

# Current Scenario of Suicide: Bangladesh Perspective

Ashim Kumar Barua<sup>1\*</sup>

## *“Suicide is a Great Sin”*

‘Suicide’-derived from Latin word suicidium which is “The act of taking one’s own life”. Suicide is defined as death caused by self directed injurious behavior with intent to die as a result of the behavior. Suicide is a complex structure and also affects the families who commit suicide. There is no single cause for which suicide can be directly attributed. Environment factors, childhood upbringing and mental illness each play a large role. Sociologists today consider external circumstances, such as a traumatic event as a trigger instead of an actual independent cause. Suicides are more likely to occur during periods of socioeconomic, family and individual crisis. Most people with suicidal tendencies tend to suffer from some mental illness such as depression, bipolar disorder or some degree of anxiety disorder. These diagnosable mental disorders are associated with more than 90% of suicide victims. As a result many researchers are studying the causes of depression to understand the causes of suicide.

The most important global cause of mortality is suicide, which gradually and progressively increasing public health concern among healthcare providers worldwide. Approximately one million people commit suicide every year worldwide. A 65% increase in the rate of suicide in the past 45 years has been occurred around the world. Sixty percent of all cases of suicide in the world occur in Asia and 39.6 per 100,000 in Bangladesh. Suicide can occur at any point in the lifespan, and is the second most frequent and in some countries the leading cause of death among young people aged 15–24 years. In addition, around 20–30 times as many suicide attempts occur.

World Health Organization (WHO) estimates for the year 2020 and based on current trends approximately

1.53 million people will die from suicide and 10-20 times more people will attempt suicide worldwide which represents on average 1 death per 20 second and 1 attempt every 1-2 seconds. Now a days Suicide has become a daily occurrence event in Bangladesh. About 10,000 persons are dying by suicide per year in the country which was reported by WHO. It is the fourth leading cause of overall injury-related deaths and second important cause of injury-associated death in age groups of 20-39 years in Bangladesh.

Every day almost 32 people commit suicide in 2019 which was 29 and 30 in 2015 and 2017 respectively. The mortality rate of suicide found 39.6 per 100,000 in Bangladesh. The most common method is hanging followed by poisoning and jumping under the train. The most prevalent age group is age under 40 years. The rate of suicide in children is also increasing. In contrast to most Asian countries, more Bangladeshi women commit suicide than men. The mean age of male and female were  $28.86 \pm 11.27$  years and  $25.31 \pm 7.70$  years respectively. The most common associated factors of suicide are younger age, lower education, students, nuclear family, family history of suicide, use substance, problem in workplace, financial constraints, affair, domestic violence, divorce and physical illness. Most of the suicidal event occurred at night, followed by morning (6 am–12 am) and evening. It’s a criminal offence in Bangladesh. The source of information is mainly police, forensic reports, media and courts.

WHO focuses on suicide prevention and called on the countries to devise national suicide prevention strategies. Prevention strategies should be based on the risk factors and previous evidences. Bangladesh is a densely populated country and its economy is rising in South Asia having more incidence rate of suicide than the other Asian countries. Current review reveals that suicide rates in South Asia are high compared to the global average and still there is a scarce of reliable data on suicide rates in South Asia. Till now there is no national suicide surveillance system. Besides no nationwide study on suicidal risk factors has been yet initiated. Furthermore, it is still a criminal offence in the legal system.

1.  Professor of Forensic Medicine  
 Chattogram Maa-O-Shishu Hospital Medical College, Chattogram.  
\*Correspondence : **Professor (Dr) Ashim Kumar Barua**  
Email: baruaashim45@yahoo.com  
Cell : +88 01819 39 67 57

Date of Submitted : 03.12.2021  
Date of Accepted : 20.12.2021

Religious and social factors continue to influence the diagnosis and registering of suicides as well as families do not disclose the true nature of the act, for fear of harassment by police and social stigma.

Bangladesh is a densely populated middle income country with high suicide rates. In our country suicide is an under attended public health problem. Establishment of national suicide surveillance is now a time demanded step which assess the need scientifically. At the end responsible authority should take necessary steps to address it.

#### REFERENCES

1. World Health Organization. Preventing suicide: A global imperative. Geneva. 2014.
2. World Health Organization. WHO Suicide Data. 2015.
3. Wasserman, D. Suicide: An unnecessary death. London: Martin Dunitz. 2001.
4. Ali & et al. Suicide by hanging: A study of 334 cases. Bangladesh Medical Journal. 2014;43: 90-93.
5. Mashreky SR, Rahman F, Rahman A. Suicide kills more than 10,000 people every year in Bangladesh. Arch Suicide Res. 2013;17: 387-396.
6. Arafat SMY. Suicide in Bangladesh: A Mini Review. Journal of Behavioral Health. 2017 6(1): 66-69.
7. Manton A. Suicide prevention....Ask the question! J EmergNurs. 2016; 42(6): 467-468.
8. Jordans & et al. Suicide in South Asia: A scoping review. BMC Psychiatry. 2014; 14: 358.
9. Shah MMA, Ahmed S, Yasir A.S.M. Demography and Risk Factors of Suicide in Bangladesh: A Six-Month Paper Content Analysis. Psychiatry Journal. 2017; 3047025: 5.
10. Chowdhury FR, Dewan G, Verma VR, Knipe DW, Isha IT, Faiz MA et al. Bans of WHO class I pesticides in Bangladesh-suicide prevention without hampering agricultural output. Int J Epidemiol. 2018; 47: 175-184.