REPORT

ON

AN IN-DEPTH CASE STUDY ON HIGH RATE OF SUICIDE IN SHAILAKUPA AND HARINAKUNDU UPAZILAS OF JHENIDAH DISTRICT

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Conducted By

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FOUNDATION FOR RESEARCH AND DEVELOPMENT
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Chapter-I

REPORT
ON

An In-depth case study on high rate of suicide in Shailakupa and Harinakundu Upazilas of Jhenidah District

Introduction: Suicide is a silent killer in the modern society of ours. The World Health Organization (WHO) noted that over one million people commit suicide every year, and that is one of the leading causes of death among teenagers and adult under 35. There is an estimated 10 to 20 million non-fatal attempted suicides every year worldwide. According to official statistics, about one million people die by suicide annually, more than those murdered or killed in war. Most suicides in the world occur in Asia, which is estimated to account for up to 60% of all suicides.

Social scientists have defined suicide in different ways with classification. It has been defined as "any death which is the immediate or eventual result of a positive or negative act accomplished by the victim himself." Suicide is applied to all cases of death resulting directly or indirectly from positive or negative act of the victims, which he or she knows well, will produce result of death. Suicide may be Altruistic, Anomic, Egoistic and broad bases causes as defined are Social Causes and Extra Social Causes.

Death is inevitable but unnatural death is not desirable. It does not come within the purview of the human social acceptance. Since suicide is unnatural death, it is

undesirable and unacceptable. In most of the religions suicide is considered a sin. Life is a gift given by God which should not be spurned, and that suicide is against the 'natural order' and thus interferes with God's master plan for the world. It is treated as a sign of disbelief in God. State laws and religion as well as social sanctions stand against suicide. Still suicide is recognized as a dominant factor of unnatural death in human society. Question is why suicide takes place very often and what ultimate does suicide mean.

Suicide may occur for a number of reasons, including depression, shame, guilt, desperation, physical pain, emotional pressure, anxiety, financial difficulties or other undesirable situations. The predominant view of modern medicine is that suicide is a mental health concern, associated with psychological factors such as the difficulty of coping with depression, inescapable suffering or fear, or other mental disorders and pressure.

Durkhiem insisted that there was no other phenomenon as contagious as suicide. Is it a result of imitation? Is suicide legally permitted? What are the legal and religious sanctions relating to suicide? Are people aware of those? Could awareness contain this unwanted demise? These are the questions needed to be answered for minimizing the rate of suicide in the region as well as in the country. There have been some works on the suicide phenomenon in the country but none had done in-depth investigation and explore remedial measures to check or at least reduce the unnatural deaths.

Objectives:

i) To find out the causes (social, extra-social and intrinsic) of high rates of suicide having special background (if any);
ii) To find out social and economic impact on the families of the victims;
iii) To assess the degree of act of prevention by social, religion and legal sanctions against suicide;
iv) To find out anthropological background of the people;
v) To find out degree of awareness of the sanctions among the people;
vi) To determine age-group, gender and financial factors in suicide;
vii) To find out the factors relating to gender, occupation, education, marriage in committing suicide;
viii) To find out the modes of suicide;
ix) To find out prevalence of awareness campaign against suicide;
x) To find out means and ways how to build awareness among people against suicide.
xi) To assess the role of the law enforcing agencies in suicide;

xii) To recommend measures to be taken for preventing or containing the high rate of suicide.

Rationale: In Bangladesh, it is reported that, the trend of suicide is much sharper at Shilakupa and Harinakundu Upazila in the district of Jhenidah than that of other districts. To ascertain the causes and the related phenomena of suicide at Shailakupa and Harinakundu Upazila in the district of Jhenidah this case study has been undertaken by the Foundation for Research and Development (FRD) and Prime University. Primarily the survey has been done on 202 families by supplying questionnaire where the said tragic occurrences occurred.

According to a study incidence of suicide-associated death over the 20-year period in Bangladesh was 15 per 100,000 populations per year. As per the data, nearly 20,000 deaths occurs in the country due to suicide. As per ratio, Shailkupa and Harinakundu having about 06 lakh people, the number of suicide-related death should be approximately 90. But in reality, the number of suicide death in the two upazilas is about 600 a year which is astonishing and abnormal on all accounts.

An untimely death, especially a death by suicide cast a very disastrous effect on the family members of which commit suicide. Suicide is socially hated, religiously prohibited and economically fatal for a family. Despite all these negative effect, people commit suicide. But Why? To have an attempt to answer to this, the present study has been under taken.

Methodology: The study has been processed through collection of secondary data i.e. list of basic information of the victims committing suicide/attempt to suicide from respective upazila hospitals, police stations, union parishad offices and local family sources. The trained data collector were engaged to collect the data. A list of 1466 cases was procured from the sources as mentioned above. In total 202 cases of the victims (102 from Sailakupa and 100 from Harinakundu) were selected following the principle of random sample method from the list of 1466 for in-depth case study in order to find out the actual causes of suicide on the basis of set questionnaire. The questionnaires were prepared having a look on wide range of personal information such as age, matrimonial status, profession, religion, education, health, economic background, social status of the family, nature and characteristics of family, influence of religious teachings, personality traits, past incidences of suicide in the family, means modes adopted for committing society, broad bases causes etc. of the victims committed suicide/attempted to commits suicide. The case study in house to house was conducted by a group of trained data

collectors. The data so collected got cross checked in order to confirm authenticity and correctness. The findings have been presented in tabulation from in chapter 2-5.

Management and Supervision: The entire process of study got close supervision and guidance from a group of experts consisting of:

(i) M. Moniruzzaman, Rtd. Secretary to the Government of the People's Republic of Bangladesh.
(ii) M. Manjurul Alam, Former Ambassador and Chairman of FRD
(iii) Mir Shahabuddin, Rtd. Joint Secretary to the Government of the People's Republic of Bangladesh and Pro-Vice Chancellor, Prime University
(iv) M. Nazrul Islam, Senior Journalist.
(v) M. Tobarak Hossain, Principal, Jhenidah City College.
(vi) A.Z.M Nasimuzzaman, Rtd. Deputy Secretary, Government of the People's Republic of Bangladesh and Deputy Registrar, Prime University.
(vii) M. Enamul Kaibr, Executive Director, Prova Society, Jhenidah.

Chapter-2

Presentation of case studies with findings on the victims of Shailakupa Upazila

Table: 2.1
Status by age of the casualties of suicide:

Number of cases	18 yrs below	18 to 25 yrs	26 to 40 yrs	41 to 60 yrs	61 yrs and above	Total %
1	2	3	4	5	6	7
52	26 (50%)	25 (48.07%)	1 (1.93%)	0 (0%)	0 (0%)	100%

Table 2.1 gives an idea about the age distribution of the victims. It is seen from the data that, the age below 18 years is very vulnerable to committing suicide (50%). Age below 25 years is almost same. If age groups below 18 years and 25 years are taken together it would be seen that these age groups are very vulnerable to committing to suicide (98.07%). But within the age group of 26 years to 40 years it is reduced to 1.93%, and after that no case of suicide was detected. It is evident form the above data that the tendency of committing suicide is alarmingly high in teenagers and youths.

Table: 2.2
Status of the casualties by marriage

Total Number of Cases	Married	Unmarried	Total %
1	2	3	4
52	35 (67.30%)	17 (32.70%)	100%

In table no. 2.2 it is indicated that suicide rate is higher in the married persons than that of unmarried. It is 67.30% in case of married persons against 32.70% in case of unmarried persons.

Table: 2.3
Status of the casualties by profession

Total Number of Cases	Agriculture	Business	Service	Small traders	House wife	Day laborer	Student	Jobless	others	Total %
1	2	3	4	5	6	7	8	9	10	11
52	2 (3.84%)	2 (3.84%)	0 (0%)	7 (13.76 %)	16 (30.76 %)	12 (23.10 %)	13 (25%)	0 (0%)	0 (0%)	

Table 2.3 shows the casualties in respect of their profession. Out of 52 cases only 3.84% is found committed suicide belong to farmer and businessman; whereas it is 13.45% in case of small traders, 25% from students, 23.10% from day laborers and

30.10% from housewives. It indicates that the highest number of death occurs from the housewives in comparison to others.

