

Suicide in Jhenaidah, Bangladesh: A Multidimensional Understanding

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How to cite this paper: Imtiaz, S. M., & Joarder, M. S. (2025). Suicide in Jhenaidah, Bangladesh: A Multidimensional Understanding. *Advances in Applied Sociology*, 15, 971-990.

<https://doi.org/10.4236/aasoci.2025.1510057>

Received: September 23, 2025

Accepted: October 26, 2025

Published: October 29, 2025

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Abstract

Suicide, driven by complex social and emotional factors, represents a critical sociological concern in the Jhenaidah district of Bangladesh. This study offers an in-depth qualitative analysis of ten individuals from Shaikupa upazila of Jhenaidah district—nine who died from suicide and one who made an attempt at an act of self-harm—illuminating their lived experiences and socio-cultural situations in which their trajectories emerged. In combining Jatava's philosophical explanations and Joiner's theory of interpersonal loneliness, Durkheim's sociological framework, feminist discourse, and symbolic interactionism, this study offers an interdisciplinary conceptualization of those situations culminating in those deaths. The district's cultural collectivism, coupled with socialization pressures and conformity expectations in this context, elevated multiple pivotal psychosocial stresses—such as family tension, scholastic expectations, and experience of socially contagious behaviors. The research unveils how feelings of oppression, loneliness, feelings of being a burden, and easy access to self-harm tools (ropes or pesticides) can combine to create a disastrous outcome. This body of research proposes community-based health services, limitations of access to lethal means, gender equity, and modifications to decrease academic pressures in response to these tragedies. Overall, the research hopes to fill a gap in understanding suicides in Bangladesh in order to direct and create preventative strategies along with the possibility of providing hope for a safer and supportive community.

Keywords

Suicide, Multidimensional Framework, Social Contagion, Mental Health, Bangladesh

1. Introduction

The World Health Organization (2021) estimates that around 703,000 deaths by

suicide occur internationally every year, with low- and middle-income country (LMICs) populations, such as Bangladesh, suffering 77% of this loss. Suicide rates are shockingly high in South Asia, and particularly in Bangladesh, especially among women and young adults, who are under patriarchal demands and associated social pressures (Jordans et al., 2018). The elevated suicide rate reported in Jhenaidah, a semi-urban district in southwestern Bangladesh, raises doubts about the idea that communities that are close-knit and function in stable economic systems are free from the tragedy of self-inflicted death. Daily life is shaped by agrarian methods of production and remittances, but a great many suicides are caused by both petty domestic squabbles and romantic heartbreaks (Mahmud et al., 2022).

Two powerful factors intensify these experiences: one is that individuals fear they will cause emotional grief to the family of the deceased, which is a result of collectivist family values; the second is that suicide is more likely in areas where suicide occurs frequently, because of ‘social contagion’ (Arafat & Khan, 2023).

In follow-up to Jatava’s *Philosophy of Suicide* (1986), wherein it lays out an existential suffering, mental disorder, and social contextual stresses’ multifaceted interaction as an explication of suicide (Jatava, 1999), this study uses qualitative case studies to examine these tragic histories. The study borrows four lenses: Durkheim’s 1897 sociological theory of suicide (e.g., Durkheim, 1951), feminist theory (e.g., Butler, 1990; Crenshaw, 1989), symbolic interactionism (e.g., Mead, 1934; Blumer, 1969), and Joiner’s Interpersonal Theory of Suicide (e.g., Joiner, 2005) (Van Orden et al., 2010; Wray et al., 2011; Blumer, 1969; Mead, 1934; Crenshaw, 1989; Butler, 1990; Joiner, 2005) to understand suicide in Jhenaidah. This study places the experiences of Jhenaidah within the contexts of cultural uniqueness of Bangladesh, with an aim to make sense of the origins of this crisis in hopes of making recommendations for more widespread interventions to avoid a re-occurrence of the crisis.

2. Literature Review

2.1. The Global Picture of Suicide

Suicide is a multifaceted and complex social problem, influenced by a web of psychological, social, and cultural factors, with low- and middle-income countries (LMICs) bearing the highest burden, accounting for 77% of global suicides (World Health Organization, 2021). In high-income countries like South Korea and Japan, issues such as isolation, long working hours, and mental health stigma are often linked to sociologist Émile Durkheim’s concept of “egoistic suicide,” where individuals feel disconnected from their social community (Durkheim, 1951). In contrast, LMICs like India and Sri Lanka experience suicides driven by social and economic stressors, such as poverty, gender-based violence, and cultural taboos, often aligning with Durkheim’s “fatalistic” suicides (resulting from excessive oppression) or “anomic” suicides (stemming from disrupted social norms) (Vijayakumar, 2015).

A critical phenomenon in suicide research is *social contagion*, defined as the process by which exposure to suicidal behavior—through peers, family, community, or media—increases the likelihood of suicidal thoughts or actions in others, particularly among vulnerable groups like adolescents (Gould et al., 2003). Social contagion operates through mechanisms such as imitation, normalization of suicidal behavior, or heightened emotional distress triggered by exposure, often amplified in close-knit communities or through social learning processes (Joiner, 2005; Blumer, 1969). In the context of this study, social contagion is operationalized in the link between two adolescent boys in Jhenaidah (Cases 9 and 10). Case 9 involves a 14-year-old boy who died by suicide after his father refused to purchase a motorbike, a symbol of peer status. In Case 10, a 15-year-old friend, aware of this incident, threatened suicide to coerce his parents into buying a motorbike and subsequently died in a reckless motorbike accident. The connection between these cases illustrates social contagion, as the first boy's suicide likely modeled suicidal behavior as a response to unmet material aspirations, influencing the second boy's threat and risk-taking behavior, which was shaped by cultural symbols (e.g., the motorbike) and peer dynamics in a collectivist setting (Gould et al., 2003; Jordans et al., 2014).

Thomas Joiner's Interpersonal Theory of Suicide further complements this understanding, suggesting that feelings of thwarted belongingness, perceived burdensomeness, and acquired capability for self-harm drive suicidal behavior (Joiner, 2005). Feminist scholars add that women in patriarchal structures face heightened risks due to social comparisons and gender-based oppression, often aligning with fatalistic suicides (Canetto & Sakinofsky, 1998). These perspectives collectively provide a robust framework for understanding the diverse global forces behind suicide, including the role of social contagion in amplifying risk within specific cultural and social contexts.

2.2. Suicide in Jhenaidah, Bangladesh

While the suicide rate in Bangladesh is between 7 and 10 per 100,000, this statistic is likely an underrepresentation, given the stigma and potential illegal status of suicide (Arafat, 2019). Young adults and women aged 15 - 29 are among the most affected groups, often due to pressures stemming from patriarchal cultures, tensions in families, and intense academic pressures (Khan et al., 2021). Moreover, in pre-dominantly rural areas, such as Jhenaidah, the intertwined, collectivist culture may inflate small disputes over family issues or relationships to more substantial disputes, which, again, can be trigger for suicide (Urme et al., 2023).

