

# DAFFODIL INTERNATIONAL UNIVERSITY



Research Monograph  
On  
**An Age-Based Legal Study on Suicide And  
Attempt to Suicide in Bangladesh: A  
Critical Legal Analysis**

Course Title: Research Monograph Course  
Code: LAW (812)

**Submitted To:**

**Mr. Mohammad Badruzzaman**  
Assistant Professor  
Department of Law,  
Faculty of Humanities & Social Science  
Daffodil International University

**Submitted By:**

**KHAIRUL ALOM**  
ID: 221-38-050  
Batch: 37<sup>th</sup>

Department of Law,  
Daffodil International University

**Date of Submission: 19/02/2023**

## Letter of Transmittal

To

**Mr. Mohammad Badruzzaman**  
Assistant Professor  
Department of Law  
Daffodil International University

**Subject: Prayer for Submission of Dissertation**

Dear Sir,

It is an excellent pressure on behalf of me that I even have been ready to make research on **“An Age Based Legal Study on Suicide and Attempt to Suicide in Bangladesh: A Critical Legal Analysis”**. In concluding this research, I even have given all of my best afford to make useful research and by collecting all the relevant information from different sources which will fulfill your expectation.

Therefore, I shall remain grateful to you if you undergo this thesis paper for your evaluation and I would be like that if any valuable recommendation made on your part in this matter.

I am always available for any longer clarification of any part of this paper at your convenience.



Thanking you,

**Khairul Alom**

ID: 221-38-050

Batch: 37

Department of Law

© Daffodil International University

© Daffodil International University

## Letter of Approval

This is to certify that the work is done “**An Age Based Legal Study on Suicide and Attempt to Suicide in Bangladesh: A Critical Legal Analysis**” is a real work done by Khairul Alom , ID: 221-38-050, Department of Law, Daffodil International University, done under my supervision in the partial fulfillment for the research work.



**Mr. Mohammad Badruzzaman**  
Assistant Professor  
Department of Law  
Daffodil International University

© Daffodil International University

© Daffodil International University

## Declaration

I hereby solemnly declare that thesis on “**An Age Based Legal Study on Suicide and Attempt to Suicide in Bangladesh: A Critical Legal Analysis**” partial fulfillment of the requirement for the award of the degree of master of laws, Department of Law, Daffodil International University.

I further declare that the research work presented in this thesis is original and it has not been submitted earlier either partly or wholly to any other university for any academic qualification/certificate/diploma degree. The work I have presented does not breach any copyright.



**Khairul Alom**

ID: 221-38-050

Batch: 37

Department of Law

## Certification

This is to certify that thesis on "**An Age Based Legal Study on Suicide and Attempt to Suicide in**

**Bangladesh: A Critical Legal Analysis**" partial fulfillment for the award of the degree of Master of Laws, Department of Law, Daffodil International University. The research has been carried out with my guidance

and as research of the bonafide work carried out successfully.



**Mr. Mohammad Badruzzaman**

Assistant Professor

Department of Law

Daffodil International University.

## ACKNOWLEDGEMENT

I would like to acknowledge the immeasurable grace and propound kindness to almighty Allah, I express my gratitude to my research supervisor honorable Mr. Mohammad Badruzzaman Assistant Professor, department of law at daffodil international University who helped me cordially in every step of this paper. He gave me a valuable time and significant information to complete my thesis work, without his proper guidance it was quit impossible for me to complete my thesis work. I also express my gratefulness to my parents who encouraged me all the time, finally I express thanks to my classmates and well-wishers



**Khairul Alom**

ID: 221-38-050

Batch: 37

Department of Law.

## **Dedication**

Firstly, I am showing very much respect and gratitude to Allah. I would like to express my gratitude and love to my parents for their encouragement and to provide me with opportunities for higher education. They are still guiding me to be a good human being and motivated me to dedicate myself to the benefit of the country.

## Table of Contents

Course Title: Research Monograph Course Code: LAW (812).....	i
Letter of Transmittal .....	ii
Letter of Approval.....	iii
Declaration.....	iv
Certification .....	v
ACKNOWLEDGEMENT .....	vi
Dedication .....	vii
Chapter One .....	1
Preliminary.....	1
Introduction.....	1
1.2 Statement of the Problem.....	2
1.3 Background.....	3
1.4 Scope of the Study .....	4
1.5 Objectives of the Study .....	4
1.6 Research Questions.....	4
1.7. Research Methodology .....	5
1.8. Types of Data.....	5
1.9. Sources of Data.....	6
1.10. Review of Related Literature .....	6
1.11. The Rationale of the Study .....	7
1.12. Limitations of the Study.....	7
1.13. Expected Outcome .....	8
Chapter Two.....	9
The Conceptual Aspects and Legal Status of Suicide and Attempted Suicide in Bangladesh .....	9
2.1. Concept .....	9
2.2. CHARACTERISTICS OF SUICIDE ATTEMPT.....	10
2.3. SUICIDE: 2022 (JANUARY – AUGUST) .....	10
2.4. SUICIDE HELPLINE IN BANGLADESH .....	11
2.5. LEGAL STATUS OF ATTEMPTED SUICIDE IN BANGLADESH .....	12
Chapter Three.....	14
Analysis and Data Presentation .....	14
3.1 Analysis.....	14



3.2. Data Presentation .....	15
3.3. AGE AND GENDER FACTOR OF SUICIDE IN BANGLADESH .....	17
Chapter Four .....	18
Summary and Factors of Suicide in Bangladesh .....	18
4.1. Summary of Research Findings .....	18
4.2. FACTORS ASSOCIATED WITH SUICIDE .....	19
4.3. PLACE DISTRIBUTION .....	20
4.4. STATISTIC AND DEMOGRAPHY OF SUICIDE .....	21
4.5. PREVALENCE OF SUICIDE .....	21
Chapter Five .....	22
Main Causes and Methods of Suicidal Risk Factors .....	22
5.1 Main Causes and Risk Factors .....	22
5.2 Circumstances of suicidal risk: .....	23
5.3 Suicide of women .....	25
5.4 Common Methods of Suicide in Bangladesh .....	25
Chapter Six .....	25
Case Study .....	25
Chapter Seven .....	28
Concluding Remarks .....	28
7.1. Research Findings .....	28
7.2. Recommendations .....	29
7.3. Logistic Framework .....	31
7.4. Conclusion .....	31
References: .....	33

## Chapter One

### Preliminary

### Introduction

Bangladesh is not an exception to the overlooked nature of suicide as a public health issue worldwide. Unfortunately, suicide e all too often fails to be prioritized as a major public health problem. Worldwide, one million people take their own lives e ach year. Throughout the world, suicide Rates have increased by 65% in the last 45 years (World Health Organization, 2020). Asia accounts for 60% of all suicide cases worldwide, with Bangladesh having the highest rate at 39.6 per 100,000 people. Suicide is the second most common cause of death for young people between the ages of 15 and 24 worldwide, and it can happen at any point in lifetime (World Health Organization, 2021). Additionally, there are roughly 20–30 times as many attempts at suicide.

According to World Health Organization (WHO) predictions for the year 2020, roughly 1.53 million people will die by suicide and 10–20 times as many people will attempt suicide globally, which equates to an average of one suicide death and one attempt every 1-2 seconds. In Bangladesh nowadays, suicide is an everyday occurrence. According to the World Health Organization 2020 report, the country experiences about 10,000 suicide deaths per year. In Bangladesh, it is the second major cause of injury-related death in those aged 20 to 39 and the fourth main cause of all injury-related deaths overall. Self-destruction is a worldwide issue that rises above hindrances of culture, geology, religion, social class, and financial status. While Self-destructive way of behaving is impacted by a few collaborating factors - individual, social, mental, social, organic and ecological - sorrow is the most widely recognized mental problem in individuals who pass on by self-destruction. About portion of all people in top level salary nations who kick the bucket by self-destruction have significant burdensome problem at the hour of their passing. Besides, a background marked by self-destruction endeavors is a powerful gamble factor for death by self-destruction. WHO has assessed that the 26% of the universes populace living in The 11 nations of the WHO South-East Asia Locale represents 39% of worldwide suicides (World Wellbeing Association, 2021). In this way, WHO centers on self-destruction counteraction and approached the nations to devise public self-destruction avoidance procedures.

