

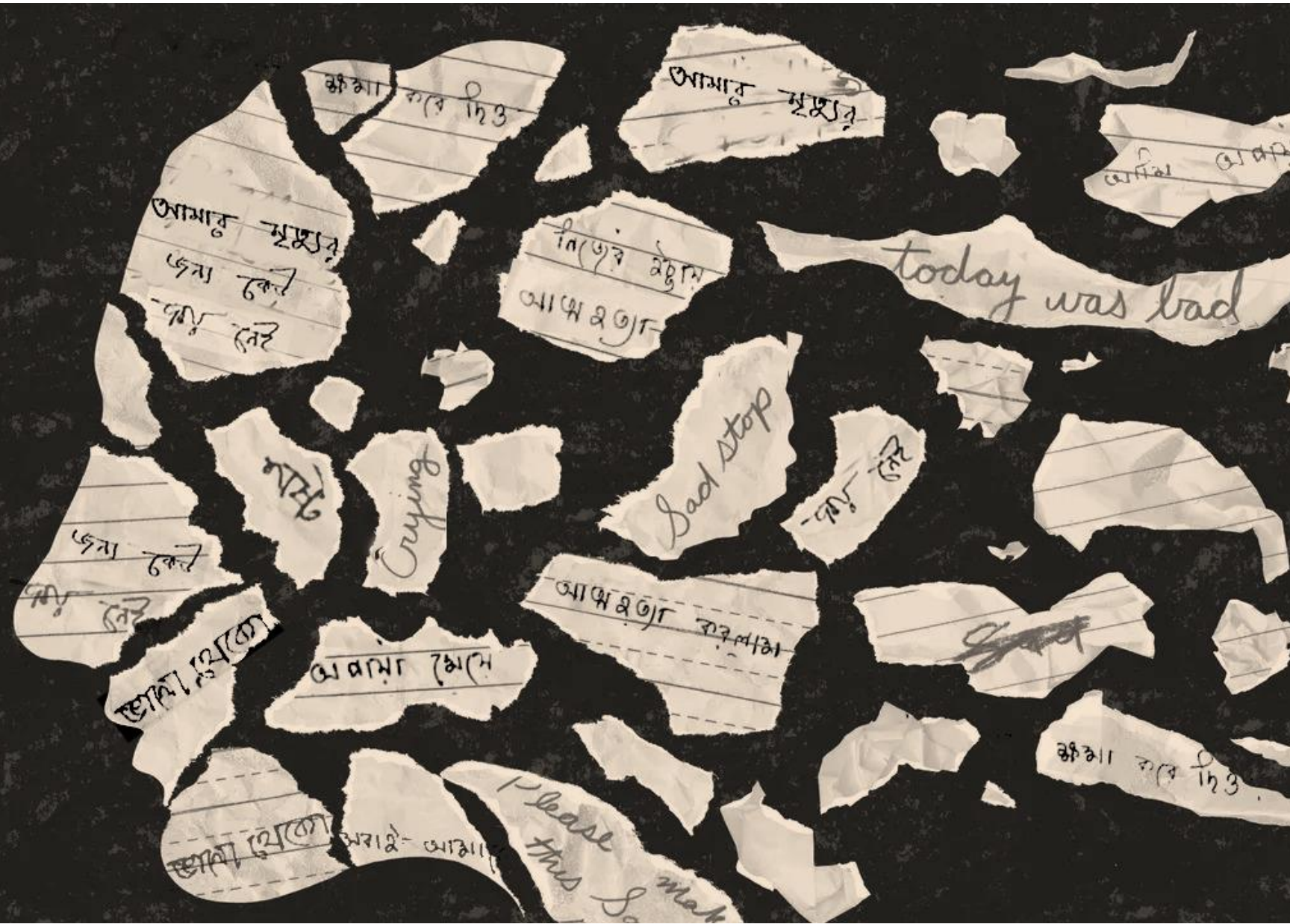
CGS PEACE REPORT

an initiative of **BPO**



Volume 6, Issue 2

March 2022



Suicide Prone Demographics of Bangladesh

Causes of Suicide among Youths in Bangladesh

Suicide Among Women in Bangladesh: A Global and National Scenario

CGS PEACE REPORT
an initiative of
BPO- Bangladesh Peace Observatory



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From the Editor's Desk

Albert Camus once said, "There is but one truly serious philosophical problem, and that is suicide. Judging whether life is or is not worth living amounts to answering the fundamental question of philosophy. All the rest—whether or not the world has three dimensions, whether the mind has nine or twelve categories—comes afterwards."¹ In 2021, more than 700,000 people committed suicide globally. In fact, on average, more people commit suicide annually than die from human violence. But philosophically problematic it may be, suicide is also painful. I can only fall back on Jibanananda Das' poem to express the confluence of philosophy and pain of suicide:²

It was heard
They took him to the morgue.
Last night in the February dark
When the crescent moon, five days toward full, had set
He'd had the urge to die.

A wife had lain beside him—a child, too.
There had been love, hope, in the moonlight.
Then what ghost did he see? why was his sleep disturbed?
Or maybe he hadn't slept for days. Now, lying in the morgue, he sleeps.
He had sought this sleep perhaps.
Like a plague rat, mouth smeared with frothy blood, neck slack
In the bosom of a dingy cranny, now he sleeps.
Never again will he wake.

"Never again will you wake
Never again will you know
The unrelenting, unrelenting grievous
Pain of waking."
As though some stillness stretched its camel's neck
Through his window
And said these words to him
When the moon had sunk into strange darkness.

¹ Albert Camus, *The Myth of Sisyphus And Other Essays* (New York: Vintage, 1955), p. 4.

² Jibanananda Das, "A Day Eight Years Ago". Translated from the Bangla by Clinton B. Seely. See, https://www.parabaas.com/jd/articles/seely_scent_eightyears.shtml. Accessed on 8 August 2022.

But the owl is awake,
And the decrepit, putrefying frog begs a few moments more
Among anticipated warm affections—beckoned by another dawn.

I sense all around me the unforgiving opposition
Of my mosquito net, invisible in the swarming darkness. The mosquito stays awake within his
 blackened monastery, in love with life's flow. Flies alight on blood and filth, then fly
 again to sunlight.
How many times have I watched the play of winged insects on waves of golden sunshine.

An intimate sky, it would seem—some pervasive life force
Controls their hearts.
The grasshopper's constant twitching, caught in the mischievous child's grasp,
Fights death.
Yet in that foremost darkness after moonset, you, a coil of rope in hand,
Had gone alone to the *ashvattha* tree,
Knowing that the grasshopper's life, or the *doyle* bird's, never meets with
That of man.

The *ashvattha* limb,
Did it not protest? Did not the fireflies in a cordial throng
Appear before you?
Did not the blind and palsied owl come and
Say to you: "Old lady moon has sunk in the flood, has she?
Marvelous!
Let's now catch a mouse or two!"
Did not the owl screech out that raucous news?

This taste of life—the scent of ripe grains in an autumn afternoon—
You could not tolerate.
In the morgue, is your heart at ease,
In the morgue, in that suffocating stillness
Like a flattened rat, bloody lipped!

Listen,
However, to this dead man's tale. He lacked
Not love of woman,
Nor did married life's expectations
Go unfulfilled.

From time's churning emerged a wife
And honey, the mind's honey
She let him know.
Never in this life did he shiver
In the cold of hunger's draining pain.
And so,
In that morgue,
Flat out he lies upon a table.

I know, yet I know,
A woman's heart—love—a child—a home—these are not everything,
Not wealth nor fame nor creature comforts—
There is some other perilous wonder
Which frolics
In our very blood.
It exhausts us—
Fatigues, exhausts us.
That exhaustion is not present
In the morgue.
And so
In that morgue
Flat out he lies upon a table.

But every night I look and see, yes,
A blind and palsied owl come sit upon the *ashvattha* branch,
Blink her eyes and say: "Old lady moon has sunk in the flood, has she?
Marvelous!
Let's now catch a mouse or two!"
Oh profound grandmother, is still today so marvelous?
I too, like you, shall grow old—I shall cast old lady moon across the flood, into the whirlpool. Then we
two together shall empty life's full store.

Imtiaz Ahmed
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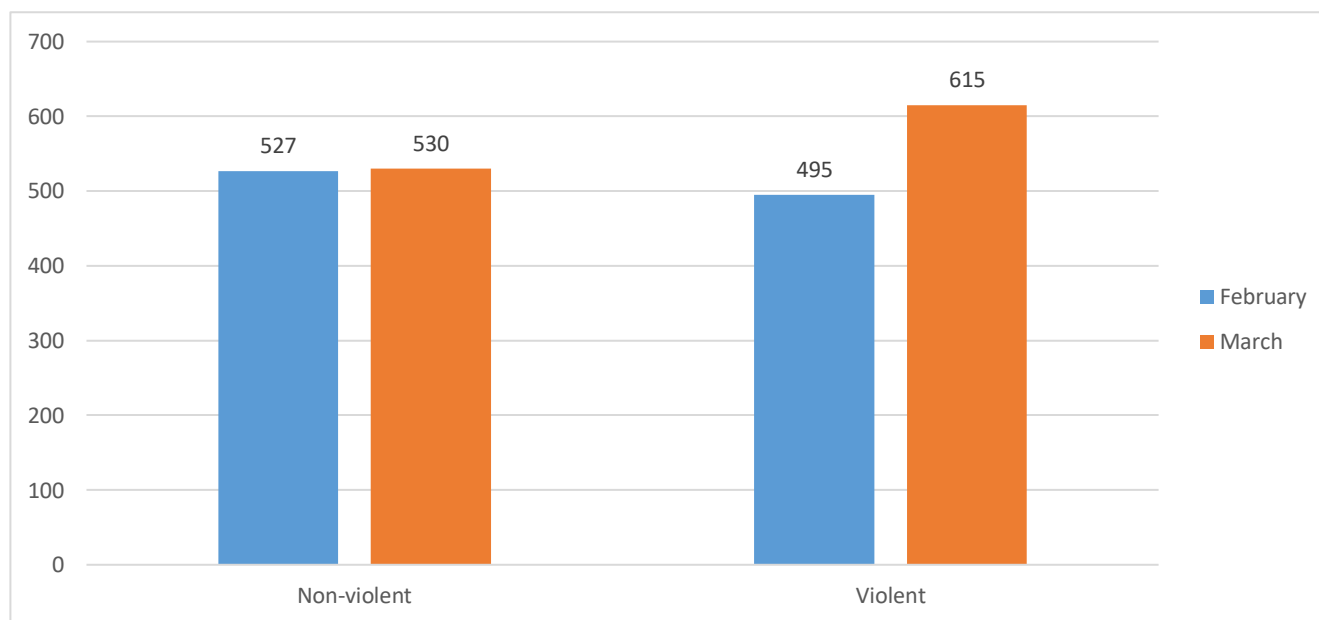
Crime and Violence Update in Bangladesh: An Analysis from BPO

Violence Update (February- March 2022)

The Bangladesh Peace Observatory (BPO) brings together different streams of publicly available data on violence using news reports from prominent national and regional dailies. From January-February 2022, BPO has recorded a total of 1110 violent³ and 1057 non-violent⁴ incidents. Figure 1 shows the monthly segregation of the violent and non-violent incidents of

February-March 2022. Drawing a comparison between these two months, it is noticeable that violent incidents increased and non-violent incidents decreased in March compared to February. According to BPO data, the overall number of incidents increased by 10.74% in March than the previous month. Table I summarises the updates on major violence types that constitute most of the violent incidents. A brief description of each category is available in the Annex.

Figure 1: Monthly segregation of Violent and Non-violent incidents



³ Violent Incident: According to BPO Codebook: The reported incident involved the intentional use of physical force by an individual or group against another individual or group, in a manner that resulted or could have resulted in death, injury or any other form of physical harm to persons or property

⁴ Non-violent Incident: According to BPO Codebook: The reported incident did not involve the intentional use of physical force by an individual or group against another individual or group, in a manner that resulted or could have resulted in death, injury or any other form of physical harm to persons or property, e.g. Arrest, Peaceful Protest, Rescue and Recovery.

The table depicts that incidents under some of the categories like Clash, Fight, Mob violence, Sexual assault have decreased and in other categories like Destruction of property, Abduction, Assault, Gun Fight, and Violence against Civilian have increased.

Table 2 illustrates the comparison of the consequences. It can be seen that except for abduction the total number of deaths, sexually assaulted, arrested and injuries have increased in March.

Table 1: Comparison of Major Violence Types

Major Violence Types	February	March
Abduction/hostage	10	12
Assault	303	444
Battle	0	0
Clash	58	51
Coup	0	0
Destruction of property	19	21
Fight	12	7
Gunfight	1	2
Mob violence (large group assault)	11	7
Other	6	0
Sexual assault	74	69
Unclear	14	19
Unspecified	0	0
Violence against civilians	1	2

Table 2: Comparison of the changes of consequences

Consequences	Total Killed	Total Injured	Total Abducted	Total Sexually Assaulted	Total Arrested
February 2022	309	997	22	75	2378
March 2022	400	1162	17	78	2828
Changes in Percentage	22.75%	14.20%	-29.41%	3.85%	15.91%

Understanding the High Number of Assaults

BPO enlists the inter-personal attacks carried out by different parties against one person/persons by another person/persons for various motives under the assault category. BPO recorded a total of 444 cases of assault in March 2022. The motives include domestic violence, dowry-related, land and other enmities related to economic factors, social-personal rivalry, attacks with criminal intent, suicide attempts, etc. Under the assault category, 48 cases of domestic violence, 16 cases of robbery/ burglary/ violent theft | 16 cases of suicide were reported.

A Decreasing Number of Clashes

The total number of clashes decreased in March than February (see Table 1). In 51 clashes reported in March 2022, 699 people were injured, including 15 women and 11 people were killed. There are 30 reports of clashes injuring ten people and over. The main motives of these clashes are election-related confrontations, political tension between groups, social rivalry, control over land or natural resource, economic and business-related feuds, social and personal trivial matters, etc. Figure 2 depicts the divisional distribution of the clash incidents. It shows that Dhaka, Chattagram, Rajshahi have higher incident numbers than the rest. In Dhaka and Khulna division, three post-electoral clash incidents were reported where 44 people were

injured. The clash mainly broke out between the supporters of the winning and defeated team to establish the winning team's supremacy.

Decrease in Sexual Assault

Reported incidents of sexual assault have decreased in March than February. Out of 69 reported cases of sexual assaults, there were 28 rapes. In some cases, rape by teens and teen gangs was also notable. The perpetrators of these offences were men of different ages, including a few minor boys, teasers, local miscreants, teachers, family members, relatives, neighbours, etc. However, the majority of the victims are girls and in one case, a boy of 12 years old was a victim of sexual assault.

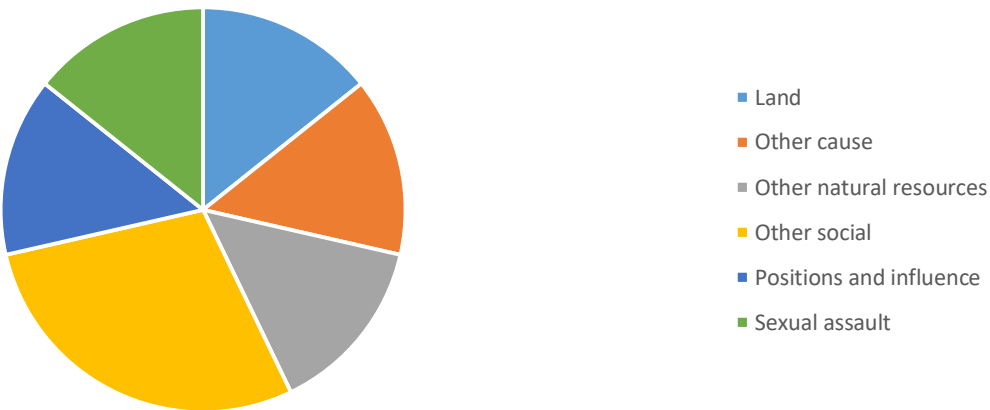
Rise in Destruction of Property

There is a rise of reported cases of destruction of property in March compared to that of February. Mostly the politically driven violence and land related violence led to vandalism.

Sharp Decrease in Fight

The number of incidents of fights decreased in March. The significant motives of these violent incidents are land related disputes, sexual assault, position and influence, various crimes, natural resources, other social and personal feuds, etc. (see Figure 3)

Figure 3: Motives of the Fights

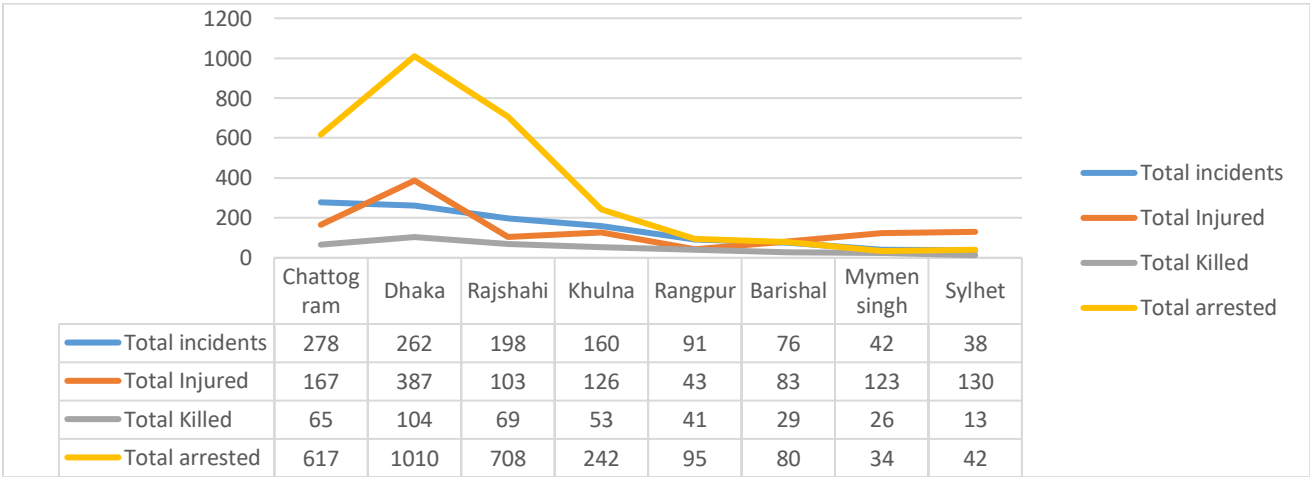


Violence-Population Nexus

Figure 4 provides a spatial glimpse through the divisional distribution of the recorded incidents and their consequences. The graph illustrates that

Chattogram, Dhaka, and Rajshahi are the first, second, and third respectively in terms of incidents and are third, first, and second respectively in terms of the death count. In addition, these three divisions are the most populous in Bangladesh.

Figure 4: Divisional distribution of incidents and consequences



But if the population ratio⁵ is applied to understand the incident prevalence and its consequences, then a different picture emerges. In that case, the Barishal division has the third highest death, highest female death, third highest injury and second highest sexual assault rate. The Rajshahi division being the first in terms of incident rate, death rate, second in term of

female death and third in terms of sexual assault rate. Khulna occupied the second highest incident rate, second highest death rate and third highest female death rate. Sylhet ranks the highest in case of death, female death, and sexual assault rate. Dhaka, Chattogram, Sylhet, Mymensingh, and Rangpur have lower rates than other divisions (see Table 3).

