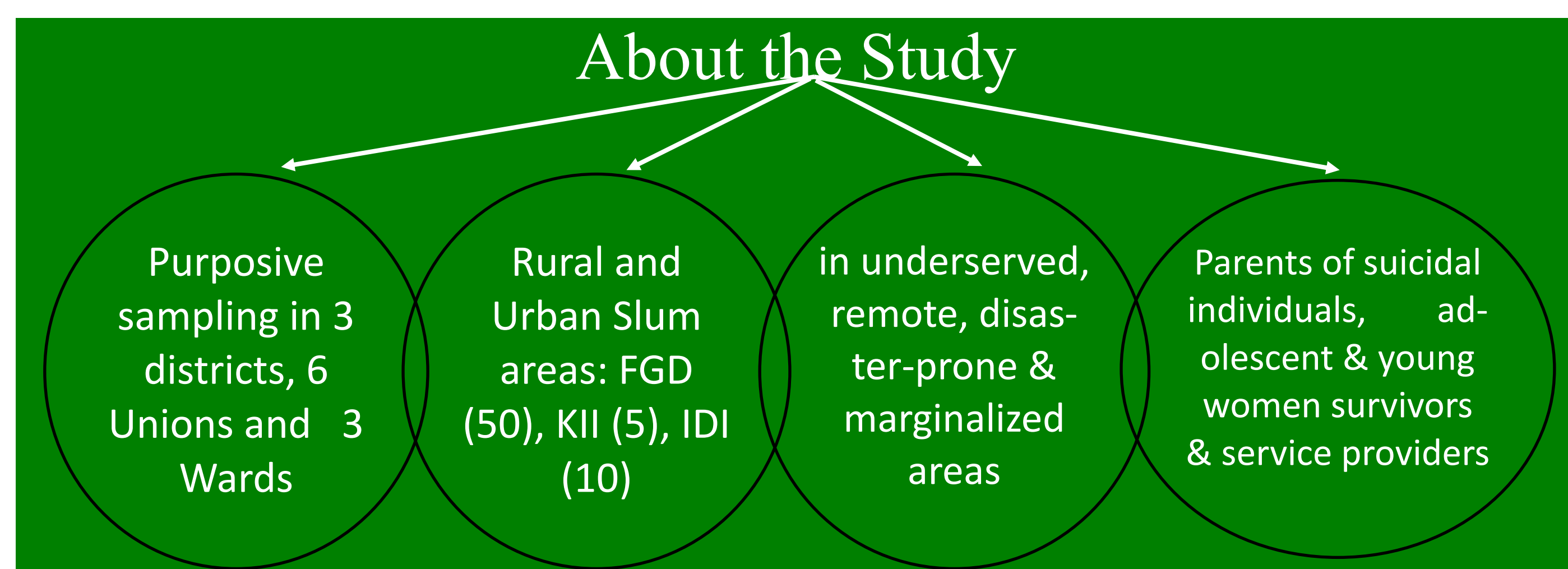


Prevalence of deaths by suicide among young women in poverty-stricken villages of Bangladesh

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About the Study

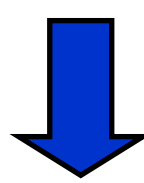


Learning Objective



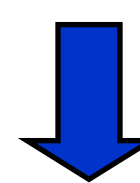
- ◆ To understand the prevalence of suicide-related factors, non-fatal suicide attempts, and suicidal thoughts among young women and to explore potential suicide prevention interventions.
- ◆ To know whether poverty plays any role in suicides or suicide attempts in marginal rural areas and urban slum areas, and if so, how significant that role is.

Background



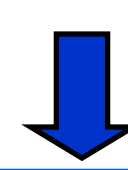
- ◆ Bangladesh is one of the emerging low- and middle-income countries in Southeast Asia. The current population of the country is 171,466,990 as of 2023, with a projected increase of 25% to 214,709,097 by 2050.
- ◆ The suicide rate in Bangladesh is extremely worrying. Despite global initiatives to prevent suicide, Bangladesh has been unable to create enough research and effective suicide prevention strategies. While the suicide rate has reduced globally between 1990 and 2021, it remains a major issue in Bangladesh.
- ◆ People live below the poverty line in remote rural areas and urban slums. As a result, they must pay a high price for mental healthcare.

