

## COMMENTARY

## Relationship problems and suicide in Bangladesh

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Suicide is an extremely complex outcome of multiple attributing factors.<sup>1, 2</sup> Still, there is no one-to-one proven risk factor for suicide attempts. Gene-environment interactions, stress-diathesis reaction, proximal and distal factor interactions, personality, social events, religious affiliation, mental health, and cultural practices have complicated influences on suicidality.<sup>1, 2</sup> Therefore, scientists have been still struggling to find out any specific risk factor which can be intervened and suicide attempts would be prevented. A history of suicide attempt(s), mental illness, using illicit drugs, personality problems, social isolation, and negative life events are the key identifiable risk factors for suicide considering interactions among them.<sup>1, 2</sup>

Bangladesh is a population-dense country in South Asia where prevention of suicidal behaviour has been ignored. We do not know the actual suicide rate, do not have national surveillance, and are far behind in formulating a national suicide prevention strategy.<sup>3</sup> There is extreme scarcity of funds and political commitment to suicide prevention evidenced by the lack of any sort of central suicide prevention initiative.<sup>3</sup> We identified a psychological autopsy study conducted in Dhaka for assessing risk factors for suicide.<sup>4</sup>

The identified risk factors for suicide in Bangladesh showed some similarities as well as some dissimilarities when compared to the studies conducted in western countries. Previous self-harm, psychiatric disorders, immediate negative life events, drug abuse, unemployment, social isolation, and sexual abuse were the risk factors for suicide in Bangladesh which are similar as per the domains.<sup>10</sup> At the same time, the proportion and role of psychiatric disorders were lower than western countries (90% vs 61%). It has also been

### HIGHLIGHTS

1. Suicide is an under-prioritized public health problem in Bangladesh.
2. Relationship problem is a prominent risk factor in Bangladesh.
3. Awareness is warranted among family members regarding care for family members during an identifiable family problem.

found that social factors such as life events, unemployment, social isolation, and sexual abuse have a more deciding role in suicides than clinical factors.<sup>5</sup> Hypothetically, if we could prevent the life-events, 86% of suicides would have been prevented which stands 50% for psychiatric disorders.<sup>5</sup> A study from Bangladesh revealed that 47% of suicides were related to acute crisis in relationships covering a wide range of dynamics namely promiscuous relationships with other than spouse (12%), prenuptial emotional relation (12%), sexual offenses with/without love relation (9%), bad relation with married partner (6%), being refused for marriage after an emotional relationship (6%), and forcible wedlock for girls (2%).<sup>4</sup> For a suicide, usually there are some enduring factors like poverty, unemployment, and personality issues that are intensified by recent distress like marital discord, sexual abuse, extramarital affair, and demand nonfulfillment.

Special attention is warranted on the prevention of suicide attempts after any sudden and severe problems in close relationships while considering the national suicide prevention strategy in Bangladesh. Fortunately, family members, friends, and neighbours can easily notice such events in densely populated living conditions. Importantly there needs to have good intentions and mental alertness in the prevention of

suicide attempts. There is no alternative to raising awareness among friends, family members as well as the general population regarding the trend of suicide attempts after events that stretches relationship boundaries.<sup>2</sup> Gate-keeper training can identify the risky individual which in turn would be helpful for suicide prevention. A well-distributed and available list of help-seeking points needs to be prepared for persons with emotional distress.<sup>2</sup> People needs to be more encouraged to talk with mental health professionals considering their relationship problems with their partner, spouse and in-laws, and it is important to know not to take impulsive life-threatening attempts.<sup>6</sup> An enduring supportive parenting and family milieu can help to build resilience and cope the acute psychological emergencies. Additionally, clear and healthy communication would help to understand daily life's mounting problems and prevent suicide attempts.<sup>6</sup>

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#### Conflict of Interest

The authors have no conflict of interest to declare.

#### Ethical Approval

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#### REFERENCES

1. World Health Organization. Preventing suicide: A global imperative. World Health Organization, Geneva, Switzerland. 2014. available: <https://www.who.int/publications/item/9789241564779> (accessed on 4 August, 2023)
2. Zalsman G, Hawton K, Wasserman D, van Heeringen K, Arensman E, Sarchiapone M, Carli V, Höschl C, Barzilay R, Balazs J, Purebl G, Kahn JP, Sáiz PA, Lipsicas CB, Bobes J, Cozman D, Hegerl U, Zohar J. Suicide prevention strategies revisited: 10-year systematic review. *Lancet Psychiatry*. 2016 Jul;3(7):646-659. DOI: [https://doi.org/10.1016/S2215-0366\(16\)30030-X](https://doi.org/10.1016/S2215-0366(16)30030-X).
3. Arafat SMY. Formulation of national suicide prevention strategy of Bangladesh: the readiness assessment. *J Public Health (Oxf)*. 2021 Apr 12;43(1):e131-e132. DOI: <https://doi.org/10.1093/pubmed/fdaa117>.
4. Arafat SMY, Mohit MA, Mullick MSI, Kabir R, Khan MM. Risk factors for suicide in Bangladesh: case-control psychological autopsy study. *BJPsych Open*. 2020 Dec 16;7(1):e18. DOI: <https://doi.org/10.1192/bjo.2020.152>.
5. Arafat SMY, Khan MAS, Knipe D, Khan MM. Population attributable fractions of clinical and social risk factors for suicide in Bangladesh: Finding from a case-control psychological autopsy study. *Brain Behav*. 2021 Dec;11(12):e2409. DOI: <https://doi.org/10.1002/brb3.2409>.
6. Arafat SMY, Saleem T, Edwards TM, Ali SA, Khan MM. Suicide prevention in Bangladesh: The role of family. *Brain Behav*. 2022 May;12(5):e2562. DOI: <https://doi.org/10.1002/brb3.2562>.