Table 3: Divisional segregation of incidents and consequences in terms of population: January-February 2022

Division	Incident	Rate by pop*	Death	Rate by pop*	Female Death	Rate by pop*	Injury	Rate by pop*	Sexual Assault	Rate by pop*
Barishal	76	1.37	29	0.52 (3 rd)	17	0.31 (1 st)	83	1.50 (3 rd)	6	0.11 (2 nd)
Chattogram	278	1.43 (3 rd)	65	0.33	21	0.11	167	0.86	15	0.08
Dhaka	262	0.79	104	0.31	39	0.12	387	1.17	17	0.05
Khulna	160	1.53 (2 nd)	53	0.51 (2 nd)	22	0.21 (3 rd)	126	1.20	7	0.07
Mymensingh	42	0.55	26	0.34	15	0.20	123	1.62 (2 nd)	6	0.08
Rajshahi	198	1.61 (1 st)	69	0.56 (1 st)	30	0.24 (2 nd)	103	0.84	10	0.08 (3 rd)
Rangpur	91	0.86	41	0.39	17	0.16	43	0.41	13	0.12 (1 st)
Sylhet	38	0.58	13	0.20	5	0.08	130	1.99 (1 st)	4	0.06

⁵ The population data is based on the Population & Housing Census 2011, Bangladesh by the Bangladesh Bureau of Statistics. Cited in: <http://www.bbs.gov.bd/site/page/47856ad0-7e1c-4aab->

bd78-892733bc06eb/Population-and-Housing-Census , Accessed on- 02 January 2022

Suicide Prone Demographics of Bangladesh

Arefin Mizan*

Introduction

Suicide is a major social and public health problem worldwide, causing misery for hundreds of thousands of individuals annually. Suicide accounts for 1.4% of all mortality, making it one of the top 20 leading causes of death. Approximately 800,000 individuals die by suicide in a year, making it a global necessity to reduce suicide.⁶ Asia accounts for around 60 per cent of the world's suicides. It has a greater total suicide rate, lower male-to-female suicide rates, and higher elderly-to-general suicide ratios than Western nations.^{7,8} 79 % of suicides in 2016 happened in low- and middle-income countries, according to WHO (2019). In South Asia, Bangladesh is a heavily populated country with an expanding economy.

According to the WHO, in 2016, there were around 5.9 suicides per 100,000 individuals in Bangladesh. Experts opine, that the country has a problem with suicide underreporting and a lack of monitoring.⁹ Contributing to the underreporting of suicides include the criminal status of suicide in the legal system and

the social stigma involved.¹⁰ In addition to that, while there is a new wave of scholarly publications and studies focusing on suicide risk factors and prevention strategies emerging,¹¹ there is a lack of academic discussion on suicide on a categorical basis. Suicide ideation, attempt, and modes of action largely vary for different demographics. There is an urgent need for a case-by-case discussion to develop specific and effective suicide prevention strategies for different demographics.

This study aims to look at Bangladesh's suicide problem from this perspective. Drawing on a vast range of suicide cases reported in newspapers and online media from Bangladesh Peace Observatory's (BPO) dataset, and 10 in-depth interviews (IDI) conducted with tele-counselors from two reputed tele-counseling facilities in Bangladesh, the study will investigate the key drivers and trends of suicide ideation and suicide cases in diverse and niche demographics in Bangladesh.

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⁶ "Suicide in the world: Global Health Estimates. World Health Organization: Geneva, Switzerland." 2019. Cited In: <https://apps.who.int/iris/bitstream/handle/10665/326948/WHO-MSD-MER-19.3-eng.pdf?sequence=1&isAllold=yhttps://www.who.int/publications-detail/suicide-in-the-world>. Accessed on April 27, 2022.

⁷ *ibid*

⁸ Chen YY, Wu KC, Yousuf S, Yip PS. "Suicide in Asia: opportunities and challenges," *Epidemiologic Reviews*, 2012.

⁹ S M Yasir Arafat, Fahad Hussain, Khandakar Md Jakaria, Zarin Tasnim, Md. Aminul Islam, "Empirical studies on suicide in Bangladesh in a decade (2011-2020)," *GLOBAL PSYCHIATRY*, Vol 4, Issue 1, 2021.

¹⁰ *ibid*

¹¹ *ibid*

Data & Method

Quantitative Data: This research used Bangladesh Peace Observatory (BPO) data. The BPO monitors violent episodes in Bangladesh across 36 types of violence, including self-harm and suicide. The data on suicide was retrieved using the 'self' tag and a 5-year time frame (2018-2022). This query revealed a total of 3,444 instances of suicide in Bangladesh. The BPO dataset contains numerous factors including, causes, categories of violence, targets and perpetrators, weapons used, location, and event-specific descriptions. From this data, we take a generalised look at suicide in Bangladesh at first, and then a case by case look from a content analysis of the event description for a more micro-level analysis.

Qualitative Data: In-depth interviews (IDI) were conducted with 10 tele-counsellors from two tele-counselling facilities in Bangladesh; Kaan Pete Roi and Monosheba. Non-disclosure agreements were signed with each interviewee to keep the names and identities of individuals concerned confidential, and pseudonyms will be used in each case in the qualitative section for this study. The interviews were recorded and transcribed verbatim. The interviews were analysed using narrative analysis.

Method: A mixed-method analysis integrating quantitative and qualitative data analysis was employed to acquire insight into the causes of suicide instances and suicidal ideation within distinct populations, including the elderly, military and police personnel, labourers, and ethnic minority groups and other

suicide prone populations. *We have excluded female and youth suicides from this discussion, and instead focused on more underattended demographics.* Variance between motives of suicide within each demographic were first analysed using the quantitative data. The qualitative data acquired from the interviews were then analysed to gain deeper insights into the multiplex problem of suicide in Bangladesh.

Current Situation of Suicide in Bangladesh

There is no standard reporting method for suicide prevalence in Bangladesh. In addition, there is no countrywide survey, and underreporting continues to be a problem in Bangladesh. Due to a lack of methodological robustness, surveys and research undertaken on the suicide-prone population of Bangladesh sometimes provide inconsistent findings. According to one investigative survey, 128.08 per 100,000 people in Bangladesh commit suicide annually. It has been observed, however, that the aforementioned statistic was derived from a study done in a single union, which is not an accurate representation of the suicide rate in the whole country.¹²

BPO data included suicide occurrences during a 10-year period (2012-2022) as published in 36 reputable National and regional daily newspapers (Bengali & English). It is understood that not all suicides in Bangladesh are published and publicised in the media. For this reason, the BPO data includes fewer suicide counts than the number of suicides recorded by police each year. Nonetheless, this is an important source of

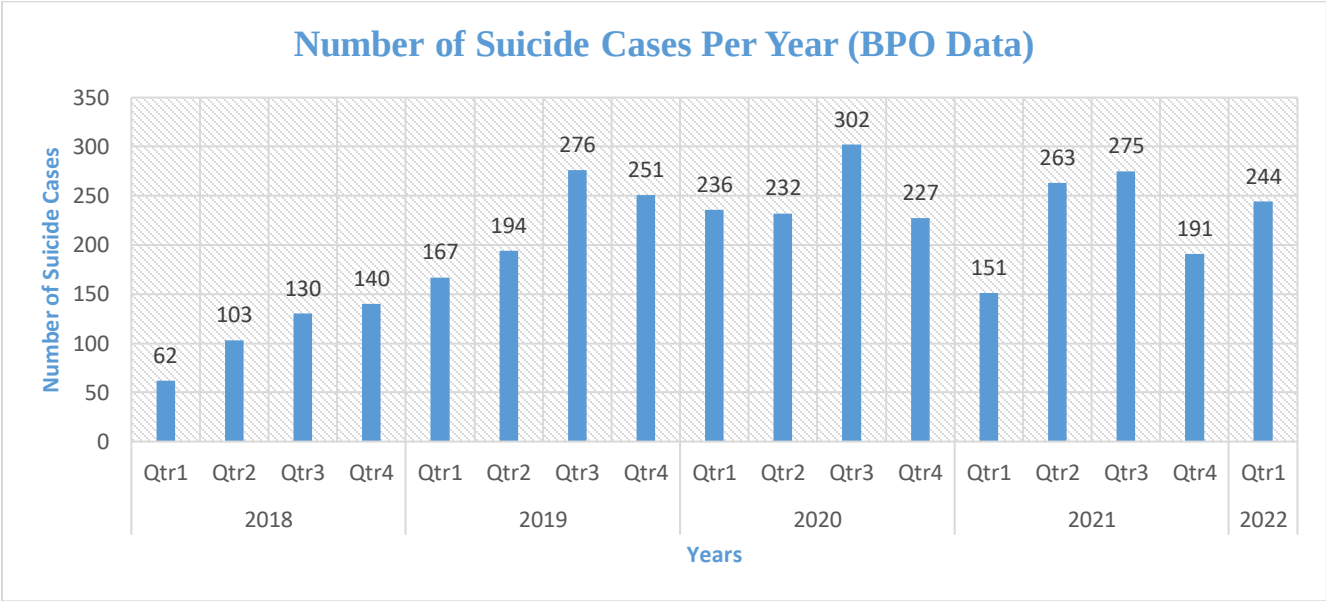
¹² "Examining the alarming suicide trends in Bangladesh," 8 May 2018. Cited In: <https://archive.dhakatribune.com/opinion/special/2018/05/08/exam>

ining-alarming-suicide-trends-bangladesh. Accessed on: 27 April, 2022

data on suicide because it can provide insights into the media reporting and sensationalisation of suicide in Bangladesh, which is believed to be a key driver behind the national increase in suicide,¹³ as well as a representative sample to statistically determine the

suicide trends in different regions of the country. The BPO data also includes the specific dates and union-level geolocations of events, providing a spatial-temporal view of the suicide situation.

Chart I: Number of Suicide Cases per Year



We studied the number of suicides in Bangladesh during the last 4.5 years (2018- April 2022). The graph depicts suicide rates for every quarter of the year. *Almost every year, the third quarter is marked by a rise in suicide rates. (see section I.I)* The highest number of suicides occurred in 2020, which may be ascribed to the COVID-19 epidemic, which exacerbated

depression and mental diseases throughout the country and directly led to the rise in suicide counts. BPO only has statistics for the first quarter of 2022, which includes 244 suicides, more than in any previous year. This suggests that this year may see a sharp rise in the total number of suicides.

¹³ Niederkrotenthaler T, Braun M, Pirkis J, Till B, Stack S, Sinyor M et al. “Association between suicide reporting in the media and suicide: systematic review and meta-analysis,” *BMJ*, 2020.

Table 1: Number of Suicide Cases by Divisions and Districts

Number of Suicide in Each Division & Districts in Bangladesh							
Barishal	327	Chattogram	664	Dhaka	632	Khulna	345
Barguna	28	Bandarban	31	Dhaka	256	Bagerhat	38
Barishal	137	Brahmanbaria	37	Faridpur	35	Chuadanga	17
Bhola	30	Chandpur	42	Gazipur	111	Jashore	77
Jhalokati	16	Chattogram	324	Gopalganj	15	Jhenaidah	24
Patuakhali	56	Cox's Bazar	89	Kishoreganj	21	Khulna	96
Pirojpur	60	Cumilla	39	Madaripur	18	Kushtia	22
		Feni	8	Manikganj	29	Magura	19
		Khagrachhari	10	Munshiganj	29	Meherpur	7
		Lakshmipur	16	Narayanganj	58	Narail	6
		Noakhali	44	Narsingdi	7	Satkhira	39
		Rangamati	24	Rajbari	16		
				Shariatpur	6		
				Tangail	31		
Mymensingh	135	Rajshahi	861	Rangpur	378	Sylhet	102
Jamalpur	12	Bogura	240	Dinajpur	85	Habiganj	14
Mymensingh	74	Chapai Nawabganj	68	Gaibandha	35	Maulvibazar	27
Netrakona	31	Joypurhat	42	Kurigram	53	Sunamganj	26
Sherpur	18	Naogaon	90	Lalmonirhat	16	Sylhet	35
		Natore	111	Nilphamari	52		
		Pabna	126	Panchagarh	24		
		Rajshahi	107	Rangpur	61		
		Sirajganj	77	Thakurgaon	52		

The table above shows us suicide incidents counts in all eight divisions and 64 districts of Bangladesh across five years. At a divisional level, Rajshahi has the highest counts, followed by Chattogram and Dhaka division. In the district level Chattogram district has the highest incidents of suicide. This phenomenon might be

attributed to highlands, arid land and megacity areas having higher rates of suicides. *Interestingly, districts in the North Bengal region of Bangladesh have a consistently even distribution and high density of suicides compared to any other region. (see section 1.2)*

Table 2: Categories of Suicide Prone Populations and Counts of Incidents

Suicide Actor Categories	Count of Incidents
Political Person	14
Law Enforcement	17
Children	755
Youth	468
Ethnic & Religious Minorities	55
Criminal Offenders	17
Labourers	153
Women & Girls	1358
Elderly	376
Males	507
Mentally Challenged	45

We investigated some of the key actors in Bangladeshi suicide cases during the last five years in the table above, generated from the BPO dataset on suicide. The table indicates that the highest rates of suicide in Bangladesh are among children (18 and under), young adults (18-35), adult men, and women & girls. Other niche demographics in our categorisation have a relatively lower number of suicide incidents. But our analysis of case descriptions from the data and interviews reveals that these demographics are at significant risk of committing suicide or, at the very

least, suicide ideation; especially elderly, labourers and mentally challenged people.

Analysis & Discussion

1. Spatio-Temporal Analysis

Numerous studies have shown an association between suicide and spatial and temporal relevance; most notably seasonality¹⁴ (periodic changes of the seasons of the year)¹⁵ and regionality (variations in rate in regards to the regions of the country).¹⁶ In addition to the dimensions of time and space that are directly linked to suicidal ideation and action, we will explore

¹⁴ Christodoulou C., et. al. "Suicide and seasonality," *Acta Psychiatrica Scandinavica*, 2012.

¹⁵ Najuwā Arendse, et. al. "Seasonality of Suicide in Jhenaidah District, Bangladesh, 2011-2018," *Journal of Social Health*, 2021.

¹⁶ Most. Zannatul Ferdous and A.S.M. Mahbubul Alam, "Present Situation of Suicide in Bangladesh: A

Review," medRxiv, 24 February 2021. doi: <https://doi.org/10.1101/2021.02.23.21252279>. Cited in <https://www.medrxiv.org/content/10.1101/2021.02.23.21252279v1.full.pdf>. Accessed on 12 May 2022.

in the following sections the importance of taking spatio-temporality into account when making recommendations for formulating national strategies for preventing suicide. These analyses will be based on our case data and interview insights.

I.1. Seasonality of Suicide in Bangladesh

As discussed in the previous section, the BPO data consistently shows a rise from the second quarter of the year which spikes in the third quarter. These two quarters combined (April-September), more specifically premonsoon and monsoon seasons, see the most numbers of suicide every year. This observation is supported by prior research; a study conducted in Jhenidah found that the average suicide rate was lowest from October to March (ranging from 6.2 percent to 8.5 percent), which primarily corresponds

to the winter season, and that the average suicide rate was highest from April to September (8.7 percent) per month.¹⁷ Other global studies indicate that regardless of a country's hemisphere, suicides are most prevalent in the spring and summer.^{18,19}

This seasonality of suicide occurrences has been attributed to a multitude of factors. The monsoon season often produces the most severe and frequent floods, which harm the land, the infrastructure and the people's health, thus increasing public suffering.²⁰ This time of year is also said to increase anxiety in both males and females,²¹ increase health risks for grassroots women and a rise in criminality across the country.²² These all factors can contribute to the increased number of suicides in Bangladesh and help devise a timely suicide prevention strategy that focuses on this seasonal aspect.

¹⁷ Najuwa Arendse, et. al., *op.cit*

¹⁸ Caulkins, C., "Temporal fluctuations in suicide," *Forensic Mental Health Insider*, 2019.

¹⁹ Galvão, P.V.M., Silva, H.R.S.e, & Silva, C.M.F.P. da. "Review article: Temporal distribution of suicide mortality. A systematic review," *Journal of Affective Disorders*, 2018.

²⁰ Ghatak, M., Kamal, A., & Mishra, O.P. Background paper flood risk management in South Asia, 2012. Cited In: Proceedings of the

SAARC Workshop on Flood Risk Management in South Asia (https://www.researchgate.net/publication/260455592_Background_paper_on_Flood_Risk_Management_in_South_Asia). Accessed on: 12 May 2022.

²¹ Plan International. *Life under water: When monsoon season strikes in Bangladesh*. (Canada: Plan International, 2021)

²² Najuwa Arendse, et. al., *op.cit*

Some cases from the BPO data during the 2nd and 3rd quarters of the year

- A debtor young man allegedly hanged himself over the personal debt crisis in Singair Upazila, Manikganj.
- A farmer has allegedly killed himself over debt-crisis in Kaliakair Upazila, Gazipur.
- A housewife (Nargis Khatun, aged 22) allegedly committed suicide by hanging herself over family feud at Naokhada village in Tarash upazila of Sirajganj district.
- A man committed suicide for poverty by taking the poisonous tablet in Bogra.
- A woman allegedly killed herself because of extreme poverty in Bandar Upazila, Narayanganj.
- Police recovered the dead body of a youth, Md. Morsalin (22) from Gomastapur Upazila, Chapai Nawabganj who allegedly committed suicide by hanging himself due to poverty and a family dispute and sent it to the morgue for autopsy.

There is a generality observed in the cases. From our search, among the 1775 cases in the 2nd and 3rd quarters of 4 years (2018-2021), the majority cases of suicides are due to poverty (504 cases), debt crisis (235 cases), family feuds (178 cases) and criminal acts (73 cases). Youth (398) and women (905) constituted the majority in the suicide cases during this time period. This corroborates the above insights and findings.

Our interviews with the tele-counsellors yielded some interesting temporal insights as well. In terms of suicide ideation and suicidal behaviors, the interviewees generally agreed that summer and spring time is when they get the most calls from suicidal persons seeking help, which further corroborates the seasonality argument. One interviewee Musarrat (pseudonym) from Monosheba said,

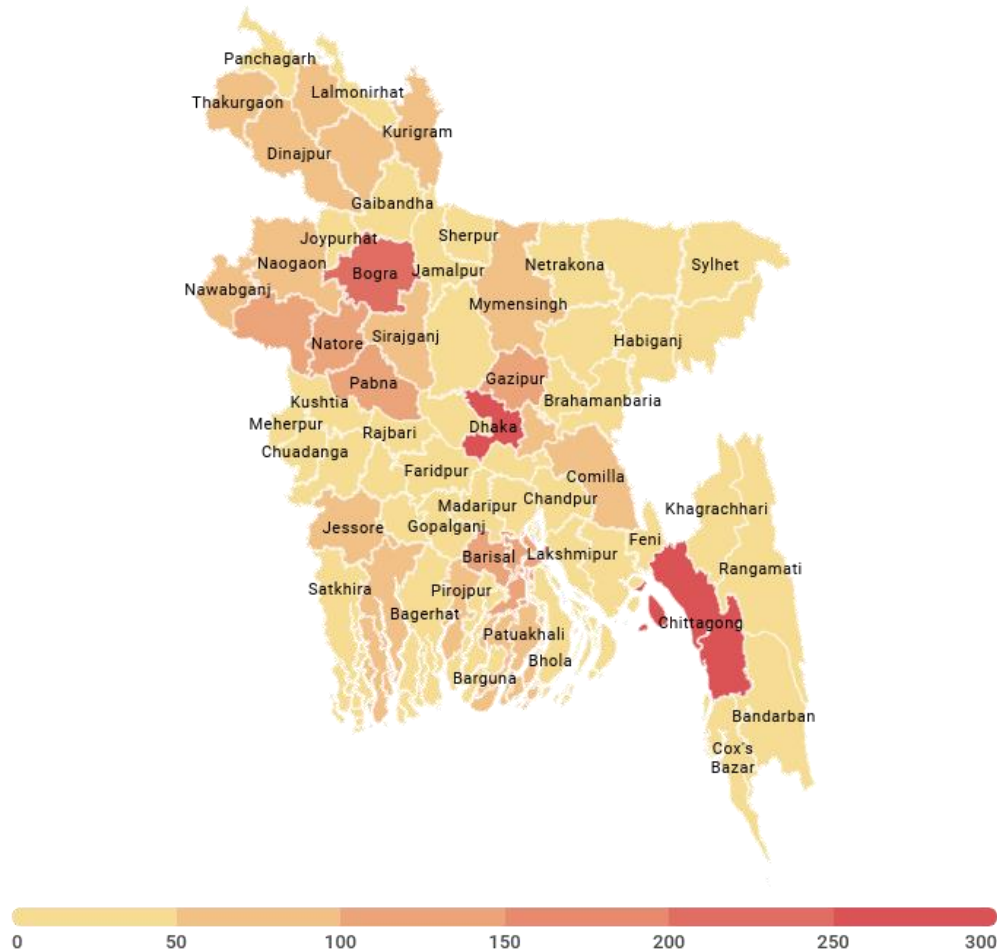
“It always gets hectic during the warmer seasons. People have a notion that winter is the lonelier season, and people tend to get depressed more often, but it’s not very correct for warmer countries, I believe. As a tele-counsellor, I’ve received more patients/callers seeking mental health help during summer and spring. It’s also when cases of suicide ideation come the most.”

