

An analysis of suicide during the Covid 19 Pandemic in the Jhenaidah district

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Abstract: *On March 11, 2020, the World Health Organization (WHO) announced that the Covid 19 epidemic had reached pandemic proportions. To lessen the likelihood that the virus would spread throughout their countries, most nations, including Bangladesh, resorted to preventative measures that did not involve medical treatment. These measures include social isolation, self-isolation, quarantine, lockdowns, etc. It was assumed that the spread of the Covid 19 epidemic was responsible for the rise in the rate of suicide in Bangladesh, which has been found to be the primary cause of unexpected deaths in Bangladesh. The southwestern district of Jhenaidah in the Khulna division of Bangladesh is the 19th most populous and alongside, a leading region in terms of a high number of suicides committed in the country. Within the context of the pandemic-stricken world, discussions have revolved around Emile Durkheim's concept of anomie and how suicide should be understood as a social rather than an individualistic act. This study found inconsistencies with previous research on a number of factors related to suicide, including the age and education level of the victims, the time of year, and the motivations for their actions. On the other hand, the gender, marital status, employment status, and income level of the victims showed a pattern that was comparable to what it was before the pandemic. The pattern of suicide in the Jhenaidah district is relatively comparable to the findings of the pre-Covid 19 study, and the pandemic has minimal impact on the decision of the people living in this area to commit suicide.*

Keywords: *Suicide, Anomie, Pandemic, Covid 19.*

Introduction

A person is assumed to have committed suicide when they make the conscious decision to take their own life. It is a huge problem that affects public health all around the world. Not only does suicide hurt the individual who takes their own life, but it also affects their family and the larger society. According to the World Health Organization (WHO), 8,28,000 people worldwide take their own lives each year, making suicide the fourth leading cause of death (WHO, 2016). Suicide accounts for approximately one-fiftieth of one percent of all deaths that occur worldwide. The vast majority of suicides take place in low- and middle-income

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countries. Bangladesh is a South Asian country with a rapidly expanding economy and a large population. Approximately, more than 10,000 people commit suicide every year (Masherky et al., 2013; WHO, 2014; Begum et al., 2017 & Shahnaz et al., 2017). According to reports from the Dhaka Metropolitan Police (DMP), there were 10,749 suicides in Bangladesh in 2016. In 2017, there were 10,256 suicide-reported cases, and in 2018, that number increased to 11,000.

Economic loss due to the Covid-19 pandemic, death of relatives or acquaintances from Covid-19, and close interaction with Covid 19 patients were also associated with increased suicide risk according to various reports (Bhuiyan et al., 2021, Mamun, 2021, Bodrud-Doza et al., 2020). Notable is that risk factors related to Covid-19, such as living in a high Covid-19-exposure area, increased suicidality by 1.34 times, whereas respondents stated financial damages due to the Covid-19 pandemic and experiencing relatives or acquaintances died from the Covid-19 increased suicidality by 2.295 and 1.299 times, respectively (Rahman et al., 2021). However, a recurrent home isolation strategy seriously negatively affected an individual's psychological well-being. The frequent lockdown phase during the Covid 19 outbreak has significantly increased the prevalence of mental health issues (Islam et al., 2020). It is understood in various ways depending on the country and location.

Problem Statement

The Khulna Division includes the Jhenaidah District, situated in the southwest of Bangladesh. With a population of over 2,52,000, it is the 19th most populous district in Bangladesh. The district is one of the locations in Bangladesh that has the highest rate of people committing suicide. According to data provided by the WHO, an average of 28 persons take their own lives across the country each and every day, whilst the city of Jhenaidah alone records an average of one death each day (Jahan, 2019). An organization named the Society for Voluntary Activities (SOVA), which has been working in Jhenaidah for more than ten years to prevent suicide, estimated that there were 2,332 suicides in the seven years leading up to 2016. From 2010 to 2016, approximately twenty persons per one hundred thousand residents committed suicide in the district. In addition, throughout the period, there were a total of 17,697 people who attempted suicide. According to sources from the Jhenaidah District Law and Order Council and the civil surgeon office, 2,550 people in this district attempted suicide in 2019.

Although Jhenaidah is a Bangladesh district with a high suicide rate, relatively little is known about the risk factors, and the area has not yet been examined systematically. The limited research has shown that there is an issue with incidence, seasonality, and masculinity (Arendse et al., 2021, Khan et al., 2020). Given these circumstances, determining the elements that put people in this region at risk for suicide and, as a result, contributing to a policy to prevent suicide on a national scale is a pressing and unmet need. This study aims to identify and investigate

the demographic and risk factors contributing to the high suicide rate in this geographic region. In addition, the study investigates the prevalence of suicide across Jhenaidah district's six Upazilas, which are the administrative subunits.

Suicide death rates have been reported to rise during every outbreak, including the Covid-19 pandemic (John et al., 2021). During and after viral epidemics (e.g., 1889–1894 Russian Influenza outbreak (Smith, 1995), 1918 influenza outbreak (Wasserman, 1992), 2003 SARS epidemic (Cheung et al., 2008), etc., an increase in suicide rate has been observed. As an example, during the 2003 and 2004 SARS outbreaks in Hong Kong, for instance, the suicide rate among the elderly skyrocketed and did not return to 2002 levels (Cheung et al., 2008).

Objective of the Study

Several researchers have documented the psychological consequences of repeated lockdowns and incarceration throughout the Covid 19 pandemic (Hossain et al., 2020). Meanwhile, the first study on suicidal ideation, conducted in April 2020 among a national sample, discovered a 5% prevalence (Mamun & Griffiths, 2020a); but the prevalence rate jumped to 6.1% in a second study conducted a few days later (Mamun et al., 2020b). Later, it was noted that the incidence of suicidal ideation rose with time; particularly, a study from April to May 2020 (Tasnim et al., 2020) reported a prevalence of 12.8%, which climbed to 19% in a subsequent research investigation conducted in July 2020 (Rahman et al., 2021). This study attempts to better understand the suicide problem and other connected concerns in Bangladesh during the Covid 19 Pandemic and more specifically in the district of Jhenaidah.