Table: 2.4
Status of the casualties by religion

Total Number of Cases	Islam	Hindu	Christian	Buddhist	Atheist	Other	Total %
1	2	3	4	5	6	7	8
52	47 (90.38%)	5 (9.62%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	100%

Table 2.4 shows the distribution of persons committed suicide in respect of religion. Naturally, the percentage form the Muslim community is higher (90.38%) who have committed suicide as the inhabitants of the area brought under survey are mostly from the Muslim community.

Table: 2.5
Status of the casualties by Education Standard

Total Number of Cases	Illiterate	1-5 Standard	6-10 Standard	SSC/ Equivalent	HSC/ Equivalent	Graduation/ Equivalent	Post Graduate/ Equivalent	Total %
1	2	3	4	5	6	7	8	9
52	9(17.30%)	9 (17.30%)	34 (65.40%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	100%

Table 2.5 indicates the educational background of the victims. The victims were categorized in post graduation, graduation, HSC equivalent, SSC equivalent, 6-10 standard, 1-5 standard and illiterate status. Persons with 6-10 standard occupy the highest percentage i.e., 65.40%, where as it is nil in case of SSC pass and above. Persons with 1-5 standard education and with no education occupy the equal percentage (17.30%)

Table: 2.6
Health Condition

Total Number of Cases	Sound health	Minor diseases	Major disease	Mental illness	Other	Total %
1	2	3	4	5	6	7
52	48(92.28%)	1 (1.93%)	1 (1.93%)	1 (1.93%)	1 (1.93%)	100%

Table 2.6 gives an idea about the health condition of the victims. It is clear from the table that the persons who possessed sound health cover 92.28% of the total occurrence.

Table: 2.7
Economic Background of families

Total Number of Cases	Rich	Middle Class	Poor	Very Poor	Total %
1	2	3	4	5	6

52	2(3.85%)	43 (82.69%)	6 (11.53%)	1 (1.93%)	100%

The rate of suicide is prominent in the middle class people. It is 82.69% in the middle class community whereas in rich it is 3.85%, in poor 11.53% and very poor it is 1.93%. The Table 2.7 indicates that poverty is not the major cause of suicide.

Table: 2.8
Status in the Family

Total Number of Cases	Head of the Family	Dependent	Total %
1	2	3	4
52	1 (1.93%)	51 (98.07%)	100%

It is found from the survey that in family the dependents are vulnerable to the tendency of committing suicide. It is reflected in table 2.8.

The table shows that 98.07% of the victims are from the dependents. Only 1.93% is from head of the family.

Table: 2.9
Nature of Families

Total Number of Cases	Joint Family	Single Family	Total %
1	2	3	4
52	1 (1.93%)	51 (98.07%)	100%

Table 2.9 shows the nature of families from where the victims committed suicide. It is found from the survey that 98.07% cases of suicide occurred where the victims belong to the single family whereas it is only 1.93% in case of joint family.

Table: 2.10
Characteristics of Family

Total Number of Cases	Origin	Long back Migration	Recent habitation	Habitation by marriage	Habitation by otherwise	Total %
1	2	3	4	5	6	7
52	50 (96.15%)	2 (3.85%)	0 (0%)	0 (0%)	0 (0%)	100%

In the table 2.10 it is found that 96.15% of the suicide case occurred in the families who have original root in the locality and 3.85% in from long back migrated people. It is nil in case of recent habitation, habitation by marriage and habitation by otherwise.

Table: 2.11
Influence of Religion

Total Number of Cases	Strong influence	Moderate influence	No influence	Total %
1	2	3	4	5
52	0 (0%)	38 (73.07%)	14 (26.93%)	100%

Table 2.11 shows 73.07% of the victims had moderate influence of religion, whereas 26.93% of victims had no influence. The persons with strong influence by religion did not commit suicide.

Table: 2.12
Social Status of the Family

Total Number of Cases	High status family	Ordinary family	Educated family	Illiterate family	Total %
1	2	3	4	5	6
52	0(0%)	43 (82.7%)	0 (0%)	9(17.3%)	100%

A major difference is visible among the victims in respect of their family status. Suicide is predominant in ordinary and illiterate families. It is 82.7% and 17.3% respectively whereas it is nil in high status and educated families. This information has been depicted in table 2.12.

Table: 2.13
Gender Status

Total Number of Cases	Male	Female	Total %
1	2	3	4
52	17 (32.7%)	35 (67.3%)	100%

Table 2.13 shows the gender distribution of the victims. It is female who are the highest (67.3%) in committing suicide than male (32.7%).

Table: 2.14
Knowledge of Suicide as a Criminal Offence

Total Number of Cases	Used to know	Did not know	Can not say	Total %
1	2	3	4	5
52	11 (21%)	2 (4%)	39 (75%)	100%

Table 2.14 looks into extent of knowledge of suicide as a criminal offence. From the study it is very clear that ignorance about the knowledge of suicide as a criminal offence is higher. 39 out 52 interviewed families could not say that suicide is a crime. But 11 (21%) responded that the victim used to know that suicide is a criminal offence.

Table: 2.15
Knowledge of Suicide as a Great Sin

Total Number of Cases	Used to know	Not known	Can not say	Total %
1	2	3	4	5
52	21 (41%)	1 (1.93%)	30 (57.7%)	100%

Table 2.15 also shows the knowledge of the interviewed families about suicide as a great sin. From the study it is very clear that ignorance about the knowledge of suicide

as a great sin is higher. 30 out 52 interviewed families could not say that suicide is a great sin.

Table: 2.16
Means modes of Suicide

Total Number of Cases	Taking poison	Shooting by fire arms	Hanging	Jumping in front of speedy vehicle	Jumping from very high	Jumping on deep water taking non swimming advantage	Heavy doses of sleeping pill	Causing serious injury on vital part of the body	Other means	Total %
1	2	3	4	5	6	7	8	9	10	11
52	39 (75.01%)	0 (0%)	6 (11.53%)	7 (13.76%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	100%

During the study it was fond that most of the cases of suicide were committed by taking poison. Table 2.16 shows that 75% percent of the suicide cases committed by taking poison whereas 13.46% by jumping in front of speedy vehicle and 11.53% by hanging. Easy availability of poison may be the high rate.

Table: 2.17
Causes of Suicide

Total Number of Cases	Incurable diseases	Acute financial in solvency	Heavy debt pressure	Failure in business	Ghostic fear	Mental diseases	Failure in love affair
1	2	3	4	5	6	7	8
52	0 (0%)	7 (13.35%)	0 (0%)	0 (0%)	0 (0%)	1 (1.93%)	11 (21%)

Acute discord of relationship between husband and wife	Un success in public exams	Student lost of self possession	Rape	Extreme offended state of mind to parent/elders	Job less	Cause Unknown	Total %
9	10	11	12	13	14	15	16
5 (10%)	1 (1.93%)	1 (1.93%)	0 (0%)	1 (1.93%)	1 (1.93%)	24 (46%)	100%

Table 2.17 shows that highest number (21% percent) of the suicides were committed due to failure in love. The second highest is acute financial insolvency (13.35%) and that is followed by acute discord of relationship between husband and wife (10%). Other causes such as mental disease, failure in public exams, sudden loss of self possession, extreme offended state of mind to parents/elders and unemployment is occupying 1.93% each of the total suicidal cases. 46% of the cases cause of suicide could not be detected.

Table: 2.18
Social Influence

Total Number of Cases	Social hatred	Unwilling to marriage	If victim is husband hatred to wife	No influence	Total %
1	2	3	4	5	6
52	3(6%)	0 (0%	0 (0%)	49 (94%)	100%

In the table 2.18 it is portrayed that 94% of the total suicidal cases had no social influence whereas 6% had social hatred.