I.2. Regionality of Suicide in Bangladesh

This writeup has earlier discussed insights from Table I, which shows that North Bengal (arid region), Chattogram (hilly region) and Dhaka (Urban region) have the highest number of suicide incidents every year. Mymensingh and Sylhet have the lowest number of incidents, which might be linked to their tropical monsoon climate and a more complex topography consisting of both lowlands and hills.

Chart 2

Regional Suicide Incidents Map



The heatmap in Chart 2 shows us a more district-level look at the regionality of suicide occurrences. We can see that lowland and fertile regions of the country, namely the Northeast and southern areas, have a generally uniform distribution and lower counts of suicide. *These areas are also less urban (but not wholly*

rural), *enclaved by either sea or hill regions and have a generally tropical monsoon weather with a high crop yield due to consistent rainfall and fertile lands.* Compared to that, Dhaka, Chattogram and Bogura are in the red zones. Population density can be a confounding variable to explain these districts' higher number of

incidents. Still, other explanatory factors are at play here, based on numerous studies on the correlation of topographic structure, geographic location, and climate fluctuation on suicide incidents and suicidal tendencies.

Rural regions tend to have more significant negative economic indicators, such as unemployment and poverty, and depend more on production industries for economic well-being; consequently, economic crises and poverty are among the leading causes behind higher suicide rates in rural areas.²³ However, an interesting factor is that hyper urbanised megacities like Dhaka and Chattogram tend to have very sparse income differences between populations, diversity or heterogeneity between population, ethnic or regional differences, and a higher risk of adverse psychiatric status. This correlates to the uncharacteristically

increased rate of suicide in some urban areas.²⁴ Other studies indicate that areas with higher elevation (slope) like highlands can contribute to higher suicide rates²⁵, further explaining the red zone in Chattogram district. Drought and water unavailability has been extensively studied as a contributor to increased suicide rate with positive results, which can be an explanatory factor for Bogura's high suicide rates.²⁶²⁷

Regionality in suicide can be a critical factor in understanding suicide ideation and suicidal behaviour, since topographic and climatic factors are associated more with mental and genetic factors than socioeconomic factors, which are harder to determine rigorously. *Studying cases from the BPO data also shows that high-risk regions have more suicide cases from mentally challenged people, depression and stress-related suicides etc.*

Cases from the BPO Data from the Red Zones (Dhaka, Chattogram & Bogura)

- A young man named Sabuj Mondal (22) committed suicide by strangling himself as he was mentally depressed for years in the capital's Savar area.
- A mentally challenged college girl committed suicide in Gabtali, Bogura.
- A mentally challenged man killed himself by tying a scarf around his neck and hanging it from the ceiling fan in Kalabagan, Dhaka.
- A woman committed suicide due to some financial and mental stress by cutting her own throat with a sharp knife in Patenga, Chattogram.

²³ "Understanding the Role of Geography in Suicide Risk," 2022. Cited In:

https://www.mentalhealth.va.gov/suicide_prevention/docs/Literature_Review_FSTP_Geography_FINAL_508_8-19-2019.pdf. Accessed on: 8 May, 2022

²⁴ Ping Qin, "Suicide risk in relation to level of urbanicity—a population-based linkage study," *International Journal of Epidemiology*, Volume 34, Issue 4, August 2005, Pp. 846–852, <https://doi.org/10.1093/ije/dyi085>

²⁵ Oka, Mayumi, et.al., "Analysis of the impact of geographical characteristics on the suicide rate and visualization of the result

by GIS (Geographic Information System)," *Psychiatry and Clinical Neurosciences*, 2014

²⁶ Richardson, Robin A et al. "Extremes in water availability and suicide: Evidence from a nationally representative sample of rural Indian adults." *Environmental research* vol. 190 (2020): 109969. doi:10.1016/j.envres.2020.109969

²⁷ Ivan C. Hanigan, et. al., "Suicide and drought in New South Wales, Australia, 1970–2007," *Environmental Sciences*, August 13, 2012.

8 out of 10 tele-counsellors who were interviewed also agreed to the hypothesis that urban people are more likely to suffer from depression, stress and mental fatigue. Fatima (pseudonym) said,

“Though people in cities have more access to mental health facilities and generally have more positive health-seeking behavior; but as a long time mental health practitioner, attending to patients from urban and rural areas alike, it is easily noticeable that city people, especially youths, job holders and women are at greater risk of suicide ideation.”

2. Demographic Analysis

Suicide is a complex topic. It is rare for suicide to be the result of a single factor. Vulnerability is typically built up over time due to a variety of interlinked factors (for example, early adverse childhood experiences, history of mental ill-health in the family, past or ongoing mental health difficulties, and adverse life events).²⁸ But one underattended area of suicide studies seems to be the differences in suicidal acts in different demographic compositions, especially at a micro categorical level. But suicide among niche demographics such as ethnic minorities, elderly,

criminal offenders, labourers and poor people has yielded different results and statistical tendencies.²⁹ A holistic suicide prevention strategy often misses this layer of complexity. Different demographics exhibit various forms of suicidal ideation, suicidal behaviour and other modes of suicide, so policy or intervention strategies have to be centred around in-depth research into each demographic. This section will qualitatively discuss some of the major but often neglected demographics in Bangladesh who are at the risk of suicide.

2.1. Elderly Suicide

Suicidal behaviour among the elderly (persons aged 55 and above) is a serious public health concern in many nations.³⁰ Although elderly individuals make up just 12 percent of the population, they account for around 18 percent of suicides.³¹ Suicide attempts among the elderly are common, with some estimates as high as 20%. The prevalence of suicidal thoughts among older persons owing to loneliness, cognitive impairment, chronic sickness, and pain has been widely recognised by experts.³² This problem is sufficiently large to constitute a separate public health problem requiring serious attention.³³

²⁸ “Understanding the complexity of suicide and suicidal behaviour,” 02 December, 2021. Cited in: <https://www.birmingham.ac.uk/research/perspective/understanding-the-complexity-of-suicide.aspx#:~:text=%E2%80%9CSuicide%20is%20complex.,and%20interrelated%20set%20of%20factors.%E2%80%9D>. Accessed on: 02 May, 2022

²⁹ Oliver B. Torres., eds., *Encyclopedia of Suicide* (New York: Nova Publishers, 2016)

³⁰ Conejero, Ismael et al. “Suicide in older adults: current perspectives.” *Clinical interventions in aging* vol. 13 691-699. 20 Apr. 2018, doi:10.2147/CIA.S130670

³¹ “Suicide and Older Adults: What You Should Know,” 07 September, 2021. Cited in: <https://www.ncoa.org/article/suicide-and-older-adults-what-you-should-know>. Accessed In: 02 May, 2022

³² Crestani, Carlo et al. “Suicide in the elderly: a 37-years retrospective study.” *Acta bio-medica : Atenei Parmensis* vol. 90,1 68-76. 22 Jan. 2019, doi:10.23750/abm.v90i1.6312

³³ *ibid*

Unfortunately, no single study in Bangladesh has been conducted on this subject. From Table 2, we can see there is a total count of 376 elderly suicides in Bangladesh over 5 years, almost 11% of the total number of suicide incidents in the data. It should be

noted, that elderly suicides tend to get less attention from the media than suicide by youths, so the actual count of elderly suicides might be much higher than the data in BPO.

Cases of Elderly Suicides from the BPO Data

- An elderly man committed suicide by strangling himself with a tree over his illness in Nawabganj, Dinajpur.
- An elderly woman strangled herself to death over her health issues in Phultala, Khulna. A UD case was filed on this incident.
- An elderly man committed suicide by taking poison over his sickness in Keshabpur, Jessore.
- An elderly couple tried to kill themselves in Shailkupa Upazila, Jhenaidah over family neglect. The husband has died and wife was under treatment.

Case descriptions analysed from the BPO data give us some similar patterns of suicide over grief, illness, loneliness or family feud. The modes of suicide generally involve hanging or taking poison. We also see a prevalence of elderly suicides in the more rural regions of the country compared to the urban area.

Four interviewees confirmed their experiences in handling elderly depression and suicide ideation. According to them, while very few cases of older adults seeking mental health help occur in general, it is not zero. The interviewees narrated a total of 5 cases of elderly suicide ideation. Almost all of them were from affluent families and suffered from loneliness due to no close relatives or family members living with them. One particular case describes an elderly patient with clinical depression.

"I once handled a night phone call from an older lady named Mahbuba (pseudonym). She was 62 years old, a retired govt. job holder. She said that

her husband died two years ago and two of her children are abroad and they almost never call. She is not close with her relatives either. She said that she feels so lonely, that suicidal thoughts creep up every day. When she called us, she was not even seeking help, she just wanted to talk to someone for a while."

- Sazzad (pseudonym), Tele-counsellor

"Mr. Rakib has been taking depression meds and mood uppers for a long time. He is almost 70 years old now, and he lost his wife almost 10 years ago. He said that waking up every day feels like hell. He does not want to continue living. His family urges him to continue seeing the psychiatrist, but he does not see any point. He does not exhibit typical suicidal behaviour. But he constantly has suicide ideation, and the meds don't seem to be helping."

- Mouri (pseudonym), Tele-counsellor

2.2. Suicide in Law Enforcement & Military

Law enforcement officers and military personnel are exposed to several hazards, including life-threatening situations, traumatic occurrences, witnessing violence and assaults, and child abuse, among others.³⁴ Such a wide variety of exposures may raise the likelihood of suicidal behaviors, such as depression and pessimism. The ready availability of guns or other means of self harm provides officers with a quick way of acting upon suicidal urges. Due to these, possibly suicide-related issues in police and military employment, those in this profession may be at a greater risk.³⁵

Bangladesh is also seeing a rising trend of suicide in police and military corps.³⁶ According to police data, at least 18 police officers killed themselves in the last three years.³⁷ BPO data recorded 17 cases of police and military personnel suicides across five years. While an occupational group might be too farfetched to be called a demographic, the circumstances and modes of suicide in law enforcement are very different from suicide in any other groups or demographics. Several studies on police and military suicides have found significant differences in motivations, causal factors behind suicide ideation, behaviour, and actions. Many

countries have devised and undertaken focused prevention strategies to prevent suicide in law enforcement or the military.³⁸

Cases of Suicides in Law Enforcement and Military from the BPO Data

- A member of Bangladesh Ansar committed suicide with the allocated firearms to him over family feud at Basundia Police camp under Abhaynagar Upazila of Jashore district,
- A sub-Inspector of Kurigram Sadar, committed suicide by shooting himself through his official firearms at his rented house in Hatirpar area of Kurigram district.
- A former army person hanged himself to death over family feud and economic problem at Nabinagar, Brahmanbaria.

Some commonalities between the police and military suicide cases can be noticed. *Firstly, most of them committed suicide with their firearms. Secondly, primarily lower-ranked officers with higher work hours and low salaries have committed or attempted suicide.*³⁹ Some

³⁴ Violanti, John M, and Andrea Steege. "Law enforcement worker suicide: an updated national assessment." *Policing (Bradford, England)* vol. 44,1 (2021): 18-31. doi:10.1108/PIJPSM-09-2019-0157

³⁵ *ibid*

³⁶ "পুলিশে আত্মহত্যা বন্ধে পদক্ষেপ জরুরি," 19 September, 2021. Cited In: <https://sarabangla.net/post/sb-596125/> . Accessed on: 3 May 2021

³⁷ *ibid*

³⁸ "Law Enforcement Suicide Data Collection (LESDC)," Cited in: <https://www.fbi.gov/services/cjis/ucr/law-enforcement-suicide-data-collection>. Accessed on: 3 May 2021

³⁹ "পুলিশে আত্মহত্যা ও সামাজিক মনস্তত্ত্ব," 22 July, 2021. Cited In: <https://www.thedailystar.net/bangla/%E0%A6%85%E0%A6%AD%E0%A6%BF%E0%A6%AE%E0%A6%A4/%E0%A6%AE%E0%A6%A4%E0%A6%BE%E0%A6%AE%E0%A6%A4/%E0%A6%AA%E0%A7%81%E0%A6%B2%E0%A6%BF%E0%A6%B6%E0%A7%87-%E0%A6%86%E0%A6%A4%E0%A7%8D%E0%A6%AE%E0%A6%B9%E0%A6%A4%E0%A7%8D%E0%A6%AF%E0%A6%BE->

cases reported extreme distress due to long and tiring work hours and the inability to spend time with family or lack of holidays as the primary motivator.⁴⁰

The data shows a disturbing trend of gun availability being a key factor in police and military suicide in Bangladesh. Also, meager salaries for young officers, lack of facilities, and the culture of working long hours might be contributory factors. Any suicide prevention strategy focusing on law enforcement and the military should consider these factors. There is also the culture of shaming help-seeking in such professions, which was cited as a primary reason by all ten of our interviewees for which law enforcement or military persons hesitate to seek help for mental health problems.

Minority Suicide

People can be minority or majority based on different socioeconomic statuses such as ethnicity, religion, social standing, sexuality, identity etc. Defining minority in precise terms is a difficult task on its own, let alone categorising minority suicides. For the sake of simplicity, we are going to include only ethnic and religious minorities in the current discussion.

Some cases of Suicides in Ethnic and Religious Minority Communities from the BPO data

- A boy and a girl who were in a relationship committed suicide as their families refused to accept their relationship in Kaptai, Rangamati. They belonged to different religions.
- A Buddhist monk (Yana Para Vante, 40) allegedly committed suicide by taking poison at Thanchi upazila of Bandarban district.
- An ethnic minority girl allegedly committed suicide by drinking poison in Naogaon.
- Police recovered the dead body of a man, Ronil (23), belonging to an ethnic group from Porsha Upazila, Naogaon who allegedly committed suicide by drinking poison for unknown reasons.
- A Hindu priest committed suicide in his room in Faridpur.
- A university student Anik Chakma hanged

⁴⁰ *ibid*

⁴⁰ *ibid*

There are a total of 55 suicide cases from the ethnic and religious minority communities in BPO data. It is hard to find any general pattern behind minority suicide causes from available data. There are cases of young couples committing suicide due to different religions and the social stigma surrounding interfaith marriage. There is a trend of priests and monks committing suicide in their solitude. Another noticeable insight from the data is that men among minorities committed more suicide than women. The number of suicide cases among minorities have also increased through the years, peaking in 2020, which could also be attributed to the COVID-19 pandemic.

Our interviews with tele-counsellors did not give us much insights into ethnic and religious minority suicide either. But all interviewees cited cases of sexual minorities, namely members of the LGBTQ community seeking help with suicide ideation and depression (following the non-disclosure agreement, for the safety of the participants, the cases narrated during the interview would not be discussed in this paper). We have found very little data on suicide of sexual minorities in Bangladesh. The estimations from non-governmental sources are erroneous. Roopbaan and Boys of Bangladesh conducted a study of 571

LGBT persons in 2015. Over twenty percent of respondents who reported feeling mentally distressed owing to their sexual orientation claimed to having suicidal thoughts and feelings of self-hatred.⁴¹

According to several research, apart from the more obvious socioeconomic factors, there could also be spatial and bio-genetic factors in minority suicides.^{42,43} There needs to be more detailed research and discussions about minority groups across all spectrum of identities in Bangladesh.

Labourers Suicide

The influence of economic impact on suicide is much greater in developing countries whose economies are heavily dependent on labour-intensive industrial sectors, especially those that employ a substantial number of young women.⁴⁴ Depression has been related to widespread social inequalities, financial gaps, poverty, and the high frequency of chronic pain and medical diseases such as cardiovascular disease and diabetes.⁴⁵ All Bangladeshi labourers experience these issues. This is a primary reason why they are more susceptible to depression and have a greater suicide risk than the overall population.

⁴¹ "BEYOND GENDER: THE SOUTH ASIAN EXPERIENCE, LOSING BANGLADESHI QUEERS TO SUICIDE," 2021. Cited in: <https://i-probono.com/download/?id=5564>. Accessed on: 05 May, 2022

⁴² Ramchand, Rajeev et al. "Trends in Suicide Rates by Race and Ethnicity in the United States." *JAMA network open* vol. 4,5 e2111563. 3 May. 2021, doi:10.1001/jamanetworkopen.2021.11563

⁴³ O'Donnell, Shannon et al. "Increased risk of suicide attempts among Black and Latino lesbians, gay men, and bisexuals." *American journal of public health* vol. 101,6 (2011): 1055-9. doi:10.2105/AJPH.2010.300032

⁴⁴ Fitch, Taylor Jennelle, et al. "Prevalence and Risk Factors of Depression among Garment Workers in Bangladesh." *International Journal of Social Psychiatry*, vol. 63, no. 3, May 2017, pp. 244–254, doi:10.1177/0020764017695576.

⁴⁵ *ibid*

Cases of Labourer Suicide from the BPO Data

- A garments worker allegedly hanged himself over a domestic feud in Sreepur Upazila, Gazipur.
- A day labourer allegedly committed suicide after arbitration with shop employees who implicated him falsely in theft
- A female garments worker allegedly hanged herself over a domestic feud in Gazipur Sadar Upazila, Gazipur.

From the BPO data, a total of 153 incidents of labourer suicides were analysed (see Table 2). Most of them are garment workers and domestic workers, predominantly female. Usual modes of suicide include hanging or self-strangulation. An important aspect to note is that, most suicide cases of labourers happened due to family feuds or as a result of domestic violence; away from work. One can easily misinterpret this as labour conditions having nothing to do with suicide ideation or incidents. But research suggests that mental stress builds up in a hazardous workplace environment, which manifests in clinical depression, violent behaviour, and suicide ideation.⁴⁶ This can explain why the incidents usually happen far from their workplace condition. Another factor behind this could be media reporting labourer suicide as general suicide, without going into details about the psychological profile of the labourer.

Three of the tele-counsellors interviewed cited their experience of helping mentally stressed labourers in face-to-face sessions. As the economic conditions of labourers prevent them from seeking tele or e-health facilities, the only way they get access to any form of mental health counselling is through non-governmental

intervention. According to the interviewees, garment workers almost universally suffer from extreme clinical depression due to low pay, long work hours, misbehaviour from higher-ups, health conditions, and sexual harassment at work and home.

“I have worked with women garments workers. Almost all the women I have interviewed and counselled exhibited symptoms of clinical depression. They cited fear about the future, trauma from sexual and mental abuse, broken health, and other reasons. Some of them admitted to often thinking about suicide, but thoughts of the family hold them back.”

- Fatima (pseudonym), Tele-counsellor

Governmental, non-governmental and international organisations have been trying to improve the adverse conditions for labourers and workers on different fronts. The health situation of labourers is a critical public health concern for Bangladesh. But suicide often eludes the discussion of labourers' health and well-being. But only improving the conditions of labourers might not work in the long run. Like other

⁴⁶ *ibid*

demographics, focused intervention to prevent labourer's suicide is necessary.

Conclusion

Simple solutions are not adequate to address the issue of suicide. This public health crisis is the consequence of a wide range of socioeconomic, biological, and psychological factors. Due to the absence of data, this discussion was severely limited. So, rather than proposing a model or strategy for preventing suicide, we highlight some crucial elements and insights that

might be employed in future study into the complicated subject of suicide, giving it the scholarly attention that it deserves. Unless we use scientific and data-based techniques to stem the growing tide of suicides in Bangladesh and pay close attention to the many types and categories of suicides, we run the danger of losing many lives. In addition to research on suicide, mental health facilities and services are critical. The only way we can expect to abolish suicide is if we as a society come together and sympathise with one another.

