**Gender Disparities in Suicide Prevalence and Risk Factors in Bangladesh**

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**Abstract**: Effective preventive methods for suicide need a thorough understanding of the risk factors associated with this complex and varied public health issue. This research aims to explore instances of suicide as documented in Bangladeshi newspapers, specifically examining distinctive risk factors associated with gender and demographics. 13 national daily newspapers were selected purposively data in this investigation. The logistic regression method was used for analysis and fitting to the dataset. Higher suicide odds among individuals under 30 and employed individuals. Significant regional differences are noted, with Khulna having a rate of 1.05 (OR=1.05, 95% CI: [0.45-1.42]) and Chittagong the lowest at 76% (OR=0.24, 95% CI: [0.18-0.41]) compared to Sylhet. Certain methods like hanging, poisoning, and jumping show elevated odds 1.75 (95% CI: [1.51-1.86]), 1.83 (95% CI: [0.79-1.98]), and 1.72 (95% CI: [1.53-1.97]), respectively, compared to self-harm methods among women, while factors like family issues and blackmail exhibit significantly higher odds 2.82 (95% CI: [1.85-3.10]), 1.01 (95% CI: [0.89-1.12]), and 2.06 (95% CI: [1.99-2.15]), respectively, compared to physical illness among women. By elucidating the intricacies associated with suicide risk factors in Bangladesh, our study adds to the international conversation on suicide prevention by promoting a more sophisticated comprehension of gender differences to augment the efficacy of public health campaigns.

**Keywords:**  Newspaper Analysis; Gender-specific; Socioeconomic Factors; Mental health; Preventive Strategies

1. **Introduction**

Suicide refers to purposeful self-inflicted harm leading to death. According to the World Health Organization's (WHO) 2019 data, over 700,000 suicides occur annually, with 77% transpiring in low- and middle-income countries, including Bangladesh (WHO, 2019). Despite its significance as a preventable global public health issue, suicide often faces neglect from researchers, policymakers, gatekeepers, and clinicians, particularly in lower-income nations like Bangladesh (Begum et al., 2017). The country lacks a national suicide surveillance system, dedicated database, or prevention strategy. Unlike many high-income countries with robust mortality reporting systems, low-income nations often lack mechanisms to document mortality rates and causes of death. The majority of suicides in these settings take place at home, frequently going unreported, with limited or unreliable information about the causes of death (Mashreky et al., 2013).

Suicide rates show significant variation across different studies and WHO data. The 2014 WHO report indicates a global suicide rate of 7.8 per 100,000 for both genders. In contrast, in Bangladesh in 2012, the rate was 8.7 per 100,000 for females and 6.8 per 100,000 for males (Yasir Arafat, 2018). Underreporting of suicide events is likely in the country, as all such incidents are expected to be reported to the police, and legal authorities determine the verdict of suicide (S. M. Y. Arafat et al., 2021). Mental illness, especially depression, is the primary cause of suicide and is notably linked to suicidal ideation among university students globally, including in Bangladesh (Pervin & Ferdowshi, 2016). Suicidal ideation is also associated with the hopelessness and loneliness experienced by university students (Garcia-Williams et al., 2014). Gender disparities in the incidence of suicidal conduct are known in suicide research as the "Gender Paradox." This paradox changes as people get older (Rahman et al., 2021), with male suicide rates rising until early adulthood and female suicide attempt rates peaking in mid-adolescence among teenagers and young adults (WHO, 2014). Previous suicide attempts, particularly among females, strongly predict suicide death. Gender differences in suicidal behavior may be attributed to variations in emotional and behavioral problems, with females more prone to internalizing disorders such as anxiety and mood disorders, which can mediate the association with suicidal thoughts and behaviors (Mars et al., 2014).