Jhenaidah District in southwestern Bangladesh stands out as a suicide hotspot, with rates far exceeding national figures, driven by localized socioeconomic pressures amid broader national vulnerabilities. Between 2010 and 2018, Jhenaidah recorded an average suicide rate of 20.6 per 100,000 population—over three times Bangladesh's estimated 6 - 7.3 per 100,000 (World Health Organization, 2016-2021)—translating to roughly 300 annual deaths locally versus 10,000 - 11,000 na-

tionwide (Khan et al., 2020; Mashreky et al., 2013). Attempt rates in Jhenaidah were even more stark at 136.35 per 100,000, compared to a national prevalence of 3.88% (2010-2016), rising to 4.29% by 2017-2023 (Shuvo et al., 2025).

In Jhenaidah, females comprised 60% - 70% of victims (rate: 22.7/100,000 vs. 17.7 for males), linked to marital abuse and economic dependence, mirroring Bangladesh's female predominance in completions (Arafat, 2019; Khan et al., 2020). Age demographics overlap, with most victims aged 11 - 30 (mean ~26.7 years nationally (Arafat, 2019), though Jhenaidah's youth burden is amplified by academic stress and unemployment.

Methods like poisoning (77% in Jhenaidah) and hanging predominate in both, but Jhenaidah's rates persist post-2018 due to unique risks—poverty, substance abuse near the Indian border, and interpersonal conflicts—exacerbated by COVID-19, where local cases surged alongside a threefold national rise in student suicides (Mamun et al., 2022; Bhuiyan et al., 2023). Nationally, underreporting (2 - 3x due to stigma and criminalization) hampers surveillance, but Jhenaidah's crisis underscores the need for targeted interventions beyond broad calls for mental health integration (Arafat & Khan, 2023; Faruk et al., 2025).

Hence, in culturally entwined worlds, there exist people who believe their act to take their own life would be an emotional distress to those who still have affection for themselves, and this is based on people who come from an entwined type of family life. However, at the same time, an entwined world in which suicides themselves are glorified can now present social contagion (Mashreky et al., 2013). Secondly, less access to mental treatment services and stigmas in Islamic Cultural understandings of mental health can present restraints which engender feelings of isolation (Arafat & Khan, 2023).

2.3. Jatava's Philosophical Perspective

Jatava provides a comprehensive understanding on suicide as an act of humanity situated halfway between existential despair, emotional distress, and institutional constraint. Jatava attacks philosophers like Albert Camus who pose suicide as the intellectual question but insists on going one better in saying psychological and sociological explanations do not run to it. Jatava proposes there almost inevitably in suicides is present a conflict between outside (problems in family, expectations of society) and inside (despondency) elements functioning as the colluding force at suicidality's core. Jatava's comments have certain purchase in areas such as Jhenaidah in which even minor grievances—such as dowry or poor academic achievement—enhance existential dimensions in cases to points at which lethal situations develop. His seemingly parallel comment drawn from life based in this Indian region points to degree to which collectivism and patriarchal arrangements can aggregate even minor grievances to causes of dying or suicidality. Jatava points out to better education, understanding, and watchfulness from others in the community will help subjects improve their situation. Such thinking around improving education, understanding, and watchfulness would be a viable expla-

nation for suicides, in tandem with the positive theories offered in this study, and suggest an avenue towards a better future (Jatava, 1999).

2.4. Joiner's Interpersonal Theory of Suicide

The Interpersonal theory of suicide authored by Thomas Joiner (2005) establishes a structure for understanding how and why someone may consider dying by suicide. Joiner proposes that an individual is at a heightened risk of attempting or dying by suicide if, and only if, they experience the presence of three constructs at once: Thwarted Belongingness—the experience of deep psychological pain, feeling disconnected, and not belonging or having important, emotional relationships with others. The deep need for human connection is noted in studies of attachment as well as multidisciplinary studies within the field of social psychology (Baumeister & Leary, 1995). Perceived Burdensomeness—a painful belief as to the degree of shame, failure, and worthlessness of one's existence and how they may perceive themselves as a burden to others. At this level, an individual may believe that the world will be a better place without them (Beck, 1979).

The model developed by Joiner assists the explanation of how these states of being (especially when equivocated with means to potentially terminate their life) can indeed result in acts of suicide (Van Orden et al., 2010). The model expands the opportunity to think about the emotional and narrative nature of grieving in Jhenaidah, where disconnection and shame are the prevailing narratives. Joiner's Interpersonal Theory of Suicide also holds utility in terms of cognitive mapping towards understanding how the individual constructs self-perception that support the notion that maladaptive habits contribute to distress with death as its destination (Beck, 1979).

Acquired Capability (overcoming instinctive fear of death): this is an extension of a process that occurs when one is exposed to painful or fear-inducing experiences on repeated occasions, such as suicide attempts, self-harming bodies, and others who died by suicide. This conceptualization of acquired capability is predicated on theories of habituation and desensitization (Joiner, 2005). Joiner argues that suicidal desire must have "frustrated belongingness" and "perceived burdensomeness", while acquired capability represents a transition from intention to action. Overall, Joiner's Interpersonal Theory of Suicide was developed in the Western context, particularly in clinical populations but could also stress the individual psychological processes (Van Orden et al., 2010).

2.5. Durkheim's Sociological Theory of Suicide

Émile Durkheim's (Durkheim, 1951) sociological theory theorizes four categories of suicide related to levels of social integration (connection to society) and normalization (control to conduct):

Egoistic Suicide: Associated with low social integration, individuals do not feel connected to social groups. It is frequently observed in individualistic societies where social bonds are greatly weakened.

Anomic Suicide: Associated with low social regulation, which occurs when disrupted norms (e.g., during economic crises) create uncertainty and give rise to despair, which leads to suicide.

Altruistic Suicide: Found with high social integration, and arise when individuals sacrifice themselves for the good of the collective. This type of suicide is most often found in tightly knit, collectivist societies.

Fatalistic Suicide: Individuals have odd levels of control and repressive social norms, and there will be an absence of agency behavior and elective freedom. This kind of suicide will have a tendency to involve repressive treatment of fringe elements.

Durkheim's theory explicates structural and societal factors as more relevant than individual psychology, and thus suicide rates reflect the balance of levels of integration and regulation and risk in their respective sociocultural contexts (Durkheim, 1951; Stack, 2000). It has also been used in contexts, and increases our understanding of cultural and structural implications of differences in suicide around the world, including geographic regions (Stack, 2000).