Causes of Suicide among Youths in Bangladesh

Sadia Afreen Proma*

The government of Bangladesh imposed total lockdown due to Covid-19 on 24 March 2020.⁴⁷ Since then, till the end of the year, people were alarmed to see something that was not in the purview before. The dire condition of mental health in Bangladesh and worldwide jumped out as one of the most pressing issues, along with domestic abuse, compelling the world to term it as another shadow pandemic. In Bangladesh, the incidents of suicide, especially among youth, had outnumbered deaths from Covid-19 in the one year since the lockdown. 8,462 people died altogether from Covid-19 in that one year, while 14,436 people committed suicide during the same period, according to Aanchol Foundation.⁴⁸ BBS recorded 11,259 suicides in 2020.⁴⁹ The levels of stress, depression and anxiety were in the rise due to many societal factors even before the pandemic. However, the disaster or shock of this phenomenon has increased those levels manifold in that short period. Although, the rate of suicides among youth is relatively lower in Bangladesh and other countries of this region, there is a growing concern regarding this considering the recent trends. Concrete actions are

required immediately to address this issue. To do that, first, there is a need to identify the drivers and causes of suicide to understand the gravity of the situation and prevent this phenomenon from becoming a colossal one.

This write-up, will try to identify the critical factors behind Suicidal Ideation and the decision to commit suicide among adolescents and youth in Bangladesh, while flagging some challenges that are further contributing to this issue. The concluding section suggests certain ways forward.

Global Overview of Suicide: Key Facts and Numbers

Suicide is a serious public health problem in both developed countries and low and middle-income countries. The definition of suicide indicates a fatal self-injurious act with some evidence of intent to die.⁵⁰ The World Health Organization (WHO) and the Global Burden of Disease study estimate that almost 800,000 people die from suicide every year, which is one person in every 40 seconds.⁵¹ The attempted suicide

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⁴⁷ Kamruzzaman Md., and Sakib SM Najmus, "Bangladesh imposes total lockdown over COVID-19," *Anadolu Agency*, 25 March 2020. Cited in <https://www.aa.com.tr/en/asia-pacific/bangladesh-imposes-total-lockdown-over-covid-19/1778272>. Accessed on 12 May 2022.

⁴⁸ Farhin, Nawaz, "Covid and the rise in suicidal behaviour in youths," *Dhaka Tribune*, 9 October 2021. Cited in <https://archive.dhakatribune.com/bangladesh/2021/10/09/covid-and-the-rise-in-suicidal-behaviour-in-youths>. Accessed on 12 May 2022.

⁴⁹ *Ibid.*

⁵⁰ Turecki, Gustavo, and David A. Brent. "Suicide and suicidal behaviour." *The Lancet* 387, no. 10024, 2016, pp. 1227-1239.

⁵¹ Ritchie Hannah, Roser Max Roser and Ortiz-Ospina Esteban, "Suicide". Published online at OurWorldInData.org, 2015. Cited in <https://ourworldindata.org/suicide>. Accessed on 12 May 2022.

cases are far greater than this number. 1.4 per cent of global deaths in 2017 were from suicides which is as high as 5 per cent in some countries.⁵² About 2.5 per cent of the population makes at least one suicide attempt during their lifetime.⁵³ The estimated global annual prevalence of self-reported suicide attempts is approximately 3 per 1,000 adults.⁵⁴ Globally the suicide rate for men is twice as high as for women.⁵⁵ The male-to-female ratio varies between 4 to 1 (Europe and Americas) and 1.5 to 1 (Eastern Mediterranean and Western Pacific region) and is highest in richer and developed countries.⁵⁶ Suicide rates substantially vary between regions. About 80 per cent of all suicides occur in low and middle-income countries.⁵⁷ LMICs in South-east Asia had the highest rate of suicides, accounting for almost 40 per cent, according to

WHO.⁵⁸ In this particular region, resources and service are often limited for early identification, treatment and support of people in need. Suicide mortality rates vary from 15.6 per 100,000 people in South-East Asia to 5.6 per 100,000 people in the Eastern Mediterranean region. Europe has an average suicide mortality rate of 14.1 per 100,000 people, way above the global average of 10.7 per 100,000 people.⁵⁹ Self-poisoning from pesticides/insecticides is one of the popular methods, particularly in low-to-middle income countries, whereas, in the UK and USA, suicides rates from firearms are particularly high (60 per cent, The USA).⁶⁰ As of 2019, the suicide mortality rate of Bangladesh is 3.7 suicides per 100,000 people whereas the world average for the same year is 9.49 suicides per 100,000 people.⁶¹

⁵² World Health Organization, "Preventing suicide: A global imperative," World Health Organization, 2014. Available online at: http://www.who.int/mental_health/suicide-prevention/world_report_2014/en/. Accessed on 12 May 2022.

⁵³ Nock, Matthew K., Guilherme Borges, Evelyn J. Bromet, Jordi Alonso, Matthias Angermeyer, Annette Beautrais, Ronny Bruffaerts et al. "Cross-national prevalence and risk factors for suicidal ideation, plans and attempts." *The British journal of psychiatry* 192, no. 2, 2008, pp. 98-105.

⁵⁴ Borges, Guilherme, Matthew K. Nock, Josep M. Haro Abad, Irving Hwang, Nancy A. Sampson, Jordi Alonso, Laura Helena Andrade et al. "Twelve-month prevalence of and risk factors for suicide attempts in the World Health Organization World Mental

Health Surveys." *The Journal of clinical psychiatry* 71, no. 12, 2010, pp. 2177.

⁵⁵ Hannah Ritchie, Max Roser and Esteban Ortiz-Ospina, "Suicide". Published online at OurWorldInData.org, 2015 Cited in <https://ourworldindata.org/suicide>. Accessed on 12 May 2022.

⁵⁶ Hawton, Keith, and Kees Van Heeringen, eds. *The international handbook of suicide and attempted suicide*, John Wiley & Sons, 2000.

⁵⁷ *Op. Cit.*

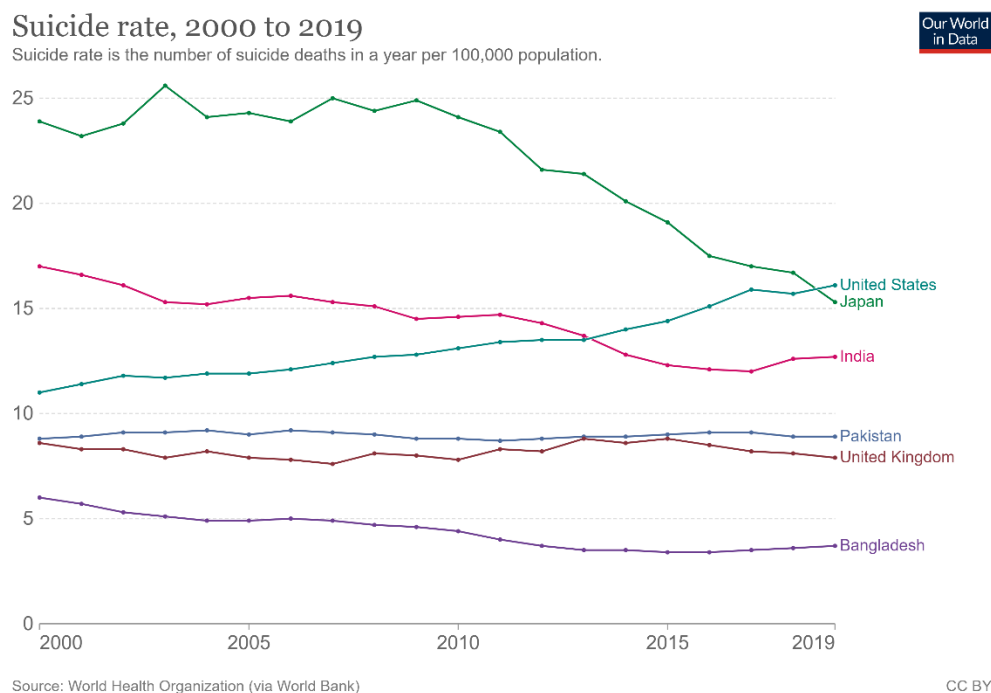
⁵⁸ *Ibid.*

⁵⁹ *Ibid.*

⁶⁰ *Ibid.*

⁶¹ The Global Economy, "Bangladesh: Suicide," Cited in <https://www.theglobaleconomy.com/Bangladesh/suicides/>. Accessed on 12 May 2022.

Figure 1: Suicide Rates from 2000-2019 (UK, USA, Japan, India, Pakistan and Bangladesh)⁶²



Bangladesh: Key Facts and Statistics on Suicide

According to Bangladesh Bureau of Statistics report, on average, every year, at least 10,000 Bangladeshi commit suicide.⁶³ The tendency to attempt and commit suicide during the Covid-19 pandemic among youths galloped at an incredible pace. According to the Bangladesh Bureau of Statistics, during the first year of

coronavirus infection, suicide increased by 17.36 per cent.⁶⁴ While according to some non-governmental organisations, during that same period, suicide rates among Bangladeshis increased by a whopping 45 per cent.⁶⁵ In Bangladesh, all the educational institutions were closed as a restrictive measure of the pandemic from 17 March 2020 and reopened after almost one

⁶² Hannah Ritchie, Max Roser and Esteban Ortiz-Ospina, "Suicide". Published online at OurWorldInData.org, 2015 Cited in <https://ourworldindata.org/suicide>. Accessed on 12 May 2022.

⁶³ Riyasad, Nahid, "Frustration and suicide rising among youths," *New Age*, 20 June 2021. Cited in <https://www.newagebd.net/article/141238/frustration-and-suicide-rising-among-youths>. Accessed on 12 May 2022. See also, Farhin, Nawaz, "Covid and the rise in suicidal behaviour in youths," *Dhaka Tribune*, 9 October 2021. Cited in <https://archive.dhakatribune.com/bangladesh/2021/10/09/covid-and-the-rise-in-suicidal-behaviour-in-youths>. Accessed on 12 May 2022.

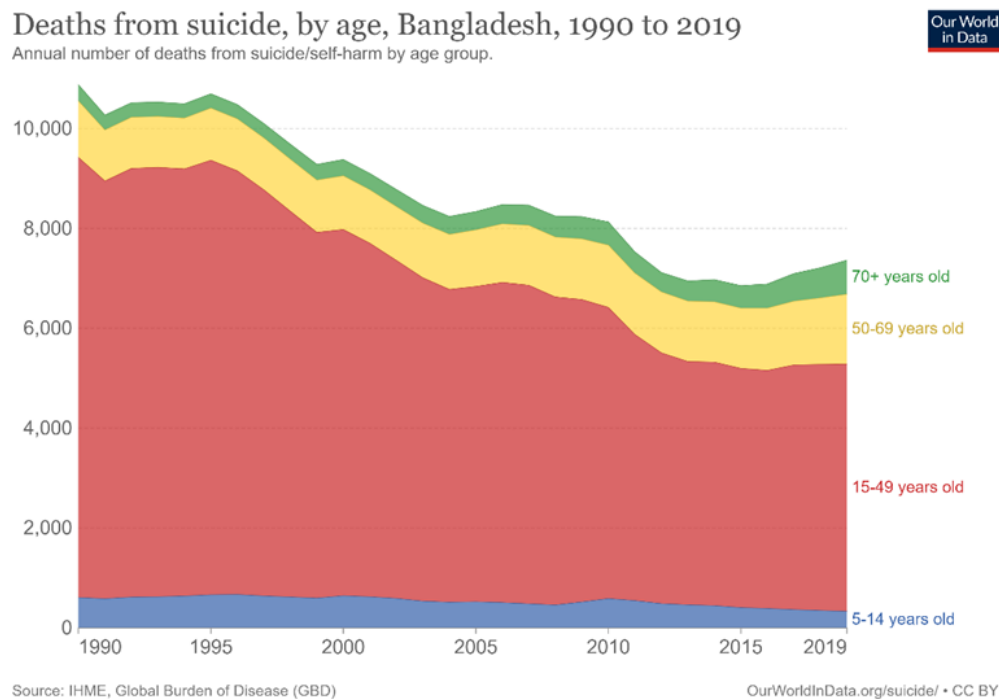
⁶⁴ *Ibid.*

⁶⁵ *Ibid.*

and a half year. At least 151 students committed suicides⁶⁶ between 17 March 2020 and 4 June 2021, according to media reports and survey report by Aanchol Foundation while 19 students committed suicide in 2017 and 11 in 2018.⁶⁷ 73 of the 151 were school students, 42 university and medical college students, 27 college students and 29 madrasa students.⁶⁸

After analyzing 332 cases, they also found that nearly 49 per cent of the victims were aged between 20-35 years, while 35 per cent were between 5-19 years.⁶⁹ This is indicative that in Bangladesh, the mostly productive age group is being affected by suicide. Contrary to this, In the other parts of the world, the older age groups are more prone to suicide.⁷⁰ Figure 2 shows this.

Figure 2: Trend of Deaths from Suicide by Age in Bangladesh (1990-2019)⁷¹



Although in Bangladesh, suicide among men is on the rise, but during the pandemic, the ratio was more for

⁶⁶ *Ibid.*

⁶⁷ *Ibid.*

⁶⁸ *Ibid.*

⁶⁹ *Ibid.*

⁷⁰ Hannah Ritchie, Max Roser and Esteban Ortiz-Ospina, "Suicide". Published online at OurWorldInData.org, 2015 Cited in <https://ourworldindata.org/suicide>. Accessed on 12 May 2022.

⁷¹ *Ibid.*

women (57 per cent) than men (43 per cent) across the country.⁷² One possible cause behind this is that in lockdown, women were exposed to domestic violence by their intimate partners in the confinement of their home, and they had nowhere to go.

Bangladesh Child Rights Forum conducted a study where they found an increasing trend of suicide among teenagers and children in Bangladesh, and the tendency for children to commit suicide has risen by 5.7 per cent.⁷³ Family feuds and failure in exams were flagged as the most prominent reasons behind the suicide of children.⁷⁴

The uncertainty regarding the academic result and path, burden of online classes, isolation, dire financial conditions due to loss of part-time jobs or tuition and family pressure-all added to the causes of depression among the students.

Now, to prod further into the factors, there is a need to lay the groundwork behind the choice to commit suicide. In the next section, this has been discussed briefly.

Suicide: A Rational Choice or Not?

"The thoughts would completely consume you sometimes, feeling like you have no control over your own body."⁷⁵ (a quote by an anonymous suicide attempter)

Or "I could not see past the pain. It was a different reality for me. I only knew I wanted the pain to stop, the anguish to go away."⁷⁶

Suicide is, most of the times, an instantaneous decision and sometimes a planned one. There is no straightforward answer to the question, 'Is suicide a rational choice or not?'. There are several discourses and literatures that discussed about the rationality of suicide. Durkheim in his famous book 'Suicide' discussed the issue from varied perspectives. Some of his key findings will be mentioned in this section, and later on, the section on the social justice framework will present a few other aspects of some of his theories.

People often have to take decisions under uncertainty. These are difficult for those who are passive observers; rather than the active ones. If one's life becomes uncertain and there is no hope round the corner, then suicide appears as a rational choice. It was also argued that this decision might be rationally legitimate but morally illegitimate due to issues, stemming from the theological perspective. It has been argued that this decision to end one's own life is against God's will, and therefore, it is a sin. It is popularly preached that to live is to suffer, to persevere. So, one must not give in and commit this sin which is preached by almost all religions. This argument has several loopholes, as David Hume asked why it does not go against God's will when one saves

⁷² *Op. Cit.*

⁷³ *Ibid.*

⁷⁴ *Ibid.*

⁷⁵ Mind.org.uk, "Suicidal feelings," Cited in <https://www.mind.org.uk/information-support/types-of-mental->

[health-problems/suicidal-feelings/causes-of-suicidal-feelings/](https://www.mind.org.uk/information-support/types-of-mental-health-problems/suicidal-feelings/causes-of-suicidal-feelings/).

Accessed on 12 May 2022.

⁷⁶ *Ibid.*

another person's life. And also, atheists and agnostics will not be buying this theory at all.

It may be noted that in Europe and other parts of the world, youths are becoming disillusioned with religions, and they do not identify themselves as believers. Gument. Believers flag this as one of the causes behind rising depression and the number of suicides. They also argue that the fear of judgment after death might bar people from taking this drastic decision. Gratitude theory also challenges the rationality theory. It argues that people have been given the gift of life and are obligated to keep the gift and perpetuate life as a debt of gratitude. But all these theories do not matter to the people who are on the verge of transitioning from suicidal ideation to committing actual suicide.

Factors Behind Suicide

The definition of youth is somewhat arbitrary and varies from country to country. Teenagers and young people aged between 13 to 30 are the vulnerable group; as this period in life is characterised by changes and transitions from one state to another. Youths have to make some critical and concrete decisions at this point in their lives, such as, school, living situation, peer group etc. They often are not matured enough to do so. This is the time for self-exploration, and they take on some risks that might have life-changing impacts. They have to address new challenges of building their

own identity, developing self-esteem, acquiring increasing independence and responsibility, building new intimate relationships, etc. At the same time, they are undergoing changing psychological and physical processes themselves. Besides that, they are often confronted with high expectations from family members, relatives and peers. All these provoke a certain degree of helplessness, insecurity, stress and a sense of losing control among them.⁷⁷ In order to cope with all these negative emotions, significant supporting resources, such as, a stable living condition, intimate friendship and a structural framework and economic resources are required. Several risk factors undermine this support or bar them from accessing these resources and may topple the balance in a moment which eventually leads them to decide to end their life. Various factors may contribute to suicide, and although each suicide is caused by a unique and complex interaction among genetic, biological, psychological and social factors, it is possible to identify some factors that are associated with an increased risk of youth suicide.⁷⁸

Mental Disorders

In general, the existing condition of mental disorders substantially increases suicide risks. Most studies conclude that suicide is closely linked to mental disorders or illnesses.⁷⁹ About 90 per cent of people who commit suicide have suffered from at least one mental disorder in their life.⁸⁰ Depression was found in

⁷⁷ Patton, George C., Susan M. Sawyer, John S. Santelli, David A. Ross, Rima Afifi, Nicholas B. Allen, Monika Arora et al. "Our future: A Lancet commission on adolescent health and wellbeing." *The Lancet* 387, no. 10036, 2016, pp. 2423-2478.

⁷⁸ Van Heeringen, Cornelis. *Understanding suicidal behaviour: The suicidal process approach to research, treatment and prevention*, Wiley, 2001.

⁷⁹ Pelkonen, Mirjami, and Mauri Marttunen. "Child and adolescent suicide." *Pediatric Drugs* 5, no. 4, 2003, pp. 243-265. See also, Bridge, Jeffrey A., Tina R. Goldstein, and David A. Brent. "Adolescent suicide and suicidal behavior." *Journal of child psychology and psychiatry* 47, no. 3-4, 2006, pp. 372-394.

⁸⁰ Gould, Madelyn S. "Suicide and the media." *Annals of the New York Academy of Sciences* 932, no. 1, 2001, pp. 200-224.

50–65 per cent of suicide cases, more often among females than males.⁸¹ Substance abuse, and more specifically alcohol misuse, is also strongly associated with suicide risk, especially in older adolescents and males.⁸² Among 30–40 per cent of people who commit suicide had personality disorders, such as borderline or antisocial personality disorder. Worldwide, more than 450 million people are suffering from neuropsychiatric disorders, whereas, in Bangladesh, more than 15 million people are suffering from mental disorders of different forms.⁸³ National Institute of mental health conducted a survey where it was highlighted that in 2018, the rate of mental illness among adults was 18.7 per cent (Depression-6.7 per cent and Anxiety-4.7 per cent). IEDCR declared that during the pandemic, according to several studies conducted in Bangladesh, 46 per cent of participants were suffering from depression, and 33 per cent were suffering from anxiety. The challenge in this aspect is that, in Bangladesh people are unaware of their own mental issues. It is not consider to be a real illness which deters them from seeking counselling and help in due time. The shame and stigma attached to it as being a so-called 'mental patient' is a major obstacle in addressing this serious issue.