Bangladesh is a thickly populated country and its economy is increasing in South Asia having more occurrence pace of self-destruction than the other Asian nations. Current survey uncovers that self-destruction rates in South Asia are high contrasted with the worldwide normal, despite everything there is a scant of Dependable information on self-destruction rates in South Asia. Till now there is no public self-destruction reconnaissance framework. Other than no cross country concentrate on self-destructive gamble factors has been at this point started .Besides, it is as yet a criminal offense in the general set of laws. Strict and social elements keep on affecting the determination and enlisting of suicides as well as families don't uncover the real essence of the demonstration, inspired by a paranoid fear of badgering by police and social disgrace. The literary works on self-destruction are as yet restricted in Bangladesh setting, and there is no exhaustive article on self-destruction in Bangladesh setting. Existing articles center around the particular technique for self-destruction, for example, hanging and harming as well as the quest for the relationship of mental problem with self-destruction is poor. The current story survey was led to give an extensive comprehension of self-destructive setting in Bangladesh in light of the current writing concerning commonness of self-destruction, and other self-destruction measurements like self-destructive elements, strategies for self-destruction, effects of self-destruction on family and society level, preventive methodology, and legitimate viewpoints.

## 1.2 Statement of the Problem

Each suicide is a misfortune. Suicide is an undeniably worldwide and general wellbeing concern and this is unquestionably convoluted peculiarity that carries enduring to countless individuals particularly in Bangladesh consistently. Self-destruction, the deliberate taking of one's own life. As per who gauges for the year 2020 and in light of current reviews around 1.53 million individuals kicked the bucket by self-destruction and 10-20 times more individuals endeavor self-destruction around the world. This addresses on normal 1 passing each 20 seconds and 1 endeavor each 1-2 seconds. In Bangladesh self-destruction expanding terribly step by step. However, this issue is quiet, covered up and unnoticed. Endeavored self-destruction are no less than multiple times more normal than the finished self-destruction. Of every one of the people who take part in non-lethal self-destructive conduct in something like a year almost 10% ultimately end it all. Self-destruction is a dismissed worldwide general medical condition and Bangladesh isn't an exemption. Tragically, self-destruction time after time neglects to be focused on as a significant general medical condition. Roughly 1,000,000 individuals end it all consistently around the world. A 65% expansion in the pace of self-destruction in the beyond 45 years has been happened all over the planet (World Wellbeing Association). A little over half of all instances of self-destruction on the planet happen in Asia and 39.6 per 100,000 in Bangladesh. Self-destruction can happen anytime in the life expectancy, and is the second generally successive, and in certain nations the main source of death among youngsters matured 15-24 years (World Health Organization).

<b>Range.</b>	<b>By Hanging</b>	<b>By Poisoning</b>
Dhaka	1497	465
Chittagong	430	182
Sylhet	705	426
Khulna	335	87
Barisal	1608	871
Rajshahi	302	159
Rangpur	943	485

**Chart:** Numbers of death by Suicide in Bangladesh (The Dhaka Tribune, 2020)

### 1.3 Background

"Suicide" Is gotten from a Latin word where „sue' signifies oneself and „cide' signifies killing. Passing prompted by independent harmful way of behaving with an expectation to bite the dust. So the way of behaving is known as Self destruction. The term "Perpetrating Suicide" is exceptionally deterred in light of the fact that it means sin or wrongdoing.

As indicated by Therapist John M. Grohol, " suicide is an answer for somebody who is experiencing serious misery or miserable temperament (for example - feeling lost or where it counts broken)". Typically individuals overpower by tough spots and get discouraged without any problem. So they will more often than not pick self-destruction when agony surpasses resistance; as it is by all accounts the main way out at that point. Furthermore, they don't have the foggiest idea about one more method for managing it around then.

Suicide is characterized as a demonstration of purposefully ending one's own life. Nonetheless, this definition doesn't do equity to the intricacy of the idea and the various utilizations of terms across studies. In this manner the classification for self-destructive ideation and conduct has been the subject of significant worldwide consideration and discussion. The terminology of self-destruction ways of behaving without lethal result differs also. Some of the time they are alluded to as "Suicidality" while others term these as "suicide related ways of behaving" or "self-destructive way of behaving".

This study set off on a mission to investigate the study of disease transmission of self-destruction in Bangladesh. A cross-sectional review was done during 2021 (January to December). This enveloped a populace of 819,429 of all age gatherings and genders. Information was gathered by up close and personal meetings at a family level. Suicide was viewed as the main source of death by injury in the age gathering of 10-19 years. Juvenile females (long term age bunch) were viewed as the most helpless. By and large, the self-destruction rate was 7.3 per 100,000 every year and the most elevated rate was found in the age gathering of 60+ years. The pace of self-destruction was viewed as 17-overlay higher in the rustic populace, contrasted with metropolitan rates. Young adult self-destruction rate in rustic regions was 20.1 per 100,000. The rate was 17.7 and 22.7 among guys and females individually. Harming was found as the most regular strategy for suicide. Most of the self-destruction casualties were viewed as exceptionally poor and uneducated. Self-destruction is a significant general medical condition in Bangladesh. Age, spot of home, financial status and education were the major partner factors connected with suicide. Youths, old and those living in rustic districts were the weakest gatherings.

The most widely recognized technique is hanging trailed by harming and bouncing under the train. The most common age bunch is age under 40 years. The pace of self-destruction in youngsters is additionally expanding. As opposed to most Asian nations, more Bangladeshi ladies end it all than men. The mean period of male and female were  $28.86 \pm 11.27$  years and  $25.31 \pm 7.70$  years separately. The most widely recognized related elements of self-destruction are more youthful age, lower schooling, understudies, family unit, and family background of self-destruction, use substance, issue in working environment, monetary limitations, undertaking, aggressive behavior at home, separate, and actual disease.

A large portion of the self-destructive occasion happened around evening time, trailed before breakfast (6 am-12 am), and evening. It's a criminal offense in Bangladesh. The wellspring of data is fundamentally police, scientific reports, media and courts. Till now there is no cross country study of self-destruction is directed. Additionally, suicide reconnaissance methodology is yet to be laid out. Self-destruction is a dismissed and under went to general medical condition in Bangladesh with few exploration and scarcity of writing. Presently cross country overview

conduction and foundation of public self-destruction reconnaissance are a period requested step. As per a report distributed in the Lancet distributed in BBC News, self-destructive propensity among ladies in Bangladesh is higher, on the grounds that they have sub-par status in the public eye. Another component is a higher pace of ignorance and their monetary reliance on men.

Bangladesh is a thickly populated country and its economy is increasing in South Asia having more occurrence pace of suicide than the other Asian nations. Current survey uncovers that suicide rates in South Asia are high contrasted with the worldwide normal, yet there is a scant of solid information on self-destruction rates in South Asia. Till now there is no public suicide observation framework. Other than no cross country concentrate on self-destructive gamble factors has been at this point started.

#### **1.4 Scope of the Study**

Emotional wellness has customarily been the domain of specialists and explicitly prepared psychological well-being experts. Yet, over the last a few decades, family practice doctors, nurture specialists, unified wellbeing experts, and other medical care suppliers are progressively liable for distinguishing and overseeing persistent emotional well-being issues including self-destructive ideation and ways of behaving.

Presently it is entirely expected for an assortment of medical services suppliers to end up at the bleeding edges of recognizing serious psychological wellness gives that require screening and reference. In light of these changes, it is vital that all medical care suppliers are proficient about suicide risk factors and cautioning signs, comprehend suicide screening devices, and know when, where, and how to allude a client who is in danger for self-hurt.

#### **1.5 Objectives of the Study**

The general objective of this study is to shed light on in-depth examinations of the current knowledge and empirical data or statistics and specific dimensions and variables that help to increase psychological understanding of suicidal phenomena of different ages people in Bangladesh. Moreover, by preventing the potential risk factors of suicidal attempts, this study aims to look for possible preventive measures.

#### **1.6 Research Questions**

Through my research, I look forward to explore the possible reasons of Suicide and Attempt to Suicide of different age's people and the effects and statistics.

Through my research, I would attempt to answer the following research questions:

The main question is “what are the main reasons behind Suicide and Attempt to Suicide?”

There are following supporting questions:

1. Does the suicide rate vary from male to female? Or teenage to adults?
2. What are laws and provisions about suicide and attempt to commit suicide in Bangladesh?
3. How can people and communities work together to prevent suicide?

## **1.7. Research Methodology**

This research study has been developed through a consultative process and is based on systematic reviews of existing data from online and offline at various hospitals, university halls, society. Sections have been discussed to paint a global picture of suicide and attempt to suicide of various ages" people and create a road map for suicide prevention. An online survey has been conducted among 60 respondents of various university residential halls.