The objectives of this paper are-

- Identify the similarities between suicidal factors in pre and post Covid 19 era in Jhenaidah.
- Understand the differences between suicidal factors in pre and post Covid 19 era in Jhenaidah.

So, the research question of the paper is, whether the Covid 19 pandemic has any effect on the different factors of suicide in the Jhenaidah district of Bangladesh.

Theoretical Relevance

Anomie, as described by Durkheim, has significant parallels to the Covid-19 suicides. Due to the sudden breakout and rapid transmission of the virus, the pandemic has caused widespread confusion, fear, and panic. As panic further results in alienation and further isolation from surroundings, Durkheim's theory can justify the relevancy of this study. According to Emile Durkheim's Anomie theory, a sense of direction or purpose in society might contribute to a rise in suicide rates. In the context of post-COVID, the epidemic has caused broad

social and economic disturbances, leaving many individuals feeling disoriented. Unemployment, solitude, and financial hardship are all variables that may contribute to an upsurge in suicides. The ordinary social conventions and the innate conduct of individuals have been altered by this unexpected crisis condition. Eventually, the breakdown of social norms throughout the pandemic results in profound and rapid shifts in community interactions as well as in the social, political, and economic structures that sustain society. As a result, individuals feel alienated due to society's unanticipated shift toward 'normlessness,' as Durkheim put it, causing them to cease communication with others. Durkheim conceived the notion of 'normlessness' to explain anomie as a social situation characterized by the dissolution or loss of previously shared societal norms and ideals. Through his research, he determined that anomie happens either during or after periods of extreme and quick change in society's social, economic, or political institutions. People who lived through times of anomie generally feel estranged from their society because they no longer see the rules and values that they consider important are no longer mirrored in society itself. This results in a sense of alienation and a lack of genuine connections with people. Besides, it is observed that the absence of a clear direction and the subsequent reemergence of vital principles and standards during the Covid-19 pandemic, to fill the void have contributed to the occurrence of anomalies in anomic suicide which Durkheim explained this situation as a transition period in which the standards and principles prevalent during one period are no longer relevant, but new ones have not yet emerged to replace them (Crossman, 2020). For some, this may imply that their identity and the role they play are no longer acknowledged by society. As a result, anomie can develop a sense of purposelessness which is evident throughout the pandemic, since individuals tend to exhibit severe psychological complications, such as emotional emptiness and loss of hope and purpose.

Moreover, Durkheim's concept of 'Anomie' can be applied to the context of the Covid-19 outbreak since prolonged uncertainty and insecurity throughout the pandemic have exacerbated instability in the social and economic sectors. Considering all of Durkheim's writings on anomie, it is clear that he viewed it as the disintegration of the bonds that bind individuals together to form a functional society, a state of social disorder. The social power of norms and values that would normally offer stability is diminished or absent during times of anomie, making for a tumultuous and unpredictable environment. Societies in which individuals can indulge their desires without consequence are characterized by anomie (Boudon, 2018).

Durkheim methodologically proposed the constitution of social categories of suicide by classifying their causes, rather than their characteristics (Durkheim, 1989). He lists egoistic, anomic, altruistic, and fatalistic suicides. Individualistic suicide would result in societal collapse. People would struggle to comprehend their existence in isolation. A surplus of collective consciousness could lead to

altruistic suicide by focusing the group's attention on the worthless individual. Society commits anemic suicide when it ceases to manage its passions. Less confined by communal emotions and values, the more people would articulate their preferences freely and become frustrated with their inability to fulfill them. Fatalistic suicide occurs when people lose control of their lives due to excessive regulation (Oliveira, 2008; Almeida, 2013).

Among all these aforementioned types of suicide developed by Durkheim, the implications of 'Anomie Suicide' developed by Durkheim can best explain the higher rates of suicides throughout the Covid-19 pandemic. Durkheim claimed that everything happens for a reason (Durkheim, 1989). Suicide by association, or 'anomic suicide,' is a phenomenon wherein 'no longer is it clear what is feasible, what is not possible, what is fair, what are reasonable expectations, and what exceeds the means. This form of anomic suicide occurs when people are always competing with one another, have high expectations and high demands of life, and are always troubled by the pain that results from the gap between these two, a condition of anger and repulse, aggravation related to the many opportunities for deceit offered by contemporary life, and repulse stemming from a consciousness of the divisiveness of society (Aron, 1994). Fear of virus transmission, as well as losing or witnessing the deaths of family members, relatives, or friends, have been identified as significant suicide stressors, causing people to be genuinely worried. Meanwhile, as a result of the pandemic, people are expected to experience a variety of psychological effects such as exhaustion, anxiety, panic, traumatic distress, and so on, which might intensify other common mental health issues and eventually lead to suicide ideation and attempts.

The increasing rates of suicide ideation and attempts during the Covid-19 pandemic can be considered significant evidence of Anomie suicide because these are associated with anxiety, frustration, and depression. Furthermore, extreme economic loss, unemployment, and failure to meet academic and other expectations have all fueled the rise in suicidality. Durkheim asserted that Anomic suicide is triggered by a lack of social restraint and occurs when people are stressed and frustrated. Anomic suicide is caused by abrupt and sudden changes in one's life. For example, when someone faces extreme economic loss, the frustration and anxiety they experience may motivate them to commit suicide as a way of escaping. According to Durkheim's definition, anomic suicide 'results from an absence or weakening of norms and expectations, and 'tends to result from a particular ineffectiveness of social norms, from an easing of religious practices, or social instability, a sudden change in standards, as in periods following turmoil, revolutions, severe economic crises, etc.' (Paiva, 2014: 371).