Although a brief review on suicide in Bangladesh identifies common risk factors such as economic crisis, family discord, chronic diseases (Ferdushi et al., 2020), love failure, academic failure (Hasan, 2020), family history of suicide, drug addiction, unwanted pregnancy, misfortune, property loss, criminality, and mental illness, these factors have not been specifically explored among university students. The systematic study of suicide risk factors is lacking in Bangladesh, with variations in findings from existing studies and a lack of psychological autopsy. Existing research suggests different sociodemographic and risk factors, emphasizing the need for gender-specific investigations (S. Arafat, 2017). Previous studies in Bangladesh highlight female gender, age under 30, and immediate emotionally charged events, rather than mental disorders, as risk factors (S. M. Y. Arafat et al., 2021; Nazmul Karim et al., 2013). Even while previous studies have identified several risk factors for suicide in Bangladesh, there is a substantial knowledge vacuum on these aspects, particularly about the methods and causes of suicide. There is a dearth of systematic research on suicide risk factors in this population in the present literature, especially when it comes to gender-specific variations. Effective national preventive initiatives for suicide must be informed by a thorough investigation of the gender-specific risk factors for suicide, given the inconsistent results of earlier studies. Given this background, there is an urgent and unmet need to identify gender-specific risk factors for suicide in Bangladesh to develop an effective national suicide prevention strategy. The purpose of this research is to investigate suicide as reported in Bangladeshi newspapers, with a focus on risk factors unique to gender and demographics. The results will give policymakers in Bangladesh the critical information they need to develop and put into practice gender-specific suicide prevention initiatives. This may result in more successful interventions that are suited to the particular requirements of certain demographic groups.

1. **Materials and Methods**
   1. **Ethical approval**

The study protocol was approved by the institutional review board of the Asian University of Bangladesh.

* 1. **Study design and data collection**

Thirteen national daily newspapers were purposively selected for inclusion in the study, scrutinizing issues from January to December 2022. Among these, eight were Bangla newspapers (Daily Prothom Alo, Daily Amader Shomoy, Daily Janakantha, Daily Jugantor, Daily Shomokal, Daily Kalerkontho, Daily Bangla Tribune, and Daily Bangla News 24) and five were English newspapers (New Age, Daily Sun, Daily Observer, Daily Tribune, and Daily Independent). Data from the selected parts were organized along with the variables and compiled into a master sheet. A total of 126 pieces of data were collected and analyzed using the Statistical Package for Social Sciences (SPSS) version 25 software.

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| Figure 1. Prevalence of Suicide Cases in Each Division |

* 1. **Variables**

Gender is the dependent variable in this study, and it is reported in the newspapers that were examined together with other factors (Table 1). awareness of different facets of suicide risk and behavior requires an awareness of gender as a basic component. In this study, a number of demographic and socioeconomic variables that have been found in other studies are regarded as predictor variables (Table 1). These predictor variables cover a wide range of characteristics, such as age, employment status, marital status, economic status, and educational background, among others. The study attempts to clarify the varying effects of demographic and socioeconomic characteristics on suicide risk among different gender groups by looking at how these predictor variables connect to gender.

**Table 1. Factors used for the study**

|  |  |
| --- | --- |
| **Response variable** | **Values** |
| Newspaper types | Bangla, English |
| Seasons | Pre-monsoon (March-May), Monsoon (June-October), Post-monsoon (November-February) |
| Age | <30, >=30 |
| Marital status | Married, Unmarried |
| Division | Barisal, Chittagong, Dhaka, Khulna, Rajshahi, Rangpur, Sylhet |
| Occupation | Employed, Housewife/Student, Others, Unemployed |
| Methods of suicide | Hanging (pipe/fan/others), Poison/medicine, Jump (Roof/Vehicle), Self-harm (shot/blade/burn) |
| Causes of suicide | Family issues (Husband pressure/Relation), Mental stress (Anxiousness/Depression/loneliness), Blackmail (Photos/Police case), Rape |

* 1. **Statistical analysis**

We employed a two-stage analysis using a multiple logistic regression model to identify gender-related risk factors. In the initial stage, a Chi-Square test was conducted, revealing significance in eight variables associated with gender at a 95% confidence level. Subsequently, a multiple logistic regression model was applied, encompassing independent variables such as newspaper types, seasons, age, marital status, division, occupation, methods of suicide, and causes of suicide.

1. **Result**

A total of 126 cases were reported in 13 collected newspapers in 2023. Among them, 75 (59.50%) cases from Bangla Newspapers and 51 (40.50%) cases from English newspapers were included in the analysis (Figure 2)**.** Among Bangla newspapers, 40 (65.60%) were female and 35 (53.80%) cases were male. Similarly, the percentage of male and female cases were 30 (46.20%) and 21 (34.40%), respectively (Figure 3)**.**

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| **Figure 2. Percentage of suicidal cases by types of newspaper** | **Figure 3. Percentage of suicidal cases by sex and types of newspaper** |

Table 2,shows that 15 (23.10%) male cases reported to suicide were from pre-monsoon, and only 16 (26.20%) were female cases reported on that season. Among those under 30 years old, 51 (78.50%) were reported as male, and 50 (82.00%) were female. 16 (24.60%) males were reported from Dhaka and 19 (31.10%) females were reported from that Division. Employed male cases were reported 14 (21.50%) and females reported 18 (29.50%). The most frequent method of suicide is hanging himself, 36 (59.00%) reported as female cases and 40 (61.50%) were male. Among all causes of suicide, family issues are most frequently among males 29 (44.60%) and females 37 (60.70%). According to the P-value, all socio-demographic characteristics were statistically insignificant among school dropouts.