Besides 50 participants from two hospitals. In addition, 10 participants from Old Nursing Home. They were provided both open-ended and close-ended questions. The participants of halls were mostly third or final year students and aged between 20-24 years. Before collecting data or survey, a verbal consent was taken from the participants and the study was conducted by obtaining an ethical clearance. In addition, the confidentiality of the study was conducted by obtaining an ethical clearance. Also, the confidentiality of collected data was highly maintained. Among them 40.5% were female and 53% were male individuals. I used coding to find out the causes of suicide mentioned by the participants at the time of the survey sessions. ,Also this study is based on systematic reviews of existing data. The paces of nonfatal self-destructive way of behaving were most noteworthy among people matured 18-24 years of age (19.53%), 25-64 years of age (13.46%), 1517 years of age (12.92%). The rates were most elevated in individuals associated with un-talented work that is 32.87%. Non-deadly self-destructive way of behaving was likewise obvious among ladies who were bereft, separated or isolated, the rate is 10.45, which was absent on account of suicide. I directed separate examination among teenagers age 10-17 years and tracked down that early union with critical stressor for suicide. From the concentrate likewise uncovered that dangers of deadly and non-lethal self-destructive way of behaving were higher among the youthful including the teenagers particularly those are 15-17 years of age and youthful grown-ups long term olds.

## **1.8. Types of Data**

Mainly qualitative data was collected for the present study. The primary emphasis will be given to the qualitative data in analyzing and writing the report since the present study will be qualitative and descriptive. There will be a very less volume of quantitative data, if required, will be used in the present study.

## 1.9. Sources of Data

Both primary and secondary data sources will be collected to conduct the present study. Different methods and techniques will be applied to collect primary data. These methods and techniques are observation, case study, and use of key informants. On the other hand, books, journals, periodicals, dissertations, reports, reports of dailies, and different recognized websites are used as secondary data sources.

## 1.10. Review of Related Literature

The literary works on suicide are as yet restricted in Bangladesh setting, and there is no complete article on suicide in Bangladesh setting. Existing articles center around the particular technique for suicide, for example, hanging and harming as well as the quest for the relationship of mental problem with suicide is poor. The current story survey was led to give an extensive comprehension of self-destructive setting in Bangladesh in light of the current writing concerning commonness of self-destruction, and other self-destruction measurements like self-destructive variables, techniques for self-destruction, effects of self-destruction on family and society level, preventive methodology, and lawful viewpoints.

The audit on this subject In Bangladesh can open new possibility to resolve the public issue to the medical care experts, strategy creators and organizers. I assessed the writing to get late data on suicide commonness, its related elements and anticipation procedures in Bangladesh. Articles connected with suicide and Bangladesh was looked for in six electronic data sets with looking through different watchwords with no date limit and with next to no premise of sorts of studies, or at least, a wide range of studies were examined. There are not many full downloadable articles, and all out 30 articles were found. After prohibition of reiteration, screening, at last choice was finished based on incorporation and rejection rules lastly 16 articles were chosen for survey. No meta-investigations were led. Six electronic information bases were efficiently looked to recover pertinent articles.

First and foremost:

We looked through PubMed, PubMed Focal, Google Researcher, Bangla JOL, Science Direct, and google involving different watchword mixes as follows: [„Suicide“ or „Suicide in male“ or „Suicide in female or „Suicide in adolescents“ „Suicide in children“ or „Suicide and its „risk factors“] and [„Suicide and its „prevention strategies“ or „Suicide and Bangladesh“] and [„Epidemiology of suicide in Bangladesh“ or „Methods of suicide in Bangladesh“ or „Prevalence of suicide in Bangladesh“ or „Suicide in Bangladesh“]. Information bases were looked through freely by two analysts. At the point when there was conflict (over the distinguishing proof of significant investigations), studies were reevaluated freely and agreement was arrived at following conversation.

Besides:

We applied a snowball technique by which we evaluated the catalogs of the relative multitude of studies distinguished as pertinent in the first step. Articles other than self-destructive points, for example, intentional self-damage and incidental harming were barred. Also, for the friend checked on articles, we barred records distributed in dialects other than English, book sections, meeting procedures, and discourses. Those reviews center around circumstance of self-destruction outside the Bangladesh were additionally barred. Two commentators chose the included articles. A standard layout sheet was created to catch significant parts of the exploration objective. The information union cycle included both account and realistic investigation. The interaction included perusing and yet again perusing of the included investigations by the two commentators to distinguish key arising issues.

Strict and social elements keep on affecting the conclusion and enrolling of suicides as well as families don't reveal the real essence of the demonstration, inspired by a paranoid fear of badgering by police and social disgrace

(Khan, 2005). The literary works on suicide are as yet restricted in Bangladesh setting, and there is no exhaustive article on suicide in Bangladesh setting. Existing articles center around the particular technique for suicide, for example, hanging and harming as well as the quest for the relationship of mental problem with self-destruction is poor.

The current story survey was led to give an extensive comprehension of self-destructive setting in Bangladesh in view of the current writing concerning commonness of self-destruction, and other self-destruction measurements like self-destructive variables, strategies for self-destruction, effects of self-destruction on family and society level, preventive methodology, and lawful perspectives. The survey on this subject in Bangladesh can open new possibility to resolve the public issue to the medical services experts, strategy creators and organizers.

Of 30 articles at first recognized from six data sets utilizing various catchphrases, 6 demonstrated unessential (not connected with circumstance of suicide in Bangladesh) after the titles were analyzed and 3 articles were copies. Modified works of the leftover 21 articles were then screened utilizing the consideration measures. At the point when it was not satisfactory from the theoretical whether a review met them, the full-text article was perused. Of these, 5 were avoided (didn't meet the incorporation rules) and 16 articles qualification models.

### **1.11. The Rationale of the Study**

Suicide is a crucial problem in Bangladesh nowadays. However, there does not have sufficient researchers in previous. But the present researcher has agreed to review a few relevant research works on these issues, which do not cover the objectives of the present study. That is to say, the present study will be a good arrangement and acceptable work in this area. Moreover, the findings and concluding suggestions of the present study will be capable of contributing knowledge to planners, policymakers, practitioners, and human rights workers.

### **1.12. Limitations of the Study**

Despite the fact that I have invested some parcel of energy to complete the examination such that delivers the normal result, truly I have confronted a few difficulties.

- ✓ Absence of adequate time: While doing an exploration, time is perhaps of the main element. Time figures out what the exploration strategy will be. During our semester, we have a few tests, tests, tasks, thus numerous different things. Therefore, I was unable to go as top to bottom of this exploration as I needed.
- ✓ Length of examination: Since suicide is a huge subject to cover, it was unrealistic to assemble all the data as a result of the length of the venture. Subsequently, a few region of the point were overlooked and some data which merited wide conversation was summed up.
- ✓ Absence of Essential information: As I needed to have a few meetings on suicide, which tragically I could never have on the grounds that it's an exceptionally delicate issue for individuals in Bangladesh.



### **1.13. Expected Outcome**

Since Suicide is not the only problem but also a social risk factor related to all ages and genders. The present study will draw on the Age based research on Suicide and Attempt to Suicide in Bangladesh and assess the existing laws on Suicide issues to make a uniform idea in Bangladesh. In addition, this paper identifies and finds out the public response that effect the result of Suicide by the law enforcement agency. Also, there are some other specific goals that require setting to solve the problem.

## Chapter Two

### The Conceptual Aspects and Legal Status of Suicide and Attempted Suicide in Bangladesh

#### 2.1. Concept

Bangladesh is a thickly populated country and its economy is increasing in South Asia having more frequency pace of suicide than the other Asian nations. Current survey uncovers that suicide rates in South Asia are high contrasted with the worldwide normal, nevertheless there is a scant of solid information on suicide rates in South Asia. Till now there is no public suicide observation framework. Other than no cross country concentrate on self-destructive gamble factors has been at this point started.

"Suicide" Is gotten from a Latin word where „sue“ implies oneself and „cide“ implies killing. Passing prompted by independent damaging way of behaving with a goal to kick the bucket. So the way of behaving is known as Self destruction. The expression "Perpetrating Suicide" is exceptionally deterred on the grounds that it indicates sin or wrongdoing.

As per Clinician John M. Grohol, "Self destruction is an answer for somebody who is experiencing extreme gloom or miserable mind-set (for example - feeling lost or where it counts broken)". Generally individuals overpower by tough spots and get discouraged without any problem. So they will quite often pick self-destruction when agony surpasses resilience; as it is by all accounts the main way out at that point. Also, they don't have a clue about one more method for managing it around then. Self-destruction is characterized as a demonstration of deliberately ending one's own life. Be that as it may, this definition doesn't do equity to the intricacy of the idea and the various uses of terms across studies. In this manner the classification for self-destructive ideation and conduct has been the subject of extensive global consideration and discussion. The terminology of self-destruction ways of behaving without lethal result shifts too. Some of the time they are alluded to as "Suicidality" while others term these as "self-destruction related ways of behaving" or "self-destructive way of behaving".