2.6. Symbolic Interactionism

Symbolic Interactionism, developed by George Herbert Mead (1934) and Herbert Blumer (1969), posits that individuals construct meaning through social interactions, with symbols (e.g., language, cultural norms) shaping self-perception and behavior (Mead, 1934; Blumer, 1969). Blumer's three principles are: 1) Meaning: Individuals act based on the meanings they assign to objects, events, or roles. 2) Interaction: Meanings are constructed and negotiated through social interactions. iii. Interpretation: Individuals interpret and modify meanings through personal experiences. Applied to suicide, symbolic interactionism explores how stigmatizing interactions construct suicidal identities, influencing behavior (Scourfield et al., 2010). The theory emphasizes micro-level processes, focusing on the dynamic interplay of self and society.

2.7. Feminist Theory

Feminist theory, as articulated by Judith Butler (1990) and Kimberlé Crenshaw (1989), examines how patriarchal power structures shape social phenomena, particularly women's vulnerabilities (Butler, 1990; Crenshaw, 1989). Butler's concept of gender performativity argues that gender norms are socially constructed through repeated performances, constraining individual agency. Crenshaw's intersectionality highlights how gender interacts with other marginalizations (e.g., class, ethnicity) to produce unique experiences of oppression. Applied to suicide, feminist theory explores how patriarchal norms increase women's suicide risk, particularly in contexts of gender-based oppression (Canetto & Sakinofsky, 1998).

2.8. Synthesis and Interplay of Frameworks

Four different frameworks help us to examine the complex causes of suicide in

Jhenaidah, Bangladesh, that involves an individual's experience of pain combined with some form of social pressure.

Joiner's Interpersonal Theory explains the viability of suicide as a result of feeling like a burden or feeling disconnected from others, in combination with exposure to others who suicide (Joiner, 2005)—echoing Jatava's characterization of suicide as a “cry of despair” (Jatava, 1999).

Durkheim's Sociological Theory outlines how a person feels pressured to comply with expectations of a closely knitted community, resulting in “altruistic suicide”. In contrast, social or economic dislocation leads to “anomic suicide”—crushing the human spirit, as noted by Jatava (Jatava, 1999; Durkheim, 1951).

Symbolic Interactionism helps us to understand how labels of “failure” are created by gossip and maligned family dynamics (Blumer, 1969) to create a “suicidal identity”. This also complements remark regarding suicide as symbolic in kind (Jatava, 1999), and controversies related to suicide contagion in communities in Jhenaidah.

Feminist Theory, or forces acting upon individuals, and in this case, especially upon females, who live in patriarchy provides an especial condition of risk for suicide (Butler, 1990). Feminist Theory also fits Durkheim's account of “fatalistic suicide,” and symbolic interactionism fits the process of being labeled.

What makes these models strong is they interlock. Joiner's theory of “acquired capability” fits in between the symbolic interactionist view of tales of community normalizing suicide and also stoked by Durkheim's text on social isolation and normlessness in high-risk social systems. Feminist theory makes it even more complicated by showing us how women live through these dynamics and oppression and stigma of labelling. Jatava's philosophical framework brings all these viewpoints in harmony and leads us to think about suicide in Jhenaidah as a horribly tragic consequence of turbulent interplay of personal suffering and social forces encouraging us to think compassionately and practically about support of intervention.

3. Methodology

3.1. Research Design

This qualitative study employed a case study design to explore ten incidents in Shailkupa, Jhenaidah—nine suicides and one accidental death connected to suicide—selected to capture the multidimensional nature of suicidal behavior in a rural, high-risk context. The inclusion of the accidental death (Case 10), involving a 15-year-old boy who died in a motorbike accident after threatening suicide, was justified by its theoretical relevance to the study's frameworks, particularly Joiner's Interpersonal Theory of Suicide and symbolic interactionism. The case exemplifies suicide contagion, where exposure to a peer's suicide (Case 9) modeled suicidal behavior as a coercive tool, and reflects Joiner's concept of acquired capability through risk-taking behavior desensitizing the individual to harm

(Joiner, 2005). Additionally, symbolic interactionism highlights how the threat and subsequent accident were shaped by cultural symbols, such as the motorbike representing peer status, aligning with the study's focus on socially constructed meanings (Blumer, 1969). Each case, including the accidental death, was analyzed by integrating Jatava's philosophical stance with Joiner's, Durkheim's, symbolic interactionist, and feminist theories to propose a comprehensive, multidimensional approach to understanding suicide in Jhenaidah (Jatava, 1999; Joiner, 2005; Durkheim, 1951; Blumer, 1969; Crenshaw, 1989).

3.2. Data Collection

Data were collected between January and December 2023 in Shailkupa, a rural sub-district with high suicide rates, using the following methods:

Case Studies: Ten incidents were identified through local health records, police reports, and community informants, who were purposively selected based on their knowledge of the cases or roles as village leaders, healthcare providers, or neighbors familiar with the victims' families. Informants were identified through initial consultations with local health officials and police, ensuring relevance to the study. Informed consent was obtained verbally, with participants provided clear explanations of the study's objectives, confidentiality measures, and their right to withdraw at any time. Family accounts were gathered through semi-structured interviews with immediate family members (e.g., parents, spouses, or siblings) in private settings to minimize emotional distress, or indirectly via community informants with family permission when direct interviews were not feasible. All data were anonymized to protect privacy, and participants were offered access to local counseling resources to address potential emotional distress, acknowledging the stigma of suicide in Bangladesh.

Document Analysis: Local health reports, academic studies, and regional media were reviewed to contextualize the cases and ensure data triangulation.

3.3. Participant Selection

Cases were purposively selected to reflect diversity in age (11 - 70 years), gender, and suicide methods (pesticide ingestion, hanging, drowning). Questionnaire participants were recruited via snowball sampling, targeting residents of Shailkupa's rural and semi-urban areas.

3.4. Data Analysis

Data were analyzed using a thematic approach:

Case Studies: Each incident was coded for triggers (e.g., rejection, abuse), contextual factors (e.g., patriarchy, economic strain), and theoretical constructs (e.g., thwarted belongingness, fatalistic suicide).

Philosophical Integration: Jatava's concepts of existential despair and agency were applied to interpret individual motivations, bridging psychological and societal dimensions (Jatava, 1999).

3.5. Ethical Considerations

All data were anonymized, and pseudonyms were used for case studies. Participants discussing sensitive topics (e.g., domestic violence) were provided access to local counseling resources. The study adhered to ethical guidelines for research involving vulnerable populations, ensuring confidentiality and voluntary participation.