Moreover, several non-therapeutic tactics employed by the government of Bangladesh to counteract the transmission of the virus, such as social distancing, self-isolation, home quarantine, and frequent lockdowns and shut-downs, had

devastating psychological effects on individuals, as they restricted their individual liberty and aspirations. Due to recurrent long-term lockdowns, isolation, and quarantine, individuals have accumulated significant emotional intermediaries such as grief, concern, anxiety, frustration, irritation, anger, self-loathing, emptiness, boredom, and distress, which increase the risk of psychological suffering including severe depression and suicidality along with their chronic disease.

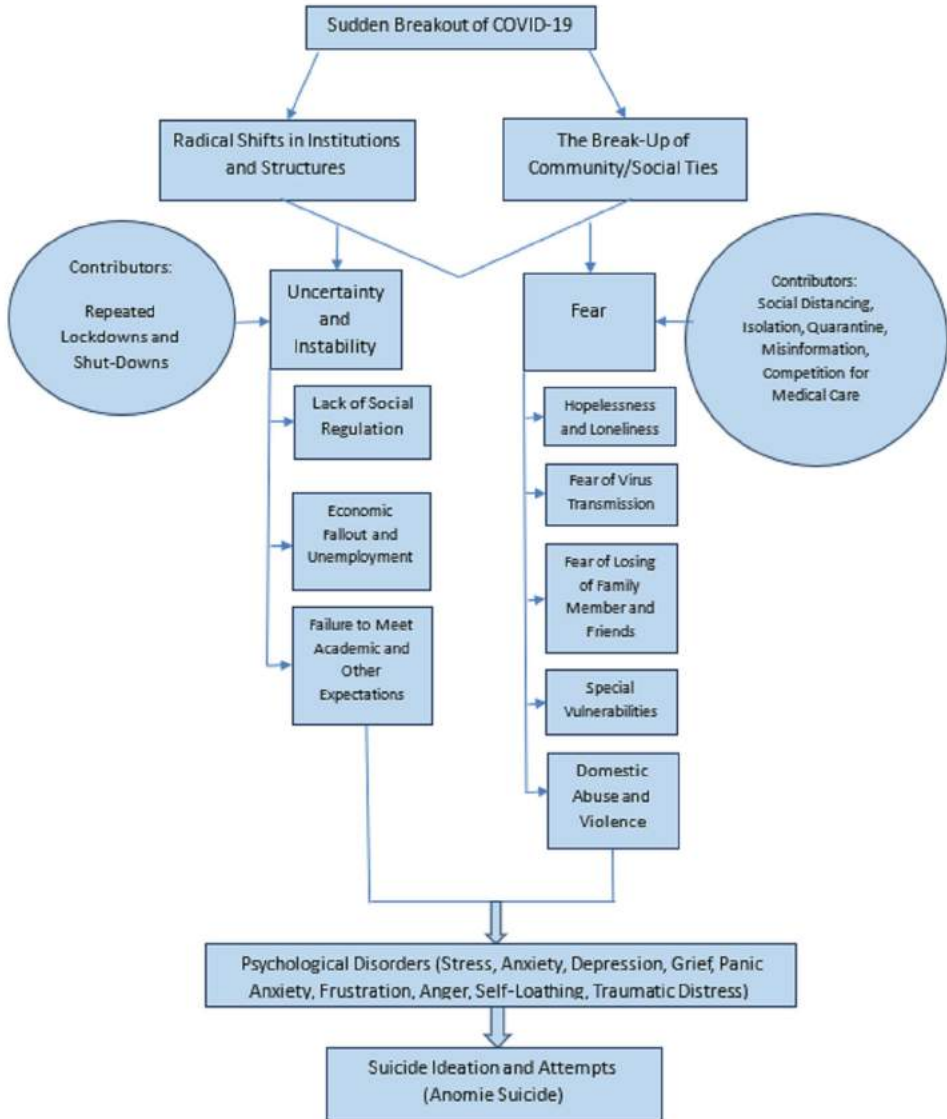


Figure 1: Theoretical relevance of suicide during the Covid 19 Pandemic.

Methodology

The study was carried out in the country's southwest region in the Jhenaidah district. There are six Upazila under this district; Moheshpur, Harinakunda, Kotchadpur, Kaligong, Shoilokupa, and Jhenaidah Sadar. The timeframe of the study was from January 2021 through December 2021. To respond to the study question, the researchers used both primary and secondary data. They received support from the civil surgeon's office and the Jhenaidah police super office. The cases of suicide were documented in the official case files that they had. The researchers looked through those files and contacted the victims' family members and other close relatives to obtain primary data. After that, they surveyed with the use of a semi-structured questionnaire to get a better understanding of the state of suicide during the Covid 19 pandemic. As it is a mixed-method study, in addition to providing a rich and in-depth understanding of the experiences of a particular group of individuals, they investigated the case files to gather further information. During the mentioned period, there were 303 cases of suicide, and of those, 204 family members agreed to engage in this study. The remaining family members refused to participate or could not reach out to them. The research was conducted solely based on reported cases; this is the main drawback of the paper.

The data were collected with a survey using a pre-structured questionnaire. Socio-economic information on the suicide victims was collected from the case files. The data were generated and updated using the most recent version of Microsoft Excel 2019, and SPSS was used for statistical analysis. Data were analyzed and researchers primarily portrayed the descriptive information. The comparative evaluation of the situation of pre and during Covid 19 was conducted by following a bi-variate data analysis tool and, more specifically, using percent analysis. Here, the case of suicide is the dependent variable, whereas other variables like gender, age, season, method of suicide, causes, etc. are independent variables. Since the incident of suicide is quite sensitive, the researchers were concerned about ethical issues. They used pseudonyms and assigned identification numbers to the respondents who participated in the survey. Only the information received from them was analyzed for academic purposes and their actual identities were not exposed at any stage of this research.