This study set off to investigate the study of disease transmission of self-destruction in Bangladesh. A cross-sectional review was completed during 2021(January to December). This enveloped a populace of 819,429 of all age gatherings and genders. Information was gathered by eye to eye interviews at a family level. Self-destruction was viewed as the main source of death by injury in the age gathering of 10-19 years. Juvenile females (long term age bunch) were viewed as the most helpless. In general, the self-destruction rate was 7.3 per 100,000 every year and the most elevated rate was found in the age gathering of 60+ years. The pace of self-destruction was viewed as 17-crease higher in the provincial populace, contrasted with metropolitan rates. Juvenile self-destruction rate in country regions was 20.1per 100,000. The rate was 17.7 and 22.7 among guys and females separately. Harming was found as the most continuous technique for self-destruction. Most of the self-destruction casualties were viewed as extremely poor and uneducated. Self-destruction is a significant general medical condition in Bangladesh. Age, spot of home, monetary status and education were the major partner factors connected with self-destruction. Young people, old and those dwelling in country locales were the weakest gatherings. The most well-known strategy is hanging trailed by harming and bouncing under the train. The most common age bunch is age under 40 years. The pace of self-destruction in kids is likewise expanding. As opposed to most Asian nations,

more Bangladeshi ladies end it all than men. The mean period of male and female were  $28.86 \pm 11.27$  years and  $25.31 \pm 7.70$  years individually. The most widely recognized related variables of self-destruction are more youthful age, lower training, understudies, family unit, and family background of self-destruction, use substance, issue in work environment, monetary limitations, undertaking, aggressive behavior at home, separate, and actual sickness.

The vast majority of the self-destructive occasion happened around evening time, trailed before breakfast (6 am-12 am), and evening. It's a criminal offense in Bangladesh. The wellspring of data is chiefly police, legal reports, media and courts. Till now there is no cross country overview of self-destruction is directed. Additionally, self-destruction reconnaissance technique is yet to be laid out. Self-destruction is a dismissed and under went to general medical condition in Bangladesh with few examination and scarcity of writing. Presently cross country study conduction and foundation of public self-destruction reconnaissance are a period requested step. As per a report distributed in the Lancet distributed in BBC News, self-destructive propensity among ladies in Bangladesh is higher, in light of the fact that they have substandard status in the public eye. Another component is a higher pace of lack of education and their financial reliance on men.

## **2.2. CHARACTERISTICS OF SUICIDE ATTEMPT**

A suicide endeavor ought to have the accompanying qualities:

- (a) Self-started, possibly damaging way of behaving;
- (b) Presence of aim to pass on; and
- (c) Nonfatal result.

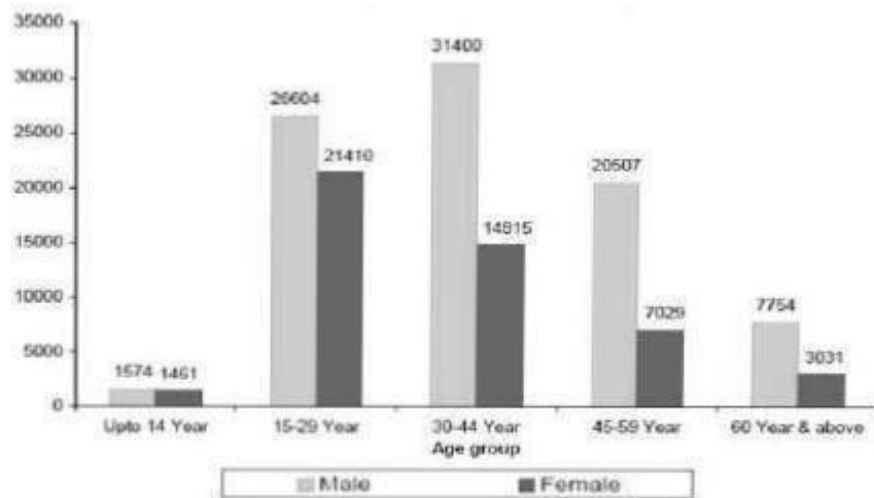
Other related ways of behaving and definitions pertinent to this survey incorporate conscious self-hurt (DSH), non-self-destructive self-injury (NSSI), self-destructive dangers and self-destructive signals. There is likewise some worth in isolating out or restoratively serious self-destruction endeavor (NMSSA).

## **2.3. SUICIDE: 2022 (JANUARY – AUGUST)**

Suicide has become one of the greatest social issues within recent memory influencing for our entire lives in without a doubt. It is an everyday encounter and regular news in our general public. Besides this actually stays as a quiet issue of conversation with less or no endeavors being finished to forestall or stop this demonstration. Upwards of 45 understudies ended it all on a normal each month in the current year showing a stressing pattern of weak state of mind of group of people yet to come, says a study. From January to August of 2022, a sum of 364 understudies committed suicide, Anchal Establishment said at a public interview on Friday. Dhaka, the

capital, positions first in quite a while of suicide. Over the most recent eight months, 25.27% of understudies ended it all here.

Suicide rates among essential and secondary school understudies are the most noteworthy. A sum of 194 understudies, which adds up to 53.3% of school-participants, serious suicide. Then again, 76 undergrads passed on, enlisting the subsequent spot. Upwards of 50 college understudies and 44 madrasa understudies chose to take their lives. Female understudies keep on dwarfing the guys in suicides, representing 60.71% of all suicides, or 221 individuals. As indicated by the outcomes acquired from the study, the inclination of suicide is the most observable among 13 to 20-year-olds, which is 78.6%.



**Figure -01: Suicide Victims by age & sex during 2021**

World Wellbeing Association (WHO) gauges for the year 2020 and in view of latest things roughly 1.53 million individuals will bite the dust from suicide and 10-20 times more individuals will endeavor self-destruction overall which addresses on normal 1 demise each 20 second and 1 endeavor each 1-2 seconds.

## 2.4. SUICIDE HELPLINE IN BANGLADESH

Suicide helpline exist in more than 40 countries on the planet at present and assume a significant part in self destruction counteraction and the advancement of emotional wellness. In any case, in Bangladesh interestingly a little kid "Yeshim Iqbal" who began this suicide helpline called "Kaan Pete return on initial capital investment"

which is a non-benefit association in Bangladesh began in 28th April, 2013. Presently a day's Self destruction has turned into an everyday event occasion in Bangladesh. Around 10,000 people are kicking the bucket by self-destruction each year in the country which was accounted for by WHO. It is the fourth driving reason for generally injury-related passing's and second significant reason for injury related demise in age gatherings of 20-39 years in Bangladesh. The pace of self-destruction differed by age and sex. Self-destruction, the deliberate taking of one's own life, is one of the serious issues.

As per information from the Police Base camp, in 2021, 11,095 individuals have ended it all in Bangladesh. According to gauge of WHO of the year 2020, there happens normal 1 demise each 20 seconds and 1 endeavor each 1-2 seconds.

In excess of 10,000 individuals pass on from self-destruction consistently alone in Bangladesh and it has scored tenth situation among high self-destruction inclined nations. In Bangladesh, this issue is quiet, covered up and unnoticed. Be that as it may, late instances of suicide in Bangladesh demonstrated an increasing rate which is disturbing for our country. Bangladesh is a financially rising and thickly populated country in South Asia. As per WHO, there were roughly 5.9 suicides per 100,000 if the populace in 2019. Youthful, Juvenile, Grown-up, Moderately aged and advanced age individuals both male and female, doing self-destruction in Bangladesh.

## **2.5. LEGAL STATUS OF ATTEMPTED SUICIDE IN BANGLADESH**

Suicide is considered as the criminal offense in Bangladesh that is additionally won in a few different nations likewise however in many created nations it isn't considered as criminal offense.

Strict variables and social elements as well as legitimate results impede the self-destruction divulgences. As indicated by

Article 32 of the Constitution of Bangladesh, "No individual will be denied of his life or individual freedom besides as per technique laid out by the law." While the Constitution covers right to life and freedom, it does exclude the „right to die“. The efforts to take one's own life are not considered to fall under the domain of protected right to life.

Section 309 of the Penal Code, 1860 obviously states as follows: "Whoever endeavors to end it all and does any demonstration towards the commission of such offense, will be rebuffed with straightforward detainment for a term that might reach out to 1 year or with fine or with both."

A few inquiries are brought up with regards to section 309. To begin with, it goes under the class of wrongdoings characterized under Section XVI of the Reformatory Code. Any remaining wrongdoings in this class incorporate those carried out to the „human body of the other person“ and self-destructive endeavor is clubbed with them in same class of violations. The demonstration of endeavored suicides surmised from conditions. Yet, the expectation perhaps muddled or equivocal much of the time. Further, the subject of legitimate treatment of endeavored suicide as a wrongdoing against state doesn't track down numerous takers.