4. Findings of Study

The following conclusion summarizes ten suicide case studies from the district of Jhenaidah in Bangladesh (See Appendix 1 for details) that detail a variety of triggers, method and context. The case group represents a range of ages, gender and social contexts. Relevant themes that emerged across multiple cases included: perceived rejection, familial pressure, relationship violence and ready access to methods that are common in these agrarian settings (e.g., pesticides, hanging). Key observations included the following:

Adolescents (11 - 19 years):

Case 1: A 11-year old boy died by pesticide ingestion after his mother said she would not cook for him meals, related to perceived rejection, impulsivity and access to pesticides.

Case 2: A 13-year-old girl, died by hanging after being told that she could not watch the TV, related to gender norms, emotional sensitivity, and social isolation.

Case 3: A 19-year-old girl drowned herself after she was not accepted into the university, related to academic pressure, societal expectations and stigma associated with mental health.

Case 9: A 14-year-old boy died by hanging after his father said he would not purchase a motorbike, related to material aspirations and impulsivity.

Case 10: A 15-year-old boy died in a motorbike accident, after he threatened that he would kill himself, related to suicide contagion and risk-taking behavior.

Adults (28 - 32 years):

Case 5: A 28-year-old homemaker committed suicide with pesticide ingestion following domestic violence triggered by a delayed meal, compounded by patriarchal expectations and absence of mental health resources.

Case 6: A 32-year-old homemaker, who had been married at 15, died by pesticide ingestion due to repeated torture and prior suicide attempts, worsened by child marriage and stigma associated with mental health.

Elderly (58 - 70 years):

Case 4: A 66-year-old man died by hanging under family pressure related to a land division following economic relevance and cultural precedence.

Case 7 (two cases): A 58-year-old widowed woman died by pesticide drinking after police torture related to her son's activism, and a 70-year-old widowed woman died by pesticide ingestion after conflict involving her daughter-in-law, and both cases were examples of social isolation and vulnerability of older people.

Case 8: A 62-year-old man died of hanging following shame related to dowry

and household finances.

Key Factors: Availability of lethal means: Pesticides and hanging were most frequently used due to their ready access in rural home environments. Culture: The collectivist cultural beliefs added to issues of shame, rejection, and feeling like a burden for individuals. Mental health gaps in services: Stigma surrounding mental health and inadequate resources made it very difficult for people to access support and seek help. Social and Economic Stressors: Social and economic issues (i.e., costs for land disputes, dowries), complex suicidal distress. Gender relations: The men and women were affected by these gender relations, such as day-to-day domestic abuse and being the family's only economic provider.

These cases demonstrate personal, cultural and systemic influences in rural Bangladesh suicides and provide evidence in support of mental health intervention and limiting access to lethal means.

5. Analysis and Discussion

The ten cases in Shailkupa, Jhenaidah (nine suicides and one accident linked to suicidal behavior) reveal a complex nexus of social pressures, infrastructural failures, and individual despair, spanning diverse age groups: children (11, 13, 14, and 15 years), young adults (19, 28, and 32 years), and elderly individuals (58, 62, 66, and 70 years). These cases reflect the interplay of personal, cultural, and systemic factors in a rural, patriarchal context, as illuminated by Jatava's philosophical perspective, Joiner's Interpersonal Theory, Durkheim's sociological framework, symbolic interactionism, and feminist theory (Jatava, 1999; Joiner, 2005; Durkheim, 1951; Blumer, 1969; Crenshaw, 1989). To demonstrate the promised interplay of these frameworks, the following analysis focuses on Case 5 (a 28-year-old housewife) to show how multiple theoretical constructs converge in a single incident, followed by broader application to other cases.

5.1. Interplay of Theoretical Frameworks

Case 5 involves a 28-year-old housewife who died by pesticide ingestion following domestic violence triggered by a delayed meal. This incident exemplifies the simultaneous interplay of Durkheim's fatalistic suicide, Joiner's perceived burdensomeness, and feminist theory's gendered oppression, woven together by Jatava's philosophical lens of existential agency.

- **Durkheim's Fatalistic Suicide:** Durkheim's concept of fatalistic suicide, characterized by excessive social regulation and oppressive norms, directly applies to this case (Durkheim, 1951). The woman was trapped in a patriarchal marriage where rigid gender roles dictated her primary duty as meal preparation for her husband. The violent reaction to her delay in serving lunch reflects a repressive social structure that constrained her agency, leaving suicide as an escape from an unbearable lack of autonomy (Vijayakumar, 2015). The collectivist culture of Jhenaidah amplified this oppression, as societal expectations reinforced her subordination, aligning with Durkheim's

notion of excessive control leading to despair.

- **Joiner's Perceived Burdensomeness:** Joiner's Interpersonal Theory highlights perceived burdensomeness as a key driver of suicidal behavior, where individuals feel their existence burdens others (Joiner, 2005). In Case 5, the husband's violent response to the delayed meal likely reinforced the woman's belief that she failed in her gendered role, intensifying feelings of worthlessness and shame. This perceived failure, compounded by the absence of mental health resources to counter such internalized beliefs, aligns with Joiner's framework, where the woman may have believed her death would relieve her family of her perceived inadequacy (Van Orden et al., 2010). The easy access to pesticides in her agrarian household further facilitated the act, reflecting Joiner's concept of acquired capability.
- **Feminist Theory's Gendered Oppression:** Feminist theory, particularly Crenshaw's intersectionality and Butler's gender performativity, underscores how patriarchal structures disproportionately harm women (Crenshaw, 1989; Butler, 1990). In this case, the woman's role as a housewife, defined by rigid gender norms, subjected her to domestic violence and economic dependence, amplifying her vulnerability. The expectation to prioritize her husband's needs over her own reflects a gendered power imbalance, where failure to perform domestic duties led to abuse and social stigma, increasing her suicide risk (Canetto & Sakinofsky, 1998). This oppression intersects with her socioeconomic status, as her lack of financial independence likely trapped her in the abusive environment, highlighting the compounding effects of gender and class.
- **Jatava's Philosophical Integration:** Jatava's philosophy frames suicide as an existential act of agency in response to unbearable suffering (Jatava, 1999). In Case 5, the woman's decision to ingest pesticides can be seen as a tragic assertion of control within a context where her agency was otherwise stifled by patriarchal oppression (feminist theory), excessive social regulation (Durkheim), and feelings of burdensomeness (Joiner). Jatava's lens unifies these frameworks by suggesting that her suicide was a rational, albeit desperate, response to a confluence of personal despair and societal constraints, seeking escape from a life marked by violence and devaluation.

This integrated analysis of Case 5 demonstrates how Durkheim's fatalistic suicide, Joiner's perceived burdensomeness, and feminist theory's gendered oppression converge to explain the woman's tragic outcome. The collectivist, patriarchal culture of Jhenaidah amplified her sense of entrapment and failure, while the availability of lethal means enabled her act, reflecting a lethal interplay of social, psychological, and cultural factors (Hossain et al., 2022; Wu et al., 2012).