Findings

In Bangladesh, the number of suicides is increasing every year. Since it is an offense in Bangladesh (Section 309 of Penal Code Bangladesh); therefore, the media, police, forensic reports, and courts are the main information sources. The total number of suicides was 303 in the Jhenaidah district in the study period and among them, family members of 204 agreed to participate in this study.

Demographics of Participants:

- **Suicide distribution of Jhenaidah district**

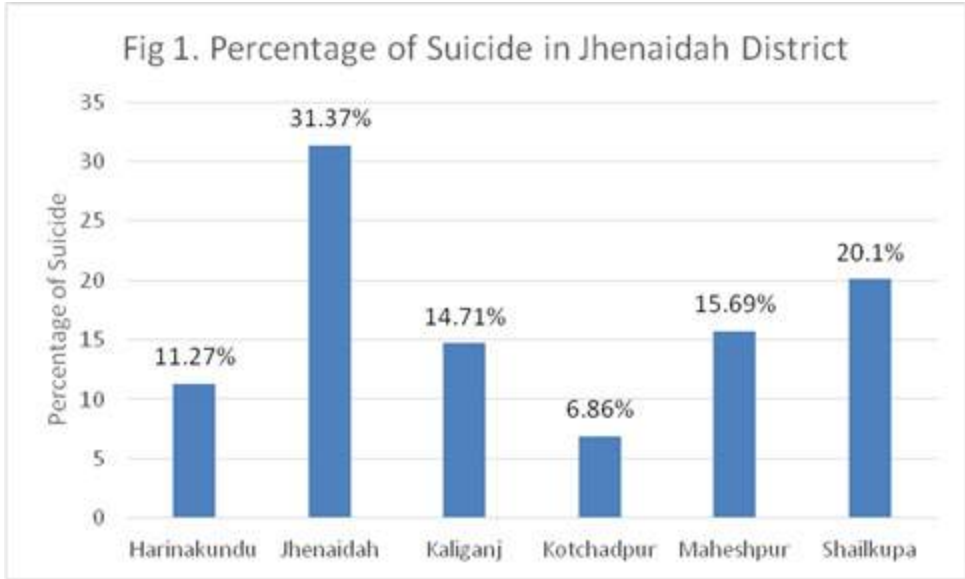


Figure 1: Percentage of suicides in different Upazila of Jhenaidah district (Field survey, 2021)

To have a better understanding of the nature of suicide in the Jhenaidah district, the researcher conducted interviews with 204 family members, as well as police personnel. The number of individuals who choose to take their own lives is displayed in the above bar graph. According to the percentage of people who committed suicide, which was greater than thirty percent, it is pretty evident to us that Jhenaidah Sadar is the most dominant. In addition to Jhenaidah Sadar, the Upazila of Harinakundu, Kaliganj, Maheshpur, and Shaikupa each have a substantial population of individuals who choose to end their own life by attempting suicide. Kotchadpur, on the other hand, had the smallest proportion overall, coming in at just 6%.

Modes of suicide and previous suicide attempts

Modes	Frequency	Percentage
Hanging	139	68.14
Poisoning	65	31.86
Total	204	100%

Table 1: Distribution of Modes of suicide (Field survey, 2021)

Among the total suicidal cases, 139 individuals chose to end their lives by hanging themselves as their method of choice, which accounts for 68.14 percent of the total. On the other hand, poisoning was a factor in the deaths of 65 people out of a total of 204 people who committed suicide, which amounts to 31.86 percent of the total. It is possible to conclude from the information that has been presented that the

likelihood of someone killing themselves by hanging themselves is almost twice as likely as the likelihood of someone killing themselves by poisoning themselves.

According to the information, 15.69% of the total number of persons, or 32 people out of 204, have attempted suicide at some point in their lives. On the other hand, 172 people had never attempted suicide before; this is equal to 84.31% of the total number of persons.

- **Gender and Age of the suicide victims**

It has been demonstrated that women are substantially more likely to enthrall suicidal thoughts than men, whereas the risk that men will have suicidal thoughts has been demonstrated to be significantly lower. For females, the percentage was 59%, but it was just 41% for males.

