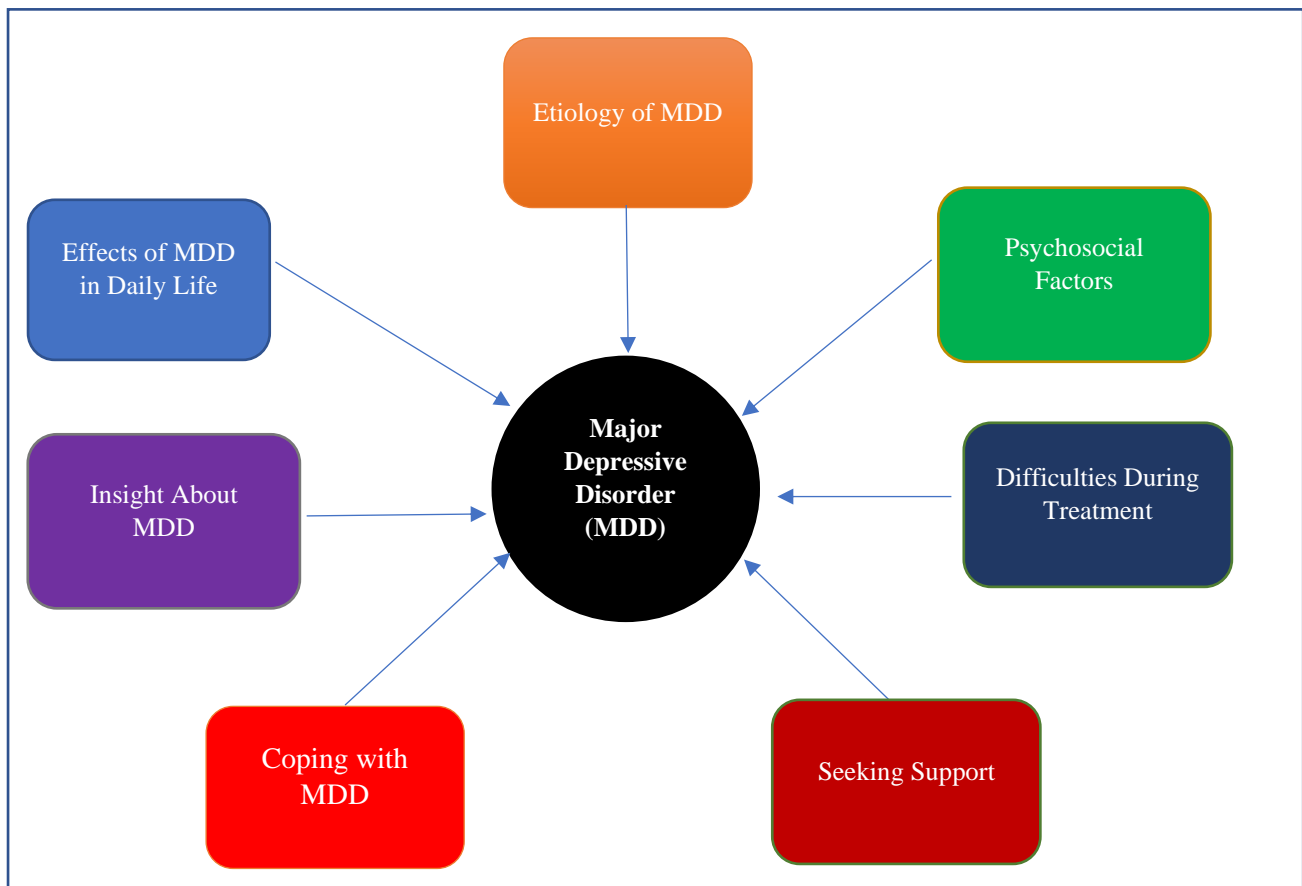
## RESULTS

**Table 1**

*Showing Summary of Demographic Characteristics of the Participants Interviewed (n=5)*