⁸¹ Bilsen Johan, "Suicide and Youth: Risk Factors," *Frontiers in Psychiatry*, 30 October 2018. Cited in <https://www.frontiersin.org/articles/10.3389/fpsyt.2018.00540/full#B1>. Accessed on 12 May 2022.

⁸² Blum, R., Sudhinaraset, M. and Emerson, M.R., 'Youth at Risk: Suicidal Thoughts and Attempts in Viet Nam, China, and Taiwan,' *Journal of Adolescent Health*, 50 (3 SUPPL.). Elsevier Inc., 2012, pp. 37-44

⁸³ Hossain, M.D., Ahmed, H.U., Chowdhury, W.A. et al., "Mental disorders in Bangladesh: a systematic review," *BMC Psychiatry* 14, 216, 2014. <https://doi.org/10.1186/s12888-014-0216-9>.

Previous Suicide Attempts

Many studies have found a strong connection between previous suicide attempt history or a history of self-harm and suicide,⁸⁴ and it was more prevalent among boys than girls. Studies have shown that boys with a previous history of suicide attempts have a thirty-fold increase in suicide risk compared to those who have not attempted suicide, while girls who attempted to commit suicide previously have a threefold increase in suicide risk.⁸⁵

Personality Characteristics

It was found in many studies that suicide is also associated with certain behavioural traits of an individual, such as impulsivity.⁸⁶ People may think about suicide and plan for it for a long time, but the fatal transition from suicide ideation and suicide attempts to an actual suicide often happens suddenly, unexpectedly and impulsively, especially among youth and adolescents. Problem-solving skills of a person and navigating through strong and mixed emotions and mood fluctuations-all these traits are influenced by bio-neurological factors which cause insecurity, low self-esteem issues, anger and aggressive behaviour, emotional crisis and eventually suicidal tendency.⁸⁷

⁸⁴ Cooper, Jayne, Navneet Kapur, Roger Webb, Martin Lawlor, Else Guthrie, Kevin Mackway-Jones, and Louis Appleby. "Suicide after deliberate self-harm: a 4-year cohort study." *American Journal of Psychiatry* 162, no. 2, 2005, pp. 297-303.

⁸⁵ *Ibid*.

⁸⁶ Apter, Alan, and Yari Gvion. "Reflections on suicide in children and adolescents." In *Child and adolescent psychiatry*, Springer, New Delhi, 2016, pp. 63-77.

⁸⁷ Van Heeringen, Cornelis. *Understanding suicidal behaviour: The suicidal process approach to research, treatment and prevention*, Wiley, 2001.

Family and Relationship Strains

Family is one of the most important sources of support for adolescents and youth in addressing challenges. Most of the time, family structures and context can make or break a person. Most adult issues are deeply rooted in severe childhood trauma. Lack of emotional support from the family members during the time of mental and physical needs has a detrimental effect on mental health. It is important to mention a quote from an adolescent Vietnamese girl (15) who stated in a focus group discussion, “they committed suicide when they could not talk to their parents.” There is a generation gap between the parents and the children. Parents usually assess everything as per their experience of deprivation in their time and lack the understanding and empathy required to provide a safe space to confide in about recent uncertainties. South Asian parents tend to overburden their offspring with certain materialistic expectations that may not align with the desire of youths. They often forget that their children are individual beings with their own minds and thoughts, and they cannot expect their children to fulfil all their unfulfilled wishes. They cannot hold their children responsible for being born. The South Asian parents are ready to provide them with all materialistic things. However, their child’s mental wellbeing is generally being overlooked. In South Asia, children

usually stay with their parents for a longer period of their life than the western family, and it has benefits and demerits too. Demerits are sometimes more prominent. Parents inflict their unhealed trauma on their children, sometimes without even knowing as they are not very much aware of their own mental issues.

Most children are born out of responsibilities as a part of tradition or natural course. Most parents do not follow any family planning and have no access or interest in parental guidelines or parenting courses. 50 per cent of youth suicide is due to family reasons.⁸⁸ In Vietnam, several case studies proved that living outside the parental home was somehow protective, and a majority of suicide attempters were living together with their families which subverts the socially established fact that parents are generally thought as a source of support.⁸⁹ A history of mental disorders among direct family members themselves, especially depression and substance abuse, is considered an important factor which affects the suicidal behaviour of the youths directly and indirectly. Poor communications⁹⁰ among the family members, continuous conflict between the parents, violence at home and also parental divorce, along with the practical, financial and socio-economic implications of living in a single-parent family or relational background

⁸⁸ Unicef Viet Nam, “The nature of suicide amongst children and young people in selected provinces and cities in Viet Nam,” 2017. Cited in <https://www.unicef.org/vietnam/media/986/file/Suicide%20briefing.pdf>. Accessed on 12 May 2022.

⁸⁹ Blum, R., Sudhinaset, M. and Emerson, M.R., ‘Youth at Risk: Suicidal Thoughts and Attempts in Viet Nam, China, and Taiwan,’ *Journal of Adolescent Health*, 50 (3 SUPPL.). Elsevier Inc., 2012 pp. 37-44. See also, Nguyen, Liem Thanh, Vu Cong Nguyen and Nguyen Hanh Nguyen, ‘Using Alcohol, Beer and Cigarette among

Vietnamese Youth.’ In *Survey Assessment of Vietnamese Youth 2: SAVY2 Thematic Report*. Hanoi: ADB, GOPFP and UNFPA, 2010.

⁹⁰ Gould, Madelyn S., Prudence Fisher, Michael Parides, Michael Flory, and David Shaffer. “Psychosocial risk factors of child and adolescent completed suicide.” *Archives of general psychiatry* 53, no. 12, 1996, pp. 1155-1162. See also, Portzky, Gwendolyn, Kurt Audenaert, and Kees van Heeringen. “Suicide among adolescents.” *Social psychiatry and psychiatric epidemiology* 40, no. 11, 2005, pp. 922-930.

factors related to it are also found to be associated with the suicide ideation among youths.⁹¹ A sense of belongingness is such an important factor for youths in building new identity and establishing self-confidence. So, often it is found that interpersonal losses, such as break-ups, deaths of friends and rejection from peer groups, mental and sexual abuse by family members or others, cyberbullying and being bullied by the peer groups have a great impact on youth and these work as a causal factor in one-fifth of youth suicide cases.⁹²

The LGBTQIA+ with no family or home support is another factor. LGBTQIA+ community is considered vulnerable to suicide due to minority stress, which stems from cultural and social prejudices they face on a daily basis from their family and society because of their minority sexual orientation and gender identity status.⁹³ As belonging to this particular community is a criminal offence in Bangladesh, they feel tremendous pressure from their family and society if they decide to come out. Most of the time, family and society will disown them and isolate them. This contributes to their susceptibility to suicide.

⁹¹ Im, Yeojin, Won-Oak Oh, and Minhyun Suk. "Risk factors for suicide ideation among adolescents: five-year national data analysis." *Archives of psychiatric nursing* 31, no. 3, 2017, pp. 282-286.

⁹² Spirito, Anthony, and Christianne Esposito-Smythers. "Attempted and completed suicide in adolescence." *Annu. Rev. Clin. Psychol.* 2, 2006, pp. 237-266. See also, Cheng, Andrew TA, Tony HH Chen, Chwen-Chen Chen, and Rachel Jenkins. "Psychosocial and psychiatric risk factors for suicide: Case-control psychological autopsy study." *The British Journal of Psychiatry* 177, no. 4, 2000, pp. 360-365. For more, Klomek, Anat Brunstein, Andre Sourander, Solja Niemelä, Kirsti Kumpulainen, Jorma Piha, Tuula Tamminen, Fredrik Almqvist, and Madelyn S. Gould. "Childhood bullying behaviors as a risk for suicide attempts and completed suicides: a population-based birth cohort study." *Journal of the American academy of child & adolescent psychiatry* 48, no. 3, 2009, pp. 254-261.

Availability of Means

The transition from suicide ideation to actual suicide often occurs impulsively, and it is difficult to predict the tipping point. It happens mainly as a reaction to acute psychological stressors, especially among youths. In that sense, the availability of means of committing suicide can be a crucial factor, and the method chosen may be responsible for determining the lethality of the action. It is interesting to see the national patterns found in suicide methods. In Bangladesh, youths usually hang themselves, take poison/insecticides, overdose on prescription medication or jump from a building. In other developed countries, the use of firearms is a popular method. In terms of prevention strategies, it is important to restrict the physical availability of means of committing suicide as per the suggestion of several studies.⁹⁴

The Dysfunctional Education System

Bangladesh's education system is considered to be volatile and insufficient in meeting students' needs and making them skillful human beings. Education does not guaranty good jobs in Bangladesh despite the country's

⁹³ U.S Department of Health and Human Services, National Strategy for Suicide Prevention: goals and Objectives for Action-A report of the U.S. Surgeon General and of the National Action Alliance for Suicide Prevention: U. S Department of Health and Human Services, 2012. Cited in <https://www.ncbi.nlm.nih.gov/books/NBK109917/>. Accessed 12 May 2022.

⁹⁴ WHO Preventing Suicide: A Global Imperative Geneva: World Health Organisation, 2014. Available online at: http://www.who.int/mental_health/suicide-prevention/world_report_2014/en/. See also, Yip PSF, Caine E, Yousuf S, Chang SS, Wu KC, Chen YY. Means restriction for suicide prevention. *Lancet*, 2012. Accessed on 12 May 2022.

rapid economic growth in other sectors. The entire education system is branched out and creates inequity among students, coming from different background. It has been alleged as not being helpful to generating students' capacity for critical thinking but rather encouraging them to cram to pass and get a certificate. Due to this, they do not develop a critical mind or problem-solving ability required to navigate through the complexity of society, state and overall life. School problems and academic stress were the most common stressors in 14 per cent of the suicide cases. Also, the education ministry keeps trying out different strategies that involve changing their syllabus and exam systems frequently which is responsible for creating instability and uncertainty among students.

A former student of Dhaka University, Masud Al Mahdi alias Apu (27), who completed his master's in Mass Communication and Journalism, was a bright student and politically aware. He led different movements on the campus and was part of the DUCSU polls.⁹⁵ He was preparing for job exams since his masters in 2018. After multiple entrance test attempts, his frustration was only growing. During the lockdown, in September 2021, his hanging body was found in a mess in the Chankharpool area of Dhaka. His friends said that he was depressed.⁹⁶

In terms of tertiary education, the situation is more complex as students are supposed to be in a job for themselves after graduation. An average of 1.8 million

new people are entering the job market every year in Bangladesh.⁹⁷ Almost half of them are highly educated.⁹⁸ But unfortunately, about half of them cannot secure jobs that match their qualifications. During pandemic, the situation got out of hand as many of them were facing session jams, those who were employed were laid off in a moment, or their salaries were halved, and those who were fresh graduates could not even secure a job for a long time. It is crucial to mention that the service provision process is extremely lengthy, especially in terms of BCS jobs, and at times it takes more than one or two years and sometimes, even more, to be recruited into the selected job. As a member of a middle or low-income family; it is incredibly frustrating for the students to wait that long due to the overwhelming pressure from their families to support them financially. This results in shifting and sacrificing their career prospects and leads to anxiety, depression and mental illness. According to the report published by the Aanchol Foundation, the highest number of suicides were recorded among Dhaka University students (9 Students), while Jagannath University and Shahjalal University had recorded six suicide cases each.

The media representation of suicidal behaviour including the modern internet that has been found to have substantial influence on the vulnerable including adolescents in some Asian countries.

⁹⁵ "Ex-student of DU found dead in Chankharpool," *The Daily Star*, 27 September 2021, Cited in <https://www.thedailystar.net/news/bangladesh/crime-justice/news/ex-student-du-found-dead-chankharpool-2185261>. Accessed on 12 May 2022.

⁹⁶ *Ibid*.

⁹⁷ Abdullah Mamun, 'Young, educated and jobless,' *Dhaka Tribune*, 8 February 2022. Cited in <https://www.dhakatribune.com/bangladesh/2022/02/08/young-educated-and-jobless>. Accessed on 16 May 2022.

⁹⁸ *Ibid*.

Economic Instability

On 6 April 2020, a man (30 years) from Mohespur Upazila in Jhenaidah committed suicide by hanging himself due to the pressure of unpaid debts⁹⁹. In addition, his family was half-fed and had starved for a week after losing work after the lockdown and was denied any financial support from local government authorities.

On 12 April 2020, a woman and mother of five children (35) from Cox's Bazar attempted suicide by hanging herself. However, one of her sons rescued her by getting help from her neighbors.¹⁰⁰ Her husband lost his job because of the lockdown. They were also ineligible to receive relief goods from the local government authorities. The mother could not bear to see her starving children's faces and thought that by killing herself, she could provide more food for her starving children.

These two incidents reflect the stark reality faced by the middle class, lower-middle class and lower-class people of Bangladesh amidst the lockdown period. Although Bangladesh is on the way to achieving the status of middle-income country, it has substantial

income inequality.¹⁰¹ The wealth distribution is imbalanced, and for that reason, a significant minority of individuals live below the poverty line (e.g. 20 per cent live below the poverty line, and 10.5 per cent live in extreme poverty, as reported in the 2018-19 fiscal year).¹⁰² Moreover, according to a report published by International Labour Organisation, Bangladesh is ranked as having the second most unemployed graduates among Asia-Pacific countries,¹⁰³ and youth unemployment rates here doubled between 2010 and 2017.¹⁰⁴ A recent report showed a great economic fallout due to Covid-19 crisis among poor Bangladeshi people. To be more specific, per capita income dropped by 82 per cent to \$0.32 (US) in early April of 2020 from \$1.30 in February among individuals who live in slums compared to a 79 per cent reduction among rural poor people.¹⁰⁵

A number of studies have shown that historically, a crisis such as Covid-19 pandemic has an impact on unemployment rate based on increased unemployment rate. Recent research further reiterates the notion that current gaps in societal safety nets contribute to emotional distress and suicidal tendencies during the Covid-19 pandemic or

⁹⁹ "Poverty-stricken man commits 'suicide' in Jhenaidah," *United News of Bangladesh*, 13 May 2020. Retrieved from <http://www.unb.com.bd/category/Bangladesh/poverty-stricken-man-commits-suicide-in-jhenaidah/49019>. Accessed on 12 May 2022.

¹⁰⁰ "Mothers' suicide attempt due to children starving (In Bangla)," *Campus Today*, 2020. Retrieved from <https://bit.ly/2VSSv0F>. Accessed on 12 May 2022.

¹⁰¹ Mazid, M. A., "Bangladesh: the state of income inequality," *Financial Express*, 2019. Retrieved from <https://thefinancialexpress.com.bd/views/bangladesh-the-state-of-income-inequality-1571497852>. Accessed on 12 May 2022.

¹⁰² "Poverty rate drops to 20.5pc in FY19," *Financial Express*, 2019. Retrieved from

<https://thefinancialexpress.com.bd/economy/bangladesh/poverty-rate-drops-to-205pc-in-fy19-1576584018>. Accessed on 12 May 2022.

¹⁰³ Daily Jugantor. (2019). "Bangladesh as second highest in unemployed graduates (In Bangla)," *Daily Jugantor*, 2019. Retrieved from <https://www.jugantor.com/todays-paper/economics/135236/>. Accessed on 12 May 2022.

¹⁰⁴ *Ibid*.

¹⁰⁵ Kamruzzaman, M., "Coronavirus: poor income drops 80% in Bangladesh," *Anadolu Agency*, 2020. Retrieved from <https://www.aa.com.tr/en/asia-pacific/coronavirus-poor-income-drops-80-in-bangladesh/1808837>. Accessed on 12 May 2022.

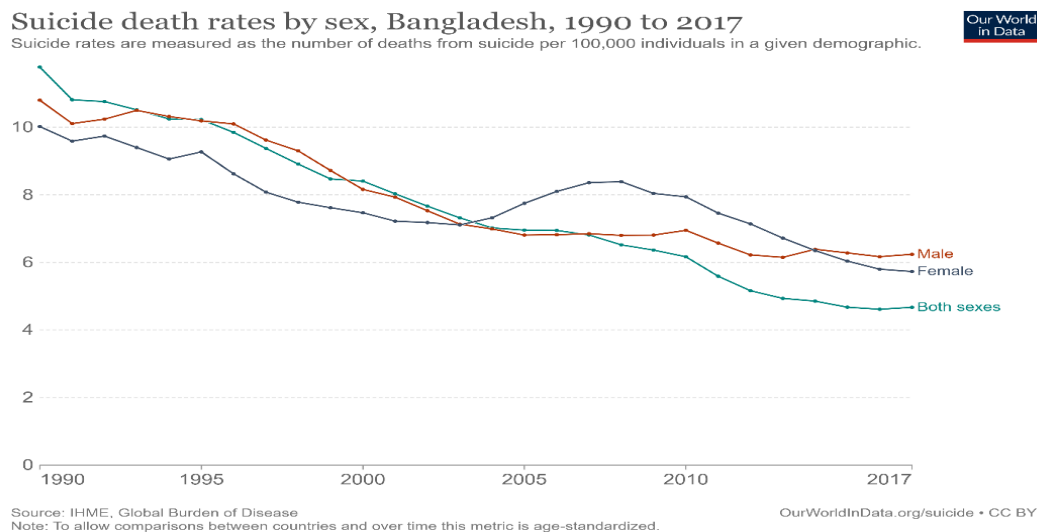
any crisis time. According to the Asian Development Bank, around 9 million people were predicted to be unemployed due to the Covid-19 pandemic impact in Bangladesh, which would lead to approximately \$3 billion GDP loss.¹⁰⁶ As a result, accumulated mental health impacts were observed across the Bangladeshi people with financial stressors which eventually leads to an increase in suicidal cases.

Gender Aspect of Suicide: Suicides among Male

Several studies, particularly in the West and developed regions indicate that marriage is protective¹⁰⁷ in

contrast, studies in many developing countries indicate that it is a significant source of abuse and stress, particularly for the women, leading to higher psychiatric morbidity, suicidal ideation and suicide.¹⁰⁸ Recently, suicides among male is a phenomenon which is being highlighted everywhere in the world. It is being observed in Bangladesh as well. After 2015, suicide among male members of society took the lead. As shown in Fig. 3, the gap between the genders might be small but this trend is on the rise in Bangladesh and worldwide.

Figure 3: Suicide Death Rates by Sex in Bangladesh (1990-2017)



¹⁰⁶ Banna, H., "Minimising the economic impact of Coronavirus in Bangladesh," *The Business Standard*, 2020. Retrieved from <https://tbsnews.net/thoughts/minimising-economic-impact-coronavirus-bangladesh-56449>. Accessed on 12 May 2022.

¹⁰⁷ Masocco, M.; Pompili, M.; Vichi, M.; Vanacore, N.; Lester, D.; Tatarelli, R., "Suicide and Marital Status in Italy," *Psychiatr. Q.* 2008, pp. 79, 275–285. See also, Corcoran, P.; Nagar, A., "Suicide and

Marital Status in Northern Ireland," *Soc. Psychiatry Psychiatr. Epidemiol.* 2009, pp. 45, 795–800.

¹⁰⁸ Khan, M.M., Suicide on the Indian Subcontinent. *Crisis*, 2002, pp. 23, 104–107. See also, Naved, R.T.; Akhtar, N. "Spousal Violence against Women and Suicidal Ideation in Bangladesh," *Womens Health Issues* 2008, pp. 18, 442–452.