Table: 2.19
Time range of suicide cases

Total number of cases	Year	No. of cases by year wise	Month	No. of cases by month wise	Time range		Total %
					Fore noon	After noon	
52	2004	13 (25%)	January	8 (15.38%)	8 (15.38%)	44 (84.62%)	100%
	2005	17 (32.70%)	February	6 (11.53%)			
	2006	20 (42.30 %)	March	22 (42.30%)			
			April	5 (9.61%)			
			May	2 (3.84%)			
			June	4 (7.69%)			
			July	4 (7.69%)			
			August	2 (3.84%)			
			September	0 (0%)			
			October	2 (3.84%)			
			November	3 (5.76%)			
			December	2 (3.84%)			

The table 2.19 presented that highest number of suicide cases happened in March (about 42%). While the lowest was in September (0%). About time range it is observed that highest number of suicide took place in the afternoon. i.e., between 1 pm to 12 pm (84.62%).

Table: 2.20
Social contact program for building up morale of the people against suicide

Total number of Cases	Done	Not done	May be but not known	Total%
1	2	3	4	5
52	0 (0%)	52 (100%)	0 (0%)	100%

It is interesting that no social contact program for building up morale o the people against suicide was conducted in the surveyed area. The fact is depicted in table no. 2.20. Out 52 families brought under survey, not a single family was contacted over the issue by any government of non-government organizations to build up morale against suicide.

Table: 2.21
Consequence of suicide in the family
A) Financial:

Total	Heavy	Moderate	Edn.	Income	Family income	No	Total%

Number of Cases	financial crisis	crisis	Suspended for financial reason	source hampered	reduced (yearly by Tk.....)	influence	
1	2	3	4	5	6	7	8
52	0 (0%)	0 (0%)	0 (0%)	1 (2%)	0 (0%)	51 (98%)	100%

Another most amazing experience was found during survey that in only 2% of the victim's family have faced financial crisis due to suicide committed by their family members but 98% families did not suffer any financial crisis due to suicide in the family. It is shown in the table no. 2.21.

B) Social

Total Number of Cases	Established family fabric broken	Breaking point	No influence	Total %
1	2	3	4	5
52	0 (0%)	2 (4%)	50 (96%)	100%

Table 2.21 (B) shows that 4% of the victims' family reached in social breaking point. In fact, there was no markable social influence on victims' families due to suicide (96%).

Table: 2.22
Past incidence of suicide in the family

Total Number of Cases	No incidence	There are incidence	Basic information on past incidence cases									Total %
			If yes when (Year)	Sex	Religion	Age Group	Education	Profession	Means adopted	Cause quarry between spouse	Family condition	
1	2	3	4	5	6	7	8	9	10	11	12	13
52	44 (84.62%)	8 (15.38%)	1992	Female	Islam	16-25	Illiterate	House Wife			Moderately solvent	100%
			Not known	Female	Islam	26-40	Illiterate	House Wife			Moderately solvent	
			1991	Female	Hindu	26-40	Illiterate	House Wife			Moderately solvent	
			1991	Male	Hindu-I Islam-2	26-40	Illiterate	Agriculture			Moderately solvent	
			1991	Male	Hindu		Illiterate	Agriculture			Poor	

The case study shows that in most of family case (84.62%) there was no previous or past incidence of suicide while in 15.38% family cases there were past incidences of suicide.

Table: 2.23
Personality Traits

Total Number of Cases	Extrovert	Introvert	Normal	Total %
1	2	3	4	5
52	12 (23%)	29 (56%)	11 (21%)	100%

Regarding personality traits of the victims' main response came out as introvert (56%). It was 12% as extrovert and 21% as normal.

Chapter-3

Presentation of case study with findings on the victims attempt to suicide under Shailakupa Upazila

Table: 3.1
Status by Age

Total Number of Cases	18 yrs below	18 to 25 yrs	26 to 40 yrs	41 to 60 yrs	61 yrs and above	Total %
1	2	3	4	5	6	7
50	1 (2%)	30 (60%)	17 (34%)	2 (4%)	0 (0%)	100%

Table 3.1 gives a picture about the age distribution of the victims who attempted to commit suicide. It is seen from the data that, the age between 18 to 25 years is very vulnerable to committing suicide. The percentage of the attempt to commit suicide at the age between 18 to 25 years is 60% and 26 to 40 years it is 34%. But within the age group of 41 to 60 years it is reduced to 4%, and after that no case is found.

Table: 3.2
Status by marriage/Matrimonial Status

Total Number of Cases	Married	Unmarried	Total
1	2	3	4
50	32 (64%)	18 (36%)	100%

In table no. 3.2 it is observed that suicidal attempt rate is higher in the married person than that of unmarried. It is 64% in case of married persons against 36% in case of unmarried persons.

Table: 3.3
Status by profession

Total Number of Cases	Agriculture	Business	Service	Small traders	House wife	Day laborer	Student	Jobless	others	Total %
1	2	3	4	5	6	7	8	9	10	11
50	(4%)	1 (2%)	0 (0%)	10 (20%)	18 (36%)	4 (8%)	0 (0%)	12 (24%)	3 (6%)	100 %

Table 3.3 shows the attempt to commit suicide cases in respect of their profession. Out of 50 cases 36% is found attempted to commit suicide from house wives, it is 2% in case of businessman; whereas it is 20% in case of small traders, 24% from jobless, 8% from day laborers, 4% from agriculture and 6% from others. It indicates that the highest number of attempted case of suicide occurs among house wives in comparison to others.

Table: 3.4
Status by religion

Total Number of Cases	Islam	Hindu	Christian	Buddhist	Atheist	Other	Total %
1	2	3	4	5	6	7	8
50	47 (94%)	3 (6%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	100%

Table 3.4 shows the distribution of persons attempted to commit suicide in respect of religion. Naturally, the percentage from the Muslim community is higher (94%) who have attempted to commit suicide as the inhabitants of the area brought under survery ae mostly from the Muslim community.

Table: 3.5
Status by Education Standard

Total Number of Cases	Illiterate	1-5 Standard	6-10 Standard	SSC/ Equivalent	HSC/ Equivalent	Graduation/ Equivalent	Post Graduate/ Equivalent	Total %
1	2	3	4	5	6	7	8	9
50	18(36%)	16 (32%)	16 (32%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	100%

Table 3.5 indicates the educational background of the persons who had tried to commit suicide. They were categorized in post graduation, graduation HSC equivalent, SSC equivalent, 6-10 standard, 1-5 standard and illiterate status. Persons from illiterate category occupy the highest percentage i.e., 36%, in 1-5 and 6-10 standard it is 32% where as it is nil in case of SSC pass and above.

Table: 3.6
Health Condition

Total Number of Cases	Sound health	Minor diseases	Major disease	Mental illness	Other	Total %
1	2	3	4	5	6	7
50	44(88%)	6 (12%)	0 (0%)	0 (0%)	0 (0%)	100%

Table 3.6 gives a picture about the health condition of the persons who tried to commit suicide. It is clear from the table that the persons who possess sound health attempted to commit suicide which covers 88% of the total occurrences in the survey area. Only 12% had minor diseases.

Table: 3.7
Economic Background of families

Total Number of Cases	Rich	Middle Class	Poor	Very Poor	Total %
1	2	3	4	5	6
50	1(2%)	45 (90%)	2 (4%)	2 (4%)	100%

The rate of attempt to commit suicide is prominent in the middle class people. It is 90% in the middle class community whereas in rich it is 2%, in poor 4% and very poor it is 4%. The Table 3.7 indicates that poverty is not the major cause of suicide. It is something which is not related with poverty.

Table: 3.8
Status in the Family

Total Number of Cases	Head of the Family	Dependent	Total %
1	2	3	4
50	8 (16%)	42 (84%)	100%

It is found from the survey that in family the dependents are vulnerable to the tendency of committing suicide. It is reflected in table 3.8.

Table 3.8 shows that 84% of the victims are form the dependents. Only 16% is from head of the family.

Table: 3.9
Nature of Family

Total Number of Cases	Joint Family	Single Family	Total %
1	2	3	4
50	4 (8%)	46 (92%)	100%

Table 3.9 shows the nature of families from where the victims attempted to commit suicide. It is found from the survey that 92% cases of suicide occurred where the victims belong to the single family whereas it is only 8% in case of joint family.