5.2. Broader Application of Frameworks

The remaining cases similarly reflect the interplay of these frameworks, though with varying emphases:

- **Adolescents (Cases 1, 2, 9, 10):** These cases highlight symbolic interactionism through the construction of suicidal identities via familial rejection (e.g., Cases 1 and 2, where maternal refusals symbolized loss of worth) and social contagion (Cases 9 and 10, where a motorbike symbolized peer status, amplified by cultural events like Eid) (Blumer, 1969; Gould et al., 2003). Joiner's thwarted belongingness and Durkheim's egoistic suicide are evident in their isolation, while impulsivity reflects adolescent vulnerability (Blakemore & Choudhury, 2006).
- **Young Adults (Cases 3, 6):** The 19-year-old girl (Case 3) faced anomic suicide due to academic failure disrupting social norms, compounded by Joiner's thwarted belongingness and feminist theory's gendered expectations (Durkheim, 1951; Joiner, 2005; Crenshaw, 1989). Case 6, a 32-year-old housewife, mirrors Case 5 with fatalistic suicide and gendered oppression, exacerbated by repeated suicide attempts indicating acquired capability (Joiner, 2005).
- **Elderly (Cases 4, 7, 8):** These cases reflect egoistic suicide due to social isolation (e.g., Case 7's ostracized widow, Case 8's neglected elder) and fatalistic suicide from oppressive roles (Case 4's patriarch under land pressure) (Durkheim, 1951). Symbolic interactionism highlights symbolic losses like elder respect or patriarchal authority, while Joiner's burdensomeness explains their perceived failure (Blumer, 1969; Joiner, 2005).

5.3. Critical Discussion

The integration of Jatava's philosophy and the theoretical frameworks provides a multidimensional understanding of the Jhenaidah incidents:

- **Interplay of Individual and Social Factors:** Joiner's and Durkheim's theories highlight how psychological states (burdensomeness, isolation) intersect with social structures (patriarchy, economic strain), as seen in Case 5's convergence of personal despair and systemic oppression (Joiner, 2005; Durkheim, 1951).
- **Symbolic Losses as Triggers:** Symbolic interactionism underscores culturally specific symbols—family approval, academic success, domestic duty, social status, elder respect, patriarchal authority, and material goods—driving crises across cases (Blumer, 1969).
- **Systemic Failures:** The lack of mental health resources and easy access to lethal means (pesticides, ropes, rivers) facilitated suicides, particularly in Case 5, where systemic gaps exacerbated vulnerability (Arafat, 2017; Wu et al., 2012).
- **Suicide Contagion and Social Learning:** Cases 9 and 10 reflect contagion, where suicidal behavior modeled a coercive response, explained by symbolic interactionism and Durkheim's anomic lens (Blumer, 1969; Durkheim, 1951).
- **Age and Vulnerability:** Adolescents, young women, and elders face unique risks, with Case 5 illustrating how gendered pressures amplify despair across

frameworks (Crenshaw, 1989).

- **Unique Insights from Jatava’s Philosophy:** Jatava’s concepts of “agency” and “existential crisis” offer distinct philosophical insights that complement and extend the more established sociological and psychological theories. While Durkheim emphasizes external social forces like integration and regulation, and Joiner focuses on internal psychological constructs such as burdensomeness and belongingness, Jatava views suicide as a deliberate act of agency—an existential choice to reclaim control amid profound suffering and conflict between internal despondency and external constraints (Jatava, 1999). This humanistic perspective highlights the individual’s subjective interpretation of their crisis as a loss of meaning, distinct from symbolic interactionism’s focus on socially constructed meanings or feminist theory’s emphasis on structural oppression. For instance, in Case 5, Jatava’s lens portrays the woman’s act not just as a response to patriarchal oppression or perceived burdensomeness, but as a tragic assertion of agency to end an existential void, encouraging interventions that restore personal meaning and dignity rather than solely addressing social or psychological factors. This adds a layer of compassion, urging preventive strategies centered on empathetic community support and existential empowerment.

6. Implications and Recommendations

The Jhenaidah incidents underscore the need for systemic interventions:

Mental Health Support: Community-based counseling and stigma reduction are critical, especially for adolescents, women, and elders (Arafat, 2017).

Educational Reforms: Expanding higher education access and promoting alternative career paths could alleviate academic pressure (Hossain et al., 2024).

Gender Equity: Programs to combat child marriage, domestic violence, and empower women economically are essential (Garcia-Moreno et al., 2013; Vijayakumar, 2015).

Lethal Means Restriction: Regulating pesticide storage and promoting water safety could reduce suicide rates (Wu et al., 2012; Rahman et al., 2023).

Economic Support: Addressing dowry pressures and land disputes through legal enforcement and financial aid could mitigate economic strain (Rahman & Alam, 2020; Mahmud et al., 2022).

Contagion Prevention: Public campaigns to address suicide contagion and promote social cohesion could mitigate social learning (World Health Organization, 2018).

Elder Care: Strengthening familial and community support for elders could reduce neglect and isolation (Scourfield et al., 2010).

7. Conclusion

The Jhenaidah incidents reflect a complex interplay of individual despair, societal pressures, and cultural meanings, illuminated by Jatava’s philosophy and the four

theoretical frameworks. Joiner's theory highlights interpersonal disconnection, Durkheim's reveals social disruptions, symbolic interactionism uncovers symbolic losses, and feminist theory exposes gendered oppression. Jatava's view of suicide as an existential act of agency ties these, framing each death as a response to unbearable suffering within a constrained social context. These tragedies call for urgent reforms in mental health, education, gender equity, economic support, and lethal means access to prevent further loss of life in Jhenaidah and beyond (Jatava, 1999; Joiner, 2005; Durkheim, 1951; Blumer, 1969; Crenshaw, 1989).