**Table 2. Prevalence & Chi-Square test of attrition by different factors**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Characteristics** | | **Sex** | | |  |
| **Male**  **n (%)** | **Female,**  **n (%)** | **Total**  **n (%)** | **P-Value** |
| **Newspaper types** | | | | | |
|  | **Bangla** | 35 (46.70) | 40 (53.30) | 75(59.5) | 0.018 |
|  | **English** | 30 (46.20) | 21(34.40) | 51(40.50) |
| **Seasons** | | | | | |
|  | **Pre-monsoon** | 15 (23.10) | 16 (26.20) | 31 (24.60) | 0.048 |
|  | **Monsoon** | 10 (15.40) | 12 (19.70) | 22 (17.50) |
|  | **Post-monsoon** | 40(61.50) | 33 (54.10) | 73 (57.90) |
| **Age** | | | | | |
|  | **<30** | 51 (78.50) | 50 (82.00) | 101(80.20) | 0.062 |
|  | **>=30** | 14 (21.50) | 11 (18.00) | 25 (19.80) |
| **Division** | | | | | |
|  | **Barisal** | 3 (4.60) | 6 (9.80) | 9 (7.10) | 0.034 |
|  | **Chittagong** | 10 (15.40) | 3 (4.90) | 13 (10.30) |
|  | **Dhaka** | 16 (24.60) | 19 (31.10) | 35 (27.80) |
|  | **Khulna** | 4 (6.20) | 5 (8.20) | 9 (7.10) |
|  | **Rajshahi** | 16 (24.60) | 15 (24.60) | 31 (24.60) |
|  | **Rangpur** | 6 (9.20) | 4 (6.60) | 10 (7.90) |
|  | **Sylhet** | 4 (6.20) | 5 (8.20) | 9 (7.20) |
|  | **Mymensingh** | 6 (9.20) | 4 (6.60) | 10 (8.00) |
| **Occupation** | | | | | |
|  | **Employed** | 14 (21.50) | 18 (29.50) | 32 (25.40) | 0.030 |
|  | **Housewife** | 25 (38.50) | 14 (23.0) | 39 (31.00) |
|  | **Student** | 25 (38.50) | 28(45.90) | 53 (42.10) |
|  | **Unemployed** | 1 (1.50) | 1 (1.60) | 2 (1.60) |
| **Methods of suicide** | | | | | |
|  | **Hanging** | 40 (61.50) | 36 (59.00) | 76 (60.30) | 0.017 |
|  | **Poison** | 12 (18.50) | 12 (19.70) | 24 (19.00) |
|  | **Jump** | 8 (12.30) | 7 (11.50) | 15 (11.90) |
|  | **Self-harm** | 5 (7.70) | 6 (9.80) | 11 (8.70) |
| **Causes of suicide** | | | | | |
|  | **Family issues** | 4 (6.20) | 7 (11.50) | 11 (8.70) | **0.030** |
|  | **Mental stress** | 27 (41.50) | 17 (27.90) | 44 (34.90) |
|  | **Blackmail** | 29 (44.60) | 37 (60.70) | 66 (52.40) |
|  | **Physical Ill** | 5 (7.70) | 0 (0) | 5 (4.00) |

Table 3 highlights that age is a crucial factor in suicide cases, with individuals under 30 having higher odds (OR=1.24, 95% CI: [0.51-3.01]) of committing suicide. Employment status also influences suicide rates, with employed individuals having 1.28 times higher odds (OR=1.28, 95% CI: [0.87-2.41]) compared to the unemployed. Significant variations in suicide rates are observed across different divisions in Bangladesh. For instance, Khulna has an odds ratio of 1.05 (OR=1.05, 95% CI: [0.45-1.42]), while Chittagong has the lowest rate, with 76% lower odds (OR=0.24, 95% CI: [0.18-0.41]) compared to Sylhet.