Table: 3.10
Characteristics of Family

Total Number of Cases	Native/Origin	Long back Migration	Recent habitation	Habitation by marriage	Habitation by otherwise	Total %
1	2	3	4	5	6	7
50	42 (84%)	0 (0%)	0 (0%)	8 (16%)	0 (0%)	100%

In the table 3.10 it is found that 84% of the suicidal attempt case occurred in the families who are native and 16% is from habitation by marriage. It is nil in case of recent habitation, long back migration and habitation by otherwise.

Table: 3.11
Social Status of the Family

Total Number of Cases	High status family	Ordinary family	Educated family	Illiterate family	Total %
1	2	3	4	5	6
52	0(0%)	45 (90%)	0 (0%)	5(10%)	100%

A major difference is visible among the cases of attempt to suicide in respect of their family status. Attempt to suicide is predominant in ordinary families. It is 90% ordinary families and it is 10% in illiterate families, whereas it is nil in high status and educated families of the studied area.

Table: 3.12
Influence of Religious teachings in the family

Total Number of Cases	Strong influence	Moderate influence	No influence	Total %
1	2	3	4	5
50	0 (0%)	41 (82%)	9 (18%)	100%

Table 3.12 shows 782% of the attempt to suicide cases had moderate influence of religion, whereas 18% of victims had no influence. The persons with strong influence by religion did not attempt to commit suicide.

Table: 3.13
Personality Traits

Total Number of Cases	Extrovert	Introvert	Normal	Total %
1	2	3	4	5
52	9 (18%)	30 (60%)	11 (22%)	100%

Regarding personality traits major response was found as introvert (60%). It was 18% as extrovert and 22% as normal.

Table: 3.14
Past incidence of suicide in the family

Total Number of Cases	Incidence is there	No incidence	If yes when (Year)	Sex	Religion	Age Group	Education	Professions	Means adopted	Cause quarry between spouse	Family Condition	Total %
1	2	3	4	5	6	7	8	9	10	11	12	13
50	3 (6%)	47 (94%)	1991	Male	Islam-1	26-40	Primary	Business-1	Poison	Financial Crisis	Poor	100 %
			1996	Male	Hindu-1	26-40	Primary	Day Lab.-1	Poison	Financial Crisis	Very Poor	
			1998	Male	Islam-1	25 yrs	Primary	Hanging	Poison	Financial Crisis	Very Poor	

Table 3.14 shows that in 94% cases there was no past incidence of suicide, only 6% had past incidence.

Table: 3.15
Social impact on the family

Total Number of Cases	No	Yes	Total %
1	2	3	4
50	50 (100%)	0 (0%)	100%

Table 3.15 shows that there is no social impact on the family for suicide.

Table: 3.16
Financial Impact

Total Number of Cases	No	Yes	Total %
1	2	3	4
50	50 (100%)	0 (0%)	100%

Table 3.16 shows that there is no financial impact on the family for suicide.

Table: 3.17
Knowledge of Suicide as a Criminal Offence

Total Number of Cases	Used to know	Did not know	Can not say	Total %
1	2	3	4	5
50	11 (22%)	39 (78%)	0 (0%)	100%

Table 3.17 shows the knowledge of suicide as a criminal offence. From the study it observed that major number of respondents did not know that suicide is a criminal offence (78%). It 22% who used to know that suicide is a criminal offence.

Table: 3.18
Knowledge of Suicide as a Great Sin

Total Number of Cases	Used to know	Did not known	Total %
1	2	3	5
50	47 (94%)	3 (6%)	100%

Table 3.18 shows the knowledge of the respondents about suicide as a great sin. From the study it is found that the knowledge of suicide as a great sin is 94%, as 6% of the respondents did not know that suicide is a great sin.

Table: 3.19
Attempt to suicide is a criminal offence (knowledge of family)

Total Number of Cases	Used to know	Did not known	Total %
1	2	3	5
50	4 (8%)	46 (92%)	100%

Table 3.19 shows the knowledge of the interviewed families about attempt to commit suicide as a criminal offence. From the study it is very clear that ignorance about the knowledge of committing suicide as a criminal offences is 92%, where as 8% of the families used to know that attempt to commit suicide is a criminal offence.

Table: 3.20
Means modes of Suicide

Total Number of Cases	Taking poison	Shooting by fire arms	Hanging	Jumping in front of speedy vehicle	Jumping from very high	Jumping on deep water taking non swimming advantage	Heavy doses of sleeping pill	Causing serious injury on vital part of the body	Other means	Total %
1	2	3	4	5	6	7	8	9	10	11
50	37 (74.%)	0 (0%)	6 (12.%)	7 (14.%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	100%

Table 3.20 shows that most of the suicide cases (74%) were done by means of taking poison whereas jumping is 14% and hanging is 12%.

Table: 3.21
Time range of suicide cases

Total number of cases	Year	No. of cases by year wise	Month	No. of cases by month	Time range		Total %
					Fore noon	After noon	
50	2004	1 (2%)	January	13 (26%)	10 (20%)	40 (80%)	100%
	2005	7 (14%)	February	8 (16%)			
	2006	16 (32 %)	March	8 (16%)			
	2007	17 (34%)	April	3 (6%)			
	2008	9 (18%)	May	3 (6%)			
	2009		June	2 (4%)			
			July	1 (2%)			
			August	0 (0%)			
			September	0 (0%)			
			October	0 (0%)			
			November	13 (26%)			
			December	1 (2%)			

The table 3.21 shows that considering 2005-2009, 18% of the case occurred in 2009, 34% in 2008, 32% in 2007, 7% in 2006 and 2% in 2005 in which 26% cases occurred in January and November and the time is mostly at afternoon (80%).

Table: 3.22
Social Influence

Total Number of Cases	Social hatred	Unwilling to marriage	If victim is husband hatred to wife	No influence	Total %
1	2	3	4	5	6
52	3(6%)	0 (0%	0 (0%)	49 (94%)	100%

Table 3.22 shows that 94% had no social influence in suicide attempting, only 6% is for social hatred.

Table: 3.23
Causes of Attempting Suicide

Total Number of Cases	Incurable diseases	Acute financial in solvency	Heavy debt pressure	Failure in business	Ghostic fear	Mental diseases	Failure in love affair
1	2	3	4	5	6	7	8
50	1 (2%)	8 (16%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)

Acute discord of relationship between husband and wife	Un success in public exams	Student lost of self possession	Rape	Extreme offended state of mind to parent/elders	Job less	Cause Unknown	Total %
9	10	11	12	13	14	15	16
26 (52%)	4 (8%)	1 (2%)	0 (0%)	8 (16%)	1 (2%)	1 (2%)	100%

Table 3.23 shows that highest numbers (52% percent) of the attempt suicides were committed due to acute discord of relationship between husband and wife. The second highest is extreme offended state of mind to parents/elders (16%) and that is followed by unsuccessful in Exams and acute Financial insolvency (8%). Other causes such as unemployment and sudden loss of self possession are occupying 2% each of the total suicidal attempt cases. The causes of 2% attempt to commit suicide case could not be found out.

Table: 3.24
Whether social communication program has been taken to create awareness against suicide

Total Number of Cases	No	Yes	Total %
1	2	3	4
50	0 (0%)	50 (100%)	100%

Table 3.24 shows that no social communication program was taken by any government or private agency to create awareness against suicide. No steps were taken by any government or private agency to create awareness against suicide.

Table: 3.25
Attempt to suicide is a criminal offence in respect of Gender

Total Number of Cases	Male	Female	Total %
1	2	3	4
50	34 (68%)	16 (32%)	100%

Table 3.25 shows the knowledge about suicide as a criminal offence in respect of their sex. From the study it is evident that the knowledge of suicide as a criminal offence is 68% in male, where as it is 32% in female.

Chapter-4

Presentation of case study with findings on the Victims of suicide under Harinakundu Upazli

Table: 4.1
Gender Status

Total Number of Cases	Male	Female	Total %
1	2	3	4
50	15 (30%)	35 (70%)	100%

Table 4.1 shows the gender distribution of the victims in Harinakundu Upazila. In table 4.1 it is found that 70% suicidal case is from female. It is 30% in the case of male.