The High Court in a milestone judgment of 1985 had remarked that, "the duration of section 309 of the Penal Code (condemning suicide) is a time misplacement shameful of a human culture like our own."

It is to be noticed that the abetting of the commission of self-destruction, however not the abetting of end it all, is covered under section 306 of the Penal code Code and the decrease of self-destruction of a youngster is covered under section 305 of the Penal Code. The discipline for these fluctuates from 1-10 years of detainment and weighty fines. Our general public and government need to assume a significant part to diminish self-destruction. Anticipation can be-

- Great guiding from emotional wellness
- Experts,
- Being hopeful towards life,
- Making wellbeing arrangements,
- Further develop family restricting,
- Battle the promising and less promising times in life proactively,
- Holding up the help to the suicide inclined individuals all through the long stretch to cause them to feel not the only one.

## Chapter Three

### Analysis and Data Presentation

#### 3.1 Analysis

The worldwide suicide rate is 16 for every 100,000 populace. One individual bites the dust by self-destruction in like clockwork. The paces of non-lethal self-destructive way of behaving were most elevated among people matured 18-24 years of age (19.53%), 25-64 years of age (13.46%), 15-17 years of age (12.92%). The rates were most noteworthy in individuals associated with un-talented work that is 32.87%. Non-lethal self-destructive way of behaving was likewise clear among ladies who were bereaved, separated or isolated, the rate is 10.45, which was absent on account of self-destruction. From this data, I believe plainly suicide is currently expanding in a disturbing condition and spreading like an influenza. So individuals need to be mindful of it and gain information about avoidance.

The principal explanations for Self destruction and Endeavor to end it all are sadness and dejection. In Bangladesh the significant reasons of self-destruction are sadness, dejection, family questions, stress, relationship, settlement and so forth. In our nation, people self-destruction proportion is 1:3, here 28% suicide are under age of 18 and for the most part are ladies maturing 15-29 years in light of the fact that different social and mental shame. As of late the moderately aged and over matured individuals likewise ending it all for family debates and dejection and for monetary reasons essentially.

Suicide endeavor can be characterized as a non-lethal independent possibly harmful way of behaving with an expectation to kick the bucket.

Endeavored suicide are something like multiple times more normal than the finished self-destruction. Of every one of the people who participate in non-lethal self-destructive ways of behaving, 33% recurrent the conduct in something like a year and almost 10% ultimately end it all.

I posed one more inquiry to realize how much individuals can figure about the likely period of individuals who are more inclined to self-destruction. So 43% individuals said the age scope of "16-20" that implies late youngsters. 39% individuals picked the age scope of "21-25" years and 12% said more inclined to self-destruction are "25-35" ages individuals. Just 4% said it can "13-

16" long stretches of teens and 2% said "35-above" times of individual are bound to endeavor self-destruction.

### **According to Survey -01:**

#### **Top four family issues responsible for suicide:**

1. Insult by parents (56 votes)
2. Misbehavior of any family members (54 votes)
3. Non cooperative behavior of relatives during any crisis (51 votes)

4. Toxic parenting (49 votes)

**Others:** External affairs of father/mother, law enforcement related harassment of any family members and insult of parents and divorce.

**Top four friend/classmate related issues responsible for suicide:**

1. Bullying (67 votes)
2. Discriminatory behavior of classmates/friends (65 votes)
3. Insult by classmate or friends (54 votes)
4. Ragging (48 votes)

**Academic issues responsible for suicide:**

1. Failure in any course (68 votes)
2. Insult from course instructor (56 votes)
3. Discrimination or injustice in classroom (77 votes)
4. Breakup of relationships at colleges, universities that affects academic studies

**Psychological issues responsible for suicide:**

1. Depression (96 votes)
2. Frustration (77 votes)
3. Poor mental attachment (51 votes)
4. Anxiety (46 votes)
5. Failure to control anger and Self destruction behavior (43 votes)

**Others:** Smartphone /internet /social media and Drug addiction, faulty upbringing, poor mental attachment with parents and impulsive behavior.

**Physical issues responsible for suicide:**

1. Facing discrimination for body color or body structure
2. Sexual and reproductive health related problems
3. Body shaming

**3.2. Data Presentation**

**According to Survey -02:**



**01. Study** : Acharya et al, 2020  
 Method applied : Data was collected from hospitalized patient with acute poisoning  
 Numbers : 213 males, 251 females  
 Study design : Cross -sectional.  
 Study with : hospitalized patients with poisoning  
 Summary : young people (10-29 years), female (52%), students were more affected. Oregano phosphorus was the most frequently used method (66.7%). Family disharmony (56.1%), emotional liability, affair, sexual abuse and academic failure were noted as risk factors.

**02. Study** : Arafat et al, 2021  
 Method applied : Face to face interviews  
 Numbers : 100 cases, 100 control  
 Study design : Case-control psychological autopsy study  
 Study with : Relatives of suicidal victims  
 Summary : psychiatric disorder, life event, sexual abuse and past attempts were identified as major risk factors. 61% had psychiatric illness and 91% faced life events.

**03. Study** : Arafat et al, 2020a  
 Method applied : Retrospective analysis of news report  
 Number : 179 males, 224 females  
 Study design : Cross-sectional  
 Summary : The mean age was 258± 11.62 (range: 8-80) years. The majority of the victims were females (55.6%), students (33.3%), urban habitant (69%) and below 30 years of age (53.35%). Hanging was the most commonly used method (76%) and family issues were the most noted risk factors.

<b>04. Study</b>	:	Khan et al, 2020b
Method applied	:	Face to face interviews
Study design	:	Qualitative
Study with	:	family members /friends of persons who died by suicide

Summary	:	Men die by suicide due to the failure of fulfilling the social demands of hegemonic masculinity, namely- not earning enough money to support family, disturbed relationships, sexual impotence or infidelity and loss of self-estimated respect.
---------	---	--

<b>05. Study</b>	:	Salam et al, 2021
Numbers	:	38 suicides, 57 non-fatal attempts
Method applied	:	Face to face interviews
Study design	:	Cross-sectional
Study with	:	Community people
Summary	:	The study assessed the burden and risk factors of suicidal behavior. Married women, adolescents (10-17 years) showed 22 times higher rates of suicide than unmarried persons. Age, marital status, dowry, geographical region were identified as the risk factors for suicide. Hanging was found as the most commonly used method (59%).

### 3.3. AGE AND GENDER FACTOR OF SUICIDE IN BANGLADESH

Certain gatherings have excessively high suicide rates contrasted with everyone:

- Youths - in Bangladesh, suicide represents 24% of all demise among individuals who are 15 to 24 Years Old enough
- Young fellows between the ages of 20 and 24
- Senior men beyond 80 years old
- Jail detainees, for whom suicide is the main source of death
  - Individuals of First Countries and Inuit drop, who have suicide rates 3 to multiple times more noteworthy than the public normal; this is much higher for young people 15 to 19 years of age, with self-destruction happening up to multiple times more regularly than for different adolescents
- Individuals with earlier accounts of endeavored self-destruction

## Chapter Four

### Summary and Factors of Suicide in Bangladesh

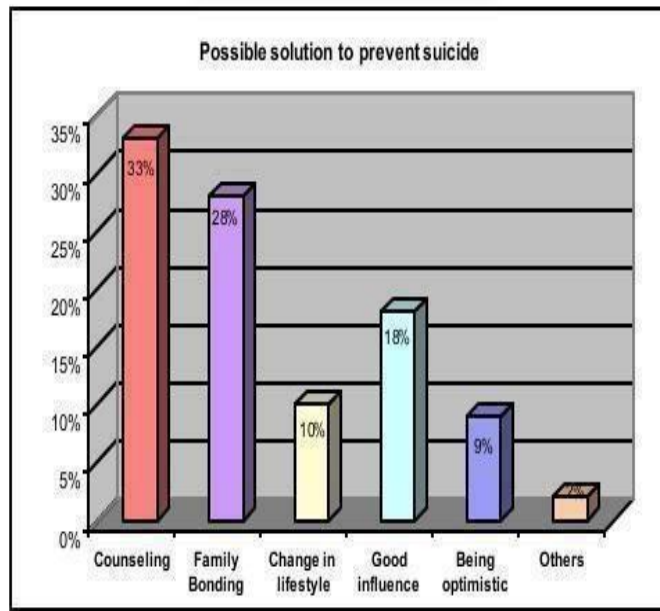
#### 4.1. Summary of Research Findings

A sum of 3551 families were overviewed covering 12422 people. A sum of 35 people endeavored suicide in most recent one year and of them 16 passed on and rest of the 19 made due. One year frequency of self-destructive endeavor in the review region was 281.8 per thousand populace and the rate of self-destructive passings was 128.8 per 100000 populace.