According to the global data of WHO, in 2016, there were an estimated 793,000 suicide deaths worldwide, and most were men.¹⁰⁹ In the UK, the male suicide rate is currently 15.5 deaths per 100,000.¹¹⁰ But, still, suicide is the reason of the greatest demise of men under the age of 45. For women in the UK, the rate is only 4.9 suicides per 100,000.¹¹¹ It is the same in many other countries as well. For example, in Australia, compared to women, men are three times more likely to die by suicide, 3.5 times more likely in the United States, and more than four times more likely in Russia and Argentina.¹¹² WHO's data show that nearly 40 per cent of countries have more than 15 suicide deaths per 100,000 men, whereas only 1.5 per cent show a rate that high for women.¹¹³

There are some established toxic trends in every society where people are required to act in certain ways that deter a person from expressing their individualistic persona. Male members of the society have to show or present some expected masculine attributes and behaviour, including an ability to maintain the family and household from their childhood throughout their life. Now, masculine ideology around men being the breadwinners of a family leads to a huge unfair financial pressure, and it is only natural that sometimes, some of them cannot live up to that expectation. It has been observed that

whenever there is an economic downturn that results in increased unemployment there is also an increase in suicide – typically 18-24 months after the downturn.¹¹⁴ A 2015 study found that for every 1 per cent increase in unemployment there is a 0.79 per cent increase in the suicide rate.¹¹⁵ They are pressured from the childhood that they would just have to 'get on with things' and would have to assume the role of providers by default. The suicide rate of males is higher than females because they often choose suicide methods that have a lower chance of survival. Male suicide methods are often more violent, making them more likely to be completed before anyone can intervene.

It is often perceived that seeking help is not 'manly,' and males often think that it will make them appear weak if they talk about their feelings or seek support or help. In developed countries, consultation rates for depression, assessed by whether patients received antidepressant prescriptions, were 8 per cent lower in men than women. For generations, many societies have encouraged men to be "strong" and not admit they are struggling or even share their problems with their friends and families. Destructive phrases like, 'Boys do not cry,' 'Men will be men,' 'Be a Man,' "you throw/run/hit like a girl," and "do not be a sissy/pussy," employ shame as an intended motivator that has a damaging impact on self-image and they encourage

¹⁰⁹ Schumacher Helene, "Why more men than women die by suicide," *BBC*, 18 March 2019. Cited in <https://www.bbc.com/future/article/20190313-why-more-men-kill-themselves-than-women>. Accessed on 12 May 2022.

¹¹⁰ *Ibid.*

¹¹¹ *Ibid.*

¹¹² *Ibid.*

¹¹³ *Ibid.*

¹¹⁴ Goldman-Mellor, Sidra J., Katherine B. Saxton, and Ralph C. Catalano. "Economic contraction and mental health: A review of

the evidence, 1990-2009," *International Journal of Mental Health* 39, no. 2, 2010, pp. 6-31. See also, Oyesanya, Mayowa, Javier Lopez-Morinigo, and Rina Dutta. "Systematic review of suicide in economic recession." *World journal of psychiatry* 5, no. 2, 2015, pp. 243.

¹¹⁵ Kaufman, J. A., Salas-Hernández, L. K., Komro, K. A., and Livingston, M. D., (2020). "Effects of increased minimum wages by unemployment rate on suicide in the USA.," *J. Epidemiol. Community Health*, 2020, pp. 74, 219–224.

more repression of emotions. These languages directly impact on how boys think about themselves; these also impact the way parents act toward their sons. There is a persisting gender gap and it seems especially large given that women tend to have higher rates of depression diagnoses.

State and Society

According to a 2017 study by a UK-based organisation, Dhaka is one of the most stressful cities in Asia.¹¹⁶ They created a list of 150 cities around the world on criteria such as pollution, traffic jams, gender equality, injustice, unemployment and mental health. And unfortunately, no visible initiative by the government and private organisation is there to reduce the people's mental stress. Prof Mahfuza Khanam of the Department of Psychology at Dhaka University attributed anxiety to the rise in suicides among youths in Bangladesh.¹¹⁷

Integration is marked as a factor by Durkheim that indicates collective belongingness. It protects an individual from "egoistic" suicide (coined by Durkheim) or suicides resulting from isolation, and a lack of collective belonging.¹¹⁸ Integration means being tied to families, neighbourhoods as well as

communities which provides social capital or tangible and intangible benefits built on memberships.¹¹⁹ In Bangladesh, some sociologists and social science researchers have argued that this sense of collective belongingness is somewhat lost for several reasons. Youths are increasingly becoming isolated due to the dissolution of joint family and lack of consensually clear, coherent and shared social norms and values. Moreover, suppression of individual freedom due to stringent social norms in some places may also cause "fatalistic" suicide (termed by Durkheim). When youths are subjected to constant and intense psychic and physical coercion without any hope or respite, they feel trapped, over-regulated and they also may feel like there are less and less options available for resisting and expressing their opinion. The movie 'Live from Dhaka' depicted such a situation where a youth in Dhaka city finds himself entrapped in this city and suppressed to the extent that he resorts to extreme means. Although media sometimes tends to go overboard in terms of depicting reality, this particular film successfully reflected a grim reality that often goes unnoticed by city-dwellers. It depicts that when that sense of despair or fatalism engulfs the community as

¹¹⁶ Rabbani Golam, "Mental health worsening gravely in the country," *The Report*, 29 September 2021. Cited in <https://thereport.live/mental-health-worsening-gravely-in-the-country>. Accessed on 12 May 2022.

¹¹⁷ Farhin, Nawaz, "Covid and the rise in suicidal behaviour in youths," *Dhaka Tribune*, 9 October 2021. Cited in <https://archive.dhakatribune.com/bangladesh/2021/10/09/covid-and-the-rise-in-suicidal-behaviour-in-youths>. Accessed on 12 May 2022.

¹¹⁸ Mueller Anna S., Abrutyn Seth, Pescosolido Bernice, Diefendorf Sarah, "The Social Roots of Suicide: Theorizing How the External Social World Matters to Suicide and Suicide Prevention," *Frontiers in Psychology*, Vol 12, 2021. Cited in

<https://www.frontiersin.org/article/10.3389/fpsyg.2021.621569>.

Accessed on 12 May 2022.

¹¹⁹ Bjarnason, Thoroddur. "Parents, religion and perceived social coherence: A Durkheimian framework of adolescent anomie," *Journal for the Scientific Study of Religion*, 1998, pp. 742-754. See also, Maimon, David, Christopher R. Browning, and Jeanne Brooks-Gunn, "Collective efficacy, family attachment, and urban adolescent suicide attempts," *Journal of health and social behavior* 51, no. 3, 2010, pp. 307-324. And Maimon, D., and Kuhl, D. C., "Social control and youth suicidality: situating Durkheim's ideas in a multilevel framework," *Am. Sociol. Rev.* 2008, pp. 73, 921-943. doi: 10.1177/000312240807300603

a whole, the ability to see any future can be restricted in isolated and somewhat stigmatised communities.¹²⁰

It is important to bring in the social justice perspective, which is sometimes ignored while talking about suicide prevention efforts. Nevertheless, it has the potential to reduce stigma, improve access to appropriate healthcare and other services and create a supportive, less judgmental and inclusive community. Some studies, conducted in indigenous communities have shown that youth associated suicide with belongingness. They relate committing suicide with expressing one's commitment to the group's expectations and its members. A strong linkage was found between structure and culture in rural China, where traditional patriarchal families tightly constrained women's ability to express grievances, and suicide had become one of the notorious means of expressing grievance, injustice and anger.¹²¹

Another study found that most of the times, the structural changes in the labour market interacted with cultural ideals for work and success.¹²² This study suggests that it is not only occupational or education attainment or socio-economic changes that generate the risk of suicide; but the macro-societal factor also translates into anguish through an individual's cultural values, identities, and expectations. This is a fact that

social emotions are a powerful vehicle, particularly when rooted in salient social identities in valued social environments, through which the external social world is translated to internal psychological pain. Unjust and discriminatory societal conditions and attitudes often contribute to suicides.

Although Suicide could be a momentary, impulsive decision, this process of repression is a long and multifaceted one, and it can break a young individual from the inside. A society's culture matters to suicide.¹²³

National and Local Initiatives and Their Limitations

Suicide is considered a criminal offence in Bangladesh¹²⁴ and in some other countries. As it is a criminal offence here, the self-harm patients are considered police cases. The patients are referred to government hospitals where the patient load is high, and the availability of mental health professionals is almost non-existent. Besides, family members of the self-harm patients are not interested in talking about it due to its legal status and the prevalent stigma in the culture. Registering a suicide is a complicated process, and it often involves judicial authorities. Suicide deaths may not be recognised are at times misclassified as an

¹²⁰ Pescosolido, Bernice A., Byungkyu Lee, and Karen Kafadar, "Cross-level sociodemographic homogeneity alters individual risk for completed suicide," *Proceedings of the National Academy of Sciences* 117, no. 42, 2020, pp. 26170-26175.

¹²¹ Wu, Fei, "Suicide and justice: A Chinese perspective," Routledge, 2009. See also, Aliverdinia, Akbar, and William Alex Pridemore, "Women's fatalistic suicide in Iran: a partial test of Durkheim in an Islamic Republic," *Violence against women* 15, no. 3, 2009, pp. 307-320.

¹²² Muller, C., Duncombe, A., Carroll, J. M., Mueller, A. S., Warren, J. R., and Grodsky, E., "Association of job expectations among high

school students with early death during adulthood," *JAMA Netw. Open* 3, 2020. doi: 10.1001/jamanetworkopen.2020.27958

¹²³ Abrutyn, S., "Revisiting Institutionalism in Sociology: Putting the "Institution" Back in Institutional Analysis," New York, NY: Routledge, 2014.

¹²⁴ Laws of Bangladesh, Government of the people's republic of Bangladesh, Legislative Parliamentary Affairs Division, The Penal Code, 1860. Cited in <http://bdlaws.minlaw.gov.bd/act-11/section-3140.html>.

accident or some other cause of death. Sometimes suicide is not acknowledged or reported due to its sensitive nature and the taboo.

There is no designated suicide surveillance system in Bangladesh. Only thirty-eight countries have included suicide prevention among their health priorities and prepared a national suicide prevention strategy, and Bangladesh is not one of them.¹²⁵ A few designated government institutions that provide support to people who are struggling with mental issues have been set up after 2015, but their achievements in this arena is limited. There are some private NGOs, such as 'Kaan Pete Roi',¹²⁶ first of its kind (an initiative of International Association for Suicide Prevention (IASP)), Lifespring etc. are providing professional help. But the issue here is, except 'Kaan Pete Roi', other institutions are quite costly, and most people cannot afford to seek professional help from there. In September 2016, a specialised clinic, "Suicide Prevention Clinic (SPC)" initiated its journey at the department of Psychiatry of Bangabandhu Sheikh Mujib Medical University to provide specialised care for patients with suicidal behaviour. Society for Suicide Prevention Bangladesh (SSPB) was formulated in 2016 with the hope of starting prevention activities in Bangladesh. WHO Bangladesh is working to develop mental health and suicide prevention material as part

of a training package for school staff. In addition to that, The WHO, the National Institute of Mental Health and Hospital, the Directorate General of Health Services, and various stakeholders are collaborating to train primary healthcare service providers based on WHO Mental Health Gap Action Programme (MHGAP). But the services that the govt. organisations provide are solely focused on severe mental health problems rather than the factors that often contribute to the suicidal ideation and actual suicides.

Even when the services are abundant and accessible to the people, they seem reluctant to avail them for various issues, ranging from stigma to limited financial resources. Furthermore, if people have overcome all these issues and are ready to avail the services, there remains the concern of the quality of services which is highly variable and sometimes not age or gender-sensitive at all. Also, there is a severe lack of hospital facilities for mental health patients. Only 8 per cent of the total hospital beds account for this type of patient, which indicates how little attention this type of patient gets. The availability of funds for mental health, suicide research and suicide prevention programs is scarce as only about 0.5 per cent of health budgets have been scheduled for mental health.¹²⁷

¹²⁵ Arafat SMY. Current challenges of suicide and future directions of management in Bangladesh: a systematic review. *Glob Psychiatry* 2019;2(1):9–20.

¹²⁶ Arafat, S. M. "Suicide prevention activities in Bangladesh." *Asian journal of psychiatry* (2018).

¹²⁷ World Health Organization, *Mental Health ATLAS 2017*, Geneva, Switzerland: World Health Organization. 2017. https://www.who.int/mental_health/evidence/atlas/mental_health_atlas_2017/en/. Accessed on 12 May 2022.

BPO Data Analysis: Suicidal Deaths by Division (1 March 2018-31 March 2022)¹²⁸

Division	2018*	2019	2020	2021	2022*	Grand Total
Barishal	23	101	133	109	24	390
Chattogram	88	221	199	275	49	832
Dhaka	100	258	234	220	57	869
Khulna	38	106	179	72	29	424
Mymensingh	19	42	59	58	11	189
Rajshahi	119	220	294	313	67	1013
Rangpur	80	93	121	179	43	516
Sylhet	17	51	50	43	12	173
Grand Total	484	1092	1269	1269	292	4406

According to the BPO data, Rajshahi topped the list of total suicidal death cases for the four years, with Dhaka division being the second and Chattogram the third. It is also evident that in 2020 and 2021, when the pandemic was going on, the suicide cases surged. According to another source, Barisal topped the list in 2017, with a total of 2,585 deaths by suicide.¹²⁹ After

Barisal, Dhaka district had the highest number of suicides with 2,585 people, and Rangpur was in the third place with 1,433 people.¹³⁰ In 2017, a total of 1,239 suicide cases were reported alone in the Railway Range (areas falling under the jurisdiction of Bangladesh Railways) areas of the country.¹³¹

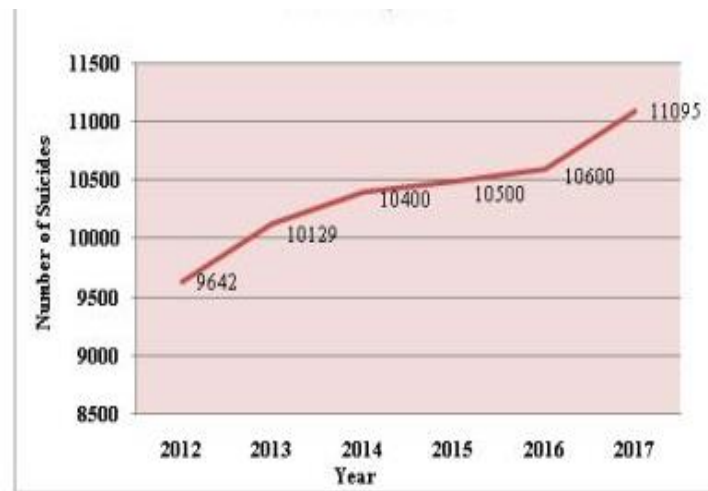
¹²⁸ Bangladesh Peace Observatory. Cited in <http://peaceobservatory-cgs.org/#/>. Accessed on 12 May 2022.

¹²⁹ Ferdous Zannatul and Alam A.S.M. Mahbubul, "Present Situation of Suicide in Bangladesh: A Review," *medRxiv*, 24 February 2021. doi: <https://doi.org/10.1101/2021.02.23.21252279>. Cited in <https://www.medrxiv.org/content/10.1101/2021.02.23.21252279v1.full.pdf>. Accessed on 12 May 2022. See also, Roney Amanur R., "Suicide on the rise in Bangladesh," *Dhaka Tribune*, 27 March 2018. Cited in <https://archive.dhakatribune.com/bangladesh/nation/2018/03/27/suicide-rise-bangladesh>. Accessed on 12 May 2022.

¹³⁰ *Ibid.*

¹³¹ *Ibid.*

Figure 4: Prevalence of Suicides by Year (2013-2017)



Source: Bangladesh police

Police records have also shown that the number of suicides has increased over the years. The Bangladesh Police stated that around 19,094 unnatural death occurred in 2018, and among them, 11,000 were possibly deaths by suicide.¹³² Their claim was concurred by several psychiatrists.

There is a huge gap between the BPO data, the Bangladesh Police and other data sources available in Bangladesh. It is to be mentioned here that BPO collects data from national and local dailies from all around the country. It is difficult to find reliable and disaggregated consistent data about suicide here. The gap in the data proves that suicide is being underreported or due to the legal issues, there is a categorisation problem.

The unavailability of information/data on suicide in South Asian countries, such as Bangladesh, Nepal, Bhutan, India, Pakistan and Afghanistan needs to be taken care of. There is a need for updated and disaggregated data (e.g. by sex, age, division, district etc.). The rates of suicide globally are typically underestimated, and Bangladesh is no exception in that sense. In Bangladesh, data on the prevalence of suicidal ideation, suicide attempts and direct self-injurious behaviour in adolescence and young adults do not exist. There are multiple reasons behind this, ranging from the stigma of reporting suicide as the cause of death and misdiagnosis to punitive reasons and how these numbers are collected and reported, which leads to variations and interpretations of these rates. Estimates in countries like Hong Kong, Japan, Malaysia, Singapore and South Korea are considered to be more

¹³² *Ibid.*

reliable than countries like, China, India, Thailand and Sri Lanka.

The Way Forward

There is no straightforward or one-size-fits-all solution to this complex issue. Nevertheless, some measures are recommended to improve the situation. Developing a central suicide database with disaggregated data and a suicide surveillance system is required. It is to be noted that cross-national differences in the patterns of suicide, and changes in the rates, characteristics and methods of suicide, highlight the need for each country to improve the comprehensiveness, quality and timeliness of their suicide-related data. This includes vital registration of suicide, hospital-based registries of suicide attempts and nationally-representative surveys collecting information about self-reported suicide attempts. Formulating the national suicide prevention programme to reduce the stigma around it is also needed.

In Finland and United Kingdom, suicide prevention programmes have successfully lowered suicide rates.¹³³ Adequate services for vulnerable communities, especially youths, should be available comprehensively. Improving the environmental conditions should be the focus for the policymakers as discrimination, and unjust societal systems accrue to the cause of suicide

among youths the most. Raising community and family awareness and breaking down the taboo is equally important. Society tends to only focus on the 'winner,' and the notion of 'winning in life' is preached everywhere. But not everyone has the same definition of achievement. If someone does not follow the prescribed path of the family and society, he/she runs the possibility of being discarded or left behind and shamed as an incompetent one. This has to stop now, and everyone's individuality must be respected, and a dignified life for all should be ensured. Working together to shift the cultural paradigm to support those struggling with life by introducing creative and innovative initiatives such as chatbots might allow a vulnerable people to communicate and get the help they require without fearing any judgements from others will go a long way. Creating posts for counsellors, psychiatrists, psychologists, teachers, social workers and community workers and providing them with adequate training and sensitivity training is necessary in educational institutions, workplaces, health facilities and other institutions. Promoting the role of the Ministry of Education as a critical champion for supporting children and young people's mental health and psychosocial wellbeing could do wonders. State, society and families should take it upon themselves to provide safe space for this emotionally vulnerable fraction of the population, nurture them properly and meet their needs.

¹³³World Health Organization, Mortality Database, Geneva, 2003. Retrieved from www.who.int/mental_health/prevention/suicide/suiciderates/en/.

Accessed on 12 May 2022. See also, Department of Health, "National Suicide Prevention Strategy For England," London: DoH, 2002.

Suicide Among Women in Bangladesh: A Global and National Scenario

Faizah Sultana

Introduction

Suicide is a silent pandemic which permeates the class, region and demographics. Study of suicide and suicidology has been an interesting area for research as the severity of this phenomenon on the population is manifested and the need to take care of one's mental health is now demanding attention. Also, there are varying dimensions related to suicide and attempted suicide considering the motives, culture, sex, demographic, society, economy even the means or tools used in committing the self-harm. In this essay, the different aspects of suicides committed by women in Bangladesh will be discussed.

Suicide and Law

Suicide attempt is punishable in 20 countries in the world and in another 20 countries it is forbidden under shariah law.¹³⁴ Though there are some countries where assisted suicide (euthanasia) is legal under

conditions.¹³⁵ But many countries have laws regarding the abetment and provocation in suicide.¹³⁶ In Bangladesh, according to the penal code 1860, section 309, the attempt of suicide is punishable with the imprisonment of 1 year with/or fine. Also, under Section 306, aiding, provoking in suicide is also punishable up to ten years with fine. But this Section is often unutilised by the prosecutors especially in case of suicides committed by women.^{137 138 139}

Culture of Suicide: Suicide and Honour

Suicide, in many countries is associated with honour. In Japan, a practice called *Seppuku* was prevalent among the Samurais until it died out in late 1900s. It was an honourable practice to avoid death at the hand of enemy. But the tradition reportedly influences the

¹³⁴ 'Suicide still treated as a crime in at least 20 countries, report finds', The Guardian, 9 Sep 2021, Cited in- <https://www.theguardian.com/global-development/2021/sep/09/suicide-still-treated-as-a-in-at-least-20-countries-report-finds> , Last accessed on- 1 April 2022.