Table: 4.2
Age Group

Total Number of Cases	18 yrs below	18 to 25 yrs	26 to 40 yrs	41 to 60 yrs	61 yrs and above	Total %
1	2	3	4	5	6	7
50	1 (0%)	26 (52%)	20 (40%)	2 (4%)	2 (4%)	100%

Table 4.2 gives an idea about the age distribution of the victims in Harinakundu Upazlia. It is seen from the data that, the age from 18 to 25 years is very vulnerable to committing suicide; it is 52%, whereas the percentage of suicide at the age below 18 years is 0%, within the age group of 26 years to 40 years it is 40%, after that up to 60 years and 61 years and above it is 4% each. The above data denote that the tendency of committing suicide is very high in youths.

Table: 4.3
Matrimonial Status

Total Number of Cases	Male	Female	Total %
1	2	3	4
50	46 (92%)	4(8%)	100%

In table no. 4.3 it is indicated that suicide rate is higher in the married person than that of unmarried. It is 92% in case of married persons against 8% in case of unmarried persons.

Table: 4.4
Occupation Status

Total Number of Cases	Agriculture	Business	Service	Small traders	Day laborer	Student	Domestic Worker	House wife	Jobless	others	Total %
1	2	3	4	5	6	7	8	9	10	11	12
50	12 (24%)	0 (0%)	0 (0%)	1 (2%)	1 (2%)	0 (0%)	0 (0%)	30 (60%)	1 (2%)	5 (10%)	100 %

Table 4.4 shows the casualties in respect of their profession. Out of 50 cases 24% is found committed suicide from farmers, 2% from small traders, 2% from day laborers and 60% from housewives. It indicates that the highest number of death occurs from the housewives.

Table: 4.5
Religious Status

Total Number of Cases	Islam	Hindu	Christian	Buddhist	Non believer	Other	Total %
1	2	3	4	5	6	7	8
50	49 (88%)	1 (2%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	100%

Table 4.5 shows that, in Harinakundu Upazila suicide rate are higher in the Muslim Community than that of other communities. It is 98% in Muslim Community and 2% in Hindu Community. The death toll. in other communities due to suicide is nil. Naturally, the percentage from the Muslim community is higher who have committed suicide as the inhabitants of the area brought under survey are mostly from the Muslim community.

Table: 4.6
Education Status

Total Number of Cases	Illiterate	1-5 Standard	6-10 Standard	SSC/ Equivalent	HSC/ Equivalent	Graduation/ Equivalent	Post Graduate/ Equivalent	Total %
1	2	3	4	5	6	7	8	9
50	16 (32%)	26 (52%)	6 (12%)	2 (4%)	0 (0%)	0 (0%)	0 (0%)	100%

Table 4.6 indicates the educational background of the victims. The victims were categorized in post graduation, graduation HSC equivalent, SSC equivalent, 6-10 standard, 1-5 standard and illiterate status. Persons with 1-5 standard education occupy the highest percentage i.e., 52%, where as it is nil in case of HSC pass and above. Persons with no education occupy 32%, 6-10 standard 12% and SSC pass 4%.

Table: 4.7
Health Condition

Total Number of Cases	Sound health	Minor diseases	Major disease	Mental illness	Other	Total %
1	2	3	4	5	6	7
50	44(88%)	3 (6%)	2 (4%)	1 (2%)	0 (0%)	100%

Table 4.7 gives an idea about the health condition victims. It is clear from the table that the persons who possess sound health committed suicide which covers 88% of the total occurrences in the survey area. On the other hand it is 6% in case persons who have minor illness, 4% with serious disease and 2% with mental diseases.

Table: 4.8
Financial Condition

Total Number of Cases	Rich	Middle Class	Poor	Very Poor	Total %
1	2	3	4	5	6
50	2(4%)	29 (58%)	17 (34%)	2 (4%)	100%

The rate of suicide is prominent in the middle class people. It is 58% in the middle class community whereas in rich it is 4%, in poor 34% and very poor it is 4%. The Table 4.8 indicates that poverty is not the major cause of suicide. It is something which is not related with poverty.

Table: 4.9
Status in the Family

Total Number of Cases	Head of the Family	Dependent	Total %
1	2	3	4
50	10 (20%)	40 (80%)	100%

It is found from the survey that in family the dependents are vulnerable to the tendency of committing suicide. It is reflected in table 4.9.

Table 4.9 shows that 80% of the victims are form the dependents whereas 20% are from head of the family.

Table: 4.10
Nature of Family

Total Number of Cases	Joint Family	Single Family	Total %
1	2	3	4
50	20 (40%)	30 (60%)	100%

Table 4.10 shows the nature of families from where the victims committed suicide. It is found from the survey that 60% cases of suicide occurred where the victims belong to the single family whereas it is 40% in case of joint family.

Table: 4.11
Characteristics of Family

Total Number of Cases	Native/Origin	Long back Migration	Recent habitation	Habitation by marriage	Habitation by otherwise	Total %
1	2	3	4	5	6	7
50	49 (98%)	1 (2%)	0 (0%)	0 (0%)	0 (0%)	100%

In the table 4.11 it is found that 98% of the suicide case occurred in the families who are native and 2% is from long back migrated people. It is nil in case of recent habitation, habitation by marriage and habitation by otherwise

Table: 4.12
Influence of Religious teachings in the family

Total Number of Cases	Strong influence	Moderate influence	No influence	Total %
1	2	3	4	5
50	5 (10%)	23 (46%)	22 (44%)	100%

Table 4.12 shows 46% of the victims had moderate influence of religion, whereas 44% of victims had no influence. 10% persons with strong influence by religion.

Table: 4.13
Social Status of the Family

Total Number of Cases	High status family	Ordinary family	Educated family	Illiterate family	Total %
1	2	3	4	5	6
50	0(0%)	31 (62%)	1 (2%)	18 (36%)	100%

A major difference is visible among the victims in respect of their family status. Suicide is predominant in ordinary and families in Harinakundu. It is 62% and 36% respectively whereas it is nil in high status and 2% in educated families of the studied area. This information has been depicted in table 4.13.

Table: 4.14
Personality Traits

Total Number of Cases	Extrovert	Introvert	Normal	Total %
1	2	3	4	5
50	12 (24%)	30 (60%)	8 (16%)	100%

Regarding personality traits of the victims major response came out as introvert (60%). It was 20% as extrovert and 16% as normal.

Table: 4.15
Past incidence of suicide in the family

Total Number of Cases	No incidence	If Yes in that case											
		Number	Religion	Education	Age Group	Occupation	Financial Condition	Means adopted	Cause	Social Implication if any	Period of Yr/Month	Time	Total %
1	2	3	4	5	6	7	8	9	10	11	12	13	14
50	46 (92%)	4(8%)	Islam	Primary	16-25	Day Labour-2	Poor-2	Hanging-2	Sudden lost of self possession -2	No.	1990-1 2005-1 1970-1 2002-1		100 %
				Illiterate	41-60	Agriculture-I	Solvent-2	Poison-2	Trusfration -I		Oct-I Jul-I Dec-I Nov-I		
				Illiterate	26-40	House Wife			Acute discord of relationship between husband & Wife		Oct-I Jul-I Dec-I Nov-I		

Table 4.15 shows that 92% had no past incidence of suicide in the family where as 8% had past incidence.

Table: 4.16
Suicide is a great sin

Total Number of Cases	Used to know	Did not known	Can not say	Total %
1	2	3	4	5
50	38 (76%)	6 (12%)	6 (12%)	100%

Table 4.16 shows the knowledge of the suicide as a great sin. From the study it is clear that 76 % used to know that suicide as a great sin and 6(12%) could not say that suicide is a great sin and the same number did not know that suicide is a great sin.