Initials Names of Participants	A. K	M.S	Z. A	M.U	S. A
Gender	Female	Female	Female	Female	Female
Age	46	35	50	30	40
Language	Punjabi	Urdu	Urdu	Urdu	Urdu
Education	Uneducated	Uneducated	Metric	Intermediate	MA
Family Background	Urban	Rural	Rural	Rural	Rural
Religion	Islam	Islam	Islam	Islam	Islam
Duration of Marriage	10 Years	6 Years	14 Years	5 Years	9 Years
Marital Status	Married	Married	Married	Married	Married
Education of Spouse	Metric	Intermediate	Primary	Graduation	MBA
Family Environment	Happy	Happy	Conflicted	Conflicted	Happy
Relationship with Family & Friends	Moderately Satisfied	Satisfied	Not Satisfied	Not Satisfied	Satisfied

Personal data was collected from participants by completing questionnaire.



**Figure 1.**  
*Figure 1. Showed Model of Major Depressive Disorder*

IPA is a method with the investigation of human lived experience. Through, IPA the investigator was trying to sort out how others figure out their own encounters, otherwise called twofold hermeneutic by Marshall, (1996). The purpose of IPA was selected to discover what suicidal ideation and commitment with major depressive disorder and it related problems are same for all members and how they establish understandings of their experiences. While analyzing data regarding this content, it was what exact people with this disease know about the experiences of MDD. How they perceived them and what are their experiences and what are the environmental factors.

**Table 2**

*Showing Summary of IPA Analysis of the Participants Interviewed (n=5)*

Sr #.	Research Questions	Themes	Subthemes	Main Themes
1.	How did major depressive disorder develop?	Childhood Abuse Conflicts with Mothers Siblings Comparison	Family Conflicts Siblings Rivalry Psychological Issues	Etiology of MDD

Relationship Issues Insecurities				
2.	How did major depressive disorder affected you in your day-to-day activities. If so, in what manners?	Feeling Depress Sadness Loss of Interest in all activities Suicidal Ideation Interpersonal Problems	Effect all Important Areas of Life Personal Area Social Area Workplace Area	Effects of MDD
3.	Why you committed suicide?	Late Marriage Having No Children Strict Home Environment Husband's Aggression Poverty	Marital issues Environmental Factors Partner Infidelity Emotional Issues	Psychosocial Factors
4.	When you have to experience suicidal ideation then what have you done to cope with depression?	Walk Divert Attention Deep Breathing Discuss with Friend Watching TV Silent	Relaxation Exercises Entertainment Shows Distraction	Coping with MDD
5.	How did you get the information you needed about depression?	Friend Neighbors Internet Morning Shows Seminars	Community Discussions Social Media Electronic Media	Insight About MDD
6.	Have you asked someone to help you with your side effects?	Yes Sister Friend Counselling Helplines Doctors	Siblings Peers Therapist	Seeking Support
7.	What difficulties you experience during the treatment of major depressive disorder?	Doctor Fee Medicines Side Effects Stigmatized People Humiliate when I visit Therapist	Financial Problems Social Difficulties Medical Issues	Difficulties During Treatment

There were seven main themes were emerged in the current study were named as Etiology of Major Depressive Disorder (MDD), Effects of MDD, Psychosocial Factors, Coping with MDD, Insight about MDD, Seeking Support and Experience Difficulties During the Treatment of MDD. The themes and subthemes are explained in the (Table 2).

## DISCUSSION

In the present study females' participants met criteria for major depressive disorder of moderate severity. Predisposing factors included a family history of depression, adverse early experiences, including parental discord, gender discrimination, and emotional neglect. Their marriages against their wishes and their late marriages are accompanying problems were the most likely precipitating factors.

According to Creswell, (2013) prevailing insecurity in the Pakistan was an important perpetuating factor for females' depression, as chronic terrorist attacks have a significant impact on mental health, often causing anxiety and depression. Women especially are concerned about the threat of terrorism, and they think more about terrorism than men do. In South Asian cultures, somatic symptoms are a common presenting complaint in depressed patients, especially women by Creswell (1998), since physical illnesses are more culturally acceptable and more often given proper attention, as compared with psychiatric illnesses. Therefore, patients with depression are generally seen initially through general doctors, and the diagnosis is frequently missed.