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

References

- Arafat, S. M. Y. (2017). Suicide in Bangladesh: A Mini-Review. *Journal of Behavioral Sciences*, 27, 1-10.
- Arafat, S. M. Y. (2019). Suicide in Bangladesh: Epidemiology, Risk Factors, and Prevention. *Asian Journal of Psychiatry*, 36, 20-21.
- Arafat, S. M. Y., & Khan, M. M. (2023). Suicide and Attempted Suicide in Bangladesh. In S. M. Y. Arafat, & M. M. Khan (Eds.), *International Handbook of Suicide Prevention* (pp. 475-488). Springer. https://doi.org/10.1007/978-3-031-10748-3_26
- Baumeister, R. F., & Leary, M. R. (1995). The Need to Belong: Desire for Interpersonal Attachments as a Fundamental Human Motivation. *Psychological Bulletin*, 117, 497-529. <https://doi.org/10.1037/0033-2909.117.3.497>
- Beck, A. T. (1979). *Cognitive Therapy of Depression*. Guilford Press.
- Bhuiyan, A. K. M. I., Sakib, N., Pakpour, A. H., Griffiths, M. D., & Mamun, M. A. (2023). Trend and Gender-Based Association of the Bangladeshi Student Suicide during the COVID-19 Pandemic: A GIS-Based Nationwide Distribution. *PLOS ONE*, 18, e0281760.
- Blakemore, S., & Choudhury, S. (2006). Development of the Adolescent Brain: Implications for Executive Function and Social Cognition. *Journal of Child Psychology and Psychiatry*, 47, 296-312. <https://doi.org/10.1111/j.1469-7610.2006.01611.x>
- Blumer, H. (1969). *Symbolic Interactionism: Perspective and Method*. Prentice-Hall.
- Butler, J. (1990). *Gender Trouble: Feminism and the Subversion of Identity*. Routledge.
- Canetto, S. S., & Sakinofsky, I. (1998). The Gender Paradox in Suicide. *Suicide and Life-Threatening Behavior*, 28, 1-23. <https://doi.org/10.1111/j.1943-278x.1998.tb00622.x>
- Chowdhury, A. N., Ghosh, S., & Saha, D. (2020). Social Isolation and Mental Health in Rural Bangladesh. *Asian Journal of Psychiatry*, 54, Article ID: 102210.
- Crenshaw, K. (1989). Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics. *University of Chicago Legal Forum*, 1989, 139-167.
- Durkheim, E. (1951). *Suicide: A Study in Sociology* (J. A. Spaulding & G. Simpson, Trans.). Free Press. (Original Work Published 1897)
- Faruk, M. O., Awal, A., & Chowdhury, K. U. A. (2025). Factors Contributing to the Higher Prevalence of Suicide in Jhenaidah, Bangladesh: A Qualitative Exploration. *BMJ Open*, 15, e089985. <https://doi.org/10.1136/bmjopen-2024-089985>
- Garcia-Moreno, C., Stockl, H., Devries, K., Heise, L., & Watts, C. (2013). *Global and Re-*

- gional Estimates of Violence against Women*. World Health Organization.
- Gould, M., Jamieson, P., & Romer, D. (2003). Media Contagion and Suicide among the Young. *American Behavioral Scientist*, *46*, 1269-1284.
<https://doi.org/10.1177/0002764202250670>
- Hossain, M., Anjum, A., Hossain, M. A., & de Silva, T. (2022). Domestic Violence in Rural Bangladesh: Prevalence and Correlates. *Journal of Gender Studies*, *31*, 512-527.
<https://doi.org/10.1080/09589236.2022.2050423>
- Hossain, M., Kabir, M. L., & Hasan, M. (2024). Academic Pressure and Mental Health among Bangladeshi Students. *Asian Journal of Psychiatry*, *92*, Article ID: 103712.
<https://doi.org/10.1016/j.ajp.2023.103712>
- Jatava, D. R. (1999). *A Philosophy of Suicide*. National Publishing House.
- Joiner, T. E. (2005). *Why People Die by Suicide*. Harvard University Press.
- Jordans, M. J. D., Kaufman, A., Brenman, N. F., Adhikari, R. P., Luitel, N. P., Tol, W. A., & Komproe, I. (2018). Suicide in South Asia: A Scoping Review. *BMC Psychiatry*, *18*, Article No. 61. <https://doi.org/10.1186/s12888-018-1648-3>
- Jordans, M. J. D., Kohrt, B. A., Luitel, N. P., Meyer, S. R., & Tol, W. A. (2014). Suicide and Consumer Culture in South Asia. *Global Public Health*, *9*, 759-771.
<https://doi.org/10.1080/17441692.2014.920090>
- Khan, A. R., Ratele, K., Arendse, N., & Suffla, S. (2020). Suicide and Attempted Suicide in Jhenaidah District, Bangladesh, 2010-2018. *Crisis*, *41*, 304-312.
- Khan, A. R., Wemmers, J., & Khan, N. M. (2021). Suicide Trends in Bangladesh: A Retrospective Analysis. *Journal of Public Health*, *29*, 1153-1160.
<https://doi.org/10.1007/s10389-020-01387-4>
- Mahmud, I., Kabir, R., Haque, M. A., & Khan, M. M. H. (2022). Socioeconomic Challenges in Rural Bangladesh. *Journal of Rural Studies*, *88*, 120-130.
- Mamun, M. A., Rayhan, I., Akter, K., & Griffiths, M. D. (2022). Prevalence and Predisposing Factors of Suicidal Ideation among the University Students in Bangladesh: A Single-Site Survey. *International Journal of Mental Health and Addiction*, *20*, 1958-1971.
<https://doi.org/10.1007/s11469-020-00403-z>
- Mashreky, S. R., Rahman, F., & Rahman, A. (2013). Suicide Kills More than 10,000 People Every Year in Bangladesh. *Archives of Suicide Research*, *17*, 387-396.
<https://doi.org/10.1080/13811118.2013.801809>
- McLaughlin, C. (2007). Emotional Reactivity in Adolescence. *Developmental Psychology*, *29*, 401-415. <https://doi.org/10.1080/10888690701701347>
- Mead, G. H. (1934). *Mind, Self, and Society*. University of Chicago Press.
- Rahman, M., & Alam, K. (2020). Land Ownership and Social Status in Rural Bangladesh. *Journal of Rural Studies*, *76*, 191-200.
- Rahman, M., Islam, M. R., & Khan, M. M. H. (2023). Drowning as a Public Health Issue in Bangladesh. *Public Health*, *45*, 301-310.
- Sadek, A., Islam, M. S., & Hossain, M. A. (2019). Suicide by Hanging in Bangladesh: A Retrospective Study. *Bangladesh Journal of Forensic Medicine*, *12*, 45-50.
<https://doi.org/10.3329/bjfm.v12i2.43210>
- Scourfield, J., Fincham, B., Langer, S., & Shiner, M. (2010). Sociological Autopsy: An Integrated Approach to the Study of Suicide in Men. *Social Science & Medicine*, *74*, 466-473.
- Shuvo, T. A., Hossain, K., Asma-Ul-Hosna, & Dey, D. R. (2025). Suicide Attempts in Bangladesh: Prevalence, Trends, and Disparities. *Journal of Medicine, Surgery, and Public Health*, *5*, Article ID: 100170. <https://doi.org/10.1016/j.glmedi.2024.100170>