Middle age of individual's endeavored or serious suicide was 30.36(range12 to 70 years). Most (42.9%) self-destruction was endeavored by individuals at their twenties (20-29 years). Male to female proportion was around 1:4.

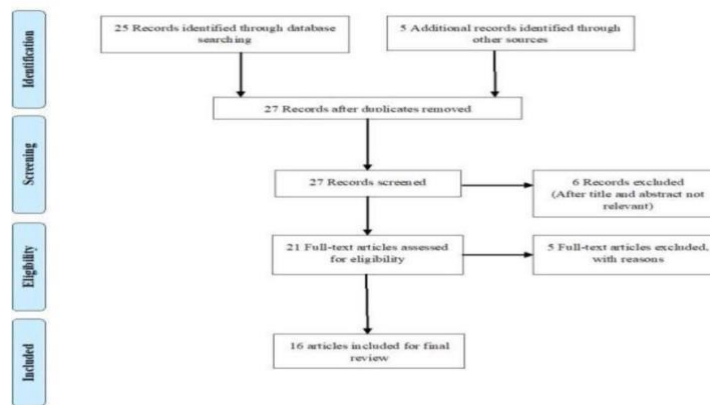
Around 33.3% individuals who endeavored or serious suicide concentrated up to optional level, 28.6% concentrated on up to essential level. Most (55.2%) individuals who committed or endeavored self-destruction were housewives,10.3% were everyday schedule specialist, 6.9% were understudies, one more 6.9% took part in farming work and 3.4% were handicapped. Larger part (45.7%) individuals who committed or endeavored self-destruction was of lower class, 37.1% were of lower working class, 14.3% were of working class and 2.9% were of privileged.

Greater part (82.9%) of the individual endeavored suicide or passed on from self-destruction were hitched. Around 57% had dissension in the family, around 23% had no less than one relative passed on from self-destruction, and around 17% of them were experiencing constant illnesses. Two of them were substance victimizer. One of them had prior mental confusion, two (5.8%) were vagrant and around seven (20%) made an endeavor before the ongoing one.



**Figure -02:** Possible solutions to prevent Suicide (percentage)

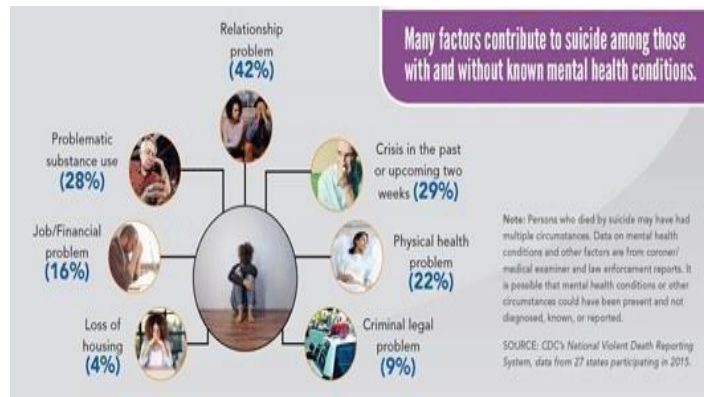
Of the 30 articles 16 met the models for consideration (cross ref: Figure 01). Among the articles, there were 5 unique articles, 7 survey articles including 4 deliberate audit and 3 story audit and 1 postulation as well as 6 internet based paper reports.



**Diagram-01:** Flow diagram of the study selection process

## 4.2. FACTORS ASSOCIATED WITH SUICIDE

World Health Organization has detailed pressure, psychological maladjustment, joblessness and substance misuse (World wellbeing association, 2019) are the main considerations for suicide. A cross-sectional review directed in Bangladesh revealed patients who were more youthful age, females, lower instruction, understudies, family unit, family self-destruction history, use substance showed pattern to have higher self-destructive ideation.



**Figure-03:** Factors associate with suicide (percentage)

Despondency, absence of capacity to adapt up to a circumstance, nonattendance of legitimate help and care, confusions in socialization cycle and carelessness to psychological wellness issues are liable for the self-destructive propensity (Day to day Sun, 2019). Other normal causes detailed by various paper like uneasiness, huge scholastic strain, family issues, injury and cultural tension (Rony, 2018).

A lady Is physically bugged by a man, the casualty feels embarrassed and at times makes a suicide endeavor since she thinks her respect has totally been demolished (Rony, 2019). Likewise, other gamble factors remember issue for work environment, monetary requirements, undertaking, abusive behavior at home, and separate, actual sickness.

### 4.3. PLACE DISTRIBUTION

There were varieties in rate with respect to the locale of the country. It was found that South-west locale of Bangladesh particularly in Jenaidah and so forth regions are the most elevated (128.8/100000 populaces) predominant area of suicide in Bangladesh. One more overview announced that contrasted with Chandpur, the gamble of self-destruction was altogether higher in Dhaka.

Nations with paces of more than 30/100,000 are viewed as high rates nations; those with rates somewhere in the range of 10 and 29/100,000 as center rates nations and those with rates <10/100,000 as low rates nations and Bangladesh has a place with the high rates country as per the revealed self-destructive rate.

Barisal beat the rundown in 2020, with a sum of 2,585 passing's by self-destruction. After Barisal, Dhaka locale had the largest number of suicides in 2020. That very year, 2,585 individuals ended it all in Dhaka, 1,433 individuals in Rangpur, and 1,197 committed suicide in Sylhet. In 2017, a sum of 1,239 suicide cases were accounted for alone in the Railroad Reach (regions falling under the locale of Bangladesh Rail routes) region of the country. When contrasted and regions, the quantity of self-destruction in Rail line Reach region, after Barisal and Dhaka, is more than some other area. Figure 02 shows the dissemination of the suicides in the Railroad Reach areas.

#### **4.4. STATISTIC AND DEMOGRAPHY OF SUICIDE**

Suicide is the 11th driving reason for death guaranteeing 30,000 lives every year or one like clockwork. In excess of 4,000 Of the people who end it all every year are under age 25. Since self-destruction happens at all ages, it is the fifth driving reason for lost likely life, as indicated by the U.S. Habitats for Infectious prevention and Avoidance.

Besides, it is assessed that somewhere in the range of 500 and 1,500 people look for care in trauma centers every day for suicide endeavors. Research shows that at whatever year 20% of all secondary school understudies truly think about self-destruction.

Suicide rates change by age, orientation and identity however influence all people groups, paying little mind to instruction or financial status. The rates as well as the techniques for ending it all differ with identity. The most noteworthy pace of self-destruction by and large happens among guys in later life. Around 80% of the people who end it all are male, yet females are substantially more liable to endeavor self-destruction. Suicide rate is additionally connected with mental and actual wellbeing, family ancestry and the childless and those from broken homes. Also, as for conjugal status, the pace of self-destruction is most elevated for the separated from people, next for the bereft, then for singles, and least for wedded individuals. It is by and large concurred that not all passing's that are accounted for as suicides are accounted for accordingly. Passing's might be misclassified as manslaughters or mishaps where people have planned self-destruction by placing themselves in hurts way and absence of proof doesn't consider grouping the demise as self-destruction. Different suicides might be misclassified as unintentional or unsure passing's in reverence to local area or family.

#### **4.5. PREVALENCE OF SUICIDE**

As per the United News of Bangladesh (UNB), in Bangladesh, suicide rates are on the ascent for the shortfall of appropriate consideration regarding psychological wellness issues and important help, and confusions in the socialization cycle (Everyday Sun, 2018). In Bangladesh there is no standard announcing arrangement of the self-destruction predominance. Other than there is no cross country study; and under-revealing is as yet predominant in Bangladesh. Like Pakistan, Afghanistan, Nepal, Bangladesh depends generally on police information which are possible ridiculous errors of genuine rates. The 2014 report of WHO uncovered Bangladesh recorded almost eight suicides for every 100,000 individuals (World Wellbeing Association, 2014). The typical self-destruction rate was found

39.6/100,000 populace/year in the current writing. One more report by Shaheed Sarwardy Clinical School Medical clinic, Dhaka, distributed in 2010; around 6,500,000 individuals of Bangladesh are inclined to suicide. The rate is 128.08/100,000 populaces end it all in Bangladesh consistently. Yet, this has been noticed that the above rate was expected just in view of study directed in one association which is definitely not a decent reflector of the complete self-destruction rate in the entire nation as all out self-destruction rate each year is undeniably not as much as what was referenced in the report over the most recent few years. The assessed paces of deadly and non-lethal self-destructive way of behaving were 3.29 and 9.86 per 100,000 PYO, separately.