Table: 4.17
Committing suicide is a criminal offence

Total Number of Cases	Used to know	Not known	Can not say	Total %
1	2	3	4	5
50	6 (12%)	28 (56%)	16 (32%)	100%

Table 4.17 looks into extent of knowledge of suicide as a criminal offence. From the study it is very clear that ignorance about the knowledge of suicide is a criminal offence is higher. 16 out of 50 i.e., 32% could not say that suicide is a crime and 56% (28 out of 50) not known to the concept. Only 12% used to know that suicide is a criminal offence.

Table: 4.18
Means/modes adopted for Suicide

Total Number of Cases	By poison	Using fire arms	Hanging	Jumping in front of speedy vehicle	Jumping from very high	Jumping on deep water taking non swimming advantage	Heavy doses of sleeping pill	Causing serious injury on vital part of the body	Other means	Total %
1	2	3	4	5	6	7	8	9	10	11
50	40 (80%)	0 (0%)	10 (20%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	100 %

During the study it was found that most of the cases of suicide were committed by taking poison. Table 4.18 shows that 80% percent of the suicide cases were committed by taking poison whereas 20% by hanging. Easy availability of poison in rural areas may be the cause.

Table: 4.19
Causes of suicide

Total Number of Cases	Incurable diseases	Acute financial in solvency	Heavy debt pressure	Failure in business	Ghost fear	Mental diseases	Influence of soothsayer	Failure in love affair
1	2	3	4	5	6	7		8
50	1 (2%)	0 (0%)	1 (2%)	0 (0%)	0 (0%)	1 (2%)	0 (0%)	0 (0%)

Acute discord of relationship between husband and wife	Un success in public exams	Student lost of self possession	Rape	Extreme offended state of mind to parent/elders	Unemployment	Acute frustration	Cause Unknown	Total %
9	10	11	12	13	14		15	16
19 (38%)	0 (0%)	8 (16%)	0 (0%)	14 (28%)	0 (0%)	4 (8%)	2(8%)	100%

Table 4.19 shows that 38% of the suicide is due to acute discord of relation between husband and wife and 28% for extreme offended state of mind to parents/elders and 8% each for sudden lost of possession and acute frustration.

Table: 4.20
Social Influence on family

Total Number of Cases	General hatred	Unwilling to marriage	If victim is husband there is hatred/ill feeling to the wife/family member to wife	If victim is wife there is hatred/ill feeling to the husband/family member	No influence	Total %
1	2	3	4	5	6	7
50	0(0%)	0 (0%)	0 (0%)	0(0%)	50(100 %)	100%

Table 4.20 shows that there is no social influence on the family due suicide.

Table: 421
Any media publicity made for creating awareness against suicide

Total Number of Cases	No Publicity	There has been publicity	Not known	Total%
1	2	3	4	5
50	50 (100%)	0 (0%)	0 (0%)	100%

Table 4.21 shows that there was no publicity for creating awareness against suicide.

Table: 4.22
A) Financial:
Impact on family due to suicide

Total Number of Cases	Acute financial pressure/crisis	Moderate pressure/ crisis	Education Suspended	Income source stopped	Reduce of family yearly income	No influence	Total%
1	2	3	4	5	6	7	8
50	0 (0%)	0 (0%)	0 (0%)	1 (2%)	7 (14%)	42 (84%)	100%

Table 4.22 shows that in most of the case (84%) there is no financial impact on the family. Only in 14% cases family's income reduced and in very few (2%) cases income source stopped.

Table: 4.23
B) Social

Impact on family due to suicide

Total Number of Cases	Established family fabric broken	On the breaking point	No influence	Total %
1	2	3	4	5
50	0 (0%)	0(0%)	50 (100%)	100%

Table 4.23 shows that there is no social impact on family due to suicide.

Table: 3.21
Time range of suicide cases

Total number of cases	Year	Month	Time		Remarks
			Forenoon	Afternoon	
1	2	3	4	5	6
50	2003-1 (2%)	Jan.-1 (2%)	22 (44%)	28 (56%)	100%
	2004- 16 (32%)	Feb.-1 (2%)			
	2005- 22 (44%)	Mar.-7 (14%)			
	2006-11 (22%)	Apr.-9 (18%)			
		May-13 (26%)			
		Jun.-5 (10%)			
		Jul.-1 (2%)			
		Aug.- (6%)			
		Sept.- (6%)			
		Oct.-0 (0%)			
		Nov.-4 (8%)			
		Dec.-3 (6%)			

The table 4.24 show that considering 2003-2006 22% of the case occurred in 2006, 44% in 2005, 32% in 2004 and 2% in 2003 in which most of the cases (26%) occurred in May, 18% in April and 14% in March and the time is mostly at afternoon 56%.

Chapter-5

Presentation of case study with findings of the victims attempt to suicide under Harinakundu Upazila

Table: 5.1
Gender Status

Total Number of Cases	Male	Female	Total %
1	2	3	4
50	16 (32%)	34 (68%)	100%

Table 5.1 shows the gender distribution of the cases related to attempt to suicide. It is found that 68% of the attempt to suicidal case was from female where as it was 32% from male.

Table: 5.2
Religious Status

Total Number of Cases	Islam	Hindu	Christian	Buddhist	Non believer	Other	Total %
1	2	3	4	5	6	7	8
50	49 (98%)	1 (2%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	100%

Table 5.2 shows the distribution of persons attempted to commit suicide in respect of religion. The percentage from the Muslim community is higher (98%) who have attempted to commit suicide as the inhabitants of the area brought under survey are mostly from the Muslim community. It was 2% from Hindu community, where as in respect of other religion it was nil.

Table: 5.3
Age Group

Total Number of Cases	18 yrs below	18 to 25 yrs	26 to 40 yrs	41 to 60 yrs	61 yrs and above	Total %
1	2	3	4	5	6	7
50	0 (0%)	29 (58%)	20 (40%)	0 (0%)	1 (2%)	100%

Table 5.3 gives an idea about the age distribution of the families those attempted to commit suicide. It was seen from the data that, the age between 18 to 25 years is very vulnerable to committing suicide. The percentage of the attempt to commit suicide at the age between 18 to 25 years is 58%, and 26 to 40 years it is 40%. Within the age group of 61 years & above it is found 2%. No case was found below 18 years.

Table: 5.4
Matrimonial Status

Total Number of Cases	Married	Unmarried	Total %
1	2	3	4
50	42 (84%)	8(16%)	100%

In respect of matrimonial status attempt cases of suicide was fond larger in married people. It is 84%, where as in unmarried persons it is 16% only. It is shown in table 5.4.

Table: 5.5
Occupation Status

Total Number of Cases	Agriculture	Business	Service	Small traders	Day labourer	Student	Jobless	House wife	others	Total %
1	2	3	4	5	6	7	8	9	10	11
50	12 (24%)	0 (0%)	0 (0%)	0 (0%)	4 (8%)	5 (10%)	2 (4%)	27 (54%)	0 (0%)	100 %

In table 5.5 the occupation status of the persons who attempted to commit suicide is shown. In that table it is found that 54% of the cases were from housewives, 24% from farmers, 10% from students and 8% from day labourers where as it is 4% from jobless.

Table: 5.6
Education Status

Total Number of Cases	Illiterate	1-5 Standard	6-10 Standard	SSC/ Equivalent	HSC/ Equivalent	Graduation/ Equivalent	Post Graduate/ Equivalent	Total %
1	2	3	4	5	6	7	8	9
50	18 (36%)	21 (42%)	11 (22%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	100%

Attempt to commit suicide cases was found larger in less educated and illiterate people. The persons having education of 1-5 standard cover 42%, those who are illiterate cover 36% and of 6-10 standard it is 22%. The people have SSC and above degree were not found to attempt to commit suicide.

Table: 5.7
Health Status

Total Number of Cases	Sound health	Minor diseases	Serious disease	Mental illness	Other	Total %
1	2	3	4	5	6	7
50	44(88%)	6 (12%)	0 (0%)	0 (0%)	0 (0%)	100%

Table 5.7 shows the health status of the persons who attempted to commit suicide. Person with sound health was most responsive in respect of attempting to commit suicide. It is 88%. Other cases were detected with minor diseases (12%).

