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Author(s) : Anisur Rahman Khan, S.M. Anowarul Kayes Shimul, Helal Uddin

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Demographic Risk Factors and Motives of Male Suicide in Bangladesh: A Retrospective Content Analysis

Anisur Rahman Khan[1]♦, S.M. Anowarul Kayes Shimul[1], & Helal Uddin[1]

[1]Department of Sociology, East West University, Dhaka, Bangladesh

Abstract: Suicide is a serious but under-attended public health issue in Bangladesh. There is no national suicide surveillance mechanism or central data/information repository. At this backdrop, a data repository is being developed by the researchers on male suicide extricating reports published in the leading Bangladeshi newspapers. Being the maiden reporting, this analysis presents risk factors and motives of male suicide for one year (January to December 2018). For this specific analysis, key variables on risk factors and motives of suicide presented and analysed through descriptive statistical techniques and corroborated by the relevant literature. The final reporting was made on 113 cases identified during the period. Students, unmarried, young adults (19-30 years), and persons with an undergraduate level education demonstrate a higher prevalence of suicidality. Hanging is the most frequently used method, and the night is the most preferred time for suicide. As per Emile Durkheim's sociological typology of suicide, predominant motives of suicide are embedded in the egoistic category, followed by anomic category. It is suggested to undertake large scale statistical surveys on male suicide in Bangladesh. Moreover, a multisectoral suicide prevention intervention is strongly recommended.

Key Words: Male suicide; Risk factor; Motive; Newspapers; Content analysis; Bangladesh

INTRODUCTION

Suicide is a significant public health problem with consequences for not only the victims but also families, partners, communities, and broader society. Annual global estimates indicate that close to 800 000 people die from suicide (World Health Organization, 2019a), with one suicide in every forty seconds and an attempt in every three seconds (Radhakrishnan & Andrade, 2012). Whilst 79% of the global suicides occur in low-and middle-income countries, high-income countries maintain the highest rate, at 11.5 per 100 000 population (World Health Organization, 2019c). This public health concern also comes with the Sustainable Development Goal 3.4.2 target with 33% reduction of suicide mortality by 2030 through prevention and treatment efforts (Pollock et al., 2020).

Suicide is a perplexing and affrighting human behavior, and the spectrum of that behavior has been attempted to understand through different theoretical lenses developed within various disciplinary boundaries. Amongst them, psychological approach stands as the most overreaching perspective within the mainstream suicidology (Shneidman, 1985). Under this approach, suicide is broadly characterized as a behaviour of individual intentionally ending

♦**Corresponding author:** Anisur Rahman Khan. Department of Sociology, East West University, Dhaka, Bangladesh. A/2 Jaharul Islam Avenue, Jahurl Islam City, Aftabnagar, Dhaka-1212, Bangladesh, Email: arkhan@ewubd.edu

his/her life (Nock et al., 2008), caused due to an acute state of intense psychopathological/psychological pains *(psychache)* deriving from the feeling of personal anguish, distress, fear, shame and fear (Mukherjee & Kumar, 2017; Shneidman, 1993; White, 2017). Under the rubric of psychological approach, various robust models such as psychological autopsy (Schneidman, 1981), cubic model of suicide (Shneidman, 1985), escape theory (Baumeister, 1990), interpersonal theory of suicide (Joiner, 2007), integrated motivational-volitional theory (O'Connor & Kirtley, 2018; O'Connor, 2011), amongst others, have been developed to extricate the individual motivation of suicide. But suicide is simply not embedded in individual (psychological) motivation as it entails a complex interplay of several inter-related and inter-dependent contexts and meanings (Staples, 2012). An intricate web of gender, social, economic, cultural, and interpersonal elements make suicide a very complex phenomenon (Platt, 2017). Therefore, scholars suggest integrating a multidimensional, multifaceted, and multidisciplinary approach incorporating biological/genetic, sociological, psychological, epidemiological, and philosophical perspectives to comprehend the context of suicide (Mukherjee & Kumar, 2017; O'Connor, 2011).