Table 3. Prevalence & Chi-Square test of attrition by different factors

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Characteristics** | | **COR (95% CI)** | **P-value** | **AOR (95% CI)** | **P-Value** |
| **Newspaper types** | | | | | |
|  | **Bangla** | 1.63 [1.19-2.35] | 0.038 | 1.87 [1.36-2.05] | 0.011 |
|  | **English** | Reference |  | Reference |  |
| **Seasons** | | | | | |
|  | **Pre-monsoon** | 1.29 [0.55-3.00] | 0.055 | 1.61 [0.63-2.06] | 0.051 |
|  | **Monsoon** | 1.45 [1.25-2.78] | 0.044 | 1.17 [1.12-1.51] | 0.016 |
|  | **Post-monsoon** | Reference |  | Reference |  |
| **Age** | | | | | |
|  | **<30** | 1.24 [0.51-3.01] | 0.062 | 1.35 [0.52-3.48] | 0.053 |
|  | **>=30** | Reference |  | Reference |  |
| **Division** | | | | | |
|  | **Dhaka** | 0.95 [0.21-1.14] | 0.094 | 1.05 [0.58-1.22] | 0.104 |
|  | **Mymensingh** | 0.53 [0.18-0.81] | 0.048 | 0.89 [0.68-0.91] | 0.027 |
|  | **Chittagong** | 0.24 [0.18-0.41] | 0.012 | 0.33 [0.11-0.39] | <0.001 |
|  | **Khulna** | 1.05 [0.45-1.42] | 0.892 | 1.15 [0.85-1.52] | 0.781 |
|  | **Rajshahi** | 0.75 [0.79-1.33] | 0.070 | 0.65 [0.59-1.19] | 0.099 |
|  | **Rangpur** | 0.53 [0.36-0.97] | 0.049 | 0.41 [0.21-0.77] | 0.015 |
|  | **Barisal** | 1.31 [0.63-1.80] | 0.063 | 1.10 [0.93-2.51] | 0.087 |
|  | **Sylhet** | Reference |  | Reference |  |
| **Occupation** | | | | | |
|  | **Employed** | 1.28 [0.87-2.41] | 0.086 | 1.55 [1.17-2.11] | <0.001 |
|  | **Housewife** | 0.56 [0.43-0.66] | 0.016 | 1.56 [1.13-1.89] | 0.021 |
|  | **Student** | 1.12 [1.05-1.86] | 0.003 | 1.22 [1.05-1.36] | 0.013 |
|  | **Unemployed** | Reference |  | Reference |  |
| **Methods of suicide** | | | | | |
|  | **Hanging** | 1.75 [1.51-1.86] | 0.006 | 0.81 [0.63-0.96] | 0.008 |
|  | **Poison/Drug** | 1.83 [0.79-1.98] | 0.080 | 0.93 [0.88-2.23] | 0.111 |
|  | **Jump** | 1.72 [1.53-1.97] | 0.009 | 0.92 [0.79-1.13] | 0.095 |
|  | **Self-harm** | Reference |  | Reference |  |
| **Causes of suicide** | | | | | |
|  | **Family issues** | 2.82 [1.85-3.10] | 0.009 | 2.54 [2.05-3.10] | <0.001 |
|  | **Mental stress** | 1.01 [0.89-1.12] | 0.099 | 1.44 [1.23-1.88] | 0.013 |
|  | **Blackmail** | 2.06 [1.99-2.15] | 0.003 | 2.99 [2.51-3.29] | 0.011 |
|  | **Physical Ill** | Reference |  | Reference |  |

The method chosen for suicide significantly influences suicide rates. Hanging, poisoning, and jumping exhibit odds ratios of 1.75 (95% CI: [1.51-1.86]), 1.83 (95% CI: [0.79-1.98]), and 1.72 (95% CI: [1.53-1.97]), respectively, compared to self-harm methods among women. Moreover, specific causes of suicide notably contribute to the suicide rate. Family issues, mental stress, and blackmail demonstrate odds ratios of 2.82 (95% CI: [1.85-3.10]), 1.01 (95% CI: [0.89-1.12]), and 2.06 (95% CI: [1.99-2.15]), respectively, relative to physical illness among women.

1. **Discussion**

The study examined 126 suicide instances that were reported in 13 Bangladeshi newspapers in 2023; 40.50% of the cases were in English media and 59.50% were in Bangla publications. Sixty-six percent of cases in Bangla publications and fifty-three percent of cases in English media were female. Significant correlations between a number of sociodemographic characteristics and suicide were found by the investigation. Interestingly, the factors that were found to be important predictors included age under 30, employment position, division of residency, mode of suicide (hanging mostly), and causes of suicide (blackmail and family troubles in particular). The relationship between many factors and the prevalence of suicide was investigated, including gender, the type of newspaper, the season, age, division, occupation, manner, and reason of suicide. The results emphasize the need of taking gender-specific risk variables into account in attempts to prevent suicide and the necessity of focused interventions catered to various demographic groups.