Table: 5.8
Status of Economical Condition

Total Number of Cases	Rich	Middle Class	Poor	Very Poor	Total %
1	2	3	4	5	6
50	3 (6%)	21 (42%)	12 (24%)	14 (28%)	100%

The tendency of committing suicide was found higher in middle class society (42%). The rate in poor is 24% and in very poor it is 28%. In the rich people the rate is 6% only. It is shown in table 5.8.

Table: 5.9
Status in the Family

Total Number of Cases	Head of the Family	Dependent	Total %
1	2	3	4
50	11 (22%)	39 (78%)	100%

Table 5.9 shows the status of the persons in the family who attempted to commit suicide. Dependants are more vulnerable in this category. It is 78% in the case of dependents where it is 22% from head of the family.

Table: 5.10
Nature of Family

Total Number of Cases	Joint Family	Single Family	Total %
1	2	3	4
50	12 (24%)	38 (76%)	100%

Table 5.11 shows that the families of suicide case is from native (98%) and only 2% are long back migrated family.

Table: 5.11
Characteristics of Family

Total Number of Cases	Native/Origin	Long back Migration	Recent habitation	Habitation by marriage	Habitation by otherwise	Total %
1	2	3	4	5	6	7
50	49 (98%)	1 (2%)	0 (0%)	0 (0%)	0 (0%)	100%

Table 5.11 shows that the families of suicide case is from native (98%) and only 2% are long back migrated family.

Table: 5.12
Social Status of the Family

Total Number of Cases	High status family	Ordinary family	Educated family	Illiterate family	Total %
1	2	3	4	5	6
50	0(0%)	27 (54%)	1 (2%)	22 (44%)	100%

Table 5.12 shows that the social status of the victim families is ordinary (54%) and illiterate (44%). Only 2% victims were from educated family. No case is found from high status family.

Table: 5.13
Influence of Religious teachings in the family

Total Number of Cases	Strong influence	Moderate influence	No influence	Total %
1	2	3	4	5
50	2 (4%)	18 (36%)	30 (60%)	100%

Table 5.13 shows that there is only 36% moderate influence of religious teaching in the family in case of victim and in 60% cases found no influence. Only 4% had strong influence by the religion.

Table: 5.14
Past incidence of suicide in the family

Total Number of Students	Yes	No	If yes when										
			Year	Age	Gender	Religion	Education	Occupation	Financial condition	Means adopted	Health condition	Cause	Total %
1	2	3	4	5	6	7	8	9	10	11	12	13	14
50	3 (6%)	47 (94%)	1970	25 yrs	Female	Islam	Illiterate	House Wife	Solvent	Hanging	Minor Diseases	Family Dispute	100%
			1992		Male	Islam	Illiterate	Agriculture	Very Poor	Poison	Minor Diseases	Family Dispute	
			2004		Female	Islam	Illiterate	House Wife	Very Poor	Poison	Minor Diseases	Family Dispute	

Table 5.14 shows that in 94% cases there was no past incidence of suicide, 6% had past incidence.

Table: 5.15
Suicide is a great sin

Total Number of Cases	Used to know	Did not known	Total %
1	2	3	5
50	44 (88%)	6 (12%)	100%

Table 5.15 shows that 88% of the people used to know suicide as great sin whereas 12% did not know it.

Table: 5.16
Attempt to suicide is criminal offence

Total Number of Cases	Used to know	Did Not known	Total %
1	2	3	5
50	0 (0%)	50 (100%)	100%

Table 5.16 shows that 100% did not know that suicide is a criminal offence.

Table: 5.17
Means modes adopted in attempting Suicide

Total Number of Cases	Taking poison	Shooting by fire arms	Hanging	Jumping in front of speedy vehicle	Jumping from very high	Jumping on deep water taking non swimming advantage	Heavy doses of sleeping pill	Causing serious injury on vital part of the body	Other means	Total %
1	2	3	4	5	6	7	8	9	10	11
50	47 (94%)	0 (0%)	3 (6%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	100%

Table 5.17 shows that most of the attempt cases of suicide were done by means of taking poison 94% where as hanging is 6%.

Table: 5.18
Causes of Attempting Suicide

Total Number of Cases	Serious diseases	Acute financial in solvency	Heavy debt pressure	Sudden lost of self possession	Failure in business	Following suicide incidence in the family in the past	Un seen ghost fear
1	2	3	4	5	6	7	8
50	0 (0%)	2 (4%)	2 (4%)	7 (14%)	0 (0%)	0 (0%)	0 (0%)

Mental diseases	Influence of soothsayer	Failure in love affair	Acute discord of relationship between husband and wife	Failure in Public exams	Extreme offended state of mind to parents/elders	Job less	Acute frustration	Total %
9	10	11	12	13	14	15	16	17
0 (0%)	0 (0%)	1 (2%)	15 (30%)	0 (0%)	16 (32%)	0 (0%)	7 (14%)	100%

Table 5.18 shows that highest numbers (32%) of the attempting to commit suicides were due to extreme offended state of mind to parents/elders. The second highest is acute discord of relationship between husband and wife (30%) and that is followed by acute frustration (14%) and sudden lost of self possession (14%). Other causes such as acute financial insolvency (4%), heavy debt pressure (4%) and failure in love affair (2%) come after the above noted major causes.

Table: 5.19
Feeling of society family

Total Number of Cases	General hatred	Unwilling to marriage	No influence	Total %
1	2	3	5	6
50	0(0%)	1 (2%)	49 (98%)	100%

Table 5.19 shows that in most cases (98%) there is no feelings of the society to the family in cases of suicide. In few cases (2%) unwilling to make any matrimonial relation with the members of the victims' family works as social pressure.

Table: 5.20
Any media publicity to create awareness against suicide

Total number of Cases	No Publicity	There has been publicity	Not known	Total%
1	2	3	4	5
50	50 (100%)	0 (0%)	0 (0%)	100

Table 5.20 shows that there is no media publicity to create awareness against suicide.

Table: 5.21
Time range of attempt to suicide

Total number of cases	Year	No. of cases by year wise	Month	No. of cases by month wise	Time range		Total %
					Forenoon	Afternoon	
1	2	4	5	6	7	8	10
50	2004	4 (8%)	January	1 (2%)	19 (38%)	31 (62%)	100%
	2005	10 (20%)	February	4 (8%)			
	2006	36 (72%)	March	4 (8%)			
			April	8 (16%)			
			May	10 (20%)			
			June	5 (10%)			
			July	4 (8%)			
			August	4 (8%)			
			September	3 (6%)			
			October	1 (2%)			
			November	4 (8%)			
			December	2 (4%)			

Table 5.21 shows after considering the time period of 2004-2006 that 72% of the cases detected in 2006, 20% in 2005 and 8% in 2004 in which 20% cases attempt were made in May and the time is mostly at afternoon (62%).

Table: 5.22
Personality Traits

Total Number of Cases	Extrovert	Introvert	Normal	Total %
1	2	3	4	5
50	10 (20%)	29 (58%)	11 (22%)	100%

Regarding personality traits of the victims major response came out as introvert (58%). It was 20% as extrovert and 22% as normal.

Chapter-6

Analysis and Discussion

Analysis and Discussion: This study explored the information, generally, is an area of both concern and interest as it has been found that in Shailakupa and Harinakundu upazila the case of committing suicide is more sharper than that of other upazilas of the country. From interviews with a good number of members from the victim's family and survival victims following key points of findings have come up.