Suicide is a serious but under-attended public health problem in Bangladesh–a middle-income country located in South Asia (Khan, Ratele, et al., 2020b). As in the case of many low and middle-income countries, Bangladesh does not have any regular, timely, quality, and systematized nation-wide data repository and national suicide prevention strategy. Moreover, high-level stigmatization, criminalization of suicide, socio-cultural and religious sanctions often stand as serious impediments for under-reporting and misclassification of suicide deaths (Arafat et al., 2020; Khan, Ratele, & Dery, 2020; Mashreky et al., 2013). Notwithstanding these limitations, it is estimated more than 10 000 people die due to suicide every year in Bangladesh (Mashreky et al., 2013), reinforcing the need for suicide prevention interventions in Bangladesh for which evidence-based suicide data and information are needed (Mamun et al., 2020).

International epidemiological data consistently show that males have nearly two times higher rates of suicide than females (Naghavi, 2019; Pollock et al., 2020; World Health Organization, 2014), and females make more suicide attempts than males, a phenomenon referred to as the gender paradox of suicide (Vijayakumar et al., 2005). Bangladesh is one of the few countries in the world where women die more by suicide than men (Arafat et al., 2020; Pollock et al., 2020; Salam et al., 2017). Despite this trend, our analysis deliberately includes the risk factors and motives of male suicides for some specific reasons.

Firstly, suicide is upsettingly an under-researched topic in Bangladesh. Thereby, the risk-factors and motives of suicide for both men and women are not adequately presented in the country (Arafat et al., 2020). Nonetheless, WHO's data on age-standardized suicide rates (per 100.000 population) confirm that over the years there has been a gradual increase of male suicide rates and a sharp decrease of female rates in Bangladesh (World Health Organization, 2018). This trend confirms that males are gradually becoming a risky group for suicidality.

Secondly, an important broader community-based trend analysis between 2010 and 2018 conducted in Jhenaidah district of Bangladesh–reportedly the most suicide-prone area in the country, further confirms a gradual upsurge of male suicide rates and decrease of female suicide rates (Khan, Ratele, Arendse, et al., 2020).

Thirdly, considering the evidence mentioned above, it is imperative to know significant details about male suicidality. In this context, newspaper reporting that is usually picked-up from the immediate interface with family members and close relatives of the deceased persons and police and health professionals might give some reflections about the realities about male suicidality. This may also provide some directions for future researchers interested to study male suicide events in Bangladesh. In this connection, it is to be specifically stated that men tend to express more health-damaging behaviour and less likely to express their pains and

sufferings and seek professional supports than women due to socio-culturally learnt norms of masculinity. Such critical male gender behavioral pattern eventually makes them more exposed to suicidality (Cleary, 2019; Khan, Ratele, et al., 2020a). Therefore, knowledge about male suicide is exceedingly important for gender-sensitive prevention interventions.

Under the context mentioned above it is important to generate data on male suicide on a regular basis to support future research and program interventions. Since there is no national data repository, newspaper reporting is regarded as a vital source of information. The current analysis highlights the first-year outcome of this novel effort which includes the following objectives.

a) To provide a general demographic overview of male-suicide reported in the leading newspapers in Bangladesh;
b) To explain and analyse the motives of male suicide presented in the newspapers, and;
c) To suggest some specific policy directions to reduce male suicidal behavior.

METHOD

Suicides are often reported in the leading Bangladeshi newspapers. Our content analysis was based on reporting of two most widely circulated English dailies namely the Independent, the Daily Star, and four Bangla (native language of the country) dailies namely *Prothom Alo, Jugantor, Kalerkantho*, and *Shamakal*. We searched by the words male suicide, male suicide in Bangladesh and confined the search between January and December 2018. After necessary cross-checking and cleaning of the duplicates, we finally identified important details of 113 unique cases and inputted them into the Statistical Package for Social Science (SPSS) version 16.0 for further assessment and analysis.