This study reveals a notable prevalence of suicidal ideation in Bangla newspapers, with a higher occurrence among women (11.8%) compared to men (Till et al., 2013). While more men called the helpline, the rate of suicidal ideation was 1.2:1 in Favor of women (Hasan et al., 2022). Suicide was mostly aged 30-49, reaching out during summer or spring, on weekends, and in the evening or night (Gould et al., 2016). Life crises, mental disorders, and loneliness were common themes. This aligns with existing studies, emphasizing the prevalence of suicidal thoughts in women and the significance of emotional problems (Ramchand et al., 2017). The study suggests that young males may be less inclined to seek help, potentially influenced by societal expectations of masculine behaviors and coping strategies (Rhodes et al., 2014).

Consistent with prior research (Beautrais, 2002), our study finds that male youths face a significantly higher risk of suicide compared to females, possibly due to the use of more lethal means. Males often employ firearms and hanging methods, while females exhibit a higher incidence of drug poisoning (Mergl et al., 2015; Fatama Ferdushi et al., 2023). Early exposure to traumatic events like childhood maltreatment and bullying increases (Islam et al., 2022), vulnerability to suicidal behaviors in both genders, influencing psychopathology and maladaptive personality features (O’Brien & Sher, 2013). Childhood abuse is linked to a lack of social support, (Hasan, MohanaSundaram, et al., 2023), risky health behaviors, and poor mental health (Sheikh et al., 2016). Traumatic experiences in childhood are associated with a heightened risk of health-harming behaviors (Hasan, Babu, et al., 2023), including suicide attempts (Sheikh, 2018), emphasizing the importance of addressing such factors in suicide prevention (Bellis et al., 2014).

Our study supports the hypothesis that economic stressors, including employment status and income, have a more pronounced impact on male suicide rates than females. Economic factors like unemployment significantly increase the risk of suicide attempts in males, aligning with traditional gender roles where males are often seen as the family's primary breadwinners (Li et al., 2012). Household income was found to be a significant factor for suicide attempts in males but not females, possibly reflecting societal expectations. Despite gender differences, the study highlights that socioeconomic factors—education, income, employment, and social assistance—are universally linked to suicide attempts, emphasizing the critical role of economic conditions in suicide risk (Lorant et al., 2005).

Our study reveals a gender-specific link between marital status and suicide attempts: being widowed, divorced, or separated increases the risk for males but reduces it for females (Handley et al., 2012). This suggests that males may face greater vulnerability after losing a spouse and lacking supportive social connections compared to females (Miret et al., 2014). Previous research aligns with our findings, indicating that divorce specifically impacts suicidal mortality among males. The complex relationship between marital status and suicide attempts warrants further gender-specific investigation. Contrary to some studies, our findings do not show an independent association between education level and suicide attempts (Miret et al., 2014). The nuanced impact of marital status on suicide attempts highlights the need for continued research to unravel these gender-specific dynamics (Li et al., 2012). In Korea, lower education levels are notably linked to elevated suicide rates, possibly due to the heightened influence of educational status on social factors like occupation and income compared to other countries. Our study found that a lower level of education independently increased the risk of suicide attempts in females, highlighting a stronger impact of education on females compared to males.

This study is constrained by several limitations. Firstly, it focused on newspaper reports from a specific region, potentially introducing bias and limiting generalizability across countries. Secondly, self-report bias may have occurred in assessing suicidal cases, as information often came from known individuals or police, not always reflecting accurate details. Additionally, the study's sample size is limited, hindering a comprehensive exploration of gender differences. Future research should address these methodological limitations for more robust findings.Research on youth suicidal behavior should delve into gender differences, emphasizing longitudinal studies examining sociodemographic factors (e.g., socioeconomic status, ethnicity). Further investigation into academic and protective factors, access to means, externalizing problems, family history of mental disorders, and abuse is crucial for both genders. For females, focus on abuse and family history of mental disorders; for males, on relationship problems, bipolar disorder, and eating disorders. Understanding gender-specific pathways is key to reducing suicide mortality. Preventive strategies must consider gender preferences and context, assessing youth preferences for public health interventions. Efforts to address health inequalities should prioritize reducing the gender gap, particularly during vulnerable periods like adolescence and young adulthood.