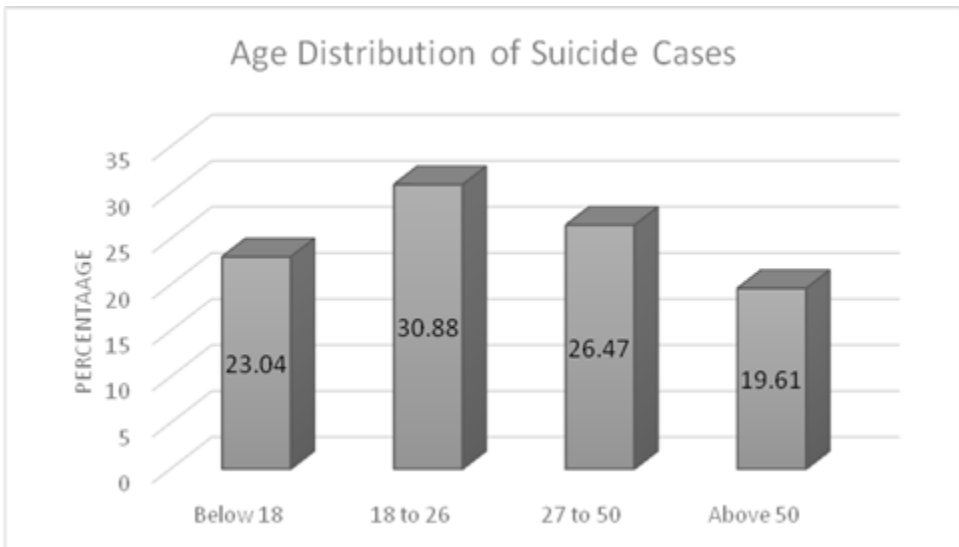
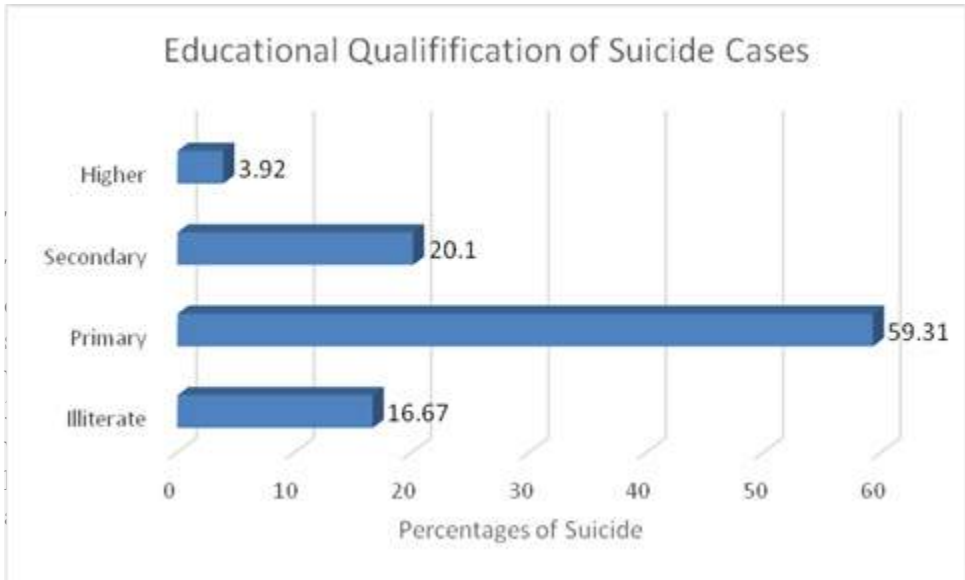


Figure 2: Age Distribution of Suicide Cases (Field survey, 2021).

This bar graph depicts the age distribution of those who have taken their own lives by committing suicide. Individuals between the ages of 18 and 26 have been found to have a higher risk of committing suicide, whilst individuals above the age of 50 have been found to have a reduced likelihood of committing suicide. The rates for other age groups are somewhat similar. Suicide occurs at an alarmingly high incidence among people under the age of 18 and between the ages of 27 and 50; specifically, the rate of suicide is more than 20% and 25% respectively in both of these age categories.

- **Marital status of suicide cases**



Educational qualification, Employment status, and monthly Income of suicide cases

Figure 3: Educational Qualification of Suicide cases (Field survey, 2021).

The facts indicating the amount of education acquired by people who have attempted suicide are shown in the form of a bar graph. It reveals that people who have not completed their primary education have a higher suicide rate than those who have completed their primary school. On the other hand, the statistics suggest that the risk of suicide is lower among people who have completed a higher degree of education. The ratio of people who commit suicide after completing their secondary education is higher than the ratio of people who commit suicide after completing their higher education. However, this ratio is lower than the ratio of people who commit suicide after completing their primary education. It is essential to keep in mind that although there are several illiterate individuals who choose to end their own lives, this proportion is not even close to being as high as it is in the categories of people who have completed elementary or secondary education.

According to the survey, 72% of unemployed people committed suicide, whereas only 28% of employed people took their own lives. Because being unemployed is a circumstance that causes people to experience feelings of disappointment and makes them feel uncomfortable, the rate of those who are unemployed who entertain thoughts of suicide is substantially higher than that of the general population (Mathieu et al., 2022).

Those with a monthly income of less than 10,000 taka had the highest prevalence of suicidal ideation among the study's participants. People whose monthly earnings

are between 10,000 and 20,000 taka had a slightly decreased risk of suicide compared to those in higher-earning categories, but they nevertheless commit suicide at a rate greater than the national average. There are dishonest individuals among those who make more than 20,000 takas annually, even though this sum is insignificant enough to be disregarded.

- **Distribution of place of residence of suicide cases**

Residence	Frequency	Percentage
Urban	14	6.86%
Rural	190	93.14%
Total	204	100%

Table 3: Distribution of Place of Residence of Suicide Cases (Field survey, 2021).

People who live in rural areas have a higher risk of taking their own life, while people who live in urban areas have a lower risk of taking their own lives in comparison to people who live in rural areas. According to the data, 93.14% of persons who live in rural areas end their own lives by suicide, while just 6.86% of people who live in urban areas do the same. People who live in rural areas have a suicide rate that is 13.58% higher than those who live in metropolitan areas.

Timeframe and causes of Suicide:

- **Season and Place of suicide**

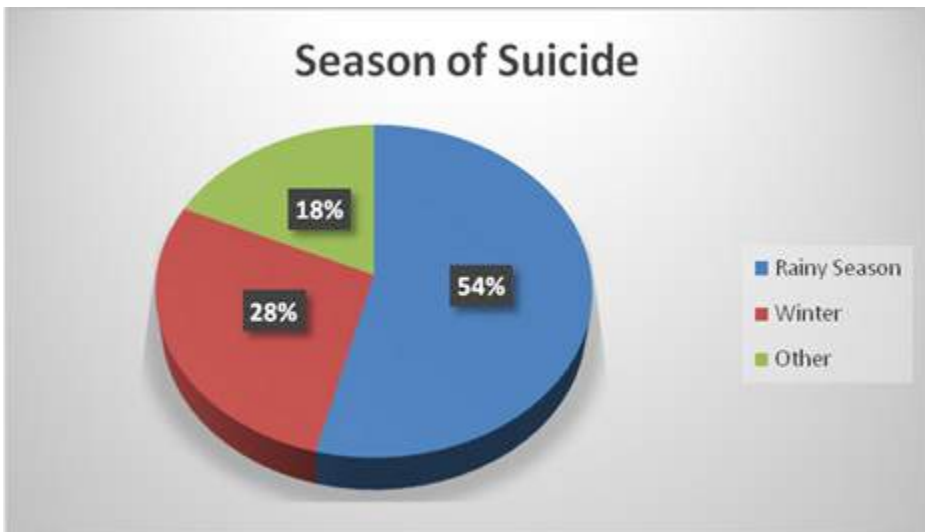


Figure 4: Season of Suicide (Field survey, 2021)