## **Chapter Five**

### **Main Causes and Methods of Suicidal Risk Factors**

#### **5.1 Main Causes and Risk Factors**

Recognizable proof of the causes and Figures of suicide in Bangladesh:

The reasons for suicide shift from cases to cases. There might be many causes changing from one individual to another, all around and locale to area. A portion of the negative educational encounters that might cause sorrow, and a few different reasons for despondency, for example,

## **5.2 Circumstances of suicidal risk:**

### Individual Gamble Elements

#### These individual variables add to risk:

- Past suicide endeavor
- History of sorrow and other psychological maladjustments
- Difficult disease like ongoing torment
- Criminal/lawful issues
- Work/monetary issues or misfortune
- Incautious or forceful inclinations
- Substance use
- Current or earlier history of unfriendly youth encounters
- Feeling of sadness
- Savagery exploitation or potentially execution

### Relationship Chance Elements

#### These destructive or frightful encounters inside connections add to risk:

- Tormenting



- Family/friends and family history of suicide
- Loss of connections
- High struggle or rough connections

#### Local area Hazard Elements

These difficult issues inside an individual's local area add to risk:

- Absence of admittance to medical care
- Self destruction group locally
- Stress of assimilation
- Local area savagery
- Authentic injury
- Segregation

#### Cultural Gamble Elements

These social and ecological variables inside the bigger society add to risk:

- Shame related with assistance chasing and psychological sickness
- Simple admittance to deadly method for suicide among individuals in danger
- Dangerous media depictions of self-destruction

The vast majority who have risk factors for suicide won't endeavor self-destruction, and it is challenging to tell who will follow up on self-destructive considerations. In spite of the fact that hazard factors for self-destruction

are vital to remember, somebody who is giving admonition indications of self-destruction might be at higher gamble for risk and need prompt consideration.

Unpleasant life altering situations (like the passing of a friend or family member, legitimate difficulties, or monetary challenges) and relational stressors (like disgrace, provocation, harassing, separation, or relationship inconveniences) may add to suicide risk, particularly when they happen alongside self-destruction risk factors.

### **5.3 Suicide of women**

As per a 2020 report by Shaheed Suhrawardy Clinical School Clinic, of the 128.08 per 100,000 individuals who kicked the bucket by suicide in 2020, 89% were ladies and the majority of them were unmarried. Insights from Jatiya Mahila Ainjibi Samity, a Bangladeshi ladies' association, show that from 2006 to 2010, 40 young ladies who kicked the bucket by suicide were survivors of following. From 2001 to 2010, 4,747 ladies and young ladies passed on by self-destruction as a result of physical and aggressive behavior at home.

As per a report distributed in the Lancet distributed in BBC News, self-destructive propensity among ladies in Bangladesh is higher, on the grounds that they have mediocre status in the public eye. Another element is a higher pace of ignorance and their monetary reliance on men.

### **5.4 Common Methods of Suicide in Bangladesh**

Hanging is the most widely recognized technique for suicide in Bangladesh. There is no expense contribution in this technique other than ligature material, i.e., a rope, and consequently for that reason it is the favored strategy. Gulping poison is one more typical technique in Bangladesh to kick the bucket by self-destruction. In metropolitan regions, individuals follow different techniques to pass on by self-destruction, for example, by an excess of barbiturate tablets, or by different means.

## **Chapter Six**

### **Case Study**

### **Case -01:**

On 6 April, a grown-up man (matured a long time) from Mohespur Upazila in Jhenaidah ended it all (by hanging himself) because of the tension of neglected obligations. Moreover, his family was half-taken care of and had starved for seven days subsequent to losing work after the lockdown and was denied any monetary help from nearby government specialists (Joined Fresh insight about Bangladesh 2020).

### **Case -02:**

On 10 April, a female juvenile (matured 10 years) serious self-destruction (by hanging herself) since she was censured by her dad for requesting food. The lockdown implied that the young ladies father needed to close his little loom plant and the family in this way had no cash. The entire family had kept for a couple from days and they were likewise denied any monetary help from the neighborhood government specialists.

### **Case -03:**

On 12 April, a lady and mother of five youngsters (matured a long time) from Cox Bazar endeavored self-destruction by hanging, albeit one of her children saved her by finding support from her neighbors. Her better half lost his employment in light of the lockdown and they were likewise ineligible to get help merchandise from the nearby government specialists. The mother couldn't tolerate seeing her destitute kids' faces and believed that by committing suicide she could give more food to her destitute youngsters (Grounds Today 2020).

### **Case -04:**

On 13 April, a youthful grown-up man (matured a long time) from a town ended it all (by hanging himself). He was a day worker and he turned out to be startlingly jobless because of the lockdown. He was battling with starvation and to intensify what is happening, his better half likewise left him (preceding the pandemic) and the dejection aggravated his everyday environment.

### **Case -05:**

On 14 April, a lady (whose age was not detailed) from Dhaka endeavored self-destruction and kill her two youngsters by setting themselves ablaze with lamp oil. Her better half became jobless because of the closure of a piece of clothing plant where he worked and the mother couldn't work in a bistro where she and her father by marriage worked.

Subsequently, the family experienced monetary difficulty. Also, she was asked by her father by marriage to take off from the house with spouse and youngsters (Rising BD 2020a).

### **Case -06:**

On 16 April, a grown-up (matured a long time) from Backhaul Upazila in Chittagong ended it all (albeit no subtleties of how were accounted for). The man was an auto-cart driver and couldn't bring in any cash for his family since he couldn't utilize his vehicle to bring in cash during the lockdown. He moved toward the

neighborhood government experts for monetary alleviation yet was denied on the grounds that they asserted there were other more meriting cases for monetary assistance than his own (daily Star 2020a).

### **Case -07:**

On 24 April, a neediness stricken spouse (matured 30 years) and wife (matured a long time) from Keshaun ended it all both balancing themselves from the top of their home because of lockdown-related financial trouble. The couple had a 3-year-old youngster and the family were extremely poor. The neighborhood government authority announced that the suicides were because of existing obligations exacerbated by the public lockdown (Manab Zamin 2020).

### **Case -08:**

Abu Mohashin Khan (58 years old) father by marriage of an entertainer, has ended it all on Facebook live. He shot himself in the head during a live stream on Facebook on Wednesday (2 February) night.

## Chapter Seven

### Concluding Remarks

#### 7.1. Research Findings

Findings: that assistance to safeguard against suicide chance -

##### Individual Defensive Elements

These individual elements safeguard against suicide risk:

- Compelling adapting and critical thinking abilities
- Purposes behind living (for instance, family, companions, pets, and so on.)
- Solid feeling of social personality

##### Relationship Defensive Elements

These solid relationship encounters safeguard against suicide risk:

- Support from accomplices, companions, and family
- Feeling associated with others

##### Local area Defensive Variables

These strong local area encounters safeguard against suicide risk:

- Feeling associated with school, local area, and other social organizations
- Accessibility of steady and excellent physical and conduct medical care.

##### Cultural Defensive Variables

These social and natural variables inside the bigger society safeguard against suicide risk:

- Decreased admittance to deadly method for suicide among individuals in danger
- Social, strict, or moral issues with suicide

Our general public and government need to assume a significant part to decrease suicide. Anticipation can be great guiding from emotional well-being experts, being hopeful towards life, making security arrangements, further develop family holding, battle the highs and lows in life proactively, holding up the help to the self-destruction inclined individuals all through the long stretch to cause them to feel not the only one. I discussed the avoidance of self-destruction in the suggestion part of this exploration exhaustively.