We adopted a two-way analytical rigour. The demographic risk factors were analyzed by simple descriptive statistical techniques while the motives were analyzed according to sociologist Emile Durkheim's four-fold typology of suicide such as egoistic, anomic, fatalistic, and altruistic described in his classic study *Le Suicide* (1951). Notably, Durkheim is acclaimed as the most iconic figure in the scientific study of suicide (Goldney & Schioldann, 2000), and his *Le Suicide* (1951) is considered as the most important reference text for both sociological and non-sociological study of suicide (Furnivall, 2016). We specifically employed the Durkheimian approach to analyse the motives as a response to the pressing need to rejuvenate the sociology of suicide in Bangladesh -- see Khan, Ratele and Dery (2020).

We included suicide stories of Bangladeshi males (irrespective of age-grades) that occurred within the geographical territory of the country and excluded reporting focusing on suicide attempts, suicide ideation, editorials, or analytical articles on suicide. Month, time, location, age, religion, marital status, occupation, education, methods used, and motives behind suicide were the variables included for the analysis. Since the newspaper reports are publicly available, no formal ethical approval was needed.

RESULTS

In those cases where age was known (n=79), the most common age group for suicide victims comprises 19-30 years (45.6%, n=36). Adults from the age group 31-40 were the second most common group (24.1%, n=19). Age was unknown for 34 cases (Table 1). The religion of the deceased was known for 100 cases. Most of the deceased were Muslims (88%, n=88), followed by Hindus (12%, n=12) (Table 1). Unmarried men (39.8%, n=45) were found dying

more by suicide than married men (26.5%, n=30). Marital status was unknown for 38 cases (Table 1).

Table 1. Risk factors (Demographic)

Demographic Variables	Frequency	Percentage
Suicide by Age		
Under 18	12	15.2
19 - 30	36	45.6
31 - 40	19	24.1
41 - 50	5	6.3
51 - 60	3	3.8
61 - Above	4	5.1
Missing	34	
Suicide by Religion		
Islam	88	88.0
Hindu	12	12.0
Missing	13	
Suicide by Marital Status		
Married	30	26.5
Unmarried	45	39.8
Not Mentioned	38	
Suicide by Educational Background		
Graduate	4	12.9
Higher Secondary	7	22.6
Primary School	2	6.5
Secondary School	6	19.4
Undergraduate	11	35.5
Uneducated	1	3.2
Not Mentioned	82	
Suicide by Occupation		
Businessman	5	7.0
Criminal	1	1.4
Doctor	1	1.4
Driver	2	2.8
Farmer	1	1.4
Immigrant worker	1	1.4
Jobless	4	5.6
Journalist	1	1.4
Labourer	1	1.4
Model	1	1.4
Police officer	1	1.4
Politician	3	4.2
Priest	2	2.8
Private employee	3	4.2
Pump Operator	1	1.4
Retired	2	2.8
Rickshaw puller	4	5.6
Shopkeeper	1	1.4
Student	31	43.7
Teacher	4	5.6
Ticket seller of bus	1	1.4
Not Mentioned	42	

In those cases where the educational background was known (n=31), the majority of the deceased completed their undergraduate (35.5%, n=11), followed by higher secondary (22.6%,

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n=7) and secondary school (19.4%, n=6). Educational background was unknown for a large group of deceased (n=82) (Table 1).

The occupation of the deceased was known for (n=71) cases. During the reporting period, students died mostly by suicides (43.7%, n=31), followed by businessmen (7%, n=5), teachers (5.6%, n=4), jobless persons (5.6%, n=4) and rickshaw pullers (5.6%, n=4) (Table-1). As students died more by suicide, we controlled all other occupations to spot the month-wise concentration of deaths of students for further analysis and found deaths are mostly concentrated in August (29.03%, n=9), January (12.90%, n=4) and December (12.90%, n=4) (Figure 1).