The association between the different seasons and the number of suicides is depicted by the pie chart. The graphic makes it quite evident that 54% of suicides take place during the rainy season, whereas 28% of suicides take place during the winter season, and 18% of suicides take place throughout other seasons. Because of things like flooding, heavy rain, the generally broken condition of the outside environment during the rainy season, and less production in every sector during the winter season, people become frustrated, and as a result, 82% of all suicides take place during the rainy and winter seasons.

According to the data, 79% of all suicides take place in the victim's own house. On the other side, just 21% of people who commit suicide do so in a location other than their own home which is a very small number.

- **Causes of suicide**

Causes	Frequency	Percentage
Poverty	38	18.63
Long term disease	63	30.88
Failure in Examination	1	0.49
Failure in Love	7	3.43
Unhappy in conjugal life	14	6.86
Family Feud	71	34.80
Unknown	10	4.90
Total	204	100%

Table 4: Distribution of causes of suicide (Field survey, 2021)

The table above offers a breakdown, expressed in terms of percentages, of the numerous factors that contribute to the occurrence of suicide. We can see that, out of the numerous distinct factors that contribute to suicide, family strife is the primary reason people take their own lives in Jhenaidah; this factor accounts for 34.80% of all suicides. Another prominent cause for people to take their own lives is poor performance on tests, which has the lowest suicide rate at 0.49%. The percentage of people who take their own lives, for this reason, is the lowest. In addition, the table includes several other factors, such as living in poverty, having a chronic illness, experiencing romantic disappointment, and being dissatisfied with married life. The respective percentage rates for each of these factors are 18.63%, 30.88%, 3.43%, and 6.86%.

Discussion

According to social analysts and human development organizations, when a person's knowledge, conscience, and understanding power vanish; leaving them feeling hopeless and helpless; they lose their religious beliefs and commit suicide (Lawrence et al., 2016). The act of suicide is fraught with complications, and

many people believe that various mental diseases are to blame for it (Fegg et al., 2016). Many sociologists and psychologists believe that the responsibility for suicide lies not just with the individual and their mental condition or their genetics but also with society as a whole or with individual members of society (Lester, 1993). Individuals in psychiatric hospitals, patients with depression, bipolar mood disorder, personality disorder, schizophrenia patients, drug abusers, and anxiety sufferers have a far greater suicide rate than the general population (Pompili et al., 2008, Dome et al., 2019). Stresses such as academic expectations from schools or jobs and relationship problems such as breakups, divorce, bullying, or harassment are often associated with suicidal tendencies. Reports in the media, such as newspapers and television programs that are inaccurately portrayed might inspire suicidal behavior (Posselt et al., 2021). For instance, when it is widely reported with a great deal of sympathy that a famous actor or actress has committed suicide, the likelihood of suicide among admirers increases. Even if there is a history of suicide in the family, there is always a chance that the risk may increase (Ping Qin, 2003).

- Age, Gender, and Marital status

It is alarming that fact young children are now killing themselves (Daily Sun, 2018; Salam et al., 2017). According to Arafat (2017 & 2019), the most vulnerable age range is under 40 years old, and more particularly, the age range of 20 to 30 years (Khan et al., 2022).

To sum up, research shows that the age range for committing suicide is (10-78) years. The field study of this research revealed that the majority of the people who committed suicide belonged to the age category of (18-26) years. Approximately 31% of the total group of people who responded to the survey fit into this category. The outcome is very similar to the time before the Covid 19 invasion. As a result, the pandemic did not have any effect whatsoever on the ages of the people who committed suicide.

In line with this finding, every study done in the past has revealed that women have a significantly increased likelihood of suicidal tendencies (Torres & Nowson, 2007; Mamun et al., 2020c; Tasnim et al., 2020; Mattioli et al., 2021). The one and only baseline survey in the region, which was carried out by SOVA in 2005 and titled Surveillance and Reduction of Women's Suicidal Trends in Jhenidah: A Hot Spot with High Suicide Rate in Bangladesh, found that approximately eighty percent of the women who committed or attempted suicide were housewives. 44.7% of these housewives had no formal education, 15.8 percent had primary education, and 39.5 percent had secondary education (Jahan, 2019). According to research, women are more sensitive to emotions and experience stressors more deeply in response to poor psychological consequences, such as the loss of family members and friends (Matheson et al., 2014; Droogenbroeck et al., 2018). Suicide is more common in women, and the main risk factors for suicide are their low socioeconomic status and low literacy.

In the context of Covid-19, several studies point to an increase and intensification of violence against women and girls. For example, self-reported violence against women during the epidemic is evidence showing suicide ideation among women is substantially correlated with violent experiences (Santoni et al., 2021). We saw women (59%) commit suicide more than men in our data analysis (41%). So, our research also supports existing literature that women are more vulnerable to suicidal tendencies than men. There are several reasons including an intensification of domestic violence or abrupt confinement for a long time during the pandemic or poor or hyperactive emotional or experience stressors.

Females still commit more suicide than men, but the gap is narrowing gradually. Women who were divorced or widowed were more likely to be suicidal than those who had never been married. Hence, higher suicide risk was associated with females, divorced or widowed marital status (Payne, 2008; Vijayakumar, 2015 & Goktaş & Metinyaş, 2019). Previous studies show that married women have a greater tendency than others in suicide commission. In our data analysis, we see this exact illustration as 66.18% of our total suicide victims were married and 33% were unmarried.