Background



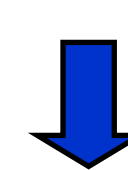
- ◆ Around 14,000–15,000 people die by suicide every year. According to WHO data, the suicide mortality rate is 3.68% per 100,000 population, which is 0.84% of all deaths as of 2019, and the rate is increasing annually by 2.26%, which is very alarming.
- ◆ Around 4.7% of adolescents and youths had suicidal thoughts, and 1.5% had suicidal plans and attempted suicide at least once in their lifespan.
- ◆ Females had more serious suicidal thoughts than males (6.6% vs. 2.6%). The study was conducted in the rural and urban slum areas of two districts in the southwestern region of the country.
- ◆ Rural populations, adolescents, the elderly, and young adults facing economic or academic pressures experience disproportionately higher rates.
- ◆ While precise statistical registries tracking the specific cross-section of poverty and suicide do not exist in Bangladesh due to underreporting, scientific studies estimate that poverty is associated with 55% to 81% of all suicide and suicide attempt cases in the country.
- ◆ In rural Bangladesh, domestic violence is one of the most critical catalysts for female suicide.
- ◆ Public health research indicates that women in rural areas who experience severe physical or emotional abuse are two to four times more likely to develop suicidal ideation than those who do not.
- ◆ Unlike global trends where male suicides often outnumber female suicides, Bangladesh exhibits an atypical pattern where suicide rates are exceptionally high among young women and adolescent girls (reaching an estimated 20 per 100,000).

Method



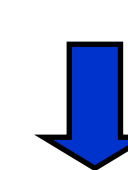
- ◆ Used a mixed-method approach.
- ◆ Secondary information was gathered by semi-structured focus group talks (5) (n=50), and semi-structured in-depth interviews (n=10).
- ◆ A case study examination of suicide fatalities (n=5), non-fatal suicide attempts (n=5), and suicidal thoughts (n=5) was conducted to better understand the prevalence, biopsychosocial variables, and consequences of suicide.
- ◆ Aside from that, key informant interviews were done with mental health and suicide prevention service providers (n=5) to investigate underlying reasons, psychosocial factors, and the availability of services and modalities. The respondents' gender ratio is 40:60, and their ages range from 16 to 60.

Data analysis



- ◆ Streamlined and analyzed focus group data using structured in-sight extraction methods.
- ◆ This research used thematic analysis, allowing for back-and-forth movement within the data set.
- ◆ Data was structured and segregated based on question answers.
- ◆ The key informant interview notes were transcribed first, and then checked.
- ◆ Several times to ensure rigor and accuracy. Transcripts were visited and re-visited by the principal researcher.

Study design



- ◆ The topic guide focused on three main issues: comprehending the suicide rates among adolescent girls and young women in the previous year, as well as characterizing their age groupings.
- ◆ The focus group talks included 50 parents and people who had experienced suicide (non-fatal) (10 per group).
- ◆ Through In-depth Interview (IDI), ten adolescent and young women who attempted suicide but did not die were interviewed using semi-structured questions.
- ◆ Five mental health service providers were questioned using a Key Informant Interview (KII) using semi-structured questions.
- ◆ The study conducted in three districts, 6 Unions and 3 wards with purposive sampling.

Findings



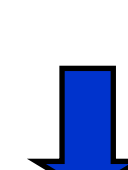
- ◆ Suicide rates appear to be increasing among adolescent girls and young women in impoverished areas (71%), with 70% of those who attempted suicide being female and 95% aged 16 to 25.
- ◆ Almost all women (99%), particularly teenagers and young women, have considered suicide at least once in their lives.
- ◆ Adolescent girls and young women who died by suicide or non-fatal attempted suicide are from a highly psychologically troubled population and disadvantaged families.
- ◆ Of those who attempted suicide, 12 percent did so because of financial issues, with many of them being divorced women with no regular income.
- ◆ More than 70% of women have experienced intimate partner violence, yet a staggering 64% never tell anyone.

Discussions



- ◆ Risk factors affiliated with suicide among young women are extreme poverty, failure in relationships, domestic violence, frustration due to failure in getting anything demanded from parents, humiliation by the teacher, bullying, harassment, long-term psychotic disorders, etc.
- ◆ There is a paucity of psychosocial risk factor analysis at the community level.
- ◆ Rural domestic violence often stems from ongoing financial demands, particularly unpaid dowries, imposed by the husband's family. One of the most severe causes of self-harm or suicide is the systematic emotional humiliation, physical deprivation, and battering experienced by women who are unable to meet these financial obligations.
- ◆ People in poverty-stricken countryside and urban slums suffer from a variety of medical and mental disorders as a result of a lack of regular income, which leads to a higher risk of suicide.

Recommendations



- ◆ Participants in the research believe that psychiatrists and psychologists should be deployed in primary health care initiatives in villages and urban slums.
- ◆ Communities must enhance their awareness of the stigma and misconceptions surrounding suicide.
- ◆ Many people do not disclose suicides in villages or slums for fear of being harassed by police. In such cases, they are also hesitant to seek medical help. To end this, suicide should be decriminalized.
- ◆ Destitute people should be given employment and financial aid, as well as free medical care.