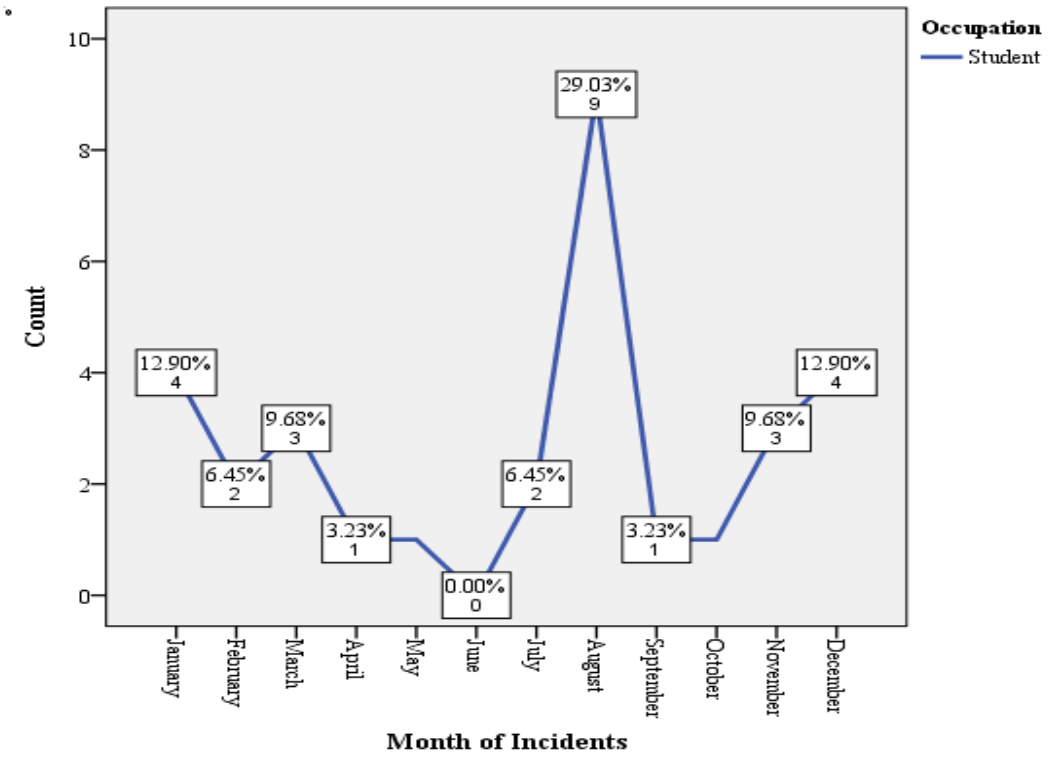

Figure 1. Monthly Distribution of Male Students Suicide

Overall, the month of death was known for all (occupational) cases (n=113). June (17.7%, n=20), November (11.5%, n=13) and August (10.6%, n=12) were the peak months for suicides respectively. Again, several incidents took place in January (8.8%, n=10), April (8.8%, n=10) and September (8.8%, n=10) also. The least events took place in February (3.5%, n=4) (Table 2). Time of death was available for (n=77) suicide cases.

Table 2. Risk factors (Months, Time, Place, and Methods)

Suicide by Month	Frequency	Percentage
January	10	8.8
February	4	3.5
March	8	7.1
April	10	8.8
May	4	3.5
June	20	17.7
July	9	8.0
August	12	10.6
September	10	8.8
October	6	5.3
November	13	11.5
December	7	6.2

Time of Suicide		
Afternoon	8	10.4
Day	9	11.7
Evening	6	7.8
Morning	22	28.6
Night	32	41.6
Not Mentioned	36	
Khulna	13	12.5
Mymensingh	6	5.8
Rajshahi	8	7.7
Rangpur	7	6.7
Sylhet	5	4.8
Not Mentioned	9	
Method of Suicide		
Fire	2	1.9
Hanging	71	66.4
Jumping from the rooftop	6	5.6
Jumping into the river	1	.9
Jumping under the train	5	4.7
Knife	3	2.8
Poisoning	17	15.9
Shooting	1	.9
Sleeping pills	1	.9
Not Mentioned	6	

The peak times for suicide were at night (41%, n=32), followed by morning (29%, n=22) and daytime (12%, n=9) (Table 2). Amongst the eight administrative divisions of the country, the majority of the victims were from Dhaka (43.3%, n=45), followed by Khulna (12.5%, n=13) and Chattogram (7.7%, n=8). The location of the incident was unknown in 9 cases (Table 2). Out of 113 cases, external causes/methods of suicide were known for 107 cases. Hanging (66.4%, n=71) was the most common method used for suicide, followed by poison ingestion (15.9%, n=17) and jumping from the rooftop (5.6%, n=6) (Table 2).