¹³⁵ 'New law allowing assisted suicide takes effect in Austria', BBC News, Cited in- <https://www.bbc.com/news/world-europe-59847371> , Last accessed on- 3 April 2022.

¹³⁶ Mishara BL, Weisstub DN. The legal status of suicide: A global review. *Int J Law Psychiatry*. 2016 Jan-Feb; 44:54-74. doi: 10.1016/j.ijlp.2015.08.032. Epub 2015 Sep 13. PMID: 26375452. Cited in- <https://pubmed.ncbi.nlm.nih.gov/26375452/> Last Accessed on- 3 April 2022.

¹³⁷ Ministry of Law, Penal Code 1860, 'CHAPTER XVI OF OFFENCES AFFECTING THE HUMAN BODY: Of Offences affecting Life, Cited in- <http://bdlaws.minlaw.gov.bd/act-11/section-3140.html>, Last accessed on- 3 April 2022.

¹³⁸ Ministry of Law, Penal Code 1860, 'CHAPTER XVI OF OFFENCES AFFECTING THE HUMAN BODY: Of Offences affecting Life, Cited in- <http://bdlaws.minlaw.gov.bd/act-11/section-3137.html>, Last Accessed on- 1 April 2022.

¹³⁹ 'What is abetment to suicide?' The Dhaka Tribune, 29 April 2021, Cited in- <https://archive.dhakatribune.com/bangladesh/crime/2021/04/29/wh-at-is-abetment-to-suicide> , Last Accessed on- 2 April 2022.

high suicide rate still looming over the country.¹⁴⁰ ¹⁴¹ A similar practice existed among the royal women in places in India. *Jauhar*, self-immolation of the royal ladies to avoid dishonour by enemies after the fall of the palace in a war.¹⁴² This act is still considered honourable among the people in states like Rajasthan. ¹⁴³ Another painful practice in the name of honour was *Sati*, a woman stepping into the fiery pier of her recently deceased husband, alive. The practice of *sati* was banned in 1829, during the British rule.¹⁴⁴

The popular media also depicts scenes of committing suicides, especially in crime and thriller genre. For the sake of safekeeping great secrets, the spies are obligated to take hidden pills to avoid spilling any information to enemies.

Suicidal missions carried out by terrorist or extremist organisations are also a burning issue. The participants of these suicidal acts believing in their ideology cause destruction on big scale, spreading great fear and panic among people.¹⁴⁵ Women have also been participating in these suicide missions.¹⁴⁶

¹⁴⁰ Rupert Wingfield-Hayes , 'Why does Japan have such a high suicide rate?'; BBC News, 3 July 2015, Cited in- <https://www.bbc.com/news/world-33362387> , Last accessed on- 5 April 2022.

¹⁴¹ Pierre, Joseph. (2015). Culturally sanctioned suicide: Euthanasia, seppuku, and terrorist martyrdom. *World journal of psychiatry*. 5. 4-14. 10.5498/wjp.v5.i1.4. Cited in- <http://dx.doi.org/10.5498/wjp.v5.i1.4> , Last accessed on- 5 April 2022.

¹⁴² Britannica, *Jauhar*, Cited in- <https://www.britannica.com/topic/jauhar> , Last accessed on- 5 April 2022.

¹⁴³ Poulomi Banerjee, 'A wrong sense of honour: The disturbing glorification of *jauhar* in Padmini's Chittorgarh', *The Hindustan Times*, 10 February 2018, Cited in- <https://www.hindustantimes.com/india-news/a-wrong-sense-of-honour-the-disturbing-glorification-of-jauhar-in-padmini-s-chittorgarh/story-JojhRZe4pBCEaeg4zyxCNM.html> , last accessed on- 6 April 2022.

Theoretical Approaches to Suicide and Suicidal Behaviour

Inter-Personal Theory of Suicide

The interpersonal theory (IPT) implies that people attempt to commit suicide because they have both the desire and the capability to do so. This suicidal urge or desire is caused by the simultaneous presence of two interpersonal constructs- thwarted belongingness and perceived burdensomeness. And this theory also states that the desire to engage in suicidal behaviour is quite different from actually engaging in suicidal behaviour. IPT focuses on suicidal behaviours like lethal and near lethal suicide attempts rather than suicide related behaviours. The probability of an attempt can be somewhat associated with certain risk factors, such as social isolation, family conflict, mental disorder, previous suicide attempts, unemployment etc. Thwarted belongingness can be expressed as social and psychological isolation or deprivation and absence of reciprocally caring relationships. The theory primarily focuses on the extreme form of thwarted belongingness, that is the perception that

honour-the-disturbing-glorification-of-jauhar-in-padmini-s-chittorgarh/story-JojhRZe4pBCEaeg4zyxCNM.html , last accessed on- 6 April 2022.

¹⁴⁴ Banglapedia, *Sati*, Cited in- <https://en.banglapedia.org/index.php/Sati> , Last accessed on- 6 April 2022.

¹⁴⁵ Lankford, A. (2010). Suicide terrorism as a socially approved form of suicide [Editorial]. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, 31(6), 287–289. Cited in- <https://doi.org/10.1027/0227-5910/a000073> , last accessed on- 7 April 2022.

¹⁴⁶ Anne Speckhard (2008) *The Emergence of Female Suicide Terrorists*, *Studies in Conflict & Terrorism*, 31:11, 995-1023, DOI: <https://doi.org/10.1080/10576100802408121> , Cited in- <https://www.tandfonline.com/doi/abs/10.1080/10576100802408121> , last accessed on- 7 April 2022.

meaningful and mutually supportive relations does not exist. Perceived burdensomeness can be caused by negative life events. Self-hatred and the position or perception of liability are the biggest pillars in this construct. Finally, the theory concludes that thwarted belongingness and perceived burdensomeness are related yet distinctive causes behind suicidal behaviours.^{147 148}

Durkheim's Theory of Suicide

In investigating the phenomenon of suicide, Durkheim stressed on two principles; the relationship of committing suicide and the social relationship, and social relationships that depends on the level of integration and regulation of the groups or class. By the idea of integration, he represented the depth and range of the social relationships and by regulation, the density and strength were represented.

Egoistic suicides are the result of extreme loneliness due to detachment from society or/and excessive individuality. Altruistic suicides occur in forms of sacrifice of oneself, thinking of it as an act of heroism, or to promote an ideal or a cause. This is due to over integration or excessive attachment to his society. Anomic suicides are more prominent when sudden

and huge social changes happen, causing personal and social ethics to become greatly disturbed.

Moreover, Durkheim discussed about fatalistic suicide, which is caused by extreme social oppression, so much so that a person thinks that death is the only salvation.¹⁴⁹

Mental Disorders and Personality Traits

There are some mental disorders which contributes to the suicidal behavior and actions. Mood disorders, Schizophrenia, Borderline Personality Disorder, depression, drug abuse etc. Experience or feeling of 'thwarted essential needs', the feeling of shame, disgrace, guilt or insecurity can create unbearable mental pain or 'psycheache', a term coined by Dr. Edwin Shneidman, which can lead to suicide as an escape plan for the individual having such thoughts.¹⁵⁰

Global Trend of Suicide by Women

Globally, suicide rate is higher among men than women. The suicide rate of men is almost double than that of women (see Figure 1).¹⁵¹ But this difference varies across separate regions. The female suicide rate is high in the South East Asian region (see Figure 4),

¹⁴⁷ Van Orden, Kimberly A., Witte, Tracy K., Cukrowicz, Kelly C., Braithwaite, Scott R., Selby, Edward A., Joiner Jr., Thomas E. 'Interpersonal Theory of Suicide', *Psychological Review*, Vol 117(2), Apr 2010, 575-600, Cited in- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3130348/> , , last accessed on- 7 April 2022.

¹⁴⁸ Joiner, T, 'The interpersonal-psychological theory of suicidal behavior: Current empirical status', *American Psychological Association*, Cited in- <https://www.apa.org/science/about/psa/2009/06/sci-brief> , last accessed on- 7 April 2022.

¹⁴⁹ Mueller AS, Abrutyn S, Pescosolido B and Diefendorf S (2021) The Social Roots of Suicide: Theorizing How the External Social

World Matters to Suicide and Suicide Prevention. *Front. Psychol.* 12:621569. doi:10.3389/fpsyg.2021.621569, Cited in- <https://www.frontiersin.org/articles/10.3389/fpsyg.2021.621569/full> , last accessed on- 7 April 2022.

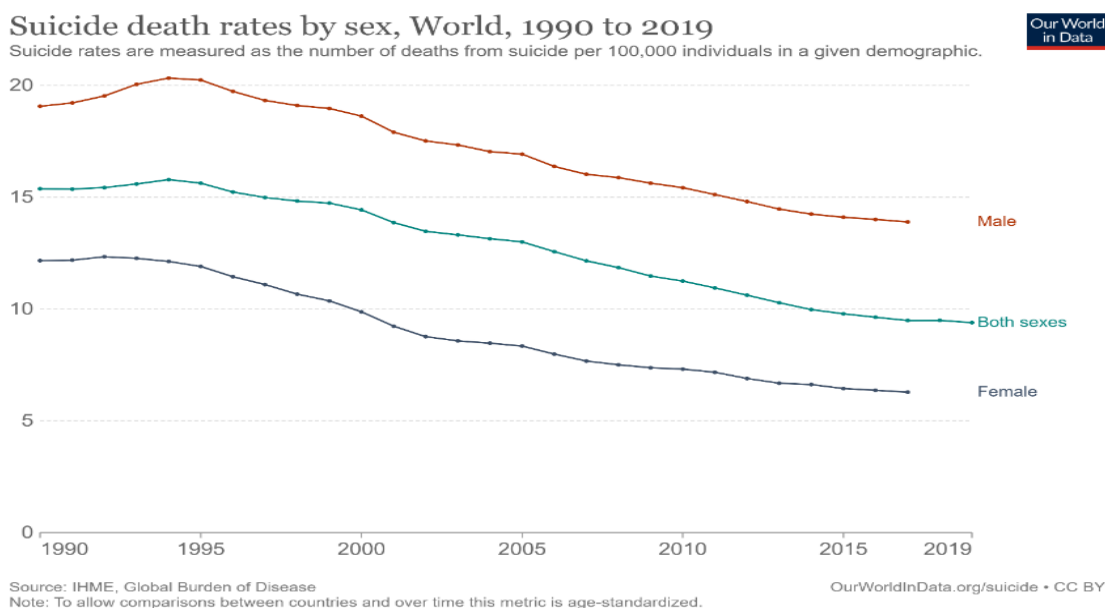
¹⁵⁰ Gyvon, Y & Apter, A, Suicide and Suicidal Behavior, *Public Health Reviews*, Vol. 34, No 2, Cited in- <https://publichealthreviews.biomedcentral.com/track/pdf/10.1007/BF03391677.pdf> , last accessed on- 7 April 2022.

¹⁵¹ I. World Health Organization. Suicide: key facts. Geneva: World Health Organization; 2021, Cited in- <https://www.who.int/news-room/fact-sheets/detail/suicide> , last accessed on- 7 April 2022.

and also in South Asia.¹⁵² In South Asia, India has the highest rate of female suicide mortality rate in 2019 (11.10) (see Figure 2). In 2020, in a report produced by Indian government, stated that a total of 44,498 females committed suicide, among them 22,372 were housewife, meaning the half of the female suicide victims were housewives. The second group was students and third was wage earners.¹⁵³ The second

highest female suicide rate in South Asia is in Sri Lanka. Suicide is the second cause of unnatural deaths faced by young women in Sri Lanka.¹⁵⁴ According to World Bank, Bangladesh has the second lowest female suicide rate among the South Asian countries (1.7) (see Figure 3), compared to the total suicide rate (3.7), it is noticeable that in Bangladesh too, female suicide is almost half of the total suicides.¹⁵⁵

Figure 1: Suicide Death Rates by Sex, World, 1990 to 2019



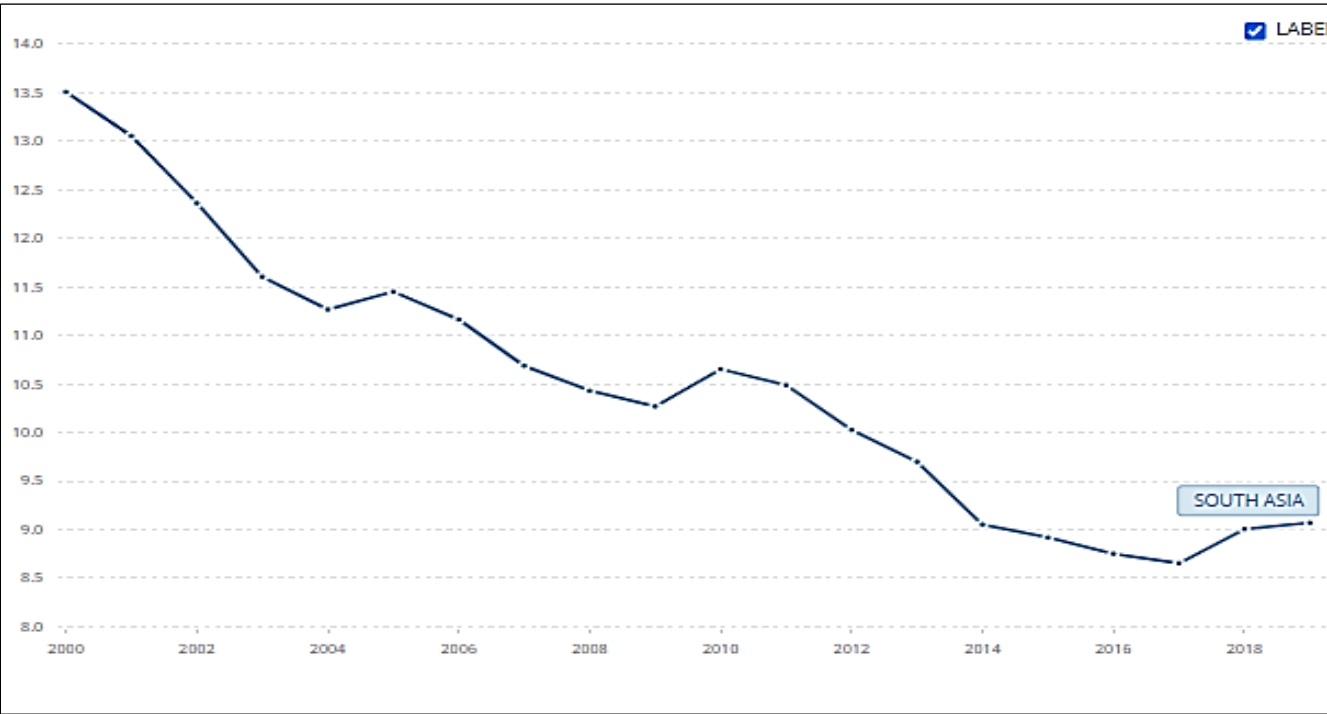
¹⁵² Jordans, M.J., Kaufman, A., Brenman, N.F. et al. Suicide in South Asia: a scoping review. *BMC Psychiatry* 14, 358 (2014). <https://doi.org/10.1186/s12888-014-0358-9> , Cited in- <https://bmcpsy psychiatry.biomedcentral.com/articles/10.1186/s12888-014-0358-9#citeas> , last accessed on- 7 April 2022.

¹⁵³ Accidental Death and Suicides in India, 2020, National Crime Records Bureau, Chapter-2, Cited in- https://ncrb.gov.in/sites/default/files/ads2020_Chapter-2-Suicides.pdf , last accessed on- 7 April 2022.

¹⁵⁴ UNFPA, 'Unnatural Deaths Of Women And Girls In Sri Lanka (Prevention And Justice)', Population Matters, Policy Issue 6, February 2018, Cited in- https://srilanka.unfpa.org/sites/default/files/pub-pdf/PolicyBrief06andAnnex_English.pdf , last accessed on- 7 April 2022.

¹⁵⁵ World Bank, Cited in- <https://data.worldbank.org/indicator/SH.STA.SUIC.P5> last accessed on- 7 April 2022.

Figure 2: Suicide Mortality Rate, Female (per 100,000 female population)- South Asian



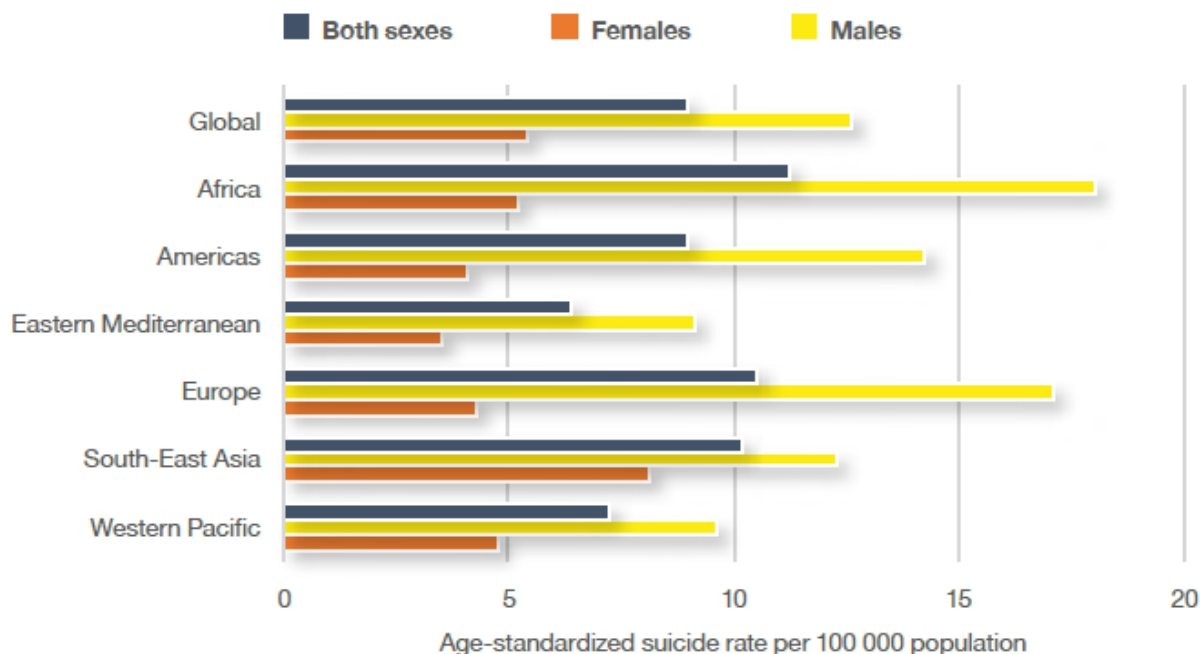
Source: World Bank

Figure 3: Female Suicide Rates in South Asian Countries

Country	Most Recent Year	Most Recent Value	
Afghanistan	2019	3.60	
Bangladesh	2019	1.70	
Bhutan	2019	2.70	
India	2019	11.10	
Maldives	2019	0.80	
Nepal	2019	2.70	
Pakistan	2019	4.30	
Sri Lanka	2019	6.20	

Source: World Bank

Figure 4: Age-standardized Suicide Rates (per 100,000 population) by WHO Regions, 2019



Source: WHO Global Health Estimates 2000-2019

In Bangladesh, female suicide rate contradicts with the global rate. Here, female population have a higher rate of suicide and attempts of suicide higher than their male counterparts. According to BPO data, there were 3849 reported female deaths by suicides among a total of 6952 reported deaths by suicide. Figure 5 shows the yearly trend of suicide incidents recorded by BPO. It

suggests that the number of suicides committed by women are constantly higher than that of men. In Figure 6, the divisional segregation of male female death is shown. In every comparison, number of female deaths is higher than male death. In 2020 and 2021 the suicide rate has increased. Only in Sylhet division, male suicide number is slightly higher than female.