1. **Causes of high rate of suicide:** During the survey it has been found that the following social, extra social and intrinsic causes were behind the suicide and attempt t commit suicide cases in the survey area:
    a) Family ties are breaking day by day. Peoples are cruising towards single family to live separately and peacefully. But in reality it is otherwise different. The saddest case of suicide occurred mostly in single families (98%) in the survey area.
    b) The family discord of relationship between husband and wife is another major cause of suicide. It is observed that in a family, the weaker section i.e. the housewives are vulnerable to the tragic death of suicide.
    c) Absence of positive attitude towards the life play a vital role to make a person frustrated. It is found that the case of suicide in the survey area was happened mostly in illiterate and half educated families. The light of knowledge makes a man self-confident. When a person does not have light of education, he/she looses his/her confident. Life is for facing challenges and making dreams true. When a person does not have any dream he/she can not think for better life. Ultimately they surrender to the hands of self-killing.
    d) Uncontrolled emotions are the major causes leading to suicide. Considering the age factor it has been found that the case of committing suicide at the age of below 25 is higher. It is 97.0% in Shailakupa upazila and 52% in Harinakundu upazila. In matured ages the rate is negligible.

e) A major difference is found among the victims of their family status. Suicide along with attempt case is predominant in ordinary and illiterate families; whereas it is almost nil in high status families.

f) During the survey an interesting aspect was disclosed to the survey team; the soundness of the health could not protect the victim for committing suicide. Most of the victims who committed suicide and attempted to commit suicide possessed sound health.

2. **Social and Economic impact on the families of the victims:** In most of the cases the suicidal death happened in economically poor and middle class family. It is found that almost 98% of the victims of suicidal cases are from dependent. It indicates that victims had no economic contribution to the family. Naturally, the deaths of the victims did not cause any adverse economic impact on the families concerned.

3. **Act of prevention by social, religion and legal sanctions against suicide:** Though suicide is socially hated and religiously prohibited during the survey no act of prevention by social, religion and legal sanctions against suicide was found. The survey shows that in Shailkupa upazila about 73% of victims had moderate influence of religion whereas it is 46% in Shailkupa upazila.

4. **Anthropological factor:** It has been observed that more than 98% of the suicide cases happened among the people having native habitations for ages. There is hardly any incidence, taking place among the migrated people, long back or recent whatsoever. This leads to infer that anthropological background is there behind the prevailing high rate of suicide. This is more so when it is observed from the study that there is hardly any emission of empathy/social reaction in spite of the fact suicide is almost as everyday phenomena.

5. **Degree of awareness of the sanctions among the people:** During survey the survey team found that most of the victims' families are quite ignorant about the legal and religious consequence of committing suicide. Majority of the interviewed persons do not know that committing suicide is a great sin and a crime.

6. **Age-group, gender and financial factors in suicide:**

    a) **Age-group:** Considering the age-group it has been found that the case of committing suicide at the age of below 25 is higher. It is 97.07% in

Shailakupa upazila and 52% in Harinakundu upazila. In matured ages the rate is negligible. This indicates that uncontrolled emotions are the major causes leading to suicide.

b) **Gender:** As per the gender distribution of the victims it is female who out numbered male victims at high rate difference. In Shailakupa upazila female victims occupied 67.3% against the male victims 32.7%. In Harinakundu upazila it was found that 70% suicide was from female and 30% from male.

c) **Financial factors:** Most of the cases of suicide and attempt to suicide cases happened in economically poor and middle class family. As per the survey, the victims are dependent (89%) on their family. So, after their demise financial impact on the family concerned has of no significance.

7. **<u>Factors relating to gender, occupation, education, matrimonial status in committing suicide:</u>**

a) **Gender:** The survey shows that female victims occupied 68.5% against the male victims 31.5% in the area of survey. Females are the weaker section of the society. In the rural areas (Shailkupa and Harinakundu upazila) they are being oppressed by their counterpart. As males are the main earner of the family, in many cases, women are treated as sub-ordinate to the male. These sorts of attitude cripple the mental growth of female which causes mental and inferiority complex and that leads to self-killing.

b) **Occupation:** It is found in the survey that the housewives are in the top of the list of victims followed by farmers who committed suicide. The survey area has predominantly habitat with the people who live on agriculture.

c) **Education:** In the survey area the most cases of suicide were committed in illiterate persons. It has been noticed that 88% victims were from illiterate and below standard ten level of education whereas it is almost nil in higher educated groups. It indicates that higher education can play vital role to resist a person from committing suicide.

d) **Matrimonial status:** In the study it has been detected that family discord of relationship between husband and wife is main cause of suicide in the survey area.

8. **Modes of suicide:** In the study areas the victims took the help of poison and hanging to take their lives. Out of these two options taking poison to commit suicide found in most of the cases. In the rural areas poison in the form of pesticide and insecticide are easily available.

9. **Availability of Medicare facility in the primary, secondary and tertiary levels:** In Shailakupa and Harinakundu upazila suicidal cases are treated in Upazila Health Complex only. There is no scope of Medicare in the remote villages of the survey area.

10. **Prevalence of awareness campaign against suicide:** Though it is well known that suicide cases are prodominant is Shailakupa and Harinakundu upazila in Jhenidah district no social communication program was taken to crate awareness against this fatal and sad occurrence. No steps were taken by any government or private agency to create awareness against suicide.

11. **Means and ways to build awareness among the people against suicide:** Society has a important role to arrest the sharp rising of suicidal case in Shailkupa and Harinakunda upazila. Primarily it can be done in the family, then in school and colleges through counseling. Motivational campaign may be launched by the social power structure, law enforcing agency along with local administration. A major role can be played by the local Imams of the Mosques. They can motivate and preach the sayings of Islam regarding the consequence of suicide.

12. **Assess the role of the law enforcing agencies in suicide:** In the panel code of Bangladesh attempt to commit suicide is punishable in the eye of law. The law enforcing agencies have obligation to resist the people concerned from committing suicide. But unfortunately during survey no sign of such act was found. There is huge scope to work for betterment of the society by the law enforcing agencies, especially in arresting the prevailing high rate of suicide in Shailkupa and Harinakundu upazila.

Chapter-7

Conclusion and Recommendations:

The study mainly got focus on individual approaches. As such the principles of case study has mainly been followed. As direct co-associate families have been taken in. The questionnaire has been built up on the principles of case study. The key findings came up on the individual victim and for that matter his/her family background. The principles of community approach have not been considered, keeping in view the scope of study.

Basic information of the victims have mainly been collected from police stations and upazila health complexes. A list of 1466 of the reported victims based on the year 2004, 2005 and 2006 was collected from the above sources. During house to house survey many incidences of suicide and attempt to commit suicide not reported to police stations/upazila health complexes could be known. All these taken into consideration it has been proved beyond reasonable doubt the prevalence of alarming high rate of suicide among the habitants of Shailakupa and Harinakundu upazila for years.

All concern should come forward and take effective measures to arrest this social diseases prevailing for years and a give meaningful living to the people as best of creations.

In the questionnaire, scope was made to seek the opinion and recommendation of the respondents about the ways and means that may be followed to arrest the existing alarming high incidence of suicide among the habitants of the two upazilas prevailing for years. The opinions so passed and the recommendations made by the respondents at different tiers of society are as follows:

a) Boys and girls should be under guarded family surveillance.
b) Stoppage of child marriage and dowry needed.
c) Economic base should be strengthened.
d) Awareness build up needed.
e) Well behaviour with children and taking special care by family elders needed.
f) Steps to be taken for poverty alleviation.

g) Family quarrel/disturbance be stopped.
h) Meaningful preaching of religious teachings be strengthened.
i) Socio-religious teaching through community based communication to be started stressing that suicide is a great sin and crime.
j) Family fabrics among the members be strengthened.
k) Development of social environment needed.
l) Problems of the children especially adolescents be well addressed.
m) Torture on loan realization be stopped.
n) Social group meetings by local leaders to create awareness among the people that suicide is great sin and criminal offences should be regularly held.
o) Illiteracy be removed and effective measures be taken for this.
p) Parents should develop good relationship with the offsprings.
q) Freedom of exchange of opinion/ideas among the grown up boys and girls be looked as positive gesture.
r) Moral boost-up education program be under taken.
s) Should govt. machinery especially law enforcing agency, local administrative and NGOs come with social contact program to build up morale of the people against suicide.

We endorse the opinion of the respondents as indicated above as positive and very pragmatic. These may be treated as the recommendations enrolled under this case study.

Chapter-8
Reference

References:

1. http://en.wikopedia.org/wiko/suicide.
2. Records maintained in Police Stations (Harinakundu & Shailakupa).
3. Records maintained in the Upazila Health Complexes (Harinakundu & Shailakupa).
4. Local Family Sources.