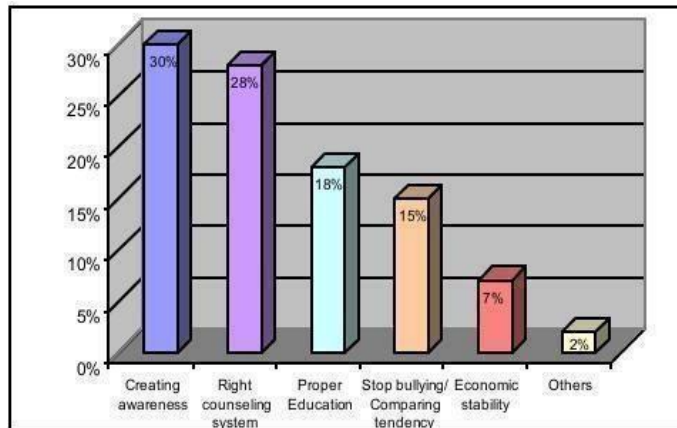
## 7.2. Recommendations

- Most of the people believe that strong religious belief may prevent suicide. Some people think that a suicidal thought raises when the society becomes a hell to that person because no one there to solve ones problem but person who has strong religious belief, he or she may say their pain and sorrow to the Almighty and to other person that means they have someone to share. Actually our pain in mind can be reduced on sharing and caring.
- Have to appoint psychologist in each area, in hospitals, in schools, in colleges and universities and offices who will perform duty neutrally and keep secret of all information.
- From the study it revealed that some students think that student advisor in a department is generally linked to academic matter. Students feel shy to share all type of problems to advisor who is a designated teacher and sometimes they are very busy. Only 9 students out of 82 think that student advisor is enough for counseling. But it is true that some students cannot be attached to their teachers for poor communication skills.
- We must change mind on visiting psychiatrist or psychologist. One of the female said at the time of surveying –“if we go to psychologists, bullying or insult will increase because people think a mad will only go there as they are mentally retarded. So many of us still hesitate to visit psychologists.” So negligence in taking care of mental health is crucially true for all ages people in Bangladesh.
- We must gain life related knowledge. We should make a chapter mandatory from the first of student life on „Parenting and utilizing of student life“ which helps to gain communication skills.
- We must keep some times for personal mental and physical care. We must give our focus on family bonding, personal interactions and extracurricular activities rather than spending time in virtual space.
- If we want to be succeed, we must know about our passion, must obtain skill and find out the right way. We must analysis ourselves to find out our strengths and weaknesses which is a key to success.

- We have to ensure about budget for our mental health and must change our mind that budget for treatment is not only fixed for physical health only. Even if we are mentally fit, it is possible for us to physically fit and may construct a bright future.
- We must have to be focused on our parents, on elder brother and sisters. Nowadays not only teenagers students doing suicide but also middle ages and old ages people also doing suicide.

For example, The renowned artist father-in-law did suicide recently in virtually on Facebook in front of so many people doing Facebook live. Another Father who arranged 6 lack take for his son’s carrier, but being deceived he did suicide. It’s daily news nowadays in Bangladesh. So we have to focus on our parents also.

- We must circulate the law on suicide (Section 306 and 309 from the Penal Code 1860) in Bangladesh to everyone. Section 306 refers to the punishment of the highest 10 years of simple or rigorous imprisonment and fine for abatement of suicide. Section 309 refers to punishment of 1 year simple or rigorous punishment for attempt to commit suicide.
- I think correction of Section 309 of the Penal Code is necessary. Whenever a person is failure to commit suicide, the person must receive mental treatment in a registered mental hospital under the supervision of police and family members. The persons mental improvement will be notified by psychiatrist and family members to police.



**Figure -04:** Recommendations to prevent Suicide (percentage)

### 7.3. Logistic Framework

#### The logistic framework that applied to suicide prevention:

**INPUTS** : financial and human resources

**ACTIVITIES** : reduction, community awareness etc.

**OUTPUTS** : number of interventions delivered, number of research and data collections

**OUTCOMES** : percentage reduction in suicide rate, a decrease number of hospitalized suicide attempts

**IMPACT** : a society that is socially connected, supportive of people with suicidal behaviors and that increases resilience

### 7.4. Conclusion

Suicides incur significant damage. More than 800 000 individuals kick the bucket because of suicide consistently and it is the subsequent driving reason for death in 15-29-year-olds. There are signs that for every grown-up who passed on from self-destruction there might have been in excess of 20 others endeavoring Self destruction. Suicides are preventable. For public reactions to be viable, an extensive Multi sectorial self-destruction counteraction system is required. Limiting admittance to the means for self-destruction works. A compelling methodology for forestalling and suicide endeavors is to confine admittance to the most widely recognized implies, Including pesticides, guns and certain prescriptions. Medical care administrations need to consolidate self-destruction counteraction as a center part. Mental problems and hurtful utilization of liquor add to numerous suicides all over the Planet. Early recognizable proof and successful administration are critical to guaranteeing that individuals get the consideration they need. Networks assume a basic part in self destruction counteraction. They can offer social Help to weak people and take part in follow-up care, battle disgrace and backing those dispossessed by suicide. The review has made on an endeavor to give refreshed data on the weight of self-destruction and self-destructive endeavors. We should say Self destruction has certainly stood out enough to be noticed as a general medical issue in Bangladesh. Suicide is a serious general medical condition in Bangladesh particularly among the high-risk people such juvenile ladies and wedded ladies Self destruction isn't a language of dissent. Other than there have no committed self-destruction reconnaissance in Bangladesh. Luckily, greater part of individuals in this study are concurred with it.

Battle, torment, biasness, segregation and mental burdens are an integral part of our lives. Taking into account the specific circumstance, assets and administrations for self-destruction ID, treatment and backing are restricted. There is a need to foster designated public systems and activity plans, counteraction projects and direct further examination to get familiar with the limitations and diminish the pace of self-destruction and its related gamble factors. What's more, further exploration to enough describe the weight of suicide and the orientation variations in self destruction and endeavored self-destruction rates in the nation are required. Execution research on local area based counteraction procedures, for example, guiding, support gatherings and psychological well-being mindfulness is likewise expected to help the improvement of self-destruction avoidance methodology. Bangladesh is a thickly populated center pay country with high suicide rates. Existing literary works uncover the pace of self-destruction is expanding than previously. In our country suicide is an under gone to general medical



condition. The examination on self-destruction is not many and there is lack of writing. Foundation of public suicide observation is currently a period requested step which survey the need deductively. Toward the end capable authority ought to do whatever it may take to address it.

Moreover, Depression, lack of family integrity, failure in career, relationship problems, unemployment, poverty, lack of mental stress management, psychological disorders, mental trauma have appeared to be strongly associated with suicide rates among people in Bangladesh. Nonetheless, spreading positivity, raising awareness, more involvement in social and cultural life, counseling from teachers and parents, psychiatrist can prevent the increasing rate of suicide. Last but not the least, Bangladeshi Youth are the change makers I believe. They have to protest against unjust, lawlessness and biasness to create a Suicide free Bangladesh.

## References:

- P. , Bahaman, B., A. , & Hassan Ian MO Haddam, H. (2017). Family relationships and suicide ideation: The mediating roles of anxiety, hopelessness, and depression in adolescents. *International journal of High Risk Behaviors and Addiction*, 6(1), e31573. 10.5812/ijhrba.31573 [Cross Ref] [Google Scholar]
- M. J. , Uddin, M. F. , & M. H. (2016). The causes of suicide and impact of society in Bangladesh. *International Research Journal of Social Sciences*, 5(3), 25–35. [Google Scholar]
- Arafat, S. , Hussain, F. , Hossain, M. F. , Islam, M. A. , & Menon, V. (2022). Literacy and stigma of suicide in Bangladesh: Scales validation and status assessment among university students. *Brain and Behavior*, 12(1), e2432. 10.1002/brb3.2432 [PMC free article] [PubMed] [Cross Ref] [Google Scholar]
- Arafat, S. M. , Hussain, F., K. M., Z. T. , & Islam, M. (2021). Empirical studies on suicide in Bangladesh in a decade (2011–2020). *Global Psychiatry*, 4(1), 109–122. 10.52095/gp.2021.10692 [Cross Ref] [Google Scholar]
- Arafat, S. M. Y. (2017). Suicide in Bangladesh: A mini review. *Journal of Behavioral Health*, 6(1), 66–69. 10.5455/jbh.20160904090206 [Cross Ref] [Google Scholar]
- Arafat, S. M. Y. (2018). Suicide prevention activities in Bangladesh. *Asian Journal of Psychiatry*, 36, 38. 10.1016/j.ajp.2018.06.009 [PubMed] [Cross Ref] [Google Scholar]
- Arafat, S. M. Y. (2019). Current challenges of suicide and future directions of management in Bangladesh: A systematic review. *Global Psychiatry*, 2(1), 09–20. 10.2478/gp-2019-0001 [Cross Ref] [Google Scholar]
- Arafat, S. M. Y. , & R. (2017). Suicide prevention strategies: Which one to consider?. *South East Asia Journal of Public Health*, 7(1), 1–5. 10.3329/seajph.v7i1.34671 [Cross Ref] [Google Scholar]
- Arafat, S. M. Y. , Mo hit, M. A. , Mullica, M., R. , & Khan, M. M. (2021). Risk factors for suicide in Bangladesh: Case-control psychological autopsy study. *Psych Open*, 7(1), e18. 10.1192/bjo.2020.152 [PMC free article] [PubMed] [Cross Ref] [Google Scholar]
- Bangladesh Bureau of Statistics . (2015). Report on Bangladesh Sample Vital Statistics 2015. Ministry of Planning, Government of the People's Republic of Bangladesh.
- Bangladesh Bureau of Statistics . (2019). Report on Bangladesh sample vital statistics 2019. Ministry of Planning, Government of the People's Republic of Bangladesh.