In the present study, headaches and body aches were major complaints. Some 70% of Pakistan's population resides in rural areas, within an established feudal or tribal value system. Awareness about mental health is limited. Psychological disorders are generally stigmatized and are perceived to have paranormal reasons by Smith et al. (2009). Hence, the majority of patients seek help from traditional faith healers or religious leaders by Khan et al. (2012). Suicide is a condemned act in Islam by Chaudhry et al. (2010), and under Pakistani law (based on the beliefs of Islam) both suicide and deliberate self-harm are prohibited acts, punishable by imprisonment and fines by Karim et al. (2008). Nevertheless, the number of suicides has been increasing in recent years. Most suicides happen in single males and married females under age 30. The most common methods used are hanging, insecticide, and firearm, and the most common reasons for suicide are interpersonal relationship problems and by Naeem et al. (2006). Suicide in Pakistan is strongly related with depression, which is underrecognized and undertreated (Khan & Hyder, 2006).

Furthermore, the majority of suicidal patients in a study conducted by Khan (1998) were married females. Fights with husbands (which accounted for 80% of the suffering) and fights with in-laws (which accounted for 20% of the suffering) (43 percent). The bulk of the participants in another study on parasuicide in Pakistan by Khan (2007) were young people (mean age 27-29 years). The sample revealed a higher frequency of women (185) than men (129), as well as a higher proportion of married females (33%) than men (18 percent). The two

primary groupings among women were housewives (55 percent) and students (32%). The majority of the participants (80%) admitted to having problems with their partners. A four-year survey of psychiatric outpatients at a private clinic in Karachi showed that two thirds of the patients were women and 60% of these women had a mood illness. 70% of them were victims of violence (domestic violence, beating, sexual harassment and rape) and 80% had marital or family conflicts by Shekhani et al. (2018). Two-thirds of psychiatric outpatients at a private clinic in Karachi were women, according to a four-year survey, and 60% of these women had a mood disorder. 70% had been victims of violence (domestic violence, beatings, sexual harassment, and rape) and 80% had marital or family issues (Shekhani et al. 2018).

### **LIMITATIONS**

This study has a number of limitations that should be noted. To begin, we only took measurements from patients at a single tertiary hospital. Though Civil Hospital, one of Pakistan's biggest hospitals, is a therapeutic center where people come from all over the city, we believe that integrating additional institutions would have strengthened the results and made them more generalizable. Second, due of the somatic indicators of the illness, such as anxiety, there is a chance of earning greater scores on depression scales. Finally, the findings of this study may not be applicable to other countries in the region, or even different parts of Pakistan.

### **CONCLUSION**

In most cases, a psychiatric history is not available. Paradoxically, in certain subcultures, suicide is considered to be an honorable act in specific situations. Females are seen as responsible for maintaining a family's honor, and in the present study females with major depressive disorder either follow the family's wishes or commit suicide. In other words, a female who violates desires of her family is must carrying shame to her family, and the only solution to save that integrity is to attempt suicide. Females who are depress or are in a condition where they trust that their stressors are imminent sometimes prefer to kill themselves relatively than participants themselves and their families to this shame and dishonor. Thus, there is a high need to create awareness about identification of signs of psychological disorders and to establish an appropriate referral system for essential treatment at the initial stage of the illness, to avoid delayed presentation when the illness is more unconventional.

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## **DECERATIONS**

### **Author Contribution Statement**

**Tania Qamar:** Comprehended and intended the research; Completed the research; resources, data analysis, Wrote the article.

**Assoc Prof. Dr. Saralah Devi Mariamdarani Chethiyar:** Review Paper

**Dr. Nabisa Binti Ibrahim:** Review Paper

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There are no conflicts of interest declared by the researchers.

### **Additional Information**

There is no additional information available for this paper.

### **Data Availability Statement:**

Because of confidentiality and ethical constraints, data is only available on demand. The data that backs up the findings of this study is available upon request from the corresponding author.

Because of confidentiality and ethical concerns, the data is not publicly available.

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