Figure 5: Yearly Trend of Suicide Number, Total Deaths and Female Deaths

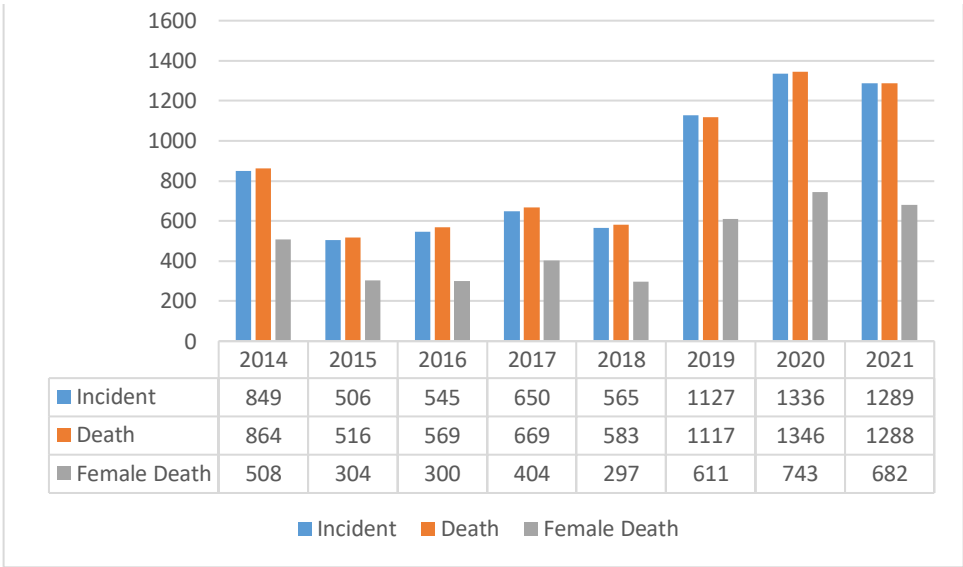
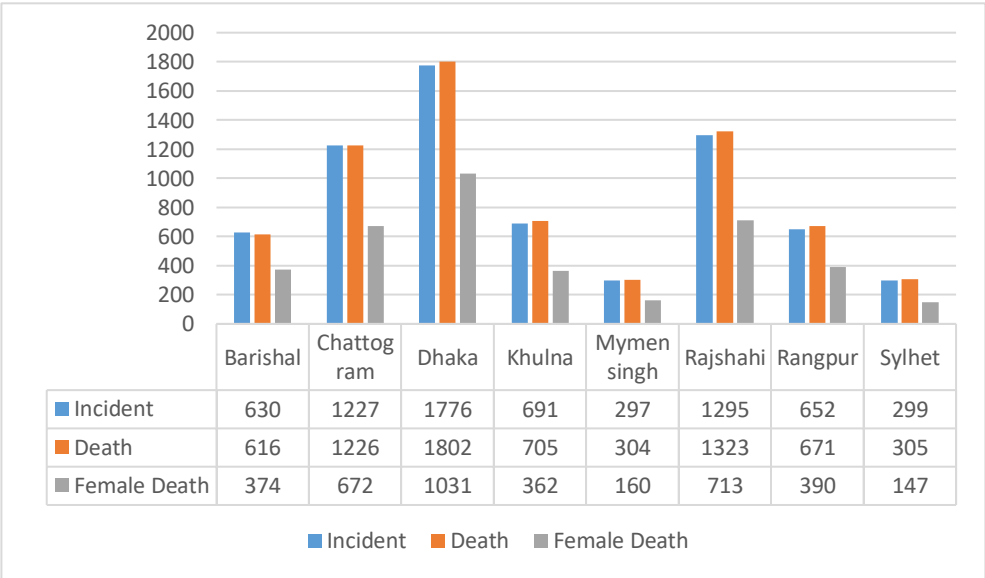


Figure 6: Regional Distribution of the Suicide (2014-2021)



Characteristics of Suicide Committed by Women in Bangladesh: An Analysis from BPO Data

Reasons

In Bangladesh, according to BPO data, major reasons of reported suicides among women broadly fall into categories discussed below-

Domestic Violence

Domestic violence denotes the violence perpetrated by intimate partners and family members, those are parents, siblings, husband, in-laws etc. in Bangladesh, one of the leading causes of suicide among women is domestic violence. Women commit and attempt suicide due to fights with their husbands/ in-laws/parents over family issues, due to unbearable torture, dowry, drug-related issues, extra-marital affairs of spouses, etc.

Economic Hardship

Many women committed suicide due to the economic hardship. Inability to pay back loans, acute financial

crisis in the family which hampers the meeting of basic needs.

Sexual Harassment/ Assault

Significant number of suicides are committed due to the humiliation and social stigma caused by occurrences of sexual harassment and rapes.

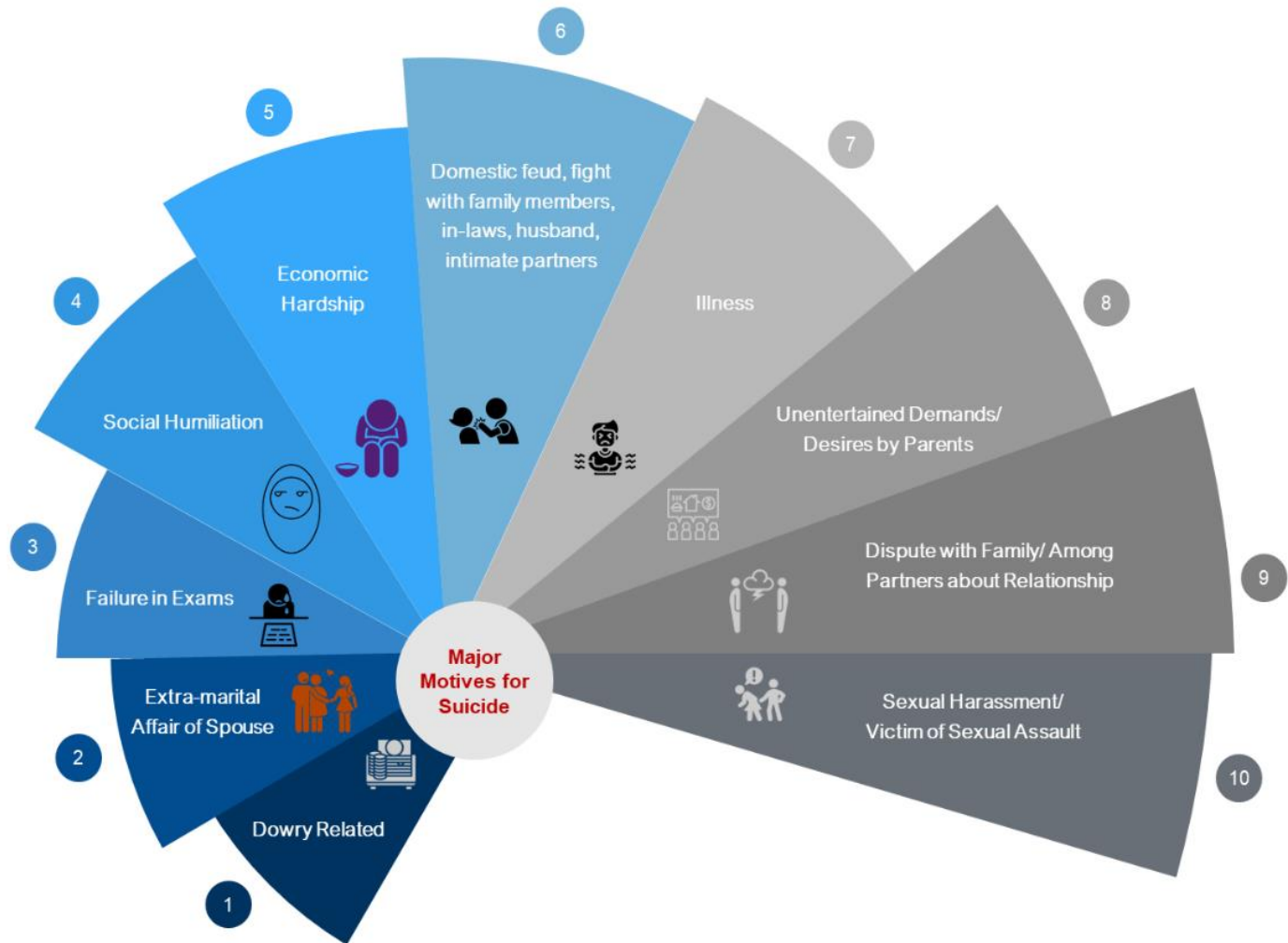
Emotional Impulse

There are many cases where young women committed suicide because their family did not agree to act according to their wish, or the parents reprimanded the victim about a sensitive issue. While reporting these types of cases, a Bengali word 'Abhiman' is often used, the exact English synonym of this particular word is hard to find. The closest representation of this word might be the feeling of emotion when one thinks he or she has been treated wrong.

Other Causes

Failure in exams, turmoil in romantic relationships, deceit by partners, failure to avail acceptance of family in choice of life partners, chronic illness, frustration, social stigma, humiliation etc.

Figure 7: Major Motives for Suicide

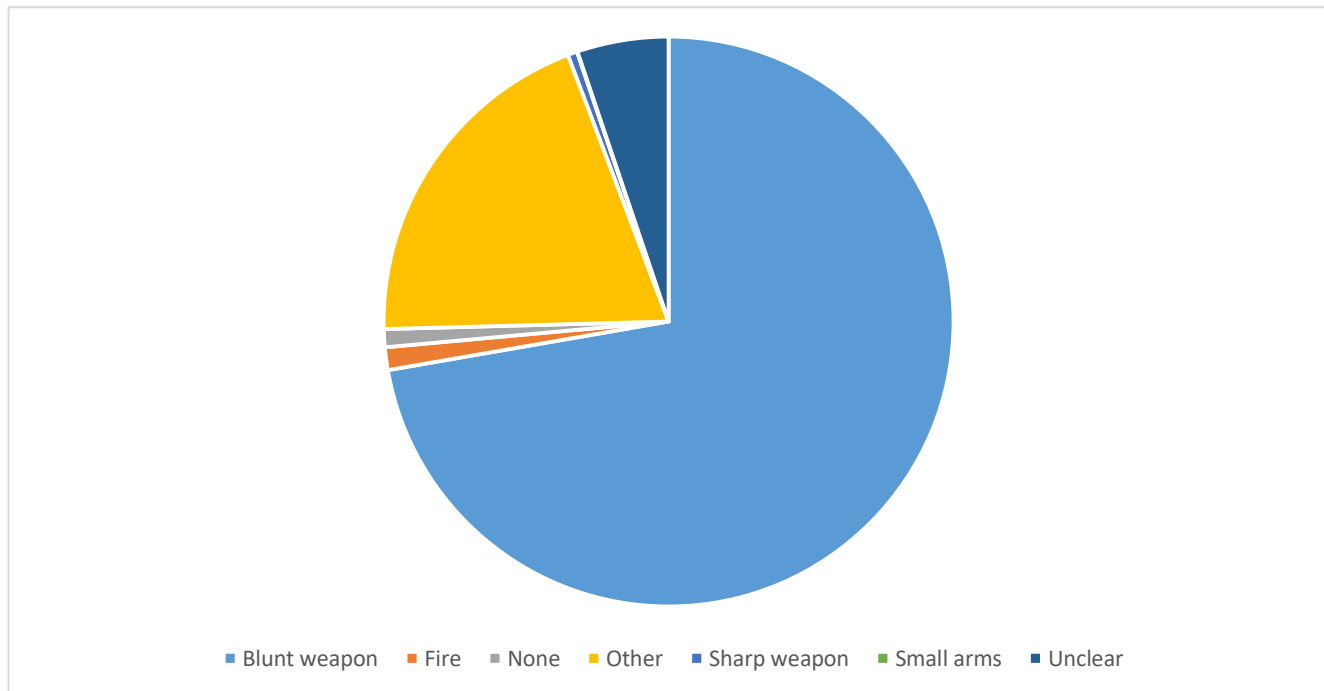


Weapons Type

In Bangladesh, most of the suicide committed by women are done by hanging, then by taking poison or poisonous substance. Women mostly use blunt weapons, such as ropes, piece of clothing like *orna*, a

shawl like piece of cloth to wrap around the body. In some cases, setting fire on one's own body were reported. Taking poisons, insecticides, medicine fall under 'other' category. Reports of using sharp weapons were low in number.

Figure 8: Weapons used for suicides committed by women



Discussion

From the global and national scenario of Female suicide, the characteristics of the suicides committed by women recorded by BPO, and the weapons used in those incidents, it is noticeable that, the features of this self-harming actions by women in Bangladesh is similar

to its regional neighboring countries. Though Bangladesh is in much better position in terms of India and Sri Lanka, the two leading countries in South Asia having highest female suicide rates and, the global estimates shows that there is a decreasing trend, there are points of concern according to several studies. According to research conducted by National Mental

Health Institute of Bangladesh on the youth and adolescents in the country, women had thoughts of suicides more than men and it is a major cause of death in young females.¹⁵⁶ Also, the prevalence of mental disorders is more in women than men.¹⁵⁷ In India, 50% of the female suicide victims are housewives. The major reason for these housewives to take their own lives are family issues and marriage related issues. But experts opined that, the continuous struggle or abuse of domestic life for a long time can persuade a woman to inflict such doom on herself.¹⁵⁸ In Bangladesh, one of the major reasons for suicide in women is domestic violence. Dowry, extra-marital affair, domestic feud, drug issues, etc. are the contributing factors too. The Covid-19 pandemic has also affected the mental health of women more than men.¹⁵⁹

¹⁵⁶ National Institute for Mental Health, 'Epidemiology of Suicide and Suicidal Behaviour Among Youth and Adolescent in Bangladesh', 2021, Cited in- <http://nimh.gov.bd/wp-content/uploads/2021/11/Epidemiology-of-Suicide-Full.pdf> , last accessed on- 24 April 2022.

¹⁵⁷ National Institute for Mental Health , National Mental Health Survey, 2019, Cited in- <http://nimh.gov.bd/wp-content/uploads/2021/11/Mental-Health-Survey-Report.pdf> , last accessed on- 13 April 2022.

¹⁵⁸ Geeta Pandey, 'What's behind suicides by thousands of Indian housewives?', BBC News, 16 December 2021, Cited in- <https://www.bbc.com/news/world-asia-india-59634393> , last accessed on- 13 April 2022.

¹⁵⁹ 'করোনার প্রথম বছরে আত্মহত্যা বেড়েছে ১৭ শতাংশ', The Daily Ittefaq, 10 September 2021, Cited in- <https://www.ittefaq.com.bd/274222/%E0%A6%95%E0%A6%B0%E0%A7%8B%E0%A6%A8%E0%A6%BE%E0%A6%B0%E0%A6%AA%E0%A7%8D%E0%A6%B0%E0%A6%A5%E0%A6%A> E , last accessed on- 13 April 2022.

¹⁶⁰ Crime and Violence Update, CGS Peace Reports, cited in- http://peaceobservatory-cgs.org/#/peace_report , last accessed on- 14 April 2022.

¹⁶¹ Van Orden, Kimberly A., Witte, Tracy K., Cukrowicz, Kelly C., Braithwaite, Scott R., Selby, Edward A., Joiner Jr., Thomas E.

According to BPO data, 60% of the victims of sexual assaults are girls and female under 18 years. There are also few reports of male child being the victim of sexual assault.¹⁶⁰ Several studies on suicides identifies history of abuse and maltreatment as significant factors for suicidal thoughts in individuals.¹⁶¹ ¹⁶² Experience of sexual harassment and assault is a significant motive of suicide among women in Bangladesh, the prevalence of the high number of this violence may become a critical concern for future.

The misuse of technology, easy and unsupervised access can lead to serious threats to the mental health of young population.¹⁶³ Cyber-bullying, defamation on social media, social humiliation using technology, rumour can create life-threatening situation in a person's life, especially a woman. ¹⁶⁴ ¹⁶⁵ ¹⁶⁶

'Interpersonal Theory of Suicide', Psychological Review, Vol 117(2), Apr 2010, 575-600, Cited in- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3130348/> , last accessed on- 13 April 2022.

¹⁶² National Institute for Mental Health, 'Epidemiology of Suicide and Suicidal Behaviour Among Youth and Adolescent in Bangladesh', 2021, Cited in- <http://nimh.gov.bd/wp-content/uploads/2021/11/Epidemiology-of-Suicide-Full.pdf> , last accessed on- 24 April 2022.

¹⁶³ UN Chronicle, 'Cyberbullying and Its Implications for Human Rights', December 2016, No. 4 Vol. LIII, Human Rights, Cited in- <https://www.un.org/en/chronicle/article/cyberbullying-and-its-implications-human-rights> , last accessed on- 18 April 2022.

¹⁶⁴ Hinduja S, Patchin JW. Bullying, cyberbullying, and suicide. Arch Suicide Res. 2010;14(3):206-21. doi: 10.1080/13811118.2010.494133. PMID: 20658375. , last accessed on- 18 April 2022.

¹⁶⁵ Farhana Aktar, 'Cyber Violence Against Women: The Case Of Bangladesh' 17 June 2018, Cited in- <https://genderit.org/articles/cyber-violence-against-women-case-bangladesh> , last accessed on- 18 April 2022.

¹⁶⁶ Helal Uddin Ahmed, 'Combating cyber-bullying of women', The Financial Express, 20 April 2022, Cited in-

Overall, ensuring the mental wellbeing is of utmost importance. Globally, for each completed suicide, there are many more attempts of suicide behind that.¹⁶⁷ In this write-up, the completed suicides recorded by BPO, where the person accomplishes the intended result, have been discussed. Previous attempts of suicide increase the risk of success at following attempts.¹⁶⁸

Conclusion

The suicide rate fell on average globally, but it is showing alarming growth in some parts. The increasing

rate of suicide in the high-income countries and existing high rate of suicide in low-income countries force us to rethink what the development strategy should be and where we should focus except only to care about the economic development.¹⁶⁹ The goal 16 of SDGs, 'to significantly reduce all types violence' emphasises on the reduction of suicide rates all over the world by 2030.¹⁷⁰ Achieving that goal demands attention and effort on macro and micro level, irrespective of sex, gender, age, class and economy etc, also, a journey towards a more liberal and equitable society.

<https://thefinancialexpress.com.bd/views/combating-cyber-bullying-of-women-1650466631> , last accessed on- 20 April 2022.

¹⁶⁷ World Health Organization, Suicide | Key facts, 17 June 2021, Cited in- <https://www.who.int/news-room/fact-sheets/detail/suicide> , last accessed on- 20 April 2022.

¹⁶⁸ *ibid*

¹⁶⁹ World Health Organization, 'One in 100 deaths is by suicide', 17 June 2021, Cited in- [https://www.who.int/news/item/17-06-](https://www.who.int/news/item/17-06-2021-one-in-100-deaths-is-by-suicide)

[2021-one-in-100-deaths-is-by-suicide](https://www.who.int/news/item/17-06-2021-one-in-100-deaths-is-by-suicide) , last accessed on- 20 April 2022.

¹⁷⁰ Measuring Goal 16, Identifying the priority indicators based on key statistical and normative criteria, September 2014, IEP, Cited in- <https://www.economicsandpeace.org/wp-content/uploads/2015/06/Measuring-Goal-16.pdf> , last accessed on- 20 April 2022.

Annex

Some definitional clarification according to BPO Codebook.

Gunfight. Shootout between the law enforcement agencies and criminals, militants, or other irregular forces, including amongst the latter, that does not match the definition of a non-state armed group.

Clash. Two-sided violence between groups, outside of the context of war or insurgency. Example: supporters of rival political parties fight each other.

Assault. One-sided violence by an individual or small group against another individual or small group. Example: stabbing, shooting of someone by a perpetrator

Fight. Two-sided violence between individuals or small groups. Example: brawl between 3-4 people.

Sexual assault. One-sided sexual violence, such as rape or attempted rape, by an individual or small group against another individual or small group.

Destruction of property. One-sided violence perpetrated with the intent of damaging property. Examples: vandalism, arson.

Mob violence (large group assault). One-sided violence by a mob or large group against an individual or a comparatively small and/or defenseless group. Examples: lynching of a thief, looting of shops and houses owned by a religious minority



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