



## Letter to the Editor

## Suicide prevention in Bangladesh: Only decriminalization would not be beneficial in an expected fashion



Recently, researchers have been raising the issue of decriminalization of suicide in the legal system of Bangladesh which is a vital requirement for ensuring appropriate suicide prevention milieu in the country (Soron, 2019). Suicide is a major public health problem globally, whilst rate of suicide has been increasing day by day in Asian countries where Bangladesh is not an exception (Tandon and Nathani, 2018; Shah et al., 2017). As a part of prevention strategy, decriminalization of suicide has been ensured in many countries (Suryadevara and Tandon, 2018). However, without addressing other fundamental issues of suicide like national suicide database, national suicide prevention strategies, suicide surveillance system, proper research and implementing evidences into policy; only decriminalization would not be beneficial in an expected fashion in a country like Bangladesh.

Authors certainly agree with others and join voices in favor of decriminalizing suicide in Bangladesh. However, authors would like to address few other essential caveats in suicide prevention of Bangladesh, without those, decriminalization could be a castle in the air in current situation of the country.

Suicide is a poorly researched public health problem in Bangladesh which often neglected by almost every stakeholder in the country (Arafat, 2017, 2019; Arafat et al., 2018). Recent systematic review along with other repeated evidences revealed the country lacks central suicide data base, national suicide surveillance system, national suicide prevention strategy as well as activity, nationwide study on suicide (Arafat, 2019, 2018; Shah et al., 2017). Thus, reliable source of suicide information is a real challenge in the country thereby, actual rate of suicide is yet to be estimated (Arafat, 2019, 2017; Shah et al., 2017; Arafat et al., 2018). Countrywide epidemiological study has not been done yet, no psychological autopsy study has been initiated yet (Arafat, 2019, 2017). Thus, epidemiology of suicide is yet to be revealed completely. Psychiatric disorders as risk factors have been grossly under studied and inadequate psychiatric services prevail in the country to manage the suicidal burden (Arafat, 2019). Recently, prevention activities have initiated in sporadic and unstructured fashion those are supposed to be inadequate (Arafat, 2018).

With the thrust of improving the media reporting of suicidal behaviors, authors recommended decriminalization of suicide with a view to changing the overall attitude towards suicidality which in turn would help to reduce social stigma as well (Arafat et al., 2019). Change in the legal status of suicide would be beneficial to reduce social stigma, undue legal harassment, unnecessary fear to receive and provide medical care after suicidal behavior (Arafat, 2019; Arafat et al., 2019). However, this change should be harmonized with other efforts, otherwise it would not ensure adequate benefits towards the stressed people.

Suicide is the end product of complex interaction of multiple risk factors such as genetic, psychic, social, and cultural factors where interaction happens complexly depending on several factors viz culture, religion, gender, personal belief, occupation, educational status, age and life events (Arafat, 2017; Shah et al., 2017). Hence, prevention of suicide in a country demands harmonized efforts from the government, non-governmental organizations, local and international stakeholders viz World Health Organization, International Association for Suicide Prevention, intersectoral and intra-sectoral forces; because prevention of suicide is everyone's business. Individual effort in any individual sector would merely be beneficial. Synergistic initiatives from suicidologist, academicians, clinicians, educationist, politicians, law makers, law enforcers, media personnel, sociologist, mental health professions, other health professionals, social welfare involvement and other stakeholders related with suicide are needed. A central strategy focusing the suicide prevention is a precondition to be benefitted by coordinating the multisectoral involvement, which has been lacked in Bangladesh.

Decriminalization would certainly be beneficial for preventing suicides in Bangladesh which could be a part of legal system and should be harmonized with everything and anything related with suicide. Moreover, a central suicide prevention strategy, suicide surveillance system, national suicide data base, quality studies covering nationwide suicides, psychological autopsy studies, implementing evidences into practices, international pushes, national willfulness are necessary as preconditions. This article thrusts on drawing attention of global scientific community to address preliminary initiatives for preventing suicide in Bangladesh.

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### Authors' contributions

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### Conflict of interest

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