1. **Conclusion**

The study emphasizes how urgent it is to create a nationwide suicide surveillance system in Bangladesh in order to address the country's high suicide rates. It draws attention to the relationship that exists between suicide thoughts and elements like stress, anxiety, sadness, age, and hopelessness. Important conclusions highlight the need for focused intervention programs that address hopelessness and depression, especially in young people, in order to reduce the rising suicide rate. Suicide prevention initiatives also need to target issues like smoking, violence prevention, racial bias prevention, and health coverage. The impact of gender-related risk variables on the prevention of suicide, such as urban upbringing and parental emotional disorder, has to be further studied. Given its potential impact on the future of the country, early intervention is crucial, highlighting the significance of empowered youth as leaders in efforts to prevent suicide.

**Conflict of interest**

There is nothing to declare.

**Data availability**

All the data used in this research will be made available with the authors' permission.

**Authors’ contribution**

Mir Farjana Sharmin: Conducted the research and prepared the draft manuscript. Anik Kumar Saha: Assisted the research and manuscript preparation

**References:**

Arafat, S. M. Yasir, M. A. Mohit, Mohammad S. I. Mullick, Russell Kabir, and Murad M. Khan. 2021. “Risk Factors for Suicide in Bangladesh: Case–Control Psychological Autopsy Study.” *BJPsych Open* 7(1). doi: 10.1192/BJO.2020.152.

Arafat, SM. 2017. “Suicide in Bangladesh: A Mini Review.” *Journal of Behavioral Health* 6(1):66. doi: 10.5455/JBH.20160904090206.

Beautrais, Annette L. 2002. “Gender Issues in Youth Suicidal Behaviour.” *Emergency Medicine (Fremantle, W.A.)* 14(1):35–42. doi: 10.1046/J.1442-2026.2002.00283.X.

Begum, Afroza, A. K. M. Fazlur Rahman, Aminur Rahman, Joaquim Soares, Hamid Reza Khankeh, and Gloria Macassa. 2017. “Prevalence of Suicide Ideation among Adolescents and Young Adults in Rural Bangladesh.” *International Journal of Mental Health* 46(3):177–87. doi: 10.1080/00207411.2017.1304074.

Bellis, Mark A., Karen Hughes, Nicola Leckenby, Lisa Jones, Adriana Baban, Margarita Kachaeva, Robertas Povilaitis, Iveta Pudule, Gentiana Qirjako, Betül Ulukol, Marija Raleva, and Natasa Terzic. 2014. “Adverse Childhood Experiences and Associations with Health-Harming Behaviours in Young Adults: Surveys in Eight Eastern European Countries.” *Bulletin of the World Health Organization* 92(9):641. doi: 10.2471/BLT.13.129247.

Fatama Ferdushi, Kanis, Mohammad Nayeem Hasan, and Anton Abdulbasah Kamil. 2023. “Agricultural Challenges and Adaptation for Changing Climate: A Study on Early Flash Flood-Prone Areas in Bangladesh.” *Environment and Ecology Research* 11(2):274–83. doi: 10.13189/eer.2023.110204.

Ferdushi, Kanis Fatama, Anton Abdulbasah Kamil, Mohammad Nayeem Hasan, and Tanjila Islam. 2020. “Factors Associated with Coronary Heart Disease among Elderly People in Different Communities.” *Statistics for Data Science and Policy Analysis* 207–19. doi: 10.1007/978-981-15-1735-8\_16.

Garcia-Williams, Amanda G., Lauren Moffitt, and Nadine J. Kaslow. 2014. “Mental Health and Suicidal Behavior among Graduate Students.” *Academic Psychiatry : The Journal of the American Association of Directors of Psychiatric Residency Training and the Association for Academic Psychiatry* 38(5):554–60. doi: 10.1007/S40596-014-0041-Y.

Gould, Madelyn S., Alison M. Lake, Jimmie Lou Munfakh, Hanga Galfalvy, Marjorie Kleinman, Caitlin Williams, Andrew Glass, and Richard McKeon. 2016. “Helping Callers to the National Suicide Prevention Lifeline Who Are at Imminent Risk of Suicide: Evaluation of Caller Risk Profiles and Interventions Implemented.” *Suicide & Life-Threatening Behavior* 46(2):172–90. doi: 10.1111/SLTB.12182.