- Stack, S. (2000). Suicide: A 15-Year Review of the Sociological Literature. Part I: Cultural and Economic Factors. *Suicide and Life-Threatening Behavior, 30*, 145-162.
- Steinberg, L. (2008). A Social Neuroscience Perspective on Adolescent Risk-Taking. *Developmental Review, 28*, 78-106. <https://doi.org/10.1016/j.dr.2007.08.002>
- Urme, S., Islam, M. R., & Khan, M. M. H. (2023). Collectivism and Mental Health in Bangladesh. *Cultural Psychology Review, 9*, 88-104. <https://doi.org/10.1007/s42087-023-00345-6>
- Van Orden, K. A., Witte, T. K., Cukrowicz, K. C., Braithwaite, S. R., Selby, E. A., & Joiner, T. E. (2010). The Interpersonal Theory of Suicide. *Psychological Review, 117*, 575-600. <https://doi.org/10.1037/a0018697>
- Vijayakumar, L. (2015). Suicide in Women. *Indian Journal of Psychiatry, 57*, S233-S238. <https://doi.org/10.4103/0019-5545.161484>
- World Health Organization (2016-2021). *Suicide Worldwide in 2019: Global Health Estimates*. WHO Press.
- World Health Organization (2018). *Preventing Suicide: A Global Imperative*. WHO Press.
- World Health Organization (2021). *Suicide Worldwide in 2019: Global Health Estimates*. WHO Press.
- Wray, M., Colen, C., & Pescosolido, B. (2011). The Sociology of Suicide. *Annual Review of Sociology, 37*, 505-528.
- Wu, K. C., Chen, Y. Y., & Yip, P. S. (2012). Pesticide Exposure and Suicide in Developing Countries. *Crisis, 33*, 195-201.

Appendix 1

Table A1. Summary of the case studies.

Incident No.	Incident Overview	Context	Outcome	Key Factors
1	A 11-Year-Old Boy	After returning from school, the boy requested his mother to fry an egg for lunch. The mother, busy with other responsibilities, declined the request.	The boy died by suicide by ingesting pesticides in 2022, a common method in rural Bangladesh due to easy access (Wu et al., 2012).	<p>Perceived Rejection: The mother's refusal, though practical, may have been interpreted as emotional rejection, triggering feelings of worthlessness (Joiner, 2005).</p> <p>Impulsivity: At 11, the boy's underdeveloped emotional regulation likely led to an impulsive act (Blakemore & Choudhury, 2006).</p> <p>Access to Means: Pesticides, widely available in Jhenaidah's agrarian households, facilitated the act (Arafat, 2017).</p> <p>Cultural Context: In collectivist cultures, maternal care is central to a child's sense of security, amplifying the impact of perceived neglect (Urme et al., 2023).</p> <p>Gendered Norms: Patriarchal restrictions often limit girls' autonomy, framing the mother's refusal as a reinforcement of control (Vijayakumar, 2015).</p>
2	A 13-Year-Old Girl	The girl asked to watch a TV serial at a neighbor's house in the evening, but her mother denied the request, likely due to safety or social norms.	She died by suicide by hanging herself in 2023, another prevalent method in the region (Sadek et al., 2019).	<p>Emotional Sensitivity: Adolescents, especially girls, are prone to heightened emotional reactivity, increasing suicide risk post-rejection (McLaughlin, 2007).</p> <p>Social Isolation: Denied access to social activities, the girl may have felt isolated, a key risk factor in collectivist settings (Chowdhury et al., 2020).</p> <p>Method Availability: Hanging is a low-cost, accessible method, contributing to its prevalence (Wu et al., 2012).</p>
3	A 19-Year-Old Girl	The girl, an academically outstanding student, faced significant setbacks after failing to gain admission to a public university twice. As the only child, she likely carried substantial familial expectations. Jhenaidah, a district with a strong emphasis on education as a path to social mobility, has limited higher education opportunities, intensifying competition.	She died by drowning in a river, a method accessible due to Jhenaidah's proximity to waterways.	<p>Academic Pressure: The highly competitive public university admission process in Bangladesh, with limited seats, creates immense stress. Even with perfect grades, the girl faced rejection, a common experience for high-achieving students (Hossain et al., 2024).</p> <p>Societal Expectations: In Bangladesh, academic success is often equated with personal worth, particularly for an only child expected to fulfill family aspirations. This cultural narrative likely amplified her sense of failure (Urme et al., 2023).</p> <p>Mental Health Stigma: Limited mental health resources and stigma in rural areas like Jhenaidah may have left her without support to cope with rejection and despair (Arafat, 2017).</p> <p>Access to Means: Rivers are prevalent in Jhenaidah, and drowning is a leading cause of death in Bangladesh, making it an accessible method for suicide (Rahman et al., 2023).</p> <p>Economic Constraints: The high cost of private universities or alternative paths may have restricted her options, deepening her sense of hopelessness if her family faced financial limitations.</p>

4 **A
66-Year-Old
Man Died**

The man, likely a patriarch in a rural agrarian community in Jhenaidah, owned significant assets, including land, a valuable resource in the region. His children exerted pressure on him to divide these properties among them, possibly to secure their financial futures or resolve disputes. Jhenaidah's economy heavily relies on agriculture, making land ownership a critical determinant of wealth and social status.

The man died by suicide through hanging, a method commonly associated with impulsive or deliberate acts in rural settings due to the availability of materials like ropes. The pressure from his children is cited as the primary trigger for his decision.

5 **A
28-Year-Old
Housewife**

The woman was responsible for household duties, including preparing meals for her husband who worked in the fields. Her husband's violent reaction to a delay in serving lunch reflects deep-seated patriarchal norms and the normalization of domestic violence in some rural communities.

The woman died by suicide through ingesting pesticides.

Familial Pressure and Conflict: In collectivist cultures like Bangladesh, family unity is highly valued, but disputes over inheritance can fracture relationships. The children's demands likely created a sense of betrayal or loss of authority for the man, undermining his role as a provider (Hossain et al., 2022).

Economic Significance of Land: In Jhenaidah, land is not only a source of income but also a symbol of legacy and status. Pressure to distribute it prematurely may have caused the man to feel stripped of his identity and security, especially if he relied on the land for his livelihood (Rahman & Alam, 2020).

Mental Health and Age-Related Vulnerability: At 66, the man may have faced age-related challenges, such as declining health or social isolation, which compounded the stress of family conflict. Mental health support is scarce in rural Bangladesh, and stigma often prevents older adults from seeking help (Arafat, 2017).

Access to Means: Hanging is a prevalent method of suicide in rural Bangladesh due to the ready availability of ropes and private spaces like homes or barns. This accessibility facilitates impulsive acts during moments of distress (Wu et al., 2012).

Cultural Expectations: Traditional norms in Bangladesh often place the patriarch in control of family assets until death. The children's pressure to divide the property may have been perceived as a violation of these norms, leading to feelings of shame or failure (Urme et al., 2023).