- Income, Employments, and Education

As a consequence of the outbreaks, many individuals and families have ended up losing their source of earnings (The World Bank, 2020), which may contribute to the pervasiveness and growth of suicidal behavior. The youth unemployment rate more than doubled between 2010 and 2017, while the general population unemployment rate was 4.4% (The Daily Jugantor, 2019). Consistent with earlier research (Assari, 2018; Israfil et al., 2020). The Covid-19 outbreak was related to an increased risk of suicidal behavior.

A current analysis revealed that the Covid-19 situation has had severe economic consequences for the underprivileged people of Bangladesh. Specifically, the per capita income of slum dwellers reduced by 82% from \$1.30 (US) in February to \$0.32 (US) in early April, compared to a 79% decrease among rural impoverished people (i.e., \$0.39 from \$1.05) (Kamruzzaman, 2020). According to a study, 46% of suicide deaths were attributed to unemployment-related economic issues (Boshra et al., 2020).

Despite the government's efforts to assist such individuals and address the crisis through cash support (Daily Bangladesh, 2020); misconduct and corruption also took place in the distribution of relief supplies (e.g., food, medicines, household daily products, and sanitary goods, which are essential for livelihood). Consequently, the rapid economic downturn has caused those in need to consider suicide. It is well-established on a global scale that joblessness, economic hardship, and economic instability are linked to suicide and that as these factors increase, so do suicide rates (Goldman-Mellor et al. 2010; Oyesanya et al. 2015). According

to our analysis, the rate of Covid-19 related suicides is higher among lower-class people with a minimum income.

It is usually hypothesized by academicians that people having more knowledge or with a higher level of academic qualifications are more vulnerable to suicidal thoughts compared to the other groups. Individuals with higher levels of academic attainment (for example, a bachelor's degree or higher) were more likely to have suicidal thoughts compared to others. Previous research (Pompili et al., 2013) found that people with higher academic achievements were more likely to commit suicide. The disparities in results could be attributed to Covid-19's current state. This research presents an opposite picture of the anticipated relations between academic education and suicide rates. We see around 59.31% of suicides were caused by a person who had completed only a primary level of education whereas people with higher education only have a rate of 3.92% in suicide commission.

- **Methods and Season of Suicide**

Suicidal behaviors are complex phenomena that encompass a variety of actions such as suicidal thinking, preparation, attempt, and completion. In Bangladesh, hanging, and ingestion of poison or insecticides are suicide's most well-known and widespread techniques (Ahmad & Hossain, 2011). In metropolitan regions, people use different techniques, including a barbiturate overdose, burning, slashing one's neck, leaping in front of locomotives, falling from tremendous altitudes, drowning, and firing a rifle (Shah et al, 2017). However, the ease of accessibility and availability, high mortality, and local customs which affect the option selection, and the mass media as a profound social conduit have all contributed significantly to the spread of suicide techniques (Wu, Chen, & Yip, 2012). Insecticides are dangerous, readily available, and easily accessible might be the factors in selecting either hanging or poisoning (Feroz et al., 2012; Wu, Chen, & Yip, 2012; Ali et al., 2014; Talukder et al., 2014).

The study of the methods used in committing suicide is indeed interesting. According to previous studies, Dupatta (Orna) (Ahmad & Hossain, 2011; Wu, Chen, & Yip, 2012; Talukder et al., 2014) and rope are the most popular restraint substances used for hanging (Hossain et al., 2012). The majority of suicides happened at night, followed by the early morning (12 a.m. to 6 a.m.) and evening.

According to a previous study, poisoning was the most common method of suicide attempt for both males (77.07%) and females (77%). Even while previous studies found that 77% of people who try to kill themselves do so via poisoning themselves, the evidence from our dataset does not support this claim. According to the findings of this research, about 68.14 percent of all suicides are the result of the victim hanging, and 31.86 percent of all suicides are the result of the victim ingesting poison.

The incidence of suicide is reported to be higher during summer for both sexes, though males deviated with a high incidence in winter too. As an important variable, seasonality may contribute significantly to the explanations of the complex phenomenon of suicide. This study not only contributes to the knowledge between suicide and seasonality in Bangladesh but also paves the way to investigate the other risk factors related to suicide in this region. Arendse et al., (2021) claimed that the highest average overall suicide rates occurred during the hot, summer monsoon period, ranging from April to September. This period represents the time when Bangladeshis experienced the highest average temperatures. There is speculation that a specific season might somehow contribute to suicide occurrence rates. Our data analysis also reflected this assumption as we saw around 54% of the total suicide cases happened during the monsoon and 28% of suicide cases occurred during the winter season.

- Causes of Suicide

Meanwhile, it's arguable that less developed and underdeveloped nations are struggling more than industrialized countries, with more small and medium-sized businesses filing for bankruptcy during Covid-19 period (Fernandes, 2020). As a result, the mental health of certain individuals might become extremely fragile (Lin, 2020). The nationwide lockdown hindered all economic activity, resulting in greater economic restrictions. By the circumstances, it was estimated that Bangladesh's GDP would decrease by 1.10 percent and that 9 million people would lose their employment (Banna, 2020).

Suicidal ideation and preparation were more common among Bangladeshis during the Covid-19 pandemic, with rates of 19.0% and 18.5%, respectively in 2020 and 2021 (Rahman et al., 2021). In a Bangladeshi study conducted during the pandemic, depression was found to have a 13.81-fold higher incidence of suicidal thoughts than anxiety or stress, which was 6.45 and 9.53-fold higher (Tasnim et al., 2020).