Handley, Tonelle E., Kerry J. Inder, Frances J. Kay-Lambkin, Helen J. Stain, Michael Fitzgerald, Terry J. Lewin, John R. Attia, and Brian J. Kelly. 2012. “Contributors to Suicidality in Rural Communities: Beyond the Effects of Depression.” *BMC Psychiatry* 12(1):1–10. doi: 10.1186/1471-244X-12-105/TABLES/2.

Hasan, M. N. 2020. “Factors Associated with Attrition of Girls Students from School in Bangladesh.” *Journal of Scientific Research* 12(1):29–38. doi: 10.3329/jsr.v12i1.41579.

Hasan, Mohammad Nayeem, Md Rashed Babu, Muhammad Abdul Baker Chowdhury, Mohammad Meshbahur Rahman, Nafiul Hasan, Russell Kabir, and Md Jamal Uddin. 2023. “Early Childhood Developmental Status and Its Associated Factors in Bangladesh: A Comparison of Two Consecutive Nationally Representative Surveys.” *BMC Public Health* 23(1):1–13. doi: 10.1186/S12889-023-15617-8/TABLES/4.

Hasan, Mohammad Nayeem, ArunSundar MohanaSundaram, Prosun Bhattacharya, and Md. Aminul Islam. 2023. “Exploring the Relationship between the Global Health Security Index and Monkeypox: An Analysis of Preparedness and Response Capacities.” *International Journal of Surgery: Global Health* 6(4). doi: 10.1097/GH9.0000000000000229.

Hasan, Mohammad Nayeem, Sumi Tambuly, Kaniz Fatema Trisha, Md Ashiqul Haque, Muhammad Abdul Baker Chowdhury, and Md Jamal Uddin. 2022. “Knowledge of HIV/AIDS among Married Women in Bangladesh: Analysis of Three Consecutive Multiple Indicator Cluster Surveys (MICS).” *AIDS Research and Therapy* 19(1):1–10. doi: 10.1186/S12981-022-00495-8/TABLES/3.

Islam, Md Aminul, Mohammad Nayeem Hasan, Tanvir Ahammed, Aniqua Anjum, Ananya Majumder, M. Noor E. Alam Siddiqui, Sanjoy Kumar Mukharjee, Khandokar Fahmida Sultana, Sabrin Sultana, Md Jakariya, Prosun Bhattacharya, Samuel Asumadu Sarkodie, Kuldeep Dhama, Jubayer Mumin, and Firoz Ahmed. 2022. “Association of Household Fuel with Acute Respiratory Infection (ARI) under-Five Years Children in Bangladesh.” *Frontiers in Public Health* 10:985445. doi: 10.3389/FPUBH.2022.985445/BIBTEX.

Li, Ying, Yafei Li, and Jia Cao. 2012. “Factors Associated with Suicidal Behaviors in Mainland China: A Meta-Analysis.” *BMC Public Health* 12(1):1–13. doi: 10.1186/1471-2458-12-524/FIGURES/6.

Lorant, Vincent, Anton E. Kunst, Martijn Huisman, Giuseppe Costa, and Johan Mackenbach. 2005. “Socio-Economic Inequalities in Suicide: A European Comparative Study.” *The British Journal of Psychiatry : The Journal of Mental Science* 187(JULY):49–54. doi: 10.1192/BJP.187.1.49.

Mars, Becky, Jon Heron, Catherine Crane, Keith Hawton, Judi Kidger, Glyn Lewis, John Macleod, Kate Tilling, and David Gunnell. 2014. “Differences in Risk Factors for Self-Harm with and without Suicidal Intent: Findings from the ALSPAC Cohort.” *Journal of Affective Disorders* 168:407–14. doi: 10.1016/J.JAD.2014.07.009.

Mashreky, Saidur Rahman, Fazlur Rahman, and Aminur Rahman. 2013. “Suicide Kills More than 10,000 People Every Year in Bangladesh.” *Archives of Suicide Research : Official Journal of the International Academy for Suicide Research* 17(4):387–96. doi: 10.1080/13811118.2013.801809.

Mergl, Roland, Nicole Koburger, Katherina Heinrichs, András Székely, Mónika Ditta Tóth, James Coyne, Sónia Quintão, Ella Arensman, Claire Coffey, Margaret Maxwell, Airi Värnik, Chantal Van Audenhove, David McDaid, Marco Sarchiapone, Armin Schmidtke, Axel Genz, Ricardo Gusmão, and Ulrich Hegerl. 2015. “What Are Reasons for the Large Gender Differences in the Lethality of Suicidal Acts? An Epidemiological Analysis in Four European Countries.” *PloS One* 10(7). doi: 10.1371/JOURNAL.PONE.0129062.