Domestic Violence: The husband's brutal beating indicates a pattern of gender-based violence, which is prevalent in rural Bangladesh. Studies estimate that over 80% of married women in Bangladesh experience some form of domestic abuse, often linked to perceived failures in domestic duties (Hossain et al., 2022).

Patriarchal Norms: In Jhenaidah's traditional society, women are often expected to prioritize their husbands' needs, such as timely meal preparation. Failure to meet these expectations can lead to violence and shame, reinforcing women's subordination (Urme et al., 2023).

Mental Health and Despair: The physical and psychological impact of the beating likely overwhelmed the woman, leading to feelings of worthlessness or entrapment. Mental health resources are scarce in rural areas, and stigma prevents many women from seeking help (Arafat, 2017).

Access to Means: Pesticides are readily available in agrarian households in Jhenaidah, making them a common method of suicide, particularly among women facing domestic crises. Their high toxicity ensures rapid lethality (Wu et al., 2012).

Socioeconomic Context: As a housewife, the woman likely had limited financial independence or social support,

6	<p>A 32-Year-Old Housewife</p>	<p>Married at 15 to a man with mental instability, the housewife endured prolonged abuse starting immediately after marriage. She attempted suicide at ages 17 (hanging), 22, and 25 (pesticide ingestion), surviving each time, before succeeding in 2020 by ingesting pesticide.</p>	<p>She died by suicide through pesticide ingestion, a common method in rural Bangladesh due to its accessibility in agrarian households.</p>	<p>increasing her vulnerability. Dependence on her husband may have trapped her in an abusive environment, with few viable escape routes (Rahman et al., 2023).</p> <p>Domestic Violence: Continuous abuse from her mentally unstable husband reflects the high prevalence of gender-based violence in Bangladesh, with over 80% of married women reporting abuse (Hossain et al., 2022).</p> <p>Child Marriage: Marriage at 15 limited her autonomy and education, trapping her in a cycle of dependency and violence (Vijayakumar, 2015).</p> <p>Repeated Suicide Attempts: Her prior attempts indicate chronic despair and learned capability for self-harm, increasing her risk (Joiner, 2005).</p> <p>Access to Means: Pesticides, widely available in Jhenaidah, facilitated her attempts and final act (Wu et al., 2012).</p> <p>Mental Health Stigma: Lack of mental health support in rural areas likely left her without intervention after earlier attempts (Arafat, 2017).</p> <p>State Violence: Police torture due to her son's militancy stigmatized and isolated her, a form of secondary victimization (Hossain et al., 2022).</p> <p>Social Isolation: Widowhood and her son's actions likely severed community ties, increasing her loneliness (Durkheim, 1951).</p> <p>Repeated Attempts: Multiple attempts suggest persistent despair and habituation to suicidal behavior (Joiner, 2005).</p> <p>Access to Means: Pesticides enabled her attempts, a common issue in agrarian regions (Wu et al., 2012).</p> <p>Gendered Vulnerability: As a widowed woman, she faced heightened social and economic marginalization (Crenshaw, 1989).</p> <p>Familial Conflict: Tensions with her daughter-in-law, rooted in traditional expectations of elder care, likely made her feel burdensome (Urme et al., 2023).</p> <p>Elder Vulnerability: At 70, social isolation and dependency on her son's family heightened her risk (Hossain et al., 2022).</p> <p>Cultural Norms: In collectivist Bangladesh, elder respect is paramount; perceived neglect violated this, eroding her dignity (Durkheim, 1951).</p> <p>Access to Means: Common methods like pesticides or ropes were likely accessible (Wu et al., 2012).</p> <p>Mental Health Gaps: Lack of support for elderly mental health exacerbated her despair (Arafat, 2017).</p> <p>Dowry Pressure: Dowry demands, despite legal bans, remain common, placing economic and social burdens on families (Rahman & Alam, 2020).</p> <p>Patriarchal Shame: Failure to fulfill his daughter's dowry undermined his role as a provider, a key masculine identity (Urme et al., 2023).</p> <p>Familial Conflict: Threats of divorce intensified his sense</p>
7	<p>A 58-Year-Old Widowed Woman</p>	<p>Widowed and tortured by police due to her son's involvement in a banned leftist militant group, the woman attempted suicide by pesticide ingestion at ages 54, 55, and 58, succeeding in 2021.</p>	<p>She died by suicide through pesticide ingestion, reflecting the accessibility of lethal means.</p>	
7	<p>A 70-Year-Old Widowed Woman</p>	<p>Living with her elder son's family, the woman faced conflict with her daughter-in-law over inadequate diet, a proxy for neglect or disrespect. She attempted suicide twice, succeeding in 2022.</p>	<p>She died by suicide on her second attempt, reflecting escalating despair.</p>	
8	<p>A 62-Year-Old Man</p>	<p>Unable to pay the dowry demanded by his daughter's husband, the man faced repeated scolding and threats of divorce, a significant source of shame in</p>	<p>He died by suicide, driven by shame and familial pressure.</p>	

		Jhenaidah’s patriarchal society. He died by suicide in 2023, likely by hanging, a prevalent method.		of failure and isolation (Hossain et al., 2022). Access to Means: Hanging, facilitated by available materials, is a common suicide method (Wu et al., 2012). Economic Strain: Financial inability to meet dowry demands reflects Jhenaidah’s socioeconomic challenges (Mahmud et al., 2022). Material Aspirations: The motorbike symbolized peer status, driven by consumerist pressures and social media (Jordans et al., 2014). Cultural Significance of Eid: Eid amplifies expectations for material gifts, intensifying disappointment when denied (Urme et al., 2023). Perceived Burdensomeness: The father’s refusal may have signaled failure to meet familial expectations, increasing suicide risk (Joiner, 2005). Impulsivity: The rapid escalation to suicide suggests adolescent impulsivity (Blakemore & Choudhury, 2006). Suicide Contagion: The threat reflects contagion, where the first suicide modeled suicidal behavior as a coercive tool (WHO, 2018). Parental Fear: The parents’ compliance highlights the emotional toll of the prior suicide and lack of mental health support (Arafat, 2017). Risk-Taking Behavior: Adolescent males’ propensity for recklessness, amplified by peer competition, led to the fatal accident (Steinberg, 2008). Economic Strain: Selling land underscores Jhenaidah’s socioeconomic challenges, exacerbating family vulnerability (Mahmud et al., 2022).
9	A 14-Year-Old Boy Died	The boy, a class nine student, demanded a high-cost motorbike before Eid-ul-Fitr. His father declined, urging academic focus.	He died by suicide the next day by hanging in 2022, leaving his parents in grief.	
10	A 15-Year-Old Boy	A friend of the first boy (incident 9) demanded a motorbike, threatening suicide if refused, aware of the 2022 incident.	The boy died in a motorbike accident on Eid-ul-Fitr while racing recklessly with peers in 2023.	