The precipitating causes/motives of suicides were tailored into the four categories of suicides proposed by Durkheim (1951). In those cases where suicidal motives were known (n=81), most of the causes fall into the category of egoistic suicide (23.9%, n=27), followed by anomic suicide (22.9%, n=26), fatalistic suicide (21.3%, n=24) and altruistic suicide (4.5%, n=4).

The most prominent motive under the egoistic suicide was the failure to cope with frustration (12.4%, n=14) followed by failure in romantic relations (9.7%, n=11). On the other hand, various family crises (11.5%, n=13) followed by marital/intimate relationship problems (4.4%, n=5) were the most prominent motives under anomic suicide. We identified education-related pressures/issues (10.6%, n=12) as the most pronounced motive under fatalistic suicide followed by debt burdens (6.2%, n=7). Shouldering the blame for girlfriend's death (.9%, n=1) followed by the repent of previous guilt (3.6%, n=3) were the identified motives associated with altruistic suicide (Table 3).

Table 3. Motives of Suicide and Durkheim's Four-Fold Schema

Motives of Suicide	Frequency	Percentage	Durkheim's Four-Fold Schema
Failure to cope up with frustration	14	12.4	Egoistic Suicide
Failure in romantic relations	11	9.7	
Unable to tolerate pain	2	1.8	

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Shouldering blame for girlfriend's death	1	.9	Altruistic Suicide
Repent of previous guilt	3	3.6	
Marital unhappiness	5	4.4	
Family crisis	13	11.5	
Losing in gambling	1	.9	
Drug addiction-related issues	4	3.4	
Unemployment	2	1.8	Anomic Suicide
Tensed by official complications to receive the pension money	1	.9	
Threat of Police arrest	2	1.8	
Debt burden	7	6.2	
Humiliation/harassment by others	2	1.8	
Oppression by wife in-laws	1	.9	Fatalistic Suicide
Education-related pressures	12	10.6	
Not Mentioned	31		
Total	**81**	**100**	

DISCUSSION

Since there is no exclusive (statistical) survey on male suicide in Bangladesh, findings cannot be directly comparable to the current knowledge. Yet, where appropriate, findings can be compared with Bangladeshi studies that included both males and females, regional, country-specific and cross-national studies with cautions considering methodological variations.

Young adults within 19-30 years of age were found dying more by suicide. This evidence is supported by World Health Organization (2019b) recent report on Suicide in the world: Global Health Estimates which apprises that half (52.1%) of global suicides occur before 45 years. Previous newspaper content analyses also confirmed more concentration of youth suicide in Bangladesh. For example, one analysis revealed 7 out of 10 suicides occurred before the age of 30 (Arafat et al., 2018), another analysis informed that 61% suicide cases happened before the age of 30 (Shah et al., 2017). Analyses from elsewhere strongly confirmed that the higher rates of male suicide at the relatively younger age than female are the cause for the extremely high number of Potential Years of Life Lost (PYLL) (Bilsker & White, 2011; Sawada et al., 2017), cautioning Bangladesh to be very serious about any negative socio-economic implications.

We reported higher incidences of male suicide amongst the Muslims (88%) than the Hindus (12%). More suicides by the Muslims is not an unusual phenomenon considering the composition of the populations of the country (Muslims 90.4% and Hindus 8.5%) (Bangladesh Bureau of Statistics, 2015). A Bangladeshi study also categorically reported extremely high incidences of Muslim suicides (Al Azad et al., 2017). Notably, despite religious prohibition and condemnation and problems of misclassification and underreporting, suicide is not rare among Muslims (Lester, 2006). There is little consensus amongst the scholars about the effect of religious belief in protecting people from suicide (Sarfraz & Castle, 2002).

Unmarried men died more by suicide than the married men, evidence that was strongly pronounced in Durkheim's *Le Suicide* (1951) which viewed married persons demonstrate higher social integration and stronger tie to domestic life and mutual responsibilities that protecting them from suicidal risks (Stack & Scourfield, 2015). As per Durkheim's explanation, married persons enjoy coefficient of preservation which provides a sense of cohesiveness and support which is not available for single, divorced, or widowed persons (Kposowa, 2000). A plethora of following sociological literature strongly supported this classical theoretical proposition -- see Stack (2000).