Miret, Marta, Francisco Félix Caballero, Raúl Huerta-Ramírez, María Victoria Moneta, Beatriz Olaya, Somnath Chatterji, Josep Maria Haro, and José Luis Ayuso-Mateos. 2014. “Factors Associated with Suicidal Ideation and Attempts in Spain for Different Age Groups. Prevalence before and after the Onset of the Economic Crisis.” *Journal of Affective Disorders* 163:1–9. doi: 10.1016/J.JAD.2014.03.045.

Nazmul Karim, Md, Md Golam Rabbani, and Md Shah Alam. 2013. “Risk Factors of Suicide and Para Suicide in Rural Bangladesh.” *Article in Bangladesh Journal of Medicine*. doi: 10.3329/bjmed.v24i1.15030.

O’Brien, Betsy S., and Leo Sher. 2013. “Child Sexual Abuse and the Pathophysiology of Suicide in Adolescents and Adults.” *International Journal of Adolescent Medicine and Health* 25(3):201–5. doi: 10.1515/IJAMH-2013-0053.

Pervin, Mst Maleka, and Nafiza Ferdowshi. 2016. “Suicidal Ideation in Relation to Depression, Loneliness and Hopelessness among University Students.” *Dhaka University Journal of Biological Sciences* 25(1):57–64. doi: 10.3329/DUJBS.V25I1.28495.

Rahman, Mohammad Meshbahur, Mohammad Hamiduzzaman, Mst Saleha Akter, Zaki Farhana, Mohammad Kamal Hossain, Mohammad Nayeem Hasan, and Md Nazrul Islam. 2021. “Frailty Indexed Classification of Bangladeshi Older Adults’ Physio-Psychosocial Health and Associated Risk Factors- a Cross-Sectional Survey Study.” *BMC Geriatrics* 21(1):1–10. doi: 10.1186/S12877-020-01970-5/TABLES/4.

Ramchand, Rajeev, Lisa Jaycox, Pat Ebener, Mary Lou Gilbert, Dionne Barnes-Proby, and Prodyumna Goutam. 2017. “Characteristics and Proximal Outcomes of Calls Made to Suicide Crisis Hotlines in California.” *Crisis* 38(1):26–35. doi: 10.1027/0227-5910/A000401.

Rhodes, Anne E., Hong Lu, and Robin Skinner. 2014. “Time Trends in Medically Serious Suicide-Related Behaviours in Boys and Girls.” *Canadian Journal of Psychiatry. Revue Canadienne de Psychiatrie* 59(10):556–60. doi: 10.1177/070674371405901009.

Sheikh, Mashhood A., Birgit Abelsen, and Jan A. Olsen. 2016. “Clarifying Associations between Childhood Adversity, Social Support, Behavioral Factors, and Mental Health, Health, and Well-Being in Adulthood: A Population-Based Study.” *Frontiers in Psychology* 7(MAY):189698. doi: 10.3389/FPSYG.2016.00727/BIBTEX.

Sheikh, Mashhood Ahmed. 2018. “Childhood Physical Maltreatment, Perceived Social Isolation, and Internalizing Symptoms: A Longitudinal, Three-Wave, Population-Based Study.” *European Child & Adolescent Psychiatry* 27(4):481–91. doi: 10.1007/S00787-017-1090-Z.

Till, Benedikt, Gernot Sonneck, Gerhard Baldauf, Elise Steiner, and Thomas Niederkrotenthaler. 2013. “Reasons to Love Life. Effects of a Suicide-Awareness Campaign on the Utilization of a Telephone Emergency Line in Austria.” *Crisis* 34(6):382–89. doi: 10.1027/0227-5910/A000212.

WHO. 2019. “Suicide.” Retrieved January 15, 2024 (https://www.who.int/news-room/fact-sheets/detail/suicide).

World Health Organization. 2014. “Preventing Suicide: A Global Imperative.” *CMAJ : Canadian Medical Association Journal = Journal de l’Association Medicale Canadienne* 143(7):609–10.

Yasir Arafat, S. M. 2018. “Current Challenges of Suicide and Future Directions of Management in Bangladesh: A Systematic Review.” *Global Psychiatry* 2(1):09–20. doi: 10.2478/GP-2019-0001.