The general populace is exhibiting increased degrees of psychological and attitudinal issues as a result of the unanticipated lockdown, including exhaustion, separation, impatience, poor focus, degradation in work productivity, etc. which further increased typical mental health problems like melancholy, sleeplessness, posttraumatic stress, anxiety symptoms, etc. (Hossain et al., 2020; Brooks et al., 2020). Moreover, there was a strong correlation between suicidality and drug use, inactivity, poor self-reporting health, comorbidity; increased anxiety along with risk and fear of Covid-19 infection (Mamun et al., 2021). Among the mentioned risk factors, marital discord (10.33%) and familial disharmony (22.14%) were the most common risk factors for suicide. Further reported risk factors were sexual harassment, failure in examination, breakage of romantic relationships, domestic violence, financial constraints, and physical illness (Shah et al., 2017).

But our practical study doesn't agree with these claims that much. The majority of the people who committed suicide were either a patient of long-term disease (30.88%) or a victim of a family feud (34.80%) which is diametrically different from the claims which were made in the literature. Poverty played a significant role in this role and we saw 18.63% of people committed suicide due to this social problem.

Conclusion

The Covid-19 outbreak has transformed into an international public health emergency. Due to the rise in infection cases and fatalities; as a result, this sudden outbreak has caused disruptions in daily life lowering living standards and increasing fear and panic about the outbreaks (Mamun et al., 2020b). An array of psychological effects from commonly experienced psychological disorders like melancholy and anxiety, as well as extreme ones like suicide, have been linked to the unpredictability of the pandemic and the uncertainty of how soon the circumstances will be under control (Huang & Zhao, 2020; Moghanibashi-Mansourieh, 2020).

The people of Bangladesh have been shown to be negatively impacted by financial stress and other difficulties throughout time, which eventually leads to suicidal instances. Restrictions related to the pandemic (such as geographical separation, disconnection, self-quarantine, etc.) have an impact on economic sustainability and well-being. Also, like other developing countries, Bangladesh has experienced some psychological consequences, including self-harm, as well as psychological ramifications (e.g., anxiety, depression, traumatic stress, and panic) as a result of Covid-19 misinformation (Rajkumar 2020; Sahoo et al. 2020; Tandon 2020). Covid-19-related stress causes insomnia, irritability, and family chaos. Fear of Covid-19 transmission (self and/or family members and/or relatives), limiting anticipated study schedule and potential profession, and financial difficulties have been recognized as the leading causes of stress in people. The correlation between financial difficulties and food crises, which produces stress for a large number of people, as well as hinders regular education and career goals, causes tension and panic among career seekers. Suicidal events were principally associated with men's failure to fulfill social expectations of hegemonic masculinity (River & Flood, 2021). The rigid and restrictive dichotomization associated with gender roles needs to be countered to reduce rates of male suicide, as such restrictive expectations could be extremely health damaging for men.

The developmental transition era of any country is connected with the number of suicides since it directly affects the quality of life. For example, the fall of GDP of Bangladesh by 1.1% and unemployment of 9 million people during Covid-19. Moreover, the aftermath of Covid 19 with psychological issues like stress, melancholy, and anxiety also contributed to the rapid growth of the suicide commission and experienced a suicide increase due to depression 13.81 times and 6.45 times owing to anxiety. The year 2020 took a toll on all of us. It snatched

jobs and financial securities from a big chunk of our population and researchers opine that it may influence one to develop suicidal tendencies and persuade one to ultimately commit it (Kawohl & Nordt, 2020). Moreover, in that period, poverty was prevalent like never before in many areas. The per capita income of Bangladeshi citizens was reduced by 82% from 1.30 US dollars. A study specifically revealed that 46% of suicide death cases were strictly attributed to unemployment issues negative stereotypes or social embarrassment and a lack of social safety net. Economic instability, unsettling food security, and economic hardship also tend to disrupt the normal flow of our daily lives. Regarding this, our data completely aligns with the claims and findings of the literary studies. About 72% of total suicides can be traced as the result of unemployment and 28% of people who were employed in any other job committed suicide. So, we see a connection between employment, income structure, and suicide rates.

Adopting comprehensive policies that need coordination and cooperation across several sectors; including the government, non-governmental organizations (NGOs), and the private sectors. A holistic strategy for preventing suicides should address various issues, including health, education, employment, law enforcement, and political and social institutions. These are only some of the crucial areas that should be addressed. When coming up with measures to prevent suicide, a comprehensive understanding of the issue is of the utmost importance. It is important to develop a strategy that includes critical issues related to hegemonic masculinity. The study proposed that addressing sociocultural and religious issues associated with men's troubles may help to prevent suicide. At the same time, changing the restrictive gender roles and masculinity-related ideals is also needed to counter the problem.

Suicide is an avoidable issue. If the correct steps are taken at the right time, it is possible to stop someone from taking their own life. "Creating hope through action" will be the focus of World Suicide Prevention Day for the next three years, from 2021 to 2023. This theme serves as a gentle reminder that suicide is not the only option and that there are things that may help us all feel confident and driven to shine brightly.

It is crucial to put in the effort to develop family bonds and spend quality time with each family member. Providing children and teenagers with the choices they need to develop their social skills and ability to make decisions should be encouraged. Children should be raised and cared for to come to terms with success and failure throughout their growth. If someone you care about has mental health issues or suicidal thoughts, we should get them in to see a psychiatrist as soon as possible. The family should make an effort to show compassion for one another. We must seek the assistance of a trusted member of the family, close friend, or health care practitioner as soon as possible if we become aware of someone who is struggling with thoughts of self-harm or if we know someone who may be considering suicide.

We must help someone realize they are not alone by giving them that impression.

In order to solve this problem, every educational establishment should offer some kind of psychological counseling service or other peer support organizations. When reporting on suicide, the media should always stick to the norms that have been established. When it comes to publishing comments and photographs concerning suicide, users of alternative internet-based media and social networking sites should exercise the same degree of caution that they would when using traditional forms of media. The administrators of social networking sites should also have their own policies on this subject.

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