Educated males who completed their undergraduate and higher secondary school demonstrated higher suicidality, a trend divergent to several Bangladeshi studies confirming more suicides of persons with lower educational attainments (Arafat et al., 2018; Feroz et al., 2012; Salam et al., 2017), and convergent to an analysis on developing countries confirming higher educational attainments are associated with higher male suicide rates (Vijayakumar et al., 2005). Further research on the correlation between higher education and suicidality should be explicated in terms of access to opportunities to financially rewarding employment or any other impediments caused by masculine obligations/expectations/failures (Pompili et al., 2013).

Most suicide events took place in June and the least in February. In Bangladesh, June falls into the summer season while February into the winter season. A community-based Bangladeshi analysis investigated the trend of the seasonality of suicides from 2011 to 2018 reported the highest occurrence of suicide during summer and the lowest occurrence during winter (Arendse et al., 2020). Durkheim's (1951) classical analysis also noticed spikes in suicides during spring or early summer in many European countries. Recent studies also confirm that regardless of the hemisphere in which the country is located, suicides tend to occur more during spring and summer (Caulkins, 2019; Galvão et al., 2018). Furthermore, a review on several international studies confirmed suicides occur high in numbers during spring/summer and less during winter (Maldonado & Kraus, 1991). The association between extreme/hot temperature and suicide is generally found stronger in men than women (Kim et al., 2016).

Students died more by suicide than any other occupational groups. Several studies in Bangladesh that included various risk-groups also confirmed students compose a big group in terms of suicidality (Al Azad et al., 2017; Arafat et al., 2018; Feroz et al., 2012); Kamruzzaman and Hakim (2016). An exclusive Bangladeshi study on student suicide reported that male students are more likely to die by suicide than female students, counted 71.4% of the total sample size (Mamun et al., 2020). Our sample informed that in 22.6% of cases students died by suicide due to poor educational performance (Table 2). These students died mostly in August, December, and January (Figure 1). In Bangladesh, the results of Higher Secondary School Certificate (HSC) examination are published usually within July each year. Following that, the university admission process begins which continues until December/January. Poor performances in the public examinations and university admissions may be correlated, although not conclusive, with such a disturbing month-wise skewness. Suicide due to poor academic performances is a common problem in many countries. For example, a study on media reports in Turkey found that 196 students died by suicide during 2004-05 due to educational failures (Yaylaci, 2015). In India, out of 8032 student suicide cases in 2014, poor academic performances triggered 30% cases (Shetty, 2016).

Similar to our findings, several past research in Bangladesh strongly promulgates suicide incidents mostly happened at night-time followed by morning-time (Arafat et al., 2018; Shah et al., 2017). Reasonably, suicide deaths are higher in the morning and at night because most people are asleep during this time, and the intenders deliberately use this time opportunity for accomplishing their desire (Maldonado & Kraus, 1991).

In terms of habitats, most incidents took place in Dhaka division followed by Khulna division. With this small number of cases, it is difficult to draw a solid conclusion about such concentration. However, an earlier study reported that suicides are mostly occurred in the districts of Khulna division (Feroz et al., 2012), while another reporting confirmed it is in Barisal division (Sadek et al., 2019). In this regard, only a country-wide survey can provide an accurate picture of regional variations of suicidality.

Similar to our findings, hanging and poisoning/pesticide ingestion were recorded as the most commonly used methods by several Bangladeshi studies (Arafat et al., 2018; Feroz et al.,

2012; Khan, Ratele, Arendse, et al., 2020; Mamun et al., 2020; Mashreky et al., 2013). Knowingly, hanging and poisoning are the most common methods used for suicide in most countries of the world (Bidaki et al., 2016). Culture, tradition, and the availability of means/opportunity are also an important consideration for selecting methods (Ajdacic-Gross et al., 2008). In this connection, a gender paradox has also been noticed by the scholars. Men tend to use methods that are more lethal such as firearm suicide and hanging. Conversely, women tend to choose less violent methods such as poisoning or drowning (Ajdacic-Gross et al., 2008; Tsirigotis et al., 2011). An important explanation with regards to the use of pesticide ingestion comes from the availability of pesticide and poisonous substances in this (Bangladesh) predominantly agrarian country (Khan, Ratele, Arendse, et al., 2020).

In terms of the motivation of suicide, Durkheim (1951) viewed suicide as a social fact, people are forced to commit suicide by social factors. His four-fold typology of suicide is linked to the degree of integration (togetherness/collectiveness to social networks) and regulation (external constrains on individuals) (Cleary, 2019; Ritzer & Stepnisky, 2020). Egoistic suicide derives from a low degree of social integration while altruistic suicide derives from a high degree of social integration. Anomic suicide is linked to low-level social regulation while fatalistic suicide linked to a high degree of social regulation (Durkheim, 1951; Ritzer & Stepnisky, 2020). If the forces of integration and regulation are extremely low or extremely high, people will become more vulnerable to suicide (Wray et al., 2011). The categorization of the motives portrayed in the analysis (Table 2) provides evidence of how individuals felt integrated or regulated to and from the society, and how the forces of regulations and integrations developed a disturbing context of suicidality in men. Further to note, Durkheim from a purely positivist standpoint analyzed the variations in suicide rates of different European countries in the wake of developing his fascinating theory. We understand the likelihood of happening methodological and epistemic fallacy while applying his theory on a small dataset. Nonetheless, our intention to analyze the motives of suicide from Durkheimian sociological perspective holds meaningful rationality as this classical paradigm has never taken as an important research agenda in Bangladesh (Khan, Ratele, & Dery, 2020). We strongly believe that suicide is a multidimensional phenomenon (also mentioned earlier), it demands explanations and understanding from several allied disciplines, perspectives, and contexts (Leeners, 2008). Thus, sociology of suicide can provide important explanations and understanding about the motives of male suicide.

On the other hand, as suicide is considered as a multifaceted and complex phenomenon, a multisector approach could be more useful to counter this malice (Khan et al., 2021; World Health Organization, 2018). In the context of Bangladesh such approach must give priority to the high-risk groups (students and young adult males) for suicide prevention. The escalation of youth/student suicide is a critical warning sign for any country considering its socio-economic implications. A multisectoral prevention approach must also include critical aspects of men and masculinity since men's suicide is predominantly connected to gender ideologies and associated socio-cultural factors (Bantjes & Kagee, 2013; Khan, Ratele, Helman, et al., 2020).

Limitations

This analysis has some limitations. We had drawn samples only from a few selected newspapers amongst the plethora of media sources in Bangladesh which may likely cause source biasness. Therefore, the exclusion of many suicide cases during the study period was also possible. We included some specific risk factors only. While doing so, we ruled out the role and importance of other risk factors. Data extraction from the newspaper contents might not be too precise as these sources are sometimes inadequate and sometimes exaggerated as well. We suggest being very cautious to generalize the interpretation of the findings.

CONCLUSION

The retrospective findings of this analysis conclude that likelihood of suicidal occurrence is higher among young adults (age between 19 to 30 years), unmarried and students of higher secondary and undergraduate level. Hanging is the most preferred method, and the night is the most preferred time for suicide. While the motives aligned with the Durkheimian typologies of suicide suggest that the egoistic and anomic categories are the most prevalent in number, other categories are also evident. Overall, the demographic profiles and motives of male suicide in Bangladesh attest the fact of critical intricacy.

Thus, one of the major implications intended by this analysis is to suggest policy directions to reduce male suicidal behavior based on the general demographic overview and motives of suicide. Considering the extension of the problem in Bangladesh, the government and the concerned stakeholders, as suggested before, must step forward to develop a synergistic multi-sectoral national suicide prevention strategy. Such endeavour requires regular, systematic, and quality data. This analysis as being a part of an ongoing data generation process on male suicide may be supportive of policy imperatives in Bangladesh. Yet, we suggest conducting exclusive large-scale quantitative surveys to accurately capture the broader picture of male suicidality in Bangladesh. Until then, newspaper reporting should be considered as a valuable and important source of information.

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